

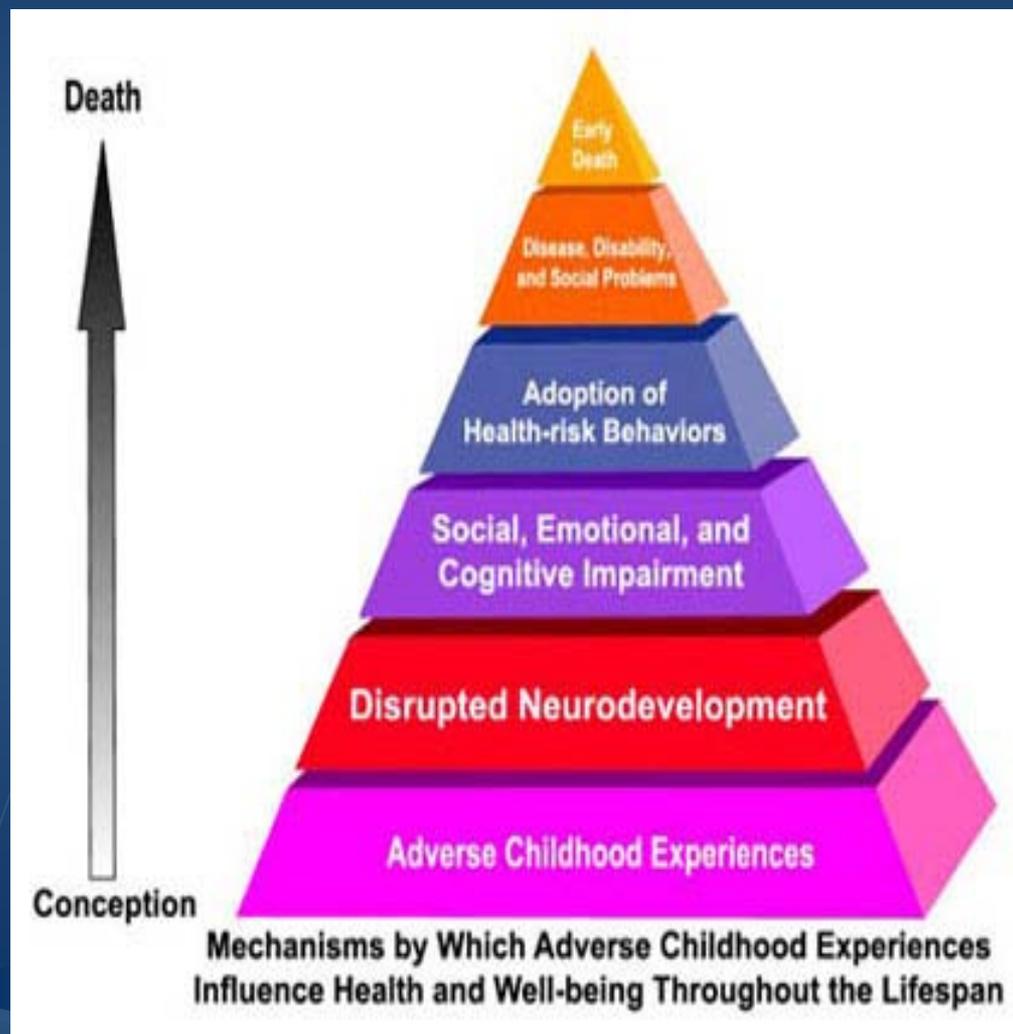
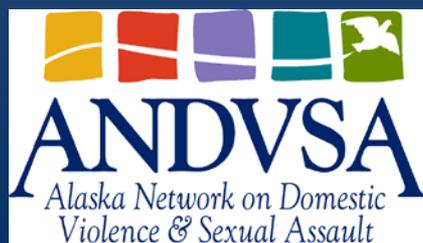
## Practical Tips for Working with Parents and Children Impacted by Multiple Forms of Abuse

Patricia Bland and Tia Holley

(Several Slides adapted from FAS/FAE Strategies for Professionals by Diane Malbin, MSW, Hazelden Educational Materials, 1993, The Key to Drug Free Children: Awareness, Elks Magazine, 1998 and Recovery, A Guide for ACOAs by Gravitz & Bowden, 1985.)

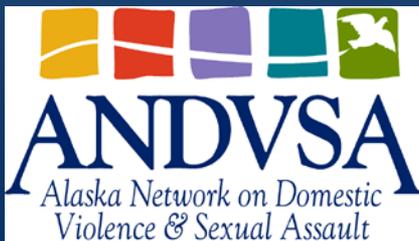
# Why is it important to know about the Adverse Childhood Experiences Study?

- ACEs are surprisingly common
- They happen even in “the best of families”
- They have long-term, damaging consequences



# The ACE Study (Felitti and Anda)

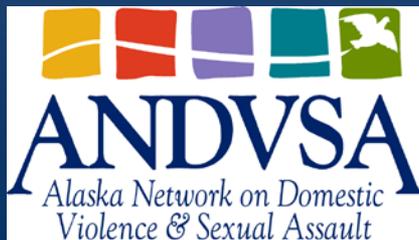
- The largest study of its kind ever done to examine the health, social, and economic effects of adverse childhood experiences over the lifespan (18,000 participants)
- Documents the conversion of childhood traumatic emotional experiences into organic disease later in life



# What are Adverse Childhood Experiences (ACEs)?

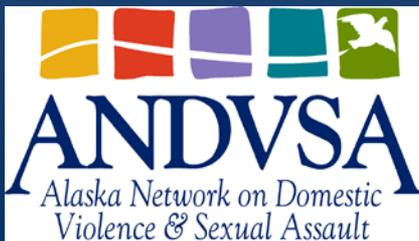
- Growing up (prior to age 18) in a household with:
  - Recurrent physical abuse.
  - Recurrent emotional abuse
  - Sexual abuse
  - An alcohol or drug abuser
  - An incarcerated household member
  - Someone who is chronically depressed, suicidal, institutionalized or mentally ill
  - Mother being treated violently
  - One or no parents
  - Emotional or physical neglect

ACE STUDY: A Decade-long and Ongoing Collaboration between Kaiser Permanente's Department of Preventive Medicine in San Diego, California, and the Centers for Disease Control and Prevention.



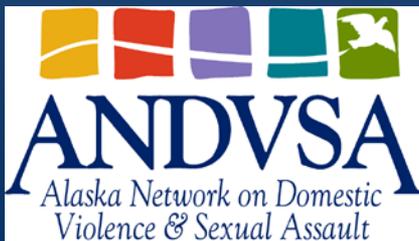
# ACE Study

- Reveals a powerful relationship between children's emotional experiences and their physical and mental health as adults
- Shows time does not heal some adverse experiences common in the childhoods of a large population of middle-aged, middle class Americans (Felitti, 2002)



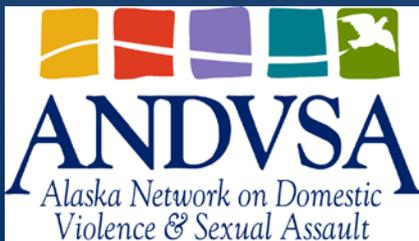
# ACE: Determines likelihood of 10 most common causes of death in the US

- Smoking
- Severe obesity
- Physical inactivity
- Depression, suicide attempt
- Alcoholism, illicit drug use, injected drug use
- 50+ sexual partners, h/o STD

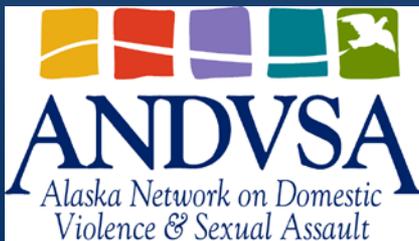


# Active and Coping Forms of Abuse

- Domestic Violence/IPV
- Child Abuse and Neglect
- Sexual Assault
- Childhood Sexual Abuse
- Emotional, Physical and Economic Abuse
- Oppression
- Substance Abuse
- Gambling
- Eating Disorders
- Compulsive Spending
- Excessive Working
- Sexually Acting Out
- Compulsive Shopping/Shop-Lifting



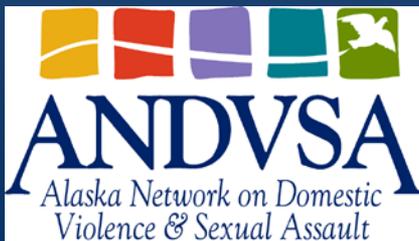
# Substance Use Concerns for Children and Families



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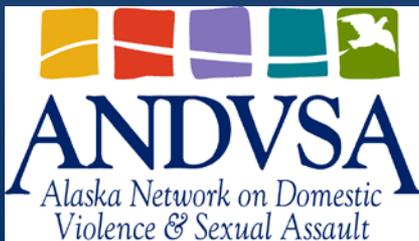
# Phone Cues

- Listen for:
  - Slurred speech, long pauses, rambling
  - Rapid speech, hostile tone, hang-ups
  - Sounds of sipping or gulping, click of bottle or can opening, pills rattling



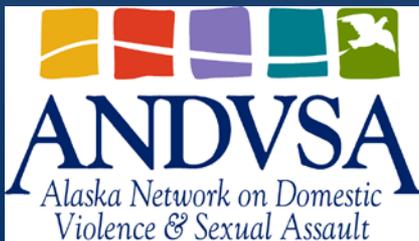
# On-Site Cues

- Odor of alcohol, chemicals, etc.
- Loud, overly friendly/hostile/argumentative
- Sudden mood shifts, bad language, sullen
- Difficulty w/fine motor tasks, signing name, lighting cigarette etc.
- Loss of train of thought, slurred speech or speaking very deliberately (rapid speech also)



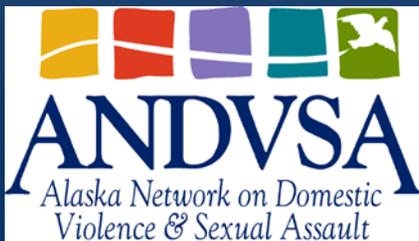
# More On-Site Cues

- People under the influence may be uncooperative, unwilling or unable to communicate. Sometimes very little can be gained by trying to have an in-depth conversation at this time.
- Be prepared to re-schedule if necessary.



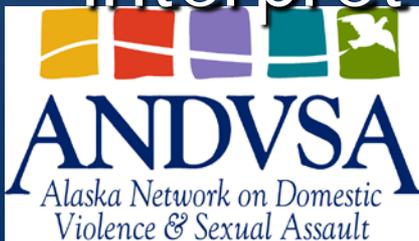
# Communicating with Parents and Children

- Know yourself
- Know your own limits
- Have a plan
- Be clear
- Establish respect and rapport (normalize the conversation: "I talk to everyone about this.")



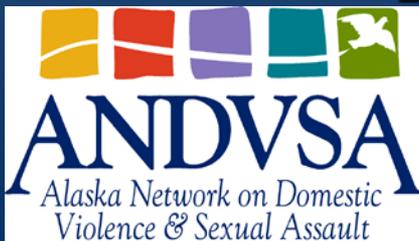
# The Communication Process

- Obtain a history - collateral interviews when possible, what has happened before?
- Observe patterns of behavior - is what they say different from what they do. Listen: are they merely repeating you? Avoid judgmental words or words that interpret feelings/thoughts for people.



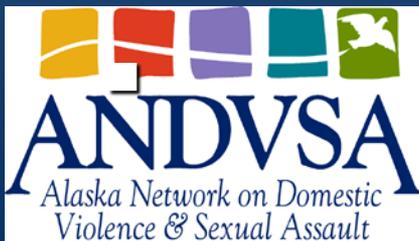
# The Communication Process Cont'd

- Be simple and concrete - Ask open ended questions and look for visual cues (Can you tell me about, can you show me, what did that make you want to do? Avoid "Why?")
- Integrate awareness of addiction into your work
  - Person may have difficulty w/abstract concepts including feelings.
- Utilize the individual's personal strengths -
  - Role plays, drawings, music



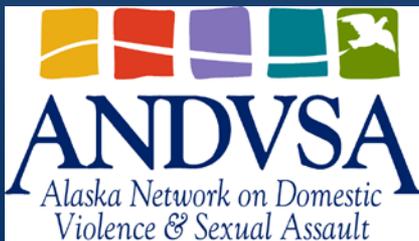
# The Communication Process Cont'd

- Provide structure, not control - Respect and value are more likely, to elicit cooperation.
  - Encouraging their participation in developing strategies is more likely to affix tasks in memory, leading to accurate recall.
- Identify cues for shut-down or agitation



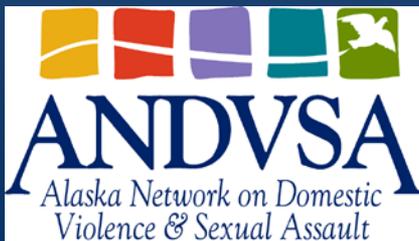
# The Communication Process

- Check for comprehension – Ask them to walk you through their statements. Check for consistency and retention of information.
- Review – Keep language simple. Double check periodically. Make sure people are linked with children's advocate, CD counselor or other service provider if needed/wanted.



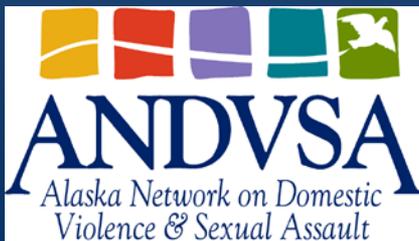
# Be Aware

- People with ARBD's may be suggestible, impulsive and often unable to predict outcomes or consequences of behaviors
- If this is present there may be difficulty with abstraction (money/math/time)
- They may also miss non-verbal cues, or act socially inappropriate.



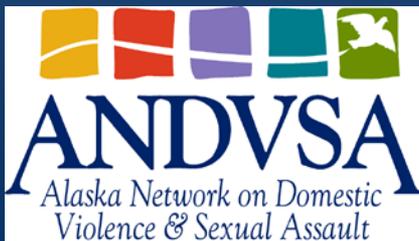
# Distractibility

- May not filter out info rec'd by the senses
- May respond to all senses, all in-put, all the time
- May not be able to prioritize
- May not be able to describe experience



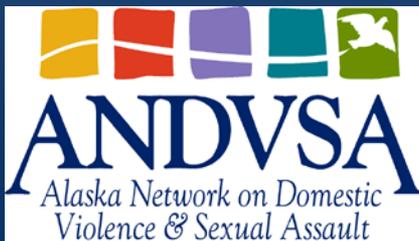
# Slow Cognitive Pace

- May not immediately grasp meaning of what they hear, may catch meaning every third word, may feel unable to ask you to slow down.
- Reading comprehension is often low.
- May have trouble expressing themselves.
- Note: hyperactivity, tactile defensiveness, impulsivity, rigidity (may be hard for them to transition from one thing to the next).



# Alcohol Drug Screening

- Assume parents or children use something until you determine differently.
- Don't ask, " Do you...."
- Do ask, "When you..."
  - Offer option
  - Inflate amounts
  - Listen for "CAGE"

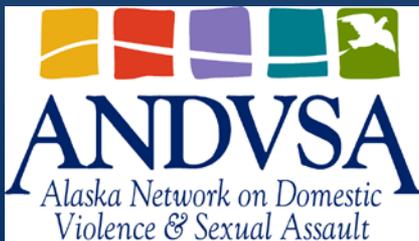


# CAGE

- **C** - Attempts to Cut down
- **A** - Angry when someone Asks about use
- **G** - Guilt about use
- **E** - Eye-opener

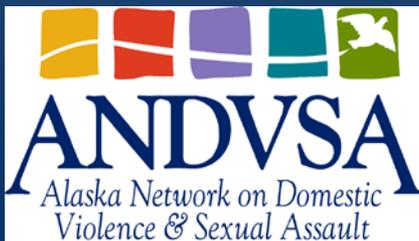
# Alcohol - Drug Screening Cont'd

- Discussing parent use may be easier for people initially
- Remember kids may be afraid to tell you the truth
- Denial is the norm
  - Blackout/euphoric recall
  - Repression/Safety Valve



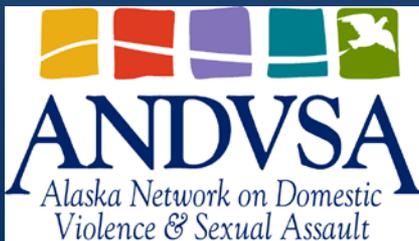
# How can I tell if children are using substances?

- It is difficult to separate typical adolescent behavior from alcohol and other drug induced behavior.
- Parents, Elders, Teachers and other concerned Children's Service Providers must be alert to recognize warning signs.



# Does the child seem to be changing?

- Is the child becoming more:
  - Irritable, less affectionate, secretive
  - Unpredictable, hostile, depressed
  - Uncooperative, apathetic, withdrawn
  - Sullen, easily provoked, oversensitive



# Does the child seem to be changing?

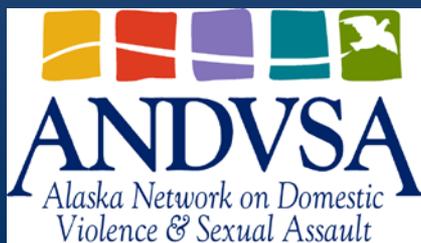
- Is the child becoming more:
  - Irritable, less affectionate, secretive
  - Unpredictable, hostile, depressed
  - Uncooperative, apathetic, withdrawn
  - Sullen, easily provoked, oversensitive

# Is the child becoming less responsible?

- Late coming home, tardy at school
- Not completing homework
- Failing to do chores
- Forgetful of family occasions, school events

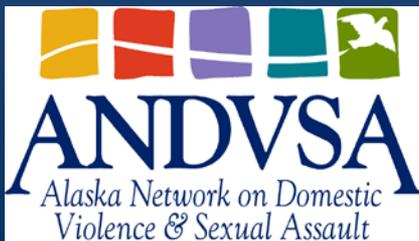
# Is the child changing friends, dress code or interests?

- Has the child developed a new group of friends they are reluctant to talk about?
- Demanded to stay out much later than usual?
- Radically changed clothing, hairstyle?
- Become less interested in sports, school, or prior hobbies?



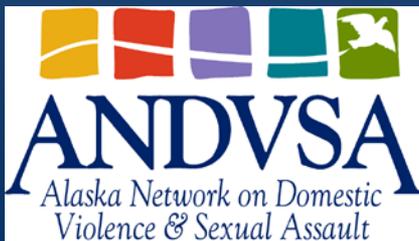
# Is the child more difficult to communicate with?

- Does the child refuse to talk about alcohol or other drug issues or become angry or defensive when negative affects of drugs are discussed?
- Does child strongly defend occasional use or experimental use or prefer to talk about bad habits of adults?



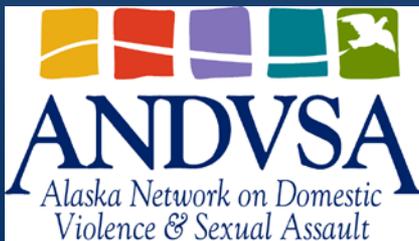
# Is the child beginning to show physical or mental deterioration?

- Does the child show disordered thinking or ideas and thought patterns that seem out of balance?
- Has the child developed heightened sensitivity to touch, smell, taste?
- Increased or lost appetite; gained or lost weight? Amotivational syndrome?



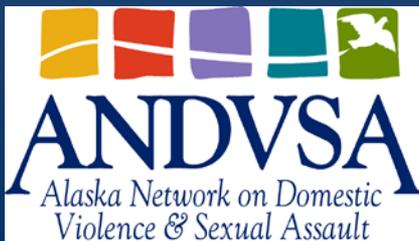
# Are more obvious signs becoming evident?

- Odor of alcohol or chemical smell
- Lying, half-truths
- Physical evidence of use e.g. beer bottles, pipes, paint stains, roach clips
- Taking money from family members, stealing, shoplifting
- Suicide attempts



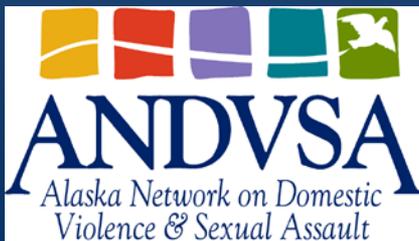
# Growing Up in an Alcoholic Home

- Things generally get worse before they get better....
- There is tremendous shame, guilt, anger and fear
- Neglect can become the norm
- Family life is inconsistent, unpredictable, arbitrary and chaotic.



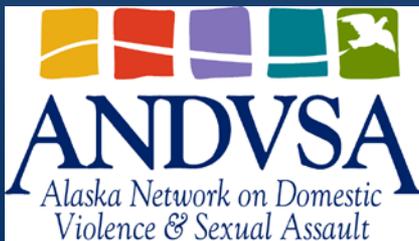
# Rules of the Alcoholic Family

- Don't talk
- Don't trust
- Don't feel



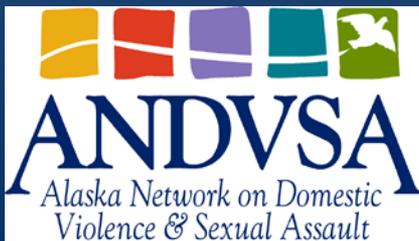
# Roles of the Alcoholic Family

- Hero
- Scapegoat
- Clown
- Lost Child



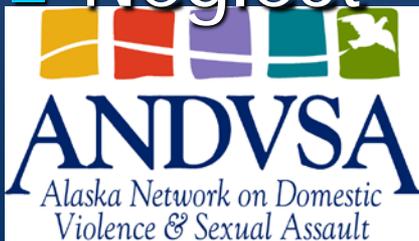
# Feelings

- Overwhelmed, out of control, frightened
- Anger, Rage, Depression
- Fear, Pain, Sorrow
- Detachment, Numbness, Grief



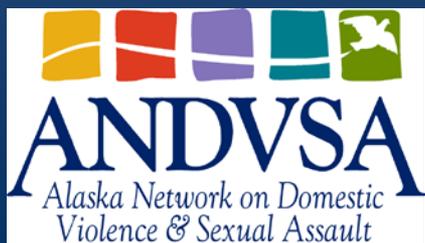
# Risks for Children of Alcoholics

- FAS/FAE
- Alcoholism
- Eating Disorders
- Learning Disabilities
- Depression
- Severe Stress, stress related illness
- Neglect



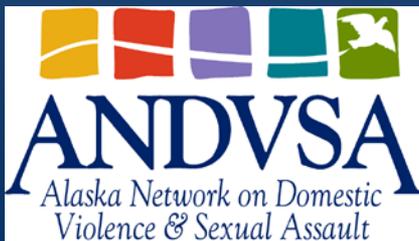
# When Parents are alcoholic

- Research suggests if you have alcoholic parents you may be younger the first time you get drunk
- You may have more behavioral problems before you get into a treatment program
- You may develop alcoholism much more rapidly



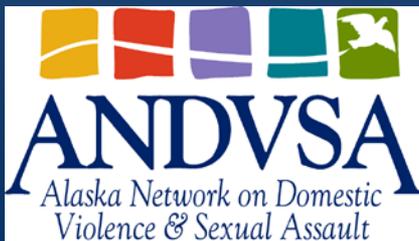
# Children of Alcoholics

- Do an amazing job of:
  - Dodging
  - Negotiating
  - Hiding
  - Learning
  - Adapting just to stay alive



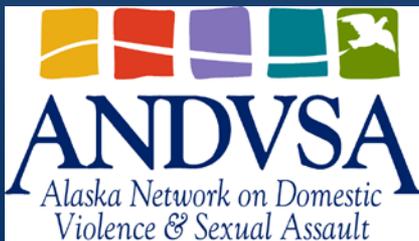
# I feel like I was never a kid...

- Children of alcoholics do not experience a carefree childhood. They act adult as kids.
- They are busy:
  - Surviving
  - Placating
  - Picking up pieces
  - Adjusting
  - Being Responsible



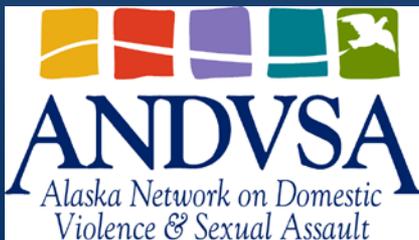
# What they learn....

- Don't believe what your own senses tell you
- Tolerate intolerable situations
- Don't trust (experience, body signals, feelings, yourself or others)
- Cover up, protect, accept the rules, don't rock the boat or disaster will happen



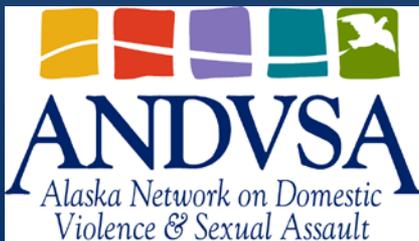
# Two different sets of rules

- **Parent rules:** based on fear, domination, guilt and shame
- **Child rules:** If I don't talk no one will know how I feel and I won't get hurt. If I don't ask I can't get rejected. If I am invisible I'll be ok. If I am careful no one will get upset. If I stop feeling I won't have pain. I MUST MAKE THINGS AS SAFE AS POSSIBLE!



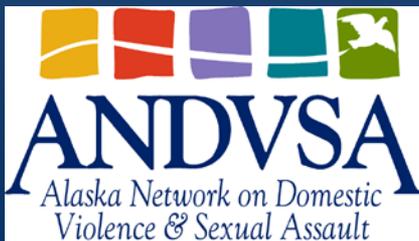
# BELIEFS

- Love becomes confused w/care taking
- Spontaneity with irrationality
- Intimacy with smothering
- Anger with violence

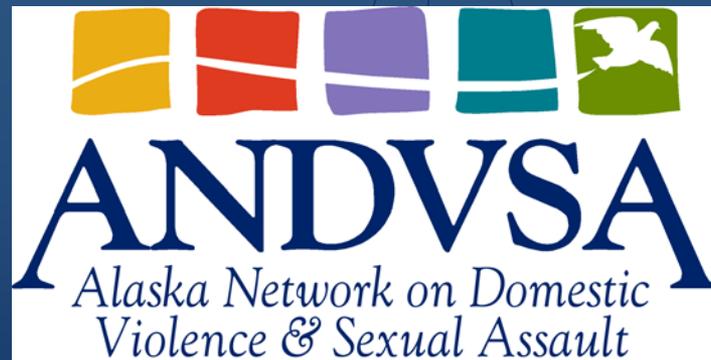


# How can we help?

- Listen
- Provide structure, consistency
- Ensure at least one adult provides unconditional positive regard
- Provide positive messages
- Help kids be kids
- Provide after school options
- Alatot and Alateen



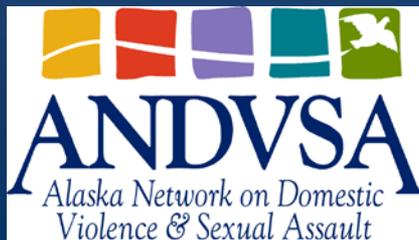
# Impact of Domestic Violence on Children



# Impact of DV on Children

*(Jaffe et al, 1990)*

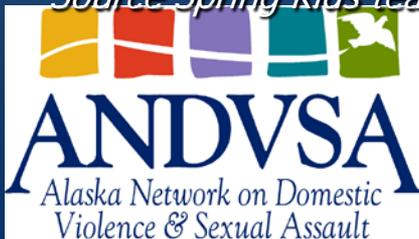
- Trauma impacts early brain development
- Children who witness their mother's victimization may suffer both long and short term adjustment problems including:
  - Fear, sleep problems, somatic complaints, explosive outbursts of aggression as well as re-experiencing trauma in thoughts, preoccupation, reduction of normal activities and anxiety



# Possible Physical Effects of Witnessing DV on some Children

- Prenatal: Poor nutrition, low birth weight, miscarriage
- Birth-2 yrs: Low weight, digestive problems, no appetite
- 2-6 yrs: Lack of bowel and bladder control, stomach aches
- 7-12 yrs: Bedwetting, stomachaches, ulcers, headaches, insomnia, eating disorders
- 13-18 yrs: Bedwetting, stomachaches, ulcers, headaches, severe acne, eating disorders

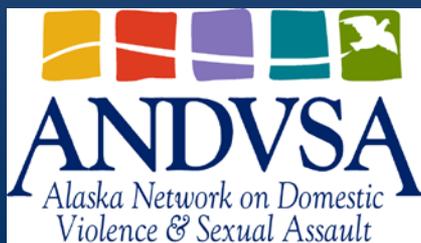
*Source: Spring Kids team, The Spring of Tampa Bay, Inc.*



# Some Children who Witness DV may:

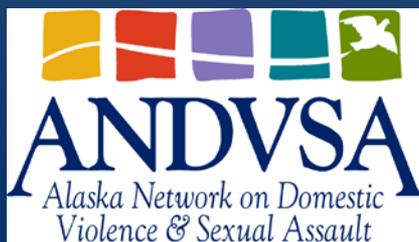
- Feel guilty for abuse and not stopping it
- Grieve for family and personal losses
- Fear abandonment, expressing emotions,
  - Fear the unknown and injury
- Be angry about violence and chaos
- Be depressed, have feelings of helplessness and powerlessness
- Be embarrassed by the effects of abuse and the dynamics at home

*(Source: Pediatric Family Violence Awareness Project, 1996)*



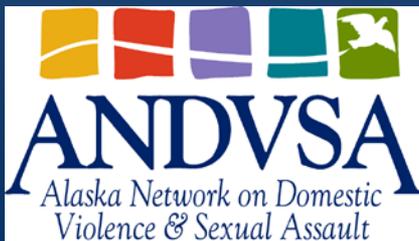
# Behavioral Effects of DV on Kids

- Act out or withdraw
- Refusal to go to school
- Extreme separation anxiety
- Excessive attention seeking
- Aggressive towards mom
- Nightmares, sleepwalking
- *Source: Alaska family Violence Prevention Project, 1998*



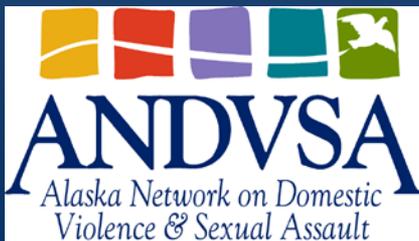
# Social Effects of DV on Some Children

- Isolation from friends and relatives
- Poor anger management and problem solving skills
- Play with peers may get exceedingly rough
- May engage in unhealthy relationships
- *Source: Alaska Family Violence Prevention Project, 1998*



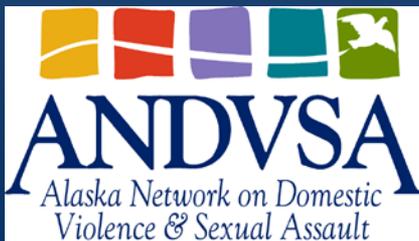
# Possible Cognitive Effects of DV on Some Children

- Blame others for their behavior
- Believe it is acceptable to hit people they care about
- Have a low self-concept related to a sense of powerlessness in the family
- Do not ask for what they need or want
- Do not trust *(Source: Alaska Family Violence Prevention Project, 1998)*



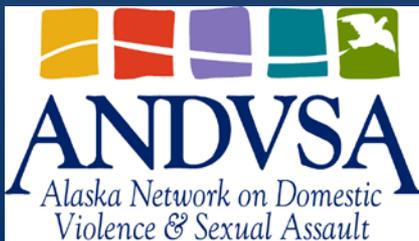
# Children Who Grow Up with Violence: What are they Learning?

- VIOLENCE- it's ok to hurt people you care about to get what you want and/or when you're mad
- PROBLEM SOLVING- only through violence
- ANGER IS BAD- it's not ok to feel angry, because anger ends in violence (people get hurt)
- ATTITUDES- about women; about relationships, about not taking responsibility for your own behavior (as modeled by abuser)



# What else are Children Learning?

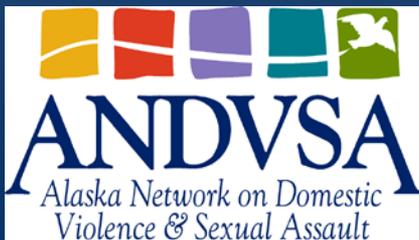
- RIGID SEX ROLE STEREOTYPES- the roles of male/female are clearly defined
- When children grow up in violent homes they must "find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness." Judith Herman, Trauma and Recovery



# Indicators of PTSD in Children

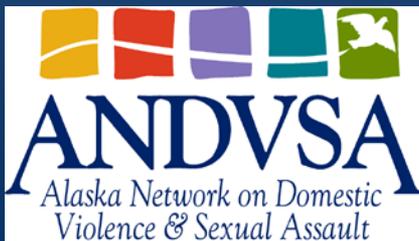
- Feeling of detachment from others
- Sense of a shortened future
- Difficulty sleeping
- Irritability or outburst of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

■ *Source: Knapp JF & Spence LS, Psychological First Aid Program:  
Helping Kids Traumatized by What They've Seen*



# Impact of DV on Boys

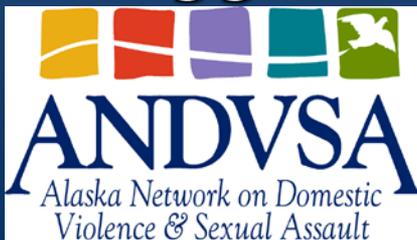
- They have a 74% greater chance of committing crimes against others and are:
  - 6 times more likely to commit suicide
  - 25 times more likely as an adult to commit rape and 24 times more likely to commit sexual assault
  - 1000 times more likely to commit violent acts against a partner or their own children (Source: The Violence and the Family Project of the American Psychological Association)
- 63% of all boys aged 11-20 arrested for homicide killed their mother's perpetrator
- 80% of runaways grew up in abusive homes.



# Effects of Witnessing DV on Adolescent Males



- Exhibiting aggression in early-adult relationships
- Externalizing behaviors, behavioral problems
- Running away
- Suicidal Ideation
- Aggression towards parents *(Carlson, 1990)*



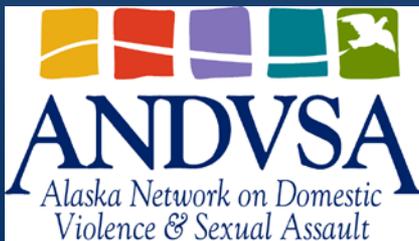
# Effects of Witnessing DV on Adolescent Females

- Depression
- Decrease in self esteem
- Anxiety
- Internalizing problems



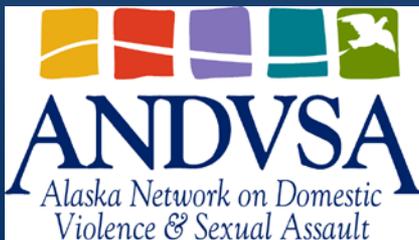
# Children Who Have Lived with Domestic Violence Need:

- A calm and predictable environment
- Help to identify and express their feelings
- To learn non-violent problem solving skills and healthy coping skills
- To look at their situation realistically and truthfully



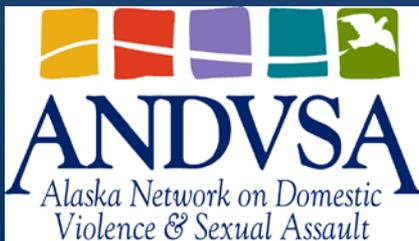
# Children Need:

- **CONSISTENT**, caring, responsive adults
  - Healing starts with relationships
- **STRUCTURE** and firm boundaries
  - Knowing their care givers are in control
  - Knowing what's expected, what the rules are
  - Knowing there are consequences for behaviors
  - Knowing how and where they can reduce their anxiety level
- **ENCOURAGEMENT** to explore their environment



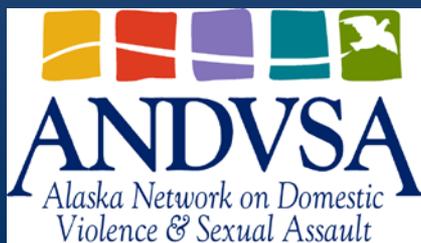
# Children who Witness Mom Getting Hurt may Need:

- HELP in naming/identifying feelings
  - Being able to tell their stories and work through their experiences- through play, art, music, storytelling- so they can make sense of their world
  - Having clear limits so their self expression doesn't infringe on the rights of others
- FREEDOM and permission to be themselves



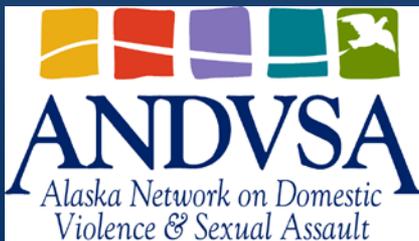
# Children Need Help Building a Sense of Control over their own Lives

- They need choices
  - To build confidence and skills, as well as to promote responsibility, and instill a sense of personal power, self esteem and pride
- And help with social skills
  - Not only teaching, but also modeling, demonstrating and practicing.
  - Children pay more attention to what you do than what you say



# Messages for Children

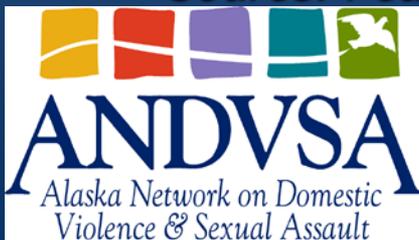
- Domestic Violence is NOT your fault
- Domestic Violence is NOT your mom's fault
- Each of us is responsible for our own behavior
- It's NOT ok to hit/use violence
  - *Source: Pediatric Family Violence Awareness Project, 1996*



# More Messages for Children

- Feelings need not lead to violence
  - With some children, it is helpful to say, "Other kids whose dads hurt their moms tell me they feel... (scared/like they did something wrong, etc.). Do you ever feel like that?"
  - If the truth is not discussed, children begin to mistrust their own feelings and perceptions and/or think things are worse than they are

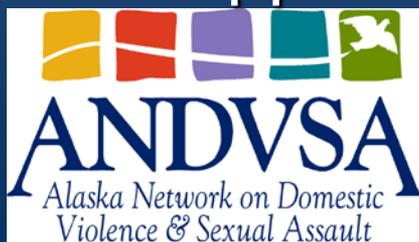
*Source: Pediatric Family Violence Awareness Project, 1996*



# 10 Interventions for Children

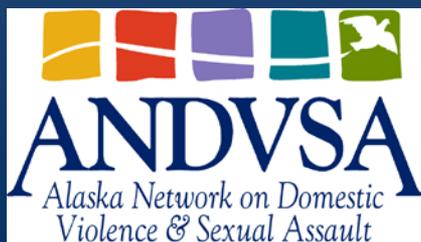
*(Source: Candy Miller, Consultant, AK Family Violence Prevention Project, 1998)*

- 1) Help develop safety plan to protect child; safety plan can be done with both adult and child and should include:
  - How child can escape from house if assault is in progress
  - Where to go in an emergency
  - How to call police and How to call supportive family members, friends and community agencies for help



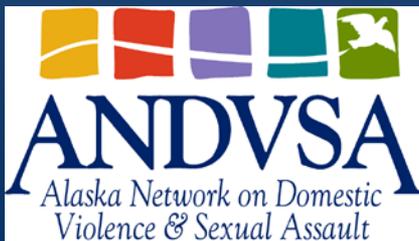
# Talking with Children who Witness Domestic Violence

- Talk to the child:
  - "Your job is to keep yourself safe. It's not your job to stop the fighting."
  - "What's a safe place you can go to in your house or neighborhood/village?"
  - Explain 911- how to call and what happens when you call
  - "Who can you tell about this?" Neighbor, relative, teacher, etc.



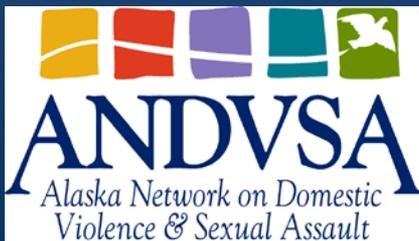
# DV Interventions for Children

- 2) If the children are suicidal, homicidal or violent towards other family members, develop a plan for their safety and the safety of others
- 3) Help parents set clear limits with children who are violent and abusive and refer these children to appropriate services
- 4) Tell children it is important for them to be safe when their parent is being assaulted and they should not intervene



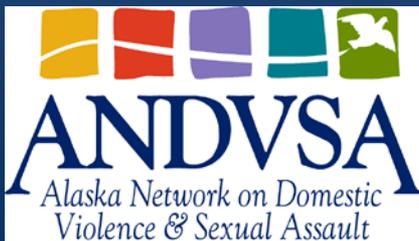
# DV Interventions with Children

- 5) Reassure children violence is not their fault and that blaming themselves is a common reaction
- 6) If the child is called on to testify, develop a plan to support the child over issues of fear, anxiety, divided loyalties, painful memories...
- 7) Call your local DV victim service program to get information about services for children



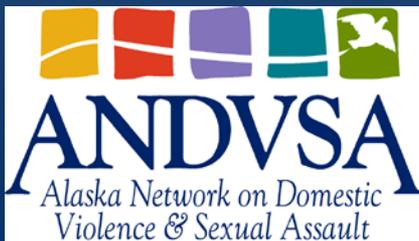
# DV Interventions with Children

- 8) Make sure any referrals given for the children are culturally appropriate
- 9) Practice the safety plan with both the adult and children
- 10) Let children know it is OK to talk to you about family violence



# Most Important....

- Most children are safer when their moms are safe
- Most victims of adult intimate domestic violence display no obvious signs or symptoms of the abuse
- Routinely talking about safety at home with Moms and their children is extremely important because of the often subtle nature of domestic violence
- Make sure you have brochures, information and referrals available for anyone who may not be safe at home

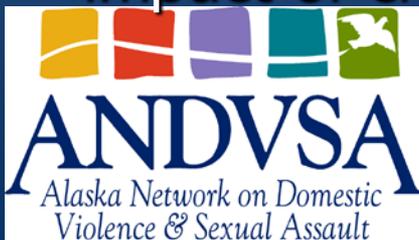


# You Can Make a Referral

- Inform individual of shelter, legal, housing, healthcare and welfare options
- When s/he follows up on the referral, Advocates will ask what was tried in the past and what worked
- Advocates will explore the impact of choices

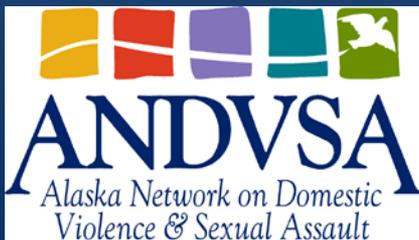
made with the people who referred to them

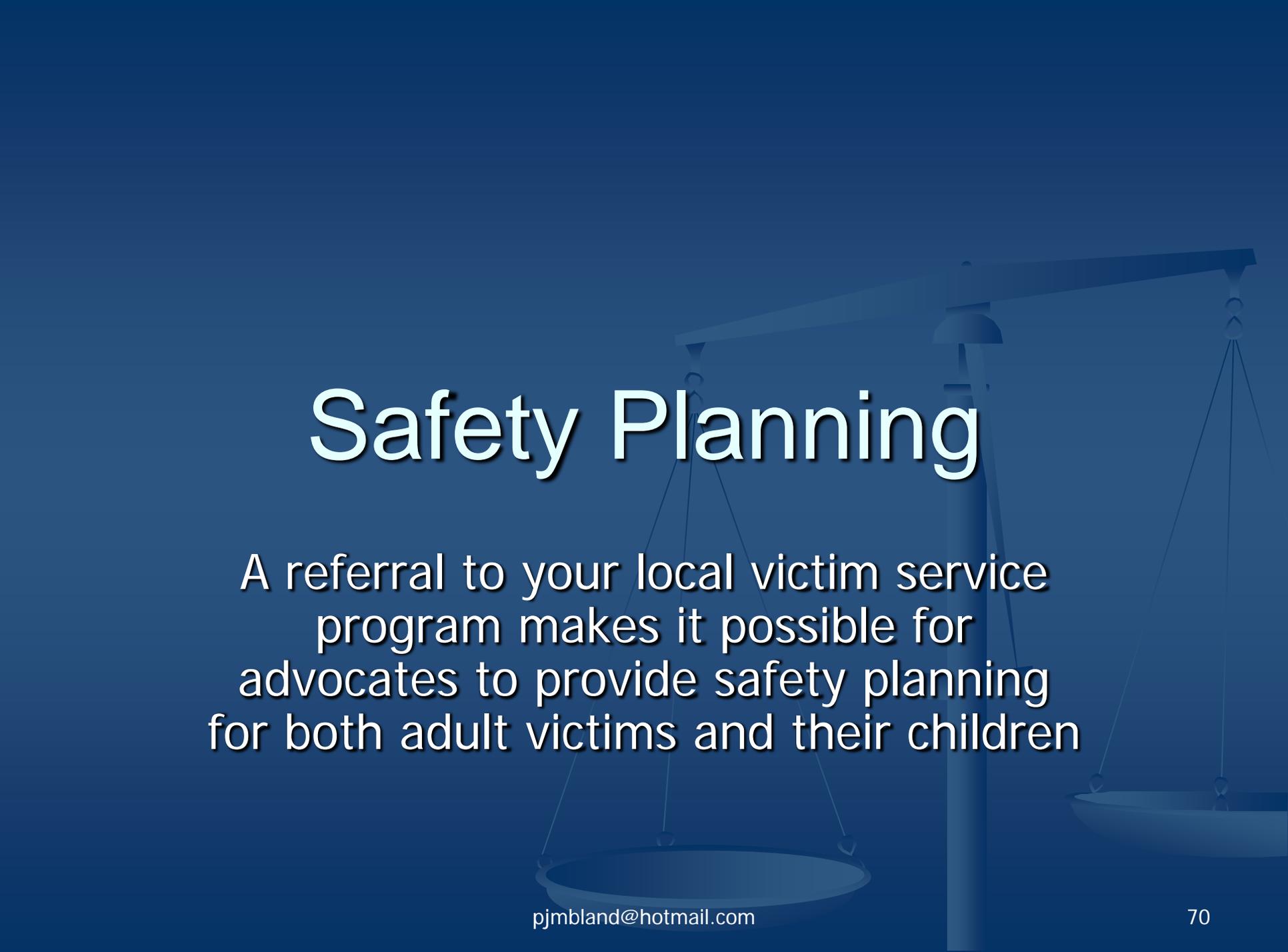
- and:
- Help them prioritize, what is important for safety now?
  - This may involve writing things down and/or breaking tasks into manageable pieces
- Advocates will also help mobilize a support system, since the batterer has probably isolated the victim *(Ganley, Schector 1996, FVPF)*



# You Can Validate A Victim's Experience

- Avoid blaming language
- Be respectful, offer support and empathy
- Take a universal stand against violence
- Offer information
- Recommend support groups
- Explain dynamics of Domestic Violence stressing it is not victim's fault
- Credit moms for finding ways to survive and help them identify safer coping strategies when needed *(Adapted from Ganley and Schector, 1996 FVPP)*





# Safety Planning

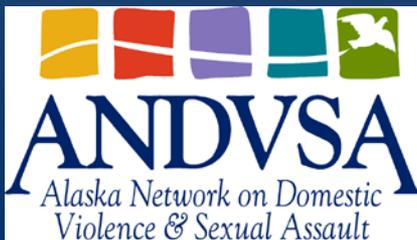
A referral to your local victim service program makes it possible for advocates to provide safety planning for both adult victims and their children

# Components of a Mini-Safety Plan

- Strategize
- Develop
- Identify
- Plan
- Discuss
- Avoid

Steps to reduce risk  
Options to keep safe  
Trusted allies  
Means to escape  
Referral resources  
Danger zones

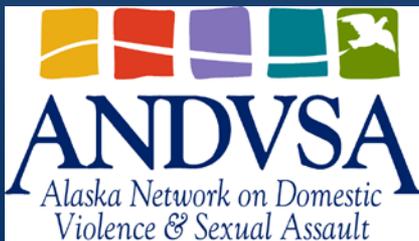
*Caution: Written materials, referrals  
can place DV victims in danger*



# Safety Planning by Advocates Includes:

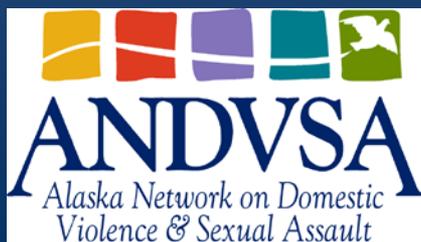
- Safety planning when perpetrator poses immediate risk
- Safety planning with adult victim
- Safety planning with adults for the child's protection
- Safety planning directly with the child to insure the child's safety
- Revising safety plans when situations change
- It also includes planning for worker safety

*(Ganley and Schector, 1996 FVPPF)*



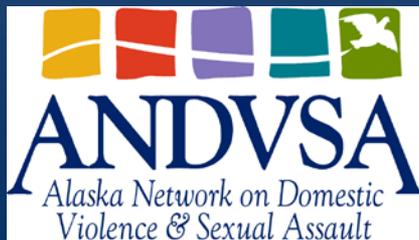
# Advocates Review Children's Safety Plan and Remind Kids to:

- Leave or hide if there is fighting
- Remember their 'code' word
- Remember to phone 911 in an emergency
  - Or run to get a friend, neighbor or older sibling to call for help
  - If the children do not know who to go to to get help, work with them to identify specific individuals and agencies who can assist and how to contact them *(Source: Alaska Family Violence Prevention Project, 1998)*



# Victim Intervention - Advocates are Your Greatest Referral Resource

- Advocates are your local experts
- Refer women to your local DV program or National DV Hotline: 1-800-799-7233
- Refer women to (RAINN) Rape Abuse Incest National Network:  
1-800-656-4673
- Chemical dependency professionals are your local experts
- Refer women to your local chemical dependency treatment program or  
Alcohol Drug Help Line:  
1-800-562-1240



# Books on Children Exposed to Violence

- *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics* by [Lundy Bancroft](#) and [Jay G. Silverman](#)
- *Children in a Violent Society* by [Joy D. Osofsy](#), 1997, Guildford Press
- *Children Who See Too Much: Lessons from the Child Witness Project* by [Betsy McAlister Groves](#), 2002, Beacon Press
- *Groupwork with Children of Battered Women: A Practitioner's Manual* by [Einat Peled and Diane Davis](#), 1995, Sage Publications
- See also the CD-ROM: *Children Exposed to DV: Enhancing Teachers' Understanding, Response and Community Collaboration*  
<http://www.lfcc.on.ca/>
- Web Sites for [Dr. Bruce Perry](#)
  - <http://www.childtraumaacademy.com/>
  - [http://www.childtrauma.org/CTAMATERIALS/Vio\\_child.asp](http://www.childtrauma.org/CTAMATERIALS/Vio_child.asp)

