

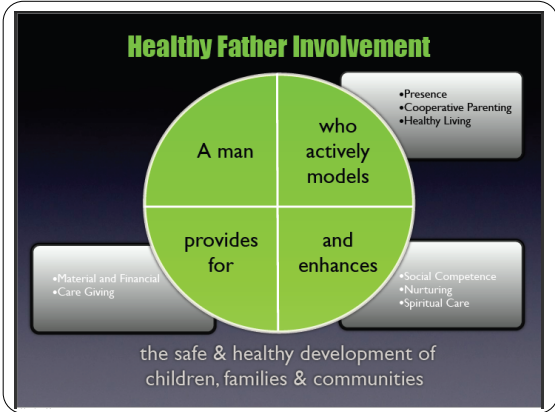
How Domestic Violence Batterers
Affect Children and
Child/Survivor Bonds


Introductions

- Who's in the room today?
- What do you hope to get from the training?

Our topics for today


- Overview of DV Batterers as Parents
- Impact of DV Batterers on Children
- *BREAK*
- Strategies for Supporting Mothers and their Children
- Questions and Discussion



DV in the US: 

- One in four women (**25%**) has experienced domestic violence in her lifetime. --CDC, 2000.
- **85%** of domestic violence victims are women, and **15%** are men. --Bureau of Justice Statistics, 2003

DV in Colorado:

- ❖ In 2010, Colorado DV advocacy organizations answered 57,434 hotline calls. 
- ❖ Snapshot of Sept. 15, 2011:
 - 1,317 DV victims received advocacy services.
 - 622 were in emergency shelter or transitional housing.
- ❖ In 2011, 37 people died due to DV, including collateral deaths and suicides.

The Batterer: In Adult Relationship

➤ **Uses a pattern** of multiple coercive and controlling behaviors

➤ To gain power and control over the adult victim



➤ **Tactics may include:**

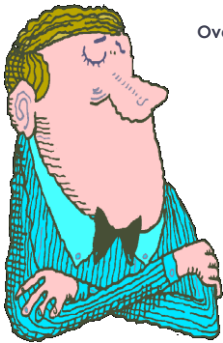
- Verbal abuse
- Emotional control
- Medical neglect
- Economic control
- Legal intimidation
- Stalking/monitoring/ isolation

➤ **Punctuated by:**

- Credible psychological threats and intimidation
- Sexual assault
- Physical violence

Entitlement:

Overarching attitudinal characteristic

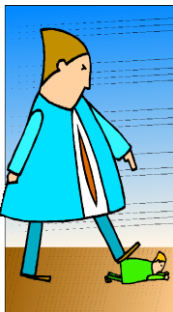


- Rights without Responsibilities
- Tactics of abuse are acceptable mechanisms to attain dominance

When Domestic Violence and Child Protection Merge: Best Practice Series for CPSWs Part 2 of 6

Controlling

Overarching behavioral characteristic



- Escalates when their partner resists
 - Resistance = "evidence" of
 - Victim's "mental instability"
 - Victim's "volatility"
 - Victim's "desire to control"
- All family functions/ tasks are arenas to demonstrate control

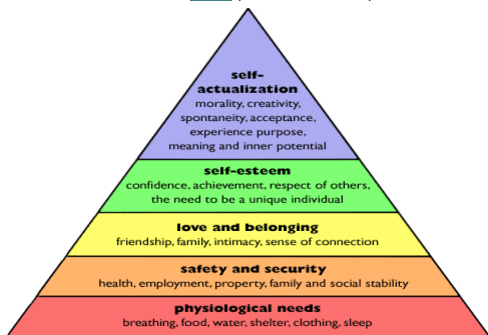
Complex Safety: Balancing Risks

- Partner generated
- Life generated
- Partner generated
- Life generated

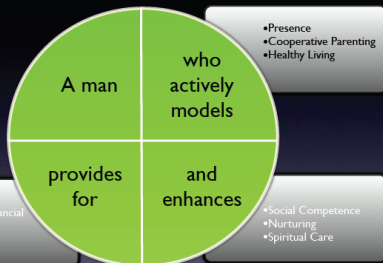


Jill Davies' Safety Planning with Battered Women: Complex Lives/Difficult Choices

Looking at Maslow's Hierarchy of Needs, what isn't part of safety?



Healthy Father Involvement



the safe & healthy development of children, families & communities



Witnessing a caregiver being degraded/abused

-May intervene

The Batterer: In Parent/Child Relationships

➤ **Uses a pattern** of multiple coercive and controlling behaviors

➤ To gain power and control over **all relationships in the home**



➤ **Characterized by:**

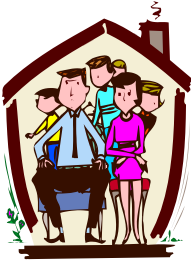
- Authoritarian parenting
- Under involved, neglectful or irresponsible parenting
- Self-centeredness
- Manipulation
- Undermining adult victim's authority/parenting
- Ability to perform in public/under observation

➤ **Punctuated by:**

- Credible psychological threats and intimidation
- Physical violence
- (Possibly sexual assault)

Video clip: It's Not Like I Hit Her

Authoritarian



- Rigid, uncompromising
- Expects obedience
- Intolerant of resistance
- "Power-assertive" in conflicts with children

Under-involved, Neglectful, Irresponsible



- Children are batterer's "domain" but partner's responsibility
- Children viewed as hindrance or annoyance
- Avoids parenting responsibilities
- Limited knowledge of children or their needs
- Fails to keep promises, except during litigation

Self-Centered



- Unwilling to modify life to fit children's needs
- Insensitive to children's feelings/experiences
 - Intolerant of infant distress
- Makes children responsible for his well-being
- Retaliates against children if they "slight" him



Undermines Adult Victim's Parenting

- Ridicules victim in front of children
- Denies victim's ability to make or enforce rules
- Prevents victim from meeting children's needs
- Blames victim for inability to spend on children ("If I didn't have to pay child support...")

Ability to Perform under Observation

- Batterers typically have great ability to "charm" (think *manipulate*)
- Batterers know how to modify behaviors under observation
- Supervised visits often do not challenge a batterer's parenting skills



When Domestic Violence and Child Protection Merge: Best Practice Series for CPSWs Part 2 of 6

Batterers Harm Child/Caregiver Relationships Through Abuse

- 73% - the perpetrator **used their children as a tool or pawn** to get at the mother
- 88% - the perpetrator **hurt the mother as punishment** for their children's acts
- 1 in 5 - the perpetrator **made the children watch him hit or sexually assault the mother**
- 57% - the perpetrators **blamed the mother for their own excessive punishment of the children**

Parenting in the Context of Domestic Violence article

Co-occurrence: battering & child maltreatment

- >40% co-occurrence of physical child abuse and domestic violence. *30-60%
- 50% of fathers who beat a partner 3+ times/year also physically abused the children 3+ times that same year.



Parenting in the Context of Domestic Violence article



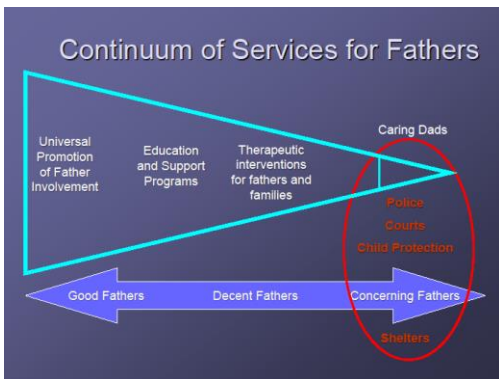
Implications

Outlined by Doug Gaudette, MA, LMHC



- *Most batterers cannot provide a healing environment for children:*
 - Children do not feel safe
 - Children feel responsible for batterer
 - Continual undermining of parent/child bond
 - Lack of limits/rules (to gain favor)
 - Lack of parenting experience
- Close monitoring of contact and safety planning with the child are needed

Continuum of Services for Fathers



Continuum of Exposure to DV



Susan Blumenfeld, MSW, LCSW www.nationalcenterdvtraumamh.org

ATTACHMENT



- Trust vs. Mistrust (age 0-2yrs)
 - Is the world safe, people are generally good, and I get my needs met?
 - Or is the world unsafe, people can't be trusted, and no one helps meet my needs?
- Foundation for all our future relationships.
- This allows children the best opportunity to develop in a meaningful way.

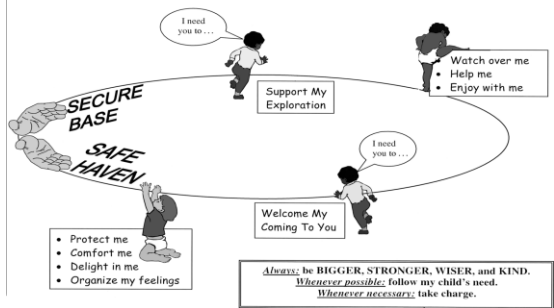
Children Do Better....

- When **securely attached** to their caregiver/s.
- When caregivers
 - are attuned and respond to their needs.
 - nurture sad/scared/worried feelings.
 - can assist children in self-regulation.
 - can provide a safe, secure space the child can depend on.

www.circleofsecurity.net

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



Exposure to domestic violence introduces numerous opportunities for trauma

Acute: one time event

Chronic: ongoing exposures

Complex: exposures over a lifetime

No Safe Haven

- Imagine how the child is impacted when there is no safe haven...



CAREGIVER/CHILD RELATIONSHIP IMPACTED

- Think about the families you know who are impacted by domestic violence....



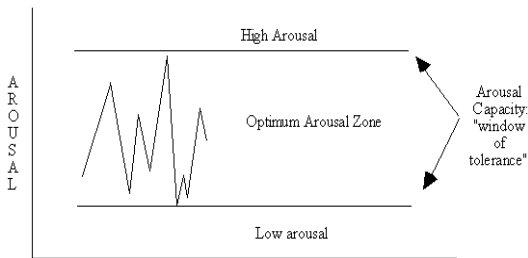
How have you seen the relationship between the child/ren and survivor parent affected?

Stress and the Brain

- "Stress has detrimental effects on memory and cognition that can lead to long-term dysfunction;
- Elevated levels of the stress hormone cortisol (present during times of stress) can bring about damage to this brain area;
- Stress is often associated with deficits in memory, specifically the ability to learn new information;
- Chronically elevated levels of cortisol may also affect mood, leading to depression and feelings of fatigue."

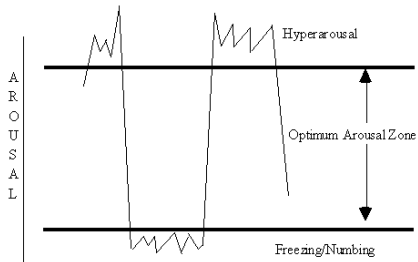
(J. D. Bremner, 2005, *Does stress damage the brain*)

The Modulation Model



Ogden, P. & Kekuni, M. (2000). "Sensorimotor Psychotherapy: One Method for Processing Traumatic Memory"

The Modulation Model in Relation to the Cycle of Violence



Children and Trauma

- The definition of trauma as it relates to children can be expanded to include:

Threats to the child's parent or primary caregiver

Infants

Wilson, 2006; Edleson, 2006; A.M.E.N.D. brochure

• **Attachment Can be Disrupted** (Wilson, 2006)

- Separation Anxiety
- Irritability/ Inconsolable crying
- Difficulty sleeping and eating
- Frequent illness, diarrhea
- Tantrums and anxiety
- Developmental Delays
- Lack of Responsiveness



- **Young children (0-5) are more likely to be present during single and recurring DV incidents than older children.** (Edleson, 2006)
- **They're also highly impacted because they are the most dependent on their caregivers.**
- **Basic Development/Attachment/Trust v. Mistrust Stage of Development**

Children 2-5

Wilson, 2006; Edleson, 2006; A.M.E.N.D. brochure

***More likely to openly discuss violence than older kids**

- Regression
- **Frequent somatic head/stomach aches**
- **Fearful of being alone**
- **Extreme separation anxiety**
- Tantrums and anxiety
- Frequent injuries
- **Developmental delays**
- Difficulty sleeping/eating



- **Young children (0-5) are more likely to be present during single and recurring DV incidents than older children.** (Edleson, 2006)

- **Autonomy v. Shame and Doubt may be impacted- ie. challenge to batterer's control by toddler saying "no" or "mine"**

Schoolage/Preteen Children

Wilson, 2006; Edleson, 2006; A.M.E.N.D. brochure

- High levels of anxiety
- **Boys** frequently described as disruptive, acting aggressively toward objects and people and throwing severe temper tantrums
- **Girls** frequently have somatic complaints, display withdrawn, passive, clinging and disruptive behavior
- **Experience shame of family secret***
- **Engage in fighting/violence to resolve conflict**
- Poor self-esteem, low self-confidence
- Confusion, divided sense of loyalty
- **Learn & internalize gender roles**
- Poor social skill development
- Nightmares



Schoolage/Preteen Children

Wilson, 2006; Edleson, 2006; A.M.E.N.D. brochure

- **Suicidal thoughts**
- **Desire to stay home to protect mother, refusal to attend social events**
- Bedwetting
- Poor impulse control
- Poor hygiene
- Eager to please adults
- Rarely invite friends over
- **Behavior problems at school**
- **Possible identification with aggressor**



Adolescents

Wilson, 2006; Edleson, 2006; A.M.E.N.D. brochure

- HIGH RISK for acting out behaviors that are worrisome for this age anyway, including:
 - Alcohol/drug use
 - Running away
 - Sexual promiscuity and acting out
 - Increased criminal activity
 - Gang involvement
 - Eating disorders
- And may display these symptoms:
 - Self-harm
 - May lack empathy for others
 - May abuse animals
 - Extremely protective of siblings
 - Violence toward mother/siblings
 - Violence in dating relationships
 - Assume parent responsibilities



Is the child able to explore and establish their own identity or does the batterer's need for control thwart this stage?

Long term effects

- Difficulty regulating feelings and responses (thoughts and behavior)
- Self-esteem and sense of self as loveable and worthy of care may be damaged
- Sense of self-efficacy, mastery of age related tasks may be impaired

Taken from National Center on Domestic Violence, Trauma and Mental Health presentation by Susan Blumenfeld, LCSW 5/3/2012

Not all Children are Impacted in the Same Way....

- Children may react by becoming actively involved in the incident, distracting themselves and their parents or distancing themselves. (Edleson, 2006)
- Severity, Frequency, Chronicity, Degree of exposure
- Posttraumatic Stress Disorder
- Exposure to other Adverse Child Experiences
- **Protective Factors of Non-Offending Parent, Siblings or Other Adults**
- Risk of Future Harm
- Unique Coping Skills of Individual Children (Wilson, 2006)
- Children do exhibit fewer problems the longer the period of time since their last exposure to a violent event.

• Parenting in the Context of Domestic Violence article

Resilience IS...

- **“It’s ordinary magic”** - Masten

An adaptation that results in positive outcomes *in spite of* serious threat or adverse circumstances

-Citation from: Masten (2001), Werner & Smith(2001)

Taken from National Center on Domestic Violence, Trauma and Mental Health presentation by Susan Blumenfeld, LCSW 5/3/2012

Resilience

- #1 factor in determining resiliency and healing of children has been found by research to be an attached relationship to a caring adult
- Other factors:
 - Child's strengths/resources
 - Sense of self-efficacy
 - Beliefs/Values- spiritual or religious
 - Social support/resources/community for the family

Taken from National Center on Domestic Violence, Trauma and Mental Health presentation by Susan Blumenfeld, LCSW 5/3/2012

Most prominent predictor of PTSD in children ages 4 and younger...

- **NOT threats to the child's own** body....but witnessing threats to their primary caregiver

-Scheeringa & Zeanah (2001)

Taken from National Center on Domestic Violence, Trauma and Mental Health presentation by Susan Blumenfeld, LCSW 5/3/2012

Trauma-Informed Practice

- Means understanding **the context** in which a child (or adult) is experiencing mental health decompensation, symptoms or discomfort
- Assessing for & understanding both
 - the impact of trauma, and
 - the relationship between symptoms and the traumatic experience/s
- For example: trauma symptoms for children can often mimic symptoms of ADD/ADHD

Good e-resources...

- Helping Children Thrive
www.lfcc.on.ca/mothers.html
- Webinar: *Helping Children and Teens Cope with the Effects of Domestic Violence: Fostering Healing and Resilience*
-Susan Blumenfeld, MSW, LCSW
www.nationalcenterdvtraumamh.org/training/ta/webinars-seminars/
- Caring Dads: caringdads.org
