



The Civic Column

Strengthening our community through increased awareness and accountability

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You Didn't Hit Me but You Still Hurt Me: Domestic Violence and Children

By: Kristen Burillo, Senior Research Analyst

What constitutes domestic violence?

Defining exposure to domestic violence is difficult and has led to inconsistency and controversy among researchers¹. This type of violence can vary from physical to sexual to emotional. Within each of these categories, there can be great variations in the frequency and intensity of the violence. Also, exposure is not limited to direct visual observation but may include hearing the incident or experiencing events prior to and after the incident. Children may observe outcomes of the violence, such as bruises or broken furniture, or may be told about the violence by a family member². Children may be used in order to threaten or frighten the other parent³. The child's relationships with their parents can be outright manipulated or impacted due to an injured or emotionally unavailable parent⁴. Children may have to leave home to find a safer place to stay, potentially changing their neighborhood and school³.

How do children respond to domestic violence?

According to both parent⁵ and child³ reports, children are most likely to respond to interparental violence by either distancing themselves or becoming involved. Children often distance themselves physically by leaving the room and going to a place where the incident cannot be seen or heard. Removing oneself from the situation decreases the

child's chance of becoming a target and has been associated with decreased levels of child maladjustment. Children may also distance themselves by pushing away their thoughts and feelings about the incident. On the other hand, children may be motivated to intervene in the incident for one or more of the following reasons: to show support or opposition to one of the parents, to prevent harm to the abused parent, or to decrease their anxiety or helpless feelings. Intervening may include a range of behaviors such as verbal interjections by the child or calling the police. Children reported that they were often aware that intervening could be dangerous, and in fact, trying to make peace between parents has been associated with an increased risk for child maladjustment.

Also, both parents and children have recognized similar feelings that the child likely experiences during an abusive incident. The most common feelings reported have been fear, anxiety, and sadness. Parents reported that their child rarely appeared angry as a response to the conflict.

The purpose of the Mercyhurst Civic Institute

- Enhance and facilitate citizen participation in decision-making.
- Provide high-quality, objective information to assist local decision-making.
- Convene community forums that encourage reasoned reflection and free and open discussion of regional issues.
- Educate the Erie community and Commonwealth of Pennsylvania about various issues through Institute reports and publications.
- Foster human networks that enhance communication, link resources, strengthen community participation and build social capital.
- Promote research, learning, teaching and service opportunities for the Mercyhurst community.

You Didn't Hit Me but You Still Hurt Me: Domestic Violence and Children *continued*

What are the effects of domestic violence on children?

Children exposed to domestic violence may face challenges in one or more of the following areas^{6, 7, 8, 9, 10}. (The examples provided below are some of the common problems experienced, but should not be considered an exhaustive list. It should also be noted that many children studied do not show negative consequences from witnessing violence.)

Emotional

- Shame, guilt, or self-blame
- Grief
- Conflicting feelings towards parents
- Fear of abandonment, the future, or personal injury
- Anger
- Depression or helplessness
- Embarrassment
- Anxiety

Behavioral

- Acting out or aggressive
- Withdrawing
- Caretaking or acting as a parent substitute
- Refusal to go to school
- Bedwetting or nightmares
- Excessive attention-seeking

Cognitive and Attitude

- Difficulties in school
- Slower cognitive development
- Belief in rigid gender stereotypes
- Limited problem solving skills

Social

- Isolation from friends and relatives
- Difficulty trusting others, especially adults
- Poor anger management skills
- Excessive social involvement to avoid being home
- Relationships that start intensely and end abruptly



Physical

- Somatic complaints, particularly headaches or stomachaches
- Tired or lethargic
- Poor personal hygiene
- Short attention span
- Self-mutilation

Long-term

- Development of attitudes supporting aggression
- Trauma-related symptoms
- Low-self esteem
- Depression
- Males exposed to domestic violence as children are more likely to engage in domestic violence as adults
- Females exposed to domestic violence as children are more likely to be a victim of domestic violence as adults

The effects of exposure to domestic violence are magnified or decreased by a number of moderating factors such as:

- Nature of the violence including frequency and severity
- How the caretaker's handle the conflict
- Whether or not the child has also been a victim of physical or sexual abuse
- Child's age
- Child's gender
- Amount of time passed since exposure to the violence
- Where the child is living
- Child's perception of relationships with adults in the home
- Child's perception of family or other adult support
- Child's coping skills

You Didn't Hit Me but You Still Hurt Me: Domestic Violence and Children *continued*

What treatments are used for children exposed to domestic violence?^{11, 12}

Treatments for youth exposed to trauma most commonly follow a cognitive behavioral model. The specific treatment will be impacted by factors such as the child's age, symptom presentation, comorbid conditions, and family context. The focus of treatment may vary from specific adjustment problems resulting from violence exposure (e.g. aggressive behavior), overall views of violence in the family, or transitions into or out of shelters. The following treatment components are the most commonly used:

- Re-exposure interventions
 - To separate thoughts and stimuli surrounding the violence from the negative emotions experienced
 - May include use of the trauma interview or trauma narratives to recall or act out the traumatic event
- Violence education and cognitive restructuring
 - Focus on changing thoughts about violence in general and the traumatic event in particular as well as developing different coping strategies in order to gain a new perspective on the violence
 - Teach the child that violence and abuse are unacceptable, that violent behavior is a choice, and that children are not responsible for the violent behavior of their parents
- Emotional recognition and expression
 - Includes developing an emotional vocabulary; identifying connections between bodily sensations, thoughts, behaviors, and emotions; and teaching strategies to reduce anxiety
- Social problem solving and social interaction skills
 - Teach conflict resolution and social skills through behavioral rehearsal
- Safety planning
 - Includes teaching children how to identify cues of dangerous situations and how to obtain help
- Parenting interventions
 - Includes working on positive parenting techniques with the non-offending parent; teaching the parent about the child's treatment so that strategies can be supported and prompted at home; and educating the parent about the risks created by a child's exposure to violence

One formalized treatment program that is commonly used with success in treating traumatized children is Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). Though it was originally designed for treating sexually abused children, TF-CBT has been adapted to use with children experiencing any type of trauma¹³. The treatment targets trauma-related symptoms including Post-Traumatic Stress Disorder (PTSD), depression, anxiety, trauma-related shame, and trauma-related cognitions such as self-blame. Also included in the treatment is work with the non-offending parent to help the parent support the child, decrease the parent's own stress, and improve parenting practices. The TF-CBT components, many of which were mentioned above, are summarized by the acronym PRACTICE (Parenting skills, Psychoeducation, Relaxation skills, Affective modulation skills, Cognitive processing, Trauma narration, In vivo desensitization, Conjoint child-parent sessions, and Enhancing safety and future development). At least one randomized controlled study on the effectiveness of TF-CBT had a large proportion (over half) of the sample with a history of domestic violence exposure. Children receiving TF-CBT (as opposed to Child-Centered Therapy) showed greater improvement in PTSD, depressive, anxiety, shame, and behavior symptoms as well as negative abuse-related cognitions. The parents who participated in TF-CBT showed a greater improvement in their own depressive symptoms, parenting practices, support of their child, and emotional distress about the abuse. TF-CBT is offered locally through Family Services.

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October is National
Domestic Violence
Awareness Month



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The Civic Column

[[Strengthening our community through increased awareness and accountability]]



Cross-System Collaboration: The Greenbook Initiative^{14,15,16}

An increasingly number of families are impacted by both domestic violence and child maltreatment; as many as 60 percent of families who experience one of these types of violence are likely to experience the other. The systems that respond to victims of family violence, however, often have different perspectives and protocols from one another. For example, child welfare workers focus on the children's safety and well-being while domestic violence service providers focus on protecting the adult victims. In the late 1990s, the National Council of Juvenile and Family Court Judges (NCJFCJ) assembled a group to focus on improving service coordination to families impacted by domestic violence and child maltreatment. Resulting from the group was a set of best practice guidelines published as *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, which became known as the Greenbook due to the color of its cover. The publication identifies both internal and cross-system changes that child protective services, domestic violence service providers, and juvenile and family courts should implement to improve the safety of domestic violence victims.

In order to implement the strategies recommended within the Greenbook, the U.S. Department of Justice and the U.S. Department of Health and Human Services awarded six counties grants over a five year timeframe. Collaborative boards were developed to complete tasks such as mapping the current systems to identify service gaps or duplication as well as speaking to survivors and consumers to gain additional perspective. As work continued, additional partners, such as probation and parole and substance abuse service providers, were brought on board as well. While an in-depth report of the findings is available elsewhere^{14,15}, the following highlights some of the key activities or points of discussion that were completed throughout the project:

- Addressed issues of power, trust, and responsibilities amongst the collaborating organizations
- Cross-systems trainings on confidentiality and other related topics
- Additional training for child welfare caseworkers on domestic violence, co-occurrence, and the impact of domestic violence on children
- Review of all child maltreatment cases with domestic violence by a multidisciplinary team that included a domestic violence advocate
- Implementation of new or revised tools to assess for domestic violence at child welfare case intake
- Creation of specialized positions, including domestic violence advocates present in child welfare offices
- Judges served as spokespersons for the initiative in state, municipal, and community settings
- Training for judges and court personnel on domestic violence and its impact on child protection cases

While many positive outcomes were observed (i.e. increased referrals to treatment services for victims of domestic violence; increase in the proportion of child welfare cases actively screened for domestic violence), there were many barriers to change. Changes in practice were most commonly observed in the child welfare system and least observed in the courts.

Learn More



To learn more about the Mercyhurst Civic Institute, please visit our website, where you find information about the services we offer, listings of our current and recent projects, links to our recent publications, summaries of Erie County data, and biographies of our staff members.

www.civicinstitute.org



Local Services Available

SafeNet Services for Children

Contributed by: Colleen Helsley, Director of Children's Programming | The crisis hotline for SafeNet is 814-454-8161.

Children who have experienced or witnessed domestic violence often show similar emotional, behavioral, social, and physical characteristics. They suffer feelings of shame, guilt, grief, confusion, anger, and depression. Behaviorally, children may become withdrawn or aggressive. They may refuse to go to school, wet the bed, or have nightmares. Children from violent homes are isolated from friends and family, and have physical symptoms such as headaches, stomach problems, and regression in development.

Children who accompany their mother who are receiving services from SafeNet are also helped through the Children's Program. They learn how to safety plan and establish at least one place of emotional and physical safety in their lives. By participating in trust and relationship building activities with their parent and staff members, children learn how to build a support system and develop relationships with adults who can be trusted. Children learn to identify feelings and appropriately respond to them. They learn to apply skills for peaceful conflict resolution and how to let go of their feelings of shame and guilt for the violence they have experienced or witnessed.

Through group exercises, children learn to identify healthy relationships and build skills for cooperative interaction. They learn to appreciate their uniqueness, as well as the uniqueness and strengths in others, while developing skills for self efficacy through reinforcement exercises in a safe environment. Making choices is an important part of our programming. Making any choice is difficult for children living in the chaos that is the perceived reality when living in a domestic violence situation. Choice making tasks graduate from simple to more complex and discussion takes place about healthy vs. unhealthy choices. Children gain an increasing sense of autonomy when given choices.

Children's resiliency is enhanced by developing an age appropriate understanding of the experiences; developing a strong relationship with the non-abusive parent; knowing that they can develop a strong support system; nurturing their involvement in extracurricular activities; identifying at least one trusting adult in their lives; developing self esteem and social skills, and learning respect in all aspects of their relationships.

In order to break the cycle of violence, SafeNet staff offer individual and group counseling, age appropriate education, safety planning, and art expression groups. We promote parent/child interactions, positive parenting and role modeling, advocacy with the child's home school, community referrals, and access to community events.

The following figure shows the services children received at SafeNet during the 2009-2010 fiscal year:

Service	Number
Emergency Shelter	226
Transitional Housing	44
Residential Days	6,576
Counseling Hours	1,765
Children's Structured Activities	548
In-School Prevention	1,591

Crime Victim Center of Erie County Inc.

Contributed by: Heather Catron, Director of Court Advocacy | For more information contact our office (814-455-9414; 814-455-9515; 1-800-352-7273)

Crime Victim Center of Erie County is a non-profit organization established in September of 1973 as the Rape Crisis Center to provide crisis intervention, supportive counseling, accompaniment, advocacy, information and referrals to any victim of sexual assault and their significant others in Erie County. In 1986, the agency started to provide crisis intervention, supportive counseling, court accompaniment to trials, preliminary hearings, and to police statements for all victims of crimes, witnesses and significant others. All services are provided free of charge to clients. Our agency also has a 24-hotline in which there is a counselor available after office hours, holidays and weekends. One counselor and one supervisor are available at all times to answer crisis calls. Our agencies main location is in Erie but we have several locations within Erie County to help better serve our clients in rural areas we have satellite locations in Corry, Girard, Edinboro, North East and also Union City. Two on-staff community educators provide prevention and education programs to the community. Their goal is to raise awareness and educate the community about issues surrounding crime and victimization. Not only do the educators serve the school communities by presenting risk reduction programs for students, they also present to parents, community groups and other agencies and workplaces. All of these programs are geared to the audience's specific age level and are offered free of charge. Funding for our agency comes from the Pennsylvania Coalition Against Rape, Department of Human Services' Mental Health/Mental Retardation Unit, United Way of Erie, United Fund of Corry Area, Victims of Crime Act (VOCA) and through donations and fundraising events. Additionally, court advocacy programming is funded through the Pennsylvania Commission on Crime and Delinquency from the Rights and Services Act (RASA), Victims of Juvenile Offenders (VOJO) and the Victims of Crime Act (VOCA).