# CONTINUUM OF CHILDRENS **EXPOSURE TO VIOLENCE**

10 MINUTES • SLIDE 3 • HANDOUT I

# Brainstorming activity:

What do we mean by exposure to violence?

This activity is designed to elicit discussion in the group about what kinds of violence children may be exposed to. Trainers can ask one or more of the following questions to begin discussion:

- $oldsymbol{Q}_{.}$  What kinds of violence do children in your caseloads witness?
- Q. What are your perceptions of the types of violence children may be exposed to?
- Q. What do you hear from the children you work with about violence in their lives?

As participants name different kinds of violence, the trainer makes a list on newsprint or board so that all can see.



#### Summary of brainstorming

Children are exposed to many kinds of violence. Generally we can group these exposures into three categories: exposure to media violence, exposure to community violence, and exposure to domestic violence. For purposes of this training, we are focusing on children who witness domestic violence.

# DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright 2004 Johns Hopkins University, School of Nursing

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

- 1. Slapping, pushing; no injuries and/or lasting pain
- 2. Punching, kicking: bruises, cuts, and/or continuing pain
- 3. "Beating up"; severe contusions, burns, broken bones
- 4. Threat to use weapon; head injury, internal injury, permanent injury
- 5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes	or No t	for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever
is current	лу риузи 1.	cally hurting you.)  Has the physical violence increased in severity or frequency over the past year?
<del></del>	2.	Does he own a gun?
		Have you left him after living together during the past year?
<del>~ ~~~~~</del>	3.	3a. If you have never lived with him, check here:
	4	·
	4.	Is he unemployed?  Has he ever used a weapon against you or threatened you with a lethal weapon?
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	,	If yes, was the weapon a gun?
	6.	Does he threaten to kill you?
	7.	Has he avoided being arrested for domestic violence?
	8.	Do you have a child that is not his?
	9.	Has he ever forced you to have sex when you did not wish to do so?
********	10.	Does he ever try to choke you?
	11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust,
		cocaine, "crack", street drugs or mixtures.
	12.	Is he an alcoholic or problem drinker?
	13.	Does he control most or all of your daily activities? For instance: does he tell you who you can be
		friends with, when you can see your family, how much money you can use, or when you can take
		the car? (If he tries, but you do not let him, check here:)
	14.	Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no
		one can.")
	15.	Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by
		him, check here:)
	16.	Have you ever threatened or tried to commit suicide?
	17.	Has he ever threatened or tried to commit suicide?
	18.	Does he threaten to harm your children?
	19.	Do you believe he is capable of killing you?
	20.	Does he follow or spy on you, leave threatening notes or messages on answering machines,
200000000000000000000000000000000000000		destroy your property, or call you when you don't want him to?
		Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

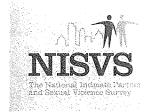


# interfaith partnership against domestic violence because no one should have to choose between fallh and safety

#### **Domestic Violence Facts**

- Globally, one third of women (31%) report being physically or sexually abused by an intimate partner.
- More than 33% of all female homicide victims are killed by their intimate partners.
- Women account for 85% of the victims, while men are victimized in approximately 15% of reported cases.
- Each of these victims has parents, brothers, sisters, partners, Neighbors, coworkers, children, fellow congregants, aunts, uncles, cousins, friends, who will also be affected.
- In the U.S. more than three women are killed by intimate partners every day, more than 1200 women every year.
- During the nine years of the Iraqi war, 4,459 American Soldiers have been killed in combat. During that same time, more than 10,000 Americans have been killed by intimate partners.
- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause.
- 33% 55% of all female homicide victims are killed by their intimate partners.
- Domestic violence is the leading cause of death for African American women aged 15 – 34 years.
- 3.3 million American children witness abused in their homes every year.

- 1 in 3 American teens reports abuse in a dating relationship.
- Estimated annual U. S. health care costs for domestic violence: \$4,100,000,000
- Victims from immigrant communities face additional barriers to safety:
  - o Language
  - o Isolation
  - o Poverty
  - o Immigration status
  - Documentation and employment issues
  - o Racial, ethnic, and religious discrimination
  - Distrust of law enforcement
  - Distrust of government and its agencies
- Studies show that "immigrant women often suffer higher rates of battering than
  U.S. Citizens because they may come from cultures that accept domestic violence
  or because they have less access to legal and social services than U.S. citizens.
  Additionally, immigrant batterers and victims may believe that the penalties and
  protections of the U.S. legal system do not apply to them.
- Police are more likely to respond within 5 minutes if an offender is a stranger than if an offender is known to a female victim.
- Victims, survivors, and surviving family members consistently turn to their faith communities for support and safety, whether they disclose the abuse or not.
- Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next.
- Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.
- "Victims, survivors, and surviving family members consistently turn to their faith communities for support and safety, whether they disclose the abuse or not."
- "...victims of domestic violence are more likely to disclose the abuse to someone in their faith community than they are to seek help from the police."



# **National Intimate Partner** and Sexual Violence Survey





## **Massachusetts Findings**

These data reflect lifetime experiences of violence.

Nearly 1 in 2 women and 1 in 4 men in MA experienced sexual violence victimization other than rape.

Nearly 1 in 3 women and 1 in 5 men in MA experienced rape, physical violence and/or stalking by an intimate partner.

More than 1 in 7 women in MA were raped.

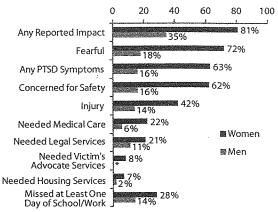
CDC's National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally-representative telephone survey that collects detailed information on sexual violence, stalking, and intimate partner violence victimization of adult women and men in the United States. The survey collects data on past-year experiences of violence as well as lifetime experiences of violence. The 2010 survey is the first year of the survey and provides baseline data that will be used to track trends in sexual violence, stalking and intimate partner violence. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.

# Highlights of 2010 Findings

Sexual violence, stalking, and intimate partner violence are widespread in the United States. The findings in this report underscore the heavy toll of this violence, the immediate impacts of victimization, and the lifelong health consequences. Women are disproportionally affected by sexual violence, intimate partner violence and stalking.

- 1.3 million women were raped during the year preceding the survey.
- Nearly 1 in 5 women have been raped in their lifetime while 1 in 71 men have been raped in their
- lifetime.
- 1 in 6 women have been stalked during their lifetime. 1 in 19 men have experienced stalking in their lifetime.
- 1 in 4 women have been the victim of severe physical violence by an intimate partner while 1 in 7 men experienced severe physical violence by an intimate partner.
- 81% of women who experienced rape, stalking or physical violence by an intimate partner reported significant short or long term impacts related to the violence experienced in this relationship such as Post-Traumatic Stress Disorder (PTSD) symptoms and injury while 35% of men report such impacts of their experiences.





- Women who had experienced rape or stalking by anyperpetrator or physical violence by an
  intimate partner in their lifetime were more likely than women who did not experience these forms
  of violence to report having asthma, diabetes, and irritable bowel syndrome.
- Men and women who experienced these forms of violence were more likely to report frequent headaches, chronic pain, difficulty with sleeping,

activity limitations, poor physical health and poor mental health than men and women who did not

experience these forms of violence.

- Female victims of intimate partner violence experienced different patterns of violence than male victims.
- Female victims experienced multiple forms of these types of violence; male victims most often experienced physical violence.
- The majority of this victimization starts early in life
- Approximately 80% of female victims
   experienced their first rape before the age of 25
   and almost half experienced the first rape before
   age 18 (30% between 11-17 years old and 12%
   at or before the age of 10).
- About 35% of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.
- 28% of male victims of rape were first raped when they were 10 years old or younger.

For more information about services and resources in Massachusetts, visit www.JaneDoe.org.

If you need help, please contact your local rape crisis center or domestic violence program.

You can find a program near you at www.janedoe.org/find\_help or by calling SafeLink at 877-785-2020.

# Jane Doe Inc.

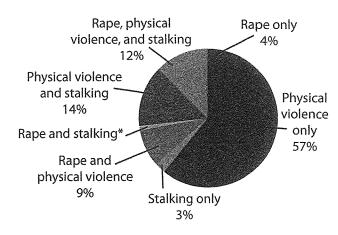
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NO MORE
TOGETHER WE CAN END
DOMESTIC VIOLENCE & SEXUAL ASSAULT

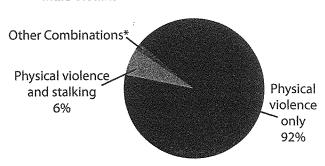
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#### Overlap of Lifetime Intimate Partner Rape, Stalking, and Physical Victimization

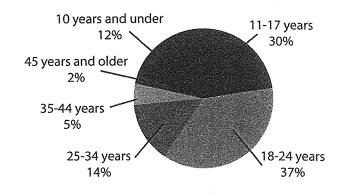
#### **Female Victims**



#### **Male Victims**

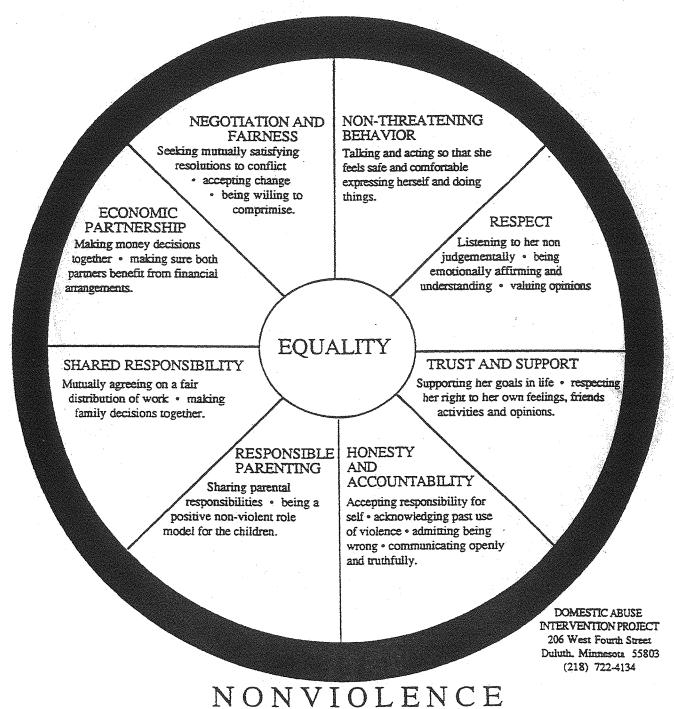


# Age at Time of First Completed Rape Victimization in Lifetime Among Female Victims



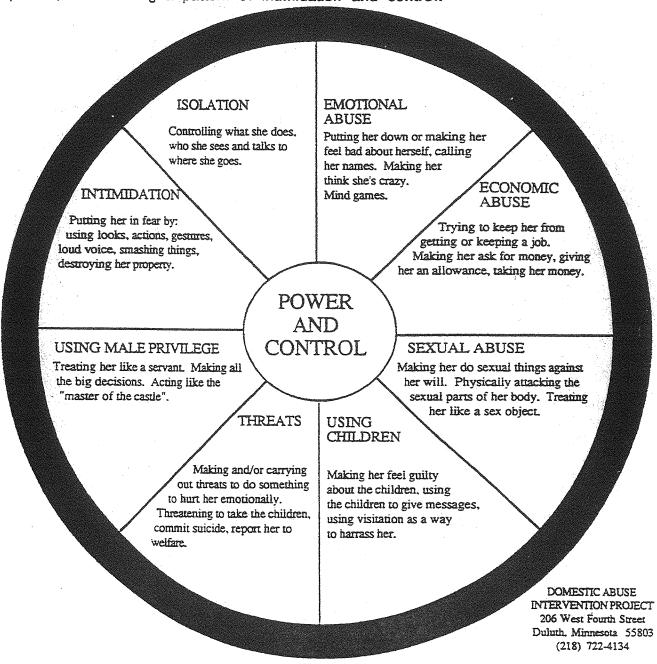
#### The Equality Wheel

The Equality Wheel was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. It provides one model for understanding nonviolent or equal relationships which can be distinguished from those which are abusive and/or violent.



#### The Power and Control Wheel

The Power and Control Wheel was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. It provides one model for understanding patterns of abusive and violent behaviors used by batterers to establish and maintain control over their partners. Although some behaviors may not constitute battering in and of themselves, one or more incidents or behaviors often occur simultaneously or in sequence, establishing a pattern of intimidation and control.



PHYSICAL VIOLENCE

## Parent - Child Relationship

- Domestic Violence can impact the quality of relationships between parents and children
- Care-givers may be depressed/substance user/PTSD and less available to children both physically and emotionally
- Messages of shame and fear
- Attachment may be disrupted-mutual triggering
- Caregivers may be less able to protect children from harm or stress/set appropriate limits
- Even after violence has ended, there is a risk for ongoing difficulties

Batterers as Parents	R	att	e۱	ام ً	rs	ลร	Pa	ren	ts
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- More irritable
- · Less involved in child rearing
- 7X more likely to use physical punishment
- Less able to distinguish child's needs from their own
- 4X more likely to be incest perpetrator
- May involve kids in abuse of mom, make them report on her behavior

#### Batterers as Parents cont..

- May train kids to call mom names
- Offer kids special favors after abusing mom to get them on his side
- After break up behavior with kids typically becomes worse
- May tell kids that mom does not love them
- Make kids feel bad about spending time with a new boyfriend of mom's

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# Multiple Forms of Exposure for Children

- Directly witnessing an act of violence
- Hearing domestic violence
- Feeling tensions in the home
- Seeing aftermath of domestic violence
- Being told about violence
- Used as pawns for batterer
- Injured during an episode of domestic violence
- Witnessing police intervention/arrest
- Seeing Injuries resulting from violence

# Rates of Exposure

- It is estimated that in MA, 40,000 or more children are exposed per year, around 100 per day or 1 in every 15 youth
- Between 68-80% of children are aware of the violence
- Children are 45-70% more likely to be abused themselves in homes where there is ongoing domestic violence

# Trauma is experienced subjectively based on development

- Age
- · Developmental Stage
- Gender
- Temperament
- Frequency of exposure
- Public or private
- Cultural, family community context
- Intensity
- Chronicity
- Proximity
- Availability of Supports to Child and Family
- · Child's Own Resources
- Mother's status

### Judith Herman, 1992

"The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses."

#### Trauma and Attachment

- "Attachment is a reciprocal, enduring, emotional, and physical affiliation between a child and a caregiver." (James, 1994)
- Training ground for coping with and expressing emotions
- Attachment figure is protector, sets limits and cares for child
- Attachment figure is provider, source of food, love, shelter, soothing
- Attachment figure is guide to world view

## The Danger Response

- Fight-physiological arousal
- · Flight:-withdrawl/escape
- Freeze:Constriction







#### Infants and Toddlers

- Younger children are generally more vulnerable because they have fewer internal resources/defenses and limited ability to understand the violence
- Irritability, crankiness, anxiety, temper tantrums and sleep disturbances may be evident
- Children do not have full verbal memories of events prior to age 2 ½-3 years old
- Developmental goal is the establishment of basic trust, requires consistent, repetitive care-giving

#### Developmental Derailment Pre-School

- Worldview begins at home
- Sense of relationships as unsafe, unpredictable, hostile, dangerous
- Begin to develop sense of cause and effect, right and wrong
- Forced to chose between keeping yourself safe or protecting another
- Egocentric Thinking, especially up to age 5-6may blame self for violence
- Magical thinkingthoughts can cause events, imaginary friends-confusion between inner (dreams and thoughts) and outer world

#### Clinical issues in Pre-school Children

- Difficulties with developing autonomy
- Regression
- Repetitive, or chaotic traumatic play
- Attempts to intervene in conflicts as early as age 2, by age 5-6 actively mediating
- Increased Separation Anxiety
- Overly mature
- Note: children exposed to domestic violence may not look any different than other children under a variety of stressors

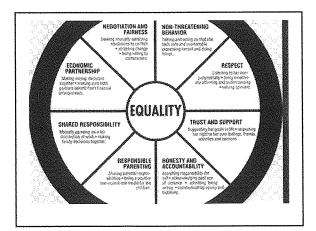
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## Why Doesn't She Leave?

- · It's often a process that takes time
- Can be more dangerous
- Belief/hope that relationship will get better
- Depends upon perpetrator financially
- Religious/Spiritual beliefs
- Threats (of harm or suicide)
- Isolation

## Why Doesn't She Leave cont.

- Love for partner
- · Fear of losing children
- · Wanting children to have a father
- Lack of resources, job skills etc..
- · Addictions, health/mental health issues
- No supports friends or family
- Not wanting to give up lifestyle/community



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#### Verbal Abuse

- Threats-of harm to victim, children, or victim's friends and family
- Threats to take children
- Yelling
- Revealing private information
- •Put Downs
- •Name Calling
- •Insulting
- Degrading
- •Undermining Self-Esteem
- •Blaming
- •Texts, cell phone messages,
- •E-mail, facebook

## Emotional/Psychological Abuse

- · Limiting contact with friends, family
- Interfering with ability to work/attend school (economic)
- Isolation/Imprisonment
- Intimidation
- · Manipulating fear of physical harm
- Threatening to commit suicide
- Threatening to harm others/Pets

# Physical Abuse

Causing or attempting to cause physical harm including:

- \*Slapping, hitting, biting, hair pulling, kicking
  \*Punching, pushing, choking, arm twisting, suffocating
  \*Using objects to cause pain/injury-throwing things towards you
  \*Touching in ways that are scary

# **Workshop Objectives** • Identify the dynamics of abusive relationships • Engage appropriate supports to maximize safety for familie · Describe impacts of IPV on children Identify the links between IPV and the parent-child relationship • Develop skills for assessing the impact of IPV on children Apply a trauma lens to interventions with children Utilize self-care strategies to manage your own responses to the work The Dynamics of Domestic Violence • It is a pattern of coercive and controlling behaviors used by one person in order to gain power and control over another person • There is a continuum of violence that includes: \*Verbal Abuse \*Economic Abuse \*Emotional and Psychological Abuse \*Physical Abuse \*Sexual Abuse The Stats · 85-95% of victims of heterosexual IPV are women Rates of IPV in gay and lesbian relationships about the same Between 2003-September, 2011 there were 250 IPV related homicides in MA 1 out of 3 adolescent girls report experiencing physical, emotional and/or verbal abuse by a dating partner

CDC estimates IPV costs 5.8 billion dollars annually, with 4.1 billion in direct medical/mental health costs
 23-33% of all women will experience IPV at some point
 17% of pregnant women are abused during pregnancy-about one in six

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# Competency • Build on existing strengths • Provide opportunities to showcase talents • Work with caregivers to identify outside resources and create structure at home · Advocate/educate in schools · Development of social skills Personal responsibility Conflict Resolution Taking Care of Yourself • Be mindful of your own triggers and boundaries-use modulation skills • Obtain regular supervision • Work as a team if possible • Get involved at a higher levelactivism/advocacy • Limit the number of trauma cases you see • Diversify client population • Keep a journal or talk to friends in the field Self-Care Continued • Spend time with healthy families • Take a "News Fast" · Support each other Nature Hobbies

• Physical Activity, Rest and Proper Nutrition

#### Potential Pitfalls

- Always obtain legal documentation of custody rulings/guardianship
- · Keep copy of restraining order and update as relevant
- · Review your mandate with family
- Create shared understanding of communication process/content
- Involve caregiver in decision about contacting abusive
- · Be clear about expectations and time frame

#### Follow the Client's Lead

"The exploration of traumatic memory has the potential to elicit intense, potentially overwhelming affect, physiological sensation, and cognitive and behavioral dysregulation. It is crucial to consider the child's current functioning as well as current context when discerning whether to open, versus contain, traumatic memories. To safely explore memory, a child must have some capacity to modulate affect and physiology; must have developed some sense of safety in the therapeutic relationship... In the absence of these factors, extensive exploration of the details of memory may lead to further harm and destabilization, rather than healing."

Blaustein & Kinniburgh (2011)

#### **Creating Routines**

- · Predictable, dependable rituals to begin and end sessions
- Client control/choice within limits that are clearly defined
- · Flexibility depending upon client week by weekmodify as needed
- Importance of containment-20/20/20 rule
- · Provide cues for transitions
- · Check in/Check out

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## Meeting with a Child

- Clarifying your role and limits of confidentiality in age appropriate terms
- Acknowledge who you have already spoken to and what you know (in general terms)
- Validate any safety concerns
- "Normalize"
- Give child permission to say no
- Explain where information is going/why

#### **Assessment Tools**

- Achenbach's Child Behavior Checklist
- Briere's Trauma
   Symptom Checklist
   Adult/Child versions
- Dissociative Experience Scale (Adults) Putnam
- Campbell Danger Assessment
- House, Tree, Person Drawings
- · Kinetic Family Drawing
- Sentence Completions
- Three Wishes
- Social Atom
- · Worry Head
- 4 Things from Home

## **Child Specific**

- Every child will communicate in unique ways
- Respect child's defenses (and parents too)
- Be mindful of child's reactions to assessment process-body language, need for bathroom breaks etc..
- What supports are available for child-are there responsive adults?

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## Effects On Beliefs/Values · Male superiority · Talking doesn't help · Blame women for · Counseling is a waste of abuse time Non-accountability for · It's okay for men to demean women actions · Anger causes violence · I'm not powerful · You get to hurt people · People can't be trusted you love • The world is dangerous I believe that the responsibility for an abusive man's actions, and therefore for the effects of those actions on children in the home, lies entirely with him. At the same time, I recognize that mothers are the people who are in the best position to help their children understand what they have seen, process and heal their emotional injuries, and move toward a life where they will no longer be exposed to cruelty or intimidation." Lundy Bancroft, 2004 Protective Factors for Children • Parent Availability-especially mom · Extended Family, Friends, Teachers • Community resources, counselors • Presence of safe havens/economic supports Child's own resources, strengths · Need for order, routine, predictability Framework to understand violence is not their fault and permission to talk about it if and when they are ready

· Honest response to fears and worries

1.	Children under the age of 5 are disproportionally represented in DV households T/F
2.	A child is only impacted by DV if they see it directly T/F
	Children in homes where DV occurs are physically abused or neglected at a rate that is times the national average:  a. 5  b. 10  c. 15  d. 20
4.	Approximately 75% of DV incidents are witnessed by children T/F
5.	Babies and young children are not impacted by DV because they cannot cognitively understand it T/F
6.	In MA, an estimatedthousand children are exposed to DV each year:  a. 5,000  b. 24,000  c. 43,000  d. 62,000
7.	In most studies of abusive men it was found that a high percentage came from homes where there was abuse of a child, spouse or both T/F
8.	Domestic violence occurs during pregnancy at the rate of about:  a. 5%  b. 10%  c. 20%  d. 25%
9.	If a women is battered during pregnancy, she is likely to experience DV post-partum T/F
10	a. More depression and Anxiety b. Higher degrees of trauma symptoms c. Lower Self-Esteem d. Difficulty Parenting e. All of the Above

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poor school performance truancy, drop out; immaturity; poor impulse control; few friends.	very violent; criminal activities; self-destructive—substance abuse, promiscuity, suicidal ideas, risk taking; take on parent role; runaway; protective/abusive to mom; uses violence to solve problems; violence in dating; refuses to bring friends home	low self-esteem; loneliness & isolation: extreme anger: anxious, fearful: withdraw; uncommunicative, especially about feelings; indifferent, no emotion; blames others, especially parents	bedwetting; stomachaches, ulcers; headaches; severe acne; eating disorders	13-18 YEARS
poor grades or failure; school phobia; poor impulse control; learning disabilities; poor peer relationships; few or no	agressive, bully; violent- may hurt peers, siblings, animals; lies & steals; self- abusive; may mimic behavior of same sex parent; withdrawn or clingy; deny violence in home; doesn't invite friends home	low self-esteem; ambivalence towards abuser; denial & secrecy; fear anger; guiltcan't protect mom/loves the abuser; self-blame; nightmares; ashamed & embarrassed	bedwetting; stomachaches; headaches; insomnia; eating disorders	7-12 YEARS
poor verbal skills; quiet, doesn't talk; poor motor skills; impulse control; fears new things, people	acts out; very agressive (mimics abusive parent); defiant; withdrawn; clingy, whining; problems making or keeping friends; regressing to younger behavior	fear; anxiety; guilt; separation anxiety; lacks self-confidence	lack of bowel and bladder control stomach aches	2-6 YEARS
failure to thrive	sleeping problems startles easily cry excessively excessive screaming	irritability sadness anxiety	low weight digestive problems no appetite	IRTH-2 YEARS
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