

**Utilizing knowledge on
protective factors for children
to promote resilience and
recovery from trauma**



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**Children Exposed to
Domestic Violence:
Reducing Harm and Preventing Tragedies**

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OVERVIEW OF THE PRESENTATION

- Understanding the risks for children exposed
- The intersection between risk and protective factors
 - Parental Factors
 - Child Factors
 - Environmental Factors
- Determining impact and considerations for intervention



Exposure to Domestic Violence: Risks to Children

Myriad of ways children are affected by DV, manifested in emotional, cognitive, behavioural and social functioning

- effects vary based on a number of factors internal and external to the child including parental, individual and environmental factors—and whether or not those factors reduce or increase the child's vulnerability

ISSUES FOR CHILDREN:

Main Areas of Concern

RISK OF MALTREATMENT/HARM/DEATH

- Heightened risks of abuse/harm from perpetrators

INTERNALIZING SYMPTOMS

- anxiety, guilt, fear, depression, withdrawal, low self-esteem, problems with intimacy/mistrust of others, regression

PTSD SYMPTOMS

- nightmares, intrusive thoughts, anxiety, fear, hypervigilance

EXTERNALIZING SYMPTOMS

- aggression, bullying
running away, sexualized behaviours, self-harm/suicidal ideology, risk-taking behaviours (substance use)

PHYSICAL SYMPTOMS

- somatic complaints, eating/sleep disturbances
- Physical and mental health effects

These are easier to see and respond to – often internalizing kids are seen as okay rather than not yet assessed

FACTORS THAT INFLUENCE THE IMPACT OF DV ON CHILDREN

Risks vs Protective Factors

- age and level of cognitive development
- child's gender
- relationship with siblings
- relationship with mother
- relationship/contact with abuser
- availability of social supports
- co-occurrence of maltreatment/caregiver mental health issues
- co-occurrence of other environmental stressors (poverty, neighbourhood/community violence)



Understanding Protective Factors:

- may be used to understand why some children appear to be managing well in very adverse environments while others do not. It's another way to think about resilience.
- used to provide referrals and other sources of support that could possibly provide additional scaffolding for children living with these experiences.
- may be internal or external to the child and family and access to such supports may not be available in some situations.
- Protective factors may not decrease certain types of risk (such as lethality for example) but may provide avenues to promote coping skills and other strategies to promote resilience.
- **THERE IS NO LINK TO PREDICTING THE BEHAVIOUR OF ABUSERS**

Risk vs Protective?

Some factors can be complicated for professionals to take into consideration, for example:

- Age/Developmental stage of a child can be a risk or a protective factor (ability for child to manage internal emotional states during times of family stress, access external social supports, develop effective coping strategies)
- Risks are heightened by lack of information about impact (e.g., often infants are thought to be less impacted as that they do not have the cognition to understand what is happening around them - in fact they are at a critical stage of emotional and physical development that may magnify the severity of impact.

Risk vs Protective?

Separation/divorce may mitigate or aggravate harm to children

- Increased security, reduced exposure, opportunity to begin to heal

OR

- Increased abuse, heightened risk, extended period of conflict and litigation

Reducing Vulnerability:

- How might we as professionals decrease child vulnerability – if vulnerability is a risk factor?
 - Intervene early – reduce/respond to exposure to violence as quickly as possible
 - Increase visibility of child in community and by professionals – daycare, schools, intervention programs
 - Address parental risk factors (intervene with both parents to support optimal interactions with child)

Impact of Abuse on Mothering

- abuse changes the nature of the crucial relationship between children and their mother (undermining her authority and interfering with her ability to provide care)
- 34% of abused women indicated they changed their parenting style in the presence of their partners – compared to only 5% of women in non-abusive relationships



PROTECTED Mothers are Protective Mothers

- Supporting women in achieving emotional and physical safety is the best thing we can do for children
- Recognize what has been going well (e.g. have children been actively supported to avoid/manage the violence (separated from perpetrator, sent to neighbour's, comforted after violent episodes)
- Is ongoing contact with partner occurring because she believes that her presence is safer than unsupervised access will be?

The Continuum of Risk vs Safety

- no universally effective safety strategies - what may reduce risk for one woman may increase risk for another
- women's emotional well-being is often linked to appraisals of their own vulnerability and powerlessness, (how much a woman has to restrict her personal autonomy to stay safe, the more likely she is to experience depression (Goodkind et al., 2004, Nurius et al, 2003).

We need to think about this context for children as well.
Harm can occur even without access.

Practice Principle

- Important to clarify impact, rather than type or extent of abuse – (level of physical violence alone is not adequate – some forms of abuse can be very psychologically devastating with low levels of violence)
- The damaging effects of prolonged periods of fear for children – regardless of the acts of violence witnessed is what is often overlooked



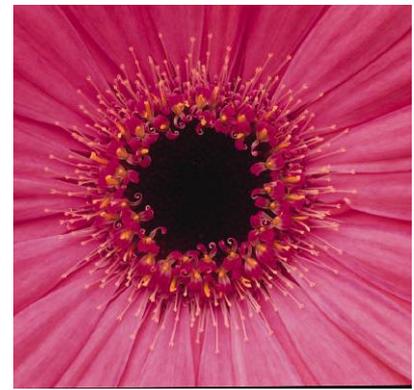
Children's Relationship/ Contact with Abuser

Risks to Children with unsupervised contact with abusers:

- continued or intensified undermining of the mother's authority and of the mother-child relationships
- rigid, authoritarian parenting (difficult for children to develop the sense of safety necessary for emotional recovery)
- neglectful or irresponsible parenting
- exposure to new threats or acts of violence toward their mother/new partner
- Inconsistency, psychological abuse and manipulation
- Physical or sexual abuse of the child by the abuser

(Lundy & Bancroft, 2002)

What is Resiliency?



The ability to persevere and adapt when things go wrong

- ‘The capacity to survive and thrive in the face of adversity’
- ‘Good outcomes in spite of serious threats to adaptation or development’

(Masten, 2001)

Coping Strategies: To WITHSTAND

- Creating physical and mental escapes (activities outside the home/fantasy)
- Attempting to understand (make sense of) what is going on in their families
- Building support networks (internal and external to the family)
- Trying to create order within familial chaos (functional control) Trying to predict, explain, prevent or control the behaviour of abuser



Coping Strategies: To OPPOSE

- Developing and implementing safety plans with mother
- Intervening (or running interference) with abusers
- Protecting and comforting their mothers (devising/encouraging escape plans)
- Protecting/comforting siblings (caretaking, parentification)

PROTECTIVE FACTORS

- Social supports (internal and external to the family – often related to level of social skills)
- Internal locus of control
- Skills in affect regulation
- Accessing physical and mental escapes
- Participating in support/educational groups for DV
- Self-esteem/Opportunities for success



Factors That Promote Healing

- A sense of physical/emotional safety in current environment
- Structure, limits and predictability
- A secure attachment to a non-violent caregiver – evidenced by:
 - Feeling that their mother/caregiver can now protect them
 - Being supported by their surrounding environment in their feelings of closeness to her (not being made to feel ashamed or guilty for being connected to her)
- Not to feel responsible for taking care of adults
- Contact with the abusive parent (if it can take place with adequate protection for child's physical and emotional safety)
- Good relationships with peers/siblings
- Positive self-esteem/opportunities for success

Addressing Child Vulnerability Factors

- Perpetrator Access
- Non-Biological Relationship
- Child Age
- Child Who Presents Greater than Average Challenge to Parent
(Disability/temperament)
- Access to Intervention
- Poverty
- Neighbourhood Variables
- Isolation
- Monitor and support – require intervention (e.g. Caring Dads, supervised access)
- Take into consideration – younger children more visible (daycare) older children (provide avenues for escape, support and success)
- Child who may present as challenging – intervention, support, resources
- Support concrete needs
- Increase social supports

Protective Factors: A Word of Caution

- A good assessment of risk is incomplete without considering the possible protective factors that exist in a child's life or which may be implemented
- However, it is important to recognize that a protective factor in itself may not negate the presence of the risk or the need to keep safety at the forefront of all decision making
- When considering the best interests of children in determining contact with an abusive parent, the quality of that contact should be considered more important than the quantity of that contact (Hunt & Roberts, 2004)

Support For Children:

- increase parent-child communication
- increase parent's awareness of the effects that witnessing past or current abuse may be having on their children
- identify and promote positive parenting skills in dealing with the effects on children exposed to violence
- Decrease isolation and increase visibility of children in their communities
- Reduce impact of the trauma/separation through intervention
- Increase self-esteem and provide opportunities for success
- increase feelings of safety, coping skills and affect/emotion regulation strategies

THANK YOU

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