

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

TABLE OF CONTENTS

PLEASE READ THE MATERIAL PRIOR TO ATTENDING THE SESSION.

Homework for Session:

Read chapter 5; answer and submit chapter 5 review questions.

Class Objectives:

- Understand the impact Adverse Childhood Experiences has on children and their families.
- Be able to identify various causes of trauma and toxic stress.
- Be able to identify the behavioral signs of trauma and toxic stress in children at various stages of life.

Unit 1

Stress in Families/Adverse Childhood Experiences 5-2

Unit 2

Domestic Violence 5-9

Unit 3

Trauma & Toxic Stress 5-17

Resource Materials

- Evidence Supported & Promising Interventions 5-23
- Local & National Resources 5-24
- Options For A Survivor of Family Violence 5-26
- Understanding Family Violence:
The Equality Wheel and the Power & Control Wheel 5-27
- Family Violence:
Safety Tips for You & Your Family 5-28

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

UNIT 1: Stress in Families/Adverse Childhood Experiences

As a CASA volunteer, you need to understand the families of the children you will be working with so that you can describe the entire family situation succinctly, accurately, and objectively. The ability to describe the situation in this manner is a critical step in making recommendations about what the child needs.

At some point all families encounter change, stress, and perhaps even crisis -- the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent is increased, and on it goes. The families you will encounter in your work as a CASA volunteer are, by definition, under stress and are likely to be in crisis -- if for no other reason than the state is now involved in determining whether their child remains in their care and custody.

Assessing Your Own Stress Level

Think of a situation in your life that you found stressful. It can be an automobile accident or near miss, having a chronic illness, witnessing a violent situation, the illness of a family member, etc. Think of how you felt physically during that incident: i.e., heart rate, tingling, other physical symptoms. Think of how you felt if you had to make a decision: i.e., were you able to think logically? Was it difficult to process information? Take a few minutes to gather this information. We will discuss in group.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Stress is a significant part of a family's involvement in the child protective services system. Additionally, many individuals and families have to deal with the daily stress of societal prejudice associated with their race, ethnicity, sexual orientation, disability, culture, inability to speak fluent English, foreign accent, or other differences.

Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families that are not able to cope well are often isolated from resources; faced with a variety of challenges; and are stressed by numerous problems that compound on one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.



CASE SCENARIO: ROBERT

On the following two pages, you will find a case scenario. Please read the facts and initial investigation notes. As we progress through the class, refer to this scenario and the questions posed. We will discuss as a group at the end of this class.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families



CASA CASE SCENARIO: Robert

Facts:

- Robert is 15 years' old
- Mother and Father living together. No specific DV history known.
- Robert is placed in group home due to out of control behavior.
- Supervised visits are in place at Family Nurturing Center with both mother and father present.
- CASA is appointed.
- Name of Hamilton County Job & Family Services Case Worker is obtained. Initial investigation by you, the CASA:
- CASA talks with case manager at group home prior to meeting with Robert. Case Manager indicates the following
 - » Robert is very quiet but tends to erupt into a rage if peers talk loudly.
 - » Robert also refuses to eat with others and food is found hidden in his room.
 - » The school has called several times because Robert refuses to participate and becomes angry if challenged. This has already resulted in 2 in school suspensions. Robert is also failing most of his subjects and is already a grade behind.
- CASA meets with Robert at group home.
 - » Robert is quiet-answers yes or no but nothing else. The only thing the boy does say is that the case manager, who is a woman, is a***** and he doesn't have to listen to her.
 - » CASA observes that
 - ▶ Robert mumbles when he talks and never looks directly at CASA.
 - ▶ Robert's expression and entire demeanor is very sad.
 - ▶ Robert often doesn't appear to understand the questions. When CASA attempts to explain, Robert face contorts with anger and he yells "I'm not stupid!"

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

After reading the chapter and viewing the ACES video, what are your thoughts about Robert's behavior?

Who would you speak with next, what would you ask, and why?

What are your overall thoughts about this family? Consider your observations of Robert's behavior and demeanor when you answer.

Potential next steps:

- Call school, talk to teachers, counselors, etc. to find out behaviors while in school and concerns.
- Attend and observe a supervised visitation.
- Schedule meeting with mother and father together, then, separate meetings. Observe interactions together.
- Ask case manager and/or parents if boy is on medication, what the medication is, and why it is prescribed.
- Check criminal histories of mother and father.
- Check for previous Children's Services History.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Before we explore the impact that domestic violence has on children, it is important to know about the Adverse Childhood Experiences study and the results that have far-reaching implications for the families that CASA volunteers interact with regularly.

ADVERSE CHILDHOOD EXPERIENCES

The ACES Study

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.

Kaiser Permanente (an HMO) and the Center for Disease Control collaborated to examine the relationship between traumatic experiences during childhood and reduced health and well being later in life.

Dr. Vincent Felitti and Dr. Robert Anda led the study which was conducted between 1995 and 1997. Over 17,000 adult patients received health exams and completed confidential surveys containing information about their childhood experiences and current health status and behaviors. These adult patients were largely Caucasians and largely college educated.

There are three categories of ACEs; abuse, neglect and household dysfunction.

Abuse

1. **Emotional Abuse**; name calling, insults, threats by adults
2. **Physical Abuse**; hitting, pushing, grabbing, slapping
3. **Sexual Abuse**; touching, fondling, attempting intercourse or actual intercourse by person 5 years older

Neglect

1. **Emotional Neglect**; no support or protection from family, not feeling loved or special
2. **Physical Neglect**; not enough food or proper clothing, no medical care

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Household Dysfunction

1. **Intimate Partner Violence**; witnessing victim being hit, slapped, punched, threatened, or hurt with weapon
2. **Household Substance Abuse**; alcohol or street drug abuse
3. **Household Mental Illness**; depression, mental illness, suicide attempts
4. **Parental Separation or Divorce**; parents not together, separated from children
5. **Incarcerated Household Member**; household member in prison, separated from children

FINDINGS OF THE ACES STUDY

Brain Functioning is Impaired

1. With ACEs, stress hormones flood the brain
2. Toxic stress results
3. Survival mode becomes normal

Mental and Physical Health Suffers

1. Increased risk for COPD and heart problems
2. Increased risk for immune system issues
3. Increased risk for depression, suicide, other mental health issues

HIGHER ACES SCORE= LOWER LIFE EXPECTANCY
6 OR MORE ACES= SHORTER LIFE EXPECTANCY OF 20 YEARS

What is my ACE score?

Please take a few minutes to read and complete the “Finding your ACE Score” questions on the next page. When you are finished, we will discuss as a group.



CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
» Swear at you, insult you, put you down, or humiliate you? **OR**
» Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household often or very often...
» Push, grab, slap, or throw something at you? **OR**
» Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever...
» Touch or fondle you or have you touch their body in a sexual way? **OR**
» Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you often or very often feel that...
» No one in your family loved you or thought you were important or special? **OR**
» Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you often or very often feel that...
» You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **OR**
» Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother...
» Often or very often pushed, grabbed, slapped, or had something thrown at her? **OR**
» Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? **OR**
» Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

UNIT 2: Domestic Violence

“One in three women and one in four men have experienced some form of physical violence by an intimate partner in their lifetime.”

The National Intimate Partner and Sexual Violence Survey, 2010 Summary Report, National Center for Injury Prevention & Control, Centers for Disease Control and Prevention

“ Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another ... violence against women is often accompanied by emotional abuse and controlling behavior and thus is part of a systematic pattern of dominance and control ... the consequences of domestic violence can cross generations and truly last a lifetime.”

The National Coalition Against Domestic Violence: Domestic Violence Facts

“ Most cases of domestic violence are never reported to the police.”

Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003

As a CASA volunteer, it is important to be aware of the possibility that family violence exists in the families of the children with whom you are working. If you suspect family violence is occurring, make sure the victim has several opportunities to talk to you alone. The battered partner is often terrified of revealing the truth for fear of further violence. Observe body language carefully. Look for typical characteristics:

- ✓ A conspiracy of silence prevails
- ✓ The batterer often “presents” better than the victim
- ✓ The victim may “present” as angry and frustrated
- ✓ There is generally no “record” of the violence
- ✓ There is a recurring cycle of family tension, followed by the batterer’s explosion, followed by a period of calm (often filled with apologies and promises) that then begins to build back to tension

Family violence is about control and domination. When a battered spouse leaves the family home (or the batterer is forced to leave), the batterer feels a loss of control formerly exerted. This makes the batterer even more likely to be violent. This increased level of danger makes many victims reluctant to leave, even when the consequence of not doing so may be the placement of children in foster care.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Definition

Family violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use to control their current or former intimate partners (i.e. spouse, girlfriend/boyfriend, lover, etc.). Family violence does occur with women abusing men or in same-sex relationships, but abuse by men victimizing women is the most common.

Causes

Family violence stems from one person's need to dominate and control another. Family violence is not caused by illness, genetics, gender, alcohol, drugs, anger, stress, the victim's behavior, or relationship problems. However, such factors may play a role in the complex of factors that result in family violence.

Legal System Response

The legal system can respond to family violence as a violation of criminal and/or civil law. If the violence has risen to the level of assault, it can be prosecuted criminally. While definitions and procedures differ from one state to another, physical assault is illegal in all states. Law enforcement can press charges in criminal court with the victim as a witness. Victims also have recourse to securing a restraining/protective order and, in rare instances, the possibility of bringing a civil lawsuit.

Whether a case proceeds in either or both of these venues is dependent on a number of factors, many of which are beyond the victim's control. There is a wide variance in availability and willingness of court personnel to act in family violence cases. Unless judges and attorneys, including prosecutors, have been educated about the dynamics of family violence, protective laws are inconsistently enforced. The repeated pattern of the abused spouse bringing charges and subsequently dropping them due to safety reasons often discourages law enforcement personnel from giving these cases their immediate attention; resulting in the victim being revictimized.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

The other setting in which the legal system and family violence may intersect is a court hearing regarding allegations of child abuse and/or neglect. The CASA volunteer should be aware that a determination of family violence within the child's home will significantly influence placement decisions and what is expected of the non-abusing parent to retain/regain custody. The standard risk assessment conducted by child welfare agencies to evaluate whether a child needs to be removed from his or her home generally includes family violence as a factor that negatively relates to the child's safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for "failure to protect" the child because the victim did not leave the batterer, even though the victim lacks the resources to do so or it was not safe to do so.

Barriers to Leaving a Violent Relationship

For people who have not experienced family violence, it is hard to understand why the victim stay -- or returns repeatedly to re-enter the cycle of violence. The primary reason given by victims for staying with their abusers is fear of continued violence and the lack of real options to be safe with their children. This fear of violence is real: family violence usually escalates when victims leave their relationship. In addition to fear, the lack of shelter, protection, and support creates barriers to leaving.

Other barriers include:

- . Lack of employment and legal assistance
- . Being immobilized by psychological and physical trauma
- . Cultural, religious and family values
- . Continued hope and belief in the perpetrator's promise to change

Leaving a violent relationship is often a process that takes place over time, as the victim can access resources she needs. The victim may leave temporarily many times before making a final separation.

*Adapted from Domestic Violence: A National Curriculum for Children's Protective Services.
Anne Ganley and Susan Schechter, Family Violence Prevention Fund, 1996.*

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Impact on Children

Lenore Walker, author of *Battered Women*, describes the world of children who grow up in violent homes:

“Children who live in battering relationships experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation. They expend a lot of energy avoiding problems. They live in a world of make believe.”

At least seventy-five percent of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children’s development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child’s parent or caregiver.

*Statistics from “Children: The Forgotten Victims of Domestic Violence,”
Janet Chiancone, ABA Child Law Practice Journal, July 1997.*



CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

What Can a CASA Volunteer Do?

Child advocates have reason to be both knowledgeable and concerned about family violence. Children from violent homes are at a higher risk for abuse than other children. According to A Nation's Shame, a 1995 report compiled by the U.S. Advisory Board on Child Abuse and Neglect, **"Domestic violence is the single, major precursor to child abuse and neglect fatalities in the U.S."**

The CASA volunteer's task is even more complex than usual when family violence is a factor in family relationships. The history and severity of family violence will figure into any recommendation for placement of a child. Many professionals in the field of family violence believe that you cannot protect the child unless you also protect the primary nurturer/victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes her at the hands of the system.

However, the CASA volunteer must take a broader view. It may be that, with proper safeguards in place, the victim can make a safe home for the child while the threat from the batterer is reduced by absence, treatment, and/or legal penalties. It is also possible that the victim has shortcomings that prevent her from caring for her family at even a minimally sufficient level. The CASA volunteer should assess the situation with a clear understanding of family violence dynamics but, in the end, must make a recommendation based solely on the best interest of the child.

ProKids Steps to Peace Program is designed to be a resource for the CASA volunteer facing these complex issues. The Steps to Peace Program has an extensive list of knowledgeable staff, volunteers and community agencies for the CASA volunteer to access. CASA volunteers should work closely with their CASA Manager and the Steps to Peace Program Manager to identify resources for children, for victims, and for the batterers. Guidance, resources, and more intensive training in the area of family violence are available to each CASA volunteer.

If you suspect that family violence may be present in the home or that family violence has been identified as a part of the child's life, follow these first steps:

- Never tell a person to leave the situation. This act will put them in danger.
- Call your CASA Manager.
- Call Kathy King, Steps TO Peace Program Manager at (513) 417-6424.

The foremost issue is the safety of the child. Be alert to any signs that family violence has recurred or even that contact between the batterer and the victim is ongoing – if that might compromise the child's safety.

(Note: You can find further information in the section "Family Violence: Safety Tips for You and Your Family," which appears in the Resource Materials section of this chapter.)

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families



Domestic Violence vs. Intimate Partner Violence

- Domestic Violence = Legal Term
- Intimate Partner Violence = Behavioral Term
- DV & IPV are patterns of behavior
- DV & IPV show power and control

What is Intimate Partner Violence (IPV)?

IPV is a pattern of repeated abusive behaviors and actions that individuals use against their intimate partners:

- Emotional
- Financial
- Sexual
- Verbal
- Physical
- Legal

Who Are Batterers & How Do They Act?

Who are they?

- Most severe battering is by men
- Batterers exist in all cultures
- Batterers exist in all social classes
- Most restrict violence to the home and family
- Most are NOT mentally ill

How do they act?

- They use power and control
- They are violent only at home
- Vary greatly in personality
- Vary greatly in behavior

Who Is Most Likely To Batter?

- Boys from violent homes are 1,000 times more likely to batter
- Higher alcohol abuse is a risk factor -- but batterers who get “clean and sober” may still continue to batter

Who Is Abused?

- 33% of All Women Nationally = 1 out of 3
- 4%-8% are Pregnant

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Violence and Pregnancy

Some facts:

- 20% of pregnant women are domestic violence victims
- Pregnant adolescents (13-17) are domestic violence victims more often than pregnant adults (18+)
- Homicide is the leading cause of death in pregnant women in the United States

Intimate Partner Violence during pregnancy is linked to:

- Depression
- Substance abuse
- Anemia
- 1st & 3rd trimester bleeding
- Less than optimal weight gain
- Reduction in birth weight

Stress due to violence during pregnancy:

- Produces stress hormone cortisol
- Cortisol reduces blood flow to fetus
- Reduced blood flow means less oxygen
- Cortisol transmitted to fetus via placenta
- Cortisol impacts fetal development

Resulting in:

- Lower birth weight
- Developmental problems
- Issues with regulatory functions
- Greater risk of aggressive, anxious, depressed, or hyperactive behaviors

How Do Victims of DV or IPV Appear?

- Isolated socially and/or physically
- No sense of self or low self-esteem
- History of victimization as child or adult
- Confusion between caring and controlling
- Confusion about personal boundaries
- Anxious, depressed, physical symptoms

Why Do Victims Stay?

- To stay alive
- To keep children safe from violence
- To keep pets alive
- To maintain custody of children
- Financial reasons
- Threat of homelessness

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Top 3 Signs Of Lethality If Victim Decides To Leave

1. Homicide or Suicide Gestures/Threats
2. Access to Weapons
3. Threat to Mutilate or Kill Pets

Pet Abuse & Family Violence

“Animal cruelty problems are people problems. When animals are abused, people are at risk -- and vice versa.” Arkow, (1996) FVSA Bulletin, 12, No. 1-2, p.33

Facts about pets & kids:

- 79% of families have pets
- When children are abused, pets are likely to be abused
- Children often confide about pets **before they will talk about what happens to themselves**

Animal Abuse In Abusive Families:

- 88% of homes had abused animals
- 2/3 abused by fathers
- 1/3 abused by children

Pet Abuse & Family Violence

- Victims of intimate partner violence are **5 times more likely** to have their pets harmed by batterers than non-victims
- Children with substantiated physical abuse, along with other inhabitants of the home, are **10 times more likely** to be bitten by the family dog

Batterers & Pets -- Hurting Animals

- Demonstrates power
- Warns “you may be next”
- Eliminates source of support or comfort for mom & kids
- Provides incentive for woman to stay
- Reinforces that there is no safe place



CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

UNIT 3: Trauma and Toxic Stress

In Unit 3 we will explore the traumatic effects of family violence, physical & sexual abuse, neglect, and loss of significant attachments.

What is Trauma?

Trauma: (Def. American Heritage Dictionary, 2015)

1. a. Serious injury to the body, as from physical violence or an accident: *abdominal trauma*
- b. Severe emotional or mental distress caused by an experience: *He experienced trauma for years after his divorce.*
2. a. An experience that causes severe anxiety or emotional distress, such as rape or combat: *memories that persist after a trauma occurs.*
- b. An event or situation that causes great disruption or suffering: *the economic trauma of the recession.*

What is Stress?

Stress is an organism's response to environmental demands or pressures.

There are 3 types of Stress Responses:

1. Positive Stress Response:

- . Normal part of healthy development
- . Brief increases in heart rate/hormones
- . *Example: 1st day with new, safe caregiver*

2. Tolerable Stress Response:

- . Longer lasting/more severe difficulties
- . Longer periods of increased heart rate/hormones
- . *Example: Loss of loved one/frightening injury*

3. Toxic Stress Response:

- . Chronic/prolonged adversity
- . Prolonged increase in heart rate/hormones
- . *Example: Chronic neglect/abuse/exposure to violence*

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Impact of Trauma & Toxic Stress on Children and Families from:

- . Domestic Violence/Intimate Partner Violence
- . Physical Abuse
- . Sexual Abuse
- . Neglect
- . Loss of Critical Attachments

Brain's Response to Trauma

The brain responds to trauma by flooding the body with HPA (Hypothalamic-Pituitary-Adrenal) stress hormones, steroid hormones, neurotransmitters, and other chemicals and hormones. This prepares the body for **Freeze, Flight or Fight** and can impact:

- . Memory
- . Pulmonary functions
- . Cardiovascular functions
- . Immune system

Prolonged Exposure Can Impact:

- . Physically: Depressed immune system resulting in illnesses
- . Emotionally: Depression, anxiety, hyper-arousal, sleep disturbances
- . Intellectually: Inability to focus or concentrate

How does prolonged exposure to trauma and toxic stress generally look in adults?

Physical Symptoms: Emotional Symptoms: Cognitive Symptoms:

- | | | |
|----------------------|----------------------|-------------------------------------|
| . Digestive Problems | . Depression | . Inability to Concentrate/Focus |
| . Headaches | . Anxiety | . Long & Short Term Memory Problems |
| . Frequent Illnesses | . Anger | . Impaired Decision Making |
| . Unspecified Pain | . Sleep Disturbances | |
| | . Hyper-arousal | |
| | . Withdrawal | |
| | . Substance Abuse | |

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

How does prolonged exposure to trauma and toxic stress generally look in children?

Primary Focus in Children's Ages & Stages

- 0 -- 18 Months: . To attach to caregivers
- 18 months -- 3 years: . Attachment to caregivers
. Playing
. Autonomy
- 3 years -- 5 years: . Attachment to caregivers
. Playing
. Developing conscience
- 6 years -- 12 years: . Relationships with peers
. Fitting into world
. Relationship with caregivers
- 13 --18 years: . Discovering self
. Becoming independent


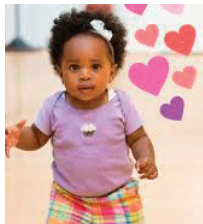


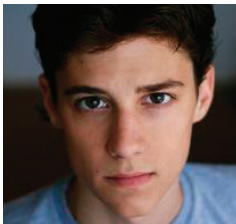
Five Areas to Watch in Children:

- . Feeding or Eating Difficulties
- . Sleeping Difficulties
- . Developmental Concerns
- . Behavioral Concerns
- . Physical Concerns

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

HOW DOES TRAUMA LOOK?				
 0-18 Months	 18 Months - 3 Years	 3-5 Years	 6-12 Years	 12 - 17+ Years
Eating/Feeding Difficulties				
Failure to gain weight	Refusal to eat	Refusal to eat	Refusal to eat	Refusal to eat
Unable to regulate eating/feeding	Overeating	Overeating	Overeating	Overeating
Refusal to eat	Hiding food	Hiding food	Hiding food	Hiding food
			Potential eating disorders	Eating disorders
Sleep Difficulties				
Difficulty in self-soothing	Disrupted sleep routines	Disrupted sleep routines	Disrupted sleep routines	Disrupted sleep routines
Frequent waking	Sleeping too little or too much	Sleeping too little or too much	Sleeping too little or too much	Sleeping too little or too much
Inability to maintain a routine.	Frequent nightmares	Frequent nightmares	Frequent nightmares	Frequent nightmares
Sleeping too little or too much	Night terrors	Night terrors	Night terrors	Night terrors
Development Concerns				
Ongoing development delays	Ongoing development delays	Ongoing development delays	Ongoing development delays	Ongoing development delays
Emerging developmental delays	Emerging developmental delays	Emerging developmental delays	Emerging Developmental delays	Regression School issues
Regression	Regression	Regression	Regression School issues	

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

HOW DOES TRAUMA LOOK?				
 0-18 Months	 18 Months - 3 Years	 3- 5 Years	 6- 12 Years	 12 - 17+ Years
Behavioral Concerns				
Unresponsiveness Extreme startle reflex Extreme separation anxiety Extreme fear of certain individuals Excessive crying Irritability Attachment concerns	Extreme fear of certain individuals Excessive crying Irritability Attachment concerns Withdrawal Depression Anxiety Extreme aggression Inappropriate acting out Extreme difficulty focusing Constant activity Negative play	Extreme fear of certain individuals Excessive crying Irritability Attachment concerns Withdrawal Depression Anxiety Extreme aggression Inappropriate acting out Extreme difficulty focusing Constant activity Negative play	Excessive crying Irritability Attachment concerns Withdrawal Depression Anxiety Extreme aggression Cruelty to animals Cycling emotions Beginning substance abuse Cutting	Excessive crying Irritability Withdrawal Depression Anxiety Extreme aggression Cruelty to animals Cycling emotions Substance abuse Cutting Relationship difficulties Violence (family/peers)
Physical Concerns				
Lack of weight gain Lethargic appearance Frequent diarrhea or nausea Frequent illness Unexplained injuries or bruises	Frequent diarrhea or nausea Frequent illness Unexplained injuries or bruises Headaches Stomachaches	Frequent diarrhea or nausea Frequent illness Unexplained injuries or bruises Headaches Stomachaches	Frequent diarrhea or nausea Frequent illness Unexplained injuries or bruises Headaches Stomachaches	Frequent diarrhea or nausea Frequent illness Unexplained injuries or bruises Headaches Stomachaches

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

RESOURCE MATERIALS

Evidence Supported & Promising Interventions	5-23
Local & National Resources	5-24
Options For A Survivor of Family Violence	5-26
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CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Evidence Supported and Promising Interventions

*(“Moving from Evidence To Action”,
American Bar Association Center on Children and the Law)*

Child-Parent Psychotherapy (CPP): (Infants -- Age 5)

Works on relationships and healthy attachments

Parent-Child Interaction Therapy (PCIT): (Age 2 – Age 7)

Therapist directs caretakers on interactions with children to improve relationships

Trauma Focused Cognitive Behavioral Therapy (TF-CBT): (Age 3 – Age 17)

Children and parents work individually and jointly to less traumatic stress symptoms

Trauma Affect Regulation: Guide for Education & Therapy (TARGET): (Adults & teenagers)

Teach 7 step sequence of skills for processing and managing trauma related reactions

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): (Age 3 – Age 17)

Increase coping skills, decrease depression & PTSD symptoms; occurs in school setting

Trauma & Grief Component Therapy for Adolescents (TGC T-A): (Adolescents)

Increase insight into how trauma impacts coping and behaviors

Local Resources

Young Child Institute (Birth – age 3)

Works on bonding and attachment issues with parents and children

Connections For Life (Birth – age 5)

Integrated approach that works on bonding and attachment issues with parents and children along with P/T, O/T, Speech

Post-Traumatic Healing Center (Oak Campus, Cincinnati Children’s Hospital)

(Children & Families)

Works with the after effects of physical & sexual abuse on children & families

Family Nurturing Center: (Children & Families)

Provide visitation, parenting, PCIT, etc.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Other Local Agencies Providing Services

Children's Home: (PCIT, therapy, PH)

St. Joseph's: (Therapy, PH, Case Management)

Beech Acres: (PCIT, therapy, parenting, in-home services)

Child Focus: (Therapy, etc.)

Lighthouse: (Therapy, family support, case management, in-home services)

Other Local Resources

United Way 211: Connects to any services within Hamilton County, OH.

YWCA 24 Hour Hot Line (513) 872-9259: Provides information on shelters, support, legal advocacy and programs for survivors of family violence.

Legal Aid (513) 362-2792: Provides legal advocacy for victims of domestic violence.

Women Helping Women 24-Hour Hot Line (513) 381-5610: Provides information & support to survivors of family violence, sexual assault, or stalking.

AMEND (513) 361-2150 or (513) 381-5610: Provides evaluations and programs to address family violence and anger management for male perpetrators, as well as anger management for adult females and adolescents both male and female.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

National Resources

National Domestic Violence Hotline

1-800-799-SAFE (7233) 1-800-787-3224 (TTY)

Website: www.ncadv.org

National Child Abuse Hotline

1-800-4-A-CHILD (2-34453)

Child Welfare Information Gateway

Website: www.childwelfare.com

American Humane Association

1-303-792-9900

National Criminal Justice Reference Service (NCJRS)

Website: www.ncjrs.gov

United States Department of Justice (USDOJ)

Website: www.usdoj.gov/ovs/help/dv.htm

Office for Victims of Crime Online Directory of Crime Victim Services

Website: www.ovc.ncjrs.gov/finvictim/services

Trauma Center at Justice Resource Institute

Website: www.traumacenter.org

The National Child Traumatic Stress Network

Website: www.nctsn.org

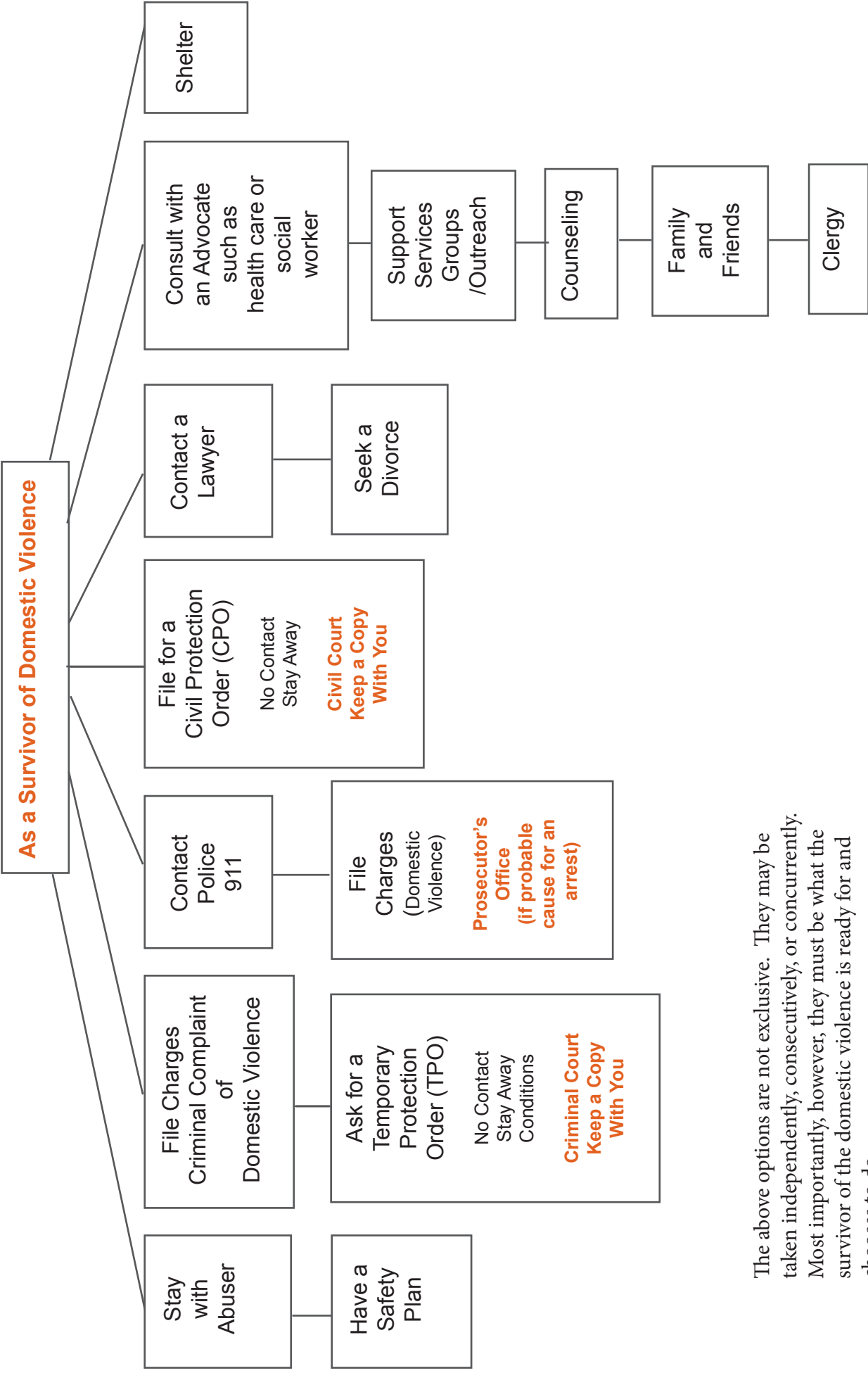
Center for Disease Control-ACE (Adverse Childhood Experiences) Study

Website: www.cdc.gov/ace/about.htm

Child Trauma Academy

Website: www.childtrauma.org

Options for a Survivor of Domestic Violence



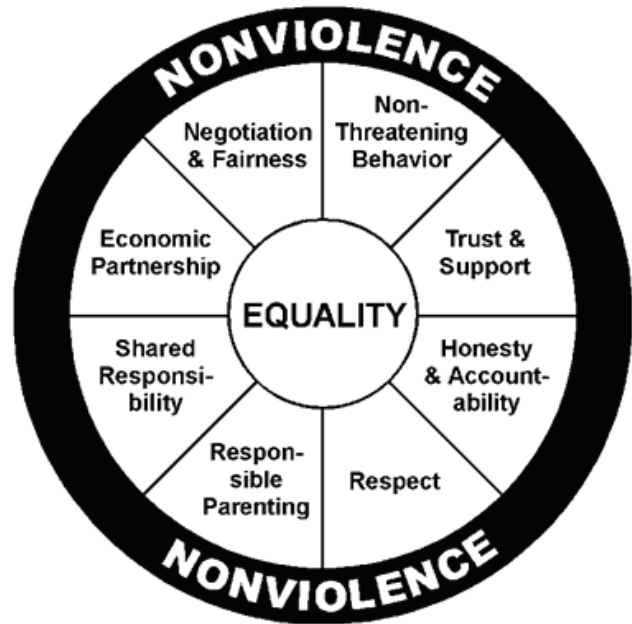
The above options are not exclusive. They may be taken independently, consecutively, or concurrently. Most importantly, however, they must be what the survivor of the domestic violence is ready for and chooses to do.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Understanding Family Violence: The Equality Wheel and the Power & Control Wheel

The Equality Wheel...

Healthy relationships are based on the belief that two people in a relationship are partners with equal rights to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is strengthened in a relationship based on equality.



The Power & Control Wheel...

Abusive relationships are based on the mistaken belief that one person has the right to control another. When the actions described in the spokes of this wheel do not work, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.



CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

Family Violence: Safety Tips for You & Your Family

If You Are In Danger, Call 911 (or your local police emergency number)

To find out about help in your area call the National Domestic Violence Hotline:
1-800-799-SAFE or 1-800-787-3224 (TTY)

Whether or not you feel able to leave an abuser, there are things you can do to make yourself and family safer.

In an Emergency:

If you are at home and you are being threatened or attacked:

- . Stay away from the kitchen (the abuser can find weapons, like knives, there).
- . Stay away from bathrooms, closets or small spaces where the abuser can trap you.
- . Get to a room with a door or window to escape.
- . Get to a room with a phone to call for help; lock the abuser outside if you can.
- . Call 911 (or your local emergency number) right away for help; get the dispatcher's name.
- . Think about a neighbor or friend you can run to for help.
- . If a police officer comes, tell him/her what happened; get his/her name & badge number.
- . Get medical help if you are hurt.
- . Take pictures of bruises or injuries.
- . Call a family violence program or shelter (some are listed here); ask them to help you make a safety plan.

How to Protect Yourself at Home:

- . Learn where to get help; memorize emergency phone numbers.
- . Keep a phone in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times.
- . If the abuser has moved out, change the locks on your door; get locks on the windows.
- . Plan an escape route out of your home; teach it to your children.
- . Think about where you would go if you need to escape.
- . Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police; for example, if the phone rings twice, a shade is pulled down or a light is on.
- . Pack a bag with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust. Include cash, car keys & important information such as court papers, passport or birth certificates, medical records & medicines, immigration papers.
- . Get an unlisted phone number.
- . Block caller ID.
- . Use an answering machine; screen the calls.
- . Take a good self-defense course.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

How to Make Your Children Safer

- . Teach them not to get in the middle of a fight, even if they want to help.
- . Teach them how to get to safety, to call 911, to give your address & phone number to the police.
- . Teach them who to call for help.
- . Tell them to stay out of the kitchen.
- . Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser.
- . Make sure the children know who to tell at school if they see the abuser.
- . Make sure that the school knows not to give your address or phone number to anyone.

How to Protect Yourself Outside the Home

- . Change your regular travel habits.
- . Try to get rides with different people.
- . Shop and bank in a different place.
- . Cancel any bank accounts or credit cards you shared; open new accounts at a different bank.
- . Keep your court order and emergency numbers with you at all times.
- . Keep a cell phone & program it to 911 (or other emergency number).

How to Make Yourself Safer at Work

- . Keep a copy of your court order at work.
- . Give a picture of the abuser to security and friends at work.
- . Tell your supervisors -- see if they can make it harder for the abuser to find you.
- . Don't go to lunch alone.
- . Ask a security guard to walk you to your car or to the bus.
- . If the abuser calls you at work, save voice mail and save e-mail.
- . Your employer may be able to help you find community resources.

Using the Law to Help You

Protection or Restraining Orders

- . Ask your local family violence program who can help you get a civil protection order and who can help you with criminal prosecution.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

In Most Places, the Judge Can...

- . Order the abuser to stay away from you or your children.
- . Order the abuser to leave your home.
- . Give you temporary custody of your children & order the abuser to pay you temporary child support.
- . Order the police to come to your home while the abuser picks up personal belongings.
- . Give you possession of the car, furniture and other belongings.
- . Order the abuser to go to a batterers intervention program.
- . Order the abuser not to call you at work.
- . Order the abuser to give guns to the police.

If You are Worried About Any of the Following, Make Sure You...

- . Show the judge any pictures of your injuries.
- . Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them.
- . Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place.
- . Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time.
- . Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you.
- . Get a certified copy of the court order.
- . Keep the court order with you at all times.

Criminal Proceedings

- . Show the prosecutor your court orders.
- . Show the prosecutor medical records about your injuries or pictures if you have them.
- . Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer).
- . Tell the prosecutor about any witnesses to injuries or abuse.
- . Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail.

Be Safe at the Courthouse

- . Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there.
- . Bring a friend or relative with you to wait until your case is heard.
- . Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you.

CHAPTER 5: Family Violence, Trauma and Toxic Stress: The Impact on Children and Families

- . Make sure you have your court order before you leave.
- . Ask the judge or the sheriff to keep the abuser there for a while when court is over; leave quickly.
- . If you think the abuser is following you when you leave, call the police immediately.
- . If you have to travel to another state for work or to get away from the abuser, take your protection order with you; it is valid everywhere.

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