LearningNetwork
Mobilizing knowledge to end gender-based violence
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TRAUMA- AND VIOLENCE- INFORMED APPROACHES: SUPPORTING CHILDREN EXPOSED TO INTIMATE PARTNER VIOLENCE

This Issue is relevant to shelter workers, child and youth workers, teachers, and community-based services working with children who may have experienced exposure to intimate partner violence.

If you need support as you read through this Issue, please reach out.

Children exposed to Intimate Partner Violence (IPV) are in an environment where an adult (often a parental figure) is abusive towards an intimate partner, most often a maternal figure in the child's life. The term 'exposure' is used because children do not have to observe or even be present during the violence for it to affect them.[1]

Learn more about what exposure may look like in our Issue on Children Exposed to Domestic Violence.

- About **10%** of adult Canadians state that as a child, they "witnessed violence by a parent or guardian against another adult in the home."[2]
- **45%** of all substantiated investigations of child maltreatment in Ontario for 2018 involved exposure to IPV as the primary form of maltreatment (an estimated 17,051 investigations).[3]*

Children exposed to IPV may experience harmful traumatic stress and need support to foster their resiliency and wellbeing.[4] In response, there is a growing movement to meet children's needs through the use of Trauma- and Violence- Informed (TVI) approaches.

TVI approaches "bring attention to: broader social conditions impacting people's health; ongoing violence, including institutional violence; discrimination and harmful approaches embedded in the ways systems and people know and do things; the need to shift services to enhance safety & trust."[5]

In this Issue, we share information about TVI approaches to supporting children exposed to IPV. We do so by taking an intersectional lens that recognizes the diversity of experiences that children exposed to IPV can have.[6] These differing experiences can affect understandings of violence, if and how help is sought, and interactions with service providers and systems (e.g. child welfare, justice).

It is important to note that not all children living with IPV experience negative adjustment following exposure, and that no child should be defined by the violence and trauma they experienced. Children are complex whole beings with different temperaments, relationships, family and community values, interests, and so much more. TVI approaches encourage us to recognize that every child is capable of health, resilience, and growth following trauma, while respecting and validating that many children are struggling to navigate the impacts of their experiences.

* Children's exposure to IPV might be underreported for many reasons including social stigma, fear, and difficulty recalling past events.

POTENTIAL IMPACTS OF CHILDREN'S EXPOSURE TO IPV

Insights from research, practice, and lived experience indicate that exposure to IPV can have a variety of short-term and long-term impacts on children. When this exposure is ongoing, especially across developmental stages, there can be a cumulative effect which increases the emotional, physical, and social toll on children.[7]

Some potential impacts are shared below:

INFANTS & TODDLERS (BIRTH TO 2 YEARS)	PRESCHOOLERS (3 TO 5 YEARS)	SCHOOL-AGED CHILDREN (6 TO 12 YEARS)	TEENAGERS (13 TO 18 YEARS)	ADULTS (18+ YEARS)
Difficulty forming secure attachments to their mother and fighting with other children[8]	Difficulties with prosocial behaviour[9]	Engaging in parent-child role reversal (acting like the parent)[10]	Perpetrating or experiencing teen dating violence[11]	Perpetrating or experiencing intimate partner violence[12]
Fussy or irritable behaviour and difficulty self-soothing[13]	Separation anxiety, hypervigilance, and depression[14]	Post-traumatic stress and mood swings[15]	Anxiety and depression[16]	Mental health conditions (e.g. depression, anxiety)[17]
Premature birth and low birth weight[18]	Asthma, allergies, and stomachaches[19]	Bed wetting, frequent illness, and weight issues[20]	Difficulty with substance use (e.g. binge drinking)[21]	Chronic physical and pain conditions (e.g. high blood pressure, migraine headaches)[22]

For more on potential impacts, read
Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as they Grow.

Structural violence (e.g. colonialism, ableism, cisnormativity, heteronormativity, racism, xenophobia) and intergenerational trauma compound the impacts of exposure to IPV. For instance, intergenerational trauma related to colonization (past and present) continues to have devastating implications for Indigenous children, families, and communities across Canada.

Children living with IPV may also be exposed to further adversities (e.g. poverty and homelessness,[23] destruction of property,[24] abuse of their companion animals,[25] physical and sexual abuse[26]). Not surprisingly, living with multiple adversities results in a cumulative burden on the health and well-being of children across the life course.[27]

Trauma- and violence- informed approaches seek to understand and address the impacts exposure to IPV has on children.

In extreme IPV situations, children's lives may be at risk; some are killed; others may be present during the homicide of their mother or other family members. Whether present or learning later what happened, children are left with the loss and trauma resulting from domestic homicide.

Learn more: The Canadian Domestic Homicide Prevention Initiative shares research on risk assessment, risk management, and safety planning for children exposed to domestic violence.

WORKING WITH CHILDREN EXPOSED TO IPV USING TRAUMA- AND VIOLENCE- INFORMED APPROACHES

Understanding childhood trauma and the associated health and social consequences necessitates a multi-faceted approach to addressing trauma guided by Trauma- and Violence- Informed (TVI) approaches. The concept of trauma-informed approaches emerged through the work of researchers, practitioners, and advocates.[28] Being trauma-informed requires that one "**realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**."[29]

TRAUMA-INFORMED ➔ TRAUMA- AND VIOLENCE- INFORMED

"Violence" was added to trauma-informed approaches to emphasize the broader structural violence that influences and shapes interpersonal experiences of trauma, an individual's health and well-being, and engagement with services.[30] TVI approaches seek to dismantle power imbalances within health and social service settings. This is particularly important for individuals who have been disempowered or whose voices have been silenced or talked over.

TVI approaches are guided by the following four principles:

1. Understand trauma and violence and their impacts on people's lives and behaviour
2. Create emotionally and physically safe environments
3. Foster opportunities for choice, collaboration and connection
4. Provide a strengths-based and capacity building approach to support coping and resilience[31]

When these principles inform our work with children exposed to IPV, we recognize how trauma is impacting children and their families, we work with them to foster their safety and resilience, and we are responsive to the particular circumstances of each child and family. In what follows, we will share more information about TVI principles and how they may come to life in various ways depending on a given child's context.

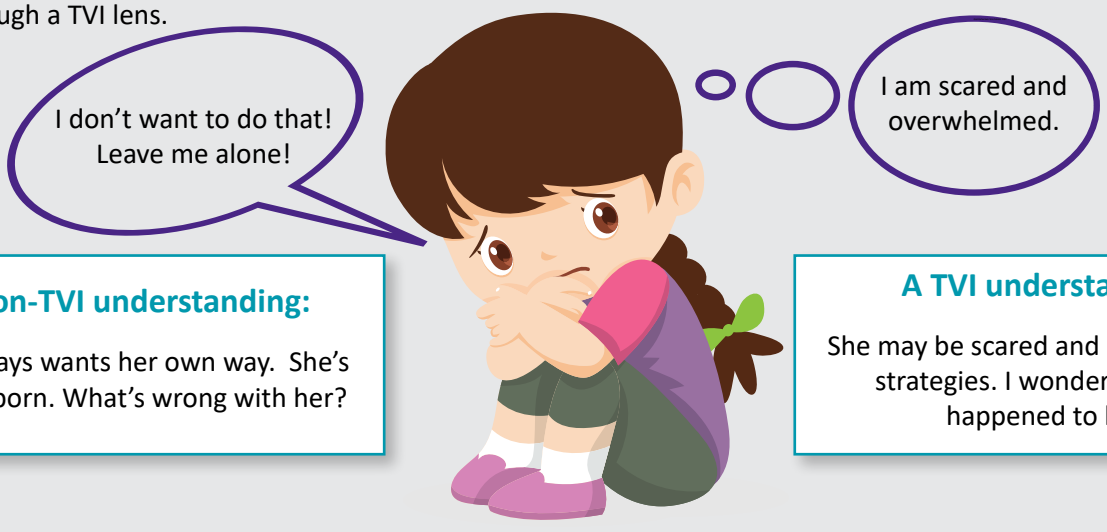
THE ADVERSE CHILDHOOD EXPERIENCES STUDY

This groundbreaking study helped shape our understanding of the links between early childhood trauma and long-term health and social implications. It found that adverse childhood experiences or "ACEs" (e.g. exposure to IPV, physical and emotional abuse, neglect) are quite common, and that there is a strong correlation between the number of ACEs experienced in childhood and the number of poor outcomes experienced later in life (e.g. heart disease, depression, substance abuse, poor academic achievement).

Learn more:
Click here for a talk by Nadine Burke Harris on how childhood trauma affects health across the lifecourse.

CHANGING OUR THINKING WITH TVI APPROACHES

Consider how an individual's understanding a child's behaviour may change when we look at supporting a child exposed to IPV through a TVI lens.



A non-TVI understanding:

She always wants her own way. She's so stubborn. What's wrong with her?

A TVI understanding:

She may be scared and needs calming strategies. I wonder, what has happened to her?

1. UNDERSTAND TRAUMA AND VIOLENCE AND THEIR IMPACTS ON CHILDREN'S LIVES AND BEHAVIOUR

TVI approaches require all those working with children to understand that children of any age may experience potentially traumatic events, that violence and trauma are connected, and that there are significant impacts on children's lives and wellbeing. This knowledge can help those working with children to better understand traumatic stress reactions, and how to be responsive and supportive in their interactions with children.

5-year-old David is playing with a soccer ball at his schoolyard on reserve. A loud motorcycle rumbles by and David starts to scream loudly and cover his face and ears. Lisa, his teacher, thinks David has injured himself while playing and gives him a hug and says, "You're okay, David!" David is still visibly upset and asks that Lisa not tell others about what happened because he doesn't want to "be taken away." David's mother later explains that David's father used to hit her and after he would slam the door and drive away on his motorcycle. She said that David doesn't like talking about it because his father said he would be taken away from home if he did. David's mother shares this fear because so many kids from their community are taken away from their parents.

What could a TVI response involve for David and his mother?

- Recognize that David has experienced trauma due to violence in the home
- Identify that a trauma cue (motorcycle noise) is responsible for David's sudden change in behavior
- Use a calming voice and body position (lower to his level) to reassure David he is safe
- Ask David if he would like to do "belly breaths" (i.e. breathing exercise) to calm himself
- Offer to support David's mother and David in speaking with teachers about ways for David to feel safer
- Teach resiliency throughout the school to all students. **Learn more:** Teach Resiliency is designed by teachers, with teachers to provide practical resources and tools to support mental health and wellness
- Invite David's mother to share her fears about David being taken away, acknowledge her concerns and feelings, and ask what could be done to support her and David

STRUCTURAL VIOLENCE AGAINST INDIGENOUS PEOPLES

When we work from a TVI approach, we understand intergenerational trauma and its impact on Indigenous Peoples, including residential schools, the Sixties Scoop, and the Millennial Scoop. *Aboriginal Peoples and Historic Trauma: The Process of Intergenerational Transmission* by the National Collaborating Centre for Indigenous Health shares information on understanding trauma as it relates to Indigenous Peoples.

Intergenerational trauma requires that Indigenous TVI approaches and responses are available. **Learn more:** In our webinar on *Strategies for Working with Indigenous Individuals Experiencing Trauma*, Holly Graham provides an overview of foundational knowledge related to trauma and practical applications for the workplace from an Indigenous perspective.

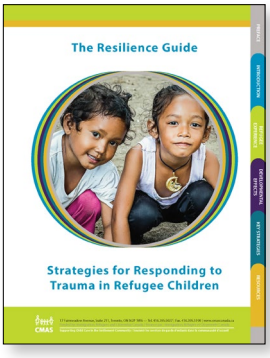
2. CREATE EMOTIONALLY AND PHYSICALLY SAFE ENVIRONMENTS

For children with lived experience of trauma and violence, it is important that their environment, and especially the setting in which they access services, promotes emotional and physical safety. Children exposed to IPV may show signs of hypervigilance, anxiety, and worry about their environments. They may also have difficulties regulating their behaviours and emotions which need to be met with calm and supportive approaches, rather than shaming and punishments. Children feel safe when there is consistency (e.g. structured routines, expectations), reliability, predictability, honesty, cultural awareness and sensitivity, and transparency (e.g. about new changes taking place in program or service) in their environments.

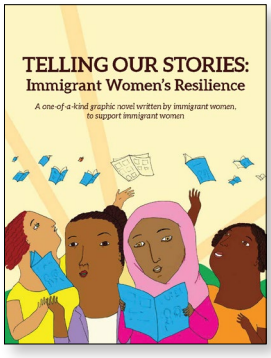
14-year-old Leyla and her mother Naima immigrated to Canada to join Leyla's father and parents-in-law. However, they left home due to violence by Leyla's grandmother. They spent a few weeks staying with different friends and recently moved into a shelter. Leyla is having a hard time adjusting to communal living in a shelter. She is not used to eating the meals provided and there is nowhere for her to pray, which has always been a source of safety and healing. She feels out of place and disconnected from the shelter and its staff. Naima expressed that she thought Leyla may have been sexually assaulted by one of the friends they stayed with before they came to shelter but that Leyla said it was okay.

What could a TVI response involve for Leyla and Naima?

- Recognize that there are differences in how children perceive environments as safe and trustworthy and ask Leyla what she needs upon arrival and then again, periodically, throughout her shelter stay
- Identify that some children may have had prior life experiences that require additional efforts to restore safety (e.g. intergenerational trauma, migration trauma)
- Ensure that the food Leyla and Naima need to prepare their meals is available
- Create a safe and quiet space for Leyla to pray in on a consistent basis
- Ask Leyla and Naima if they would like to be connected with other resources in the community (e.g. faith leaders and organizations, settlement agencies)
- Build a trusting relationship with Leyla and Naima
- Connect Leyla with opportunities to share and receive additional support (e.g. youth group in shelter, settlement agency or youth mental health agency)
- Tell Naima that you are glad that she expressed her concern about Leyla's possible sexual abuse, and explain to her that you need to talk about this with Leyla
- Share with Leyla in a private location that her mother was concerned that someone may have touched her in ways that she did not want or did not feel comfortable. Ask her if this happened and if so, invite her to talk about it with you
- Follow up according to protocols and inform Leyla and Naima what to expect. Where appropriate, offer Leyla choices (e.g. offer to be with her when she meets with the child protection services worker, whether she would like to speak with the worker at the shelter or at the worker's office)



Learn more: *The Resilience Guide: Program Strategies for Responding to Trauma in Refugee Children* by CMAS shares the impact of the refugee experience at different ages, and key strategies to strengthen families' capacity for resilience.



Learn more: *Telling Our Stories: Immigrant Women's Resilience* by OCASI is a graphic novel written by immigrant and refugee women, for immigrant and refugee women. It deals with issues of sexual violence and violence against women and is available in 10 languages.

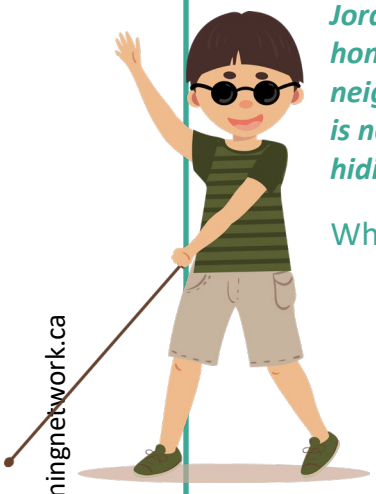
3. FOSTER OPPORTUNITIES FOR CHOICE, COLLABORATION, AND CONNECTION

This principle relates to efforts for open and non-judgmental communication of treatment and service options when working with children exposed to IPV. Options can be presented and considered together with a mindfulness of how we can center children's voices, acknowledge power imbalances, and not further traumatize children who may have had earlier experiences of powerlessness and loss of control. The focus of this principle is on fostering respect, agency, and empowerment.

Keisha is a 9-year-old girl who went with her mom, Monique, and baby brother, Denis, to a women's shelter after following their safety plan. Keisha often cared for her brother during violent episodes in the home. She had packed his bag, wrapped him in a blanket, and held him on their way to the shelter. When they arrived at the shelter, staff took Denis from Keisha's arms so they could talk to her privately and put him to sleep. Keisha feels uncomfortable, at a loss, and worried about her brother. She told the shelter worker: "I couldn't stop the fighting but at least I kept Denis safe."

What could a TVI response involve for Keisha and her family?

- Reflect that Keisha has protected Denis and that his safety and wellbeing is really important to her
- Offer choices to Keisha about Denis's care (e.g. that staff would be able to care for Denis if Keisha liked or that she could put him to sleep and see where he will be)
- Invite Keisha to join the group to support children who have also lived with "fighting" in their home
- Respond to Keisha's comment about "not being able to stop the fighting" by stating that it is not the responsibility of children to stop "fighting" by adults
- Collaborate with Keisha and Monique in moving forward to support Denis
- Create an open and non-judgmental connection with Monique to recognize her efforts to keep her children safe by following their safety plan
- Invite Monique to discuss how shelter staff could best support her parenting and what she needs. **Learn more:** Find resources on supportive parenting in *Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers*



Jordan is a 5-year-old boy who is staying in a group home after being removed from his home due to violence. Jordan is blind and has had trouble navigating his new home, neighbourhood, and school. He will sometimes hide when the door is slammed and he is not sure who is entering the home. Workers have expressed worry about Jordan's hiding as they are not sure where he is and if he is safe.

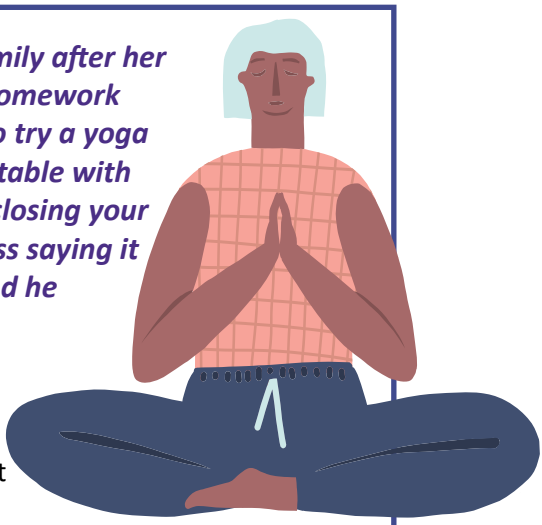
What could a TVI response involve for Jordan?

- Recognize Jordan's current behavior within the context of his past experiences (e.g. exposure to IPV, ableism)
- Invite Jordan to discuss what feels good about hiding: "What do you like about hiding?"
- Work with Jordan to choose predetermined spaces to hide that will allow staff to find Jordan more easily and alleviate their worry
- Connect with Jordan about routines and strategies to ensure that Jordan feels comfortable in this new environment (e.g. home, school, transportation)
- Collaborate with an organization dedicated to ensuring accessibility for children with disabilities and D/deaf children

4. PROVIDE A STRENGTHS-BASED AND CAPACITY-BUILDING APPROACH TO SUPPORT COPING AND RESILIENCE

Implementing this last principle involves working with children to further develop their strengths, resiliency, and coping skills. Skills can be taught and modelled for a variety of purposes including recognizing cues, calming oneself, and problem-solving. Children benefit when social and emotional learning skills are modelled by adults (e.g. caregivers, teachers, coaches) in their world and when they are given the opportunity to use these skills.

Crystal is a 15-year-old transgender girl who lives with her extended family after her father killed her mother. She goes to a children's recreation center for homework support and works with a staff member named Romy. Crystal decided to try a yoga program at the center. In her first class, Crystal felt extremely uncomfortable with some of the things the instructor told them to do (e.g. deep breathing, closing your eyes, certain poses) and she heard other children teasing her during class saying it was "for girls only." Chrystal told Romy that yoga didn't work for her and he agreed she shouldn't go again if she felt uncomfortable.



What could a TVI response involve for Crystal?

- Recognize Crystal's efforts in identifying and attending the yoga class
- Invite Crystal to discuss what she thought she would enjoy about yoga, what she hoped it would be like, and why it didn't work for her
- Explore yoga classes that may work better for her with Crystal (e.g. non-competitive, invitational in allowing individuals to do what feels comfortable—for some, you may want to close your eyes, others may want to keep their eyes open)
- Acknowledge the violence Crystal faced with peer bullying and initiate a conversation at the center about implementing anti-discrimination policies and supporting diverse gender identities and expressions. This *Creating Authentic Spaces Toolkit* by The 519 offers strategies and suggestions on creating affirming spaces

Learn more: The *Adopting a Trauma-Informed Approach for LGBTQ Youth* Brief offers steps that organizations and schools can take to support trauma-informed systems change that benefits all, including LGBTQ youth.

VICARIOUS TRAUMA

"Vicarious trauma is the experience of bearing witness to the atrocities committed against another."[32] Service providers exposure to trauma (e.g. IPV, child maltreatment) can be constant as they experience the sight, smell, sound, touch, and feel of trauma as told, sometimes in detail, by experiencers.[33]

Potential impacts of vicarious trauma include sleep disorders, nausea, feelings of fear and anger, and disruptions in interpersonal relationships.[34] Vicarious trauma also, in part, contributes to employee burnout and high turnover.

Being TVI requires acknowledging, preventing, and responding to vicarious trauma. This includes fostering and supporting coping and resilience amoung service providers.

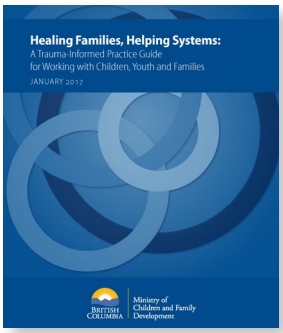
Learn more: The *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* offers management strategies for vicarious trauma.

FURTHER RESOURCES ON TVI APPROACHES

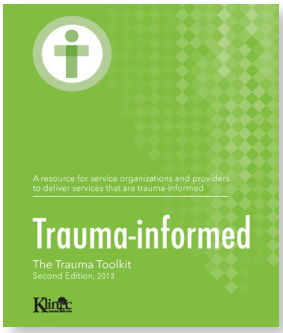
In this Issue, we shared a brief overview of how TVI principles can inform the support of children exposed to IPV.

Increase your own learning by exploring these resources:

Children's Exposure to Intimate Partner Violence Systematic Review Summary evaluates and synthesizes the available evidence on trauma and violence to arrive at guidance statements for identification of and intervention/referral for children's exposure to IPV.



Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families offers information on understanding trauma and implementing trauma-informed approaches for children, youth, and families.



Trauma-Informed: The Trauma Toolkit is a resource for service organizations and providers to deliver services that are trauma-informed.

Story Shifters: Co-creating New Stories about Trauma is a webinar where Barbara Ward shares 9 story shifters that can be used to assist those who have experienced childhood trauma to explore new alternative stories rooted in resilience.

FOR FULL REFERENCE LIST, VISIT:

http://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-31/index.html

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https://uwo.eu.qualtrics.com/jfe/form/SV_6EyT8Ft18cUsfNH

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