

Children and Domestic Violence

How Does Domestic Violence Affect Children?

Domestic violence is a pattern of behavior that one person in a relationship uses to control the other. The behavior may be verbally, emotionally, physically, financially, or sexually abusive. You as a parent may have left an abusive relationship or you may still be in one. This fact sheet is **#1** in a series of 10 sheets written to help you understand how children may react to domestic violence, and how you can best help them to feel safe and valued and develop personal strength. For other fact sheets in the series, visit www.nctsn.org/content/resources

Children experience domestic violence in many ways. They may hear one parent threaten or demean the other, or see a parent who is angry or afraid. They may see or hear one parent physically hurt the other and cause injuries or destroy property. Children may live with the fear that something will happen again. They may even be the targets of abuse.

Most children who live with domestic violence can recover and heal from their experiences. One of the most important factors that helps children do well after experiencing domestic violence is a strong relationship with a caring, nonviolent parent. As a caring parent, you can promote your children's recovery by taking steps to increase safety in the family, helping your kids develop relationships with other supportive adults, and encouraging them in school or other activities that make them feel happy and proud.



HOW CHILDREN RESPOND TO DOMESTIC VIOLENCE

Children and parents living with domestic violence seek support in different ways. They may turn to their extended families or friends, their faith communities, or their cultural traditions to find connection, stability and hope. Children may find their own coping strategies and some do not show obvious signs of stress. Others struggle with problems at home, at school, and in the community. You may notice changes in your child's emotions (such as increased fear or anger) and behavior (such as clinging, difficulty going to sleep, or tantrums) after an incident of domestic violence. Children may also experience longer-term problems with health, behavior, school, and emotions, especially when domestic violence goes on for a long time. For example, children may become depressed or anxious, skip school, or get involved in drugs.

The Co-chairs of the NCTSN Domestic Violence Work Group Betsy Groves, Miriam Berkman, Rebecca Brown, and Edwina Reyes along with members of the committee and Futures Without Violence developed this fact sheet, drawing on the experiences of domestic violence survivors, research findings, and reports from battered women's advocates and mental health professionals. For more information on children and domestic violence, and to access all fact sheets in this series, visit www.nctsn.org/content/resources

The following factors affect how an individual child will respond to living with domestic violence:

- ▶ How serious and how frequent is the violence or threat?
- ▶ Was the child physically hurt or put in danger?
- ▶ What is the child's relationship with the victim and abuser?
- ▶ How old is the child?
- ▶ What other stress is going on in the child's life?
- ▶ What positive activities and relationships are in the child's life?
- ▶ How does the child usually cope with problems?

DOMESTIC VIOLENCE CHANGES FAMILY RELATIONSHIPS

Children may try to protect an abused parent by refusing to leave the parent alone, getting in the middle of an abusive event, calling for help, or drawing attention to themselves by bad behavior. They may want to be responsible for "fixing" their family by trying to be perfect or always tending to younger siblings. Some children take sides with the abusive adult and become disrespectful, aggressive, or threatening to their nonviolent parent.

Children who live with domestic violence may learn the wrong lessons about relationships. While some children may respond by avoiding abuse in their own relationships as they grow older, others may repeat what they have seen in abusive relationships with their own peers or partners. They may learn that it is OK to try to control another person's behavior or feelings, or to use violence to get what they want. They may learn that hurtful behavior is somehow part of being close or being loved.

REMEMBER...

A strong relationship with a caring, nonviolent parent is one of the most important factors in helping children grow in a positive way despite their experiences. Your support can make the difference between fear and security, and can provide a foundation for a healthy future.

IMPORTANT!

If you feel unsafe now and need help for yourself, your family, or someone else in a domestic crisis, contact

- 911 for emergency police assistance
- The National Domestic Violence Hotline. Advocates are available to intervene in a crisis, help with safety planning, and provide referrals to agencies in all 50 states. Call the confidential hotline at 1-800-799-7233 or go to www.thehotline.org
- Your local child protective services have resources for you if your children are in danger.

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#1 – How Does Domestic Violence Affect Children?

#2 – Celebrating Your Child's Strengths

#3 – Before You Talk to Your Children: How Your Feelings Matter

#4 – Listening and Talking to Your Child About Domestic Violence

#5 – The Importance of Playing with Your Children

#6 – Keeping Your Children Safe and Responding to Their Fears

#7 – Managing Challenging Behavior of Children Living with Domestic Violence

#8 – Where to Turn if You Are Worried About Your Child

#9 – Helping Your Child Navigate a Relationship with the Abusive Parent

#10 – A Parent's Self-Care and Self-Reflection

Our Coalition – Helping Survivors and Changing Communities

Many people in Vermont experience sexual violence and domestic violence each year. Coalition members make sure they have a place to turn for help and get the support they need to live free from violence and fear.

The Local Organizations

	People Served	SV Victims	DV Victims	Sheltered	Bednights
Aware, Inc. <i>Caledonia, Washington, and Lamoille Counties/Hardwick area</i>	232	28	78	0	0
Circle <i>Washington County</i>	541	3	432	39	3,044
Clarina Howard Nichols Center <i>Lamoille County</i>	350	61	199	61	5,158
H.O.P.E. Works <i>Chittenden County</i>	789	575	82	4	38
PAVE <i>Bennington County</i>	539	32	258	32	3,223
Rutland County Women's NW & Shelter <i>Rutland County</i>	716	30	380	58	4,113
Sexual Assault Crisis Team <i>Washington County</i>	121	90	4	23	474
Safeline, Inc. <i>Orange County and northern Windsor County</i>	346	60	186	0	
Steps to End Domestic Violence <i>Chittenden County</i>	2721	51	1,675	334	17,123
Umbrella, The Advocacy Program <i>Caledonia, Orleans, & Essex Counties</i>	673	61	383	32	2,021
Voices Against Violence <i>Franklin & Grand Isle Counties</i>	794	96	412	64	2,515
WISE <i>Central Windsor County and towns of Thetford and Fairlee</i>	454	46	318	24	764
Women's Freedom Center <i>Windham and southern Windsor Counties</i>	647	47	444	222	7,085
WomenSafe <i>Addison County and town of Rochester</i>	453	64	316	0	0
TOTAL	9,376	1,244	5,167	893	45,558

Helping People (includes victims and others affected by violence) 7,523 adults and 1,853 youth, including 582 persons with disabilities, 748 persons of ethnic/racial minorities, 228 elders, 136 LGBTQ persons, and 534 men.

Helping Victims 7,181 individuals, including 388 for stalking, 53 for sex trafficking, and 100 for sexual harassment.

Hotline Calls - 19,816 Responded to 24/7

Legal Advocacy 3,193 individuals 9,280 times

Housing Advocacy 2,878 individuals 13,410 times

Transitional Housing 256 adults and children for 27,487 bednights

Shelter 893 adults and children stayed at Shelter and 467 people were turned away due to lack of capacity



The Statewide Programs

- The Vermont Network Legal Clinic has assisted 141 clients.
- The Pride Center SafeSpace Program served 104 LGBTQ survivors of sexual, domestic, and hate violence.
- The DIVAS Program, a program for incarcerated survivors of domestic and sexual violence, provided services to 435 individuals.
- The SANE Program (Sexual Assault Nurse Examiners) provided 297 exams in 12 hospitals across the state.
- Deaf Vermonters' Advocacy Services (DVAS) served 33 victims of violence or abuse.

Children and Teens — Now and Future Generations

Social Change and Primary Prevention

By modeling and engaging young people in healthy respectful relationships, we can push out the problem of violence and oppression with a solution. Ask and get a 'yes' before hugging or touching children or teens.

- 8,838 young people attended 678 community and school presentations on healthy relationship and consent.
- 1,853 children and teens engaged with advocates through services such as one-on-one support, home visits, the teen chatline, protection orders, hotline calls, medical and legal advocacy, and support groups.



The Power of Resiliency and Healing

You can change your mind. But did you know you can actually change the minds of children and teens who experience trauma? By celebrating, comforting, inspiring, listening to, and collaborating with young people, you can support their lifelong healing and overall ability to thrive.

- 387 abused children and teens accessed services, of which 155 were victims of sexual abuse.
- 354 children safely stayed with their parent at Shelter and 122 in transitional housing.



VERMONT NETWORK 2016 Annual Report

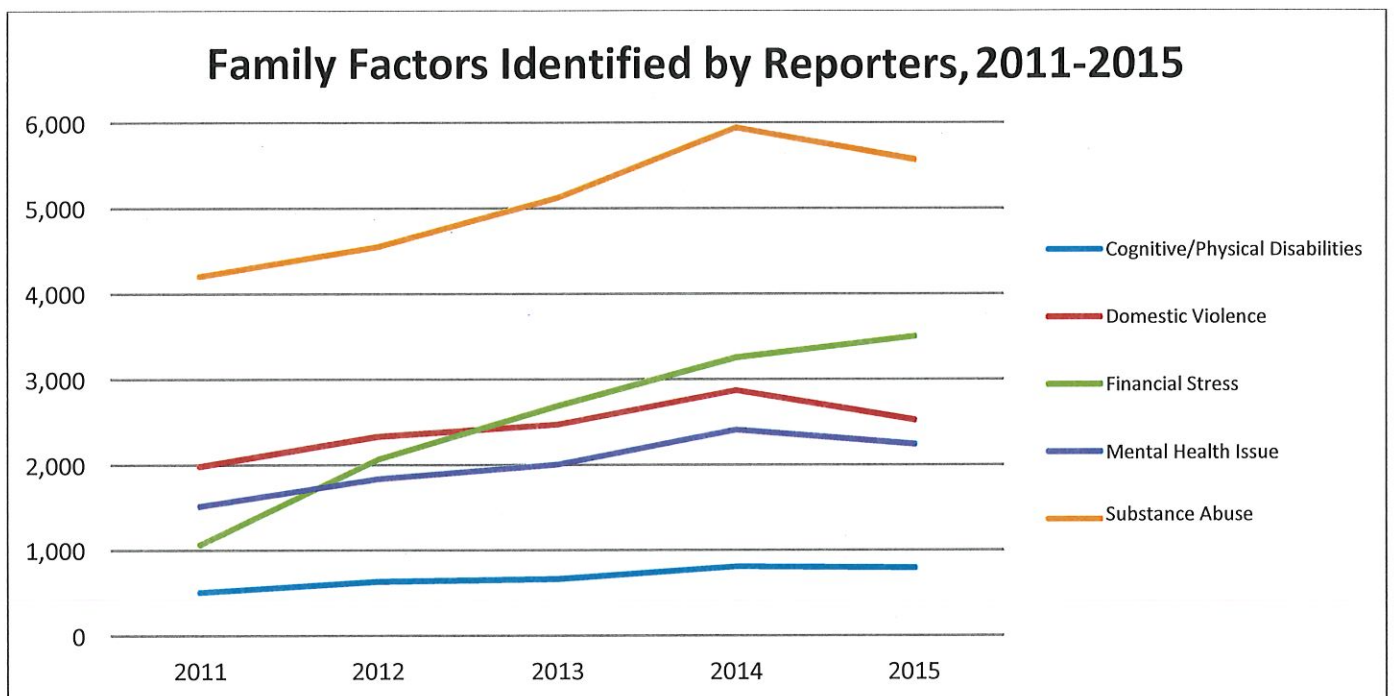
Amy Torchia, Children's Advocacy Coordinator
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atorchia1965@yahoo.com

2015 Report on Child Protection in Vermont

While children from any family can experience child abuse and neglect, we know there is a strong correlation between child maltreatment and factors such as substance abuse, domestic violence, mental health, and financial insecurity. The presence of these factors can create a toxic level of stress that impairs a family's ability to function and inhibits the development and well-being of children. Research has found that:

- ➔ The presence of any one of these factors increases the risk of child abuse and neglect
- ➔ The presence of multiple risk factors has an exponential impact on a child's likelihood of experiencing abuse and neglect

The following table lists family factors that were identified by reporters when they called the Child Protection Line. While some factors may not have been validated during ensuing interventions, this list helps us better understand the difficult challenges families face and helps supervisors and social workers plan effective intervention strategies.

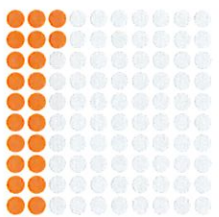


	2011	2012	2013	2014	2015
Cognitive/Physical Disabilities	509 (3%)	636 (4%)	664 (4%)	808 (4%)	795 (4%)
Domestic Violence	1,985 (13%)	2,331 (15%)	2,473 (14%)	2,871 (15%)	2,527 (13%)
Financial Stress	1,071 (7%)	2,066 (13%)	2,692 (15%)	3,256 (17%)	3,504 (17%)
Mental Health Issue	1,517 (10%)	1,836 (12%)	2,005 (11%)	2,410 (12%)	2,243 (11%)
Substance Abuse	4,212 (27%)	4,555 (29%)	5,130 (29%)	5,946 (31%)	5,575 (28%)

Children who have experienced two or more adverse childhood experiences (ACEs)



22% in Vermont = **28,200** kids¹



22% in the U.S.

VT's rank for this indicator: **21st**

What the data show

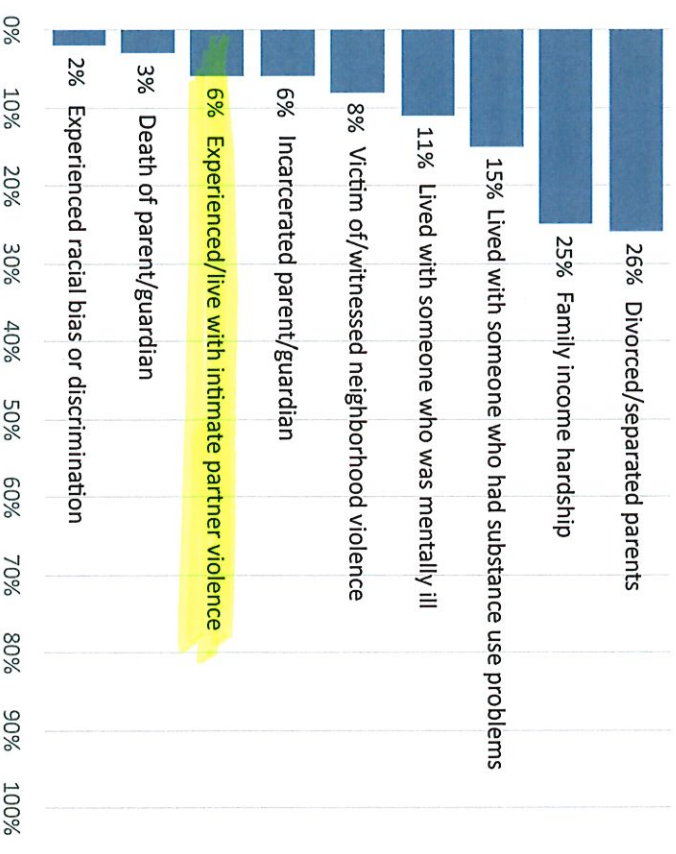
Children were included if the respondent answered that the child had ever experienced two or more of the following adverse experiences: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who was mentally ill or suicidal, living with someone who had a substance abuse problem, or racial bias.

The initial, large scale ACEs study carried out two decades ago showed the link between negative health outcomes in adults and earlier life stressors.² Since then, research has expanded and supported these initial findings, as well as begun to suggest ways to prevent and mitigate these negative impacts.³ More ACEs are associated with higher risk of negative outcomes and complex trauma.⁴ At least one in five children in Vermont has experienced two or more ACEs. Nearly 16,000 kids in Vermont have experienced 3 or more, 7,700 have experienced 4 or more, and about 5,600, or 5 percent of kids in our state, have experienced 5 or more.⁵

Not all ACEs are uniformly detrimental to the same degree to every child. Context, duration, and the support a child receives matter. Policies can play a significant role in preventing ACEs and in keeping traumas and adversities from being compounded. Vermont recognizes the value of protective factors and prevention. We can expand home visiting, which has been shown to reduce the incidence of abuse and other ACEs. We can reinforce channels that connect families to resources and supports, and adopt a holistic approach that seeks to support social connections, increase the resilience and skills of both parents and children, and to always provide concrete support in times of need.⁶

What would it take... ...to get to #1 for this indicator? We would need to reduce this rate to 16%. Some ACEs are preventable; some are not. We can focus on preventing adverse experiences when possible and promoting factors that help children's resiliency when not. **All child-serving systems should integrate trauma-informed practices into their delivery models.** We can provide the concrete support that can lessen the short- and long-term impacts of these circumstances on children.

Percent of children in Vermont who have experienced adverse events by type of events⁵



Notes & Resources

1. Rates and rank are based on Child Trends analysis of the National Survey of Children's Health, 2011/2012, as reported by the Annie E. Casey Foundation, KIDS COUNT Data Center, <http://datacenter.kidscount.org>.
2. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, American Journal of Preventative Medicine, 1998, [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/fulltext](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext).
3. CDC, Adverse Childhood Experiences Journal Articles by Topic Area, <https://www.cdc.gov/violenceprevention/acestudy/journal.html>.
4. National Child Traumatic Stress Network, Complex Trauma, <http://www.nctsn.org/trauma-types/complex-trauma>.
5. Kasehagen, Laurin, Vermont Department of Health, Characteristics of Vermont Children and Youth <1-17 Years Who Have Had 3 or more Adverse Family Experiences, National Survey of Children's Health 2011-2012, Vermont Sample, 2015, http://han.vermont.gov/events/grand_rounds/documents/20150528_kasehagen.pdf.
6. Center for the Study of Social Policy, Protective and Promotive Factors, Strengthening Families, <http://www.cssp.org/reform/strengtheningfamilies>.

Frequent economic hardship

This is the second most commonly reported ACE affecting Vermont children. Many households have incomes that fluctuate across various degrees of economic security, but families in “extreme poverty” with incomes at 50% or less of the Federal Poverty Threshold, are far more likely to remain poor for extended periods of time. Sustained poverty, without adequate mitigating supports, is the most damaging for children, but at this degree of economic hardship, safety net programs at current levels of support aren’t enough to prevent deprivation of basic necessities like food and shelter. Poverty can also be a secondary adversity that arises from other ACEs, like losing financial support when a parent is incarcerated or because of a divorce, or losing a home because of violence or abuse. With a commitment to an adequate economic safety net, we can prevent the kind of deprivation and family stress that makes this ACE so destructive.

Intimate Partner Violence

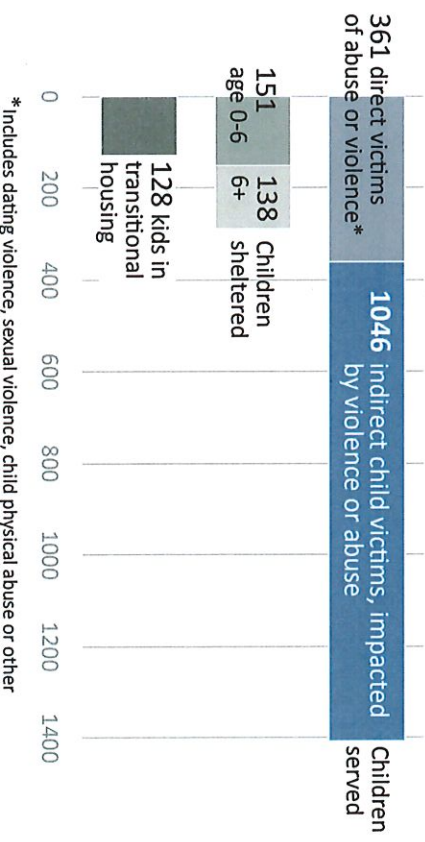
The National Survey of Children’s Health indicates that 6 percent of children in Vermont have experienced or are growing up with intimate partner violence (IPV). The impact of IPV on children varies according to the severity of the violence: the child’s perception of the violence, the age of the child; the quality of the child’s relationships with involved parties; the child’s trauma history; and the presence of secondary adversities in the child’s life, such as moving, changing schools, or leaving behind support systems.⁷

Protecting the bonds between children and the trusted adults in their lives, especially with their primary caregiver who is usually a survivor of direct violence, is of critical importance and does the most to support recovery and resilience. To do this, concrete support is often needed. In Vermont, the second most common stated cause of homelessness for those applying for General Assistance temporary housing is Domestic Violence/Child Abuse.⁹

Safety should never mean homelessness, but loss of housing and financial security is often a significant consequence of intimate partner violence. In 2015 the Vermont Network Against Domestic and Sexual Violence provided 13,921 kids’ bed-nights of shelter. We can improve policies and access to supports so that trauma is not compounded and children can maintain bonds with loved ones. Research has also shown that therapeutic intervention reduces the risk of long-term negative effects; children should be able to access services that meet their own particular needs.

Adverse childhood experiences have been called a public health crisis, and community-based approaches combined with policy changes can decrease children’s exposure to ACEs and help create structures for minimizing negative impacts. We must also balance a public health lens with the awareness that these events represent traumatic experiences in the lives of real children and that prevention and healing is necessary and urgent for its own sake.

Children served by the Vermont Network Against Domestic and Sexual Violence, 2015⁸



Notes & Resources

- 7. National Child Traumatic Stress Network, Domestic Violence and Children, Questions and Answers for Domestic Violence Project Advocates, 2010, http://www.nctsn.org/sites/default/files/assets/pdfs/DomViolenceFactSheet_final.pdf
- 8. Vermont Network Against Domestic and Sexual Violence.
- 9. Vermont Agency of Human Services, General Assistance Emergency Housing Report, July 2016, http://legislature.vermont.gov/assets/legislative-reports/2016_07_31-GA-Voucher-Report.pdf
- 10. Mathematica Policy Research, Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings (Final Report), 2016, <https://www.mathematica-mpr.com/our-publications-and-findings/publications/final-report-preventing-and-mitigating-the-effects-of-aces-by-building-community-capacity>.

MEMBER ORGANIZATIONS

STATEWIDE HOTLINES: Sexual Violence: 1.800.489.7273 / Domestic Violence 1.800.228.7395
NATIONAL HOTLINES: Domestic Violence: 1.800.799.SAFE / Sexual Violence: 1.800.656.HOPE

***Organization with shelter**



**VERMONT
NETWORK**

ADDISON COUNTY & TOWN OF ROCHESTER

WomenSafe

P.O. Box 67, Middlebury, VT 05753
Hotline: 802/ 388.4205 or toll-free 1.800.388.4205
Office: 802/388.9180 FAX: 802/388.3438
Email: info@womensafe.net Web: www.womensafe.net

BENNINGTON COUNTY

PAVE *

P.O. Box 227, Bennington, VT 05201
Hotline: 802/442.2111 Office: 802/442.2370 FAX: 802/442.6162
Email: pave@pavebennington.com

CALEDONIA, ORLEANS, & ESSEX COUNTIES

Umbrella, The Advocacy Program*

1222 Main Street #301, St. Johnsbury, VT 05819
Hotline: 802/748.8645 Office: 802/748.8645 FAX: 802/748.1405

Newport Office

93 East Main Street, Suite #1, Newport, VT 05855
Office & Hotline: 802/ 334.0148 FAX: 802/334.0148
Email: advocate@umbrellanek.org
Web: www.umbrellanek.org

CALEDONIA, WASHINGTON & ORLEANS COUNTIES (of Hardwick area)

AWARE, Inc.

P.O. Box 307; Hardwick, VT 05843
Hotline & Office: 802/472.6463 FAX: 802/472.3504
Email: aware@vtlink.net

CHITTENDEN COUNTY

H.O.P.E. Works

P.O. Box 92, Burlington, VT 05402
Hotline: 802/863.1236 Office: 802/ 864.0555 FAX: 802/863.8449
Email: hopeworks@hopeworksvt.org
Web: www.hopeworksvt.org

Steps To End Domestic Violence*

P.O. Box 1535, Burlington, VT 05402
Hotline: 802/658.1996
Office: 802/658.3131 FAX: 802/658.3832
Email: steps@stepsVT.org Web: www.stepsVT.org

FRANKLIN & GRAND ISLE COUNTIES

Voices Against Violence*

P.O. Box 72, St. Albans, VT 05478
Hotline: 802/524.6575 Office: 802/524.8538 FAX: 802/524.8539
Email: voices@cvoeo.org
Web: www.voicesagainstvviolence.org

LAMOILLE COUNTY

Clarina Howard Nichols Center*

P.O. Box 517, Morrisville, VT 05661
Hotline: 802/888.5256 Office: 802/888.2584 FAX: 802/888.2570
Email: chnc@clarina.org Web: www.clarina.org

ORANGE & NORTHERN WINDSOR COUNTIES

Safeline, Inc.

P.O. Box 368, Chelsea, VT 05038
Hotline: 1.800.639.7233 Office: 802/685.7900 FAX: 802/685.7902
Email: safelineinfo@safelinevt.org
Web: www.safelinevt.org

RUTLAND COUNTY

Rutland County Women's Network and Shelter*

P.O. Box 313, Rutland, VT 05702
Hotline: 802/775.3232 Office: 802/775.6788 FAX: 802/747.0470
Email: avaloyl@rcwn.org Web: www.rcwn.org

STATEWIDE

Pride Center of Vermont SafeSpace Program

255 S. Champlain St, #12, Burlington, VT 05401
Support Line: 802/ 863.0003 or toll-free 866.869.7341
Support Line Hours: M-Th 9am-6pm & Fri 9am-2pm
Phone: 802/860.7812 Email: safespace@pridecentervt.org
Web: www.pridecentervt.org/programs/safespacet

WASHINGTON COUNTY

Circle*

P.O. Box 652, Barre, VT 05641
Hotline: 1.877.543.9498 Office: 802/ 476.6010
FAX: 802/479.9310 Shelter FAX: 802/476.4746
Email: vtbwss@sover.net

Sexual Assault Crisis Team*

4 Cottage Street, Barre, VT 05641
H: 802/479.5577 O: 802/476.1388 FAX: 802/476.1381
Email: sactwc@aol.com

WINDHAM & SOUTHERN WINDSOR COUNTIES

Women's Freedom Center*

P.O. Box 933, Brattleboro, VT 05302
Hotline: 802/254.6954 or 1.800.773.0689 Office: 802/257.7364
FAX: 802/257.1683 Email: advocates@womensfreedomcenter.net

Springfield Office

Hotline: 802/ 885.2050 Office: 802/885.2368

CENTRAL WINDSOR COUNTY & TOWNS OF THETFORD & FAIRLEE

WISE*

38 Bank Street, Lebanon, NH 03766
24-Hour Crisis Line: 603/448.5525 or toll-free 1.866.348.WISE
Office: 603/448.5922 FAX: 603/448.2799
Email: peggy.oneil@wiseoftheuppervalley.org
Web: www.WISEuv.org

Statewide Coalition Office:

Vermont Network Against Domestic and Sexual Violence

P.O. Box 405, Montpelier VT 05601 Phone: 802/223.1302 FAX: 802/223.6943 Web Site: www.vtnetwork.org

10/28/2016

MEMBER ORGANIZATIONS

STATEWIDE HOTLINES: Sexual Violence: 1.800.489.7273 /Domestic Violence 1.800.228.7395
NATIONAL HOTLINES: Domestic Violence: 1.800.799.SAFE / Sexual Violence: 1.800.656.HOPE

The organizations of the Vermont Network support victims and survivors of domestic and sexual violence across Vermont, providing:

- Confidential Advocacy
- 24/7 Hotlines or Support Line
- Emergency Shelter
- Help with the Legal System
- Medical Advocacy

Confidential Advocacy – Advocates from Vermont Network organizations provide free and confidential advocacy. An advocate will not disclose any information about a survivor without the survivor's permission*.

* While *most advocates can keep your conversations confidential*, some advocates may need to report child abuse to the state if they are concerned that a child may be in danger. If you are concerned about child abuse reporting, you can ask to speak with an advocate who is not a "mandated reporter", or you can speak anonymously with hotline advocates.

Hotlines / Support line – Pride Center of VT SafeSpace Program provides a Support Line 5 days a week. All other member organizations staff a free 24/7 hotline for crisis support, ongoing peer support and advocacy, and information and referral.

Legal Advocacy and Support – Trained peer advocates can support survivors in making informed decisions about legal concerns and/or accompany survivors to court. Advocates provide information about protection orders for survivors of domestic violence, sexual assault and stalking, and about what to expect in civil and criminal court. Advocates may be able to provide referrals to specialized legal resources including attorneys.

Hospital Support – Advocates are available to meet survivors at the hospital after a sexual or physical assault to assist them in understanding their rights, to provide support and information before, during and after examinations, and to help survivors connect with other resources as needed.

Financial and Personal Advocacy – Peer advocates can support survivors in identifying and accessing a wide variety of public benefits and community resources for basic needs. Advocates can assist survivors in securing rights and services with social service providers, landlords, creditors and others.

Shelters and Safehomes – Shelters provide a home-like environment for survivors of domestic and sexual violence and their children who need a safe place to stay temporarily. An advocate can help a survivor identify and access community resources and develop a plan for leaving the shelter, while a children's advocate can support her children. In communities without shelters, and for male survivors of domestic violence, programs can connect survivors with local safe homes, or with shelters in other regions of the state.

Other Resources – Most organizations offer peer education &/or support groups for adult survivors, youth &/or children, creating opportunities to connect with others sharing similar experiences. Some programs provide individual advocacy with youth and children, parenting support, limited transportation &/or childcare, transitional housing, and education and support regarding substance use or abuse.

OTHER SERVICES

Deaf Vermonters Advocacy Services

Videophone & Hearing: 802/661.4091

AALV – *Fostering Hope, Dignity and Independence in New Americans to Strengthen our Community* 802/985.3106

VT Interpreter Referral Service

1.888.317.2006 (toll-free)

VT Interpreting & Translation Services

802/654.1706

Communication Support Project

(for people who have disabilities that interfere with communicating effectively)
1.888.686.8277 csp@disabilityrightsvt.org

VT Center for Independent Living

People with disabilities working together for dignity, independence, and civil rights.
1.800.639.1522 info@vcil.org

Green Mountain Self-Advocates

A VT Self-Advocacy organization run by people with developmental disabilities.
1.800.564.9990 info@gmsavt.org

Statewide Coalition Office:

Vermont Network Against Domestic and Sexual Violence

P.O. Box 405, Montpelier VT 05601 Phone: 802/223.1302 FAX: 802/223.6943 Web Site: www.vtnetwork.org
10/28/2016



www.DefendingChildhood.org

The Facts on Children's Exposure to Violence

Too many children in the United States are growing up in homes and communities where they witness or experience violence. Repeated exposure to violence and subsequent trauma can impact a young person's health, ability to succeed in school, their likelihood of becoming a victim or perpetrator of violence, and overall, their opportunity to stay on the right track.

Although the prevalence of children's exposure to violence is overwhelming, there is clear evidence that simple solutions can help children to heal and thrive. We all have a role to play in preventing violence in our communities and supporting children who have been exposed to violence. Knowing the facts about children's exposure to violence, as well as the factors that promote resilience, is the first step to changing the course for children in our communities.

At Home, In School, & In Communities

The U.S. Attorney General's Defending Childhood initiative defines children's exposure to violence as being the witness or direct victim of bullying, child abuse, sexual assault, community and school violence, dating violence and exposure to adult or parental domestic violence.ⁱ

Historical trauma and structural violence associated with racism, prejudice and discrimination also plays a role in increasing children's risk for poor health and educational outcomes as a result of exposure to trauma. For some communities, such as American Indian, Alaska Native and African American communities in the US, the legacy of historical trauma is a current and ongoing traumatic experience that compounds other traumatic events.ⁱⁱ

The following statistics detail the prevalence of children's exposure to violence in their homes, schools and communities.

- 40% of US teens ages 14 – 17 have been exposed to at least one form of intimate partner violence (IPV) during their lifetimes.ⁱⁱⁱ
- 17.9% of children of all ages have been exposed to physical IPV in their lifetime, or about 13.6 million children.^{iv}
- 60% of children in a nationally representative survey had experienced at least one direct or witnessed violent victimization in the previous year.^v
- 14%, or about 10 million children, experienced some form of maltreatment from a parent or caregiver in the past year.^{vi}

- Sibling assaults accounted for 29% of physical assaults experienced by children in the past year, although these declined with age and were surpassed by nonsibling peer assaults for teens ages 14 – 17.^{vii}
- Approximately 30% of children report moderate or frequent involvement in bullying in some capacity.^{viii} Children involved in bullying in any capacity report higher rates of victimization in the home and community than their peers.^{ix}
- 9.5% of all children ages 0 to 17, and 11.4% of girls, reported some sexual victimization in their lifetimes. Rates were considerably higher for girls ages 14 to 17, 34.9% of whom had experienced a sexual victimization over their lifetimes.^x

Poly-Victimization

A smaller but still significant portion of children experience frequent and ongoing violence. Researchers are suggesting that more attention be paid to these “polyvictims,” children and youth who experience multiple types of violent victimizations from multiple sources.

- 11% of children in a nationally representative survey were exposed to five or more different kinds of victimization or exposures to violence, crime and abuse in the past year. Children who were exposed to even one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence.^{xi}
- Children who had experienced multiple forms of violence in the past year were four to six times more likely to report serious victimizations resulting in an injury, facing an assailant who carried a weapon, or sexual victimization. They were also the most likely to report mental health problems and other adversities associated with exposure to violence.^{xii}

Consequences for Health, Education and Community Connection

Left unaddressed, exposure to violence has serious consequences for children's ability to succeed in school, lead healthy lives, and contribute positively to their communities.

- Youth ages 10 to 17 who had engaged in delinquent behavior in the past year reported higher rates of exposure to violence than their peers who reported little or no delinquent behavior. Youth who have been exposed to violence are at a higher risk to engage in criminal behavior as adolescents.^{xiii}
- The landmark Adverse Childhood Experiences (ACES) study launched in 1995 found a significant relationship between childhood experiences of abuse and violence and a host of negative adult physical and mental health outcomes, including heart disease, stroke, depression, suicide attempts, sexually transmitted diseases, and substance abuse.^{xiv}
- Children exposed to violence and trauma exhibit significantly higher levels of emotional and behavioral problems than their non-exposed peers.^{xv} Witnessing or experiencing violence has been linked to lower grade-point averages, more negative remarks in their cumulative records, and more reported absences from school than other students.^{xvi}
- Long-term effects of structural violence associated with racism and discrimination can cause cardio vascular disease, diabetes, depression and chronic fatigue.^{xvii}

- According to a national survey conducted in 2013, about 7% of students had missed at least one day of school in the previous month because they felt unsafe at school or on their way to or from school.^{xviii}

What We Can Do: Policy and Practice Change to Promote Resilience

While exposure to violence can impact children in a variety of ways, not all children are permanently harmed or traumatized. Emerging research on the factors that promote resilience and prevent violence suggests the following practice and policy changes to help all children heal and thrive.

- **Change social norms** – Studies show that individuals and communities adhering to restrictive or harmful social norms are more likely to perpetrate physical, sexual, and emotional violence.^{xi} In order to prevent violence, it is necessary to change the norms that promote or accept it as normal. Prevention initiatives that emphasize positive bystander behavior^{xx} and engage men and boys in building healthy masculinity^{xxi} have been shown to impact the social norms that condone violence.
- **Help traumatized children to heal** – There is strong evidence for the value of therapeutic interventions that address the short and long-term impacts of exposure to violence. Children who have been exposed to violence should be identified and referred to appropriate services for support.^{xxii}
- **Support opportunities for families to thrive** – Addressing the structural forces, such as income inequality and discrimination, which increase suffering and compound the effects of trauma and risk for violence is key to building safer communities.



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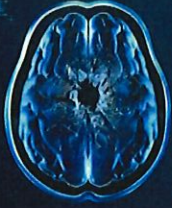
For more information, call 415-678-5500 or email
childrensteam@futureswithoutviolence.org



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Childhood trauma Changing minds.™



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Changing Minds Campaign Fact Sheet

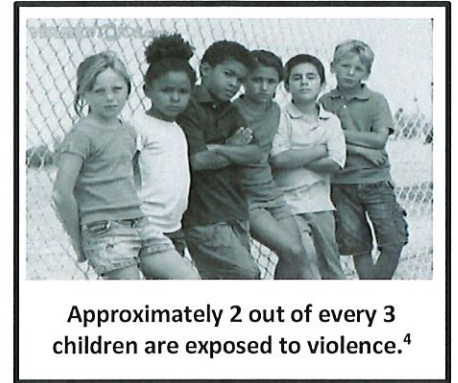
Campaign Sponsor: Futures Without Violence, U.S. Department of Justice (DOJ)

Agency Partner: Wunderman

BACKGROUND

The Department of Justice reported in a 2015 study that nearly 60 percent of children surveyed were exposed to violence, crime, or abuse within that year, either directly (as victims) or indirectly (as witnesses) — many in their own homes.¹ These traumatic events harm the development of a child's brain and body. Over time, repeated childhood exposure to violence is significantly correlated with negative outcomes such as psychological issues, adverse behavior, and serious illnesses.²

One of the biggest predictors of a child's resilience in the face of trauma is interacting with a caring, consistent adult.³ Through the Changing Minds 5 everyday gestures, any adult can vastly increase a child's opportunity for success.



Approximately 2 out of every 3 children are exposed to violence.⁴

CAMPAIGN OBJECTIVE

The campaign objective is to raise awareness of childhood exposure to violence and motivate adults who regularly interact with children to take meaningful action in supporting children who may be affected.

CAMPAIGN CONTENTS

Media Components: The campaign is a direct marketing and digital-first campaign with materials including print, web banners, direct mail, and email, driving the target audience to **ChangingMindsNOW.org** to learn more about how to help children who've witnessed violence.

Changing Minds Website and Videos: The website teaches about the science of childhood trauma and five everyday gestures to help kids heal and thrive. The videos highlight the impact of a caring, consistent adult on individuals who have experienced childhood trauma, and provide resources on how to take action.

Changing Minds Toolkit: Provides background materials on the Changing Minds PSA Campaign with resources to spread the word.

TARGET AUDIENCE

Adults who primarily interact with children (grades K-8) including teachers, coaches, volunteers, school social workers, guidance counselors and school nurses (listed in no particular order).

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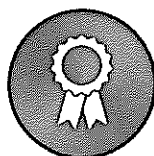
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YOUR EVERYDAY GESTURES CAN HELP A CHILD HEAL.

New research shows that witnessing traumatic events — like domestic violence, shootings, or even fighting — can impact the physical development of a child's brain. But you can help reverse the effects. In fact, as a caring adult, you could be the most important factor in helping them heal. Here's what you can do:



CELEBRATE

Use “put-ups,” not “put-downs.”



COMFORT

Stay calm and patient.



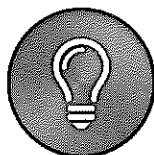
LISTEN

Show an interest in their passions.



COLLABORATE

Ask for their opinions.



INSPIRE

Expose them to new ideas.

Childhood trauma
Changing minds.



Find more information and helpful tips at [ChangingMindsNOW.org](https://www.ChangingMindsNOW.org)