

Through the Eyes of a Child

UNDERSTANDING CHILDREN'S EXPERIENCES IN
CONNECTICUT DOMESTIC VIOLENCE SHELTERS



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Connecticut Coalition Against Domestic Violence

Introduction

Children's exposure to intimate partner violence (IPV) in the United States is significant. A recent national study indicates that 17.9% of children of all ages have been exposed to physical IPV in their lifetime, or about 13.6 million children.¹ And while this circumstance offers immense challenges to policymakers, advocates, educators, healthcare providers and others, there is opportunity to work more fully within established systems to understand how our developed interventions extend hope and resiliency to this fragile population.

CCADV and its 18 member organizations offer a systemic statewide approach to addressing domestic violence in communities. In particular, these organizations collectively provide comprehensive supports to adult and child victims in areas such as 24/7 response, safe temporary and transitional housing, lethality and risk assessment, individualized and group counseling. All services are delivered from a victim-defined perspective that incorporates evidence-based tools.

Of the nearly 40,000 victims served annually in Connecticut, approximately 1,200 adult victims and 1,000 children reside in emergency domestic violence shelters. In 2016, 69% of children in shelter were six years old or younger. Coupled with this circumstance is the fact that Connecticut domestic violence shelters currently function at 125% capacity with victims and families staying, on average, for 46 days, which is a 77% increase over the past eight years.² Knowing that children's stay in Connecticut domestic violence shelters emulate from an intense violent or threatening incident (s) not anticipated by the child, each member organization provides a minimum of one Child & Family Advocate, supported by less than one-quarter in federal or state funding, whose primary role is to assist families in shelter and community in their transition.



Child & family advocacy is one of the most essential elements within the domestic violence organization structure employed to address the complex issues affecting families, adults and children. Experiencing domestic violence is a significant trauma for a child, especially a young child. The problems for children that are associated with witnessing domestic violence can be severe. Strong associations have been found to exist between the exposure of a child to domestic violence and negative developmental outcomes. While not all children are negatively affected, some children exhibit difficulties in the areas of behavior/emotional functioning, cognitive functioning and school performance. Effective coordinated responses for children who witness domestic violence are essential. Families face many systemic barriers, such as legal matters, law enforcement or child welfare, which may inhibit the child's protective factors or resilience.

Shelter service providers are in a unique position to help identify when children may be exhibiting signs of traumatic stress.³ While we know that children exposed to domestic violence are affected differently and not all are permanent, it is essential to CCADV and its member organizations to offer a trauma-informed approach to our work.⁴ Our approach to and understanding of the traumatic experiences of children are essential. Service providers must have appropriate trauma effective tools to engage and support the social and emotional needs of all children. CCADV actively seeks opportunities to increase their access to these tools.



Signs of Trauma

The Child Witness to Violence Project (CWVP) is a therapeutic, advocacy and outreach project that focuses on the growing number of children who are hidden victims of domestic and community violence and other trauma-related events. The project, which is run under the auspices of the Department of Developmental and Behavioral Pediatrics at Boston Medical Center, offers the following signs that some children who witness violence may exhibit.⁵ However, it is important to note that all children experience and respond to trauma in different ways.

- Sleep troubles, nightmares, fear of falling asleep
- Headaches, stomach aches, aches and pains
- Increased aggressive behavior and angry feelings
- Constant worry about possible danger
- Loss of skills learned earlier, such as toilet training
- Withdrawing from friends and activities
- Not showing feelings about anything
- Having trouble concentrating



Project Overview



Throughout childhood all children experience risk factors, such as poverty and family discord, as well as other significant stressors that can threaten healthy social and emotional development. Resilience theory suggests that the strengthening of protective factors can help counter-balance the negative effects of risk factors, such as domestic violence, and help individuals overcome adversity.

Most children have the capacity to be resilient given the proper supports after a traumatic event.⁶ Domestic violence shelters are uniquely positioned to provide such help to children and families at a critical juncture. Given this opportunity, CCADV set out to view the shelter experience through the eyes of a child to see what it is like for them to live, albeit temporarily, in this environment.

In 2016, CCADV approached the Department of Children and Families (DCF) for limited partner funding to launch a project that was presented at the Office on Violence Against Women (OVW) annual state coalition's conference in Dallas, Texas in 2015, which highlighted the chance to enhance children's experience in domestic violence shelters. CCADV thus initiated *Through the Eyes of the*

Child, which allows children to chronicle their stay at one of Connecticut's domestic violence shelters with an aim to more fully understand opportunities to promote protective factors and resiliency.

Given that many children exposed to intimate partner violence are at risk to face life-long, negative consequences, including a host of physical and psychological health issues that compromise healthy child development, it has been CCADV's intent to capture directly from these children a very real and authentic appreciation of their experience. The *Through the Eyes of a Child* project was developed with an aim to alleviate some of the trauma and provide a better understanding of shelter life through a youthful perspective. As part of this process, children were given a disposable camera to photograph anything in the shelter they wanted, but specifically asked to take pictures of what they "liked" and "disliked" about their stay. From these images, individual scrapbooks were created to include the child's explanation of the photographs they took.

After completing the project, a collaborative group of experts from multiple disciplines such as early childhood, child welfare, education and law enforcement, met to review these scrapbooks and provide guidance and feedback in regard to how CCADV can improve a child's shelter experience.

Tips for Advocates to Build Resiliency

Futures Without Violence, a national leader in efforts to end violence against women and children throughout the world, offers the following evidence-based, therapeutic interventions for advocates working to build resiliency in children and parents who have experienced intimate partner violence (IPV). Effective ways to build resilience in children usually begins with focusing on their parents. Strategies such as increasing parenting effectiveness, assisting them in addressing mental health issues, and supporting parents to live in safe and supportive environments are closely connected to children's well-being.⁷

- Establish a respectful and trusting relationship with the child's parent
- Let the parent and children know that it is okay to talk about what has happened if the child expresses interest in doing so
- Tell children that the violence is not their fault and help their parent in expressing that message
- Foster children's self-esteem by showing and telling them that they are loveable, competent and important
- Help children know what to expect through a structured and predictable environment
- Use emotion words to help children understand how others might feel during disagreements
- Incorporate the family's culture into interventions and support the parent and children to explore the values, norms, and cultural meanings that impact their choices and give them strength
- Involve the parent in conversations with their children about their children's abuse
- Help the parent teach the children how to label their emotions
- Address the parent's parenting stress
- Work with the parent to help them extend both their own and their child's social support network

Findings

Through this project and collaboration some major themes were identified. These themes focus on hope, community, advantages and difficulties of communal living, the importance of play as a therapeutic tool, and developmental stages.

1. Although shelter living can be difficult and children are only within shelter for a brief time, positive outlooks and memories can still be achieved.

Within the scrapbooks, children captured the happiness that they felt being in the shelter with reviewers citing that shelters showed optimism to kids during a transitional time. Interwoven was the consistent portrayal of feeling safe and secure. Children specifically photographed alarm systems, door locks and a positive interaction during a visit from an emergency responder. Young children cited that having a flashlight for night made them feel safer. Special events are meaningful to them such as birthdays, field trips, gardening, and organized pizza nights. Like most kids, the children indicated that they preferred to be able to play outside. They also expressed feelings of security through their narratives when applicable in the scrapbooks. Multiple children, for example, took pictures of the advocates in the house and talked about the comfort in having consistent and caring individuals present.



"The reason I picked this picture is because if you need to talk to someone they're there if you need it."

- a 10 year old discussing the child advocate



The Role of the Child Advocate

The primary role of the Child Family Advocate is to provide support and advocacy services to residential and non-residential children/youth and their non-offending family member(s). Some functions of this role include:

- Provide individual counseling and psycho-educational group support
- Help children, in an age-appropriate manner, to develop safety plans for themselves
- Facilitate activity groups and therapeutic play groups
- Advocate with outside systems regarding children's needs, including advocacy with DCF
- Educate children about domestic violence and healthy relationships in an age-appropriate manner
- Model healthy parenting skills and support the non-offending parent in meeting the needs of the child

Findings



2. Photographs did convey a feeling of isolation from their previous life and negative facets of communal living.

One album reflected a family's long stay over three different holidays, recognizing how challenging it can be to live in this environment over a lengthy period of time. Photos also captured those things which did not offer hope. The wear and tear that toys, furniture and outdoor playgrounds endure from multiple users with rusty bikes and broken swings making kids sad. Children expressed dislike for items that were not child-friendly such as heavy institutional doors and rooms that were not thoroughly cleaned and maintained. They did not like a dirty oven, for example, stained furniture, bugs, or a trash bag sitting in a hallway.

These shelters are more challenging for older children. The scrapbooks created by older children were not as happily portrayed, possibly due to the adverse feelings that they had about residing in this environment. Some photos showed children wishing that other friends could visit the shelter and a desire for companionship from their peers in a place where they now felt safe.

3. Many photos expressed the positive opportunities associated with communal living.

While reviewers expected to view an expression of fear or conflict from the albums, this circumstance did not emerge. Children expressed the idea of ownership and a sense of a community which might not have existed previously. Narratives that spoke to special celebrations with families from birthdays, holidays and a centralized children's play area, were highlighted. Kids indicated that they felt happy when out on organized excursions with other kids.

Children captured the pantry shelves being stocked with various food items and expressed the joy that they felt when cooking with the members of their family in shelter. They also captured photos of different things that played a role in their daily routines which support resiliency such as play items, advocates and having their own room with their family. Soothing colors and a child-friendly environment were recognized by reviewers as a consistent message offered through the project.



Recommendations

Resiliency in children is strengthened if given the proper support following traumatic events. Research has shown that the support of family and community are key to increasing children's capacity for resilience and in helping them to recover and thrive.⁸ The more resilience factors a child possesses, the greater the likelihood of positive outcomes in the child's life.⁹



1. Child-friendly spaces are important to recovery and should be maintained.

According to CCADV Member Organization Standards, child spaces must be appropriate for children 0–18 years of age. Each space must incorporate a strengths-based environment using color, furniture, and materials suitable for all ages. In an atmosphere of safety and trust, children and adults are able to make better decisions, regulate their emotions, and provide important emotional support to each other. These important images portray the first steps in building resiliency by allowing for the relationship between the caregiver and child to be rebuilt, a sense of belonging, normalcy and the chance to be a kid again.

Given this, CCADV should annually work to secure funds to support its member organizations in adherence with this standard. In 2016, for example, CCADV received a \$40,000 grant from the Connecticut Health and Education Facilities Authority to support the purchase of therapeutic intervention tools, furniture, and bedding, as well as play items for children.

CCADV will continue to support its 18 members to ensure that all children living in member organization residential facilities are provided with the fullest possible range of age-appropriate, trauma-informed care.

2. Crucial to a child's resiliency is the presence of a positive, caring, and protective adult in a child's life. Although a long-term relationship with a caregiver is best, even a brief relationship with one caring adult—a mentor, teacher, daycare provider, an advocate in domestic violence shelter—can make an important difference.¹⁰

CCADV will address this challenge on two fronts by deliberately seeking out measures to fortify support of the non-offending parent - child relationship through advanced systemic advocacy and capacity building. CCADV will start by engaging stakeholders in the areas of child trauma, child welfare and early childhood and education institutions to identify evidence-based resources that will systemically enhance intervention responses to children exposed to domestic violence. CCADV will follow these efforts with capacity building across systems. Cross-training and professional development will create opportunities to increase early identification, intervention and prevention

strategies in a manner that will proactively support the family unit experiencing domestic violence.

This approach supports everyone's ability to meet the unique needs of children of different ages and developmental stages. CCADV will continue to work with member organizations on emphasizing the importance of respecting the parent's experience and providing support to parents to respond to their child's needs. CCADV will make further efforts to incorporate guidance from early childhood and education institutions into best practice models to holistically support children and families.

3. With limited resources, prioritize that shelter living and spaces offer optimal opportunity for resiliency.

Domestic violence shelter utilization has increased 119% over the past eight years and the length of stay has notably increased by 77% during the same time frame. Families receiving domestic violence services are experiencing more acute, complex problems. As a result, families cannot transition quickly to safe new homes. Therefore, it is essential that the living space in emergency shelters is conducive to lessening the impact of trauma while promoting resiliency, safety and security. Best practices call for settings for service delivery to be clean, calm and soothing environments. The shelter experience can further traumatize a family in transition. If the stay is not positive, the result can leave damaging effects that can exaggerate trauma experiences leaving a negative impression on children of all ages.

This multifaceted approach is enormously challenging for domestic violence providers to maintain these temporary homes given the flat or reduced funding in Connecticut. The wear and tear associated with communal living is an ongoing task and it is important for CCADV and member organizations to continuously view new and bolder revenue streams for ongoing improvement needs. With limited funding, domestic violence shelters can work to keep rooms and general areas clean while seeking to capture larger dollars for major infrastructure change.

Also, through standard's monitoring, CCADV will continue to conduct site visits of each member organization to determine their specific needs in their children's spaces and identify options for maintaining and obtaining specific items the organization may need.



Endnotes

¹ Finkelhor, D., et al. 2014. "Trends in Children's Exposure to Violence, 2003 - 2011." *JAMA Pediatrics*. 168(6):540-546. Available at www.unh.edu/ccrc/pdf/poi130100.pdf.

² Connecticut Coalition Against Domestic Violence. 2016. Connecticut Statewide Domestic Violence Service Statistics Fiscal Year 2016. Available at http://www.ctcadv.org/files/4514/8234/3698/FY16_service_stats_11.16.pdf.

³ Center for Child & Family Health. "The Needs of Children in Domestic Violence Shelters." Available at http://childandfamilypolicy.duke.edu/pdfs/projects/CCFH_Toolkit.pdf.

⁴ Futures Without Violence. Available at www.futureswithoutviolence.org.

⁵ The Child Witness to Violence Project. Available at <http://www.childwitnessstoviolence.org/symptoms-of-witnessing-violence.html>.

⁶ The National Child Traumatic Stress Network. "Domestic Violence and Children: Questions and Answers for Domestic Violence Project Advocates." Available at http://www.doj.state.or.us/victims/pdf/domestic_violence_and_children.pdf.

⁷ DeBoard-Lucas, R., et al. 2013. "Trauma-Informed Evidence-Based Recommendations for Advocates." *Futures Without Violence*. Available at https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/16%20Evidence%20Based%20Strategies%20for%20Advocates.pdf

⁸ Supra note 6

⁹ Supra note 3

¹⁰ Supra note 6





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