Domestic Violence and Mental Health: Implications for your Practice

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• 24-hour crisis intervention
• Shelter
• Legal advocacy
• Parenting time center
• Individual therapy
• Support groups
• Community education
• Offender education
What we hope to accomplish...

- To discuss the impacts of violence and trauma on children and the family.
- To define domestic violence.
- To review the prevalence of domestic violence and witnessing domestic violence.
- To reframe how we approach domestic violence and witnessing violence in our work.
- To provide an opportunity to respond to what we learn.
Intersectionality
Scope of the Problem

According to the Attorney General’s National Task Force on Children Exposed to Violence released in December of 2012:

• 76 million children currently residing in the United States
• 46 million can expect to have their lives touched by violence, crime, abuse and psychological trauma this year
Video

• Through Our Eyes: Children, Violence, and Trauma – Introduction
What is trauma?

An experience that includes threats to or attacks upon bodily integrity, safety or possible loss of life; as well as intense fear, horror and helplessness.

- The brain is equipped to respond intensely to these dangerous situations and experiences

- Interpersonal violence creates the strongest and most long-lasting trauma responses
Trauma Response (trauma mind)

- A normal response to an abnormal amount of stress
- Chronic arousal (stress)
- Impacts concentration and focus
- Avoidance, survival are key
- Consistent, prolonged trauma responses
Symptoms of Un-Discharged Traumatic Stress

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

Depression, Flat affect
Lethargy, Deadness
Exhaustion, Chronic Fatigue
Disorientation
Disconnection, Dissociation
Complex syndromes, Pain
Low Blood Pressure
Poor digestion

Stuck on “On”
Stuck on “Off”

Normal Range
What is considered abuse and neglect in Minnesota?

• Physical abuse
• Mental injury
• Sexual abuse
• Neglect
Physical abuse

Most visible and prosecutable form of child abuse
Mental injury

Harm to a child's psychological health and well being is...

• difficult to see
• difficult to measure
• far reaching in its implications
Sexual abuse

Most difficult to talk about with highly significant adverse effects
Neglect

Most common form of maltreatment.
It is usually a failure of a child's caregiver to:

- Provide needed food, clothing, shelter, medical or mental health care, education or appropriate supervision.
- Protect a child from conditions or actions that endanger the child.
- Take steps to ensure that a child is educated as required by law.

AND it can also be...

- Exposing a child to certain drugs during pregnancy.
- Causing emotional harm to a child.
• A neglected brain is focused on getting it’s needs met.
• The brain will shut out stimulation needed to develop healthy cognitive and social skills.
Executive Center
Developmental spurts approx. ages 5-6; 11-12 & 15 - continues thru the 20s. Handles logic, empathy, compassion, creativity, self-regulation & self-awareness, sequential thought, planning, problem-solving & attention.

Emotional Center
Developmental focus ages 0-4. Processes memory, emotions, response to stress, nurturing, caring, separation anxiety, fear, rage, social bonding and hormone control.

Survival Center
Developed at birth. Regulates autonomic functions: breathing, digestion, heart rate, sleep, hunger, instinctual behaviors & functions that sustain life. *flight, fight or freeze response*
In Brief: Executive Function: Skills for Life and Learning

https://www.youtube.com/watch?v=efCq_vHUMqs&ebc=ANyPxKoDKJ9BecD196xzrzSo3ecEL0xhcSya8eJM4fRrqUWwq2dcgxKyCH420pTXWBhcSUG9526depdR5jF_0AMs2S6GgUGig
<table>
<thead>
<tr>
<th>Infant</th>
<th>Toddler/Preschool</th>
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<tbody>
<tr>
<td>• Lack emotional and physical attachment</td>
<td>• Clingy, whiny</td>
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<tr>
<td>• Developmental delays</td>
<td>• Startle at small things</td>
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<tr>
<td>• Diarrhea</td>
<td>• Poor eating habits</td>
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<tr>
<td>• Excessive crying</td>
<td>• Imitating abusive behaviors</td>
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<tr>
<td>• Disruptive sleep routines</td>
<td>• Self-blame</td>
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<tr>
<td>• Frequent illness</td>
<td>• Act tough</td>
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<td></td>
<td>• Bed-wetting</td>
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<tr>
<td></td>
<td>• Nightmares</td>
</tr>
<tr>
<td></td>
<td>• Distrust</td>
</tr>
<tr>
<td></td>
<td>• Lie to avoid confrontation</td>
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<tr>
<td><strong>Preadolescents</strong></td>
<td><strong>Adolescents/Teens</strong></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>• Aggressive</td>
<td>• School drop-out</td>
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<tr>
<td>• Poor peer, sibling and social relationships</td>
<td>• Academic struggles</td>
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<tr>
<td>• Slower cognitive developments</td>
<td>• Secretive about family members</td>
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<tr>
<td>• Lack conflict resolution</td>
<td>• Prefer to spend free time away from home</td>
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<tr>
<td>• Anxious</td>
<td>• Depression</td>
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<tr>
<td>• Depression, anti-social, withdrawn</td>
<td>• Low self-esteem</td>
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<tr>
<td>• Emotional difficulties: shame, fear, confusion, rage</td>
<td>• Behavior problems: Drug/alcohol, truancy, gangs, sexual</td>
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<tr>
<td>• Family secrets</td>
<td>acting out, pregnancy, runaway, suicidal</td>
</tr>
<tr>
<td></td>
<td>• Dating relationships may reflect violence learned or</td>
</tr>
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<td></td>
<td>witnessed at home</td>
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CADA kids Lens...

Victimization by witnessing

We stand with CADA for kids.
What is *domestic violence*?

- Some form or acts of violence
- Between two individuals in a close or significant relationship, including former partners and family members
- Exists in a continuum
Unrelenting focus...

- Threatening to kill or kidnap the children - Physically hurting her - Abusing children physically, sexually, emotionally - Threatening suicide - Forcing sex as a condition for keeping the children safe or allowing her to see them - Exposing children to pornography

- Disrupting her relationships with children - Coercing them to ally with him - Degrading her to them - Using children as spies - Isolating children from her, her family, friends, neighbors

- Discrediting her as a mother - Using her social status against her - Sexual identity, immigration, race, religion, education, income - Inundating court system with false accusations of bad parenting, cheating, using drugs, being "crazy" - Exploiting "children need a father" to gain sympathy - Isolating her from family, friends, neighbors, other supporters

- Witholding financial support - Witholding child support, insurance, medical, basic expense payments - Using court action to take her money, resources - Interfering with her ability to work - Blocking access to money after separation

- ENDANGERING CHILDREN - Neglecting them when they're with him - Putting them in age-inappropriate emotional, physical situations - Using violence in front of children

- Disregarding children - Ignoring school schedules, homework - Ridiculing their needs, wants, fears, identities - Forcing family members, new girlfriends or wives, other women to do his parenting work - Treating them as younger or older than they are - Enforcing strict gender roles
The Context

Parents under stress will pass that stress on to their children
Perspectives on Men who Batter

- Individual Pathology
  - Risk of *collusion* – anytime we side with the batterer and reinforce his beliefs that what he is doing is okay or not his fault

- Relationship Dysfunction

- Theory of Dominance
  - Battering is an extreme expression of the belief in male dominance over women.
  - It is estimated that only 5-10% of batterers commit acts of physical and sexual violence (MCBW, 2007).
Context Matters

Public Policy

Community
(cultural values, norms)

Organizational
(environment, ethos)

Interpersonal
(social network)

Individual
(knowledge, attitude, skills)
Men who Batter & Mental Illness

- Mental illness is not the cause of a man’s abuse of his partner, but it can contribute to the severity of his problem and his resistance to change.
- **Antisocial Personality Disorder**: lack a conscience and thus are repeatedly involved in behaviors that are harmful to others.
- **Narcissistic Personality Disorder**: a highly distorted self-image; they are unable to accept that they might have faults and therefore are unable to imagine how other people perceive them.
- “Many abusers who are not mentally ill want women to think that they are, in order to avoid responsibility for their attitudes and behavior” (Bancroft, 2002, p. 103).
Impacts on Victim’s Mental Health

Disease Burden Attributable to IPV

- Depression: 34.70%
- Anxiety: 14.20%
- Suicide: 7.40%
- Physical Injuries: 10.70%
- Substance Abuse: 27.30%
- Tobacco Use: 5.10%
- Depression
- Adjustment Disorder
- Anxiety
- PTSD
- Acute Stress Disorder
- Attachment Disorders
- Exacerbation of current mental illness


“Increasing evidence suggests that the impact of IPV is not exclusively concurrent with the experience of abuse and may last long after the violence has ceased” (Dillon, Hussain, Loxton, & Rahman, 2012, p. 1).
Mental Health Coercion

From the Mental Health Coercion Survey (2014):

- 86% of callers reported that their partner or ex-partner had called them “crazy” or accused them of being crazy.
- 74% reported that they think their partner has deliberately done things to make them feel like they were going crazy or losing their minds.
- 50% reported their partners had threatened to report to authorities that they were “crazy” to keep them from getting something they want or need (i.e., custody, medication, protective order).
- 53% reported they had sought professional help in the last few years. Of these, 50% reported their partners have discouraged them from getting that help or taking prescribed medication.
General Implications

Many children who witness violence in their homes experience negative psychological and behavioral problems

(Sousa et al., 2010; DeBoard & Grych, 2011; Margolin & Gordis, 2000; Cunningham and Baker, 2011; Moretti, Obsuth, Odgers, & Reebye, 2006).
Effects of Exposure to Family Violence

Children who witness frequent hostility, aggression, and violence between their caregivers...

- are at increased risk for externalizing and internalizing behaviors, peer, and academic problems
- are more likely to aggress against dating partners in adolescence
**Age**: Research confirms a differences in the expression of trauma between older and younger children (Kilpatrick, et al., 1997)

**Truancy**: a problem in schools across the United States (Henry, 2007; Henry & Huizinga, 2007; Symons, et al., 1997), students experiencing shame may avoid school and become truant or use/abuse substances in an attempt to cope with the pain and confusion associated with witnessing violence at home

**Aggression**: Social learning theory suggests the aggression being displayed by boys at school may be because they are re-enacting behaviors of the men in their homes that they want to be like, resulting in increased suspension, behavior referrals

**Externalizing Behaviors**: Witnessing violence causes deficits in students – “at risk” behaviors, negative behaviors, and conduct problems
Cognitive Contextual Framework

Offers an explanation for the meaning that students take away from parental conflict and the influence that it has on relationships, adaptation and educational outcomes

(Grych et al., 2000; Jouriles et al., 2000)
# 2015 Shelter Service Statistics

<table>
<thead>
<tr>
<th># of Children</th>
<th>Age Range</th>
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<tbody>
<tr>
<td>64</td>
<td>Birth to 4 year olds</td>
</tr>
<tr>
<td>60</td>
<td>5 to 12 year olds</td>
</tr>
<tr>
<td>14</td>
<td>13 to 17 year olds</td>
</tr>
<tr>
<td>140</td>
<td>Total children in shelter</td>
</tr>
</tbody>
</table>
Femicide Report

Thirty four individuals died in domestic violence related homicides in 2015
Implications in our Work with Clients

• How do we screen for domestic violence?

• What beliefs do we have about domestic violence that might be impacting our work with clients?

• What beliefs about mental health do we have that might impact how we interact with our clients?
What can we do?

From the American Psychological Association Presidential Task Force on PTSD and Trauma and Children and Adolescents:

- Routinely screen for domestic violence and other trauma, then provide culturally responsive support and referrals
- Address basic needs for safety and shelter
- Tell the child and family that they can recover
- Educate child and family on normal trauma reactions, coping skills, and asking for help
- Support parent/family efforts to provide safety, reduce exposure, establish normal roles/routines, and find a support system
- Practice reframes...
Reframes

Witnessing violence

Victim-witness
Reframes

This is a failure to protect.

Only the abuser can stop the violence.
Reframes

What’s wrong with you?

What happened to you?
Reframes

Why doesn’t she leave?

Why does he do that?
Reframes

She was asking for it.

There is nothing you can do to deserve this.
Reframes

I think she’s exaggerating.

I believe you.
Reframes

She never listens.

What’s getting in the way of you listening?
Reframes

This isn’t my problem, it’s a family issue.

This is a community issue.
Reframes

They can’t even do...

It’s amazing you’re still functioning at all.
Reframes

They’ll never get past this.

There’s an “other side” to where you are.
References


References


Video: Through their Eyes; [https://www.youtube.com/watch?v=JAZx7j3_Ncg](https://www.youtube.com/watch?v=JAZx7j3_Ncg)

Video: First Impressions: Exposure to Violence and a Child's Developing Brain; [https://www.youtube.com/watch?v=brVOYtNMmKk](https://www.youtube.com/watch?v=brVOYtNMmKk)

Contact Information

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Check out our website for information, upcoming education opportunities, community events, volunteer opportunities and more!

http://www.cadaMN.org