

Trauma-Informed Care for Children Exposed to Violence

Tips for Domestic Violence and Homeless Shelters

What happens when children are exposed to violence?

Children are very resilient—but they are not unbreakable. No matter what their age, children are deeply hurt when they are physically, sexually, or emotionally abused or when they see or hear violence in their homes and communities. When children see and hear too much that is frightening, their world feels unsafe and insecure.

Families living in domestic violence or homeless shelters are more likely to be exposed to violence and other traumatic stressors. Each child and situation is different, but exposure to these traumatic stressors—including violence—can overwhelm children at any age and lead to problems in their daily lives. Some children may have an emotional or physical reaction. Others may find it harder to recover from a frightening experience. Exposure to violence—especially when it is ongoing and intense—can harm children’s natural, healthy development unless they receive support to help them cope and heal.

What are some of the warning signs of exposure to violence?

Children’s reactions to exposure to violence can be immediate or appear much later. Reactions differ in severity and cover a range of behaviors. People from different cultures may have their own ways of showing their reactions. How a child responds also varies according to age.

Young Children (5 and younger)

Young children’s reactions are strongly influenced by caregivers’ reactions. Children in this age range who are exposed to violence may:

- Be irritable or fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to being younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
- Cling to caregivers
- Experience changes in level of activity
- Repeat events over and over in play or conversation



Elementary School-Age Children (6–12 years)

Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school

Teenagers (13–18 years)

Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event all the time or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual
- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law



What can staff in domestic violence and homeless shelters do?

The best way to help children in shelters is to make sure that they feel safe (for example, creating a predictable environment), encouraging them to express their feelings (for example, listening and hearing their stories), and ensuring that children know that whatever happened was not their fault. Shelter programs can integrate trauma awareness and responsiveness into their program missions to:

Identify children who have been exposed to violence

The most important first step is to identify, as early as possible, children who are exposed to violence. Given what is known about the prevalence of co-occurring domestic violence, homelessness, and child abuse and neglect, all shelters should have universal screening policies in place and staff should be trained to observe and ask relevant questions (for example, watch for physical signs such as bruises and unexplained changes in behavior and emotional signs such as depression or anxiety).

Integrate strategies to address exposure to violence into the agency protocols

Planning for services in homeless and domestic violence shelters must always take into consideration the child's experience of violence and its effects as well as the potential danger to the child's safety. In domestic violence situations, child safety usually depends on the safety and protection of the adult victim. The ultimate goal is to end violence against both the child and the non-offending partner. The child's need for attachment, safety, and security—which may change over time—should be the constant frame of reference during service planning.

Link families with community-based services

Families living in shelters limited mobility and lack of resources mean that they have less access to health-care, school based, social and other services. Staff can provide or help families coordinate opportunities to access needed services (for example, health care, early childhood education, child protective services, and domestic violence professionals) and engage parents/caregivers in obtaining needed services for their children and themselves. To be able to do this work, programs must support and foster collaborative partnerships and cross-agency training with child welfare and domestic violence agencies, as well as with other providers that serve the families.

Include evidence-based strategies in the parenting education activities

Many shelters provide parenting education. Key issues related to parenting education include determining the parents' capacity to protect their children, helping parents understand how their own exposure to violence influences their parenting, and introducing practices that improve the non-offending parent-child bond, which is often strained or fractured by the violence.

Opportunities for improving parenting skills are provided in different approaches, follow different philosophies, and target different audiences and goals. Many of the widely used parenting education programs were not designed to be provided in shelters or to specifically target children's exposure to violence.

Refer children to evidence-based mental health interventions

A few trauma-focused interventions have been tested with homeless and formerly homeless families and/or with families living with domestic violence. The National Child Traumatic Stress Network provides information on the following programs at <http://www.nctsn.org>:

- Child-Parent Psychotherapy for Family Violence (CPP-FV)
- Trauma-Focused Cognitive Behavioral Therapy for Children
- Project SUPPORT
- Parenting Through Change

Respond to crises as they arise

Shelters are public spaces. Parenting in shelters in which people come and go is very stressful for parents. In addition, families entering shelters may be in acute crises and unable to fully participate in services. Consideration of the family's functioning is important in anticipating whether an offer of intervention will be perceived as helpful and valuable or intrusive

and burdensome. Shelter staff members who can understand families' stressors and strengths are better able to preempt crises and react calmly and swiftly when crises arise.

Support the mental wellness of staff in shelters

Staff members who work in shelters are exposed to intense stressors that can have a negative effect on their physical and emotional well-being. Feelings of stress, exhaustion, and sadness are common. Physical symptoms may include headaches, upset stomach, and muscle aches and pains. Exposure to the tragic stories of children can trigger the same feelings of fear and anxiety in the professional that the child is feeling. To prevent burnout and ensure the provision of high-quality services, staff members who work with these children need specific support. Regular supervision should be offered to assist staff members in understanding the impact of trauma in particular situations and to aid staff in recognizing and managing their own reactions.

Mandated Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not equal child abuse and neglect, and therefore not all cases of domestic violence must be reported to child protective services. When responding to families affected by domestic violence, it is very important to consider simultaneously the safety of the child and the safety of the adult victim.

State by State information on reporting requirements can be found at http://www.childwelfare.gov/systemwide/laws_policies/state.

**For more information and resources, please contact the Safe Start Center,
a National Resource Center for Children's Exposure to Violence:**

<http://www.safestartcenter.org>

1-800-865-0965

info@safestartcenter.org

Additional Resources

Cohen, E., McAlister Groves, B., & Kracke, K. (2009). *Understanding Children's Exposure to Violence. Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence, Issue Brief #1*. North Bethesda, MD: Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf

Family Violence Prevention Fund. (2009). *Connect: Supporting Children Exposed to Domestic Violence, In-Service Training for Resource Families*. San Francisco: Family Violence Prevention Fund. <http://www.endabuse.org/content/features/detail/1314/>

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Gewirtz, A., & Menakem, R. (2004). *Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs*. In S. Schechter & J. Knitzer (Eds.), *Early Childhood, Domestic Violence, and Poverty Paper Series, #5*. Iowa City, IA: University of Iowa School of Social Work. http://www.nccev.org/pdfs/series_paper5.pdf

Safe Start Center. (2009). *Healing the Invisible Wounds: Children's Exposure to Violence, A Guide for Families*. (2009). North Bethesda, MD: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. <http://www.safestartcenter.org/pdf/caregiver.pdf>

SAMHSA Homeless Families Coordinating Center. (2005). *Trauma Interventions for Homeless Families—Innovative Features and Common Themes*. Washington, DC: Vanderbilt University Center for Evaluation and Program Improvement. <http://www.prainc.com/pdfs/trsrvcsfinaldoc.pdf>

