

Responding to Children Who Have Experienced Domestic Violence

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Childhood Exposure to Domestic Violence in the United States

15.5 million children live in families in which partner violence occurred at least once in the past year (McDonald, et al., 2006).

7 million children live in families where severe partner violence occurred (McDonald, et al., 2006).

1 in 5 children experience violence in their family or neighborhood (JAMA Pediatrics, 2013).

20% of homicides of children age 2-14 that occurred between 2005-2014 were related to IPV (Adhia, et al., 2019).



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Lessons Learned from the Child Witness to Violence Project

There is no age at which a child is immune to the effects of chronic violence exposure.

Domestic violence is a particularly toxic form of trauma for children.

Supporting or repairing the caregiver-child relationship is an essential ingredient to helping children cope and heal from violence exposure.

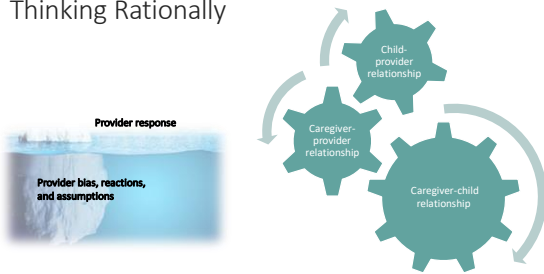
Systemic racial and social inequities need to be addressed to maximize prevention, healing and resilience.

We can't do this alone! Collaborations matter.

Working with families affected by violence and other trauma changes our view of the world.

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Thinking Rationally



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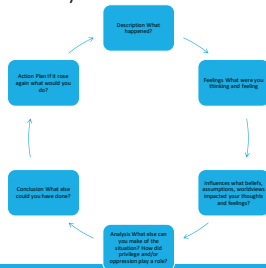
What does reflective space mean to you?

How do you create reflective space?



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Gibbs Reflective Cycle



Adapted by Neena McConico, PhD, LMHC 2018

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Reflection Exercise

Take 5 minutes to think about the following questions.

What scares you the most about working with children and families exposed to IPV?

What about working with families affected by domestic violence is most difficult for me? Why?

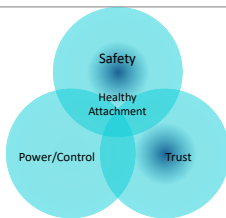
Which parents or children are hardest for me to work with?

What is the most joyful part of your work?

Where do I get support?

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What Children Need to Thrive



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Considerations when working with families affected by domestic violence

First, do no harm

- Safety—where is the abuser?
- What is the legal status of the case? Restraining order? Police response? Court ordered visitation?
- Does the abuser have contact with the child?
- Does the abuser want to be involved with the treatment?

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Considerations when working with families affected by domestic violence

The victim's experience

- Shame and guilt
- Ambivalence about the partner relationship
- Fear of being judged

Families may be involved with multiple systems

- Advocacy and collaboration

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Engaging Families in Therapy

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Initial Engagement Strategies

The first assessment session

- Clarification of the roles of the worker, intake process, and possible service options
- Be explicit about the scope of services
- Setting the foundation for the collaborative working relationship
- Identification of concrete, practical issues that can be immediately addressed



(McCay, Stoney, McCadmon, Gonzales, 1996, 1998; McCay, Lynn, Bannon, 2005)

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Engaging Families in Dyadic Attachment-Based Work During *COVID-19*

Establishing safety in the environment and the relationship

- Consideration of private space
- Expectations about what will happen in sessions
- Confidentiality
- Clarifying expectations about the services (therapist availability, guidelines for missing or canceling appointments)



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Engaging Families in Dyadic Attachment-Based Work

Listening carefully to the parent and child

- Why is the parent here?
- How do they understand the problem?
- What do they want to gain from treatment?
- How do they understand the child's problem?
- How have they tried to intervene/help? (have they sought other services?)
- What does the child bring to the session?

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Assessing Young Children

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A Comprehensive Assessment of Child Trauma includes:

Observations of the child in interaction with the parent (primary caregiver)

Observation of the child in interaction with the assessor and under different conditions

Child's developmental history and symptomatology

Parental description of the child and family situation

Assessment of child and family strengths

Evaluation of the parent's psychological functioning and history

Assessment of the family's cultural and socioeconomic background and parenting practices

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Goals of Assessment Parent Interview

Assess	Assess risks to parent
Acquire	Acquire a detailed review of trauma exposure
Identify	Identify current symptoms in parent, child and family system
Obtain	Obtain information about family protective factors and strengths
Learn	Learn parental reactions to, beliefs and perception of child symptoms
Gather	Gather a detailed developmental history of child

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To understand how the child has been impacted by the event and how the child is coping

To identify protective factors in the child including learning strengths, relationship skills, coping abilities, and self regulatory capacity.

To observe style and qualities of attachment relationship between parent and child

Goals of Child Assessment- Child

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Predictable environment	Give choices	Listening
Consistent routines	Teach emotional literacy	"See and Hear" children
Reassure children that adults will take care of situations	Allow for mastery and autonomy	Validate feelings and emotions
Maintain open and regular communication with caregivers and families	Provide caregivers with developmental guidance and resources	Allow children to talk about emotions even if it's difficult for you

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