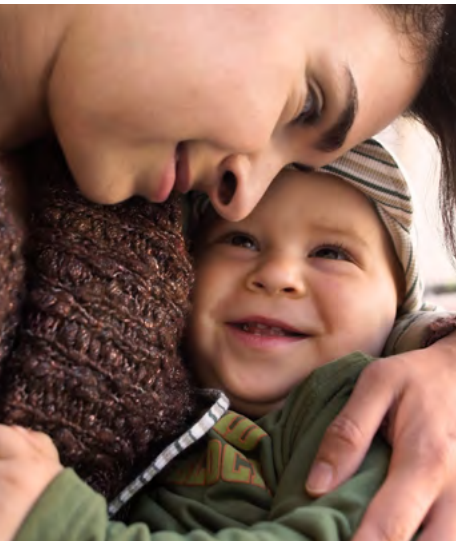
BUILDING CONNECTIONS

Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment



Breaking the Cycle

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“Eventually I just wanted better, I was so sick of where I was and I was stuck. Now I’m free and happy. Sometimes I’m lonely but it’s a good lonely. It’s a totally different life now. The initial leaving was so hard and that’s what keeps you stuck, because it’s scary and you’re afraid of the unknown and being alone. You’re in a situation where you’re uncomfortably comfortable, you think you’re safe but you’re not, but you just have to get out. Once we were driving down the street with my daughter and my cat and the few things I was able to pack in my mother’s car, it was a huge relief immediately and I’ve never looked back.”

Acknowledgements

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Introduction

In **Building Connections**, we refer to Interpersonal Violence or IPV. IPV is sometimes called family violence, domestic violence, violence against women, woman abuse, or intimate partner violence. We've chosen to call it IPV because violence in adult relationships is often connected to violence and abuse in other relationships. Mothers who experience violence in adult relationships have often experienced childhood abuse and trauma, or have witnessed violence as they grew up in their own families. The trauma of IPV often begins in childhood, and continues in adult relationships. IPV is the best way to describe violence that occurs in all these relationships.

Building Connections was developed to support service providers in community-based programs who work with women and children who may be living with IPV. We also hope it can help service providers and organizations to work from a trauma-informed perspective and develop trauma-informed relationships that cultivate safety, trust, and compassion. If your program serves men and boys, look in Section 9 for some resources about engaging and providing support to them.

The **Building Connections** project was funded primarily as a support to Community Action Programs for Children (CAPC), Canada Prenatal Nutrition Programs (CPNP), and Aboriginal Head Start in Urban and Northern Communities (AHSUNC). However, in **Building Connections** we refer more generally to community-based programs serving mothers and young children, because we hope that other service providers can benefit from the information, too.

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Section 1

Setting the stage for understanding IPV

Interpersonal Violence (IPV) is complex and multi-faceted, just as responses to IPV by community-based services need to be. There's a lot to know. Keep these things in mind about IPV:

- It can and does occur in all ages, races, cultures, and socioeconomic, education, occupation, and religious groups. But it is more likely to occur with certain groups of women. There is more information about this later in this section.
- It can happen in heterosexual or same sex relationships.
- It is linked to social beliefs, attitudes, and stereotypes about men (such as the stereotype that it's good for men to be powerful and have control over women) and women (such as the stereotype that women somehow deserve and cause the abuse). IPV is a result of the abuser's actions and is not the fault of the woman or the relationship.
- People learn about relationships over the course of their entire lifetimes. Many people (both men and women) in IPV relationships have never had the opportunity to experience healthy relationships, as children or as adults.

IPV can take many different forms

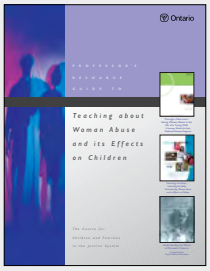
Some of the forms IPV can take include:

- **Emotional abuse** – This can include demeaning comments and insults (such as being useless, lazy, fat, ugly, or stupid), trying to control a woman's behaviour (such as telling her what she can wear and who she can be friends with), threats of suicide, threats of taking the children, watching her every move, extreme jealousy, isolating her from family or friends, abusing pets, and/or destroying sentimental and valued possessions.
- **Economic abuse** – An abusive partner might withhold money, take a woman's money, spend on unnecessary things while the children go without necessities, spend money on alcohol and other drugs, make all major purchases, deny access to bank accounts, prevent her from taking or keeping a job, and not pay child support.
- **Sexual abuse** – There are several ways an abusive partner can sexually abuse a woman including forced sex, distasteful or painful sex, deliberately exposing a woman to AIDS or other sexually-transmitted diseases, refusing to use (or not allowing her to use) birth control.
- **Spiritual abuse** – A woman might be ridiculed or abused by an abusive partner for holding certain religious or cultural beliefs. A partner might forbid a woman to practise her religion. Or she is forced to follow the religious practices of the abuser.

Want to find out some more general information about IPV? Check this out:

Professor's Resource Guide to Teaching About Woman Abuse and its Effects on Children

www.lfcc.on.ca/professors_guide.html



- **Physical abuse** – This can include slapping, punching, kicking, shoving, choking, burning, biting, pushing down stairs, stabbing or slashing with a knife, shooting, or hitting with an object. Physical abuse might or might not result in visible injury.
- **Criminal harassment/stalking** – This can include following her or watching her in a persistent, malicious, and unwanted manner. Or it could mean invading her privacy in a way that threatens her personal safety.
- **Digital (or electronic or technological) abuse** – This means the abuser makes use of technologies (such as the phone, texting, and social networking) to bully, harass, stalk, or intimidate a woman. It can include internet stalking, emailing inappropriate pictures and texts, texting constantly as a way of keeping track of a woman's activities, and phone tracking. Even though it is usually conducted online, it has a strong impact on a woman's real life. [1, 2]

CONSIDER THIS: IPV is different from conflict between partners

Conflict and IPV are often confused. Or the two are used interchangeably by professionals, advocates, the courts, and by the couple themselves. In your work, you probably encounter many different types of conflict between partners. Some of these do not include abuse or violence. And the partners themselves often describe this conflict differently. Sometimes, both abusers and abused women might minimize violence and call it conflict ("We were just arguing."). However, it is important to treat conflict as a red flag for the possibility of violence and abuse. Look for signs that conflict is escalating into power and control issues that are abusive and can lead to violence. Let a woman know you are willing to listen and support her if she chooses to disclose IPV.[3]

How common is IPV in Canada?

The rate (or prevalence) of IPV in Canada is difficult to pinpoint. It depends on the type of IPV people are looking at. For example, rates of sexual assault are different from rates of other types of physical assault. It depends on who is conducting the research and how the questions are asked. But this is what we know for sure:

- Half of all women in Canada have had at least one incident of physical or sexual violence since the age of 16. So it is a common experience for women.
- Most women with abusive partners do not involve the police. In fact, only a small number of women (between 22% and 36%) abused by their partners called the police. This means that the overall rate of IPV is much higher than what is reported to or by police.
- Children are often affected. About half of women going to a shelter bring children with them. On any given day in Canada, about 3,300 women and 3,000 children are living in an abused woman's shelter. Two thirds of those children (67%) are under 10 years of age. Every night, at least 200 women are turned away because the shelters are full. At times the number can be even higher than that.

- The most serious form of IPV is intimate partner homicide. Most victims are women. In 2011, there were 94 victims of intimate partner homicide in Canada. 81 were women and 13 were male victims. Also, death threats against women are common. On one day in 2015, over 6% of all women in shelters across Canada were there because they had been threatened with a gun.
- In 2013, 6% of Canadian women experienced IPV in the previous five years, which is similar to the rate for men. However, the research shows that women experienced more severe forms of IPV and women are more afraid of the harm that abusers cause. [4, 5, 6]

CONSIDER THIS: It's important to understand the issues about women who are abusers and men who are abused

It is true that women can sometimes be abusive with their male partners. Some Canadian surveys say that the rates are almost equal for women and men who are abusers. However, there is other information that contradicts and provides context to that statistic. Men tend to over-estimate their partner's violence while under-estimating their own. At the same time, women over-estimate their own violence, and under-estimate their partner's. Other research clearly shows that women are much more often the victims of IPV. Here is some more information that deepens the understanding of gender and IPV:

- In 2011, of incidents of IPV reported to the police, eight in 10 victims were women.
- Women are on the receiving end of more serious and repeated IPV than are men. And women experience more serious consequences as a result of this violence.
- Women are almost four times more likely than men to be victims of dating violence.
- A larger proportion of women than men say they were beaten, choked, threatened with a gun or knife, or had a gun or knife used against them by their intimate partner.
- Women are much more likely to have experienced more than ten violent incidents at the hands of their partner. And women are more likely to be injured as a result of the violence.
- Women are three times more likely than male victims of IPV to fear for their lives.
- Over half of the homicide-suicides involving family members were committed by male spouses or ex-spouses. 97% of victims were female spouses. Also, almost 40% of all female homicides are related to IPV. And women are about 9 times more likely to be murdered by a partner than are men.
- Men are far more likely to initiate violence, while women are more likely to use violence in self-defence. [4, 5, 7]

CONSIDER THIS: IPV during pregnancy

The statistics vary. But some say that as many as 25% of women have experienced IPV during pregnancy. Regardless of the exact numbers, IPV often begins or increases during or after pregnancy. Violence during pregnancy can affect attachment between mother and child. It also increases the chance of physical harm to the fetus. And IPV during pregnancy can damage the normal development of the fetus. [8, 9]

Are some women more likely than others to experience IPV?

The answer is yes. IPV can and does happen to women of any age and any cultural or social background. But there are some groups of women who are more likely to be abused in their intimate relationships. These women are:

- young women, specifically those under 25 years old, with young children (women with children are three times more likely to experience IPV than are women who don't have children)
- women recently separated or in the process of ending a relationship (about 40% of women say they experienced violence *after* their relationship had ended and half of these women say that the severity of the abuse increased after the breakup)
- women who witnessed IPV in childhood
- women in common-law relationships rather than legal marriages
- Indigenous women
- women from cultures where gender-based violence is widespread and men's power over women is the norm
- poor women, unemployed women, and women otherwise marginalized from the mainstream of society
- women who live with heavy drinkers or other drug users (they are five times more likely to be assaulted by their partners than those who live with non-drinkers/non-drug users)
- lesbian, bisexual, transgender, and two-spirited women
- women with disabilities
- pregnant women [10, 11]

CONSIDER THIS: IPV is related to the social determinants of health

People who are more likely to be living with IPV (both for women who are abused and for abusers) show that IPV is often linked to the social determinants of health. The social determinants of health include: income, education, unemployment/job security; promotion of early childhood development; food and housing security; prevention of social isolation; and access to good health care. Community-based programs that take a social determinants of health approach to providing services can help to address the root causes of IPV.

Are some men more likely than others to be abusive?

Again, the answer is yes. And again, it is important not to stereotype abusers. However, there are some men who are more likely than others to be abusive towards their partners. These men are usually:

- younger (under 25 years of age)
- have less education, are unemployed, and are low income
- have a history of being abused as children or witnessing IPV in childhood
- use alcohol and other drugs problematically
- have not had positive relationships or role models and so they see violence as just a normal part of life
- have a past history of being abusive
- accept traditional gender roles [10]

CONSIDER THIS: IPV in the Lesbian Gay Bisexual Trans Queer 2-Spirited (LGBTQ2) community

Members of the LGBTQ2 community experience the same types of IPV as do women in heterosexual relationships and for many of the same reasons. But for those in the LGBTQ2 community, there can also be other challenges related to sexual orientation or gender identity. A few of those might be:

- **shame and fear** – a woman living with IPV might have greater hesitation in reaching out to others because of discrimination against LGBTQ2 in the wider community
- **fear of exposure** – abusers might threaten to 'out' their partner's sexual or gender identity by telling others
- **threats about custody of children** – abusers might threaten to reveal sexual or gender identity to children or use sexual or gender identity to gain custody of children [12, 13, 14]

Want to find out more about the prevalence of IPV? Check this out:

Measuring Violence Against Women: Statistical Trends – Key Findings – Intimate Partner and Spousal Violence:

swc-cfc.gc.ca/rc-cr/pub/violence-partner-partenaire-eng.pdf

Want to find out more about IPV and the LGBTQ2 community? Check this out:

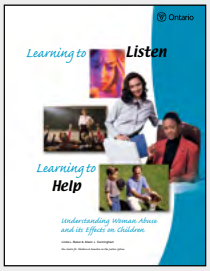
Learning Network: Intimate Partner Violence (IPV) in Rainbow Communities.

vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/Rainbow_Newsletter_Print_InHouse.pdf

Want to find out more about the connections between IPV and other issues? Check this out:

Learning to Listen, Learning to Help: Understanding Woman Abuse and its Effects on Children.

www.lfcc.on.ca/learning_to_listen.pdf



IPV is linked to mental health issues

IPV is connected to mental health problems for women. The most common mental health issues linked to IPV are depression, anxiety disorders, and post-traumatic stress disorder (PTSD). Other ways IPV can affect a woman's mental health are poor self-esteem, sleep disorders, eating disorders, phobias and panic disorders, and misuse of alcohol and other drugs. [3]

CONSIDER THIS: IPV is often a 'secret'

Women have a lot of good reasons not to disclose IPV to service providers, friends, or family members. They might be afraid, blame themselves, feel shame or embarrassment, or be concerned about legal consequences such as deportation. If you know the signs and patterns, this will help you listen to what a woman is really saying. And you can communicate empathy, concern, and understanding.

Listen to women's voices:

"The impacts of the violence on me were anxiety and PTSD – I was always afraid, never trusting people, constantly lying because I didn't want my family to know. I was a master of makeup, covering up my black eyes, because I didn't want anyone to know."

IPV is one kind of trauma

What is trauma?

Trauma can result from early experiences in life, such as child abuse, neglect, witnessing violence, and not forming a secure bond with a primary caregiver (called "disrupted attachment"). And it can result from later experiences such as IPV, accidents, natural disaster, war, and sudden unexpected loss. For Indigenous people, trauma is the result of these and many other experiences including:

- loss of culture and identity
- colonization
- displacement from their land
- impacts of residential schools
- impacts of the "Sixties Scoop" when Indigenous children were taken, without cause, from their families and placed in foster or adoptive homes
- inter-generational impacts of oppression [15]

CONSIDER THIS: Understand the reasons why Indigenous women are more than twice as likely as non-Indigenous women to experience IPV

Indigenous people see the link between problems such as IPV and the loss of culture and traditions. There have been devastating losses in Indigenous communities caused by colonization. One result has been breakdowns in relationships within families and communities. Also, residential schools ruined family relationships and the way healthy parenting skills are passed on from generation to generation. About 9% of Indigenous women report living with IPV. Indigenous women are more likely to have experienced and witnessed abuse as children. This is associated with IPV later in life. 40% of Indigenous people (both men and women) indicated that they had been either sexually or physically abused (or both) as children, compared with 29% of non-Indigenous people. Service providers working with Indigenous women who live with IPV should also keep in mind issues such as:

- the woman might have severely limited resources, including financial resources and access to support
- the abuser could be an important member of the community, which is often small and close-knit, so it becomes even more difficult for the woman to disclose IPV
- a woman could have well-founded suspicions and fears of the justice and child protection systems
- a woman can be reluctant to report an abuser to a justice system she views as racist
- there might be very few supports and services available in her community [4, 16]

Want to find out more about violence against Indigenous women? Check this out:

Supporting Aboriginal Women Facing Violence.

vawlawinfo.ca

Until recently, trauma has not been well recognized by service providers. But it's a widespread issue for women and children. Many studies say that much of the abuse experienced by women began early in life. This research shows that the average age of sexual or physical abuse starts at age 13. Emotional abuse and neglect begin even earlier. And witnessing violence can begin in infancy. Trauma results from these and other kinds of experiences that overwhelm a person's capacity to cope. This can result in:

- **Post-Traumatic Stress Disorder (PTSD).** This is a diagnosis used to describe one type of mental health problem that can result from trauma. There is more information about this later in this section.
- **a range of other mental health issues,** including depression and anxiety.
- **problematic substance use.** Using substances to cope is very common among women with current or past experiences of trauma. [17]

CONSIDER THIS: Substance use is often associated with IPV and does seem to increase the likelihood of IPV

There are many links between substance use and IPV. For example, women who live with heavy drinkers are five times more likely to be assaulted by their partners than those who live with non-drinkers. Women often use alcohol and other drugs as a way of surviving and coping with IPV and its traumatic effects. Abusers often use alcohol and other drugs (including prescription medications) as a way to control women, by encouraging women to use substances. And abusers can attempt to excuse their violent behaviour because they drink or use other drugs. Women living with IPV sometimes fall into this trap, too. ("He was drunk; he didn't mean it.") [8, 18]

Listen to women's voices:

"I would blame my black eyes and bruises on my drinking and drug use 'Oh, I got in a fight at the bar.' I coped with the violence and abuse by using drugs, that was one of my biggest coping skills."

How are IPV and trauma interconnected?

Both women who are abused and their abusers are likely to have had trauma experiences. These could include being physically mistreated or sexually abused as a child (often called "child maltreatment") or witnessing IPV in childhood.

There is a strong relationship between abuse during childhood and IPV later in life. For both women and men, these abusive and unhealthy relationships in childhood severely limit their healthy development. Here are some examples:

- Almost half (48%) of women who experience IPV as adults also have been physically and/or sexually abused as a child.
- Women who experience IPV as adults often lived with IPV in their childhood home.
- About 20% of women who experience IPV witnessed abuse committed by a parent, step-parent, or guardian as a child. [4]

CONSIDER THIS: Children who are maltreated often grow up to be mothers living with IPV

Children learn about attachment and relationships through their connections with their parents or caregivers. This understanding is passed from generation to generation. IPV interrupts and interferes with healthy connections. So the impacts of IPV on relationships are profound. Children who were not nurtured and kept safe by their own parents can have relationship problems as children and later as adults. This is called a "disorganized pattern of attachment." They often have very confused and mixed up expectations and perceptions of 'normal' relationships. And they don't understand safety in relationships. When women are maltreated as children, they can develop a high tolerance for danger and maltreatment in future relationships. This is what feels 'normal'. The impact of early traumatic stress can be devastating and long-lasting. It can interfere with:

- a woman's ability to gauge her own safety and the safety of her children
- her ability to regulate her emotions and behaviour
- her sense of self
- her perception of control over a situation or her whole life experience
- her belief in herself and her ability to change (also called "self-efficacy")
- her interpersonal relationships

Mothers who haven't had the opportunity to deal with their own trauma often unintentionally recreate it in their relationships with their children. Compassionate service providers can help break this cycle. Find ways to support mothers in their attempts to provide safety for themselves and their children. And support mothers to nurture their children to grow in healthy and positive ways. [19]

What are some impacts of trauma and IPV?

Women who live with IPV experience psychological effects consistent with PTSD. About 16% of women who live with IPV report three or more of the long-term effects associated with PTSD. And many, many more women have at least one or two PTSD symptoms that include:

- hypervigilance (which means feeling constantly on guard)
- nightmares
- avoiding situations that bring the IPV to mind
- feeling detached from others
- focusing on behaviours to cope and ensure survival such as:
  - minimizing, assuming the blame for, or denying the violence
  - protecting the abuser
  - abusing alcohol or other drugs
  - using aggression as self-defence
  - remaining in the abusive relationship [4, 20]

Want to find out more about the connections between trauma and IPV? Check this out:

National Center on Domestic Violence, Trauma & Mental Health:

nationalcenterdv traumamh.org

IT'S A MYTH: ***Women living with IPV know they should leave the situation. A woman who loves her children would get out of an abusive relationship to protect them from harm.***

IT'S A FACT: **There are many reasons women stay in abusive relationships. The impact of trauma is one of them. And some women stay in abusive relationships to protect their children.**

There are many reasons why women stay in abusive relationships. The reasons range from financial dependence to fear of the unknown. A woman might fear losing custody of her children, especially if the abuser has threatened to report her to child protection services. Among new immigrants or those with strong ties to another country of origin, a mother might fear that the children's father might abduct them and return to that country. In addition, the period around and after a relationship breakup can be dangerous, especially when the IPV has been severe. A mother might also worry about her children's safety during visits with their father, because she is no longer there to protect them. Some women leave the relationship only to get back together later for safety reasons. Or they find they have difficulty providing for or managing their children. [21] There is more about a woman's reasons for staying in abusive relationships in Section 3.

Listen to women's voices:

"I lived in a state of heightened awareness and it was like living in a war zone. I'd often have sex with my partner when I didn't want to, so that he would leave the kids alone."

There is more information about trauma and trauma-informed practice in Section 5.

Section 2

Impacts of IPV on mothering and on child development

How does IPV affect a woman as she parents her children?

Impacts, challenges, and risks faced by mothers who live with IPV

There are many ways that IPV impacts on a woman's ability to parent. Abusers use a variety of tactics to control women and their mothering capabilities. These tactics are a signal of an abusive relationship. Some of the impacts include:

- **The woman comes to believe she is an inadequate mother.** An abused woman is often told by her partner that she is an unfit mother and is the cause of her children's problems. Her belief that she is a "bad mother" can be reinforced if her children do have problems at school or home.
- **The abuser threatens to report the mother to child protection services**. Mothers who fear that their children will be taken into care might be frightened to seek help or leave the abusive relationship.
- **The woman comes to believe the abuser's excuses for IPV and reinforces them with her children.** A mother might tell her children that the abuse is her fault so she needs to change or improve her behaviour. She might excuse the abuse because she believes it is linked to substance use or stress. Or she believes it is part of her culture or religion. Many mothers come to feel responsible for the abuse and are guilty about its effects on children.
- **The woman loses the respect of her children.** Children can grow to devalue or be ashamed of their mother. They can learn to disregard her parental authority and refuse to follow her rules. Some children might even come to believe that she is the legitimate target of abuse. Or they align themselves with the abuser in order to keep themselves safe.

Listen to women's voices:

"My son lost a lot of respect for me and he didn't treat me very well for a long time after I left his father. And he was really scared, it affected his school work and his behaviour. With my son, especially, we had to go into therapy – I had to create the whole attachment all over again – we had a good attachment for a long time before, so it was possible to get it back if I really worked on it."

- **The woman changes her mothering style in response to the abuser's parenting style.** For example, she becomes too permissive in response to the abuser's authoritarian parenting. She is afraid to use discipline because the children have been through so much. Or she herself adopts an authoritarian style to try and keep her children from annoying the abuser.
- **The mother-child bond is compromised.** A mother might be prevented by the abuser from comforting a distressed child. Or some children come to believe they have to protect and take care of their mother. It's a no win situation for mothers. Children might be angry at their mother for failing to protect them or for "allowing" the abuser to remain in their home and their lives. Or children blame their mother for their father's absence from home and blame her for the need for other disruptions, such as moving or changing schools.

CONSIDER THIS: Mothers who live with IPV are likely to have experienced childhood trauma

Mothers who experienced childhood trauma might not know how to be nurturing and supportive with their children. Instead, they might unintentionally recreate their own negative experiences and relationships with their children. Living with IPV makes this worse. Healthy mothering and the mother-child bond are eroded. And personal experiences of childhood trauma make it difficult for mothers who live with IPV to understand and assess their own safety or the safety of their children. For service providers, it's important to remember that mothers who live with IPV were once children who experienced trauma. Helping mothers helps children. [22]

- **A mother's ability to manage is thwarted or overwhelmed.** Some of the effects of living with IPV (such as depression, anxiety, and poor sleep) can make it difficult for a mother to care for her children and provide for their daily needs. As a result of living in chaos and fear, mothers can develop reactive rather than proactive mothering styles. This means they spend their energy responding to crises rather than having the space to figure out how to prevent problems.

Listen to women's voices:

"I totally withdrew, didn't want to go out anywhere, and had major low self-esteem. At the end of an argument, I'd figure I WAS in the wrong, just like he said. I didn't do my hair or makeup, I dressed in pajamas all the time. I really tried to keep it together for my daughter, I just held everything in, I knew I wanted change, I just didn't know how to do it."

- **Many women use survival strategies that can have negative impacts on children.** For example, a mother might leave her children with inadequate caregivers because she desperately needs a break. Or she might avoid being at home whenever she can. Some women begin to use alcohol or other drugs in an attempt to mask an unbearable situation. Or through frustration and despair, some mothers might resort to yelling at children or even maltreat them, physically or verbally.
- **The woman is forced to compete for her children's loyalties.** This is often very clear after a separation, when the abuser attempts to shape the children's view of him as the good parent and their mother as the bad parent. An abuser might attempt to entice children with promises of a great life at his house during access visits. Or he provides gifts and fun activities that the mother cannot afford. [9]

CONSIDER THIS: When partners separate, the violence can continue or escalate

Women who live with IPV often face ongoing abuse from their partner after separation. An abusive partner might escalate his abusive behaviour to control or punish the woman for leaving. The continued abuse can include:

- undermining her mothering
- threats to obtain custody
- abusive behaviour during child exchanges
- physical/sexual abuse of the children during visitation
- stalking
- in extreme cases, abduction or homicide

The mother is then faced with contradictory tasks. She must find ways to keep herself and her children safe, while at the same time sending her children to court mandated visits with the abusive partner. All of this threatens the fragile sense of safety mothers and children might be developing after the separation. And the impacts of this situation create an emotional burden on mothers who are trying to lead a life free from IPV. [1, 9, 23]

How can service providers recognize signals that IPV is affecting a mother's parenting capacity?

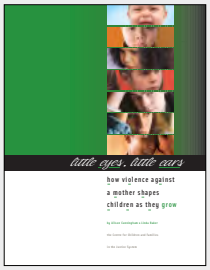
There are several cues that service providers can pick up on when working with mothers who might be living with IPV. When a number of these cues are present, this should be a red flag for service providers:

- She defends, excuses, minimizes, or apologizes for the inappropriate actions and words of her partner.
- She seems strenuously resistant to the suggestion that her partner be involved in any activities at your program.
- A mother lacks confidence in her ability as a parent, perhaps needing far more reassurance than other parents in your program.

Want to find out more about the effects of IPV on a mother's ability to parent? Check this out:

Little Eyes, Little Ears: how violence against a mother affects children as they grow

www.lfcc.on.ca/little_eyes_little_ears.pdf



- She describes herself as overly permissive or indulgent to compensate for the authoritarian parenting style of her partner.
- She describes being overly strict with her children to keep them from annoying her partner.
- She seems overwhelmed in her role as a mother, and is often fatigued, depressed, jumpy, or constantly angry with her children.
- You have reason to believe she is abusing substances.
- You have reason to believe she is using harsh discipline or perhaps maltreatment.
- Her children display disrespectful behaviour towards her and/or her children seem to take the caregiver role with her. [1]

(adapted from Professor's Resource Guide to Teaching About Woman Abuse and its Effects on Children)

CONSIDER THIS: Helping women helps children

Despite living with IPV, a strong relationship with a caring adult (especially a loving and non-abusive mother) is one of the best protective factors for children. It is the major contributing factor to their resilience. The support that community-based programs provide to mothers helps children. That support to mothers helps children overcome the effects of living with IPV. And your support helps mothers and children to learn about healthy relationships. [24]

IT'S A MYTH: ***Women who are in IPV relationships fail to protect their children and are inadequate mothers.***

IT'S A FACT: **Many mothers who are in IPV relationships go to great lengths to protect their children.**

Despite living with IPV, mothers often prioritize their children's safety and develop a range of strategies to protect them. They might shield children from abuse by trying to manage the abuser's behaviour. Or they take steps to prevent their children from witnessing or overhearing the violence. In addition, research has shown that the majority of mothers living with IPV enjoy being parents. They can, with support, learn to be emotionally available, attentive, and responsive to their children's needs. [9, 25, 26]

Listen to women's voices:

"I would send my kids to their room a lot! I used to try to put things [discussions that led to arguments] off until night time so that they were in bed before things got physical. Eventually, I just started taking a lot more of the verbal stuff so it wouldn't get physical, I just stopped standing up for myself, especially around the children, so that the abuse wouldn't happen in front of them."

What are some impacts of IPV on the health and development of children?

Childhood experiences, both positive and negative ones, have a tremendous impact on lifelong health and opportunity. And they also influence whether children will experience or commit violence in their later lives. The Adverse Childhood Experiences Study (or ACES) helps service providers understand those impacts. The study suggests there are links between negative (or "adverse") childhood experiences and IPV in later life, as well as a number of other health issues. The more adverse experiences a child faces, the greater chance there will be negative impacts in their adult lives. The ACES suggests that children who live with IPV will usually face other challenges as well. The more frequent the physical abuse of a mother in a family, the more likely:

- the child will be maltreated, either through emotional or physical neglect, physical or sexual abuse, or emotional abuse
- the family experiences economic hardship, unemployment, substance abuse, involvement in criminal activity, and/or parents (or parental figures) who come and go in a child's life [27]

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE
- Physical
- Emotional
- Sexual

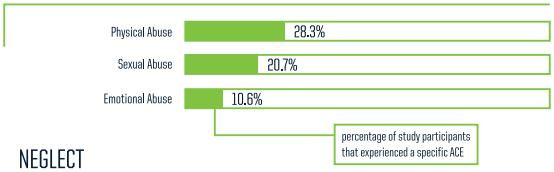
NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

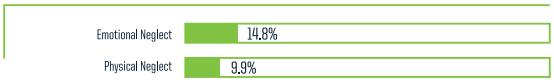
HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*

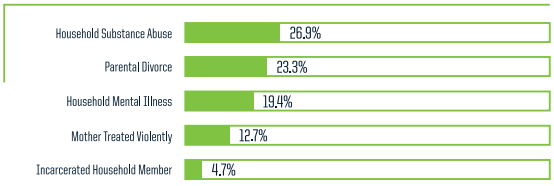
ABUSE



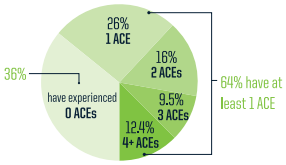
NEGLECT



HOUSEHOLD DYSFUNCTION

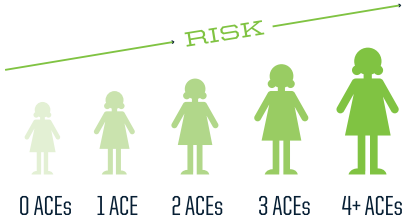


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

PHYSICAL & MENTAL HEALTH
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

rwjf.org/aces

Robert Wood Johnson Foundation

*Source: http://www.cdc.gov/ace/prevalence.htm

CONSIDER THIS: Children from certain backgrounds and experiences might have a greater number of potentially traumatizing events or adverse experiences

Some adverse traumatic experiences that children might live with are the experience of immigration, especially as a refugee, getting accustomed to a new culture, racism, and homophobia. Indigenous children also face historical and intergenerational trauma. Children can be affected emotionally and psychologically by their trauma experiences. If children also live with IPV, they will have an increased chance of negative impacts later on in life. [28]

Children experience IPV in many different ways

Children experience IPV in many ways. They might hear the abuser threaten or demean their mother. Or they see their mother being angry or afraid. Their mother's ability to provide physical and emotional care can be affected by her own past and current trauma. Children might see or hear the abuser physically hurt their mother and cause injuries or destroy property. Children who live with IPV often fear that something will happen again, and they are constantly on guard (or hypervigilant). They can even be the targets of abuse. [24]

Some of the ways children experience IPV include:

- seeing their mother threatened, demeaned, or assaulted
- being in the middle of an assault by accident, because the abuser intends it, or because the child tries to intervene
- overhearing conflict and assault
- seeing the aftermath, such as their mother's injuries and her reactions to trauma
- living in a household dominated by tension and fear
- being raised by parents whose ability to care for them is compromised and healthy attachment cannot occur
- being used and manipulated by the abuser to hurt the mother
- suffering the consequences of financial abuse

IT'S A MYTH: ***Infants and toddlers are too young to experience the effects of IPV; they are unaware of what is going on around them.***

IT'S A FACT: **Infants and toddlers can have both immediate and lifelong impacts from their experiences of IPV.**

There are many ways that infants and toddlers who live in abusive and chaotic situations are affected. Some examples of the effects on children living with IPV might be:

- their normal development slows down (called "developmental lags") or they even temporarily lose developmental skills they had already learned

- their eating and sleeping patterns change for the worse
- they are less able to manage their behaviour and emotions (called "regulation"), which can lead to what appears to be behavioural problems, such as excessive crying
- they can't trust that their mother is able to provide a safe and nurturing environment
- they can't rely on their mother to provide security and safety for them when they are afraid or distressed

Living with IPV can result in toxic stress in children. Toxic stress affects brain development in a child's early years. Toxic stress means that a child's stress management system is overworked or activated most of the time. It occurs when young children:

- live with frightening or stressful events like IPV
- experience these events in an ongoing and uncontrollable way
- don't have support from caring adults

Also, children who grow up in a home with IPV are more likely to be maltreated themselves. Even those children not directly abused have some of the same behavioural and psychological problems as children who are abused. And children who witness IPV can grow up without an understanding of what a healthy relationship looks and feels like. [5, 24, 29]

Listen to women's voices:

"My daughter was only two when the violence started, but she wasn't too young to notice. She was really scared for a long time, I couldn't leave her sight."

The effects on children of living with IPV can include:

- being isolated from people who might find out about the abuse or offer help
- believing the abuse is their fault
- believing that the world is a dangerous and unpredictable place
- developing negative core beliefs about themselves and others
- feeling like they are alone and no one understands them
- turning against either their mother or father, or having ambivalent feelings about both parents
- being afraid to talk about the abuse or express their feelings
- developing unhealthy coping and survival reactions, such as emotional or behaviour problems
- engaging in unhealthy or violent relationships outside the home

Children also learn harmful life lessons such as:

- people who are supposed to take care of you can't always be trusted (this has an especially major impact on infants because they are in the process of learning about what to expect from relationships)
- violence and coercion are normal
- abusive tactics are effective ways of getting what you want
- people who hurt others don't face consequences for their actions
- it's OK to blame problems on someone else
- women are not worthy of respect [30]

Impacts, challenges, and risks children who live with IPV face

Most children who live with IPV can recover and heal from their experiences, especially if IPV is identified early and children get the support they need. One of the most important factors that helps children who live with IPV do well is a strong relationship with a caring, non-abusive mother. But children who live with unidentified IPV can face many challenges and risks that can last throughout their lives. Here are some issues to keep in mind about children living with IPV:

- **Children under age five are more likely to live in a household where IPV occurs than are children in any other age category.** This might be because the rates of IPV are highest among young women. Also, mothers with young children face the most challenges in leaving abusive relationships.
- **The longer children live with IPV, the more likely this trauma will affect brain development and their ability to learn.** This can lead to a wide range of behavioural and emotional issues such as anxiety, aggression, bullying, phobias, and insomnia. Young children need predictability and consistency. These are threatened by IPV. Routines are likely interrupted, and the sights and sounds are very distressing. [31]
- **Children who live with IPV are usually aware of it, even though adults often think children don't know.** In fact, research shows that children see or hear anywhere from 40% to 80% of incidents of IPV. [5] They are conscious of the violence, even when they are asleep. Children try to understand the abuse, predict when it will happen, protect themselves (and their mother and siblings), and worry about the consequences. [24]
- **Infants and toddlers have reactions to living with IPV, too.** Babies can't understand what is happening between adults. But they hear the noise and feel the tension. Babies might be scared, upset if their needs aren't met promptly, too frightened to explore and play, or sense the distress of their mothers. They can't protect themselves or escape a stressful situation. They depend entirely on adults to keep them out of harm's way. When yelling and tension become normal, even babies learn to adapt. They stay in a heightened sense of arousal. Or they numb and turn inward. Some of the most stressful aspects of IPV for infants and toddlers are:

- loud noise such as banging and yelling
- sudden and unpredictable eruptions of loud noise
- a distracted, tense, unhappy mother
- a socially isolated mother who is not receiving the support she needs to care for herself or her children
- an angry, self-centred, inconsistent father or father figure
- the chance of being injured by accident or through deliberate maltreatment
- compromised nutrition and health, especially if a mother is subject to financial abuse and doesn't have enough money to buy necessities such as formula, vitamins, diapers, and home safety devices [9]

Listen to women's voices:

"He was just a baby but children feed off your emotions, so he would get more irritable and cranky – he would just know when I felt so anxious and had PTSD."

CONSIDER THIS: IPV and child maltreatment are often interconnected, so one should be a red flag for the other

Abusers sometimes maltreat children as another way to abuse the mother. Where there is child abuse or IPV, the perpetrator of IPV is nearly always the child abuser. In other words, it is most often the abuser, not the mother, who is maltreating the children.[9] By the same token, if children are being maltreated, then IPV can also be an issue. Service providers must be alert to the possible ways IPV and child maltreatment are connected.

- **Older children might try to protect their mother** by refusing to leave her alone, getting in the middle of an abusive event, calling for help, or drawing attention to themselves by bad behaviour. They try to 'fix' their family by attempting to be perfect or by looking after younger siblings. Some children take sides with the abuser and become disrespectful, aggressive, or threatening to their mother. [32]
- **Abusers might use children as a control tactic against mothers.** Examples include:
  - saying that the children's bad behaviour is the reason they abuse their mother
  - threatening violence against children and their pets in front of the mother
  - holding children hostage or abducting them in an effort to punish their mother or to get her to do what the abuser wants
  - withholding children's health cards or other essential documents, such as birth certificates or passports

- **Children often experience strong mixed feelings toward the abuser.** They can feel affection in addition to feeling frightened, resentful, and disappointed. [20]

IT'S A MYTH: ***Children see their mother as a victim and their father as the cause of the problems and abuse.***

IT'S A FACT: **Children can blame their mothers as much or more than they blame their fathers.**

It is only as children become adolescents that they begin to understand the power and control issues involved in IPV. Young children just see that their parents 'fight.' Both adults seem equal to them. Also, older children might be angry at and blame a mother for bringing an abusive man into the home, not protecting herself or them from his abuse, staying with him after it was evident that he was abusive, or reconciling with him after leaving. [9]

Listen to women's voices:

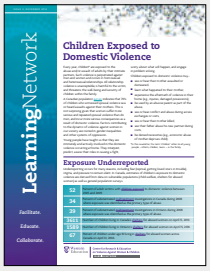
"My daughter definitely has PTSD and has really bad relationships with guys; she had a weird fixation with her dad for a long time. The violence and abuse all happened before she was 5, so she can't really remember it, but it all manifests into weird shit, with her father and with the men in her life. So you know she knew."

- **Many (although not all) children who live with IPV can have a greater possibility of physical, emotional, behavioural, and social problems.** There is a wide range of possible problems that include:
  - physical problems such as stomach aches, headaches, bed-wetting, or insomnia
  - emotional problems such as depression, anxiety, guilt, or self-blame – some children display traumatic stress reactions (such as nightmares, intensified startle reactions, and constant worry about possible danger)
  - behavioural problems such as difficulties with toilet training and language development, excessive irritability, emotional distress, fear of being alone, and immature behaviour; primary-school-age children might have more trouble with school work, show poor concentration and focus, and aggression; older children might make threats of suicide or suicide attempts, and use alcohol or other drugs
  - social issues such as isolation, difficulty trusting people, difficulty making friends, bullying others, and engaging in unhealthy or abusive peer and dating relationships when they get older. [20]

Want to find out more about the impacts of IPV on children? Check this out:

Children Exposed to Domestic Violence

vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/LN_Newsletter_December_2012_Issue_3_Final.pdf



- **Children who live with IPV have twice as many mental health issues (especially PTSD) as children from non-violent homes.** Some children will have traumatic stress reactions. Also, some children who live with IPV are more likely to grow up to be abused or become abusers themselves. But this is not always the case; many adults who grew up with IPV are actively opposed to violence of all kinds. [5]

CONSIDER THIS: There are many reasons why children might have physical, emotional, behavioural, and social problems

It's important for service providers not to jump to conclusions. Children might experience and display difficulties for lots of reasons besides living with IPV. These can include a death in the family (including a loved pet), serious illness of someone they love, homelessness, living in poverty, settlement issues for immigrant and refugee families, substance abuse by their parents, parent's separation or divorce, undiagnosed disabilities, or bullying. [24]

- **Some children who live with IPV don't have higher rates of problems.** There are varying estimates in the research about the number of children who will experience harm from living with IPV. However, as the ACE Study suggests, the impact of IPV is cumulative. This means that the longer a child lives with IPV or lives with other adverse experiences, the more likely it will harm the child's development. [27]
- **Children can be supported to become resilient.** Most children who live with IPV can recover and heal from their experiences with early intervention and support. For children living with IPV, one of the most important things that helps them do well is a strong relationship with a caring, non-abusive mother. [24] Remember: helping mothers helps children.
- **Service providers can promote resiliency in children.** There's a lot service providers can do to promote resilience. One way is to support women in their mothering capability. By supporting women with their mothering, service providers will also be helping their children. And providing a caring, consistent, and structured environment within community-based programs helps children feel safe and supported. [31]

CONSIDER THIS: A mother's support can provide a foundation for a healthy future

The support mothers provide to their children can make the difference between fear and security for children. And the support that community-based services can provide to mothers and children living with IPV can also make a big difference. In particular, service providers can support mothers to form secure attachment bonds and develop positive mothering strategies. This will help improve the lives of children who live with IPV. "A child who lives with violence is forever changed, but not forever 'damaged'. There's a lot we can do to make tomorrow better." [11]

Section 3

Identification of IPV and prevention of trauma responses

Service providers in community-based programs are in an ideal position to identify IPV. And this can help prevent trauma-related responses in women and children who participate in their programs. Women living with IPV have often had their confidence in their ability to mother undermined by the abuser. Your support and help to bolster her parenting is a tremendous boost. And it benefits both mothers and children. For mothers, understanding how violence shapes a child is the first step to helping them. Then you can encourage helpful coping and healthy mothering skills. And the work of healing the mother-child bond can begin.

Supporting mothers through identification of IPV and prevention of trauma responses

Understanding why mothers experiencing IPV stay in the relationship

It is critical for service providers to understand the experiences of women who live with IPV. If you haven't lived with IPV, it can be difficult to understand why women stay in abusive relationships. There are many reasons women don't leave, especially if they are young and don't have much money. But one of the main reasons is motherhood. Many women think it will be best for their children if they stay. A woman might make this choice because:

- She knows how difficult life can be for children of single parents, and so she believes that any father figure is better than none at all.
- She knows how difficult it is to find adequate, affordable housing and she worries about having even less money to support her children.
- She is concerned about the effect that moving will have on her children and worries about disrupting their ties to important social supports such as school, extended family, friends, and neighborhood and community resources.
- She is worried that she won't be able to monitor the abusive partner's contact with her children. This is a valid concern. Contact with an abusive parent can be risky for children. The abuser might be self-centered and neglectful, actively undermine the mother's parenting, or be physically, psychologically, and sexually abusive with the children.
- She fears that the abusive partner will abduct her children or be granted sole custody. Although abusive men get custody of their children at the same rate as non-abusers, they are twice as likely to ask for custody. So, after divorce, children of abusive fathers are twice as likely to be living in their custody.
- She fears she will be stalked, assaulted, or killed. The rate of domestic assault, including homicide, increases when abused women leave abusive partners and remains higher for two years, on average, after separation. [21, 23]

Leaving an abusive partner is a process. Women struggle to find the best pathway for their children and themselves. They go through phases and shifts in their thinking and decision making. Women might leave and return many times, with their survival strategies evolving and changing. They often engage in self talk to help them rationalize the decision to stay, tolerate the situation, and develop a plan to try and make things better. Some examples of self-talk are:

- Denial thinking
  - my life is pretty good most of the time so I really can't complain
  - I can put up with it, as long as the kids don't know about it
  - he is only so controlling because he loves me so much
- Self-blame thinking
  - if I hadn't done [fill in the blank] he wouldn't have gotten so angry
  - if I weren't so [fill in the blank] he wouldn't be in a bad mood all the time
  - if I did more [fill in the blank] he would be happier at home
- Deferred happiness thinking
  - things will get better when he stops drinking, gets counselling, finds a job
  - things will get better when I lose weight, have a baby, have more time for housework
  - things will get better when the kids are older, are in school, leave home
- Trade-off thinking
  - he's no saint but he is a good provider and a good father
  - I have nobody else so I'm lucky to have him
  - even though he isn't a good role model, the kids need a father
  - even though he is abusive, I love him
  - he says he needs me and that I need to take care of him
  - he knows me better than anyone else does
  - he says he would kill himself if I left and the kids would hate me
  - I must stay because, if I divorce, my sisters back home won't be able to get married, my family will be humiliated, my family will disown me
- Resignation thinking
  - all men are like that so another guy won't be any different
  - marriage is forever so I am stuck with him no matter how bad he is
  - I cannot change my fate because I cannot change God's will for me
- Investment thinking
  - we've been together for so long that I can't give up on the relationship
  - I've given him the best years of my life so I can't leave now

Even after she decides to get out of the relationship, other factors can work as barriers, such as:

- Logistics
  - I can't afford to leave, have no means of support, would have no place to live
  - I don't want my children living in a shelter
  - leaving will affect my immigration status
- Fear
  - he'll be so angry he would just track me down, he'll just be angrier, he'll retaliate
  - I'm afraid of being alone, without a man, vulnerable

- he'll get custody of the children
- he'll call child protection services
- he'll hurt the kids, I won't be there to protect them during access visits

- Embarrassment
  - I can't believe I'm in this situation
  - how can I tell my friends and family what is happening?
  - there are people who will say "I told you so" [1]

(adapted from Professor's Resource Guide to Teaching About Woman Abuse and its Effects on Children)

Parenting by mothers living with IPV

The next step for service providers is to truly understand how living with IPV can affect mothering. Some women living with IPV can and do mother their children as effectively as non-abused women, in spite of the obstacles they face. But constant abuse can erode a woman's parenting ability and her confidence in her mothering. For example:

- She might have to focus on safety, survival, and meeting the abuser's needs more than nurturing her children.
- She might have mental health issues, substance use, or poor physical health caused by living with IPV.
- Her mothering is undermined by the abuser's interference, by the impact of his degrading behaviour, and by the resulting erosion of her authority with the children.
- Stress induced by living with IPV can result in child neglect or maltreatment. However, mothering often improves once a woman and her children are safe.
- A mother might not know the extent of the effects of IPV on her children.
- A mother's shame and guilt about IPV can interfere with her communication with her children. [21]

CONSIDER THIS: Many mothers living with IPV make efforts they think will protect their children, reduce further violence, and lessen the impact of living with IPV

Women living with IPV are faced with limited options. They often have to choose from several bad choices. Service providers can find the efforts by mothers to protect their children difficult to understand or assess. A mother's actions to protect her children might be hard to see, difficult to understand, or look like poor mothering. In addition, mothers living with IPV can be reluctant to explain themselves to service providers. They're afraid their abusive partner will retaliate if they talk about IPV. Or they worry that service providers will misunderstand their behaviour and report them to child protection services. [21]

Listen to women's voices:

"Don't make judgements on us about our mothering because of the way an abusive partner is treating us. A lot of us are amazing parents in a shitty situation – we are spending most of the day trying to figure out how to get our kids out of it, not keep them in an abusive situation, so whether it's sending them to bed early or to a friend's or to a park, despite all the crazy things we're thinking, it's our kids we're thinking about first and foremost."

Understanding a mother's actions and behaviours

Here are some examples of actions that could be misunderstood by service providers. Instead, think of them as cues that a woman is experiencing IPV. She might take these actions to protect herself and her children from more serious abuse, such as:

- She avoids angering the abuser by agreeing with him, pleasing him, calming him down, and doing as he demands. She urges the children to do the same.
- She keeps the abuse secret.
- She tries to distract and soothe the children and make the situation as normal as possible, no matter how chaotic and unsafe it is.
- She avoids or lies to friends, family, and service providers.
- She assumes blame for family problems.
- She arranges for children to spend time away from home.
- She tries to reason with the abuser, challenge his behaviour, or improve the relationship.
- She endures physical assault, sexual assault, and property damage by the abuser so he will not hurt her children.
- She prevents violence by encouraging the abuser to drink or use drugs until he passes out.
- She uses alcohol and other drugs to numb her own pain and continue to function.
- She uses denial, escapism, and pretending she's somewhere else (called "disassociation") to cope with the abuse.
- She severely disciplines the children herself to avoid worse punishment by the abuser.
- She participates in or lies about the abuser's criminal activity or abuse of the children.

- She uses force against the abuser to defend herself and her children.
- She stays with or returns to the abuser to avoid stalking and escalation of the violence if they are living apart. [21]

Listen to women's voices:

"Avoidance was my best strategy – if he got argumentative, I wouldn't push things. I might try to lock myself in a room, but the door would just get kicked in. I'd be up at 3:00 in the morning washing my kitchen floor on my hands and knees because I wanted the house to be spotless so he wouldn't be able to use that as an excuse to hit me."

How service providers can respond to women living with IPV

Service providers need to be supportive and non-judgemental when talking about IPV issues. For example, you might notice that a child in your program is struggling and their behaviours are consistent with living with IPV. This could include negative changes in the child's sleeping, eating, or toileting routines. Or you might notice that the child is less able to separate from the mother than before. If you decide to have a conversation with the child's mother, describe what you are observing in the program. Ask the mother what she is noticing at home and if she has any ideas about what might be bothering her child. [31] Here are some suggestions for how you might ask questions:

- "I'm worried about [this behaviour], and I would like to help your child in the best way possible. Do you have any ideas about why your child might be acting this way?"
- "Have there been any changes at home that might be upsetting your child?"
- "I notice that your child is finding it harder to separate from you and play with the other children like s/he usually does."
- "Your child seems more tired than usual these days. Have there been any changes to your bedtime routine at home?"

CONSIDER THIS: It's often not easy to talk about family problems

IPV and other family problems are often treated with great secrecy. Sometimes the secrecy is a way of maintaining safety. By asking caring questions, you will have let the woman know you are concerned and willing to help. A mother might not talk to you right then. But if you are open and compassionate, she might decide later that it's safe to talk to you.

When service providers make the decision to talk with women about IPV, these points need to be addressed. Service providers should:

- **Emphasize confidentiality,** but also acknowledge its limits (for example, where there is mandatory reporting of children who live with IPV or other concerns for a child's safety).
- **Ensure privacy.**
- **Remain supportive,** and keep validating that it is never acceptable for anyone to live with IPV.
- **Avoid judging,** pitying, blaming, and trivializing.
- **Allow women to tell their stories at their own pace.** Never pressure them to disclose information, leave the relationship, or make other changes in their situation until they are ready and it is safe for them to do so.
- **Assist women to make safety plans** for herself and her children.
- **Help women access information about resources** such as a women's shelter, an IPV counselling service, trauma and other treatment programs, or multicultural services. Provide ideas for or find social supports. Give information about anything that might be helpful to women and their children. [33]

Listen to women's voices:

"Be sensitive, know what NOT to say, know when to slow it down, maybe I'm just not ready at that point to make a change or even discuss what's going on in my life."

Here are some suggestions for how you might ask gentle, probing questions about women's experiences:

- "I'm worried about some of the things you've been saying in our group program. Would you like the opportunity to talk to someone privately about what's going on in your life?"
- "You've been talking about some of your struggles parenting your children. A lot of women who have had similar challenges are living with partners who aren't supportive or can even be abusive. I'm happy to talk about ways you can get support if this is happening to you."

If a woman acknowledges that she is living with IPV, here are some suggestions for talking with her about her efforts as a mother:

- **Begin with the assumption that her behaviour is logical.** Affirm that anyone might do the same in her circumstances.
- **Tell her you understand how difficult** it can be to mother while living with IPV.
- **Reassure her** that you want to understand her situation from her perspective.

- **Ask what she's been doing to keep herself and her children safe.** This will show her you are empathetic and understanding. You recognize that she has made attempts to protect her children or to seek help even if those attempts weren't successful.
- **Let her know how important she is to her children's resiliency.** Help restore her belief in her own mothering.
- **Help her identify and connect with social supports.** Abusers isolate women and try to prevent them from getting support. It is one of the main ways that abusers control their partners. Living in isolation erodes a woman's faith in her ability to mother her children. Connecting women to social supports is a huge benefit to them and their children. [21]

How organizations can respond to women living with IPV

Service providers and their organizations need to take a coordinated approach to supporting women and children living with IPV. Every organization should:

- **develop and implement referral procedures** to local services for women who live with IPV, depending on each woman's individual needs
- **ensure that staff are educated about and trained** in appropriate responses to IPV
- **support their staff to be alert to the cues and signs** associated with IPV and know how to ask sensitive, thoughtful questions about IPV when these cues and signs are present
- **ensure women are asked about IPV in sensitive, safe, and appropriate ways** that lead to discussions that determine women's needs, safety concerns, and worries about their children and their safety
- **be alert to the high rate of substance use and/or mental health issues** such as depression or PTSD associated with IPV, and find ways to offer support to women who experience those issues [33]
- **ensure that program space is physically and emotionally safe** for women and children – there is more about this in Section 5.

Listen to women's voices:

"With the best service providers, it's like they're a gift from God, and I'm not a religious person. The level of acceptance, you can say some really shocking things and they don't flinch. Everybody's on the same page, they are doers – if something needs to get done, it's done, you don't have to wait for two weeks."

Want to find out more about supporting women and children who live with IPV? Check this out:

Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence

promising.futureswithoutviolence.org

Want to find out more about identifying and responding to IPV against women? Check this out:

Identifying and Responding to Intimate Partner Violence Against Women

prevail.fims.uwo.ca/docs/PreVAiL%20IPV%20Research%20Brief%20March%202014.pdf

Supporting children through identification of IPV and prevention of trauma responses

Some ways children are affected by living with IPV

The first step for service providers in supporting children who live with IPV is to understand the many ways a child can be changed by that experience. Some of those are:

- **Children can come to believe that IPV is inevitable or normal.** In early childhood, children learn about what to expect in their future relationships. Children living with IPV can learn to expect that 'normal' relationships are abusive, demeaning, unhappy, and not nurturing.
- **Children who live with IPV often learn to view the world as unsafe and unpredictable.** For example, children learn that adults don't keep them safe or respond to their needs. Or they learn that bad things happen no matter how hard they try to be good.
- **IPV can negatively impact attachment** and can harm the bond between mothers and children.
- **Children can develop negative core beliefs** about themselves. They might learn to blame themselves for the abuse. Or they think that they don't 'deserve' to be happy and safe.
- **Children do not have a positive father/father figure** and often do not have any positive male role models in their lives.
- **Children can be isolated from helpful sources of support.** Mothers who live with IPV are often isolated from service providers and other sources of support, which means that their young children are also isolated.
- **A child's behaviours become problematic.** Young children have not yet developed their own coping strategies. They need adults to buffer them from the harmful consequences of stress and adversity. Some problem behaviours for infants and young children living with IPV might be to withdraw or to cry excessively. These are symptoms of regulation and emotional problems that result from toxic stress. This can affect brain development in the early years. [32, 34]

Signs a child might be living with IPV

Infants, toddlers, and preschoolers often display difficulties when they are living with IPV. Service providers might observe young children who have:

- **physical complaints** such as headaches or stomach aches that could be related to anxiety or stress
- **problems with regulation,** such as sleep difficulties (fear of falling asleep or difficulty staying asleep); changes or disruptions in eating habits; lack of emotional control (irritability, crying, temper tantrums)

- **signs of disorganized attachment,** such as losing previously learned skills (walking, talking, toileting skills, naming colours); fear responses (easily triggered startle reflexes, generalized fearfulness, or specific new fears); being passive or appearing helpless; being clingy and showing separation anxiety (beyond what you would normally expect for the age of the child); constant worry about possible danger and the safety of family members (needing to check on sisters or brothers, asking constantly about their mother); being constantly on guard (hypervigilance)
- **signs of maltreatment,** including neglect, and physical, emotional, and sexual abuse
- **developmental delays,** including social development (such as withdrawal from others and activities, or immature play and exploration); emotional development (low self-esteem and lack of confidence, especially for trying new things); motor development (in order to keep her child safe, a mother may overuse the playpen, crib or high chair, and limit the child's opportunity to practice motor skills)
- **problem behaviours,** such as very high activity level, constant fidgeting, trouble concentrating; outbursts of anger directed toward adults, peers, or self; bullying and aggression directed toward peers [24]

Two things to remember: **1)** these behaviours are symptoms of how the child is feeling and what the child is seeing; **2)** these behaviours might be shown by children for a number of reasons, not only by children living with IPV.

How service providers can support children identified as living with IPV

Young children benefit from supportive caregivers and the safe spaces provided by community-based programs. And community-based programs can promote resiliency in children through positive relationships. There are many ways your program can assist young children living with IPV and support mothers to help their children, too. It's important for community-based services to:

- provide physically and emotionally safe spaces and a nurturing environment for both mothers and children
- support mothers to keep their children close to them – this should include delivering programs for mothers and children together
- provide structured programs that create predictability and routines for children
- reassure children and increase their sense of safety and security in your program by:
  - » establishing simple rules and routines so that children know what to expect
  - » giving simple explanations for things that startle, upset, or worry them (such as loud noises)
  - » allowing children to naturally express themselves through talk and play

- develop strategies to support children's adjustment into your programming, such as not expecting them to separate from their mother before they are ready
- help children anticipate what will happen
- provide reassurance when children need it
- name children's feelings
- model nurturing, respectful behaviour, and gender equality
- for older children, create a safe and low-stress environment that promotes respect toward others by:
  - establishing clear guidelines that support positive behaviours
  - teaching and rewarding conflict resolution and cooperation
  - fostering cooperation
  - reducing competition [35]

Listen to women's voices:

"It really helps when service providers are welcoming and are modelling relationships. And the ones who actually do like their jobs! With my son, it was the consistency, real consistency, and everyone on the same page. Everyone was engaged with him."

Building resilience and preventing trauma responses in children

There are several ways service providers can support resilience and help prevent trauma responses in children. And there are protective factors within the family and community that help promote resiliency among children. These include:

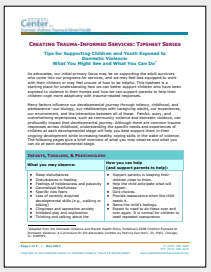
- Support for the social determinants of health. Anything that service providers can do to build on the social determinants of health will help foster resilience and prevent trauma responses. Community-based programs can increase contact with or advocate for:
  - strong cultural identity
  - access to health care
  - social support and connections to family and friends
  - affiliation with a supportive religious or faith community
  - stable housing
  - access to adequate income and food security

- **Presence of a loving and supportive adult in children's lives.** The single most critical factor for children to thrive despite living with IPV is the presence of at least one loving and supportive adult in their lives. For many children, this is most likely their mother. Children whose mothers are available and supportive are more able to develop emotional and behavioural regulation. Community-based programs are ideally situated to promote attachment and a loving bond between mother and children.
- **Informal supports in a child's family and community connections.** Identify and encourage positive contacts children have with grandparents, other relatives, or family friends. Other adults can play this role, too – a godparent, foster parent, childcare teacher, or neighbour. Any of these people can play a protective role for children living with IPV. Also, service providers should encourage children to participate in activities outside of the home, such as childcare programs and faith- or culture-related child programs.
- **Consistent and responsive messages from staff, programs, and the larger systems that interact with children.** Service providers who understand and respond effectively to women and children living with IPV play a significant role in reducing its impact. Service providers, programs, and systems do this by providing appropriate and consistent messages through words and actions, which reinforce that:
  - » everyone in the family deserves to be safe
  - » IPV is caused by the abuser, and is not the result of a mother or child's behaviour or actions
  - » the abuser is responsible for his own behaviour [36, 37]

Want to find out more about identifying and responding to young children living with IPV? Check this out:

Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do

nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet_Children-Exposed_NCDVTMH_May2012.pdf



CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

Tips for Supporting Children and Youth Exposed to Domestic Violence:
What You Might See and What You Can Do

INFANTS, TODDLERS, & PRESCHOOLERS

What you may observe:	How you can help (and support parents to help):
• Sleep disturbances • Disturbances in feeding • Excessive crying, anxiety and passivity • Generalized fearfulness • Developmental delays • Loss of recently acquired developmental skills (e.g., walking or talking) • Clinginess and separation anxiety • Withdrawal from others • Thinking and talking about the	• Support parents in keeping their children close to them. • Help parents anticipate what will happen. • Provide consistency. • Provide reassurance when the child is upset. • Name the child's feelings. • Expect to need to do these over and over as children try to master these next repetitive experiences.

Adapted from the American Psychiatric and Mental Health Policy Initiative's Child Children Exposed to Domestic Violence: A Curriculum for the Advocates Center by Rachna Ann Nair, MS, PMH, Chicago, IL (2004).

Section 4

Supporting safety for women and children living with IPV

Community-based programs should prioritize, support, and promote safety for women and children. One way to do this is through strong community partnerships with key service providers, including child protection. Even when some communities are under-resourced and under-serviced, the programs and services that are available are more effective when everyone works together collaboratively. And there are other steps community-based services can take to support safety for women and children living with IPV.

Supporting safety for women living with IPV

Laying the groundwork for supporting safety

Many women living with IPV lack confidence as mothers. One way to establish a foundation of safety is to find as many occasions as possible to communicate positive messages.

Positive messages about mothering that lay the groundwork for supporting safety are:

- there are no perfect mothers – all women have both strengths and challenges with mothering
- understanding that mothers who live with IPV may be struggling with their own experiences of trauma
- mothers can change their lives and the lives of their children for the better
- single mothers can be strong, effective parents
- mothers can be good role models for boys
- learning to be a parent is a life-long process
- the best thing mothers can do for their children is to live a life free from IPV
- there are service providers who can support mothering, even for women living with IPV

Positive messages for mothers about their children who live with IPV are:

- once the abuse stops, support and intervention can help reduce any behavioural and emotional problems children experience
- with early identification and appropriate supports, most children living with IPV learn to function normally
- living with IPV as a child does not mean that the child is will definitely have problems in the future

- with positive supports and within a nurturing relationship, children are resilient and can thrive
- not all children need professional therapy to overcome the effects of IPV – there is a lot a mother can do to help her children, especially when she has support and assistance from community-based programs [37]

CONSIDER THIS: These positive messages don't need to be verbal statements from service providers

Positive messages about mothering and children can be part of messaging in regular parenting classes, discussions about routines in the home, and sharing new behaviour management strategies. And these messages can be conveyed in the program's physical space with appropriate posters, pamphlets, and displays in the program's physical space.

Listen to women's voices:

"With the service providers who really helped, I was never judged, it was friendly and welcoming. I didn't trust them right off the bat but I knew that there was something special about them. They made it safe for me to tell my story."

Ways to support a woman who makes a disclosure

If a woman tells you she is living with IPV, this means you have laid the groundwork for safety. You have built the necessary trust in your relationship with her. But you still might feel you don't have the skills and comfort level you need. When a woman discloses living with IPV, here are some ways to respond helpfully:

- **Make sure you know and understand the reporting requirements** of your organization and your province or territory.
- **Let the woman know the limits of confidentiality.** Inform her when you cannot keep information confidential (such as, a child is being abused or someone plans to harm self or others).
- **Allow the woman to tell her story** in her own way and in her own time. Do not pressure her to talk.
- **Reassure and validate her feelings.** Let her know you're glad she told you, the IPV is not her fault, and no one should live with IPV.
- **Do not criticize or speak negatively about the abuser.** If you judge or criticize the abuser, a woman's feelings of loyalty and protectiveness can surface. They might cause her to feel that she can't talk about the abuse.

- **Do not make commitments or promises you can't keep.** Service providers might feel so touched by the situation that they end up saying things they can't follow through on.
- **Let the woman know what you're going to do.** Let her know if you need to bring others (such as a supervisor) into the conversation. Let her know if there are steps you need to take, such as notifying child protection services. Include her as much as possible in the reporting plan. Support her to have as much control as possible over the situation. Help her to know that you join her in wanting to keep her children safe. [20]

CONSIDER THIS: Your role is not to gather evidence or to investigate the situation

Your role is to listen and acknowledge the feelings the woman is sharing. But in most provinces or territories, if you suspect that a child under 16 is being abused, at risk of abuse, or not having basic needs met, it is your legal responsibility to inform child protection services. If you are unsure how to respond, call child protection services and ask for guidance. In most places, you can do this without giving specific details about the woman or her situation.

Safety planning for women

If a woman discloses that she is living with IPV, here are some guiding principles you should consider before following up with her:

- **She is the expert on her life.** Allow her to take the lead and feel in control of the discussion.
- **Every woman is unique.** Don't make assumptions about what she wants or needs – when the time for discussion arrives, ask her what she needs.
- **Proceed with caution.** Don't assume she wants to leave the abusive situation immediately. Recognize that leaving an abuser is a process for her. And that separation can increase the chance that IPV will actually get worse. [3]

Listen to women's voices:

"The best thing that service providers did for me was that they reassured me a lot, they helped me realize that I wasn't crazy, that I wasn't the only one going through this situation – they just listened."

Then, use these strategies in your discussion with her:

- **Let her know she is not alone.** You believe her, and the abuse is not her fault.
- **Listen and don't offer advice.** Instead, offer support and choices. Help her figure out the best choice for her and her family.

- **Safety is the priority.** Ask if she is in immediate danger and what she needs to be safe. Keep an up-to-date list of community resources to provide to her. Let her know which services are available to help if she decides to make a change in her situation.
- **Encourage her to develop a safety plan.** This includes who she can ask for help and where to go in an emergency.

CONSIDER THIS: Disclosure, and then change and healing, all take time and can't be forced upon women by service providers

Do not pressure women or children to talk about, or disclose that, they are living with IPV. If they do disclose, do not expect change, such as leaving an abusive situation, to happen immediately or too quickly.

Listen to women's voices:

"Don't get mad, it takes a long time to make the decision to leave, and once you leave you realize it was crazy to be there for so long. But we need service providers to have patience and keep standing by us, not making it feel like their service is dependent on us making the right choice which is leaving. That's the most important thing, to be able to know that they are there for us, until we are able to make a decision – we don't want to let anyone down – of course, we want to leave but it might not happen on a service provider's timetable and it might not be the way they want it to be, but it needs to be the way we need it to be."

Keep an updated record of local resources and provide women with the following information:

- address and telephone number of the local hospital
- local police telephone number
- contact information for:
  - » 24-hour crisis line
  - » local women's shelter
  - » local sexual assault or IPV treatment centre
- in communities that do not have a program for abused women or a shelter, provide a list of provincial and national resources – there is a list of some of these in Section 9

- child protection services telephone number
- name and telephone numbers of counselling services that have experience with abuse and trauma issues
- names and numbers of multicultural and Indigenous service organizations
- link to online information about how to develop a safety plan such as Sheltersafe (sheltersafe.ca) which also provides information on computer safety after visiting sensitive websites

CONSIDER THIS: Women in rural or remote areas can have additional needs and concerns, especially if they live in areas where resources are scarce

They are likely to encounter additional barriers to leaving abusive relationships and getting assistance. Issues for rural and remote women that might be different from urban issues include:

- a high degree of visibility in small communities which can lead to a lack of confidentiality
- lack of public transportation and long distances to travel to access services
- the safety of animals, including pets and farm animals, if they leave the home
- the difficulty of finding appropriate resources – many services are centralized (in particular, specialized resources like IPV counselling services) in urban areas and often only general health and social services are available in rural and remote areas
- long response times for police and a lack of close neighbours who could potentially hear and intervene in IPV [37]

Reinforce key messages

When a woman makes a disclosure of IPV, this is an opportunity to reinforce some key messages:

- abuse is never warranted and it is not her fault
- her safety and the safety of her children is always the most important issue
- she is not responsible for changing her partner's behaviour
- apologies and promises will not end the abuse
- it is a crime to physically or sexually abuse or to stalk a partner [2]

Supporting safety for children living with IPV

Understand the situation from a child's perspective

Children living with IPV or other maltreatment rarely tell adults about it. They are warned not to. Or they know instinctively that telling family secrets will have negative consequences. There are many reasons why children might not reveal IPV or maltreatment. Some of those include the child's age, developmental stage, and relationship with the abuser. Other factors could include:

- the abuser prevents them from having contact with people who could help, such as community-based programs, a doctor, or a neighbour
- the abuser monitors all their contact with other people
- being warned to stay quiet and never tell family secrets
- not having a trusted adult in their lives
- not understanding that IPV is wrong or not normal
- feeling ashamed
- believing they caused the abuse
- fear of consequences for themselves (such as being threatened with child protection services)
- fear of consequences for the family (such as the abuser being arrested or their mother being hurt) [11]

Many of these fears are realistic, although some of them are misunderstandings. It is important to reinforce key messages with children, just as it is with women – abuse is never their fault, they have a right to be safe, and there are people who can help.

CONSIDER THIS: Children should never be made to feel responsible for their own safety or that of family members

This is too great a burden to place on children. Children need their caregivers and other adults to keep them safe.

One of the best ways community-based service providers can enhance safety for children is to make sure their mothers are safe. Also, community-based services can create a stable, supportive, and predictable environment within their organizations. This means providing support to:

- maintain or rebuild a strong bond between mothers and children
- create predictable routines so children know what to expect
- know they are not alone, the abuse in their home is not their fault, and they are not responsible for protecting themselves and others

- cope with troubling experiences and feelings, through opportunities to express themselves through words, art, and play
- recognize their unique strengths and abilities, and help them feel good about themselves
- have opportunities to experience success and have their achievements recognized [38]

CONSIDER THIS: It can be a struggle for service providers to balance the empowerment of mothers with the well-being of children

It can feel difficult. But community-based services can support women with their mothering and at the same time support the well-being and needs of children. That's why it's very important to build a safe and responsive environment. Service providers need to make sure women understand your reporting requirements. Then, women can speak freely and understand the limits of your confidentiality. If a report to child protection services needs to be made, consider how to partner with mothers to make it. Align with her. You both have the children's best interests as the goal. In addition to identifying issues and problems, be sure to include what steps mothers have taken to protect their children and promote their resilience. [39]

Reporting responsibilities and requirements

All service providers need to be familiar with the mandatory reporting requirements for their province or territory. Service providers have a legal obligation to report promptly to child protection services when they suspect a child is, or might be, in need of protection. Often, this includes physical, sexual and emotional abuse, neglect, and risk of harm. And in many jurisdictions, living with IPV means a child is in need of protection. Be sure to check whether this is the case in your province or territory.

The person must make the report directly if they have reasonable grounds to suspect that a child is, or might be, in need of protection. You do not need to be positive that a child is, or might be, in need of protection to make a report. You can call child protection services and provide the details of your concerns, without giving any information to identify the family. They will tell you if you have to make a formal report. [37]

Collaborative and positive relationships between community-based programs and child protection services benefit everyone. The process of making a report on behalf of a mother and child is easier if you have a strong, established relationship between your organization and child protection services.

Section 5

Developing trauma-informed responses that support women and children living with IPV

What is trauma?

Experiences of trauma are more than merely stressful. They can also be shocking, terrifying, and devastating. And they can result in profound feelings of terror, shame, helplessness, and powerlessness. A traumatic event can involve a single experience. Or it can be repeated or multiple experiences that completely overwhelm someone's ability to cope. Trauma can also be historical and intergenerational. This means that the psychological or emotional effects of trauma are felt by people who live with trauma survivors, even when they haven't directly experienced the trauma themselves. The way people cope and adapt in response to trauma can be passed from one generation to the next.

Women and children can be affected by experiences of trauma that have occurred in childhood or as adults. They can include a range of adverse experiences in childhood and in adulthood, such as physical and sexual violence, emotional abuse, neglect, and witnessing violence. Children can experience trauma from disrupted attachment. Both children and adults also experience trauma as a result of accidents, natural disaster, war, dislocation, and events that result in other sudden or unexpected losses.

Some traumatic events are so profound that they can change the way children and adults see themselves and the world. Sometimes the impact of the trauma is not felt until weeks, months, or even years after the traumatic event.

Why are trauma-informed practices so important?

Service providers who don't know about, or understand, the impact of trauma will not be able to provide the most effective care. When service providers are unaware of trauma and its effects, women and children who have experienced trauma can be traumatized again. This is called "retraumatization." When women and children are retraumatized, they are likely to feel misunderstood, unsupported, and even blamed. This can be prevented when service providers have a basic knowledge of trauma and its effects. And service providers who understand and use trauma-informed language and practices will enhance their skills with everyone, not only those who have experienced trauma. [40]

That's why trauma-informed practices are critical ones for service providers who work with women and children living with IPV. Remember: IPV is one kind of trauma. Trauma-informed practices benefit every woman, whether or not she has experienced trauma, and whether or not she discloses her trauma experience.

Using trauma-informed practices does not mean that a woman must talk about her trauma experience or that she is living with IPV. In fact, until a woman is ready in her own time and her own way to discuss trauma and IPV with a trusted and skilled service provider, pushing her to talk about it can cause more harm than good. [41]

Trauma-informed practices are recognized as a best practice approach for working with women and children living with IPV. Trauma-informed practices:

- **acknowledge the impact of trauma on women and children,** and integrate this knowledge into all aspects of service delivery – from policy development, to management practices, to front line care
- **are an overall good practice** – it is not necessary for women to disclose their trauma experiences (or, in fact, to have experienced trauma) to benefit from trauma-informed practices
- **enhance the conversation and the practice of service providers** – when using a trauma-informed perspective, service providers can reframe women's attempts to cope with traumatic experiences [41]

CONSIDER THIS: Trauma-informed practices help service providers destigmatize women

When organizations and service providers are trauma-informed, their perspective changes. Instead of thinking of a woman as 'non-compliant' or has 'problem behaviours,' service providers understand that she is trying to respond, adapt, or cope with trauma. The conversation changes from fault-finding (*"What is wrong with this woman?"*) to respect and understanding (*"What has this woman experienced?"*). [40]

There are two important points for community-based organizations to remember when they are trying to become trauma-informed:

- **Service providers do not need to be specialists in trauma-specific treatment in order to implement trauma-informed practices.** In fact, trauma-specific treatment should only be undertaken by skilled and highly trained practitioners. Being trauma-informed means that service providers:
  - » understand trauma as a core issue for women
  - » understand the impact of trauma on women and children
  - » have a good understanding of the principles and practices that lead to appropriate services for women and children who have experienced trauma [41]
- **Trauma-informed practices do not require disclosure of details about a woman's experiences of trauma.** The focus of trauma-informed practice is on stabilization, safety, and understanding the links between trauma and mothering – *not* on inquiring or questioning about the details of the woman's experience. Trauma-informed practices allow the woman to disclose the parts of her story which she feels comfortable sharing within the safe space. [40]

What are the risks of being uninformed about the impacts of trauma?

When trauma-informed practices are not implemented, services are less effective. When service providers don't use trauma-informed practices or don't understand the impact of trauma, this can:

- **interfere with the way they respond to women who are seeking help.** This can result in the failure to reach many women. Service providers who are not trauma-informed can misinterpret or misunderstand trauma-related behaviours.
- **hamper engagement,** and can result in women dropping out from services. When the connections between trauma and mothering are not made, service providers can miss opportunities to engage women and to provide effective care.
- **inadvertently retraumatize women.** Service providers might feel overwhelmed or apprehensive about how to help women understand the connections. Or they don't know how to respond to trauma-related behaviours in a helpful way. These interactions can unintentionally recreate women's experiences of trauma. [40]

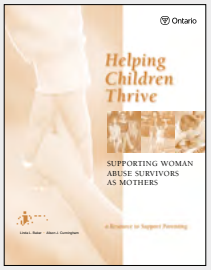
CONSIDER THIS: Becoming trauma-informed creates less, not more, work for service providers

"[When]…the service provider works from the vantage point of being trauma-informed, the understanding that comes from this awareness can reduce frustration, improve communication, enhance the quality of the relationship, and increase work satisfaction. Investing in integrating a trauma-informed perspective does not create more work but can instead make the work easier, and more satisfying." [40]

Want to find out more about using the gender lens to support women and children living with IPV? Check this out:

Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers

www.lfcc.on.ca/HCT_SWASM.pdf



Building compassionate, respectful relationships

The first step in becoming trauma-informed is for service providers to understand the need to develop compassionate and respectful relationships with women living with IPV. It means supporting mothers to build on their relationships with their children. And it means addressing the needs of both mothers and their children with equal care and compassion.

Mothers care deeply about their children and want service providers to listen to and support them. They want service providers to support them in their role as a mother. They also want understanding and empathy about how difficult it is to parent in a home where there is IPV. Most mothers do their very best to keep themselves and their children safe. But the options for a woman living with IPV are complex.

An important trauma-informed strategy is for service providers to partner with mothers to support their parenting. And helping mothers strengthen and rebuild their bonds with their children has both immediate and long-term benefits. Supporting the mother-child bond:

- creates the greatest possibility for healing and resilience in children
- supports mothers to build protective loving relationships and provide nurturing care
- helps encourage positive and respectful interactions between children and their mothers
- builds belief in children that their mothers can be protective and supportive [42]

Listen to women's voices:

"Service providers who make everything easy – there was one of my counsellors, she gave me bus tickets or groceries or just let me cry in her office – I didn't have to beg her for anything – she just heard me say I didn't have any money, she gave me what she could, and she listened without making me feel like a beggar."

How to make trauma-informed connections with women who live with IPV

Here are some basics that service providers need to understand about trauma responses. This will help support your relationships with mothers who live with IPV:

- **Understand the reasons why a mother might not easily connect with you.** You might expect to see signs of engagement from women, such as smiles returned and greetings acknowledged. Or you expect to have conversations that are open and meaningful. There can be many reasons why this does not happen easily for a woman living with IPV. She is likely to be distracted or hypervigilant, and her attention is focused elsewhere. She might have to concentrate very hard to keep track of what is being said. So she responds more slowly. Or she does not feel safe anywhere or with anyone. This can mean she finds it difficult to recognize the warmth that you intend to convey. It can take all of a woman's energy just to stay physically and emotionally present in the room. In these situations, a woman cannot acknowledge how hard you are working to reach out to her. She might not trust anyone enough to respond openly to an offer of help. Or she does not know how to respond to your caring approach.

CONSIDER THIS: Unresolved loss and trauma for women is related to disorganized attachment in young children

Women who live with unresolved loss and trauma come to view relationships that involve IPV as 'normal'. If they witnessed or experienced IPV, or other adverse experiences in childhood, they likely developed a disorganized attachment. Disorganized attachment happens when young children look for safety and nurture from a parent who is either emotionally and physically unavailable or frightening. These children come to view unsafe, unpredictable, and distant relationships as 'normal'. Ideas and examples of relationships that develop in childhood continue into adult relationships. This explains why women who live with IPV may view abusive relationships as 'normal' and 'comfortable' while safe, caring, predictable relationships feel abnormal, or 'weird'.

- **Understand difficult behaviours as the way women have adapted and responded to trauma.** In trauma-informed organizations, service providers see a woman's behaviour as reflecting the way she has adapted to a world that has been unsafe for her. Women might be disengaged, angry, or abrupt. Also, women living with IPV are likely so worried about their children that it's difficult for them to stay engaged with service providers. Trauma-informed service providers understand this. They know that living with IPV affects how the world looks to a woman, what feels safe, what she thinks might happen, and how she asks for and uses services. Service providers who are trauma-informed communicate in ways that do not shame or embarrass a woman, are respectful and non-judgemental, and acknowledge that the woman is doing the best that she can.
- **Stay on track.** Don't take it personally if women are unable to move ahead with your support. It can be easy to become judgemental, frustrated, blame the woman, or become distant and critical when women don't respond or connect easily. Continue to use your caring and commitment skills, regardless of the struggles that a woman is experiencing. Sometimes, it can take a long time for women to get to a point of trust. [43]

Listen to women's voices:

"I needed to tell my own story in my own time. I didn't even talk about the IPV until it was so many years later, about eight years after it happened. Then, because of the fact that I had built a great relationship with my counsellor, I felt secure and I was ready to let her know what had gone on in my life. I knew it was time to deal with the trauma if I was ever going to feel better."

How to enhance emotional safety for women and children

One of the key elements in providing trauma-informed care is to understand and enhance the emotional safety of mothers and children who live (or have lived) with IPV. There are several ways to do this, including how to:

- **Understand emotional safety.** This means a woman feels accepted and has the sense she is safe from emotional attack or harm. Most women who live with IPV have had their sense of being safe and secure taken away from them. In fact, many women feel that ongoing and unrelenting attacks on their sense of wellbeing are more painful and traumatizing than actual physical abuse. If a mother has been traumatized in this way, it can be very difficult to find a day-to-day sense of calm and safety even if she and her children are physically safe and cared for.

Listen to women's voices:

"I was misdiagnosed as bipolar, when really it's the amount of trauma I've had in my life over and over and over again. I'll go along and think everything's ok and I'm normal then something will happen (like I read something or watch something on TV) and I'm triggered. Those beautiful moments get stolen from me, they become filled with tragedy, and I'm robbed. You just learn how to deal and how to cope, but it's not really living – it becomes like another full time job, just learning how to cope with all the trauma. Sometimes I feel like the level of stress is hurting my body more than the beatings that I had."

- **Provide a safe and soothing space.** A trauma-informed organization recognizes that emotional and physical safety are inseparable. A calming and soothing physical space really helps enhance a woman's emotional safety. Noisy, cluttered, or disorganized spaces can be unsettling. A soothing space can be as simple as a corner of a quiet room, set aside for women to care for their feelings or to help restore a feeling of calm. It could contain a comfortable chair, a soft blanket, low lights, a door that can be closed or kept open, and a source of quiet music. Safety measures can also be provided with protective technology, such as having a buzzer on the door to control access to the building.

- **Help women manage their feelings.** Trauma often affects a woman's ability to find emotional balance. Women will often experience a flood of feelings and worries that make it difficult to make decisions, follow plans, and tend to responsibilities. Service providers can reassure and comfort women, while also giving them a greater sense of control and safety. This includes:
  - » offering a caring and calming presence
  - » helping with tasks that are overwhelming
  - » providing structure and routine within programming
  - » working to identify achievable goals
  - » offering frequent breaks
  - » tailoring your program expectations to what individual women need.
- **Provide information about how early experiences of trauma have impacted their mothering.** Many women who live with IPV will not be familiar with the concept of trauma. Some women might believe it's a sign of strength to be able to withstand extreme difficulty without complaining. Others might see silent endurance as a religious or spiritual value. And still others will have feelings and emotions that are like a roller coaster. No matter how it is expressed, trauma related to IPV is so disruptive to a woman's sense of well-being that it changes how she experiences the world, how she perceives danger, and how she acts as a mother. Many women find it helpful to hear that trauma responses are real and are a logical result of the trauma she has experienced. They don't mean that she is weak or flawed.
- **Provide clear information and avoid surprises.** Service providers who provide clear and accurate information about policies, procedures, rules, plans, and activities help provide emotional safety for women. Let women know how you do things and how decisions are made. Be clear about the rules that the staff follow. Do what you say you are going to do. By avoiding surprises whenever possible, women will feel safer.
- **Help women feel comforted and in control.** An important aspect of this is to support women to make safe decisions for themselves. Trauma-informed service providers also ensure that women know they can ask for what they need. And they know they can express their opinions and wishes and receive a respectful response from service providers. [43, 44, 45]

Listen to women's voices:

"The whole program that I attended was so warm and inviting and relaxing. It was a comfortable place to be. When I was in the counselling program, they were soft and open. They don't bombard you with things, they just let you find your way. They were so encouraging and hopeful, they kept saying 'when you're able to change, you will."

Want to find out more about using the trauma lens to support children living with IPV? Check this out:

16 Trauma-Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence.

promising.futures withoutviolence.org/files/2012/07/16-Evidence-Based-Strategies-for-Advocates.pdf

Providing trauma-informed support to children who live with IPV

Trauma can be especially detrimental to children, who are still in the process of developing physically, mentally, and emotionally. They have not developed the capacity to understand the events they experience. Some of the ways a trauma-informed organization can support children who live with IPV are to:

- **create calm, stable, and predictable environments.** Children, including infants and toddlers, who live with trauma and IPV are likely to be hypervigilant or in a constant state of sensory overload, always looking around them for possible threats. This heightened state of alertness can affect their attention and ability to engage with the world around them. Create a calm, stable environment. This includes reducing unnecessary noises that children who have experienced trauma might find threatening or distracting. Pay attention to ambience – lower lighting and soft colour schemes, for example, are soothing for everyone.
- **support mothers to help their children manage their emotions.** Children who have experienced trauma often have challenging behaviours and find it hard to read other people's emotions. A key part of healthy development for all children is to recognize and regulate emotions. Parenting programs in community-based programs should emphasize strategies that help mothers support their children to regulate their emotions and behaviours.
- **be a role model.** Service providers can model ways to deal calmly and productively with day-to-day stress. This can build trust, demonstrate appropriate ways for children to problem solve, and treat others with respect. Work with mothers to set an example of expected behaviours and praise children when they show those behaviours. Signs of positive relationships include respecting others, listening to others, showing affection for others, demonstrating compassion, and being optimistic.
- **work collaboratively with other services for children in your community.** When community-based services have strong and effective relationships with other key service providers, including child protection services, the services for children who live with IPF and other trauma will be stronger and more effective, too. [46]

Taking steps to make community-based programs trauma-informed

Providing trauma-informed services is not limited to front line care. Trauma-informed services also integrate the knowledge of the impacts of trauma on women and children into all aspects of service delivery including organizational and policy development, and management practices. Here are some steps community-based programs can take:

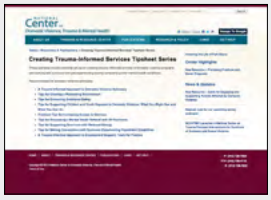
- **Reflect on your program's practices and policies.** Have organization-wide discussions about emotional and physical safety for women and children, for example, and ways to make the physical space welcoming and nurturing.

- **Create an environment with regular opportunities to reflect.** It is important to have the time to reflect on your responses to women and children who experience trauma and how your responses might be affecting them. Reflection also helps service providers make thoughtful and professional decisions, fully aware of how personal reactions and feelings influence their work with women and children.
- **Engage with co-workers** to recognize the ways in which tensions that arise within your program (among women receiving services and among program staff) can be related to staff feelings about, and reactions to, trauma. Develop ways to safely and respectfully address these issues with each other when they arise.
- **Reflect on the impact of the work that you do on your own life,** either privately or with others you trust, including supervisors, peers, therapists, family, and friends.
- **Examine personal biases and experiences.** Personal experience of abuse as a child or living with IPV can affect a service provider's opinions, responses, and decisions. For example, those with personal experience might be more sensitive to picking up on cues. Or they can be too sensitive and see IPV where it doesn't exist. Personal experiences can make service providers empathic and compassionate, or impatient and judgemental. And they can increase the development of trauma symptoms and burnout in some people. If you are or have experienced trauma or are living with IPV, seek support to resolve your own feelings. [3, 45]

Want to find out more about trauma-informed services? Check this out:

Tips on Creating Trauma Informed Services

nationalcenterdvtraumamh.org/publications-products/creating-trauma-informed-services-tipsheet-series-for-advocates



CONSIDER THIS: Vicarious trauma can interfere with the ability to support and engage with women and children.

Vicarious trauma is defined as the emotional impact on service providers from hearing trauma stories and witnessing the pain, fear, and terror that women living with IPV have experienced. This can be even more troubling when children are involved. Vicarious trauma can lead to compassion fatigue, numbness, trouble sleeping, and other physical or emotional issues. Working with children who live with IPV can also trigger a provider's own experiences with IPV or trauma. Trauma-informed organizations will prioritize support for their staff who might be experiencing vicarious trauma. [46]

Section 6

Role of community-based programs

Community-based programs are in an ideal position support women and children who live with IPV. But it's a complex issue that requires a multi-faceted approach.

What are some ways community-based programs can respond to mothers and children living with IPV?

There is a range of responses to support mothers and children that span front line, organizational, and systems approaches. These include:

- **developing positive practices using a trauma lens** as described throughout Building Connections.
- **understanding that IPV can be transmitted from generation to generation** and impacts children throughout their lives and into their adult relationships.
- **developing collaborative relationships with women.** Ask about the kinds of services and supports that have been helpful to them and their children in the past and brainstorm who might be helpful in the future. Ensure that your program has linkages with these services and supports. It can be reassuring to women living with IPV to know that community organizations are knowledgeable about each other's services and that linkage agreements are already in place.
- **building collaborative community partnerships.** A multi-agency approach is needed to deal with the complexities of IPV. And when community-based services have strong and effective relationships with key service providers in a range of sectors, the services to women and children living with IPV will be stronger and more effective, too. This includes child protection services, women's support services, and mental health providers. Create liaison plans or collaboration agreements with other service providers, offer job shadowing and cross-training, or provide co-location of services to more fully respond to the needs of women and children. These kinds of collaborative efforts can help to ensure that no single person is trying to do everything, which helps to avoid burnout.
- **developing culturally relevant referrals and linkages.** Find out what supports exist in your community that will be supportive of Indigenous women and children or families from a range of cultural groups. Forge linkages with these groups. And make sure that your own program encompasses culturally relevant practices, too.
- **advocating with service providers and systems** on behalf of women and children living with IPV and support women in their efforts to advocate on their own behalf.

- **above all, listening to and believing in women** and paying attention to children who might not be able to express themselves verbally but can show you through actions and behaviours that they are experiencing distress [40, 41, 47]

> **Listen to women's voices:**
>
> "If I had advice to give to service providers who work with women like me, I'd say know the resources in your community, spot what's going on, make an offer, see what happens."

Working with child protection services

Often women and children who participate in community-based programs are also involved with child protection services. For this reason, it is critical that service providers work with child protection to ensure

- a shared understanding of the dynamics of IPV
- how abusers parent and those impacts on children and mothers
- how to support the safety of both children and mothers

Promising practices include:

- **building and sustaining relationships and partnerships** with staff of other agencies and systems that affect family safety
- **establishing a shared vision for practice** based on safety for all family members
- **understanding and respecting various perspectives and work processes** and acknowledging the experience and skills of staff in other agencies
- **developing joint protocols** and policies to guide practice and build collaboration

Strategies that encourage collaborative working relationships with child protection services also help women become well informed and supported throughout their involvement with child protection services. Collaborative strategies include:

- **providing cross-training** between child protection workers and community-based services
- **creating opportunities for cross-sectoral knowledge exchange**
- **suggesting other initiatives** such as regular meetings with key managers from child protection services, developing mutual consent forms accepted by both partners and by women, developing joint service plans, and organizing integrated service coordination meetings [48]

Organizational practices that support women and children living with IPV

Use these questions to revisit your program practices:

- Do you have established connections and referral protocols with a broad range of community programs and mental health providers that will support women and children and promote their safety, resilience, and healing?
- Are you effectively collaborating with community organizations to better meet the needs of the diversity of families you work with?
- Do you have access to qualified interpreters, rather than using children or other family members to translate?
- Do you partner with culturally specific agencies to ensure each family receives appropriate services?

CONSIDER THIS: Women new to Canada are likely to have intensified experiences of living with IPV

Women new to Canada have experienced the loss of leaving everything familiar behind while having to get used to strange new surroundings. They might have to learn a new language and they often have no family here. Among new Canadians, there is great variability in attitudes and opinions, according to how recently they came to this country, their education level, proficiency in English, religious commitment, community support infrastructure, and personal experiences. Women new to Canada experience the same range of emotions and reactions as all women living with IPV – fear, shame, hope for change – but seeking assistance from Canadian social and legal systems can be a daunting task because of beliefs about the family, barriers to service, and concerns about immigration issues. [37, 49]

- Do you have an established relationship with child protection services that allows communication about supporting the safety of children?
- Are you working with child advocacy centres, children's mental health treatment programs, and early childhood education programs to coordinate services whenever possible?
- Do you have an established relationship with a women's counselling service?
- Do you intentionally build and sustain relationships and partnerships with staff of other agencies and systems that affect family safety?
- Do you work with community partners to establish a shared vision for practice based on safety for all family members?
- Do you understand various perspectives and work processes and acknowledge the experience and skills of staff in other agencies?
- Have you developed joint protocols and policies with key community partners to guide practice? [47]

Community-based programs that provide a caring, consistent, and structured environment help mothers and children feel safe and supported. Anything that service providers can do to support women who live in, or have left, situations of IPV to form secure attachment bonds and to develop positive mothering strategies can improve the lives of mothers and children who live with IPV. Similarly, when community-based organizations are able to develop strong and effective relationships among a wide array of helping services, the system as a whole becomes supportive of and responsive to mothers and children who live with IPV.

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- ShelterSafe sheltersafe.ca
- National Aboriginal Circle Against Family Violence nacafv.ca
- Assaulted Women's Helpline awhl.org
- YWCA Violence Against Women (VAW) Legal Information Resource: Supporting Aboriginal Women Facing Violence vawlawinfo.ca

Support for children and adolescents who live with IPV

- Kids Help Phone kidshelpphone.ca
- The Family Violence Youth Site (Department of Justice, Government of Canada) familyviolencehurts.gc.ca
- Bursting the Bubble burstingthebubble.com
- The Hideout thehideout.org.uk

Support for service providers

- Ending Violence Against Women springtideresources.org

Trauma-informed care

- Trauma and Toxic Stress, Florida State University Center for Prevention and Early Intervention Policy floridatrauma.org
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Breaking the Cycle

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