

Children Exposed to Domestic Violence

An Early Childhood Educator's
Handbook to Increase
Understanding and Improve
Community Responses



Sponsored by
The David and Lucile Packard Foundation

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end abuse

FAMILY VIOLENCE PREVENTION FUND

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The Importance of this Topic

Why you need to know

Each year in the US, millions of children are exposed to violence in their homes, schools, neighborhoods, and through the media.^{1,2,3,4} Young children are most likely to experience domestic violence – abusive behavior used by one intimate partner to control and dominate the other. The young child's need for predictability and consistency is threatened by domestic violence. Routines are likely interrupted, and the sounds and images are distressing. Individuals like you, who care for and teach young children, are in an ideal position to support their adjustment.

- Children under age five are more likely to live in a household where domestic violence occurs than are children in any other age category.²
- Children living with domestic violence are at risk for increased emotional and behavioral problems.^{4,5}
- Early identification of difficulties can lead to earlier and more effective support and intervention for children and their families.⁶
- Early childhood programs can be a secure and nurturing place for vulnerable children. The caring adults who work in these programs can make a difference in the life of a child who is affected by violence.

How this handbook can help

This handbook contains information that will help you:

- learn about domestic violence and its impact on young children;
- recognize the signs that children may display when they are having difficulties. These signs may occur for a variety of reasons, including domestic violence;
- learn ways to support children and deal with challenging behaviors;
- offer support and information about resources to parents who may be adult victims of domestic violence. (See pamphlets for parents – English on page 26 and Spanish on page 28.)

Definitions

Early childhood educator

- ⇒ is an inclusive term that refers to individuals who are working with children under six in a variety of programs, including childcare, nursery school and kindergarten. It is used interchangeably with **early childhood workers** and **teachers**.

Early childhood program

- ⇒ refers to programs for children under six years, including childcare in homes and in agencies, nursery schools, Headstart programs, and kindergarten.

Domestic violence

- ⇒ refers to the abuse and/or assault of adolescents or adults by their intimate partners. It is used interchangeably with **intimate partner abuse** and **inter-parental violence**. **Battering** is often used to refer to domestic violence or frequent and severe abuse.

Perpetrator

- ⇒ refers to individuals who are violent toward their intimate partners. It is used interchangeably with **offenders, offending parents, batterers, abusive partners, and abusers**.

Victim

- ⇒ refers to individuals who are abused by their intimate partners. It is used interchangeably with **survivor, victimized parent, abused partner, adult victim** and **battered partner**. Many domestic violence advocates prefer the term 'survivor,' as it reflects the reality that many abused individuals cope and move on with personal strength and resourcefulness.

Children exposed to domestic violence

- ⇒ refers to children seeing, hearing or being aware of violence against one parent figure that is perpetrated by another parent figure. It is used interchangeably with **children living with violence**.

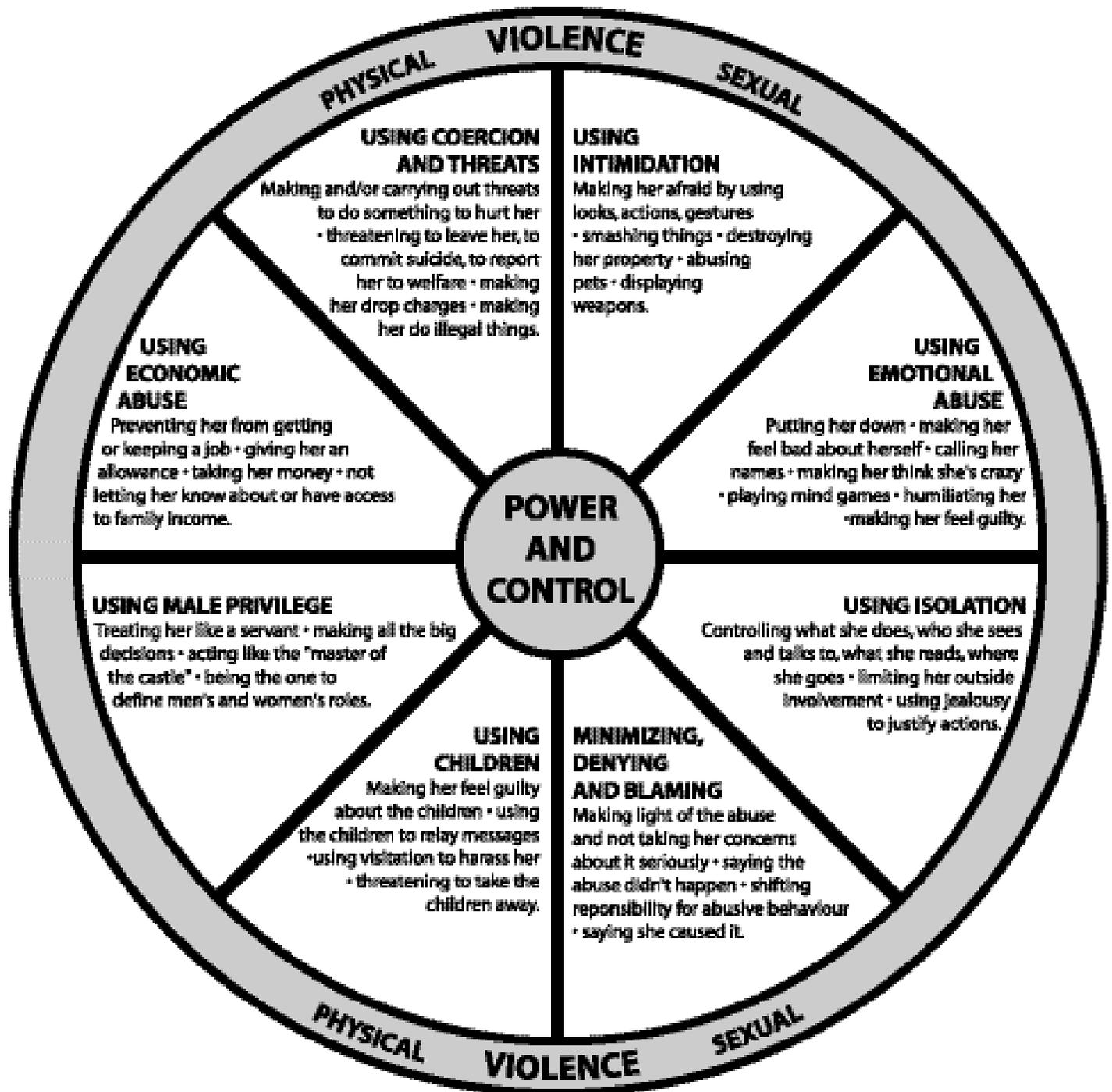
What is it?

Understanding domestic violence helps us support affected children.

Domestic violence...

- ⇒ occurs in all age, racial, socioeconomic, educational, occupational and religious groups;
- ⇒ occurs within an intimate relationship;
- ⇒ typically involves repetitive behavior including different types of abuse – physical assault, psychological, emotional and economical abuse, and use of children (see Power and Control Wheel, page 5);
- ⇒ is used to intimidate, humiliate or frighten victims as a systematic way of maintaining power and control over them;
- ⇒ is abusive behavior that in most cases has been learned by the batterer (e.g., abusive behavior modeled in family of origin; abusive behavior rewarded – gets desired results for perpetrator);
- ⇒ **is caused by the perpetrator** and not by the victim or the relationship;
- ⇒ is a criminal offense where actual or threatened physical or sexual force is used;
- ⇒ differentially affects men and women: women experience more violence over a lifetime, more severe forms of violence and more serious injuries than do male victims;⁷
- ⇒ may present increased risk to the victim and children at the time of separation from the abuser;⁸
- ⇒ results in victim behavior that is focused on ensuring survival (e.g., minimizing or denying the violence, taking responsibility for the violence, protecting the perpetrator, using alcohol or drugs, self-defense, seeking help, remaining in the abusive relationship).

Power and Control Wheel



Developed by the *Domestic Abuse Intervention Project*, 202 E. Superior St., Duluth, MN 55802
For more information contact: info@praxisinternational.org or fax: (218)722-1053

Findings from the National Violence Against Women (NVAW) Survey⁷

- ⇒ In the United States, approximately 1.3 million women and 835,000 men annually experience violence by a current or former partner.
- ⇒ Over a lifetime, women experience more intimate partner violence than do men: 22.1% of surveyed women and 7.4% of surveyed men reported violence by a current or former partner.
- ⇒ Violence against women happens primarily in intimate relationships. When women and men who reported being assaulted, raped or stalked since age 18 were asked who the perpetrator was, 64% of the women and 16.2% of the men indicated that they were victimized by an intimate partner.
- ⇒ Women are significantly more likely than men to be injured during an assault. The risk of injury increases among female rape and physical assault victims when the perpetrator is a current or former intimate partner.

(Note: The NVAW Survey was conducted from November 1995 to May 1996.)

Impacts on Children

Watching, hearing or later learning of a parent being harmed by a partner threatens children's sense of stability and security typically provided by their family.

- Children may experience increased emotional and behavioral difficulties.^{4, 6, 9, 10}
- Some children who experience difficulties display traumatic stress reactions (e.g., sleep disturbances, intensified startle reactions, constant worry about possible danger).¹¹
- Children living with domestic violence are at increased risk of experiencing physical injury or childhood abuse (e.g., physical, emotional).^{12, 13}
- The perpetrator may use children as a control tactic against adult victims.¹⁴ Examples include:
 - claiming the children's bad behavior is the reason for the assaults on the non-offending parent;
 - threatening violence against the children and their pets in front of the non-offending parent;
 - holding the children hostage or abducting them in an effort to punish the adult victim or to gain compliance;
 - talking negatively to children about the abused parent's behavior.
- Children may experience strong ambivalence toward their violent parent: affection coexists with feelings of resentment and disappointment.⁶
- Children may imitate and learn the attitudes and behaviors modeled when intimate partner abuse occurs.⁶
- Exposure to violence may desensitize children to aggressive behavior. When this occurs, aggression becomes part of the "norm" and is less likely to signal concern to children.

Potential Impacts at Different Ages

Key Aspects of Development

Potential Impact of Domestic Violence

Infants and Toddlers

- Take in information from the world around them through their senses. ⇨ Loud noises and vivid visual images associated with violence can be distressing.
- Form secure attachments. ⇨ Parents may not be able to consistently respond to the infant's needs which may negatively affect the parent-child bond.
- Become more active explorers of their world and learn through play. ⇨ Fear and instability may inhibit exploration and play; imitating in play may be related to witnessed aggression.
- Learn about social interaction and relationships from what they hear and observe in their families. ⇨ Learn about aggression in observed interactions.

Preschoolers

- Learn how to express aggression and anger, as well as other emotions, in appropriate ways. ⇨ Learn unhealthy ways of expressing anger and aggression; possibly confused by conflicting messages (e.g., what I see vs. what I'm told).
- Think in egocentric ways. ⇨ May attribute violence to something they have done.
- Form ideas about gender roles based on social messages. ⇨ Learn gender roles associated with violence and victimization.
- Increased physical independence (dressing self, etc.). ⇨ Instability may inhibit independence; may see regressive behaviors.

School-aged Children (6 to 11 years)

- Increased emotional awareness of self and others. ⇨ More awareness of own reactions to violence at home and of impact on others (e.g., concerns about mother's safety, father being charged).
- Increased complexity in thinking about right and wrong; emphasis on fairness and intent. ⇨ Possibly more susceptible to adopting rationalizations heard to justify violence (e.g., alcohol causes violence; victim deserved abuse).
- Academic and social success at school has primary impact on self-concept. ⇨ Ability to learn may be decreased due to impact of violence (e.g., distracted); may miss positive statements or selectively attend to negatives or evoke negative feedback.
- Increased same sex identification. ⇨ May learn gender roles associated with intimate partner abuse (e.g., males as perpetrators – females as victims).

Signs a Child is Having Difficulties

Young children may display some of the following difficulties when they are living with domestic violence.^{6,15,16} However, young children may show these problems for many other reasons, and children displaying them may not have been exposed to domestic violence.

- **physical complaints** (headaches, stomachaches)
- **separation anxiety** (beyond what you would normally expect for the age of the child)
- **sleep difficulties** (fear of falling asleep)
- **increased aggressive behavior and angry feelings** (physically hurting self or others)
- **constant worry about possible danger**
- **seeming loss of previously learned skills** (toileting skills, naming colors)
- **withdrawal from others and activities**
- **lack of interest in or feelings about anything**
- **excessive worry about the safety of loved ones** (needing to see siblings during the day, asking constantly about Mommy)
- **difficulty choosing and completing an activity or task**
- **very high activity level, constant fidgeting and/or trouble concentrating at levels atypical for the child's age and stage of development**

We suggest parents seek assistance for their child from a physician or family counseling agency when his or her behavior:

- is physically harmful to the child or others (e.g., cutting own clothes with scissors, laying down on street, etc.);
- is intense enough to interfere with the child's day-to-day adjustment in the program;
- does not respond to basic child guidance strategies;
- persists over time (3 to 6 weeks).

Supportive Responses

What can childcare teachers do?

- Young children benefit from supportive caregivers and safe places,⁶ such as childcare and school settings. Early childhood teachers can assist young children affected by domestic violence by:
 - ⇒ providing a nurturing environment;
 - ⇒ creating predictability through childcare routines;
 - ⇒ developing strategies to support children's adjustment in the childcare program (see pages 13 & 14);
 - ⇒ providing support to parents (e.g., child management strategies) and information about community resources (see pages 25, 26 & 28).

What can the community do?

- Community level responses to domestic violence should provide a continuum of accessible and coordinated services that:
 - ⇒ provide safety;
 - ⇒ foster the emotional well-being of all victims;
 - ⇒ hold perpetrators accountable through legal sanctions and re-education programs.
- Some children affected by violence will benefit from the assistance of specialists in family counseling or child trauma programs. Specialists provide caregivers with approaches to support children's needs (e.g., to monitor what these children see and hear on TV because they may be more vulnerable to the harmful impact of media violence). They may also directly help children cope with traumatic stress and express their emotions.
- Children also benefit from informal supports in the community. Interventions should work to preserve children's positive contacts with significant others (e.g., grandparents), as well as their continued participation in activities outside of the home (e.g., childcare programs, faith-related child programs).

Responding When Children Display Troubling Behaviors

These guidelines are helpful for dealing with troubling behaviors regardless of whether domestic violence is a factor.

i) Remember these behaviors may be shown by children for a wide variety of reasons.

- ⇒ While of concern, the presence of problem behaviors may be explained by a number of factors in the child's life. Exposure to domestic violence is only one possibility.

ii) Reassure children and increase their sense of security in the program by:

- ⇒ establishing simple rules and routines so that children know what to expect;
- ⇒ giving simple explanations for things that worry them (e.g., noises);
- ⇒ allowing children to naturally express themselves through talk and play.

iii) Clarify in your mind what child behaviors are of concern before talking to the parent. Think about how to put your concerns into words. Describe the behavior without interpreting it. It may be helpful to consider the following questions:

- ⇒ What behavior is, or behaviors are, concerning?
- ⇒ When did it start?
- ⇒ How often does it occur?
- ⇒ How does it affect the child, other children, the staff, the program?
- ⇒ What is the child's reaction to the response of the staff?

iv) Consult, where possible.

- ⇒ Consult with a co-worker or supervisor about your concerns and possible responses.

v) Invite the child's mother to talk to you about her child's behavior.

⇒ Try to have this conversation in a safe place (e.g., in your setting in a room away from the children and other parents). Do **not** leave a telephone message about potential problems in the home as this could endanger the adult victim and/or the child. If leaving a telephone message is the only way to contact the mother, you may choose to leave a message that tells her:

- your name and position in the childcare program;
- that you would like to speak with her about her child's progress in the program;
- the number where she can reach you.

Remember that it may be difficult for a parent to talk on the phone if she is in an abusive relationship and the abuser is present.

vi) Let the mother know that you are concerned about her child.

⇒ Describe what you are observing in the program. Ask her what she is noticing at home and whether she has any ideas about what might be bothering her child. It is important that you communicate your questions in a supportive, nonthreatening and nonintimidating manner. Here are some suggestions for how you might ask questions:

- "I'm worried about this behavior..., and I would like to help your child. Do you have any ideas about why John/Jane might be acting this way?"
- "Is there something at home that might be upsetting him/her?"

vii) Remember that it is often not easy to talk about family problems.

⇒ Domestic violence and other family problems are often treated with great secrecy. Sometimes the secrecy is a way of maintaining safety. By asking, you will have let the family know that you are concerned and willing to help. They may choose to talk to you in the future if they are experiencing violence or other problems that affect their child.

viii) Provide information on available resources.

⇒ Offer information about resources in the community that might assist the child and his/her family (e.g., women's shelter, domestic violence agency, child trauma/treatment program, cultural-linguistic interpretation services). (See pages 25, 26, 28 & 30.)

Strategies for Challenging Behaviors*

Time/ Routine	Behavior	What Might Help
Drop Off	Severe separation anxiety	<p>Approach parent to offer help. Do not wait for parent to approach you.</p> <p>Plan for future separation by making a chart of pictures outlining the steps with the child (e.g., arrive at the center, hang up coat, go to classroom, find teacher, give Mom 2 hugs and 2 kisses, wave goodbye, Mommy will pick you up after play time/outside/lunch).</p> <p>Keep child with you. Do not rush or push child to find an activity. The child needs to feel secure and build a connection with one caregiver at a time. Over time, the child will build relationships with other caregivers.</p>
Play Time	Wandering/ aimless behavior	Help the child find an activity and master it (e.g., piling and knocking down blocks). This helps give the child a sense of control over the environment.
	Need to see siblings	Set times for siblings to be together. Provide a concrete reference point for the child (e.g., after nap time). Make sure you follow through, as this will build trust. Set limits for length of visit (e.g., until snack time).
	Re-occurring violent play themes	Do not judge or try to shut down the child. Listen, watch and comment on how the child might feel. Intervene as required to ensure the safety of the child and others.
	Controlling/ aggressive play	<p>Validate feelings and set clear limits about what behaviors are “okay” and “not okay” (e.g., “I know you are angry, but it is not okay to hit; Let’s...”).</p> <p>Model and teach children problem-solving and conflict resolution skills (at their level).</p>
Group Time	Inattention	<p>Help the child have a positive group experience by keeping activities short, sitting the child close to an adult, praising all attempts to attend, following the lead of the child, and discussing topics of interest to the child.</p> <p>Use age-appropriate violence prevention activities in the program.</p>

* Developed in collaboration with Kathy Moore, Early Childhood Education Resource Teacher & Instructor.

Strategies *(continued)*

Time/ Routine

Behavior

What Might Help

Transitions

Unfocused, avoidance behavior (avoid tidying up, running around), poking others, increased movement, fidgeting

Cue children about upcoming transitions both individually as well as in group.

Make a chart of pictures outlining the daily schedule and refer to it often.

On a piece of paper, draw what the clock will look like at the upcoming transition, and have the child tell you when it is time to cue the group.

Nap Time

Anxious behavior (fidgeting, excess movement, defiance about settling on cot or getting on cot)

If possible, do not have the child nap. Provide an “awake-room” for those who do not need to sleep.

Turn nap time into a positive, nurturing time by having the child cuddle with you on your lap.

Have the child join nap time after most of the other children are asleep. This will allow you time to support this child.

Do not demand sleep. Use this time as a chance to nurture and reassure the child that he/she is loved, valued and safe.

Keep nap time positive. Do not use threats (e.g., “If you can’t lie still, I’ll take away your stuffed toy until after nap time.”).

Encourage use of transition objects (e.g., stuffed toys, blankets, bottles, cups) even when children are older.

Departure

Refusing to leave once parent has arrived; anger toward parent; ignoring parent; crying (even if child has been fine all day)

This may not be about “home.” It may have more to do with the difficulty the child is having with loss of control or change in activity (e.g., the child may not be done playing or may need to spend some time sharing what he/she did during the day with the parent).

May indicate a close bond with parent rather than a problem. We often let our loved ones see us at our worst.

Effective Programs

Young children are supported when programs:

- respond to the needs of individual children (e.g., some children may need more physical nurturance and emotional support);
- provide opportunities for fun and positive experiences;
- let children know what to expect by creating routines and preparing them for upcoming events;
- promote healthy relationships and are safe;
- support children experiencing changes (e.g., moving into a women's shelter, separation/divorce, separation from pets).

Early Childhood Educators are supported when programs:

- recognize that hearing about the abuse that mothers and children have experienced can be distressing and may evoke or intensify difficult memories for some teachers;
- provide opportunities for teachers to debrief in a professional and confidential manner;
- support healthy practices for coping with stress (e.g., exercise, supportive work environment, balance between work and home life).

Links between early childhood programs and other community agencies helping families experiencing domestic violence

- Building relationships with shelters, legal advocacy programs and counseling services will be beneficial.
- These links help address gaps that can exist in the broader system and enable you to provide accurate referral information to mothers about resources.
- Working relationships and protocols between programs and shelters will make consultation regarding the needs of the children easier. Personnel working at shelters are an excellent source of support, information and advice.
- In many communities there are local coordinating committees or councils that focus on violence against women. These committees may offer opportunities for networking and they may have sub-committees focused on the needs of children.

When a Parent is a Victim of Domestic Violence

When you are planning to talk to a parent who may be a victim of domestic violence:

i) Find a safe time and place to talk to the parent.

- ⇒ Try calling the parent at a time when her partner is not likely to be at home. When she answers the phone, ask if this is a good time to talk about some concerns that you have about her son/daughter. You could ask her to come to the childcare setting to talk.

ii) Share your concerns about the child's behavior.

- ⇒ Talk to her about your concerns from the view of her child's adjustment and well-being in the childcare program.

iii) Be supportive and provide information about community resources.

- ⇒ It may be very difficult for a parent to hear that her son or daughter has let someone outside of the family know about the abuse. The parent may be worried about difficult situations that may result from the disclosure, including increased safety concerns. She may respond to you with anger or denial. It is important to remain supportive. You may choose to highlight that her child was not trying to be disloyal or to create trouble. Most adult victims want to, and have tried to, protect their children.

iv) Encourage the victim to contact the local domestic violence program for support and help with planning for her safety.

- ⇒ Provide the parent with contact phone numbers or information on additional safety measures. Offer the parent the opportunity to call and provide a phone and privacy. If possible, follow up to see if she has made the connection.

v) Reassure the victim that you will not speak with the alleged abuser about the violence.

- ⇒ Talking to the alleged abuser about your concerns may endanger the children or their victimized parent. Your reassurance that you will not discuss issues related to the violence with the abusive partner may relieve some of the concern the parent may be experiencing as a result of the disclosure.

vi) Determine whether you have an obligation to report to Child Protection Services (CPS). (See pages 19 & 20.)

- ⇒ If the adult victim is suspected of maltreating the child (e.g., physical abuse), contact CPS without discussing your concerns with her. Otherwise, share your concern, and when necessary, your obligation to report.

Ways to Support a Child Who Makes a Disclosure

Childcare teachers may receive disclosures about violence in the home from young children, but may have limited information on how to support these children. The following guidelines are offered to help you respond in ways that are helpful to children when disclosures do occur. (Guidelines to assist with later decision making and formal responses are presented on pages 19 and 20.)

i) Allow the child to tell his/her story.

- ⇒ It usually helps children to talk about the violence or troubling events in their lives with a trusted adult.

ii) Reassure the child.

- ⇒ If children disclose a troubling incident at home directly to you, reassure them by validating their feelings (e.g., “Sounds like that was scary for you. Are you okay?”). Depending on the situation, it may also be helpful to let children know that you are glad they told you, that the violence is not their fault, and that no one should be hurt.
- ⇒ Older children may ask you to not say anything to anyone about what they have told you. It will be important for you to let them know that you need to tell people who can help them be safe.

iii) Do not pressure the child to talk.

- ⇒ It is important to remember that your role is not to gather evidence or to investigate the situation. Your role is to listen and to acknowledge the feelings the child is sharing.

iv) Do not criticize or speak negatively about the batterer.

⇒ Children often have confused or mixed feelings about the batterer. They may hate the abuse but like the stories or games that the abusive parent sometimes reads or plays. Children can feel very angry at and loyal to a parent at the same time. If you criticize the offending parent, feelings of loyalty and protectiveness toward the parent may cause the child to feel that he/she cannot talk about the abuse.

v) Do not make commitments to the child that you cannot honor.

⇒ Sometimes workers are so moved by a child's situation and want so much to protect and reassure the child, they make statements that they cannot follow through on. Examples include comments such as: "I will keep you safe"; "I won't let him hurt your mother anymore"; "I won't tell anyone what you told me". While clearly well intended, such commitments can diminish a child's trust in others when he/she discovers the statements were untrue. This may cause a child to believe that no one can help and it is not worth telling anyone about the upsetting things happening at home.

vi) Follow the child's lead.

⇒ Young children have short attention spans and typically do not spend much time on one topic, even when it is about a distressing event. They are more likely to talk a little bit, change the topic or move on to another activity, and then possibly revisit the troubling event again. It is important to follow the child's lead and support him/her to carry on with activities when ready to do so. (This may be challenging in disclosure situations where you are not ready to carry on with activities.)

The child may choose this time to disclose because changes in circumstances have tipped the balance so that the child's typical coping approaches are strained. Responding supportively to children making disclosures increases their sense of security and their willingness to share concerns in the future.

Guidelines to Assist with Decision Making and Responding

In the majority of states, legislation does not require that exposure to domestic violence be reported to Child Protection Services (CPS). The following guidelines are offered to help you decide how to respond when you learn that a child is being exposed to domestic violence.

i) Determine if there is an issue to be reported to CPS:

- ⇒ Is there an indication of statutory child maltreatment such as neglect, or physical or sexual abuse (e.g., based on information the child or parent has already disclosed, or the child's response when asked if he/she is being hurt)?
- ⇒ Is there an indication of serious risk to the child or another? For example:
 - imminent harm to someone (e.g., specific threat to kill and the recent purchase of a weapon);
 - escalating risk (e.g., existing problem where recent change may signal increased danger – the victim attempting to leave the partner who is now threatening to kill her with a recently purchased gun);
 - ongoing domestic violence situation, but with a change in the non-offending parent's capacity to protect herself and/or her child (e.g., change in substance abuse pattern).
- ⇒ Consult with a designated agency authority (usually a supervisor).

ii) If there is statutory child maltreatment and/or serious risk:

- ⇒ Follow the guidelines on making a report to CPS on page 20. (These guidelines are also helpful for making reports to the police.)

iii) If there is no statutory child maltreatment and no serious risk:

- ⇒ Talk with the adult victim about a referral for the child and/or herself to a social service, mental health and/or domestic violence program.
- ⇒ Document disclosure and your response according to agency policy.

No policy or guideline can anticipate every individual child or family's unique circumstance. Therefore, safety and protection from any imminent harm must be the overriding concern.

Reporting to Child Protection Services

In all states, statutory child maltreatment and/or serious risk to a child must be reported to Child Protection Services (CPS). In a few states, legislation also requires that exposure to domestic violence be reported to CPS. When reporting to CPS, consider the following:

i) Before making the report:

- ⇒ Let the child/disclosing parent know of your reporting requirement, provide support and address any concerns – especially those related to safety (e.g., “I know someone who can help you and your Mommy. I’ll tell her.”).
- ⇒ Consult the childcare supervisor.
- ⇒ Ensure you have up-to-date information about the child that the protection worker will require (e.g., name, DOB, address, parents’ names).

ii) Making the report:

- ⇒ Determine who makes the report, according to legislation and/or agency policy (e.g., supervisor versus worker who heard the disclosure).
- ⇒ Report disclosure information and any relevant background information (e.g., previous concerns in the program).
- ⇒ Ask and record what CPS will do and when.
- ⇒ Record the date, time and name of the child protection worker who received the report.
- ⇒ Report the information in a way that encourages CPS to consider the safety of the mother in its investigation and report.

iii) After making the report:

- ⇒ Reassure the child and let him/her know what to expect (e.g., “My friend Mary is going to come to visit you after lunch. She helps kids and their parents stay safe.”).
- ⇒ Inform others according to legislative and agency policy requirements (e.g., agency staff involved with the child, the parent).
- ⇒ Document disclosure and your response according to agency policy.
- ⇒ If appropriate and in collaboration with CPS, make referral to social service worker/ counselor associated with your agency for ongoing support/follow-up (may not be an available resource for many agencies).

There may be times when your agency policies and procedures seem to endanger the safety of the child, the adult victim, you or others. If this occurs, advise your supervisor immediately and seek consultation and direction from domestic violence agencies and CPS in your area.

Safety Planning

Pick-up Arrangements

- ⇒ It is essential that you know **who can** pick up the child and **who can not**. You may need to check the child's file on an ongoing basis to ensure that plans have not changed. (This will depend on how information is shared in your setting.)
- ⇒ Have a plan in the event a parent who is not allowed attempts to pick up a child (e.g., who will stay with the child, who will call the police, who will explain to the parent that the police have been contacted).
- ⇒ Copies of court papers need to be on file to stop a non-custodial parent from picking up the child. You may need to explain this to the mother and encourage her to seek legal counsel in cases where there are no court documents identifying which parent is the legal guardian and/or issues of access.

Safety Education

- ⇒ Many programs provide general safety education for preschoolers. This information is helpful to most children. Children should never be made to feel responsible for their own safety or that of family members.
- ⇒ Teach children to phone for help in emergency situations. This can be done with individual children, or can be taught in a more generic way to all children.

For example:

Dial 9-1-1.

The person answering the phone will say "Police, Fire, Ambulance."

You say "_____."

Then you say, "My name is _____."

"I need help. Send the _____."

Tell the problem (e.g., "Our house is on fire."; "Someone is being hurt.")

Tell where you are, "I live at _____."

"My phone number is _____."

We suggest informing parents when you are going to provide safety education and obtain permission for their child to participate. There are situations where parents may **NOT** want certain information taught to their child. For example, sometimes it is not safe for a young child to know his/her address because this information may be relayed to the offending parent and the safety of the other family members may be compromised.

Safety Planning

Handling parent-attended events where domestic violence is an issue:

- Focus on the child and the child's participation in the event.
- Obtain copies of legal documents that state changes in guardianship, custody and access arrangements (e.g., custody and visitation agreement, restraining order).
- Do not inadvertently blame either parent for whatever situation unfolds when talking with the child.
- Be aware of your attitudes and feelings toward each parent and the current situation. This will help to safeguard against your attitudes and feelings leading to unhelpful or nonprofessional practice.
- Be prepared to be flexible to support solutions that maximize comfort and safety for children, their families, and staff (e.g., separate parent meetings/conferences with the father and the mother).
- You (or your supervisor) will need to be prepared to make decisions about limiting access to childcare events by a parent whose behavior jeopardizes the safety and well-being of children and childcare workers.

When a mother and her children are living at a shelter:

Provide stability and consistency.

- ⇒ Moving into a shelter means change and often uncertainty about the future. A child's sense of security can be increased through routines and predictability in the early childhood program. Ask the mother, and with her permission, ask the shelter staff about the child's particular needs. Communicate with the mother on a regular basis, ensuring that you are sharing the positive aspects of the child's day as well as any concerns.

Cooperate with the safety plan that may have been developed in conjunction with the non-offending parent.

- ⇒ In some cases, adult victims will have developed a plan for what to do if the abusive parent comes to the center. It is important for every person at the center to be aware of this plan. This may involve protocols established with the shelter and police for crisis situations (e.g., hostile parent without visitation rights demands to see the child).

Be aware of any center policies and procedures in case a crisis situation occurs.

- ⇒ Policies that include procedures for dealing with these difficult and distressing situations are helpful (e.g., Who will call the police? Who will stay with the child? Where will the child be taken until the police arrive?). The goal is to maximize the safety and minimize the emotional distress of children, parent(s), and center staff.

Lauren's Story

Concerning Behavior:

Lauren is a delightful, four-year old with excellent verbal skills. She tends to “mother” other children in the program. Lately, you’ve noticed that Lauren frequently expresses worry about her baby brother and her mother. She finds separation from her mother difficult in the mornings. For the last two weeks she has been requesting to go to the infant room to see her baby brother, Paul. It is becoming increasingly difficult to encourage her to rejoin her group in the preschooler room. If you attempt to redirect her she begins to cry and physically resists moving.

Meeting with Parent:

You arrange to speak with Lauren’s mother, Joy. You describe her daughter’s behavior and express your concern. You ask if she has noticed similar behavior. Joy indicates that Lauren is like a little mother to Paul and has started to sleep in Paul’s room. Lauren makes a fuss if Joy tries to get Lauren to return to her own bedroom.

You inquire about possible changes or events in Lauren’s life that might explain her concern about Paul and her mother. Joy says everything is fine, but that things have been a little rough between Lauren’s father and herself. You ask if Joy or the children are being hurt when it gets a “little rough.” Joy tells you that her husband is a good father and that he is just going through a difficult time because he lost his job. She explains that his nerves aren’t too good because he’s worried about the bills. She tells you that he says things he doesn’t mean and worries about how much she’s spending on diapers and formula for Paul. Joy explains that this may be why Lauren is worried about Paul, but that her husband has never hurt a baby or a child. You reply that it is good her husband has never hurt her children. You ask her if he sometimes gets physically rough with her when he is really upset and worried. Joy indicates that this does not happen very often. When you begin to provide information about the shelter, Joy tells you that she knows all of that.

Plans to Support Lauren:

- ⇒ Lauren will visit Paul at pre-determined points in the day (e.g., when they arrive, mid-morning, lunch, before nap) for the next couple of weeks. When she requests to see Paul outside of these times, Lauren will be encouraged to make him something to take on her next visit (e.g., a drawing that can be put up in Paul’s room).
- ⇒ Paul’s childcare worker will talk with Lauren about Paul, recognizing her role as “big sister,” and arranging for Lauren to help with Paul during some visits.
- ⇒ Joy will explain to Lauren why her father is upset and reassure her that Paul is okay.
- ⇒ You encourage Joy to let you know if something happens that may cause Lauren to become more worried and to have greater difficulty being apart from Paul and Joy. You agree to let Joy know how Lauren makes out over the next week or so.

Enrico's Story

Background:

Enrico (age 4) has attended your childcare facility for the past six months. He and his family moved to your community from Central America less than one year ago. His mother, Maria, is attending school full-time with plans to work when she is done. Enrico has two older brothers, aged 8 and 10. His father, José, works at a local factory.

Concerning Behavior:

Enrico has learned some English since you have been caring for him, however he becomes easily frustrated when the older children have difficulty understanding what he is saying. He exhibits unpredictable outbursts of anger and has thrown small chairs and some larger toys at some of the other children. Last week, he hit one of the girls in his group with a toy fire truck and she was cut on the forehead. Enrico has difficulty playing with other children and is happiest when he is playing on his own.

Consultations:

Following the incident last week, you consult with some of the other childcare workers and your supervisor. As a group, you wonder if perhaps Enrico is witnessing violence at home. You agree that there is not enough information to know at this point, but that it would be a good idea to talk to Maria about their home life. Your colleagues suggest giving Maria the name of a local counselor who specializes in working with immigrant families and also works with issues related to violence. This counselor has an office near where Maria is attending school. They suggest that you speak with Maria first, and that this counselor might be helpful to her regardless of whether she is experiencing violence at home.

Meeting with Parent:

The next day, you ask Maria to come to the childcare center to talk to you about your concerns. You mention the angry outbursts and Enrico's aggressive behavior toward other children. She states that he is a lot like his father, and that his older brothers fight with each other a lot as well. You ask her whether Enrico spends a lot of time with his father. She indicates that José is working shift work

and often goes out after work, so he is seldom home. You ask her if she has been able to meet other women since moving to your community, and she indicates that she has made some friends since starting school and they are very supportive. She states that they have been helpful in connecting her with an after-school program for her older sons, and that the worker there has also been talking to her about her older sons' behavior. She then begins to talk about how difficult life was in Central America and the level of violence she and her family witnessed there. She says that her husband sometimes hit her and the children. At the end of the discussion you provide Maria with the name of the counselor, repeat your concern about Enrico's behavior, and let her know that no one deserves to be abused. The two of you agree to meet on a weekly basis to monitor Enrico's behavior at the childcare center.

Plans to Support Enrico:

- ⇒ You ask a student to spend more one-to-one time with Enrico, ensuring more safety for the group and encouraging him to learn more cooperative play skills.
- ⇒ You provide support and encouragement for Enrico to let you know when he is feeling frustrated.
- ⇒ You continue to let him know that aggression towards others is not acceptable.
- ⇒ You try to help him learn "OK" ways to express his anger.
- ⇒ You decide to explore some ways of allowing Enrico to express his feelings through painting activities.

Where to Go for Help

Important numbers for you to know and share with parents as needed

Fill in the Contact Numbers for your Community:

Women's Shelter	
Domestic Violence Agency	
Family Counseling Agency	
Child Protection Services	
Victim/Witness Program	
Hospital	
Police	
Cultural-Linguistic Interpretation Services	
Legal Aid	
Batterer's Program	
Child Trauma/Treatment Program	

EMERGENCY - dial 911

- For immediate assistance in an emergency or crisis situation
- Dialing 911 can reach police, the fire department and ambulance
- Tell operator the problem and give your full name and address where the emergency is taking place
- Do not hang up the phone until the operator tells you to

NATIONAL DOMESTIC VIOLENCE HOTLINE - dial 1-800-799-SAFE (7233) or 1-800-787-3224 (TDD)

- Trained counselors provide crisis intervention, referrals to local service providers for victims of domestic violence and those calling on their behalf, and information or support in many languages
- Counselors answer every call in both English and Spanish
- Translators are available for 139 languages
- Crisis intervention and referrals to the Deaf through the TDD line

For additional information about the services provided by this HOTLINE visit the following website: www.ndvh.org



Get Help for Troubling Behavior

- If the behavior is hurting the child or others
- If the problems make it difficult for the child to carry on with his or her day-to-day activities (eating, sleeping, playing)
- If what you try to do to fix the problem does not help
- If the behavior continues for 3 to 6 weeks or keeps coming back after it stops

Who to Go to for Help

- The family doctor or another doctor
- The public health nurse
- The teacher at the school or daycare
- The spiritual leader at your place of worship
- A trusted relative or friend

If the first person you talk to does not know how to help, do not give up. Try someone else or call one of the programs listed on the back page.

In Emergencies, Dial 911

- Tell the operator your full name, the address where the emergency is taking place, and the problem
- Try not to hang up the phone until the operator tells you to
- Dialing 911 reaches police, the fire department and ambulance

For help and referrals to people who assist victims of domestic violence, dial 1-800-799-SAFE (7233) or 1-800-787-3224 (TDD)

- This is the National Domestic Violence Hotline
- Trained counselors answer every call in both English and Spanish
- Translators are available for other languages

Numbers You May Need in Your Community

Women's Shelter
Violence Against Women Agency
Batterer's Intervention Program
Hospital
Police
Child Protection Services
Cultural-Linguistic Interpretation Services
Legal Aid



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This pamphlet was adapted from: *Tips for Parents and other Caregivers*
Child Witness to Violence Project, Boston Medical Center, One Boston Medical Center Place, Mat., 5, Boston, MA 02118-2393

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When Something is Upsetting in a Child's Home

Young children need their parents to provide a caring and safe home where they can grow, learn and play.

However, when a child sees, hears or knows that one parent is being hurt by another, then the security usually found at home is threatened.

Some of the ways a person can be hurt by a partner include:

- making a partner feel bad by using put-downs, name calling, shaming
- making a partner do something she does not want to by threatening bad things
- making a partner afraid by using looks, actions, smashing things, hurting pets
- using children to hurt or control a partner's behavior
- pretending the abuse did not happen or blaming the abused partner
- controlling what a partner can do and keeping her away from family and friends
- preventing a partner from getting a job or having money
- kicking, slapping or punching a partner

Often parents think children do not know about the hurting and violence that is happening. But children know more about what is happening than we think they do. They may hear or see the scary event occurring. Other times they know something bad happened because of the worry on a parent's face, the injuries on a parent's body, or the things that are messed up or broken in the home.

Your child may express upset feelings by not wanting to be with loved ones, by clinging to a parent, or by sharing upset feelings in his or her play and drawing.

It is helpful to listen carefully to your child's worries and let him or her know that you are doing everything possible to keep him or her safe. Your child may feel better knowing there are people who are helping the family.

What You May See if a Child is Having Difficulty

- **Physical complaints** (headaches, stomachaches)
- **Concern when a parent leaves** (beyond what you would expect given the child's age)
- **Sleep difficulties** (fear of falling asleep, nightmares)
- **Increased aggressive behavior and angry feelings** (physically hurting self or others)
- **Constant worry about possible danger**
- **Seeming loss of previously learned skills** (telling skills, naming colors)
- **Sadness that lasts for days**
- **Withdrawal from others and activities**
- **Lack of interest in or feelings about anything**
- **Worry about the safety of loved ones** (needing to see siblings during the day, asking constantly about Mommy when she is not there)
- **Trouble concentrating, difficulty choosing and completing an activity** (beyond what you would expect given the child's age)
- **A very high activity level, constant fidgeting** (beyond what you would expect given the child's age)
- **Repetitive play or drawings about a violent or distressing event**

These are some of the difficulties that your child may show at home, childcare, school or other places when he or she sees, hears or knows of violence. A child may show these same problems for many reasons (e.g., death of a parent). If your child has some of these problems, one of the causes may be living with violence at home.

Ways to Support Your Child

- **It may help your child to talk, play or draw about the scary event**
- **Do not pretend that nothing happened**
- **Briefly explain what happened in words your child understands** ("Daddy was upset and forgot to use his 'indoors' voice. It was scary. It's okay now.")
- **Tell your child that what happened was not his or her fault** ("It is not your fault when Mommy and Daddy fight.")
- **Create security for your child by keeping regular times for bed, meals, naps, and play**
- **Show your child you love him or her every day** (hugging, cuddling, saying I love you)
- **Do things with your child that he or she enjoys** (going to the playground, reading a story together)
- **Say nice things to your child about his or her behavior** ("Thanks for picking up your toys. You are a good helper.")
- **Stop your child from acting aggressively (verbally or physically hurting others); tell him or her that hurting others is not okay** ("I know you are angry at Mommy but it is not okay to hit me.")
- **Teach and reward peaceful ways to solve problems** ("I like how you used your words to ask Johnny to give you your car back.")
- **Ban violent TV and videogames** (violent images may scare or encourage aggression)
- **Show your child how to treat others respectfully**
- **Be firm and fair even when you are angry**

← Tear on dotted line →

Reciba ayuda para el mal Comportamiento de su niño/a

- Si la conducta esta dañando a los niños u otros
- Si el problema hace difícil que los hijos lleven a cabo sus actividades cotidianas (comer, dormir, jugar)
- Si lo que usted trata de hacer para resolver el problema no ayuda
- Si la conducta continua por tres a seis semanas o se mantiene recurrente después que haya cesado

¿A quién acudir para ayuda?

- Al doctor de su familia u otro doctor
- A la enfermera de salud pública
- Al profesor de la escuela o guardería infantil
- Al líder espiritual de su Iglesia
- Al pariente o amigo de confianza

Si la primera persona a la cual Ud. recurrió no sabe como ayudarlo, no renuncie. Intente con alguien más o llame a uno de los programas enlistados en el dorso de esta página.

En caso de emergencia llame al 911

- Dé a la operadora su nombre completo, la dirección donde la emergencia está ocurriendo y el problema.
- Trate de no colgar el teléfono hasta que la operadora le diga
- Llamando al 911 Ud. puede comunicarse con la policía, el departamento de bomberos y ambulancias.

Para ayuda o consultas a personas que asisten a víctimas de violencia doméstica. marque el: 1-800-799-SAFE(7233) ó al 1-800-787-3224 (TDD)

- Esta es la línea directa del Centro Nacional de la Violencia Doméstica
- Consejeros entrenados contestan cada llamada tanto en inglés como en español
- También hay traductores disponibles para otros idiomas

Teléfonos a los que puede llamar en su comunidad:

Refugio de Mujeres
Agencia Para la Violencia Contra la Mujer
Programa de Control de Abusadores
Hospital
Policia
Servicio de Protección al Menor
Servicio de Interpretación Cultural y Lingüística
Ayuda Legal



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Your company's information goes here

Quando alao está pertubando a un niño en su casa

Los menores necesitan a sus padres para proveerles un hogar seguro y cariñoso donde puedan crecer, aprender y jugar.

Algunas de las formas en que una persona puede ser herida por su pareja, incluyen:

- Hacer que la pareja se sienta mal, usando menosprecio, sobrenombres ofensivos y avergonzándolo.
- Obligando a hacer algo a la pareja, que no desea hacer, amenazándolo con castigos.
- Aterrorizar a la pareja usando miradas, acciones, golpeando cosas e hiriendo las mascotas.
- Utilizando a los hijos para herir y controlar el comportamiento de la pareja.
- Pretender que el abuso no ocurre o culpar a la pareja abusada.
- Controlando todo lo que la pareja pueda hacer manteniéndole, alejada de la familia y amigos/as.
- Evitando que la pareja pueda obtener un trabajo o que maneje dinero.
- Dar puntapiés, palmatazos o golpear con los puños a la pareja.

A menudo lo padres piensan que los hijos ignoran el abuso y la violencia que está ocurriendo. Pero los niños saben mucho más acerca de lo que está ocurriendo de lo que ellos mismo se imaginan. Ellos pueden escuchar o ver como ocurren los eventos aterrorizantes. Otras veces ellos saben que algo malo está ocurriendo porque ven la preocupación en el rostro de uno de sus padres o las heridas en su cuerpo, o que las cosas están desordenadas o quebradas en la casa.

Su hijo(a) puede expresar sentimientos de malestar no queriendo estar con sus seres amados, aterrándose a uno de sus padres o demostrando su malestar en sus juegos o dibujos.

Ayuda mucho escuchar cuidadosamente las preocupaciones de su niño(a) y dejar que sepan que Ud. está haciendo todo lo posible para mantenerlos a salvo. Se pueden sentir mejor sabiendo que hay personas ayudando a la familia.

Como se puede saber si un menor está teniendo dificultades

- **Quejas por dolencias corporales** (Dolores de cabeza, dolores de estómago, etc.)
- **Preocupación cuando un padre les abandona** (más allá de lo esperado dada la edad del menor)
- **Problemas para dormir** (miedo de quedarse dormido o pesadillas)
- **Aumenta su comportamiento agresivo y tienen sentimientos iracundos** (heren físicamente a otros o a ellos mismos)
- **Constante preocupación acerca de posibles peligros**
- **Parecen perder conocimientos que fueron aprendidos con anterioridad** (uso del baño, nombres colores)
- **Tristeza que dura por días**
- **Alejamiento de los demás y de sus actividades**
- **Falta de interés o sentimientos**
- **Mucha preocupación acerca de la seguridad de sus seres queridos** (necesidad de ver a sus familiares durante el día; preguntan constantemente por la mamá si ella no está presente)
- **Problemas de concentración, dificultades para seleccionar y completar una actividad** (más allá de lo que uno puede esperar dada la edad del menor)
- **Un muy alto nivel de actividad, constante inquietud** (más allá de lo que uno puede esperar dada la edad del menor)
- **Repetidos juegos y dibujos acerca de violencia o eventos penosos**

Estas son algunas de la dificultades que su hijo puede mostrar en casa, guardería infantil, escuela u otros lugares cuando ve, escucha o sabe de la violencia. Un menor puede mostrar los mismos problemas por muchas razones (fuente de uno de sus padres). Si su hijo(a) tiene alguno de estos problemas, una de las causas puede ser que esta viviendo con violencia en su hogar.

Formas de Apoyar su Niño(a)

- **Puede ayudar que su hijo(a) hable, juegue o dibuje acerca de eventos aterrorizantes**
- **NO pretenda que nada está ocurriendo**
- **Brevemente explique lo que ocurrió en palabras que su hijo(a) pueda entender** ("Papy está molesto y olvido usar su voz interior. Fue espantoso. Ahora ya pasó todo.")
- **Dígale a su hijo(a) que lo sucedido no es su culpa** ("NO es culpa tuya si Papy y Marry se pelean.")
- **Cree seguridad en torno a su hijo(a) manteniendo horarios regulares para ir a dormir, comidas, siestas y juegos**
- **Demuestre a su hijo/a que le ama cada día** (abrazándolo, acariciándolo y diciéndole que le ama)
- **Haga cosas con su hijo(a) que ellos disfruten** (yendo al parque de juegos, leyendo un cuento)
- **Dígale cosas agradables a su hijo(a) acerca de su comportamiento** ("Gracias por recoger tus juguetes. Tu eres una buena ayuda")
- **Refrene a su hijo(a) de actuar agresivamente (herir verbal o físicamente a otros). Dígale que hiriendo a otros no es correcto** ("Sé que estás molesto/a con Marri, pero no está bien que me golpees.")
- **Enséñele y premie modos pacíficos de resolver problemas** ("Me gustó como usaste tus palabras para pedir a Juanito que te devolviera tu auto de juguete.")
- **Prohíba programas de televisión y juegos de video con violencia** (Las imágenes violentas pueden alentar la agresividad tanto como puede asustar)
- **Muestre a su hijo(a) como tratar a otros con respeto**
- **Sea firme y justo aún cuando esté malhumorado/a**

Resources

Contact the following organizations for additional information on domestic violence, including impacts, getting assistance, resources, prevention and training. The websites for these organizations contain links to other valuable resources.

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

6400 Flank Drive, Suite 1300, Harrisburg PA 17112-2778-17

phone: 800-537-2238 fax: 717-545-9456 TTY: 800-553-2508

VIOLENCE AGAINST WOMEN OFFICE (VAWO)

810 7th Street, NW, Washington, DC 20531

phone: (202)307-6026 fax: (202)307-3911 website: www.ojp.usdoj.gov/vawo

- One of the Office of Justice Programs, United States Department of Justice
- Works with victim advocates and law enforcement throughout the US to develop grant programs supporting a wide range of services for victims of domestic violence, sexual assault and stalking (e.g., emergency shelters, law enforcement and legal aid)
- Find a list of state hotlines, coalitions and advocacy groups by going to the VAWO website and clicking on Help and Information Near You

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE (NCADV)

P.O. Box 18749, Denver, CO 80218 -0749

phone: (303) 839-1852 fax: (303) 831-9251 website: www.ncadv.org

- Grassroots, non-profit organization working to end violence in the lives of women and children
- Provides a national network for state coalitions and local programs serving battered women and their children
- Provides information and resources on domestic violence, including how to get help
- Find a domestic violence organization in any area by going to the NCADV website, then clicking on Getting Help, and then clicking on State Coalition List

FAMILY VIOLENCE PREVENTION FUND (FVPF)

383 Rhode Island St. Suite #304, San Francisco, CA 94103-5133

phone: (415) 252-8900 fax: (415) 252-8991

e-mail: fund@fvpf.org web site: <http://endabuse.org>

- A national, non-profit organization
- Mobilizes concerned individuals, allied professionals, women's rights, civil rights and other social justice organizations, and children's groups to join the campaign to end abuse
- Provides public education/prevention campaigns, public policy reform, model training, advocacy programs and organizing

NATIONAL CENTER for CHILDREN EXPOSED TO VIOLENCE (NCCEV)

Child Study Center, Yale University School of Medicine, 230 South Frontage Road, P.O. Box 207900, New Haven, CT 06520-7900

phone: 1-877-49-NCCEV (62238) website: www.nccev.org/us

- A national resource that increases awareness and provides information about the effects of violence on children and the initiatives developed to address this social problem
- A provider of training, technical assistance and consultation to initiatives throughout the US that respond to children and families exposed to violence (e.g., Safe Start Initiative, Child Development-Community Policing (CD-CP) Program replication sites)

References

- 1 *Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System.* (1997). Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth and Families.
- 2 Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 116-122.
- 3 Huston, A.C., Donnerstine, F., Fairchild, H., Feshbach, N.D., Katz, P.A., Murray, J.P., Rubinstein, E.A., Wilcox, B.L., & Zuckerman, D. (1992). *Big World, Small Screen: The Role of Television in American Society.* Lincoln, NE: University of Nebraska Press.
- 4 *Safe from the Start: Taking Action on Children Exposed to Violence: Summary.* (November 2000). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- 5 Rossman, B.B.R., Hughes, H.M., & Rosenburg, M.S. (2000). *Children and Interparental Violence: The Impact of Exposure.* Philadelphia, PA: Brunner/Mazel.
- 6 Osofsky, J.D., & Fitzgerald, H.E. (2000). Infants and violence: Prevention, intervention, and treatment. In *WAIMH Handbook of Infant Mental Health*, Volume 4, 164-196. New York, NY: John Wiley & Sons, Inc.
- 7 Tjaden, P., & Thoennes, N. (November, 2000). *Full Report of Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey.* Washington, DC: National Institute of Justice, NCJ 183781.
- 8 Bachman, R., & Saltzman, L.E. (1995). *National Crime Victimization Survey, Violence Against Women: Estimates from the Redesigned Survey.* Washington, DC: Bureau of Justice Statistics, NCJ 154348.
- 9 Taylor, L., Zuckerman, B., Harik, V., & Groves, B.M. (1994). Witnessing violence by young children and their mothers. *Journal of Developmental and Behavioral Pediatrics*, 15(2), 120-123.
- 10 Edleson, J.L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14(8), 839-870.
- 11 Graham-Bermann, S.A., & Levendosky, A.A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*, 14, 111-128.
- 12 National Research Council (1993). *Understanding Child Abuse and Neglect.* Washington, DC: National Academy Press.
- 13 *Breaking the Cycle of Violence: Recommendations to Improve the Criminal Justice Response to Child Victims and Witnesses* (June 1999). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, NCJ 176983.
- 14 Schechter, S., & Ganley, A.L. (1995). *Domestic Violence: A National Curriculum for Family Preservation Practitioners.* San Francisco, CA: Family Violence Prevention Fund.
- 15 *Tips for Parents and Other Caregivers: Raising our Children in a Violent World. Support Through Difficult Times.* Pamphlet produced by the Child Witness to Violence Project, Boston Medical Center, Boston, MA.
- 16 Fantuzzo, J.W., De Paola, L.M., Lambert, L., Martino, T., Anderson, G., & Sutton, S. (1991). Effects of interpersonal violence on the psychological adjustment and competencies of young children. *Journal of Consulting and Clinical Psychology*, 59, 258-265.

