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ETHICS:
Ethical Considerations in Child Assessment and Trauma Treatment with Families Impacted by Intimate Partner Violence

Jacqueline Steyn, LPC
Domestic Violence Fatality Review Board, Program Manager
Office of Attorney General
Jacqueline.Steyn@oag.ok.gov
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“Am I domestic violence-informed?”
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Self-Assessment:

“Can I define (identify) *domestic violence* – types, dynamics, impact, risk?”

“Do I have knowledge related to common outcomes (impact) to children at this intersection?”
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“Am I aware of the multitude of ways in which the child’s victim parent can be impacted by her experiences with victimization, abuse, trauma?”

“Am I knowledgeable about the ways in which perpetrators of domestic violence use the children as pawns and very often continue their abuse and control even after separation of the parents?”
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“Am I able to identify elevated risk to the child and/or the child’s caregiver?”

“Am I assessing this risk – not only at the beginning – but throughout treatment?”
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“Do I have a protocol for responding to risk and safety needs?”

“Am I routinely collaborating and consulting with a knowledgeable, experienced supervisor or domestic violence professional (within the limits of confidentiality and consent)?”
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Definition

Domestic violence is a **PATTERN** of **COERCIVE CONTROL** that may also include physical violence, sexual abuse, psychological/emotional abuse, reproductive abuse and economic abuse perpetrated by one intimate partner or formerly intimate partner against another.
It’s All About Control…

MY PARTNER TELLS ME MY FRIENDS DON’T WANT TO SEE ME
MY PARTNER HIDES MY BELONGINGS
MY PARTNER WON’T LET ME SLEEP
MY PARTNER PROMISES I WON’T GET HURT IF I DO WHAT THEY SAY
MY PARTNER WON’T LET ME WORK
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Domestic Violence and Children
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Children are disproportionately present in households with domestic violence (Fantuzzo, Boruch, Beriama, Atkins & Marcus, 1997); and

Families with domestic violence have more children in the home (relative to the gen. pop.), especially children younger than age 5 (Fantuzzo et al, 1997).
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What Do Children Experience?
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• Approx. **30-60 percent** overlap between child maltreatment and domestic violence (Edleson, 1999; Appel & Holden, 1998; Stark & Filcraft, 1988; Hughes, Parkinson & Vargo, M., 1989).

• Children exposed to violence between a parent and his or her intimate partner are at a higher risk for sexual abuse than children from non-violent households (OJJDP, 2004; Fantuzzo & Mohr, 1999).
“The perpetrator, through the use of intimate partner violence, creates an environment of fear and intimidation that can affect every member of a family, including children.”

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Child Experiences Trauma (IPV) Through the Senses

- Sees
- Touches
- Hears
- Smells
- Tastes
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Home Environment

- Environment of fear and intimidation
- Desire to protect
- Responsibility/self-blame
- Divided loyalties
- Family secret
- Roles are determined by gender
- Unstable and unpredictable
- Favoritism
- Take on adult roles
Lessons Learned

- Violence within the family is “normal” (*maladaptive cognition*)
- We hurt people we love
- Violence, threats, lies and manipulation solve problems
- Intimidation gets results
- The adult victim is at fault (or child blames self) (*maladaptive cognition*)
- “Anger” causes violence
- Drinking/drugs cause violence
- Nothing is safe (*maladaptive cognition*)
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During the Violent Incident

- Try to rescue/protect their mother/parent;
- Take physical action such get between the adults;
- Try to deflect abuser’s attention onto them;
- Try to distract the abuser;
- Try to take care of younger siblings;
- Seek outside help (call police, run to neighbors); and
- May not be allowed to check on their mother when they know something has happened.

(Cunningham & Baker, L., 2007)
Between Violent Incidents

- Stress (worry and anxiety) and fear may increase;
- Try to predict when the next incident will happen;
- Change their behavior in hopes that it will prevent violence from happening again (*maladaptive cognition*); and
- Some children “wish” for the violent episode – to have it over and release the overwhelming stress/tension of waiting.

(Cunningham & Baker, L ., 2007)
Children As Pawns of the Perpetrator

• Using the children’s behavior (or misbehavior) as the excuse for the abuse;
• Encouraging/forcing the children to abuse their other parent;
• Threatening violence against the children and/or pets;
• Talking inappropriate to children about the other parent’s behavior; and
• Prolonging court proceedings regarding custody and access, especially when the abuser had previously shown little interest in the children.
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In What Ways Are Children Impacted?
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• Majority of children exposed to domestic violence “appear to be functioning without clinically significant levels of an adjustment problem” (Spilsbury, Kahana, Drotar, Creeden, Glannery & Friedman, 2008).

• However, clinically significant symptoms of psychological maladjustment appear to be linked to increased exposure to abuse/violence (proximity, frequency, severity, age) (Spilsbury et al, 2008).
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Patterns of Internalizing and Externalizing Behavior of Children in a Community Setting (n=175) (Spilsbury, et al, 2008).

Three (3) Clusters:

◦ **Under Clinical Cut Offs** (well below clinical thresholds for any internalizing or externalizing problem) (**69%**)  
◦ **Externalizing problems** (with or without internalizing problems) (Conduct Disorder, Socialized aggression) (**18%**)  
◦ **Internalizing problems only** (Depression, Anxiety, PTSD) (**13%**)
Aggression

• Significant correlations between aggression in children and exposure to physical and psychological violence – as violence increases, so does aggression (Litrownik, Newton & Hunter, 2003)

• Exposure may heighten bullying behaviors in children (Mc Gee, 2000);

• Recent exposure to domestic violence is a significant factor in predicting a child’s violent behavior outside the home (Edleson, 2004).
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Social Problems

Several studies have found that children score lower on measures of social competency.

Additionally:

• **Social isolation** (Hester, Pearson & Harwin, 2000);

• **Difficulty trusting others** (Hester et al, 2000);

• **Poor social skills** (Hester et al, 2000); and

• **Deficits in relationships with others** (Rhea, Chafey, Dohner & Terragno, 1996)
Anxiety/Depression Literature Review:

• **16%** of children of battered women met clinical criteria for depression; **23%** were in clinical range for anxiety (Jouriles, Spiller, Stephens, McDonald & Swank, 2000).

• Violence in the home is a predictor of anxiety and depression in adolescents (Pelcovitz, Kaplan, DeRosa, Mandel & Salinger, 2000).

• Adolescent boys who witnessed domestic violence had higher levels of depression and suicidal thoughts than non-witnesses (Carlson, 1990).
Experiencing domestic violence is an Interpersonal Trauma for Children

PTSD Prevalence Rates for Children Experiencing DV: 13%-50%  
*(Shelter Samples – closer to 50%)*
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#### PTSD Cluster Symptoms

<table>
<thead>
<tr>
<th>PTSD Cluster</th>
<th>Symptoms</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Experiencing</td>
<td>52% intrusive thoughts or nightmares</td>
<td>Graham-Bermann &amp; Levendosky, 1998</td>
</tr>
<tr>
<td></td>
<td>98% nightmares, flashbacks</td>
<td>Lehmann and Ellison, 2001</td>
</tr>
<tr>
<td></td>
<td>85-92% re-experiencing</td>
<td>Levendosky, Huth-Bocks, &amp; Semel, 2002</td>
</tr>
</tbody>
</table>
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### PTSD Cluster

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Symptoms</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>19% traumatic avoidance</td>
<td>Graham-Bermann &amp; Levendosky, 1998</td>
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<tr>
<td></td>
<td>52% avoided talking or thinking about the trauma</td>
<td>Lehmann and Ellison, 2001</td>
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<tr>
<td></td>
<td>3-47% experiencing avoidance symptoms</td>
<td>Levendosky, Huth-Bocks, &amp; Semel, 2002</td>
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<table>
<thead>
<tr>
<th>PTSD Cluster</th>
<th>Symptoms</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hyper-Arousal</td>
<td>42% sleep problems, irritability or concentration</td>
<td>Graham-Bermann &amp; Levendosky, 1998</td>
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<tr>
<td></td>
<td>74% trouble sleeping, irritability, concentration</td>
<td>Lehmann and Ellison, 2001</td>
</tr>
<tr>
<td></td>
<td>39-91% increased arousal</td>
<td>Levendosky, Huth-Bocks, &amp; Semel, 2002</td>
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</table>
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The Batterer and Parenting
The Batterer and Parenting (Bancroft and Silverman, 2002 & 2004)

Tends to be:

• Under-involved and neglectful
• When involved – rigid and authoritarian
• Tends to take an interest in his children when it is convenient for him or when an opportunity arises for him to obtain public recognition for his fathering.
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- Self Centered
- Manipulative
- Ability to perform well under observation
- Significant potential for punishment/retaliation
- Exposes children to abuse (*which is a parenting choice*)
- Damages his partner’s relationship with her children
- Uses children to perpetuate abuse

(Bancroft and Silverman, 2002 & 2004)
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Battered Mothers and Parenting
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• Parents may be unaware that their children are watching, listening and learning from their father’s violent episodes (Maze, 2004);

• They often they do not understand the impact to their child’s present and long-term development (Maze, 2004).

• Being a victim of intimate partner violence can impact ability to parent
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She may believe the excuses the perpetrator makes her believe about the abuse
(alcohol, substance abuse, religion, “you made me do it!”)

She may lose the respect of some or all of her children
(often intentionally created by the perpetrator)

She may come to believe she is a bad parent

She may change her parenting style in response to the perpetrator’s parenting style

She may feel overwhelmed (high levels of stress) with day-to-day parenting of children due to victimization, trauma, depression

She may experience abuse from her children that mimics the perpetrators abuse of her

Parent-Child Bond Willfully Interrupted by Perpetrator of the Violence

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• Juggling the needs of her children while at the same time trying to anticipate the perpetrator’s behavior – not always able to prioritize the children’s needs (Lapierre, 2007).

• She may suffer trauma-related mental illness, drug or alcohol abuse or poor physical health triggered by the abuse.

• Erosion of her authority with the children.

• Shame and guilt about the abuse may inhibit her communication with her children.

Bancroft & Croft, 2005
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• Domestic Violence induced stress may result in child neglect or maltreatment

• Research shows a majority of women’s parenting improves once she and her children are safe.

• Support system (family, friends) may be diminished.

• Becoming increasingly impoverished emotionally and materially by seemingly endless and difficult litigation (what might this mean for children and treatment?)

Bancroft & Croft, 2005
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Efforts to Protect

• Many are working to create as “normal” a life for their children to protect them from the consequences of abuse.

• Fighting for their children’s well-being (although we cannot assume that they all will).

• Parenting their children differently behind the perpetrator’s back (Bancroft & Croft, 2005).
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The victim parent’s actions can be counterintuitive...
Examples (Bancroft & Cross, 2005):

• Avoids angering the abuser by agreeing with him, pleasing and placating him, and complying with his demands. Urges the children to do the same;

• Keeps the abuse secret;

• In a chaotic and unsafe environment, she tries to distract and soothe the children and normalize the situation;

• Avoids or lies to friends, family and professionals;

• Assumes blame for family problems;

• Arranges for children to spend time away from home.
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• Tries to reason with the abuser, challenge his behavior or improve the relationship.

• Prevents violence by encouraging the abuser to drink until he passes out.

• Endures physical assault, sexual assault and property damage by the abuser so he will not hurt the children.

• Uses alcohol and drugs to numb her own pain and continue to function.

• Uses denial to cope with the abuse.
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• Uses denial, escapism and disassociation to cope with the abuse.
• Severely disciplines the children herself to avoid worse punishment by the abuser.
• Participates in or lies about the abuser’s criminal activity or abuse of the children.
• Uses force against the abuser to defend herself and her children.
• Stays with or returns to the abuser to avoid stalking and escalation of the violence if they are living apart.
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Suggestions for Enhancing Safety and Positive Treatment Outcomes
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**Study:** Community Treatment of Posttraumatic Stress Disorder for Children Exposed to Intimate Partner Violence: A Randomized Controlled Trial (Cohen, Mannarino & Iyengar, 2011).

**Adapted TF-CBT Protocol:**

1. 8 weeks

2. **Safety component** – at the beginning of treatment

3. **Trauma Narrative** – sharing child’s IPV experiences and awareness with the mother (non-offending parent) and addressing maladaptive cognitions (instead of mastery of past trauma memories)

4. Optimize child’s ability to discriminate between real danger and generalized fears (Instead of mastery of reminders of prior IPV experiences).
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Results

• TF-CBT group significantly greater improvements in PTSD symptoms.
  o In particular:
    ✓ Hyperarousal Symptoms
    ✓ Avoidance Symptoms

• No significant difference in re-experiencing symptoms
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Assessing Risk and Safety Planning

• Assess for safety at the beginning and continually reassess throughout treatment (adaptation from the TF-CBT protocol).

• Be familiar with the Jacquelyn Campbell, Danger Assessment. Evidence-Based tool used to assess for risk of intimate partner femicide. More information at https://www.dangerassessment.org/

Refer to Handout
Lethality Risk Factors

Complex
(No one-size-fits-all approach – more than just a checklist)

Cannot Predict
(Cannot predict what is going to happen)

Learn Risk Factors
(Identify, Respond, Triage, Refer and help others be aware of the signs of danger and take precautions)
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- Use of or treat with a weapon (20x)
- Threats to kill (15x)
- Strangulation (10x)
- Violently and Constantly jealous (possessive) (9x)
- Forced to have unwanted sex (8x)
- A gun in the house (6x)
- Access to guns (5x)
- Increase in severity of physical violence (5x)

- Partner controls most or all of woman's daily activities (5x)
- Partner’s use of illicit drugs (4x)
- Partner drunk every day or almost every day (4x)
- Woman ever beaten while pregnant (4x)
- Partner ever reported for child abuse (3x)
- Child in the home who is not perpetrator’s biological child (2x)

(interviewed the proxies of 220 femicide victims – compared to 343 abused control victims)
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“A child’s risk for lethality may be overlooked if there is no history of the perpetrator directly harming the child”

(Jaffe & Juodis, 2006).
In What Circumstances are Children Killed in the Context of Intimate Partner Violence? (Hamilton, Jaffe, Campbell, 2012)

• Indirectly as a result of attempting to protect a parent during a violent episode;

• Directly as part of an overall murder-suicide plan by a parent who decides to kill the whole family; and/or

• Directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal.
Children Killed In The Context Of Intimate Partner Violence.

Best predictor of homicide risk to the children is homicide risk to the adult victim. Children should be protected when community agencies believe mothers are at risk.

“Bottom Line”: When mothers are in danger, children are in danger.
Implications for Professionals

- Children must be considered at risk for lethality if the female intimate partner is considered to be at high risk for lethality.

- The safety of children is inextricably linked to the safety of the adult victim (safety planning with adults should always include risk to children).

- A threat to harm the child(ren) can be seen as a warning sign of a perpetrator’s potentially lethal violence and particularly important risk assessment question for child protection.
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• Special attention should be given to the perpetrator’s prior threats to harm a child whenever children are involved in a case of domestic violence.

• Fathers are more likely than mothers to harm their children in retaliation for their partner leaving the relationship.

• Children should be protected when community agencies believe mothers are at risk.

• Pay close attention to risk to children in the backdrop of domestic violence and custody disputes.
In Addition, We Need to Ask:

• Was the child directly threatened in any way?
• Were there threats to kill the child – or the family?
• Was there use of or threat with a weapon on the child?
• Was there direct child abuse? Physical? Sexual?
• Was the child ever strangled?
• Has the child tried to intervene in the past or is likely to do so in the future.
• Is there impending or actual separation of the adults?
• Are there child custody proceedings?
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Safety Planning with the Child

• Specific and developmentally appropriate
• Engage the non-offending caregiver safety planning with children and adolescents.
• Identify a safe alternative location should the environment become violent (Goodkind, Sullivan, & Bybee, 2004).
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- Develop an escape plan so that the client can quietly move away from the violent environment without being noticed and/or escalating the violence.
- Include resources for the child, 911, hotlines, other telephone numbers.
- Safety planning for visitation with the offending parent
- Continually reassess the child’s environment for safety and review the plan on a regular basis
Safety Planning With the Child

- How do you know when violence might happen?
- Last time your mom got hurt, what did you do?
- Next time there is violence around, what can you do to keep safe?
- Who can you talk to when you feel worried or scared?
- In an emergency, who can you call for help?

Adapted from the YWCA OKC Children’s Program
Child’s Safety Plan  (Example for a Younger Child)

When people are fighting remember to be **SAFE:**
1. Stay out of the fight
2. Ask for help
3. Find an adult who will help you
4. Everyone knows it’s not your fault

What can I do to be safe? ____________________________________________________________
________________________________________________________________________________

Where can I go to be safe? __________________________________________________________
________________________________________________________________________________

These are the safe exits from my house:________________________________________________
________________________________________________________________________________

Who are my safe people I can talk to about my problem? ________________________________
________________________________________________________________________________

**Practice calling 911...**
My name is ________________________________________
I am __________________ years old
I need help. Someone is hurting my mom.
I live at ________________________________________
My phone number is ______________________________
Creating the Safety Plan

Resources:


Promising Futures http://promising.futureswithoutviolence.org/files/2012/08/Family-Safety-Plan-Template2.pdf
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Things to Consider

• The vast majority of children will have ongoing contact with the offending parent (DV perpetrator) – whether they want to or not – whether it is safe or not – whether the perpetrator has had intervention or not.

• Cannot underestimate the continuation (in some cases, escalation) of physically violent and/or coercive controlling tactics towards non-offending parent post-separation.

• Ongoing manipulation and use of the children as pawns post-separation.
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• Studies have shown that the impact of domestic violence may be mitigated by the presence of at least ONE loving, supportive and supportive adult in their lives – and when safe to do so, this should preferably be the victim parent (Holt, Buckley, & Whelan, 2008)

• The child’s healing and safety is inextricably linked to the healing and safety of the victim parent.

• Engage in communication, collaboration and education with the non-offending caregiver on risks and overlap between IPV and child abuse and neglect, impact to child (Kress, Adamson, Paylo, DeMarco, & Bradley, 2012)
Challenges

• Complex safety needs of the family
• Possibility of concurrent child abuse
• Complex emotional needs of non-offending caretaker (usually the victim/survivor)
• High rate of aggressive and oppositional behavior
• Possibility of ongoing trauma (and triggering) due to ongoing or future exposure
• Transient nature of the population
• Requests to do couple and/or family therapy
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Special Considerations for Children Residing in Shelter

• Manage unrealistic expectations
• Often not possible to follow a set protocol
• Time may be very limited
• Shelter population in constant state of flux
• Demands high level of flexibility
Re-Cap on Ethics

- Therapist level of competence “Am I Domestic Violence Informed?” (how much training/experience do I need?)
- Do I know how to identify and respond to IPV risk factors?
- Have I examined my attitudes and personal bias?
- Child abuse reporting related to children and intimate partner violence?
- Am I referring, collaborating and consulting with knowledgeable supervisors and domestic violence professionals (advocates)?
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QUESTIONS
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RESOURCES

Statewide List of all Attorney General Certified Domestic Violence Victims Programs and Batterer Intervention Programs  http://www.oag.ok.gov/certification#list

Statewide List of all Tribal Domestic Violence Programs  https://oknaav.org/
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RESOURCES

The National Child Traumatic Stress Network
Trauma Type: Domestic Violence
https://www.nctsn.org/what-is-child-trauma/trauma-types/domestic-violence
RESOURCES

Safety Planning with Child Impacted by Domestic Violence


The National Domestic Violence Hotline

http://www.thehotline.org/2013/04/12/safety-planning-with-children/

Child Welfare Information Gateway

https://www.childwelfare.gov/topics/systemwide/domviolence/casework-practice/safety-planning/


Promising Futures http://promising.futureswithoutviolence.org/files/2012/08/Family-Safety-Plan-Template2.pdf

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RESOURCES

Warshaw Carole, MD, and Barnes, Holly, MA. Domestic Violence, Mental Health and Trauma: Research Highlights. April 2003. Available at http://new.vawnet.org/Assoc_Files_VAWnet/MentalHealthResearch.pdf

Responding to Domestic Violence: Tools and Forms for Mental Health Providers. Available at no cost through the National Center on Domestic Violence, Trauma and Mental Health http://www.nationalcenterdvtraumamh.org/publications-products/responding-to-domestic-violence-tools-and-forms-for-mental-health-providers/

Domestic Violence Fact Sheet
www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf
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RESOURCES

Child Witness to Violence Project  www.childwitnessstoviolence.org

The "Greenbook" Federal Initiative www.thegreenbook.info
Provides resources and information regarding the six federally funded communities implementing the National Council of Juvenile and Family Court Judges guidelines, Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice.

National Center on Domestic and Sexual Violence The National Center has an award-winning website, initially funded by Altria that provides direct access to information for local, state and national professionals and volunteers.
http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf
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The Link Research Project: Understanding the Link Between Child Maltreatment and Woman Battering

www.mincava.umn.edu/link
Provides up-to-date information on current research, practice, and promising intervention models with families experiencing domestic violence and child abuse and neglect.

Resource Center on Domestic Violence: Child Protection and Custody
www.ncjfcj.org/dept/fvd/
Comprehensive publications and technical assistance to the fields of domestic violence, child protection, and custody regarding policy and practice issues inherent in work with children exposed to domestic violence.
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RESOURCES

www.ocadvsa.org
www.familyviolence.org
www.uniteforkids.org
www.futureofchildren.org
www.uta.edu.ssw/lehmann
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