



Domestic Violence and Safety Planning for Victims of Abuse

As reported in the [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#) conducted by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, nearly 1 in 4 adult women (23%) and approximately 1 in 7 men (14%) in the United States (U.S.) report having experienced severe physical violence (e.g., being kicked, beaten, choked, or burned on purpose, having a weapon used against them, etc.) from an intimate partner in their lifetime. Experiencing ongoing traumatic abuse of this nature, which may also include emotional abuse, intimidation, coercion, threats, financial abuse, and maltreatment of children [and/or pets](#), is commonly known as domestic violence, or [intimate partner violence \(IPV\)](#), and it is much more prevalent than most may think. Individuals experience domestic violence (DV) across all races, cultures, age groups, gender identities, and sexual orientations.

Further, among female IPV survivors, 62% reported feeling fearful, 57% reported being concerned for their safety, 25% missed at least one day of school or work from the IPV, 19% reported needing medical care, and 8% needed housing services. Among male survivors, 18% reported feeling fearful, 17% reported being concerned for their safety, 14% missed at least one day of school or work from the IPV, 5% reported needing medical care, and 2% needed housing services. With such negative impacts to victims' daily lives, a tool such as a "[safety plan](#)" can be of great use.

A [safety plan \(downloadable brochure\)](#) describes the options that victims of



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domestic violence can take to reduce their risk of harm and increase their chances of being free from abuse, along with their children. Depending upon the nature and severity of the abuse being experienced, safety plans may be verbal or written down in a discreet manner and kept private for the victim. Most often, victim advocates at local domestic violence programs ([search by state](#)) or [The National Domestic Violence Hotline](#) work with victims to identify ways they can stay safe in a variety of situations. Safety plans may help when victims anticipate that their partner's abuse is escalating, when they are being assaulted during a violent incident, when traveling to/from work or to/from their children's school or daycare, while attending court or participating in worship services, or when planning to leave their abusive partner. The goal of safety planning is to empower victims with information and options to best keep themselves and their children

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Domestic Violence Affects Everyone: Impacts on Children and Interventions

More than 12 million Americans experience physical and/or sexual violence or stalking by an intimate partner yearly. Twenty-five (25%) of women and 14% of men experience severe intimate partner violence. Yet these shocking numbers do not include survivors who are subject to emotional and verbal degradation by those who claim to love them. The children who bear witness to these horrific cruelties are not included either. More than 11% of American children are exposed to violence in their homes every year. Some also experience harm themselves at the hand of the batterer, while many others experience physical and emotional neglect. Post-traumatic stress and other mental disorders like depression and anxiety often result. Many mourn, as adults, a normal childhood without worry. Most suffer in silence.

In an abusive home, children are deprived of their childhoods, an

ability to trust, empathy, and self-esteem. They have an increased risk of continuing the cycle of domestic violence, either by becoming victims or abusers. Those in the community need to become trauma informed, and to change their perspective from, "What is wrong with you?" to "What happened to you?"

A landmark study of Adverse Childhood Experiences (ACEs) in the 1990s discovered a relationship between ACEs and long-term negative health behaviors and diseases, as well as poor academic, social, and economic outcomes. ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

However, ACEs can be neutralized, and no one should consider it their fate. There are things that one can do to neutralize the long-term negative outcomes. If interventions and programs occur early, the individual, family, and community may benefit. According to The Pew Center on the States, for every dollar invested in prevention and early intervention efforts, a return of \$5.70 is estimated for the future.

Five evidence-based interventions have demonstrated positive effects for children impacted by domestic violence. Child-Parent Psychotherapy and the Community Advocacy Project are two programs that are supported by research evidence while Child-Centered Play Therapy, Domestic Violence Home Visit Intervention, and Kids Club & Moms Empowerment have been shown by studies to be promising in treating children exposed to domestic violence. There is help!

Where can these programs be found? Helping agencies that can aid in connecting one to these resources are schools, courts, mental health providers, religious institutions, shelters for women who are abused, police departments, and hospitals. Interventions support, strengthen, and empower survivors and their children so that they feel worthy, reclaim their personal power, and are resilient. When survivors of domestic abuse recover, they are able to be successful with their goals. With success, survivors may contribute to the good of their community. This resiliency and empowerment reinforces a healthy society.

-Submitted by Marisa Lagrange

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Domestic Violence and Safety Planning for Victims of Abuse

protected and safe from harm until help is available.

Safety plans must be tailored to each person's individual situation and take into account all supports and resources they have available, including discreet ways to signal for help; contact with family, friends, loved ones, and coworkers; personal bank accounts, debit cards, or cash on hand; copies of important documents (birth certificates, social security cards, school records, etc.); lists of important phone numbers and medications, and so much more. Safety plans must be updated

and reviewed on a regular basis as the victim's situation changes or improves. They should also include ways to emotionally cope, heal, and recover from being victimized.

If you know of someone in need of safety planning, or someone who may benefit from talking with well-trained, caring advocates about their relationship, please share the contact information for The National Domestic Violence Hotline: 1-800-799-SAFE (7233) or 1-800-787-3224 for TTY or online chat at <http://www.thehotline.org/what-is-live-chat/>.

-Submitted by Kenya Fairley



October is Domestic Violence Awareness Month

According to the National Coalition Against Domestic Violence, "On average, nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this equates to more than 10 million women and men." This October will mark the 30th anniversary of the first observance of Domestic Violence Awareness Month. While programs to provide safe shelter and other services to victims have grown over the years, statistics like the one above show that there is still more work to be done. In an effort to raise awareness of domestic violence this October, The Tennessee Domestic Violence Helpline would like to dispel some common myths surrounding Domestic Violence.

Myth #1: Domestic Violence is not a problem in my community. It only happens to the poor and uneducated.

Fact: Domestic violence occurs in every community. There is no typical image of an abuser or a survivor/victim. Domestic violence does not discriminate. Persons from every ethnicity, culture, socio-economic status, religion, marital status, age, and sexual orientation may be survivors/victims or perpetrators.

Myth #2: Domestic Violence is a personal, private matter between partners.

Fact: Many acts of domestic violence are crimes, and the ramifications impact the entire community.

Myth #3: The abuser just lost their temper, it won't happen again.

Fact: Domestic violence is about power and control. It is a very deliberate pattern of behaviors that an abuser uses against their partner or former partner to

establish or maintain power and control through violence, fear and intimidation.

Myth #4: Alcohol or drug use is the cause of domestic violence.

Fact: Addictions are used as excuses in an attempt to redirect responsibility away from the batterer for the behavior. A batterer will not stop battering simply by gaining control over addictions.

Myth #5: It is easy for a battered woman to leave her abuser.

Fact: Decisions related to when, and if to leave an abusive relationship are unique, very personal and may be a matter of life and death. The most dangerous time for a survivor/victim is when they initiate a change in the relationship (i.e. disrupting the abusers power and control). This may include separation, divorce or filing a protective injunction. In fact, approximately 75% of victims are killed as they attempt to leave the relationship or after the relationship has ended.

While it is important to highlight and understand the impact of domestic violence on the victim, it is just as important to understand the impact that domestic violence has on children living in a home where domestic violence occurs. Children living with domestic violence may or may not experience direct physical abuse; however, the trauma experienced by children is not insignificant. According to the Childhood Domestic Violence Association, "Children who've experienced domestic violence often meet the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) and the effects on their brain are similar to those experienced by combat veterans."



Autumn Noblit

Furthermore, statistics indicate that children of domestic violence may:

- Age prematurely by about 7-10 years
- Experience learning difficulties, deficiencies in motor skills and problems with attention and memory
- Display overly aggressive behavior
- Exhibit low self esteem
- Believe violence is ok.

Children of domestic violence are 3 times more likely than children in non-domestic violence homes to repeat the cycle of domestic violence in adulthood.

Domestic Violence agencies understand that it is just as important to serve the children they come into contact with as it is to serve their adult victims. Many agencies offer children's services or partner with community organizations to offer services that may include:

- education on dating violence and healthy relationships
- individual counseling
- group counseling
- supervised visitation
- educational advocacy



~Submitted by Autumn Noblit



CBCAP and Domestic Violence Prevention

In October, the nation recognizes **Domestic Violence Awareness Month (DVAM)**, honoring those who have been killed by intimate partners, those who have survived, and the families traumatized by intimate partner violence. Many CBCAP State Lead Agencies plan activities for DVAM. In the 2015 summary of CBCAP State Lead Agency Annual Reports, **Georgia, Hawaii, Illinois, and Oklahoma** are featured for their collaborative efforts with other state and community domestic violence organizations. <https://friendsnrc.org/2015-cbcap-state-reports-summary> Look for similar highlights from several additional states in the 2016 summary of annual reports to be released soon.

During the **September 13th Peer Learning Call (PLC)**, Kenya Fairley and Mao Yang, both with the Family and Youth Services Bureau



in the Administration for Children, Youth, and Families provided information on domestic violence prevention and ideas for CBCAP programs to implement or use in collaborating with partners. Catherine Sorensen described domestic violence prevention services offered through the Hawaii Department of Health. If you missed this PLC, the archived version can be found on the FRIENDS website: <https://friendsnrc.org/resources/teleconference-and-webinar-archive>

Look for **FRIENDS new Facebook page**, and “Like Us” to receive regular announcements on our latest child abuse prevention activities and products announced on the page! <https://www.facebook.com/Friends-National-Center-For-Community-Based-Child-Abuse-Prevention-130699044234458/>

Wishing everyone a safe, happy, and colorful October.

*~Submitted by Valerie Spiva Collins
Director, FRIENDS National Center*



PAC members attending the Annual CBCAP Grantees Meeting in Washington, DC on August 10-11th. (from l to r Beth Stodghill, Sam Bowman Fuhrmann, Sam Blue, Jessica Diel, and Eliza Cooper.

“Remember to Breathe!”

Parents and those working with parents often lament that “kids don’t come with instructions” and it’s true: we get more documentation when buying a microwave than we do when welcoming a baby into the world. How can we square that reality with both the rising tide of parenting advice and the growing rates of depression and other mental health concerns in young people?

Let me suggest a solution to all three challenges “the kids-don’t-come-with-instructions” lament; the tide of parenting advice; and the increasing distress we see among children... Remember to breathe.

You have probably heard that “hurt people hurt people” or “victims become victimizers,” truisms that evoke the tragic reality of child abuse and intimate partner violence. Murray Strauss, a major contributor to our understanding of abuse in families, told the Boston Globe in 2012: *“For parents who spank their children, over the long term, there are greater odds that your child could become everything you don’t want your child to become—an abuser, a depressed person, a person with temper-control issues.”*

We can keep effective parents on the good path they are following and, at the same time, break the cycle of inter-generational transmission of violence in families, if we make a fundamental, well-coordinated shift in pediatric, public health and social services policy and practice toward positive and preventive parenting programs.

But what is the essential element in such programming? In any interaction with one of my sons, now grown, or my grandchildren,

saying those three words, “Remember to breathe,” lets me consider my own state of mind and heart. It then also gives me a chance to consider what might be in their mind and heart. Isn’t patience what we want for our children? When we have it for ourselves, we are more likely to give it to our young people.

Education for parents — on child development (what to expect of children at each stage), parenting skills (what to do about that?!) and social emotional learning (how to manage internal and interpersonal conflicts) — can help fathers and mothers develop positive attitudes and behaviors. We must make parenting education available, accessible, affordable and attractive for all parents.

We must also acknowledge that boys and girls, and fathers and mothers, have different needs and sometimes divergent communication styles. While the women’s movement in the United States has brought amazing social progress, a few advocates have taken it to extremes, with some devastating consequences for boys. One consequence has been that standards for classroom behavior and academic achievement are now those more natural for girls than for boys.

Physicality is a feature of boys’ natures, not a flaw! Boys generally need more exercise than girls do. We need to recognize this on an individual level, in our families, and on a social level, in schools, as well as in parenting programs that will engage dads, by offering more physical activities and allowing more time for them.

If we do better by parents, parents will do better with their

kids. In the references below you will find perspectives supporting “Our Call” for universal parenting education: <http://bit.ly/2huhjtl>. Through both policy and practice, parenting education has tremendous potential, to reduce, even eliminate, the underlying causes of child abuse and domestic violence but also to support the many wonderful parents who are doing their best and raising optimistic, resilient children in warm and loving homes.

~Submitted by Eve Sullivan

References

Books

The Gardener and the Carpenter: What the New Science of Child Development Tells Us About the Relationship Between Parents and Children, 2016, Alison Gopnik

Love Me This Way: A guide for nurturing self-confidence and joy, 2012, Lee Ellen Aven

The War Against Boys: How Misguided Policies Are Harming Our Young Men, 2013, Christina Hoff Sommers

Where the Heart Listens, 2010, Eve Sullivan

DVD

The Mask You Live In, 2015, Jennifer Siebel Newsom (TheRepresentationProject.org)

Organizations

Advancing Parenting (advancingparenting.org)

National Parenting Education Network (npen.org)



Keeping Up With the FRIENDS Parent Advisory Council: Storytelling, Nominations and more!

In June, the FRIENDS' Parent Advisory Council (PAC) engaged in a two-day working retreat to learn about strategic sharing techniques. In August, during the Grantee Meeting, PAC members professionally recorded their experiences through storytelling. While attending the Grantee Meeting, PAC members also presented in breakout sessions, served as moderators, and met

with other parent leaders who were attending the meeting.

Sharing the Journey: Voices of Parent Leaders will be available as an audio and video resource on the FRIENDS' website in the near future to serve as a tool for use in training, to engage parents and practitioners in leadership and partnership efforts, and to encourage parents to continue

their journey, facing challenges and growing in new directions.

Nominations for New Parent Advisory Council Members
FRIENDS is seeking nominations for parents with expertise in CBCAP priority areas to serve on the Parent Advisory Council. Nominations may be made by an individual parent leader, CBCAP State Leads or staff from CBCAP funded local programs. Members of the FRIENDS PAC share their experience and expertise in parent leadership through participation in workgroups and the annual Grantee Meeting. They also assist in the development and review of written materials, produce a quarterly parent and practitioner newsletter, and provide the FRIENDS staff with consultation and advice related to parent leadership.

Potential candidates will expand the geographic representation of the current PAC, demonstrate experience or expertise in a CBCAP priority area such as engaging tribal and migrant populations, and support parent leadership capacity building training and technical assistance efforts in the CBCAP community.

For more information, a map and biographies of current PAC members please refer to the FRIENDS website: <https://friendsnrc.org/parent-leadership/parent-advisory-committee-sub-link-from-about-us>

The annual call for nominations will be available through the FRIENDS list serve in November or by contacting MaryJo Caruso, FRIENDS Training and Technical Assistance Coordinator at mjcaruso@friendsnrc.org

~Submitted by
MaryJo Alimena Caruso



FRIENDS Parent Advisory Council members (from l to r, front row): Bruce Bynum, Fatima González Galindo, Jill Gentry, Beth Stodghill, Sam Blue; (from l to r, back row) Eliza Cooper, Jessica Diel, Dawn Patzer, Sam Bowman Fuhrman and Dena Hillman

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

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