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Introduction & Importance

Trauma is an extreme stress, such as a threat to one’s safety or emotional well-being, which overwhelms a person’s ability to cope. Children and youth are particularly vulnerable to trauma exposure because their brains are still developing. It is helpful to understand how children are exposed to domestic abuse; the externalized and internalized effects; the effects across all domains of a child’s life; and the dynamics of domestic abuse. There is no one normal or typical reaction for a child. An individual may exhibit some, all or none of the reactions which is why it is so important to comprehend this material **AND** be flexible with each child.

Common Misunderstandings

The following common misunderstandings are just some of the ways children & youth have viewed violence and gives a glimpse of why they might feel the way they do. As advocates we must recognize these misunderstandings and work with children and youth to help them heal from the traumas they have experienced.

“They were both hitting and yelling at each other, why isn’t [protective caregiver] getting in trouble?”

Children often see BOTH caregivers as equal parties in the violence

“If I would have/have not done [XYZ] they would not have started fighting.”

Children perceive the violence as their fault.

“If I try really hard to be good, they won’t fight again”

They may feel that they can control their caregivers’ behaviors.

“They were only yelling at each other...”

Children might believe that the protective caregiver is not hurt if there are no physical signs of injury.

“They only punched the wall, not even near them”

Children might not be aware of the underlying threats in the violence.

“They stopped crying right away can we go home now?”

Children might think that the protective caregiver is no longer upset or in danger if they are not crying.

“They’ve stopped fighting and are talking again!”

Children may believe that once the fighting stops, everything will go back to their perception of normal.

Short Term Effects

Below is a small list of short-term effects or immediate reactions from childhood domestic violence that children and youth may exhibit. Knowing these signs can aid in working with the caregiver to help with behavior modification techniques and with the child in a more trauma informed way.

Anxiety, depression, aggression

perhaps reenactment of the witnessed aggression

Avoidance

evade from activities to avoid reminders of trauma

Behavioral issues

fighting, oppositional behavior, tantrums, etc.

Feelings of guilt or self-blame

from the violence happening

Hyperarousal

reacting strongly to ANY stimuli

Physical complaints

stomachaches, headaches, etc.

Poor academic performance

Impaired concentration; difficulty completing homework; lower scores on language, motor, or social skills

Re-experiencing

Intrusive and repeated thoughts or body stimulation tied to trauma. Reaction reminders to sights, smells, tastes, sounds, words, things, places, emotions, and/or people

- Similar to PTSD
- Triggers within school
- Sudden 'tantrums' can be a reaction to a trauma reminder

Repetitive talk/play

revolving around the violence

Trouble sleeping

going to sleep, staying asleep, having frequent nightmares, difficulty waking up in the morning, or difficulty staying awake during the day

Withdrawal

cut off from 'usual' life and other people

Perfectionism/Overachievement

hyper focusing on being exactly like others or getting the best grades

Passiveness/Aggressiveness

being complacent, agreeing with everything, or not wanting to be seen; being forceful, easily angered over minor inconveniences

Worry about their caregivers and are afraid to be separated from them

Children may express their distress through physical symptoms, such as stomach aches or headaches

Long Term Effects

Long term effects are from repeated, chronic exposure to childhood domestic violence that affect different domains of a person across their lifespan. It is important to remember that any of these symptoms can also be associated with other stress, traumas, or developmental needs. The symptoms should be considered in the context of the child's AND family's functioning.

Chronic physical health problems – autoimmune disease, heart disease, liver disease

Behavior issues in adolescence – alcohol and substance use, impulsive acts, and criminal behavior

Poor to appropriate mental health services – depression, anxiety disorders, PTSD, suicidal behaviors, and low self-esteem

- Learn the latest statistics on suicide at [American Foundation for Suicide Prevention](https://www.afsp.org/)

Learned negative lessons on using violence and power – when violence is linked to expressions of intimacy and affection or victimization by an intimate partner.

Risk Factors Affecting Individual Response

The following questions may identify potential reasons for how children and youth may react to domestic violence and intimate partner violence. There are many other risk factors that may play into account that are not listed below, but this list may be a good place to start. Please note that **EVERY** child will perceive the violence they experienced differently no matter the frequency or severity of abuse.

How serious and how frequent is the violence or threat?

- Was the child physically hurt or put in danger?
- Was it life-threatening?
- Did the child witness the victim in terror?
- Was a weapon used or brandished?
- Was there a serious injury?

What is the child's perception of the violence?

- A child may perceive the violence as life-threatening even if adults do not. Children often have different perceptions of the violence that the protective caregiver believes or knows about.

What is the child's relationship with the victim and abuser?

- The relationship and emotional bond between the protective caregiver and abusive caregiver may make for some difficult and conflicting emotions.

What other stress is going on in the child's life?

- What other traumatic events has the child experienced?
- Was the child a victim of other forms of abuse?
- Has the child recently moved or changed schools where they would have had to leave behind their support systems?
- What mental health challenges is the family facing?

Protective Factors

Like risk factors these protective factors may identify potential reasons for how children and youth are able to be resilient when faced with trauma. There are many other protective factors that may play into account that are not listed below, but this list may be a good place to start.

Positive relationship with protective caregivers

Access to positive social supports.

- Clubs, sports, group activities, teachers, coaches, mentors, day care providers, etc.

Intellectual development with good attention and social skills.

- Encouraging hobbies that are challenging and enjoyable.

Activities that attracts the praise and admiration of adults and peers.

- To encourage a positive self-esteem and social supports.

High self-esteem and self-efficacy.

- The confidence to do something on their own without paralyzing fear and self-doubt.

Connecting to something bigger than themselves or religious and spiritual affiliations

- Groups that encourage connecting and supporting a community together
- Volunteering

Section 2: Childhood Domestic Violence, Sexual Assault, Safety Planning Child Abuse and Neglect

Child abuse occurs when a caregiver, family member, or caretaker physically hurts a child or adolescent, makes that youth feel worthless, has sexual contact with him or her, or does not provide adequate food, care, or shelter. Child abuse can happen in all types of families, and in most cases, the abuser is related to the victim. Every state has laws against child abuse.

Most people agree acts which threaten a young person's life or causes serious injury are physical abuse. When punishment is very severe or leaves bruises or other injuries, then it's no longer discipline—it's child abuse, and it should stop. Emotional abuse can include swearing at, yelling at, or insulting a young person, usually repeatedly. It also can include denying a young person basic emotional needs, such as affection or security.

Neglect is when a caregiver does not provide care for a young person's safety and health—necessities like food, proper clothing, a place to live, or medical care. Leaving kids alone for long periods or kicking them out of the house also can be interpreted as neglect. Abuse and neglect affect the way young people view themselves and the rest of the world. Many people who were abused as children find it hard as adults to like themselves or to trust other people.

Statistics

It is the goal of End Abuse to update this manual every two years which will include updating any statistics. For even more data on child abuse and neglect by year visit the [Department of Children and Families > Annual Reports > Child Abuse and Neglect Report](#).

Child Abuse & Neglect Report 2021 Key Findings

Of the 74,280 referrals from reporters alleging maltreatment of children, CPS agencies screened in 31.5% of those referrals. The maltreatment type with the most substantiated findings was neglect (64.6%). Followed by sexual abuse (21.7%), physical abuse (12.7%), and emotional abuse (1%).

There were 4,248 known child victims of maltreatment, representing 3.4% of children in Wisconsin. Identified females more likely to be victims (55.3%) due to the higher rates of sexual abuse that occurs. 26 children died from substantiated maltreatment in 2021.

Identified males (51.9%) accounted for the majority of those causing harm through sexual and physical abuse. Identified females (42.5%) accounted for the majority of those causing harm through neglect. Primary caregivers accounted for 89.3% of the substantiated maltreatment.

14.2% of families received services from CPS agencies. 11.2% of families were referred through a community partner. 2,508 children were removed from their home and placed in out of home care to ensure child safety.

Referrals by reporters relationship to the alleged child victim top 5. Legal/law enforcement (22.9%), educational personnel (20.3%), social services professional (12.3%), Mental Health Professional (10.4%), Parent of Child Victim (8.5%).

Child Sexual Abuse

Sexual abuse occurs when someone forces, threatens, or induces a young person into any kind of sexual contact. It includes direct physical contact and non-touching sexual “contact,” such as when a young person is persuaded to view obscene materials.

Although 1 in 10 children will be sexually abused before they turn 18 years old; if you look at sexual abuse by gender (using gender binary data sets), 1 out of 3 girls and 1 out of 5 boys will be sexually abused before they reach age 18. 90% of child sexual abuse victims know the perpetrator in some way. 68% are abused by a family member.

Incest is a form of sexual abuse that is defined as any sexual contact or behavior between family members. The most common form of incest occurs between an older family member and a child or teenager. Incest, as well as all forms of abuse, can happen to children of any gender.

To learn more about Child Sexual Abuse view the information sheet series from the Wisconsin Coalition Against Sexual Assault

- [Sexual Violence Data + Resources](#)
- [Sexual Violence Prevention](#)
- [Teen Sexual Violence](#)

Safety Planning

Creating a safety plan with both the child and protective caregiver is necessary to provide a clear and cohesive plan that everyone can understand. Below are some example points that should be talked about with the family receiving services when going through safety plans. It can be helpful to have an idea of what to do in dangerous situations, but understand the child is not responsible to enact the safety plan exactly. Common reactions to trauma are typically fight, flight, freeze, or fawn.

Each safety plan will be unique and adaptable to meet the needs of the families. (Refer to the [New Advocate Manual: Crisis Counseling and Safety Planning](#)) You will need a login to get this information and scroll down to MEMBER-ONLY RESOURCES)

The following points should be talked about with the family receiving services when going through safety plans.

- Children should not try to get in the middle of a fight.
- Where are the safe places to go in & out of home?
- Who are the safe people to call or talk to during or after the “event”?
- When is it safe to call those people?
 - When it is safe for children to call 9-1-1?
 - When is it safe for others to call 9-1-1?
- What to do when there are siblings?

Example Safety Plans

- Safety Planning Handouts for Teens
 - [From the Women's Council for Domestic Violence & Family Violence](#)
 - [Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence](#)
- Technology Safety Plans

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- [Tech Safety](#)
- [Technology Safety Quick Tips](#)
- [Technology Safety & Privacy: A Toolkit for Survivors](#)
- [iPhone Privacy & Security Guide](#)
- [Tips for Technology Safety Planning](#)

Child Abuse Prevention Month

Since 1983, National Child Abuse Prevention Month or Child Abuse Prevention Month (CAP month) is an annual observance in the United States dedicated to raising awareness and preventing child abuse. Communities should rededicate themselves to being supportive of families and play an active role in preventing child abuse and neglect as well as taking positive action to promote child and family well-being. To aid in promoting CAP month are resources that provide updated CAP month toolkits and promotional items.

[Prevent Child Abuse America](#) lays the groundwork to deliver the great childhoods that all children deserve. They are dedicated to promoting services that improve child well-being in all 50 states and developing programs that help to prevent all types of abuse and neglect.

[National Child Abuse Prevention Month](#) recognizes the importance of families and communities working together to prevent child abuse and neglect and promotes the social and emotional well-being of children and families. During the month of April and throughout the year, communities are encouraged to increase awareness and provide education and support to families through resources and strategies to prevent child abuse and neglect.

[Positive Promotions](#) provides materials you can pay for to promote awareness about the dangers of child abuse and steps that can be taken to prevent it in your community.

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Resources



[Prevent Child Abuse America](#) is a resources and research landing page for resources dedicated to the prevention of child sexual abuse with infographics, information on prevention legislation, published resources, position statements, and fact sheets.

[Child Welfare Information Gateway State Status Search](#) a resource to look for specific laws, statutes and policies by state and topic.

[Childhood Domestic Violence Association](#) Uses the leading research and best-known practices in the field, they develop and deploy scalable tools. Their tools and resources are used to educate, train, and empower.

[Children and Domestic Violence: Questions and Answers for Domestic Violence Project Advocates](#) is a fact sheet on the effects of DV exposure on children and youth with information on how advocates and parents can respond in ways that promote resiliency and healing.

[Darkness to Light \(D2L\)](#) a non-profit committed to empowering adults to prevent child sexual abuse. Their work is guided by the vision of a world free from child sexual abuse, where children can grow up happy, healthy and safe. They know that prevention is possible, and they believe that it is an adult responsibility to protect children.

[Futures without Violence](#) a national website with immense resources regarding children, youth & teens; engaging men; colleges & universities; global violence prevention; health; leadership & professional development; policy & advocacy; human trafficking; and workplace safety & equity.

[Honor Our Voices](#) is an online training program which presents children's personal experiences of living with violence in their homes through diary entries while providing key issues and promising practices in working with children exposed to domestic violence. The training revolves around the diaries of three children, composites of real life stories and events of children exposed to domestic violence.

[Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow](#) (pg. 8, 10-11) by Alison Cunningham & Linda Baker (2007). A resource for anyone looking to understand how children experience violence against their mothers and how those experiences may shape them as they grow, from infancy to adolescence.

[National Child Traumatic Stress Network - Domestic Violence & Children: Questions and Answers for DV Project Advocates](#) (Pg. 4) a factsheet designed for domestic violence project advocates. This factsheet includes helpful information how children react to domestic violence, short and long-term responses to domestic violence, possible reactions to domestic violence, factors that can help children recover and working with parents and their children through domestic violence situations.

[National Child Traumatic Stress Network - How Does Domestic Violence Affect Children Fact Sheet](#) The NCTSN Domestic Violence Collaborative Group's series of fact sheets created for protective caregivers whose children have been affected by domestic violence. The set of 10 fact sheets gets to the heart of the experiences and needs of these children and families, and offers education in support of their resilience and recovery.

[National Child Traumatic Stress Network - Questions and Answers About Domestic Violence](#) (pg. 1-4) Betsy McAlister Groves, MSW, a member of the NCTSN and founder of the Child Witness to Violence Project, answers commonly asked questions about the impact of domestic violence on children.

Needs of Children in Domestic Violence Shelters has information in [Chapter 1: The Impact of Trauma on Children Pages 8-14](#). This is a toolkit to assist Domestic Violence agencies and other service providers to identify and respond to children exposed to domestic abuse.

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[Rape, Abuse & Incest National Network \(RAINN\)](#) the nation's largest anti-sexual violence organization. They have carried out programs to prevent sexual violence, help victims, and ensure that perpetrators are brought to justice.

[Social Workers Toolbox on safety planning with children & youth: domestic abuse](#). This resource offers templates for older & younger children, guidance, other resources, and print out appendix.

[Wisconsin Coalition Against Sexual Assault \(WCASA\)](#) is the membership agency which supports 56 certified sexual assault service provider (SASP) agencies working to end sexual violence in Wisconsin and offer support, advocacy and information to its victims of sexual assault and their families. WCASA works to ensure that every victim in Wisconsin gets the support and care they need. WCASA also works to create the social change necessary to ensure a future where no child, woman or man is ever sexually violated again.

[Veto Violence - Preventing Child Abuse & Neglect](#) this website contains resources on risk factors, protective factors, and consequences and much more for learning about child abuse and neglect.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*
