



## INTERVENTIONS WITH CHILDREN EXPOSED TO DOMESTIC VIOLENCE

a guide for  
professionals



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PROGRAMS



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This guide is the third of a three-part series intended to help mothers, caregivers and service providers who support children who are living with, or have lived with, domestic violence.

The other guides in the series are:

1. **Helping my child: a guide to supporting children exposed to domestic violence.**
2. **Kids helping kids: a guide for children exposed to domestic violence.**

Guides in this series can be downloaded free of charge from the website of BC/YSTH <http://www.b cysth.ca>.

Copies can be ordered from BC/YSTH,  
507-475 Howe St, Vancouver, B.C., V6C 2B3.  
Phone: 604-669-6943, Fax: 604-682-6962, Email: [admin@bcysth.ca](mailto:admin@bcysth.ca).

## PROJECT DEVELOPMENT

Written by **Dr Sue Penfold** Psychiatrist, Mental Health Programs,  
BC Children's Hospital.

With the assistance of Advisory Committee Members:

**Shashi Assanand** Executive Director, Multicultural Family Support Services, Burnaby

**Penny Bain** Executive Director, BC Institute Against Family Violence, Vancouver

**Tiffany Carrington** and **Carol Seychuk** Northern Society of Domestic Peace, Smithers

**Jill Cory** BC's Women's Hospital Woman Abuse Response Program

**Richard Harrison** Grandview-Woodlands Mental Health Team, Vancouver (until July 1, 2003)

**Kareen Hudson** Coordinator, Children Affected by Family Violence Program,  
Family Services of Greater Vancouver

**Elzbie Jazwinski** Victoria Women's Transition House

**Dr Jake Locke** Clinical Director, Child Psychiatry Inpatient Unit, BC's Children's Hospital

**Dr Pat Manley** Psychologist, Child Psychiatry Inpatient Unit, BC's Children's Hospital

**Shahnaz Rahman** Coordinator of Children's Services, BC/Yukon Society of Transition Houses, Vancouver

**Jan Souza** Regional Coordinator, Child and Youth Mental Health,  
Ministry of Children and Family Development, Nelson

**Sharon White** Team Manager, Aboriginal Services, Ministry of Children and Family Development

Also thanks to many others, particularly Children Who Witness Abuse counsellors and Child and Youth Mental Health team members, who read earlier versions of this guide and gave comments and suggestions.

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## Introduction

This guide is designed to provide service providers with a succinct summary of basic information to guide frontline intervention.

### The importance of recognizing family violence


Service providers who work with children and families need to maintain a constant state of awareness about all types of violence in families.

- Domestic/partner violence has serious health consequences for women, children and vulnerable men.
- Obstacles created by fear, stress, confusion and uncertainty can make it difficult for victims and children to raise the issue of violence, even with a trusted professional.
- Service providers (such as family doctors, social workers, police, nurses, transition house workers, school staff, pediatricians, child care workers, family support workers, probation officers, financial workers, etc.) are in a unique position to offer help if they can recognize the problem and recommend appropriate resources.

### How to use this guide

This guide is the final section of the three-part series, “Helping children cope with domestic violence.”

- The series was designed primarily as a resource for mothers. The emphasis is on recognizing the abuse, assessing the needs of abused women and their children, ensuring their safety and making appropriate referrals.
- A mother may give this guide to a service provider to facilitate joint understanding and further planning.
- The information in this guide may also be relevant to men who have been abused by partners of either sex, and to children who have experienced abuse that is not related to abuse of their mother.
- This guide does not contain the information necessary to provide a psycho-educational program for children exposed to violence in the home. See Practice Guidelines for Children Who Witness Abuse Counsellors by the BC/Yukon Society of Transition Houses.

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- This guide does not address interventions for children with serious mental health challenges. Children with serious mental health problems such as suicidal or homicidal behaviour, severe anxiety or depression, or loss of contact with reality need to be referred to a physician or mental health resource.



## 1

# Background Information

## What is domestic violence?

Domestic violence occurs when one person in a relationship uses some form of violence to exert power and control over the other person. Other terms for domestic violence include partner violence, marital violence, spouse abuse, wife abuse, woman abuse, intimate partner violence and violence in relationships. The BC Ministry of Attorney General policy uses the term, “violence against women in relationships.”

For statistical purposes, in research studies and much literature, violence towards partners refers to physical abuse and threats of abuse, criminal harassment and sexual abuse.

Other forms of abuse are part of the continuum of violence towards women, children and vulnerable adults.


Emotional/psychological abuse, which is sometimes considered to be more insidious and more damaging than physical abuse, includes abuse of pets and property, threats to deport an immigrant, ridicule of culture or spirituality, and using children to manipulate or hurt and humiliate their mother. Financial abuse includes withholding money for basic necessities such as medications, food, clothing and transportation. These are all behaviours or strategies designed to intimidate, coerce, belittle and control the other partner.

## Dynamics of domestic violence

The dynamics of violence in relationships has often been described as a “cycle of violence,” a build-up of tension followed by an episode of violence and completed by a “honeymoon period” of remorseful, affectionate, ingratiating behaviour. Over time, the episodes of violence increase in intensity and the “honeymoon period” shortens.

However, recent work in the area suggests a variety of patterns, ranging from occasional or intermittent violence to a constant reign of terror.<sup>1</sup>

Men’s abuse of women, in contrast to women’s abuse of men, is more likely to encompass physical, sexual, emotional and economic spheres of the woman’s life. Abused women may be isolated, kept under surveillance, not permitted to work, and given little or no access to money.<sup>2</sup>



This violence, especially in its more severe forms, has an extremely detrimental effect on family life. Marital and parental relationships are strained or disrupted; children are subjected to inconsistent, harsh or even abusive or neglectful parenting. Children's reactions, in turn, create more stress and frustration for parents. Secrecy and shame curtails the family's involvement with friends and relatives.

Consequences of the violence may include lost income, poor job performance and absenteeism, reduced educational or career achievement, and increased involvement with the health, mental health and criminal justice systems. The long-term outcome may include transmission of the partner violence to the next generation.<sup>3</sup>

Many studies have examined possible risk factors for the abuser's violence. These include:

- exposure to violence in the family of origin<sup>4</sup>
- mental health, temperament and personality factors such as impulsiveness, low frustration tolerance and low self-esteem<sup>5</sup>
- substance abuse<sup>6</sup>
- socio-economic factors such as poverty, overcrowding and unemployment<sup>7</sup>
- situational variables related to the life course such as pregnancy and birth of a child<sup>8</sup>

Violence may erupt as a response to threats to self-esteem, fears, anxieties, frustrations, loss of control, and unmet dependency needs.<sup>9</sup>

Power imbalances between partners are significant.<sup>10</sup> Women may be more likely to suffer abuse when they:

- have physical or mental disabilities
- are of a lower socio-economic class, have less education and less earning capacity than the abuser
- are racially or culturally different from the abuser

Violence is more likely to remain hidden in families with traditional norms that support the sanctity of marriage and family privacy. Women who are less assertive, more isolated and restricted, have little or no access to funds of their own, ask for help less often and are more severely battered.





While many believe that abusive men have “anger problems,” most do not behave in an aggressive or angry manner at work or in the community. They may act this way only at home. Their abusive behaviour is a tactic designed to intimidate and coerce their partner.

## The prevalence of domestic violence

Two major surveys, the 1999 General Social Survey on Victimization (GSS) and the 1993 Violence Against Women Survey asked ten questions about experiences of physical abuse or threats of abuse, and sexual abuse. The results revealed the following rates of abuse:

- The overall one-year rate of partner assault for Canadian women was 3%.
- The five-year rate for women was 12% in 1993; 8% in 1999.
- There were higher rates for women in B.C: 14% in 1993; 10% in 1999.
- Rates were much higher in the Aboriginal population. The five-year rate for Aboriginal women was 25% and the violence was more severe.

Justice system reports show:<sup>11</sup>

- Women comprise 85% of the victims of spousal violence reported to police.
- In the category of spousal violence in 2000, women were:
  - 99% of the victims of kidnapping/hostage taking
  - 98% of the victims of sexual assault
  - 88% of the victims of criminal harassment
  - 86% of the victims of uttering threats and common assault
  - 72% of the victims of homicide and attempted murder
- Since 1974 more than 2600 spousal homicides have been recorded in Canada. The majority of the victims are women.
- Young women and separated women are at greatest risk.
- Aboriginal women are 8 times more likely to be killed by partners than non-Aboriginal women.
- US studies indicate that about 5 – 10% of all victims of partner violence are men. Some of these are in gay and bisexual relationships. The percentage of heterosexual male victims is thought to be small.<sup>12</sup>





## Children exposed to domestic violence

Children who are exposed to the violence may see, hear, know about or be aware of the effects of domestic violence. (“Exposed” has replaced the term, “witnessed,” which suggests that violence and abuse affect children only if they see it.)

- The GSS estimated that children heard or saw assaults on a parent in 461,000 cases between 1994 and 1999. Assuming an average of 2 children per family, 922,000 children were exposed to a parent being assaulted.
- It is estimated that 45 – 70% of the children exposed to domestic violence are also physically abused themselves. Up to 40% of physically abused children are exposed to domestic violence.

## Obstacles to recognition of domestic violence and its impact on children

**Barriers for victims.** Victims are often very reluctant to disclose their abuse to service providers. Most feel shame, embarrassment and self-blame. They may fear reprisals from their partner, or think that disclosure will lead to the apprehension of their children. They may be committed to the relationship, still hope for change, or feel sorry for their partner. They may fear they will be told they have to leave their home and that they will lose everything they have worked for.

Many service providers cannot understand why a woman stays in an abusive relationship. If she is a mother she faces difficult decisions. She needs to protect herself and her children. And if she leaves she will need to find ways to care for herself and her children. She may see leaving as a dangerous decision, and it is a fact that abuse often escalates after separation. Children may be vulnerable to abuse during access visits. Sometimes a woman will return to an abusive partner so that she can observe his actions and be better able to defend herself and protect her children.

Immigrant and refugee women, Aboriginal women, women with disabilities, poor women and lesbian women may face even greater obstacles. These include prior experiences of discrimination, fear of authority figures, barriers to communication and access, fear of not being believed, fear of being deported, and fear of being ostracised in their community. Cultural beliefs may equate being a good woman with sacrificing herself for her husband and children. According to such beliefs, a woman’s health, education, nutrition, language ability or employment status are not as important as fulfilling her duty as a wife. The result is that a woman who



is abused is even less likely to disclose to service providers or believe that she can survive if she leaves.

**Barriers for service providers.** Domestic violence is prevalent all over the world regardless of class, culture, ethnicity, ability, occupation or sexual orientation. But all too often service providers fail to realize that children are living in a violent home. A service provider's lack of knowledge, skills and experience may be compounded by language and cultural barriers, and by busy schedules, lack of time, and bureaucratic pressures. Gender, family background and own experiences of victimization are important. The service provider may reflect society's tendencies to blame victims, or assume that women alone are responsible for the emotional health and well-being of the family. Unfortunately these beliefs can lead to blaming the mother for risks or harm to her children, rather than holding the abuser responsible.

An abused woman is less likely to disclose in a noisy, distracting environment that lacks privacy. The presence of her partner or children will also lessen the chances of disclosure.

A child who is exposed to partner abuse may exhibit anxiety, depression, agitation, aggression, defiance or other difficulties. The child may be seen as suffering from attention deficit hyperactivity disorder (ADHD), depression, or some other psychiatric disorder. This can lead to child being given medication while the traumatic environment goes unrecognized.

## Health consequences for women (and vulnerable men)

Women living with the chronic tension, unpredictable explosions, and threats of an abusive relationship are vulnerable to physical and mental health problems.

In addition to injuries caused by abuse, abused women:

- may suffer from stress-related illnesses, chronic pain, post-traumatic stress disorder, other anxiety disorders or depression
- may abuse alcohol or street drugs or use pain medications or anti-anxiety drugs frequently
- may appear to be non-compliant with medical treatment because their access to medical care is limited, or because they are prevented from obtaining or taking prescribed medication



## Health consequences for children

Children depend on their parents to meet their emotional and physical needs. When a parent is being abused, neither partner may be giving the children the care, supervision, nurturing and attention that they need. Although some children in violent homes seem unaffected by the violence and have no mental health problems, their experiences may influence their beliefs and attitudes.

When children see their mother being abused, they may learn that:

- Violence is OK.
- Violence is a way to get what you want.
- Violence is a way to solve problems.
- You can gain power and control over others by using violence.
- Violence is a normal part of relationships.
- Any distressing feeling can be expressed as anger.
- Men are more important and more powerful than women.
- Women don't deserve respect.

Children who are exposed to abuse are more likely to be abusive or abused when they are adults. The effect on a child depends on the type and severity of the violence, how often it happens, how long it has gone on, whether the child is being abused as well, and whether the child already has some health or mental health problems.

Other important influences include:

- the amount of support available to the child from parents, relatives, neighbours and friends
- whether the child is exposed to more violence in the community
- whether the child is exposed to violence on TV and in video-games
- other stresses at home and school

The effects of exposure to domestic violence on children can be physical, emotional, behavioural, social or cognitive. Children's reactions depend on their age, as shown in the chart on page 19.




## 2 How you can help

### Creating the right climate

Many service providers feel awkward about inquiring about domestic violence and unsure how to begin questioning a mother. Confidentiality must be stressed: the woman must be certain that her partner or members of the community will not have access to information that she gives. Ideally the relationship has already built up, and trust has developed. Sometimes trust can be facilitated by assigning a mother and her partner to different service providers in the same agency or facility.

We recommend:

- Some basic questions can be incorporated into your usual routine. For example, “As there is so much violence in society today, I ask all mothers/clients/patients about their family’s experience of violence. Is this a problem for you in any way? Have you experienced any abuse or violence at home? Or in the community?”
- Questions about violence can be blended in with your other assessment questions. For example, “Having such an active toddler would be difficult for anyone. How do you and your partner deal with this? Do you argue? Do arguments ever turn violent?”
- Display posters, pamphlets and other printed material in your offices that make it clear that you believe violence against women is never OK, and that there are resources available. Reflect the cultural diversity in your community; have flyers in different languages too.
- Never ask a woman questions about potential abuse while her partner is present. Send her partner to fill in forms or to look after children while you talk to the woman.
- If you need an interpreter, use one from a reliable source who will respect confidentiality. Never use a relative.
- You should be in a quiet, calm, private environment. Ask questions in a direct and compassionate way. Sit at or below the level of the woman. Focus directly on her, make eye contact and have tissues available. Don’t do paperwork during the interview. Even if the woman answers the questions in the negative, her



body language (tense, restless, avoids eye contact, blushing) may suggest that there are some problems.

Other possible signs of undisclosed woman abuse are:

- injuries to her do not fit the “explanation”
- children’s actual or suspected physical or sexual abuse
- children’s developmental delays, emotional, social or behavioural problems (see chart on page 22)
- mother and/or child appear fearful of partner
- child seems subdued or overly compliant when partner is present
- partner insists on speaking for the woman throughout the interview
- mother seems very anxious about the child/children/family
- mother seems excessively self-critical.

Children or adolescents are often the first members of a family to share information about domestic violence with another adult. This is likely to be a teacher, school counsellor, family doctor or other person with whom they feel comfortable. Sometimes the communication is tentative or indirect. For example, a child may say, “My friend’s mom and dad fight a lot.” Or a child may draw pictures of dad hitting mom.

If you are informed about the abuse before meeting the child, tell him/her that you know, so that the child does not struggle with the dilemma of “telling on” the family.

## **If a woman discloses abuse to you**

- Listen empathically and give support.
- Make sure she knows that the abuse is not her fault.
- Don’t urge her to leave home/ contact police unless the situation is dangerous. She may not be ready or able to leave (see “obstacles”).
- If she chooses to report the abuse, explain how she can contact police. (Sometimes women think that they are reporting the abuse when they disclose to service providers such as physicians.)
- Ask if she wants you to document physical signs of abuse, if present. Any data must be objective and free of bias.



- Ask how the children are affected. You may need to correlate concerns about the children's behaviour with the abuse.
- Ask if the children are being abused. If they are being physically or sexually abused you must report this to the Ministry of Children and Family Development (MCFD) or police.
- If the children may be in danger, you must report this to MCFD or police.
- Encourage the mother to make the report to MCFD or police herself, or jointly with you. Then she can specify what resources she needs for herself and the family.
- Make sure that the woman has a safety plan for herself and the children.
- Because an abused woman frequently feels worthless and insignificant, make sure that she realizes she has a right to services and support for her health and other needs. For example, she may want to take language classes or complete her education. Ask her what she needs for herself, as well as what she needs to care for her children.
- Describe options for support and counselling.
- Make referrals as needed.

## If a child discloses

- Reassure the child that they did the right thing to talk to you.
- Tell the child no one should be abused.
- Emphasize that it's not the child's fault.
- Ask the child about their safety, if they have been hit, etc.
- Tell the child that you need to talk with their mother to make sure that everyone is kept safe.
- Talk with mother, or mother and child together. Discuss resources, referrals and safety planning.
- If the child has been physically or sexually abused, you are required by law to report this to MCFD, or in a crisis situation, to police.

## Reporting child abuse or neglect

There are several ways to do this:

- Call the Helpline for Children 310-1234 (no area code needed). A protection social worker is on duty 7 days a week, 24 hours a day.

- Report to a child protection social worker in a MCFD office, or a First Nations child welfare agency that provides child protection services.
- After regular office hours (8:30-4:30 Monday-Friday) report to an After Hours or Emergency Service.
- If the child is in immediate danger, call police.

## Safety plans

Safety planning for children goes hand in hand with safety planning for the mother. When you are responding to the children's needs, also focus on the woman's needs for safety, security and support. In all but a few exceptional circumstances the mother is the best resource for her children.

- If the danger is immediate, you can help with finding accommodation in a transition house or battered women's shelter, or with friends or in a hotel.
- If the danger is not immediate, the woman needs a plan of action for the next episode of abuse. You can explain to the woman that a transition house worker or victim service worker can help her make her safety plan. You can give the woman the phone numbers for the local transition house or specialized victim service program. (Staff at some transition houses are available 24 hours a day, 7 days a week.) Also tell the woman that she can contact Victim Link (1-800-563-0808) at any time for information about who can help.
- If she is an immigrant or refugee, refer her to a multicultural agency (if available), for help in her own language and cultural context. See Resources.
- The woman needs to make an emergency kit of essential items for herself and the children. The emergency kit could include such things as clothing and personal necessities and toys, as well as copies of identity documents and any court orders. The woman may wish to keep the kit at the home of a friend or in a safe place in her own home.
- A comprehensive self-help safety plan is available at <http://www.shelternet.ca>. You can download it, print it out, and give it to mothers.
- Sometimes the most helpful thing you can do is to be a consistent resource for a woman or child, someone who believes them and encourages them to keep going, step by step. Mothers have told us that the most important lessons that they learned on their road to health were:
  - to remember that it is not necessary to solve every problem at once, or even during the first year of physical safety; and





- to focus first on re-establishing structure and stability for the family to provide a foundation for healing.
- The road to health is often a long one, with many twists and turns. Encouragement to stay the course and to recognize small gains can be invaluable.

## Safety plans for children

Many children will try to stop their mother getting abused. They need to know that it is not their job to keep their mother safe. They must keep themselves safe.


If they are old enough they can use a phone, or cell phone, to call for help. Or they can go to neighbours. The actual safety plan will depend on the child's age and maturity. Children in isolated rural areas or with no phone service will need special plans.

The general principles of a child's safety plan are:

- Help the child identify warning signs such as drunkenness, swearing, threatening, and slamming doors.
- Mother and children can decide on a signal that means that it's time to start their safety plan. They can do role plays and practise the safety plan.
- Staying safe. This may include:
  - Stay out of the way; never try to stop the abuse.
  - Go to their room or other safe place in the house. If they can, they should go to a room with a lock on the door and a phone.
  - Go outside, or to a neighbour's or friend's house.
  - Learn the safest way to get to their safe area.
- Calling for help.
  - Use a phone, cell phone or pay phone. Teach them how.
  - Teach them to call your community's emergency contact number. Get them to rehearse giving their name and address.
  - If they use a phone in the house, tell them not to hang up because the police may phone back and alert the abuser.

## Making referrals

In addition to safety planning, children and their mothers may need referrals to a variety of community resources.



They may need help with finding:

- suitable accommodation; clothes and furniture
- financial support
- job training; employment counselling
- interpreter services
- medical, mental health services
- police, and legal services
- specialized victim assistance and Stopping the Violence counselling
- school placement, planning and educational support
- recreational opportunities and a variety of other needs

You must be aware of community resources, including Aboriginal and multicultural resources, and collaborate with other service providers. In general, the better the community collaboration, the better the outcomes for the child. If available, a Children Who Witness Abuse program is likely to be the most useful resource. A list of other community contacts is provided in the Resources section.

## Children Who Witness Abuse (CWWA) programs

Children Who Witness Abuse (CWWA) programs offer support and information for mothers, and group and individual counselling for children and youth aged 3-18.

There are CWWA programs in 56 communities in BC.

Services are aimed at children whose situation has been stabilized, and promote healing by helping children with the emotional, behavioural, social and psychological impact of exposure to their mother's abuse.

The CWWA program helps children to:

- Express feelings in a healthy way.
- Understand they are not responsible for the violence in the home.
- Recognize their strengths and improve their self-confidence.
- Develop a safety plan.
- Identify cycles of violence.
- Explore myths about violence and examine violence in the media.
- Develop conflict resolution skills.



- Build support networks.
- Improve school performance and social skills.

Programs also offer school-based educational activities designed to prevent violence, and community presentations about the effects of exposure to domestic violence.

Information about CWWA programs is available from BC/Yukon Society of Transition Houses. Telephone: 604-669-6943; e-mail: [cwwa@bcysth.ca](mailto:cwwa@bcysth.ca); website: <http://www.bcysth.ca>. Or call your local transition house.

## Making your community safer for children

- Be informed about services available in your community for women, children and their families, including multicultural services.
- With access to resources, women are more likely to leave violent relationships.<sup>13</sup> Collaboration with organizations and service providers in your community is crucial.
- Spearhead the formation of a community coordinating committee, bringing together all the appropriate systems to address the need for prevention, intervention and treatment programs for children exposed to domestic violence. Systems that could be involved include: MCFD, police, schools, local transition house and Children Who Witness Abuse program, Mental Health, community agencies including multicultural services, Aboriginal services or band representatives, hospital/clinic/representative of local physicians.
- Raise the issue of children's exposure to domestic violence with colleagues and in staff meetings. Recommend in-service training.
- Make any relevant changes to services offered by your agency.
- Get involved in prevention strategies. For example, encourage community schools to have presentations or group discussions for children and adolescents about prevention of bullying, respectful relationships, and managing anger and stress. Or spearhead a program of home visiting for new mothers that will include identification of possible violence in the home and providing information about resources and referrals.
- Explore alternative solutions for rural communities.

## Impact on children of exposure to partner violence

Children who are exposed to partner violence in the home may have these difficulties:

Infants	Pre-School	Elementary	Early Adolescence
Failure to thrive	Hitting and biting	Bullying	Dating violence
Not cared for properly	Cruelty to animals	Aggression	Bullying
Slow to develop	Anxiety, separation anxiety	Anxiety, tension, poor concentration	Anxiety, tension poor concentration
Disturbed eating and sleeping routine	Clinging, withdrawal	Low self-esteem, withdrawal, depression	Low self-esteem, withdrawal, depression, suicide
Excessive crying	Destruction of property	Destruction of property	Destruction of property, truancy
Fearful with loud noises	Eating and sleeping problems	Eating and sleeping problems	Eating and sleeping problems
Frequent illness	Frequent illness	Complains of sickness	Complains of sickness
	Problems in preschool/ day-care	Poor school achievement	Poor school achievement
	Regression – thumb sucking, bedwetting	Disrespect for females	Disrespect for females
	Compliant, pleasing	Compliant, pleasing	Compliant, pleasing
	Defiant behaviour	Defiant behaviour	Rebellious behaviour
	Inappropriate sexual behaviour	Inappropriate sexual behaviour	Inappropriate sexual behaviour
	Problems with other children	Problems with other children	Problems with other children/adolescents
	PTSD <sup>i</sup>	PTSD	PTSD
		Alcohol/drug use	Alcohol/drug use
		Running away	Running away, street living, prostitution
			Being abused or becoming abusive

- i Children who are severely affected may get PTSD or Posttraumatic Stress Disorder, or have some symptoms of PTSD. For example, children who are terrified by the violence may start to have frequent nightmares, find that they often think of or get reminded about the abuse. At the same time they may try to avoid people, places or situations that remind them of the violence. They may withdraw from friends and usual activities and may be in an anxious state of “hyperarousal,” which causes poor sleep, poor memory and concentration. They may be irritable, suspicious, and have angry outbursts.

### How to find information about children exposed to domestic violence

**Note** Phone numbers and Internet addresses may change over time.

#### **Victim Link**

Telephone: 1-800-563-0808

TTY: 604-875-0885

Collect calls: Telus Relay at 711

24-hour line staffed by counsellors

Provides listening, support, problem-solving, basic legal information and information about resources.

#### **BC/Yukon Society of Transition Houses**

Telephone: 604-669-6943

Website: <http://www.bcysth.ca>

Provides information about transition houses, safe home networks, second-stage programs and Children Who Witness Abuse programs. You can also call the local transition house for information.

You can order the following publications online:

*Children Who Witness Abuse Counselling Source Book/Practice Guidelines*

*Children Who Witness Abuse Counsellor's Handbook*

*Children Who Witness Wife Abuse Booklet*

#### **Helpline for Children**

Telephone: 310-1234 (no area code necessary)

Responds to children in abusive situations and concerned adults. Can be used to report abuse.

#### **Shelternet**

Website: <http://www.shelternet.ca>

Online information for abused women, and a section for children. Includes a sample safety plan.

**Family Law in British Columbia**

<http://www.familylaw.lss.bc.ca>

A website produced by the Legal Services Society. General information about family law, self-help material for legal problems, and extensive links to sites with more information about family law.

**Information Services Vancouver**

Telephone: 604-875-6381

Website: <http://www2.vpl.vancouver.ca/redbook>

Information and referral services for the Lower Mainland (“the Redbook”).

**BC Institute Against Family Violence**

Website: <http://www.bcifv.org>

Provides extensive information and links to other resources.

**Vancouver and Lower Mainland Multicultural Family Support Services Society**

Telephone: 604-436-1025

Provides culturally sensitive support, counselling and advocacy to immigrant and visible minority women who are experiencing family violence.

**Breaking the cycle of violence: children exposed to woman abuse**

Website: <http://owjn.org/issues/custody/exposed.htm>

A resource guide for parents and service providers developed by the Peel, Ontario, Committee Against Woman Abuse.

**PATHS Handbook for Health Professionals**

Website: <http://www.hotpeachpages.org/paths/medbook>

A handbook about working with battered women, developed by Saskatchewan Transition Houses Association.


**London Family Court Clinic**

Website: <http://www.lfcc.on.ca>

Publications such as manuals for early childhood educators and police about responding to children exposed to partner violence, services, research and links to other sites.

**Canadian National Clearing House on Family Violence**

Website: <http://www.hc-sc.gc.ca/nc-cn>



Extensive information for service providers and families. Includes publications, links, and frequently asked questions about family violence.

**Identifying and Responding to Domestic Violence:  
Consensus Recommendations for Child and Adolescent Health (U.S.)**

Website: [http://www.endabuse.org/programs/healthcare/  
files/Pediatric.pdf](http://www.endabuse.org/programs/healthcare/files/Pediatric.pdf)

Produced by the Family Violence Prevention Fund (San Francisco, CA), the guide looks at issues faced by service providers and provides recommendations for practice

**Violence Against Women in Relationships:  
a Guide for Medical and Health Care Personnel**

A booklet designed for primary care physicians and emergency department personnel to raise awareness and assist them when treating abused women.

Copies are available from:

Ministry of Attorney General  
Communications and Education Division  
508 - 910 Government St, Victoria, BC V8V 1X4





## References

- 1 Dutton MA. Understanding women's response to domestic violence: a redefinition of battered women's syndrome. *Hofstra Law Review* 1993; 21: 1191-1242.
- 2 Hanmer J. Women and violence: commonalities and diversities. In: Fawcett B, Featherstone B, Hearn J, Toft C, editors. *Violence and gender relations: theories and interventions*. Thousand Oaks: Sage; 1996. p 7-21.
- 3 Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. *Intergenerational transmission of partner violence: a 20-year prospective study*. *J. Consult Clin Psychology* 2003; 71(4): 741-753.
- 4 Ornduff SR, Kelsey RM, O'Leary KD. Childhood physical abuse, personality and adult relationship violence: a model of vulnerability to victimization. *A J Orthopyschiatry* 2001; 71(3): 322-331.
- 5 Lee R, Coccaro E. The neuropsychopharmacology of criminality and aggression. *Can J Psychiatry* 2001, 46: 35-44.
- 6 Soyka M. Substance misuse, psychiatric disorder and disturbed behaviour. *Brit J Psych* 2000; 176:346-350.
- 7 Fitzpatrick KM. Aggression and environmental risk among low-income African American youth. *J Adolescent Health* 1997; 21: 172-178.
- 8 Stewart DE. Incidence of postpartum abuse in women with a history of abuse during pregnancy. *Can Med Assoc J* 1994; 151(11): 1601-1604.
- 9 Jasinski JL, Williams LM, Brewster A. Partner violence: a 20-year review and synthesis. Executive summary. In: *Partner Violence: a 20-year literature review and synthesis*. [http://www.agnr.umd.edu/nnfr.org/research/pv/pv\\_execsumm.html](http://www.agnr.umd.edu/nnfr.org/research/pv/pv_execsumm.html)
- 10 Handwerker WP. Child abuse and the balance of power in parental relationships: an evolved domain-independent mental mechanism that accounts for behavioural variation. *Am J Human Biol* 2001; 13(5): 679-689.
- 11 Trainor C, Lambert M, Dauverne M. Spousal violence. In: *Family Violence in Canada: a statistical profile* 2002. Canadian Centre for Justice Statistics; 2002.
- 12 Bureau of Justice Statistics Special Report. *Intimate partner violence and age of victim, 1993-99*. United States Department of Justice, October 2001.
- 13 McFarlane J, Soeken D, Reel S, Parker B, Silva D. Resource use by abused women following an intervention program: associated severity of abuse and reports of abuse ending. *Public Health Nursing* 1997; 14: 244-250.



Domestic violence and its effect on the children in the family is all too often hidden and unrecognised. This guide stresses the need for a constant state of awareness and provides frontline professionals with a succinct summary of basic information designed to help them make constructive interventions.

**Interventions with Children Exposed to Domestic Violence: a guide for professionals** is the third in a three-part series intended to help mothers, caregivers, service providers and children.

The other guides are:

- Helping My Child: A Guide to Supporting Children Exposed to Domestic Violence
- Kids Helping Kids: A Guide for Children Exposed to Domestic Violence

All three publications are available at no cost online at: [www.bcysth.ca](http://www.bcysth.ca) or can be ordered from

BC/YSTH  
507-475 Howe Street  
Vancouver BC, V6C 2B3  
604-669-6943