

“I thought my Mommy was dying”

THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

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What is Domestic Violence?

“a pattern of coercive, controlling behavior that is pervasive life-threatening crime affecting people in all communities regardless of gender, age, sexual orientation, race, ethnicity, religion, or social standing...”

Children's Exposure to DV

1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence.

Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence. Retrieved from: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEVChildren's%20Exposure-Family%20Violence%20final.pdf>.

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

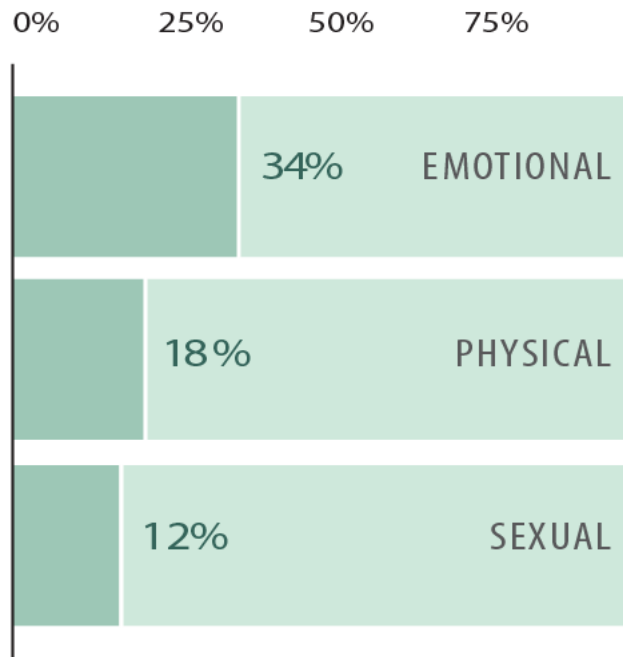


Divorce

What are Adverse Childhood Experiences

Prevalence of ACEs by Category for Participants Completing the ACE Module from the 2011-2014 BRFSS

ABUSE



HOUSEHOLD CHALLENGES

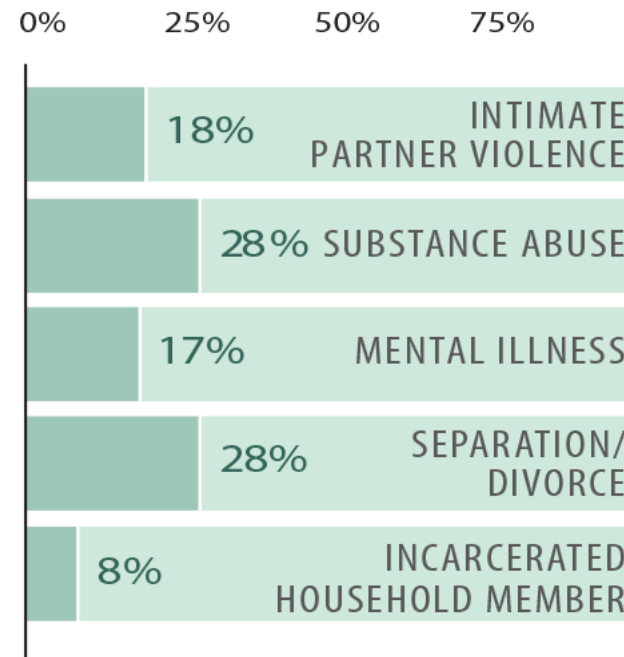
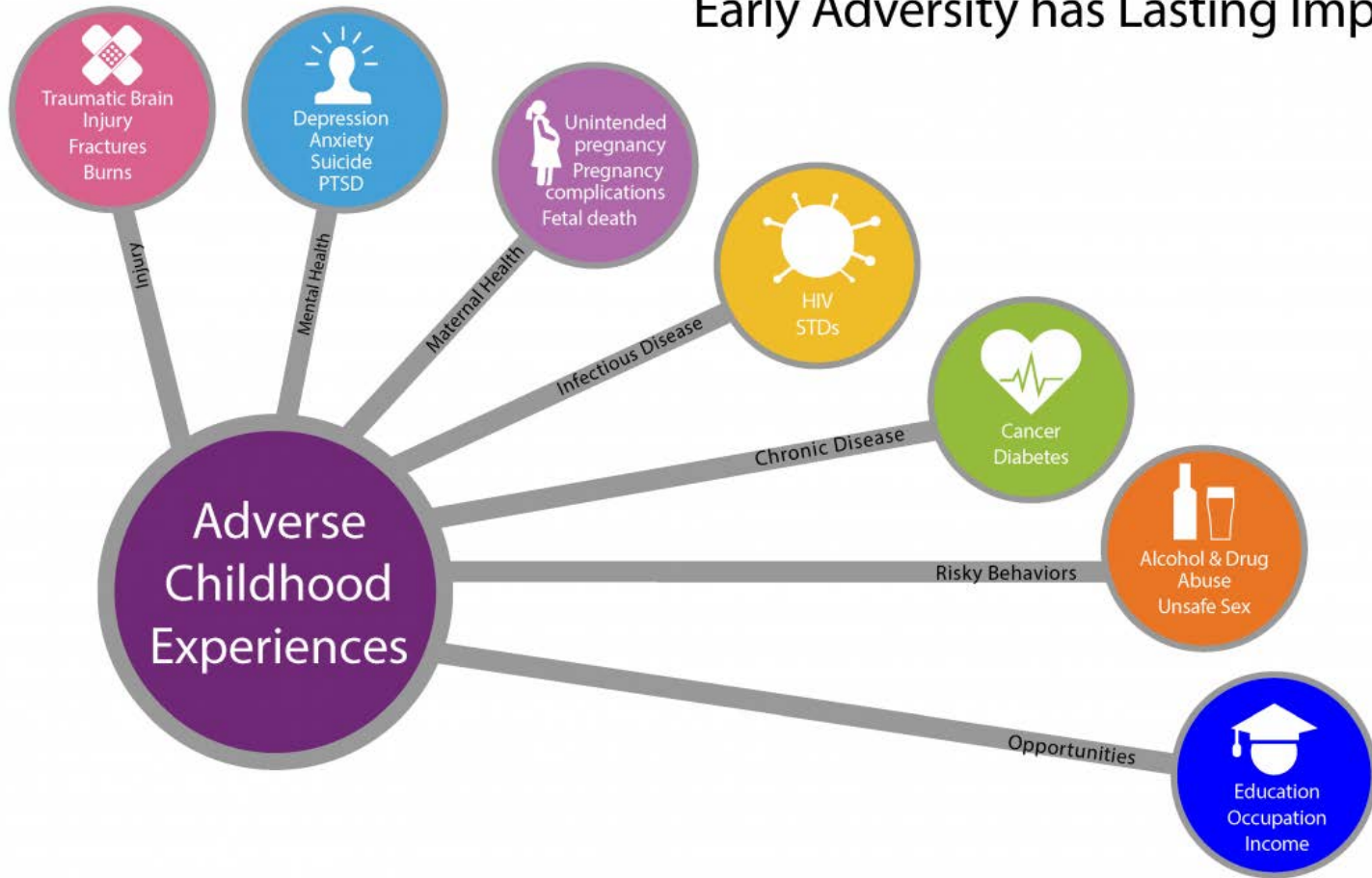


Image from www.cdc.gov

Prevalence
of Adverse
Childhood
Experiences

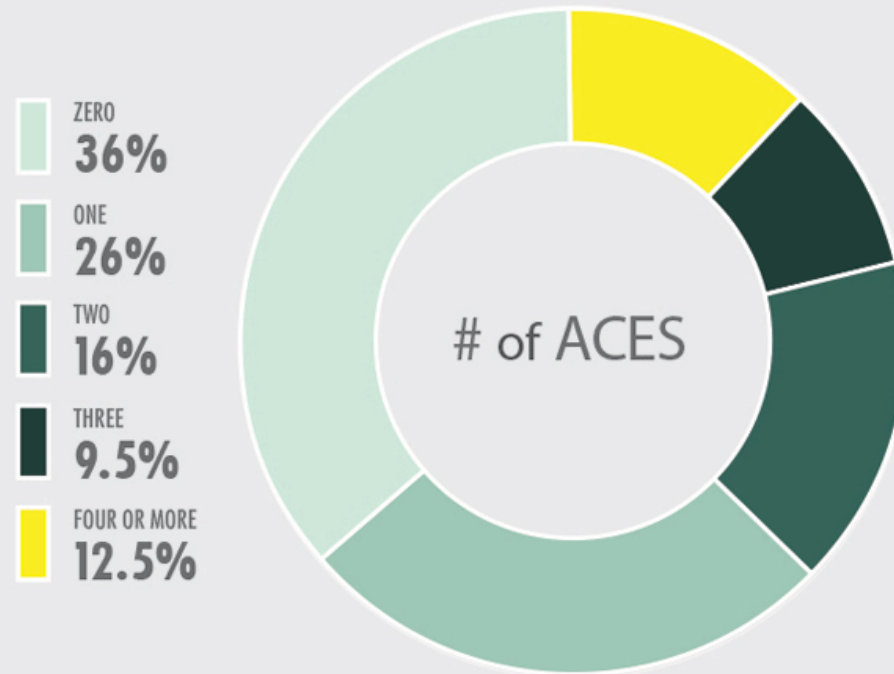
Early Adversity has Lasting Impacts



Consequences
of Adverse
Childhood
Experiences

How Common are ACES?

ACE Study



Poly-
victimization

Image from www.cdc.gov

Poly-victimization

11% of children in a national survey were exposed to five or more kinds of victimization or exposure to violence, crime, and abuse in the previous year. Children who were exposed to even one type of violence, both within the previous year and over the lifetimes, were at far greater risk of experiencing other types of violence.

Children who had experienced multiple forms of violence in the prior year were 4-6X more likely to report victimization resulting an injury, facing an assailant who carried a weapon, or sexual victimization. They were most likely to report MH problems and other adversities.

Trauma informed services for children exposed to DV

- Forensic Interviews
- Trauma Therapy
- CASA – Court Appointed Special Advocates

Forensic Interview

- Neutral setting
- Trained interviewer
- Consider timing
- Multi-disciplinary response
- Challenges
- Screening for DV when referred for other trauma and vice versa
- Advocacy assessment – linkage with resources

Trauma Therapy

Evidence based practices

Examples include TF-CBT (Trauma Focused Cognitive Behavioral Therapy) and CPP (Child-Parent Psychotherapy)

Always includes caregiver education

CASA – Court-Appointed Special Advocate

Trained volunteer advocates assigned to children in family court due to abuse, neglect, or dependency.

Routine visits with child, gathering of outside information, reports to court.

Safe, stable, and nurturing adult.

Common Myths About DV and Children

MYTH #1

DV ONLY AFFECTS THE ADULTS

DV CAN CAUSE SERIOUS
EMOTIONAL AND
PSYCHOLOGICAL
PROBLEMS FROM EXPOSURE
TO DV TO CHILDREN IN THE
HOME.

Common Myths About DV and Children

MYTH #2

BATTERERS CANNOT BE LOVING PARTNERS

BATTERERS CAN BE LOVING
AND GENEROUS, CAUSING
EVEN MORE CONFUSION TO
CHILDREN WHO ARE
VICTIMS OF DV

Common Myths About DV and Children

MYTH #3

**CHILDREN ARE
GENERALLY NEITHER
AWARE OF NOR AFFECTED
BY THEIR (PARENTS)
ABUSE.**

NEARLY 90% OF CHILDREN
WHO LIVE IN HOMES IN
WHICH THERE IS DV WILL SEE
OR HEAR THE ABUSE.
CHILDREN AS YOUNG AS
TODDLERS CAN SUFFER THE
EFFECTS OF EXPOSURE

Children's Reactions To DV

Some factors that can influence children's reactions to domestic violence

- ▶ The severity of the violence (Was it life-threatening? Did the victim express terror in front of the child? Was a weapon used or brandished? Was there a serious injury?)
- ▶ The child's perception of the violence (A child may perceive violence as life-threatening even if adults do not.)
- ▶ The age of the child
- ▶ The quality of the child's relationships with both parents (or involved parties)
- ▶ The child's trauma history (What other traumatic events has the child experienced? Was the child also a victim of physical abuse?)
- ▶ Secondary adversities in the child's life, such as moving, changing schools, or leaving behind support systems

POSSIBLE REACTIONS BASED ON AGE

Possible Reactions to Domestic Violence		
Birth to age 5	Ages 6-11	Ages 12-18
<p>Sleep or eating disruptions</p> <p>Withdrawal or lack of responsiveness</p> <p>Intense and pronounced separation anxiety</p> <p>Crying inconsolably</p> <p>Developmental regression, loss of acquired skills such as toilet training, or reversion to earlier behaviors, such as asking for a bottle again</p> <p>Intense anxiety, worries, or new fears</p> <p>Increased aggression or impulsive behavior</p> <p>Acting out witnessed events in play, such as having one doll hit another doll</p>	<p>Nightmares, sleep disruptions</p> <p>Aggression and difficulty with peer relationships in school</p> <p>Difficulty with concentration and task completion in school</p> <p>Withdrawal and emotional numbing</p> <p>School avoidance or truancy</p> <p>Stomachaches, headaches, or other physical complaints</p>	<p>Antisocial behavior School failure</p> <p>Impulsive or reckless behavior, such as</p> <ul style="list-style-type: none"> - Truancy - Substance abuse - Running away - Involvement in violent or abusive dating relationships <p>Depression Anxiety</p> <p>Withdrawal</p> <p>Self-destructive behavior such as cutting</p>
<p>It is important to remember that any of these symptoms can also be associated with other stress, traumas, or developmental disturbances. They should be considered in the context of the child's and family's functioning.</p>		

SHORT TERM EFFECTS

- ▶ Hyperarousal-Jumpy, nervous
- ▶ Reexperiencing-Short-term PTSD effects
- ▶ Avoidance
- ▶ Withdrawal-shut down, numb
- ▶ Repetitive talk or play about DV
- ▶ Trouble Sleeping

LONG TERM EFFECTS

- ▶ Depression
- ▶ Anxiety
- ▶ Impulsive Acts
- ▶ Low Self-Esteem
- ▶ DV Perpetrator
- ▶ DV Victim

CASE STUDIES

A FEW EXAMPLES OF
CASES I'VE WORKED
THROUGHOUT THE
YEARS TO GIVE REAL
LIFE EXAMPLES OF
WHAT ALL THESE
REACTIONS AND
EFFECTS HAVE IN REAL
LIFE

CASE STUDY #1 IMMEDIATE EFFECTS

When a Caregiver has been Shot or Killed: Three Separate Cases

- Young child witnessed mother's mother, but "blocked out" what she had witnessed. Made enough statements to know she child had witnessed this, but repeatedly stated child was asleep during the killing before finally stating "I don't want to talk about that".
- Extended Forensic Interview Conducted (6 sessions). Child admitted they knew what had happened, but still felt loyalty to the surviving parent and eventually stated "I can't say it".
- Numerous children in the home, all of whom had different reactions. From acting out what they remembered to not remembering being there at all

CASE STUDY #2 LONG-TERM EFFECTS

From Child Victim of DV to Adult Perpetrator of DV

- First contact with “Debbie” when she was less than a year old due to DV
- Continued contact throughout the next 5 years due to DV
- Parents divorced, but both stayed in DV situations with other partners
- Last contact with “Debbie” was when her stepchild was interviewed at Judi’s Place due to “Debbie” being the perpetrator in a DV situation with the child’s mother.

CASE STUDY #3 FEAR, INTIMIDATION, & SEXUAL VIOLENCE

When Other Forms of Abuse are Present

- Mother beaten with a glass bottle requiring numerous stitches
- Allegations of sexual abuse by step-father (DV perpetrator)
- Child (young teen) denies everything in forensic interview, even mother being beaten, stating mother fell up a set of steps
- Step-father in jail due to the DV incident
- Trial prep on DV incident, child admits to prosecutor that DV and sexual abuse occurred

CASE STUDY #3 FEAR, INTIMIDATION, & SEXUAL VIOLENCE

- Second Forensic Interview
- Child and mother had been staying with the perpetrators family
- Family Had threatened child if she told the truth
- Child disclosed domestic violence and severe sexual abuse
- Perpetrator sentenced to 50+ years in prison

CONCLUSION

- ▶ In conclusion, each child responds differently to abuse and trauma depending on their age, history, personality, severity of abuse, and most importantly the support system of that child.
- ▶ We as professionals, as well as family & friends, can be a part of that healthy support system to help children become more resilient in overcoming trauma