

New Mexico Family Impact Seminar

***Family Violence and Children:
Perspectives for Policy***

The Adverse Effects on Children Exposed to Domestic Violence

by
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“Anyone who is a witness to violence is a victim of violence, whether or not they have been physically touched.”

How large is the problem in New Mexico?

The number of both children and adult victims seeking services continues to increase. In 2003, 5,757 children received services from provider agencies, a 37% increase in the last three years. All of the data in the table below is from annual reports of the NM Interpersonal (formerly DV) Data Central Repository.

	1999	2000	2001	2002	2003
Children present at DV event*	3710 at 19,822 reported DV cases	2910 at 18,085 reported DV cases	3716 at 21,228 reported DV cases	3381 at 24,905 reported DV cases	5543 At 25,644 reported DV cases
Children served by DV service providers	3313	5710	4199	5418	5757
% children experiencing child abuse by the DV perpetrator	22%	15%	20%	14%	22%
% children experiencing sexual abuse by the DV perpetrator	7%	4%	7%	5%	5%

*Present at the scene as reported by law enforcement. Since not law enforcement agencies indicate when children are present, this is clearly undercounted.

What are the adverse effects on children?

Multiple research studies have shown that the more violence children are exposed to, the more likely they are to be violent themselves, be labeled as conduct disorder, misuse drugs and alcohol, and be depressed and suicidal. Males especially are also likely to repeat the cycle of domestic

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violence when they become teenagers, engaging in physical, emotional and sexual dating violence patterns.

We have finally begun to fully appreciate the correlation between domestic violence and child abuse, and the extent of detrimental neurobiological changes in the early developing brains of exposed children. Children suffer in every domain when they are chronically exposed to violence in the home. Besides the exposure to domestic violence between their parents or caretakers, they may also be victims of neglect, or physical, emotional, or sexual abuse. Some of the negative effects include emotional distress, somatic complaints, developmental delays or regression, post-traumatic stress symptoms, externalizing behaviors such as aggression and delinquency, and internalizing behavior problems such as anxiety and social withdrawal. These problems may negatively affect overall functioning, social competence, school performance, and future relationships.

Recently the Adverse Childhood Experiences study found that “mother being treated violently” during their childhood was one of 9 factors that dramatically contributed to poor health and lifestyle choices among the 17,000 adult participants. They had an increase in adverse conditions related to alcohol, tobacco, illegal drug use, and an increase in obesity, depression and suicide attempts.

Estimates of post traumatic stress disorder (PTSD) among DV shelter populations range from 40% to 84%. PTSD is found in 25% to 50% of children witnessing significant violence, with the higher prevalence occurring in response to witnessing maternal assault. Children diagnosed with PTSD are more likely to maintain that diagnosis 2 years later if their mother also had PTSD.

A child with PTSD may appear anxious, behaviorally impulsive, hypervigilant, motorically hyperactive, withdrawn or depressed, have sleep difficulties, have increased heart rate or blood pressure. Diagnostic labels given to a child with PTSD include attention deficit hyperactivity disorder, conduct disorders, anxiety disorders, mood disorders. Factors important in the development of PTSD following trauma include the nature of the trauma, degree of threat, available support system, availability of early intervention, and sense of control. Multiple victimization experiences (child abuse, sexual abuse, DV) increase the likelihood of PTSD. In addition, depression, dysthymia, suicide risk and substance abuse may accompany PTSD in DV victims.

What is currently being done in the state to address this issue?

- NM Alliance for Children with Traumatic Stress is a collaborative that works with established systems of care, including the health,

mental health, education, law enforcement, child welfare and juvenile justice systems, to ensure that there is a comprehensive continuum of care available and accessible to all traumatized children and their families.

- Some DV shelters and local agencies offer services that include free or low cost counseling for children.
- Head start screening activities
- Law enforcement, judicial education and health care provider training activities
- Expansion of school based health centers to provide more mental health and substance abuse services for adolescents

What are the emerging best practices from around the country?

- There are a number of initiatives that address the physical and psychological health and safety concerns for children in violent households. The negative effects of exposure to violence in the home can be balanced by esteem-building experiences and close, lasting relationships with caring adults.
- Safety planning for children not only helps them stay safe during an incident, but empowers them to call 911, or ask other caring adults for help with the situation.
- Brief, school based, group and individual cognitive therapy approaches appear to be promising, especially in reducing symptoms of PTSD among children exposed to violence.
- Increased collaboration among domestic violence, family preservation, and child protection services has been accomplished in many states, with a decrease in children being removed from the home for the mother's "failure to protect", and an increase in holding the batterer accountable.

What steps do we need to take to move forward in New Mexico?

The following recommendations are modified from the Governor's Task Force Report on Domestic Violence June 2004.

1. STRENGTHEN VOLUNTARY EARLY HOME VISITATION PROGRAMS

Such efforts, particularly with "safety planning" for adults and children, have been shown to reduce violence in the home and to increase positive

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health outcomes. These programs can detect early warning signs and can make help accessible very early on. We recommend taking steps to bolster and increase the availability of voluntary early home visitations.

2. ENHANCE PARENTAL BONDING AND CREATE SAFE HOMES

A strong parental bond can help to counteract the negative effects of domestic violence. An ongoing relationship with a non-offending parent is critical for these children, and every effort should be made to preserve and enhance this bond. Obviously the problem of violence in the home makes this a complicated issue. A delicate balance is involved in maintaining the parental bond while addressing the issue of violence. Any steps, however well-meaning, that seek to remove the child from the home should be carefully scrutinized, and “victim-blaming” should be minimized. New Mexico’s Children, Youth and Families Department (CYFD) has taken active steps to insure cross training of Child Protective Services and DV workers to maximize cooperative efforts in this area in order to protect the best interests of the child. A relatively new program of Safe Havens grants is available on the federal level to provide supervised visitation in the case of domestic violence.

3. ENCOURAGE EARLY IDENTIFICATION, ASSESSMENT AND REFERRAL

Outside the home, all the pathways that connect with children provide opportunities to step in and intervene when a need presents. Certain identifiable characteristics in children are strong predictors of future violent behavior. Childcare, schools, medical services, and faith communities should all become proficient in identifying child aggression and other signs of DV for purposes of intervention.

4. PROMOTE RESILIENCY

Teaching children “safety planning” is beneficial. Developing stable, nurturing, consistent support systems, and finding ways to connect children to those systems, is paramount. Children can and must learn that violence is not the way to solve a problem.

5. DEAL MORE EFFECTIVELY WITH PREVENTION AND INTERVENTION WITH TEEN DATING VIOLENCE.

Teen dating/family violence is a problem that occurs with alarming frequency and it must be addressed. Many advocacy programs are making excellent materials available for use in the schools and through pathway communities, and assistance for teen parents is an important and necessary component of DV services. We also note that the current Children’s Code does not provide for the possibility of Orders of Protection, and legislation should be prepared to address this insufficiency.

6. EXPAND ACTIVITIES OF THE CURRENTLY FEDERALLY FUNDED NATIONAL CHILD TRAUMATIC STRESS NETWORK

Ultimately, and ideally, the state could consider a specialized center catering to the needs of children exposed to violence, if such an action would not detract from current ongoing programs. Such a center could:

- Serve as a training and technical resource.
- Be the focus of child-centered policy shifts.
- Find funding to run healthy summer camps for children and their families to increase the potential for healing.
- Launch a public education campaign to create a nurturing response for children in communities and neighborhoods.
- Find funding and establish best practice for children's services, including monitored and safe child visitation and exchange programs, perhaps using domestic violence child advocate service providers.
- Secure foundation and grant monies for community prevention, education, intervention and referral efforts.

7. IMPROVE THE MEDICAL, JUDICIAL AND LAW ENFORCEMENT RESPONSES WHEN CHILDREN ARE PRESENT AT A DV SCENE

Using funds from the Violence Against Women Act, a number of states have created and implemented law enforcement model policies that address specific concerns of children in domestic violence families. Helpful judicial responses include parenting classes for both parents, and case coordination when there are ongoing divorce, custody or juvenile justice proceedings with the same family. There are also best practice guidelines for EMS and other medical providers. These need to be more widely disseminated and implemented.

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