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The impact of domestic violence on children: implications for professionals

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THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN:
IMPLICATIONS FOR PROFESSIONALS

by

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A Scholarly Project
Submitted to the Occupational Therapy Department
of the
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This Scholarly Project Paper, submitted by Kelly Hughes and Brooke Kohler in partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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Date
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Title: The Impact of Domestic Violence: Implications for Professionals

Department: Occupational Therapy

Degree: Master’s of Occupational Therapy

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ABSTRACT

There are 3 million child abuse and neglect accounts reported to child welfare agencies across the United States every year, but researchers predict as many as 10 million children are exposed to domestic violence in the home (Christian, 2002). Children do not always show the physical signs of living in homes with domestic violence. Frequently the most prevalent impact can lie within the child’s mind, resulting in possible cognitive, emotional, and behavioral effects (Tri-State Rural Collaboration Project, n.d.). In order to provide the best possible care, it is imperative for professionals to understand the effects that domestic violence has on these children.

The effects are displayed within the classroom and can commonly be overlooked as behavioral issues, and professional may not consider looking further for an underlying source. The effect of domestic violence results in children’s decline in ability to perform in their daily activities. Following a review of literature, an educational inservice was developed for occupational therapists to help them gain the necessary basic background knowledge on the impact domestic violence has on children. The inservice covers the following necessary topics: implications of domestic violence, how to identify the children affected, the steps for reporting suspected domestic violence, and an overview of intervention strategies to use when working with these children.

This inservice was designed for occupational therapists working with children between the ages of six to twelve. The product is designed to be presented in a three-hour time frame, but is designed in a way that is flexible for the instructor giving the
presentation. Inservice materials include; an outline, presentation slides with notes, participant handouts, and a case study and other activities.
CHAPTER I

INTRODUCTION

Statement of the Problem

Children do not always show the physical signs of living in homes with domestic violence. Frequently the most prevalent impact can lie within the child’s mind, resulting in possible cognitive, emotional, and behavioral effects (Tri-State Rural Collaboration Project, n.d.). These effects are displayed within the classroom and may end up being overlooked as common behavioral issues, and not considered further for the underlying source. The effect of domestic violence results in children’s decline in ability to perform in their daily activities.

The focus of this project is directed towards children ages six to twelve years old that are impacted by domestic violence. For children in this age range it is easier for them to express their feelings through behaviors rather than using words (Gootman, 1993). These maladaptive behaviors begin to be displayed within the classroom, and can be identified by professionals working with these children. Professionals should provide a structured environment with clear expectations in order to give this group of children a sense of stability that they may not be getting at home (Cohen & Knitzer, 2004).

The product of this scholarly project is an educational inservice for occupational therapists to help them gain the necessary basic background knowledge on the impact domestic violence has on children. Once the occupational therapists gain this additional clinical knowledge, they will be able to expand their scope of practice. Based on their
willingness to include the suggestions made into their everyday practice, the professionals that attend this inservice make the decision on whether or not the information is used within therapy.

The occupational model used to develop this program for occupational therapists working with children who are affected by domestic violence was Occupational Adaptation, which was developed by Schkade and Schulz (2003). The process of occupational adaptation occurs when being faced with an occupational challenge due to the person and environment interactions. The individual can be enabled to respond to occupational challenges by meeting the needs of both internal and external role expectations. As a person engages in occupation, there is the presence of a desire, demand, and press for mastery.

Schkade and Schulz (2003) state that occupation is universal and a tool for participation in life. Domestic violence in the home can be the cause of children experiencing a challenge performing the role of a student within the classroom. Through the use of occupational adaptation, clinicians direct the focus of their treatment on the children to promote mastery between the child and their environment. A component of the Occupational Adaptation model shows the person as consisting of sensorimotor, cognitive, and psychosocial systems (Schkade & Schulz, 2003). The adaptive response requires different demands for each of the three systems based on the occupational challenge. Occupational therapists working with children living in violent homes may have the initial psychosocial system response of anger toward the abuser along with feeling sorry for the child resulting in being over-emotional. This initial response can hinder the treatment in therapy for these children by focusing on the emotion, thus
blocking focus on a solution for change. The occupational therapists’ responding to children with the cognitive system functioning as the dominant role, allows for increased focus on the intervention treatment needed to overcome the occupational challenge.

Importance to the Profession

Occupational therapists take a holistic approach to therapy, directing their focus on a person’s cognitive, emotional, and physical wellbeing. There is a challenge when working with children living in homes with domestic violence to focus primarily on the physical aspects of the children’s treatment. Occupational therapists need to remain holistic when working with these children in order to address all aspects affecting the child’s performance.

This project was designed to educate occupational therapists on utilizing a holistic approach to intervention with children affected by domestic violence. Understanding the physical signs along with the psychological impact domestic violence has guides a professional’s approach in working with that child. For many professionals the implications of domestic violence on children may be missed or ignored during therapy due to the lack of knowledge in this area. Therefore, this project will help to broaden occupational therapy’s scope of practice in the area of domestic violence and the children it affects.

Summary

Chapter II of this document is a literature review, which is divided into several sections. The first section contains an introduction to domestic violence and includes statistics both nationally and specifically for the state of North Dakota. This is followed by information on how domestic violence influences children and a description of
academic consequences. Understanding the prevalence and implications domestic violence has on children shows a need for professionals to work with these children. The next section focuses on assessment and reporting of the suspected abuse, followed by programs addressing domestic violence. The final section provides education on the possible cognitive, behavioral, and psychosocial effects and strategies for professionals responding to disclosure of violence.

Chapter III contains an overview of the product and how it relates to the review of literature. This chapter also includes a comprehensive description of the methodology used to develop this project. Chapter IV contains the complete inservice developed for this project. Finally, Chapter V includes a summary of the project, a proposal of how it can be implemented, limitations, and recommendations.
CHAPTER II

LITERATURE REVIEW

Each year the effect of domestic violence leaves its imprint on many American households. Domestic violence occurs across all races, economic backgrounds, and locations. It is important for professionals to understand the implications of domestic violence on children in order to provide the best possible care. Occupational therapists understand the importance of developing adequate psychosocial skills within the school setting, which can be challenged when domestic violence is occurring in the child’s home. A review of the literature was conducted in order to fulfill the need to accurately identify and provide services to these children.

Domestic Violence Statistics

The United States Department of Justice (USDOJ, n.d., ¶ 6), defines domestic violence as a, “pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.” There are various types of abuse: sexual, emotional, economic, psychological, and physical. Sexual abuse can be characterized by sexual contact or behavior without consent. Emotional abuse would be discouraging a person’s self worth. Economic abuse is controlling finances in order to uphold control, and psychological is abuse through fear. For this paper, the abuse referred to will be that of physical abuse.
Physical abuse as defined by the USDOJ (n.d., ¶ 8) is “hitting, slapping, shoving, grabbing, pinching, biting, hair-pulling, biting, etc. Physical abuse also includes denying a partner medical care or forcing alcohol and/or drug use.”

Domestic violence has declined since 1993 according to the USDOJ (n.d.); however, it still is very prevalent within American society. According to the National Institute of Justice and Centers for Disease Control and Prevention (NIJCDC) as cited in National Network to End Domestic Violence (NNEDV, 2007), there are nearly 2.3 million people in the United States that are raped or physically assaulted by a current or former intimate partner. On average, the intimate partner physically assaults a woman 6.9 times each year according to NIJCDC (as cited in NNEDV, 2007). Research shows that on average domestic violence occurs in families of a lower socioeconomic status, but it is not limited to this socioeconomic group (USDOJ, n.d.). Violence not only has an impact on the person experiencing the violence, but also others residing in the home. Between 1993 and 2004 children were living in the homes of 43% of the cases involving women and domestic violence (USDOJ, n.d.). It has been shown that there are 3 million child abuse and neglect accounts reported to child welfare agencies across the United States every year, but researchers predict as many as 10 million children are exposed to domestic violence in the home (Christian, 2002). According to Baldery (2007), one of four children will be exposed to domestic violence during their lives. Nonfatal intimate partner violence occurs, on average, between the hours of 6 p.m. and 6 a.m. (USDOJ, n.d.) when children are most likely to be in the home.

As statistics have shown, domestic violence is present throughout the United States, but can also impact lives of North Dakota residents. According to the North
Dakota Council on Abused Women’s Services (NDCAWS) between January and December of 2006 North Dakota crisis intervention centers provided services to 4,319 new victims of domestic violence. In 2006 there were 4,724 domestic violence incidents reported and of those there were at least 4,300 children directly impacted by the domestic violence (NDCAWS, 2006); these were the incidents reported to crisis intervention centers. Of the women assaulted, 144 were pregnant and at least 2% of the victims were minors (NDCAWS, 2006).

Influence of Domestic Violence Within the Home

In a study completed by Murrell, Christoff, and Henning (2007), the researchers found that child victims exposed to domestic violence in the home may adopt the Modeling Theory in that they will have an increased risk of becoming an offender as adults. The research data also showed that if the children witnessed the abuse only, they had an increased frequency of domestic violence; if they were abused as a child, they increased their risk of committing child abuse themselves as adults. Zimrin’s (1986) research results indicated that an adult role model could positively influence children who are victims of abuse. She has concluded that when children have an adult role model that treats them with empathy and courage they grow up to be non-abusing adults. When children do not have a positive role model they have an increased likelihood of leading a dysfunctional life similar to their childhood. Zimrin (1986) suggests that teachers can play this role by being genuine, understanding, and patient with these children, which does not require extra time.

Spilsbury, et al. (2007) noted that each child’s perceptions and type of exposure to events of domestic violence could vary. They found that if children reported they
thought their personal safety was threatened, there was an increase in trauma symptoms and behavior problems. It was also found that the common assumption of girls internalizing and boys externalizing symptoms was not always the case with exposure to domestic violence. The ways a child copes with exposure can vary, but negative strategies are more likely put in place for the child living with domestic violence compared to a child living in a home without it.

Verbal conflict can occur in all homes where there is physical abuse and homes where there is not. Adamson and Thompson (1998) sought to identify the impact verbal conflict had on children’s abilities to cope. It was found that children who lived in homes with domestic violence experienced increased expressions of anger, sadness, and guilt when viewing conflicts they thought related to them. These children were more likely to directly intervene during verbal conflicts in hopes of preventing an escalation to physical violence (Adamson and Thompson, 1998). When a child intervenes directly or indirectly in the conflict, research shows that he/she is more likely to develop symptoms and behaviors related to posttraumatic stress disorder as compared to a child who did not intervene at all (Jarvis, Gordon, & Novaco, 2005). These symptoms may include replaying the experience, nightmares, avoiding situations similar to the negative experience, lack of emotions, hypersensitivity to danger (Kolar & Davey, 2007). Direct effects for this paper are referred to as the symptoms that arise from the direct witnessing of the violence.

Indirect effects are referred to as those symptoms that may show up as a result of the direct effects on the victim, such as the mother’s depression, which in turn influences the child.
A review of literature done by Edelson, J.L., Friendship Home of Lincoln Inc, and Osofsky, J.D., 1999 as cited in Martin, 2002, found some of the direct problems affecting children witnessing domestic violence were behavioral, emotional, cognitive, and physical functioning. Behavioral effects included regression in developmental tasks, social isolation, poor school performance, and aggression. Some emotional effects included anxiety, low self-esteem, depression, shame, guilt, insecurity, and distrust. Cognitive effects noted by the authors included lower verbal skills, the thought that violence can be used as a means of conflict resolution, poor socialization skills, and developmental delays. Finally, the physical functioning effects listed by Edelson, J.L., Friendship Home of Lincoln Inc, & Osofsky, J.D., 1999 as cited in Martin, 2002, included higher hospitalization rates, psychosomatic complaints, sleeping disturbances, and change in appetite. A research study done by Huth-Bocks, Levendosky, and Semel (2001) also looked at the direct effects and confirmed that there is a decrease in verbal skills for a child that is a witness to domestic violence. Indirect effects can also influence the functioning of the child.

Indirect symptoms can also be evidenced by increased behavioral problems for the child when the mother has increased anxiety and depression due to the abuse (Jarvis, Gordon, & Novaco, 2005). When the mother is experiencing depression as a result of domestic violence, an indirect effect on children can be decreased intellectual functioning. Huth-Bocks, Levendosky, and Semel (2001) noted that when the mother is dealing with depression, it becomes more difficult to provide a positive learning environment in addition to completing the daily tasks involved in home management and maintaining a positive home environment. Paying attention to behavioral problems
exhibited by children can be an important indicator in predicting whether or not domestic violence is prevalent within a child’s home.

When children show the externalizing effects described previously, it can be a good indicator that they may have suffered abuse in their home (Baldry, 2007). The researcher also suggested that if these signs are present, there is a need to address them further by either school or healthcare workers dealing with the children.

Implications for Professionals

The school provides a child who is a victim of abuse with a stable environment. While at school, these children are not only dealing with the demands of their academic work, but are also plagued with constant thoughts of their physical safety and emotional well-being due to the violence (Haeseler, 2006). Some children who are victims of abuse are placed in a new school and are therefore dealing with making new friends and coping with a new school. Children are sometimes taken out of their home and placed in foster care, which disrupts their normal routines and social networks. According to Haeseler (2006) there are other signs and issues that a child faces such as, “being absent, doctor visits, transitional housing endeavors, moving to a new school, kidnapping, child abduction, and being in the midst of parental figure battles for custody” (p. 537). Haeseler states, “school leaders need to be critically watchful of newly admitted students having attended multiple schools, having nontraditional familial structures, and possessing state legal documents concerning issues relation to protection orders and custody procedures” (p. 538). School officials can also be aware if a child acts different or uneasy when a caregiver picks them up.
Professionals who are working directly with children should be educated in recognizing and addressing the signs of domestic violence happening in the home. Some physical signs to be aware of according to Giardino (2006) are fractures, burns, and bruising that may resemble the object used. In his article, Johnson (2002) describes the signs of physical abuse as bruises, burns, tears, punctures, fractures, rupture of organs, and disruption of functions. Impact, pinching, shaking, penetration, heat, chemical burn, or use of a drug can be the cause of tissue damage. Professionals such as healthcare workers should be aware of these signs when working with the children on things such as activities of daily living or during any medical examination. Johnson (2002) also reported that it is extremely important for early recognition to have concise and understandable definitions of abuse available in order to understand when it is an obligation to make a report.

When addressing issues of child abuse, it was important to realize the parents are most likely to be the abuser, therefore, they are not going to be the ones advocating for the child’s protection (Johnson, 2002). This responsibility is going to fall on the education, healthcare and other professionals working directly with the child. According to Kolar and Davey (2007), it is suggested that all children be assessed in order to check for signs of violence at the beginning of each school year and periodically throughout the year. They also recommend follow-up on any suspicions noticed that may suggest violence in the home.

The next step in this process would be to then come up with an assessment, or tool that will accurately identify those children exposed to domestic violence.
Assessment

Edleson, et al. (2007) brought up the issue that measures currently being used may not be adequately assessing for child exposure to domestic violence. They suggested that there is a need for new assessment tools in order to develop programs to best serve this population. Edleson, et al. (2007) were attempting to find assessment tools that would give insight into what forms of violence children are exposed to, how often, and how they were involved in the event. The authors found that most of the readily available measures only looked at the impact of exposure to violence to gain information. The measures do not focus on the actual experience of living in a violent home in order to effectively identify the reasoning behind the impacting behaviors. Another vital point made by Margolin (1998), was that the child’s parents might not always know just how much their child has been exposed to. It was found that even when the parents say the child has not been exposed to the violence, one in five children provided detailed descriptions of the occurrence in the home (Margolin, 1998). This is why it is important to focus the assessment on the child in order to get the most accurate information on issues specific to them and what they are going through. As suggested by Edleson, et al. (2007) a measurement tool to use in the future should include the following: ask directly about the exposure the child has had, report on how the child reacted, and touch on the child’s coping abilities. The authors also recommend that the assessment be in the form of a self-report and focus on the child’s perception of the violence.

The assessments mentioned focus on identifying violence occurring in the home, where as occupational therapists have a tool that focuses on the psychosocial issues
within the school setting. The assessment is the Occupational Therapy Psychosocial Assessment of Learning (OT PAL). According to Nave, Helfrich, & Aviles (2001) the OT PAL is suggested to be used for those children who are experiencing domestic violence in the home in order to identify the possible lack of psychosocial skills impacting performance in the school setting. The social competence that is needed for success in school settings suggested by the authors include “motivation, self-esteem, personal causation, and identification of one’s roles and the expectations connected to these roles” (p.129). The assessment OT PAL collects information about the child’s social competence based on observation and descriptive tools such as interviews with teachers, parents, and the student. OT PAL is designed for children between the ages of 6-12 years old (Nave, Helfrich, and Aviles, 2001).

Reporting

Reporting possible neglect or abuse is a requirement in the state of North Dakota. The statement printed by the North Dakota Department of Human Services (NDDHS, 2007), on mandated reporting says “professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, must make a report of the circumstances” (p. 3). The professionals include “physician, nurse, dentist, optometrist, medical examiner, coroner, or any other medical professional; mental health professional; religious practitioner of the healing arts; school teacher or administrator, school counselor; addiction counselor; social worker; day care center or any other child care worker; police or law enforcement officer; member of the clergy; or any person having reasonable cause to suspect that a child is abused or
neglected, or has died as a result of abuse or neglect, may report such circumstances”
(NDDHS, 2007, p. 3)

A mandated report should be submitted to the County Social Service Office, and can be done either verbally or in written form (NDDHS, 2007). A copy of the form can be viewed in the Appendix. The report is then assessed and a decision is made to provide services or not; the decision not to intervene can be appealed by the person filing the report (NDDHS, 2007). Once domestic violence has been identified as happening in a child’s home, a decision has to be made as to what can be done to help that child now.

Prevent Child Abuse ND (2007) summarized key points that a mandated reporter may need to assess for domestic violence cases. In North Dakota, reporters are protected by “Good Faith” which means they will not be charged in civil or criminal court if their report is mistaken or cannot be proven, but it is a crime if a person makes a report that they know is not accurate. When a person suspects that a child is a victim of abuse or his/her safety is in danger, a report should be made. The reporter does not need proof. After a report is made, child protection services personnel contact authorities and a social worker is assigned to investigate the case. The social worker assesses if the child is in immediate danger, if there is a possibility of future danger, and provides an assessment of the family to determine any services that would be beneficial to them. It is the goal of the state that families remain together; the child is not removed unless he/she is in immediate danger. It is the goal of the system to keep the family together. Prosecution of the abuser can be different in all situations, but the final decision lies with the States Attorney. Once a mandated reporter has reported a situation they have a right to know what is going on.
with the case. If the mandated reporter feels it is necessary it is okay to keep reporting the abuse until it is resolved.

According to the Child Welfare Information Gateway (2007), in North Dakota it is considered a Class B misdemeanor if a person who is a mandatory reporter suspects abuse and does not report. It is also a Class B misdemeanor if a person makes a report to social services knowing the information they have provided is false. If they make a false report directly to official law enforcement, it is then considered to be a Class A misdemeanor. Civil action can also be brought against a person who falsely reports due to the psychological damages they may have caused the person who was falsely accused.

Responding to Disclosure

Cohen and Knitzer (2004) provide general ideas to respond to the child if they disclose information about violence happening in the home. They suggest taking the child aside to ask further questions if appropriate, acknowledging the child’s feelings, showing your support, and not passing judgment on the abuser. The individual who has information from a child should also consult with appropriate persons and complete documentation of the discovery (Cohen & Knitzer, 2004). When a child discloses this type of information Kearney (1999) suggests the importance of identifying the child’s feelings as normal, putting responsibility on the abuser, helping the child to make a safety plan, keeping them knowledgeable of the help you are getting them, and helping them to build coping skills.

Cohen and Knitzer (2004) followed the idea of what to say, with what kind of wording to steer away from using. It can be very harmful to a child if the person they trust telling about their situation uses inappropriate and hurtful wording. Cohen and
Knitzer (2004) state that questions suggesting disbelief, blame, cultural insensitivity, judgment, or minimizing the situation can be the most harmful to children. Kearney (1999) emphasizes the importance of not making promises you cannot keep. Some children will disclose violence within the home, and as mandatory reporters, the violence must be reported even if the child does not want it to be disclosed. Other suggestions made by Kearney (1999) that the individual who the child discloses information to should not become emotional, or become angry at the abuser, and that they should not jeopardize the child’s safety.

Children of domestic violence all exhibit different behaviors. Some children display behavioral symptoms; others hide it, and others blend in with their peers taking the survival role into the classroom. (Kearney, 1999) Abusers present themselves as “caring, charming, and concerned parents” (Kearney, 1999 p.20). When they are confronted about anything going on in the home they become defensive and blame it on something or someone else. The abuser has control over the victim who often defends or minimizes the situation (Kearney 1999).

Programs

Cohen and Knitzer (2004) wrote a paper that provides information and resources for individuals working directly with children experiencing domestic violence in the home. The programs for these children can start right away with their early childhood providers. Early childhood providers can assist children exposed to domestic violence in order to reverse or prevent early problems that may arise (Cohen & Knitzer, 2004). It is especially important to support the children’s healthy social and emotional development by providing them with caring and nurturing adult figures (Cohen & Knitzer, 2004).
Cohen and Knitzer (2004) also suggested that early childhood staff is in the position to recognize when a child is having difficulties. By providing them with healthy ways of coping, it may prevent later difficulties or placement into formal intervention facilities.

Cohen and Knitzer (2004), suggested that professionals working with these children should provide a structured environment with clear expectations in order to give them a sense of stability that they may not be getting at home. Another idea suggested by the authors was to provide multiple chances for the children to express themselves both verbally and nonverbally. This will give the children the opportunity to reveal any negative issues going on in their lives in a non-threatening way. The children also need to be reminded that they do not have to be the ones handling the violent situation and that they are not the cause of violence.

Frequently, when children are victims of abuse they misbehave and their academic performance decreases in school. These behaviors and poor academic performance not only affects the child, but can also have a negative impact on the professional working with that child. The teacher or other professional may look as if they are not meeting the student’s needs and that they themselves are not capable (Gootman, 1993). Professionals working with children have the role of being mandated reporters, but they also have to have an understanding of how to deal with these children on a day-to-day basis. When children are abused, it can be difficult to express what they are going through in words, therefore, they often do it through their actions along with their behaviors (Gootman, 1993).
Effects

When professionals work with children, they may come in contact with children who are living in a violent home. Therefore, professionals need to have a general understanding of how domestic violence or physical abuse can impact children’s daily performance. By recognizing the impact violence has on children’s behaviors, professionals can accommodate to their specific learning needs.

*Behavioral Effects*

A child experiencing stress from living in a home with violence may experience developmental regression. This regression may prevent a child’s ability to gain new knowledge, and result in possible behaviors such as bedwetting or thumb sucking (Cohen & Knitzer, 2004). The professional should remain understanding and allow the child to act within the developmental stage they are reverting back to, but to also help them regain the age appropriate skills (Cohen & Knitzer, 2004). Frustration and feeling challenged beyond their abilities can be a barrier to these children, which can be outwardly displayed through crying. It is important to remember that children are resilient, but they may require assistance working through the challenges they are facing (Kearney, 1999). Children dealing with violence may tend to rebel and act out. Cohen and Knitzer (2004) recommend that rules and expectations stay the same in order to remain consistent in all environments. They also recommended that when disciplining children, no form of aggression should be used. Children may feel that aggression is an appropriate form of emotion, due to the theory that children model the behavior seen within the home, and these children may choose to take out their aggression not at home,
but at school on their teachers or peers. In this situation, Gootman (1993), recommends that the professional acknowledge the anger, give that child the cool down time that they may need, and then teach them to express their anger through words rather than actions.

Gootman (1993) reports that children may become desensitized to pain if they are being abused in the home. These children begin to experience numbness to the pain and generalize that all people feel this way; this generalization can cause them to not feel sorry for any pain they inflict on others. Professionals should directly confront children if they are hurting another person. Due to the desensitization of pain, the children should also be made aware when they are experiencing pain in order for them to acknowledge their lost senses (Gootman). If the child seems to be deliberately annoying others, according to Gootman, it could mean that they are seeking a sense of power by knowing that they will be punished versus being powerless because of not knowing when the punishment will occur in the home. Providing clearly stated rules and consequences they then have a sense of control and responsibility, because the children then know when punishment will occur.

Daydreaming or distraction for a period of time is a way of escaping thoughts, emotions, and sensations that remind the children of abuse or violence (Gootman, 1993). The professional can recognize when the children are being distracted and gently bring them back by calling their name and helping them to cope with the feelings they are experiencing. Violence in the home often occurs during the nighttime hours when children are typically sleeping. When they are unintentionally or intentionally awakened by the violence children may appear very tired or even fall asleep during class (Kearney, 1999).
In this situation, it can be appropriate to provide a child with a period of rest in a safe environment in order to help them regain the ability to concentration on their daily tasks.

*Emotional Effects*

Due to the unstable home environment, children may experience separation anxiety from either a parent or a care provider. Allowing additional transition time between activities that involve children separating from the person they are attached to can be a helpful strategy to decrease the anxiety (Cohen & Knitzer, 2004). Cohen and Knitzer identify that fear is the strongest reaction children can experience when living in a violent home. Fear occurs because once violence happens in the home there is the constant worry that it will happen again, causing children to continuously remain on guard. It is suggested by the authors that it is important to let the child know that it is okay, that they do not have to be the strong one, and that they have support. Along with that, Kearney (1999) suggests these children feel the responsibility to take on obligations for adult matters within the home; they feel an obligation for being available to keep their family safe, and need to be reminded that they are not the responsible one (Kearney, 1999). Finally, Gootman (1993) found that some children fear failure due to receiving reprimands that consist of physical and verbal abuse. If this occurs, it is suggested to problem-solve strategies with the student and to allow them to make corrections, and when speaking with parents to maintain a positive attitude about the students performance.

*Cognitive Effects*

Children living in violent homes learn that violence is an acceptable form of behavior or communication in order to get a desired outcome (Tri-State Rural
Collaboration Project, n.d.). When violence occurs children lose trust in adults and begin to think that abuse is their form of love. The children learn not to reveal situations within the home to others because of fear or possible threats from the abuser. Stereotypical gender roles become learned through abuse that males are the dominant figure in the home and females are expected to be passive and accepting of the abuse (Tri-State Rural Collaboration Project, n.d.).

Summary

Based on the findings in the literature and research reviewed in this chapter, it was found that the current assessments to identify children at risk because of the effects of domestic violence are inadequate. The assessments should focus on the children first in order to gain insight into situations within the home. The OT PAL was one assessment tool used by occupational therapists to focus more on the psychosocial issues of children. Professionals need to be aware of the psychosocial and other signs that can be disrupting a child’s daily activities. Other signs include, the cognitive, behavioral, and emotional effects displayed by children. If the professionals are aware of these signs and know what to look for, then the process of identifying children living in homes with domestic violence can be addressed as soon as the situation arises.
CHAPTER III

METHODOLOGY

Throughout the authors’ occupational therapy coursework the topic of the impact of domestic violence in adults has been covered multiple times. Because of this emphasis the authors recognized occupational therapy’s role in working with the adult population, but also came to understand the implications domestic violence has on the children’s psychosocial wellbeing. A review of literature was conducted in order to discover the extensive role occupational therapists could have in the lives of children impacted by domestic violence. It was found that the research and literature was limited in the area of occupational therapists’ role with domestic violence and children. Therefore, an extensive literature review in the area of domestic violence and children was completed to support this project. The literature reviewed had an emphasis on children ages six to twelve years of age.

The literature review guided the development of the inservice training by providing the basic background information necessary for working with children impacted by domestic violence. The cognitive adult learning theory was also utilized to assist in the development of the inservice. According to Braungart and Braungart (2006), the cognitive adult theory helps instructors to understand how a person takes what they already know and form new understandings and insights based on the new information learned. This theory also states information is selected by the person to attend to based on past experiences, attitudes, and the way information is structured.
Each person will interpret the information differently based on his or her goals, expectations, and past experiences (Braungart and Braungart, 2006).

The inservice was developed for occupational therapists working primarily with children age six to twelve to help them understand the impact domestic violence has on a child’s daily activities within the school setting. After gaining this knowledge from the inservice, occupational therapists can then collaborate with other professionals working with these children in order to promote the best possible learning environment. Chapter IV contains the in-service developed for this scholarly project in its entirety.
CHAPTER IV

PRODUCT

The Impact of Domestic Violence on Children: Implications for Professionals is an educational inservice designed for occupational therapists using adult learning principles. Braungart and Braungart (2006) describe the cognitive adult theory to help instructors understand how a person takes what they already know and form new understandings and insights based on the new information learned. The design of this program took into consideration that the audience for the inservice can range from novice to expert therapist, therefore, a variety of learning styles were taken into consideration.

The inservice includes a suggested video clip, presentation slides with notes pages, charts, and a case study to facilitate active learning. The video is used at the beginning of the inservice in order to grab the emotional attention of the audience. The slide presentation is used to provide information on the topic visually, and allows for quick reference in selecting the material of interest. Charts are used within the inservice as a tool to get the audience involved in the topic visually, and also promote incorporation of past experiences to the new information. Finally, the case study will allow for the professionals to work in small groups, which allows individuals to incorporate the information they have learned, share past therapy experiences and brainstorm new ideas with other professionals.

The outcome evaluation provides the instructor of the inservice with feedback on the content of the inservice as well as feedback for himself or herself. As a result of the
feedback, the product is designed to allow the instructor to make adjustments based on the learning needs of the intended audience.

The product was designed as a three-hour inservice, but is flexible in that the instructor could choose to divide topics into sections. The product contains notes pages and references for the instructor’s use to gather additional background information. The instructor is provided with a detailed outline as part of the product.
The Impact of Domestic Violence on Children: Implications for Professionals

Kelly Hughes, MOTS and Brooke Kohler, MOTS
Advisor: Dr. Gail Bass, OTR/L

Attention Instructor: The product is intended to be presented by an occupational therapist to other occupational therapists working with children age six to twelve. Before presenting the inservice, the authors recommend that the therapist refer back to references within the product. The focus of information for this product was based primarily on the state of North Dakota, and instructors should research relevant information for the state in which they are practicing.
Outline for Domestic Violence Inservice

**Title:** The Impact of Domestic Violence on Children: An Inservice for Professionals

**Intended Audience:** Occupational therapists and other professionals working with children

**Learning Objectives:** At the conclusion of the inservice, participants will:

I. Have a better understanding of domestic violence.

II. Be more aware of the prevalence of domestic violence happening in homes in North Dakota

III. Understand how domestic violence in the home affects children.

IV. Will be able to identify predictors of children living in homes with domestic violence.

V. Understand the process of reporting who is mandated to make a report.

VI. Have been introduced to intervention strategies for professionals working with children affected by domestic violence.

**Agenda:**

1. Play video clip such as “Children See...Children Do” (Approximately 2 minutes)
   
   Available at: http://www.youtube.com/watch?v=7ZscS775ek8

2. Power Point presentation section one (Approximately 30 minutes)

3. Power Point presentation section two and “Effects Charts” (Approximately 40-50 minutes)

4. Poem “Just Like Dad” following Power Point (Approximately 5 minutes)

5. Case study (Approximately 30 minutes)

6. Outcome Evaluation
Teaching Materials and Strategies:

1. Video Clip- Used to grab the attention of the audience and identifying feelings/reactions towards the domestic violence topic and video.

2. PowerPoint- Used in order to teach and provide relevant information on the topic; provide a handout of the PowerPoint for the audience to follow along; allows audience to listen to the presenter instead of writing notes; and provides the audience with a structured format for quick referencing during and after the presentation.

3. Effects Charts- These are used to have the audience actively participate in the learning process. The charts will promote learning by having the audience listen, write down information, and also discuss with others to come up with their own strategies.

   *Suggestion: Encourage audience to reflect on past experiences in working with these effects in order to promote new strategies.

4. Poem- Used as a tool to reinforce the Modeling Theory and cognitive effects domestic violence has on children. Helps the audience to understand further why this topic is so important by providing a metal image of a child in that situation.

   *Suggestion for reading: Have the audience close their eyes; read the poem out loud to them while they visualize this child in the story.

5. Case Study- This is used to reflect on and incorporate all information learned from the in-service.
*Have the audience split up into groups of three and hand out the case study with focus questions. Allow time to complete questions, and review with entire group.

6. Outcome Evaluation- This is used in order to gain feedback from the professionals attending the in-service. Based on the feedback received, adjustments can be made to improve the inservice presentation.
Domestic Violence
Implications for Professionals
Children See...Children Do

What was your initial feeling watching this clip?
Domestic Violence

“Millions of children in the United States carry more than their book bags to school each day.”

Gootman, 1993
Personal Experience

Have any of you ever had experience with this topic?

Why is it so scary for professionals?
Why do professionals feel the next person will deal with it?
Domestic Violence Statistics

- There are nearly 2.3 million people in the U.S. that experience domestic violence annually.
- Between 1993-2004, children were living in the homes of 43% of the domestic violence cases.
- It is predicted that as many as 10 million children are exposed to domestic violence in the home.

( NNEDV, 2007 ), ( USDOJ, n.d. ), ( Christian, 2002 )
Domestic Violence
North Dakota Statistics

- Between January and December 2006, services were provided to 4,319 new victims of domestic violence in ND
- 4,300 children were directly impacted by violence in ND

NDCAWS, 2006
Domestic Violence:

Help to prevent one more child from it’s negative impact!
Domestic Violence
The Basics

Definition:
“pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”

USDOJ, n.d. ¶6
Domestic Violence
The Basics

Types:
- Sexual
- Emotional
- Economic
- Psychological
- Physical

USDOJ, n.d., ¶8
Impact of Domestic Violence

Modeling Theory

- Exposure can lead to increased risk of becoming an offender themselves
- Adult role models can be a positive influence for the child
- Professionals can take on this role

Murrell, Christoff, and Henning, 2007
Battered children learn to harm themselves

Children of abuse learn how to abuse others

Violence results in stress, depression and flashbacks

Battered children take on adult roles prematurely

Battering creates isolation

Battering creates violence

Family violence results in behavioral problems

Battering creates low self-esteem

A violent home means feeling powerless

A Battering Home means living in constant fear

Violence creates constant anxiety

Battering means emotional abandonment

Daddy and Mommy

Copyright 1994 by Barbara Corry, M.A.
Impact of Domestic Violence

- Child’s perceptions of the exposure can have an effect
- Common assumption of internalizing and externalizing symptoms

Spilsbury, et al., 2007
Impact of Domestic Violence

- Impact of verbal conflict in homes with domestic violence vs. homes without violence
- Intervening in the conflict can lead to development of symptoms/behaviors related to posttraumatic stress disorder

(Adamson and Thompson, 1998), (Jarvis, Gordon, & Novaco, 2005)
Impact of Domestic Violence

Direct effects: Symptoms that arise from the direct witnessing of the violence

Indirect effects: Symptoms that may show up secondary to the direct effects

(Martin, 2002), (Huth-Bocks, Levendosky, and Semel, 2001), (Jarvis, Gordon, & Novaco, 2005)
Impact of Domestic Violence

- Externalizing effects can indicate abuse happening in the home.
- Signs need to be addressed and followed up.

Baldry, 2007
Implications for Professionals

- School provides a stable environment
- Why is this important?
Recognizing Physical Signs

- Tissue Damage
  - Bruises
  - Burns
  - Tears
  - Punctures
  - Fractures
  - Rupture of Organs
  - Disruption of Functions

- How can tissue damage happen?
  - Impact
  - Pinching
  - Shaking
  - Penetration
  - Heat
  - Chemical Burn
  - Use of Drug

(Johnson, 2002), and (Giardino, 2006)
Recognizing Physical Signs

- Occupational Therapists working with children on activities of daily living
- During any medical examination

Johnson, 2002
Assessment Tools

- Current assessments used: Are they adequate?
- Focus of the assessment on the child vs. the parent
- Suggestions for a new assessment

Edleson, et al., 2007
Mandated Reporting

“professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, must make a report of the circumstances.”

(NDDHS, 2007, p  )
North Dakota Mandated Reporters

- Occupational Therapist
- Physician
- Nurse
- Dentist
- Optometrist
- Medical Examiner
- Coroner
- Any Medical Professional

- Religious Practitioner
- School Teacher or Administrator
- School Counselor
- Addiction Counselor
- Social Worker
- Child Care Workers
- Police/Law Enforcement
- Any person with reasonable cause

NDDHS, 2007
Suspect Abuse

File report through the County Social Service Office
Report done either verbally or written form

Report Assessed and decision made to provide Services

Violence identified decision made what to do

NDDHS, 2007
**REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT**

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES

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Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect, family composition, and any other information which may be helpful in protecting the health and welfare of the child. If additional space is needed, attach additional pages (IN SPECIFIC ANSWER WHY). WHAT, WHERE, WHEN, WHY, HOW OFTEN.

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Responding to Disclosure

**DO**
- Ask Further Questions
- Acknowledge the Child’s Feelings
- Show Support

**Do NOT**
- Make Promises you can not keep
- Pass judgment on the abuser
- Become Emotional
- Jeopardize the child’s safety

(Cohen and Knitzer, 2004), (Kearney, 1999), & (Ganley and Schechter, 1996)
Now what?

- Identify the child’s feeling as normal
- Put Responsibility on the abuser
- Help the child to make a safety plan
- Keep the child informed of the help you are getting them
- Help the child make a safety plan
- Help the child to build coping skills

Kearney, 1999
Programs for Domestic Violence

- Should start right away with early childhood providers
- Support healthy social and emotional development
- Recognize difficulties

Cohen and Knitzer, 2004
Programs for Domestic Violence

- Ideas for professionals
  - Structured environment
  - Clear expectations
  - Opportunities to express themselves
  - Reminders it’s not the child’s fault

Cohen and Knitzer, 2004
Reminder

- Mandated Reporters, but also working with children on a day to day basis
- Difficult to express what they are going through in words so they do it through their actions and behaviors

Gootman, 1993
Behaviors

- professional’s work with children, there becomes a risk those children may be living in a violent home
- professionals need to have a general understanding of how domestic violence or physical abuse can impact children’s daily performance
- By recognizing the impact violence has on children’s behaviors, professionals can accommodate to their specific learning needs
<table>
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<tr>
<th>Effects</th>
<th>Behavior</th>
<th>Professional Strategies</th>
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<td>Regression</td>
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<td>Frustration</td>
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<td>Rebel and act out</td>
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<td>Aggression</td>
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<td>Desensitized to Pain</td>
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<td>Deliberately Annoying Others</td>
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<td>Daydreaming or Distraction</td>
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<td>Tired or Falling Asleep</td>
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<td>Rule breaking</td>
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<td>Emotional Effects</td>
<td>Behavior</td>
<td>Professional Strategies</td>
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<tr>
<td>Separation Anxiety</td>
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<td>Fear</td>
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<td>Obligation of adult matters</td>
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<td>Obligation to be keep family safe</td>
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<tr>
<td>Fear Failure</td>
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</table>
Cognitive Effects

- Feel violence is acceptable
- Loose Trust
- Form of Love
- Fear of Abuser

Stereotypical Gender Roles
The Impact of Domestic Violence on Children:


Implications for Professionals
Learning Objectives:
At the conclusion of the inservice, participants will

I. Have a better understanding of domestic violence.

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III. Understand how domestic violence in the home affects children.

IV. Will be able to identify predictors of children living in homes with domestic violence.

V. Understand the process of reporting who is mandated to make a report.

VI. Have been introduced to intervention strategies for professionals working with children affected by domestic violence.
Domestic Violence

- “Millions of children in the United States carry more than their book bags to school each day.”

www.wmin.ac.uk/sabe/page-1010

Gootman, 1993
Personal Experience

- Has anyone had experience with this topic?
  - Why is it so uncomfortable for professionals?
  - Why do professionals feel the next person will deal with it?
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NDCAWS, 2006
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Help to prevent one more child from it’s negative impact!
Domestic Violence
The Basics

• Definition:
  “pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”

USDOJ, n.d. ¶6
Domestic Violence
The Basics

• Types:
  - Sexual
  - Emotional
  - Economic
  - Psychological
  - Physical

USDOJ, n.d., ¶8
Impact of Domestic Violence

- Modeling Theory
  - Exposure can lead to increased risk for the child to become an offender
  - Adult role models can be a positive influence for the child
  - Professionals can take on this role

Murrell, Christoff, and Henning, 2007
Impact of Domestic Violence

- Child’s perceptions of the exposure can have an effect
- Common assumption of internalizing and externalizing symptoms

Spilsbury, et al., 2007
Impact of Domestic Violence

- Verbal conflict - can occur in all homes
  - Increased risk of negative symptoms for a child in a violent home

- Intervening in the conflict can lead to development of symptoms/behaviors related to posttraumatic stress disorder

(Adamson and Thompson, 1998; Jarvis, Gordon, & Novaco, 2005)
Impact of Domestic Violence

• Direct effects: Symptoms that arise from the direct witnessing of the violence

• Indirect effects: Symptoms that may show up secondary to the direct effects

Impact of Domestic Violence

- Externalizing direct effects can indicate abuse happening in the home
- Signs need to be addressed and followed up

Baldry, 2007
School provides a stable environment

Why is this important?

(Haeseler, 2006)
Recognizing Physical Signs

- Tissue Damage
  - Bruises
  - Burns
  - Tears
  - Punctures
  - Fractures
  - Rupture of Organs
  - Disruption of Functions

- How can tissue damage happen?
  - Impact
  - Pinching
  - Shaking
  - Penetration
  - Heat
  - Chemical Burn
  - Use of Drug

(Johnson, 2002; Giardino, 2006)
Recognizing Physical Signs

- Occupational Therapists working with children on activities of daily living
- During any medical examination

Johnson, 2002
Assessment Tools

- Current assessments used: Are they adequate?
- Focus the assessment on the child and not the parent
- Suggestions for a new assessment
- OT PAL

(Edleson, et al., 2007; Nave, Helfrich, and Aviles, 2001)
Break
Mandated Reporting

• “professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, must make a report of the circumstances.”

NDDHS, 2007, p. 3
North Dakota Mandated Reporters

- Occupational Therapist
- Physician
- Nurse
- Dentist
- Optometrist
- Medical Examiner
- Coroner
- Any Medical Professional
- Religious Practitioner
- School Teacher or Administrator
- School Counselor
- Addiction Counselor
- Social Worker
- Child Care Workers
- Police/Law Enforcement
- Any person with reasonable cause

NDDHS, 2007, p.3
North Dakota Mandated Reporters

- I have now realized I am a mandated reporter and suspect child abuse, what are the steps I need to take?
Suspect Abuse

File report through the County Social Service Office
Report done either verbally or in written form

Report assessed and decision made to provide services

Violence identified decision made what to do

NDDHS, 2007, pp. 3-4
**REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT**

**ND DEPARTMENT OF HUMAN SERVICES**

**CHILDREN AND FAMILY SERVICES**

**SFH 300 (Rev. 03-2001)**

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<th>Received By:</th>
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Helpful Tips for Reporting

- Report as soon as possible
- Provide specific information
- Document contact information if additional reports need to be made on that individual, because they are already familiar with the case
- Save any documentation filed
- Encourage others to report if they are familiar with the situation
- Ask questions

Child Abuse and Neglect Prevention Resources, 2007
Responding to Disclosure

- **DO**
  - Ask further questions
  - Acknowledge the child’s feelings
  - Show support

- **Do NOT**
  - Make promises you can not keep
  - Pass judgment on the abuser
  - Become emotional
  - Jeopardize the child’s safety

(Cohen and Knitzer, 2004; Kearney, 1999)
Now what?

- **Identify** the child’s feeling as normal
- Put **Responsibility** on the abuser
- Help the child to make a **safety plan**
- Keep the **child informed** of the help you are getting them
- Help the child to build **coping skills**

Kearney, 1999
Programs for Domestic Violence

- Should start right away with early childhood providers
- Support healthy social and emotional development
- Recognize difficulties

Cohen and Knitzer, 2004
Programs for Domestic Violence

• Ideas for professionals
  - Structured environment
  - Clear expectations
  - Opportunities to express themselves
  - Reminders it’s not the child’s fault

Cohen and Knitzer, 2004
Reminder

- Mandated Reporters, but also working with children on a day to day basis

- Difficult for the children to express what they are going through in words so they do it through their actions and behaviors

Gootman, 1993
Behaviors

• By recognizing the impact violence has on children’s behaviors, professionals can accommodate to their specific learning needs.

• Professionals need to have a general understanding of how domestic violence or physical abuse can impact children’s daily performance.
## Behavioral Effects

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Cohen and Knitzer, 2004; Gootman, 1993
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Cognitive Effects

- Feel violence is acceptable
- Loose Trust
- Form of Love
- Fear of Abuser
- Stereotypical Gender Roles
Questions/Comments?
The Impact of Domestic Violence on Children:

Implications for Professionals

Learning Objectives:
At the conclusion of the inservice, participants will

I. Have a better understanding of domestic violence.
II. Be more aware of the prevalence of domestic violence happening in homes in North Dakota.
III. Understand how domestic violence in the home affects children.
IV. Will be able to identify predictors of children living in homes with domestic violence.
V. Understand the process of reporting who is mandated to make a report.
VI. Have been introduced to intervention strategies for professionals working with children affected by domestic violence.

Domestic Violence

• "Millions of children in the United States carry more than their book bags to school each day."

Personal Experience

• Has anyone had experience with this topic?
  - Why is it so scary for professionals?
  - Why do professionals feel the next person will deal with it?

Domestic Violence

Statistics

• There are nearly 2.3 million people in the U.S. that experience domestic violence annually.
• Between 1993-2004, children were living in the homes of 43% of the domestic violence cases.
• It is predicted that as many as 10 million children are exposed to domestic violence in the home.

Personal Experience

• Has anyone had experience with this topic?
  - Why is it so scary for professionals?
  - Why do professionals feel the next person will deal with it?

Domestic Violence

North Dakota Statistics

• Between January and December 2006, services were provided to 4,319 new victims of domestic violence in ND
• 4,300 children were directly impacted by violence in ND
Domestic Violence

The Basics

- Definition:
  "pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner"

USDOJ, n.d. 56

Domestic Violence

The Basics

- Types:
  - Sexual
  - Emotional
  - Economic
  - Psychological
  - Physical

USDOJ, n.d. 56

Impact of Domestic Violence

- Modeling Theory
  - Exposure can lead to increased risk for the child to become an offender
  - Adult role models can be a positive influence for the child
  - Professionals can take on this role

Murrell, Christoff, and Henning, 2007

Impact of Domestic Violence

- Child’s perceptions of the exposure can have an effect

- Common assumption of internalizing and externalizing symptoms

Salisbury, et al., 2007

Impact of Domestic Violence

- Verbal conflict - can occur in all homes
  - Increased risk of negative symptoms for a child in a violent home

- Intervening in the conflict can lead to development of symptoms/behaviors related to posttraumatic stress disorder

(Adamson and Thompson, 1998; Jarev, Gordon, & Noviceo, 2005)
Impact of Domestic Violence

● Direct effects: Symptoms that arise from the direct witnessing of the violence
● Indirect effects: Symptoms that may show up secondary to the direct effects

(Handbooks, Edmondson, and Sevér, 2007; Jacob, Grenier, & Trowell, 2009; Marks, 2002)

Impact of Domestic Violence

● Externalizing direct effects can indicate abuse happening in the home
● Signs need to be addressed and followed up

Baldry, 2007

Implications for Professionals

● School provides a stable environment
● Why is this important?

(Hesseler, 2006)

Recognizing Physical Signs

● Tissue Damage
  - Bruises
  - Burns
  - Tears
  - Punctures
  - Fractures
  - Rupture of Organs
  - Disruption of Functions

● How can tissue damage happen?
  - Impact
  - Pinching
  - Shaking
  - Penetration
  - Heat
  - Chemical Burn
  - Use of Drug

(Johnson, 2002; Grandino, 2006)

Recognizing Physical Signs

● Occupational Therapists working with children on activities of daily living
● During any medical examination

Arneson, 2002

Assessment Tools

● Current assessments used: Are they adequate?
● Focus the assessment on the child and not the parent
● Suggestions for a new assessment
● OT PAL

(Edsenson, et al., 2007; Nava, Helrich, and Arkes, 2001)
Mandated Reporting

- "professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, must make a report of the circumstances."

North Dakota Mandated Reporters

- Occupational Therapist
- Physician
- Nurse
- Dentist
- Optometrist
- Medical Examiner
- Coroner
- Any Medical Professional
- Religious Practitioner
- School Teacher or Administrator
- School Counselor
- Addiction Counselor
- Social Worker
- Child Care Worker
- Police/Law Enforcement
- Any person with reasonable cause

North Dakota Mandated Reporters

- I have now realized I am a mandated reporter and suspect child abuse, what are the steps I need to take?

Reporting the Suspected Abuse

Steps to Reporting

1. Contact social services
2. Report to law enforcement
3. Report to medical examiner

Report

http://www.nd.gov/doc/forms/00090.pdf
Helpful Tips for Reporting

- Report as soon as possible
- Provide specific information
- Document contact information if additional reports need to be made on that individual, because they are already familiar with the case

Responding to Disclosure

- DO
  - Ask further questions
  - Acknowledge the child’s feelings
  - Show support

- Do NOT
  - Make promises you can’t keep
  - Pass judgment on the abuser
  - Become emotional
  - Jeopardize the child’s safety

Now what?

- Identify the child’s feeling as normal
- Put Responsibility on the abuser
- Help the child to make a safety plan
- Keep the child informed of the help you are getting them
- Help the child make a safety plan
- Help the child to build coping skills

Programs for Domestic Violence

- Should start right away with early childhood providers
- Support healthy social and emotional development
- Recognize difficulties

Programs for Domestic Violence

- Ideas for professionals
  - Structured environment
  - Clear expectations
  - Opportunities to express themselves
  - Reminders it’s not the child’s fault

Reminder

- Mandated Reporters, but also working with children on a day to day basis
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(From Aiken, L. E., 2000; Goodness, 1983)

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Tel-Bias Collaboration Project

Questions/Comments?
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Just Like Dad

My mom couldn't iron my Scout shirt today
'cuz her arm is in a sling.
She made a stupid mistake and
Messed up the checkbook
So, after all, it was her own fault.
I wish she'd learn to do things right
So dad wouldn't have to teach her a lesson.

My dad's a really neat guy.
He coaches pee-wee football
And takes me to the hockey games.
He even came to see me in my school play,
But mom couldn't come.
Dad said if people saw her black eye,
They might not understand
It's for her own good.

The way my dad explains it,
It really does make sense.
After all, he works all day
And pays the bills
While she just sits at home.
He deserves the best.
After all, he's the MAN of the house,
The king of the castle.

She should know better than to burn the roast,
Or say something stupid
Or leave the house without him.
Cuz dad says A woman's place is in the home,
Taking care of us".

I hope that when I get married,
My wife is a perfect cook
And beautiful and smart and never makes mistakes,
So I won't have to hurt her too bad.

Judith M. Curran, Journal of Poetry Therapy
Vol. 2, No. 4, Summer 1989
Case Study

Family History

Matthew is a six-year-old male. According to school records, Matthew lives in a small house with his father, mother, sister, and dog. His sister is four years old. Matthew’s father is approximately twenty-eight years old and is an auto mechanic. His mother is approximately twenty-four years old and is a homemaker.

Matthew

Matthew is in the first grade. This is the first year Matthew has been enrolled in your school. Matthew enjoys playing card games with other students, playing with clay, building with Legos, and gym activities, especially kickball. Matthew has not made many friends in his class this year and the teacher has noticed how other children seem to avoid him out at recess. This year the students are learning how to read and write, and Matthew is considerably behind his peers. During class, Matthew is observed by his teacher to be distracted, picking on other students, or falling asleep. For show-and-tell Matthew brought in pictures of his dog Max, who he called his best friend. He told the class about how much fun they have playing catch in the backyard and hiding in their favorite spots. It was reported that Matthew has been sent to the principal’s office three times already this week for his aggressive behavior of kicking other students and punching them in the face. When questioned about his behavior, Matthew lies stating he was hit first. After Matthew is told to go to the principal’s office as a consequence of his behavior, he will respond by having a temper tantrum. During his temper tantrum he cries and yells loudly, knocks over chairs, throws objects, and pushes adults. These temper tantrums have lasted between three to ten minutes. Matthew has been finding ways to stay late after class and last Friday he asked the teacher if he could come home and stay with her this weekend.

At parent-teacher conferences earlier this year, Matthew’s parents seemed to be very interested and concerned about their son’s lack of progress. The teacher suggested some strategies that would be helpful at home, but no changes have been observed during school. The teacher has attempted to contact his parents for follow-up, but no response was received.

Due to Matthew’s developmental delays displayed in areas such as reading and writing, he has been seeing the school occupational therapist and special education teacher. Matthew’s teacher, special education teacher, and the occupational therapist have been communicating on strategies to overcome his learning deficits and negative behaviors.
Focus Questions:

1. Identify pertinent information regarding Matthew’s behaviors and signs of domestic violence occurring in the home environment.

2. Knowing the information about domestic violence and children, would you report this case to Child Protection Services and why?

3. Practice filling out the attached SFN 960 form for Matthew’s case.

4. What interventions would you apply in treatment sessions during therapy, and what strategies would you suggest for the teachers to use in the classroom?
ABUSE OF CHILDREN

INTIMIDATION
Instilling fear through looks, actions, gestures, property destruction
- Using adult size
- Yelling
- Being violent to other parent, pets, etc.

USING ADULT PRIVILEGE
Treating children as servants
- Punishing, bossing, always winning
- Denying input in visitation and custody decisions
- Interrupting.

THREATS
Threatening abandonment, suicide, physical harm, confinement, or harm to other loved ones.

USING INSTITUTIONS
Threatening punishment with/by God, courts, police, school, juvenile detention, foster homes, relatives, psych wards.

ISOLATION
Controlling access to peers/ adults, siblings, other parent, grandparents.

EMOTIONAL ABUSE
Put downs, name calling
- Using children as confidants
- Using children to get or give information to other parent
- Being inconsistent
- Shaming children.

ECONOMIC ABUSE
Withholding basic needs, using money to control behavior
- Squandering family money
- Withholding child support
- Using children as an economic bargaining chip in divorce.

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org
# REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

**ND DEPARTMENT OF HUMAN SERVICES**
**CHILDREN AND FAMILY SERVICES**

SFN 860 (Rev. 09-2001)

<table>
<thead>
<tr>
<th>Name of Child(ren)</th>
<th>Age or Birthdate</th>
<th>Identifying Information</th>
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<tr>
<td></td>
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<td>Name of Parent(s)/Caretaker</td>
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<td>Address</td>
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<tr>
<td></td>
<td></td>
<td>Telephone Number</td>
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<td></td>
<td></td>
<td>Name of Subject (Person(s) Suspected to be Causing Maltreatment)</td>
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<td>Address</td>
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<td></td>
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Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect; family composition; and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages (BE SPECIFIC. ANSWER; WHO, WHAT, WHERE, WHEN, WHY, HOW OFTEN).

<table>
<thead>
<tr>
<th>Name of Reporter</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Reporter's Relationship to Children</td>
<td>Telephone Number</td>
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</table>

**Signature of Reporter**

**AGENCY USE ONLY**

<table>
<thead>
<tr>
<th>Date Received by Agency</th>
<th>Intake Social Worker</th>
<th>Source</th>
<th>Case Number</th>
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</table>

Received By: [ ] In Person [ ] Phone [ ] Written  Initial Category [ ] A [ ] B [ ] C

Date of Entry
Teach kids S.A.F.E.

S  Stay out of the Fight

A  Ask for Help

F  Find an adult who will Listen

E  Everyone knows it’s not your Fault!
Note to Parents:

If there is violence happening in your home, having a safety plan can help to protect you and your children physically and emotionally.

Make sure you go over the plan with your children, and practice often to prepare yourselves. Use this brochure as a guide for your personal safety plan.

Approach this safety plan like any other safety plan such as fire, strangers, tornado, etc. because your children need to know what to do if a fight starts at home.

Safety Plan

This safety plan belongs to: 

Reprinted with permission from: CVIC Grand Forks-ND (2007)
When I feel afraid I can:

- Tell someone I trust
- Ask for help
- Talk to a parent
- Talk to a relative
- Talk to a friend
- Talk to a teacher
- Talk to a neighbor
- Go to a safe place
- Call 911

Remember...

- It’s important for you to be safe during a fight
- Do not try to stop the fight or get in the middle
- It’s Not Your Fault

Child’s Safety Plan

Name: _______________________
Address: _____________________
_____________________________
Phone Number: _________________________
_____________________________
Mom’s Name: _______________________
Mom’s Address: _________________________
_____________________________
Mom’s Phone Number: _________________________
_____________________________
Mom’s Work Phone Number: _________________________
_____________________________
Dad’s Name: _______________________
Dad’s Address: _________________________
_____________________________
Dad’s Phone Number: _________________________
_____________________________
Dad’s Work Phone Number: _________________________
_____________________________

Where are some places inside your home where you can hide? _________________________
_____________________________
_____________________________

Where are some places outside your home where you can hide? _________________________
_____________________________
_____________________________

Who are some friends or relatives you can call if you need help? What are their phone numbers? _________________________
_____________________________
_____________________________

Who else can you tell if home is not safe? _________________________
_____________________________
_____________________________

What is your code word for “help”? _________________________
_____________________________
_____________________________

Reprinted with permission from: CVIC Grand Forks, ND (2007)
NDCAWS/CASAND Domestic Violence/Sexual Assault Service Providers

BISMARCK
Crisis Line 1-866-341-7009
Abused Adult Resource Center
PO Box 5003, Bism., ND 58502
222-8370  Fax: 222-9399
e-mail: aarc@btinet.net

BOTTINEAU
Crisis Line 1-800-398-1098
Family Crisis Center (FCC)
PO Box 371, Bottineau, ND 58318
228-2026  Fax: 228-2472
e-mail: famcc@srt.com

DEVILS LAKE
Crisis Line 662-7378
SAFE Alternative for Abused Families
PO Box 646
Devils Lake, ND, 58301-0646
662-7378  Fax: 662-2380
e-mail: saaf@stellarnet.com

DICKINSON
Crisis Line 225-4506
Domestic Violence & Rape
Crisis Center
PO Box 1081
Dickinson, ND 58602-1081
225-4506  Fax: 225-4506
e-mail: dvrc@nds先锋net.com

ELLENDALE
Crisis Line 349-5118
Kedish House
PO Box 322
Ellendale, ND, 56436-0322
349-4729  Fax: 349-3562
e-mail: skbrady@drtel.net

FARGO
Crisis Line 293-7273 or 1-800-344-7273
Rape & Abuse Crisis Center
PO Box 2984
Fargo, ND 58108-2984
293-7273  Fax: 293-9424
e-mail: beth@raccfm.com

FORT BERTHOLD
Crisis Line 627-3617
Coalition Against Domestic Violence
PO Box 935,
New Town, ND 58763-0935
627-4174  Fax: 627-4108
e-mail: fbcadv50@hotmail.com

GRAFTON
Crisis Line 352-3059
Tri-County Crisis Intervention Inc.
PO Box 308, Grafton, ND 58237-0308
352-4224  Fax: 352-4222
e-mail: tccil@quest.net

GRAND FORKS
Crisis Line 746-8900
Community Violence Intervention Center
211 South 4th St, Grand Forks, ND 58201-4766
746-0405  Fax: 746-5918
e-mail: cvic@cviconline.org

JAMESTOWN
Crisis Line 251-2300
Safe Shelter
PO Box 1934,
Jamestown, ND 58402-1934
251-2300  Fax: 251-9095
e-mail: itally@daktel.com

MCLEAN CO.
Crisis Line 462-8643
McLean Family Resource Center
PO Box 506
Washburn, ND, 58577-0506
1-800-651-8643
Fax: 462-8680
e-mail: mfrcc@westriv.com

MERCER CO.
Crisis Line 873-2274
Women’s Action & Resource Center
Box 940, Beulah, ND 58523-0940
873-2274  Fax: 873-2436
e-mail: warc@westriv.com

MINOT
Crisis Line 857-2200
or 1-800-399-1098
Domestic Violence Crisis Center
PO Box 881, Minot, ND 58702-0881
852-2258  Fax: 838-7053
e-mail: dvcc@minot.com

RANSOM CO.
Crisis Line 83-5061
Abuse Resource Network
PO Box 919, Lisbon, ND 58054
683-5061  Fax: 683-0082
e-mail: ransomarn@state.nd.us

SPIRIT LAKE
Crisis Line 766-1816
Spirit Lake Victim Assistance
PO Box 297, Ft. Totten, ND 58335
766-1816  Fax: 766-4550
e-mail: linda_thompson_98@yahoo.com

STANLEY
Crisis Line 628-3233
Domestic Violence Pro., NW ND
PO Box 538, Stanley, ND 58784
628-3233  Fax: 628-3234
e-mail: mcya@ndak.net

TURTLE MOUNTAIN
RESERVATION
Hearts of Hope
Box 900, Belcourt, ND 58516
477-0070  Fax: 477-8521
e-mail: gourneau@utma.com

VALLEY CITY
Crisis Line 845-0072
Abused Persons Outreach Ctr.
PO Box 508, Valley City, ND 58072
845-0078  Fax: 845-1897
e-mail: apoci@valleycity.net

WAHPETON
Crisis Line 642-2155
Three Rivers Crisis Center
315 11th St. N
Wahpeton, ND 58075-4101
642-2115  Fax: 642-3253
e-mail: trcc@702com.net

WILLISTON
Crisis Line 572-9111
Family Crisis Shelter
Box 1893, Williston, ND 58802
572-0757  Fax: 572-7239
e-mail: famshelt@remontel.net

TRENTON
Crisis Line 774-8824
Circle of Hope
Box 207, Trenton, ND 58853
774-8824  Fax: 774-1009
e-mail: Leona@remontel.net

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Domestic Violence
Implications for Professionals
Children See...Children Do

What was your initial feeling watching this clip?
Domestic Violence

“Millions of children in the United States carry more than their book bags to school each day.”

Gootman, 1993
Personal Experience

Have any of you ever had experience with this topic?

- Why is it so scary for professionals?
- Why do professionals feel the next person will deal with it?
Domestic Violence Statistics

- There are nearly 2.3 million people in the U.S. that experience domestic violence annually.
- Between 1993-2004, children were living in the homes of 43% of the domestic violence cases.
- It is predicted that as many as 10 million children are exposed to domestic violence in the home.

(NNEDV, 2007), (USDOJ, n.d.), (Christian, 2002)
Domestic Violence

North Dakota Statistics

Between January and December 2006, services were provided to 4,319 new victims of domestic violence in ND

4,300 children were directly impacted by violence in ND

NDCAWS, 2006
Domestic Violence:

Help to prevent one more child from its negative impact!
Domestic Violence

The Basics

Definition:

“pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”

USDOJ, n.d. ¶6
Domestic Violence

The Basics

Types:
- Sexual
- Emotional
- Economic
- Psychological
- Physical

USDOJ, n.d., ¶ 8
Impact of Domestic Violence

- Modeling Theory
  - Exposure can lead to increased risk of becoming an offender themselves
  - Adult role models can be a positive influence for the child
  - Professionals can take on this role

Murrell, Christoff, and Henning, 2007
Impact of Domestic Violence

- Child’s perceptions of the exposure can have an effect
- Common assumption of internalizing and externalizing symptoms

Spilsbury, et al., 2007
Impact of Domestic Violence

- Impact of verbal conflict in homes with domestic violence vs. homes without violence
- Intervening in the conflict can lead to development of symptoms/behaviors related to posttraumatic stress disorder

(Adamson and Thompson, 1998), (Jarvis, Gordon, & Novaco, 2005)
Impact of Domestic Violence

- Direct effects: Symptoms that arise from the direct witnessing of the violence
- Indirect effects: Symptoms that may show up secondary to the direct effects

(Martin, 2002), (Huth-Bocks, Levendosky, and Semel, 2001), (Jarvis, Gordon, & Novaco, 2005)
Impact of Domestic Violence

Externalizing effects can indicate abuse happening in the home

Signs need to be addressed and followed up

Baldry, 2007
Implications for Professionals

- School provides a stable environment
- Why is this important?

Children of Abuse and school Discourse
Recognizing Physical Signs

- **Tissue Damage**
  - Bruises
  - Burns
  - Tears
  - Punctures
  - Fractures
  - Rupture of Organs
  - Disruption of Functions

- **How can tissue damage happen?**
  - Impact
  - Pinching
  - Shaking
  - Penetration
  - Heat
  - Chemical Burn
  - Use of Drug

(Johnson, 2002), and (Giardino, 2006)
Recognizing Physical Signs

- Occupational Therapists working with children on activities of daily living
- During any medical examination

Johnson, 2002
Assessment Tools

- Current assessments used: Are they adequate?
- Focus of the assessment on the child vs. the parent
- Suggestions for a new assessment

Edleson, et al., 2007
Mandated Reporting

“professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, must make a report of the circumstances.”

(NDDHS, 2007, p )
North Dakota Mandated Reporters

- Occupational Therapist
- Physician
- Nurse
- Dentist
- Optometrist
- Medical Examiner
- Coroner
- Any Medical Professional
- Religious Practitioner
- School Teacher or Administrator
- School Counselor
- Addiction Counselor
- Social Worker
- Child Care Workers
- Police/Law Enforcement
- Any person with reasonable cause

NDDHS, 2007
Reporting the Suspected Abuse

Steps to Reporting

- Suspect Abuse
- File report through the County Social Service Office
  - Report done either verbally or written form
- Report Assessed and decision made to provide Services
- Violence identified decision made what to do

NDDHS, 2007
### Report of Suspected Child Abuse or Neglect

**ND Department of Human Services**  
Children and Family Services

<table>
<thead>
<tr>
<th>Name of Child(ren)</th>
<th>Age or Birthday</th>
<th>Identifying Information</th>
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<th>Identifying Information</th>
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<table>
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<th>Name of Parent(s)/Caretaker</th>
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<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
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<tr>
<td>Zip Code</td>
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<table>
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<table>
<thead>
<tr>
<th>Name of Suspect(s) (Person(s)) Suspected to be Causing maltreatment</th>
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<tr>
<td>City</td>
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<tr>
<td>State</td>
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<th>Telephone Number</th>
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**Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect, family composition, and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages.**

**WHO, WHAT, WHERE, WHEN, WHY, HOW OFTEN?**

### Name of Reporter

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
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<th>Telephone Number</th>
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<table>
<thead>
<tr>
<th>Signature of Reporter</th>
<th>Date</th>
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**Agency Use Only**

<table>
<thead>
<tr>
<th>Data Received by Agency</th>
<th>intake Social Worker</th>
<th>Source</th>
<th>Case Number</th>
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<table>
<thead>
<tr>
<th>Social Worker Assigned to Case</th>
<th>Data of Entry</th>
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</table>

**Received By:**

- [ ] in Person
- [ ] Written
- [ ] Phone
Responding to Disclosure

**DO**
- Ask Further Questions
- Acknowledge the Child’s Feelings
- Show Support

**Do NOT**
- Make Promises you can not keep
- Pass judgment on the abuser
- Become Emotional
- Jeopardize the child’s safety

(Cohen and Knitzer, 2004), (Kearney, 1999), & (Ganley and Schechter, 1996)
Now what?

- **Identify** the child’s feeling as normal
- **Put Responsibility** on the abuser
- Help the child to make a **safety plan**
- Keep the **child informed** of the help you are getting them
- Help the child make a **safety plan**
- Help the child to build **coping skills**

Kearney, 1999
Programs for Domestic Violence

- Should start right away with early childhood providers
- Support healthy social and emotional development
- Recognize difficulties

Cohen and Knitzer, 2004
Programs for Domestic Violence

Ideas for professionals
- Structured environment
- Clear expectations
- Opportunities to express themselves
- Reminders it’s not the child’s fault

Cohen and Knitzer, 2004
Reminder

- Mandated Reporters, but also working with children on a day to day basis
- Difficult to express what they are going through in words so they do it through their actions and behaviors

Gootman, 1993
Behaviors

- Professional’s work with children, there becomes a risk those children may be living in a violent home.
- Professionals need to have a general understanding of how domestic violence or physical abuse can impact children’s daily performance.
- By recognizing the impact violence has on children’s behaviors, professionals can accommodate to their specific learning needs.
Cognitive Effects

- Feel violence is acceptable
- Loose Trust
- Form of Love
- Fear of Abuser

Stereotypical Gender Roles
Domestic Violence: Implications for Professionals

1. What part of this inservice was most beneficial to you?

2. How do you feel you will incorporate this information into your therapy?

3. What area of the inservice would you have liked more information on?

4. How effective for you were the teaching methods used within this inservice?

5. Suggestions for future presentations?
CHAPTER V
SUMMARY

This project was designed as a result of the authors’ interest in the topic of the occupational therapist’s role in addressing the impact of domestic violence on children, and is based on an extensive review of research and literature. It was discovered that there are 3 million child abuse and neglect accounts reported to child welfare agencies across the United States every year, but researchers predict as many as 10 million children are exposed to domestic violence in the home (Christian, 2002).

This project will help occupational therapists to better understand the impact domestic violence has on children’s ability to function in their day-to-day activities. The inservice will provide occupational therapists with the knowledge and resources to recognize behaviors displayed, to report when necessary, and to implement strategies for occupational therapy interventions. Early intervention through occupational therapy services can lead to re-establishing healthy psychosocial skills that are hindered for a child living with domestic violence.

The limitations of this project include that this in-service has not yet been used within the field, so the outcomes are not known. Outcome data should be collected once the inservice is implemented. This project specifically focuses on the age group of six to twelve year old children and cannot be generalized to other age groups. Another limitation is the lack of research in occupational therapy literature on working with this population in the educational setting.
The product is designed to be a three-hour in-service for occupational therapists. The inservice includes an outline for the instructor to use as a guideline and agenda for the course. A power point is provided for the instructor to follow and includes note pages to provide additional explanation of the topics. Following the power point there is a case study for the audience to incorporate all information learned. The inservice also includes various handouts to emphasize important topics. Following the conclusion of the inservice, course evaluations will be completed by the audience.

By attending this type of inservice, occupational therapists should have a better understanding of the role they play in the lives of children impacted by domestic violence. The project is designed especially for therapists working within the school setting, and focuses on children in the age range of six to twelve years old. This project is also designed to help broaden the scope of occupational therapists’ traditional roles of helping children with developmental and physical disabilities within the school setting through the addition of a psychosocial component (Nave, Helfrich, and Aviles, 2001).

Further research and training is needed in this area to fully understand the role of occupational therapy in treatment of children impacted by domestic violence. Follow-up on the course evaluations is needed in order to determine the effectiveness of the project. Developing this project using common language for all professionals would allow for an increased audience, therefore, more children can be identified and helped.
REFERENCES


