EPRESS

Questions from Directors

Why do we have to report to DCF what other services we are providing on a quarterly basis?

DCF collects a variety of data from us, including information such as what programs offer monitored exchange (neutral pick up and drop off), parenting classes, and mediation services. We keep them up to date quarterly. Please think of this process as a way to promote your program's unique services. If we don't highlight what you do, it might be invisible to the larger community. The listing lives on the web at http://familyvio.csw.fsu.edu/wp-content/uploads/2012/01/2014-10_AdditionalServicesList4.pdf

Do you have a list of questions to get us started on Intake with clients?

Yes. Go to the Report to the Florida Legislature online. There are two in the appendix, page 105. There is also an extensive explanation of referral material needed to inform the safety decisions of new cases in Chapter 12 of the online manual ("A Training Manual for Florida's Supervised Visitation Programs") If you would prefer a pdf copy of that manual, please simply email me at koehme@fsu.edu.

We are in a relatively small town, and nearly everyone knows everyone else. There's a new family at our program, and we have heard much more about them than appears on the referral forms. Do we ignore what we've heard, and start from scratch?

No. You do not have to pretend that a family does not have a history, but you do have to be careful to separate fact from rumor. The fact that you only received part of the information you expected means that you likely will have to do some extra legwork. Do you have a method for obtaining background checks from your law enforcement partners? If so, that information should be part of the file. If you have newspaper reports or articles, clip or copy those. They, too, can be part of the file.

The Clearinghouse Recommends…
Useful Videos for Staff Trainings

How Does Child Abuse/Domestic Violence Affect Children?

Child Abuse: The Lasting Effects (1:47)- Abuse does not just affect children externally, but internally as well. Brain size is decreased, mental disorders are more prevalent, and increased risk for poor health later on in life all occur in response to child abuse.
https://www.youtube.com/watch?v=9oETbCQifQc

The Effects of Childhood Emotional Neglect (5:08)- Emotional neglect affects individuals up until and throughout adulthood by both limiting access to emotions and making it difficult to cope. Three categories of growth that are affected are an individual's emotional skills and knowledge, self-care, and blame, shame, and self-directed anger.
https://www.youtube.com/watch?v=EPjo2uOArRc

In Brief: The Science of Neglect (5:57)- Neglect is when children are not given the possibility of interaction from their surroundings, which is needed for their young brains to learn and develop fully. When a baby is not given attention, the baby feels a sense of danger, which can cause stress levels soar.
https://www.youtube.com/watch?v=bF3j5UVCSCA

Child Development and the Use of Technology
By Abby Novak

The American Association of Pediatrics recommends limited to no screen time for children under two years of age, including television, phone and tablet access. Recently reaffirming this statement, the Association confirms there are even more negative impacts associated with technology usage for children under the age of two, including developmental delays. While research on children older than two is mixed, research for young children is clear: technology usage before the age of two can negatively impact early child development.

Early Childhood Development Basics: Birth to Two Years

During the first two years of life, a child develops a basic attachment to his or her parents and begins forming essential cognitive, social, and motor skills that will continue building as the child grows. Motor skills. like hand and grasping strength, hand-eye

coordination, balance, and basic muscle strength and development, are developed during a child's first two years. In order to develop these motor skills appropriately, children must engage in physical activity and exploration. Cognitively, children form the basis for all future language development during their first two years of life. Listening and echoing speech patterns and word usage encourages language development. Children are also challenged cognitively through exploration; exposure to new sights and environments helps them to build their understanding of the world around them and challenges pre-existing knowledge.

When children are under the age of two, they must develop secure attachments to parents and parenting figures. Forming these secure attachments allows children to understand and generate a foundation for future relationships and gives them the courage to explore further relationships outside of their immediate family members. In order to develop this close and secure attachment, children less than two years of age must get face-to-face interaction to build these social and relational skills; without face to face interaction, children are not as likely to form secure attachments and will suffer negative consequences as they continue to grow and develop.

The Importance of Limited Screen Access for Children under the Age of Two

Because of the developmental milestones for children under the age of two, limited to no screen time for this age group is essential for proper development. When younger children are exposed to television, tablets, and telephone-based technology, their environmental exposure is limited. While they see images and experiences on screens, their sensory experiences are restricted. Children with extensive screen exposure get visual and oral stimulation; however, they do not experience the taste, smell, and touch experiences necessary for proper development. In order to develop understanding, vocabulary, and a broad range of experiences, children under the age of two must spend time in varying environments rather than spend time solely with virtual media. As opposed to playing a game on a tablet, younger children should be exploring outdoors, experiencing relationships, and forming interpretations based on sensory experiences.

Additionally, when young children spend time watching screens and engaging with technology, they experience rapid movement and sensory overload, shortening their ability to maintain attention for longer periods of time. Because of their young age, they form their attention span expectations based on their experiences with technology; instead of engaging with real-world experiences, their understanding is based on a virtual reality. This negatively impacts their attention span and behavior later in life and has been correlated with the increased prevalence of ADHD in some scientific studies.

Many parents also use technology (televisions, tablets, phones, etc.) as a simple way to entertain children and reduce temper tantrums and poor behavior. Instead of interacting and engaging to explain appropriate behavior, younger children under the age of two are being given technology as a form of entertainment. This reduces children's ability to cope with boredom and entertain themselves; they are not forced to discover entertainment and are not forced to understand their boredom. Instead, they are provided an immediate remedy for their boredom, reducing coping abilities and children's ability to entertain themselves. Additionally, when children are provided with a technological device, they are spending less time building relationships with their surrounding environments, including parents and parent-figures. Without this face-to-face interaction, secure attachments are difficult to form. Because children are not

comforted by their parents, but rather by devices, their attachment and ability to form secure relationships as they continue to develop is compromised.

Unfortunately, there are numerous products marketed toward parents of children under the age of two claiming to benefit child development through the use of technology. Many phone apps, tablet apps, and televisions programs claim to teach young children and encourage development; however, research supporting these claims is nonexistent. According to the American Association of Pediatrics, the negative consequences associated with screen exposure to young children far outweigh any positive benefits claimed by these programs.

What Should We Do To Entertain And Encourage Development In Children Under Two Years Old?

The ease of handing a child a cell phone or tablet is undeniable. Unfortunately, the negative consequences associated with screen exposure for children under the age of two is just as undeniable and can easily be remedied through limited or no screen access for children in this age group. Instead of allowing children to watch television or play with phones or tablets, children should be encouraged to explore their environment in a safe way. They should be prompted to interact with adults (known to the parents/parent-figures), explore physical environments, and experience a variety of smells, sights, tastes and sounds. Parents should speak with their children excessively, narrating daily activities, such as grocery shopping or doctor's visits, and challenging their children's understandings to build their confidence and attachment. Children should be encouraged to self-sooth (when appropriate), and learn to handle their emotional outbursts and dissatisfaction, ultimately preparing them for future development.

Examples of appropriate interactions for children under the age of two include:

- Large-scale puzzles
- Building blocks
- Soft books
- Peek-a-boo
- Patty cake
- Playing with stuffed animals
- Talking with parents
- Hugs with parents and parent-figures
- Positive praise for behavior

What about older children?

Screen exposure for children over the age of two is both supported and discouraged by various research studies. With such mixed results, officials and experts recommend moderation of screen exposure for children over the age of two, not specifically prescribing restriction, but recommending children in this age group are provided excessive opportunities to continue exploring their environments outside of virtual realities. Many of the potential developmental delays from early exposure apply to children of an older age as well; excessive screen exposure can lead to reduced attention spans, limited experience building relationships, and decreased self-confidence and independence. The stationary nature of most technology can lead to childhood obesity and weight problems, poor muscle development, increased sickness, and additional health problems correlated with a lack of exercise. As always, moderation is best with technology exposure for young children, and children should be encouraged to play with friends, explore outdoors, and experience the world outside of technology.

For more information, see:
http://www.tulsakids.com/March-2013/Technology-and-Play-Supporting-A-Childs-Growth-and-Development/

http://parentsavvy.com/ask/ask-a-community-expert/technology-and-child-development/

http://www.healthychildren.org/English/family-life/Media/Pages/Tablets-and-Smartphones-Not-for-Babies.aspx

Getting Ready for the Holidays (Buy your supplies this month!)

Holiday Craft Ideas for Supervised Visitation

By Jerry Kivett

Here are some fun, simple holiday arts-and-crafts projects that can be used at supervised visitation programs. These instructions could be passed out with the listed materials for families to work on together during visits. Also, the supplies necessary for all of these crafts are readily available and fairly inexpensive to hopefully make these activities accessible for you to provide to clients.

Snowman Cards:

Materials:

- Construction paper
- Glue
- Cotton balls
- Markers and/or crayons
- Pieces of felt (optional)
- Scissors

Instructions:

1. Fold the construction paper in half into the shape of a greeting card.
2. Draw a holiday scene or an image you would like on the front of the card.
3. Glue cotton balls to the front of the card in the shape of a snowman.
4. Finish by either gluing pieces of felt to dress the snowman with his arms, hat, scarf, etc., or if you do not have felt, all of this can also be colored on.

Note: After making the cards, families could be encouraged to each write the card to someone and give it to him or her as a holiday gift.

Handprint Wreath Cards:

Materials:

- White construction paper
- Green and red paint (kid-friendly)
- Paper plates
- Markers (or other colors of paint)

Instructions:

1. Fold the plain construction paper in half into the shape of a greeting card.
2. Pour the paint onto paper plates in large enough circles for a handprint, and also put small dots of the other paints you would like to use for decorating along the sides of the plates.
3. Use your fingertips to make the green circle for the wreath.
4. Add on dots or other decorations, such as a bow, with markers or the red paint.
5. Add any additional words or sayings that signify meaning in the holiday traditions of your family.

Note: Once again, families can be encouraged to each write the card to someone important to them and give it to him/her as a gift.

Bead Candy Canes:

Materials:

- Green pipe cleaners
- Red and white beads

Instructions:

1. Thread a red bead onto the very end of a green pipe cleaner, and slightly twist the end of the pipe cleaner in order to prevent the bead from sliding off.
2. Curve this end of the pipe cleaner so that it is in the shape of a candy cane.
3. Thread alternating red and white beads onto the pipe cleaner from the other end until the pipe cleaner is covered, and then bend the other end as you did the first end.

Note: These are simple and quick to make, and they require so few, cheap supplies that multiple of these could be made by each member of the family if desired.

Paper Plate Characters:

Materials:

- Paper plates
- Paint (kid-friendly)
- Cotton balls
- Colored paper (Colors will depend on what character you are making.)
- Googly eyes
- Puff balls

- Glue
- Scissors

Instructions:

1. Depending on your holiday traditions, choose a character (or several!) that your family would like to create together.
2. Paint the surface of the plate. Use brown paint to create the base for a reindeer, mix white and orange paint to create Santa's skin tone, or develop your own character from scratch.
3. Glue on the googly eyes to create your character's facial expression and draw on any extra lips, nose, eyes, and hair you would like.
4. Then cut out the shape of the accessories you wish to use, such as Santa's hat, a reindeer's ears, collar, and antlers, or a hat for a snowman.
5. Finally glue on the cotton balls for a final effect for a beard, hair, or nose.
6. Your character is complete! Come up with voices and act out a scene with your characters for additional family fun.

Glitter Star Ornaments:

Materials:

- Popsicle/craft sticks (different colors of these are helpful for this craft)
- Glue
- Ribbon
- Glitter pens

Instructions:

1. Glue 5 popsicle/craft sticks into the shape of a star.
2. Once the glue has dried some, decorate the star with glitter pens, using dots or squiggles.
3. Glue a ribbon to the back of the top of the star in a loop for hanging.

Note: Other craft materials can be used to decorate the star as well, if they are available. Also, the service provider may want to practice gluing the star together before a supervised visitation and help instruct this step since this is the most difficult part of the craft.

Candy Cane Reindeer:

Materials:

- Brown string or brown pipe cleaners
- Candy canes
- Googly eyes
- Red puff balls
- Glue

Instructions:

1. Place two candy canes touching each other with the curved ends facing opposite directions (to look like antlers).
2. Wrap the brown string or pipe cleaners tightly around the top half of the base of the candy cane, directly below where it begins to curve. (Tie and cut the string here if you are using string.)
3. Once the two candy canes have been tightly secured together, glue two googly eyes and one red puff ball to the string or pipe cleaners to create the reindeer's face.

Note: Make sure the candy canes are secured tightly so the "antlers" stay in place. Also, these can be given as gifts, hung on a tree, or attached to other presents.

References:

http://fun.familyeducation.com/crafts/childrens-art-activities/48081.html

http://family.disney.com/crafts

http://www.familyeverafterblog.com/2011/12/kid-craft-paper-plate-santa.html

http://www.parents.com/fun/arts-crafts/kid/holiday-crafts-for-kids/#page=9

http://www.powerfulmothering.com/easy-christmas-crafts-for-kids-craft-stick-stars/

http://www.decoist.com/2011-12-03/christmas-decoration-ideas-for-kids/

http://diply.com/different-solutions/diy-paper-plate-christmas-characters/15445

http://handsonaswegrow.com/christmas-craft-fingerprint-homemade-cards/

http://www.ivillage.com/diy-ornaments-kids/6-a-551304

The Negative Effects of Bullying

By Kayla Kirk

Introduction

Bullying is a common problem in schools across the nation. On the news, you frequently hear stories of bullying gone wrong and how it has led to suicides and even homicides. The negative effects of bullying are coming to light, and as a supervised visitation monitor, it is important to understand how being a child who bullies or a child who is bullied can affect a child's well-being, academic success, and future. Not only are there negative consequences while in school, but many can carry over into adulthood. In this training, you will learn what bullying is, the types of bullying, the roles children play, the risk factors of being a child who bullies or a child who is bullied, the negative health effects associated with bullying, Florida anti-bullying laws, and strategies for prevention.

What is Bullying?

Bullying is any unwanted, aggressive behavior among school-aged children. It involves a real or a perceived power imbalance. The power imbalance can be based off physical strength, embarrassing information, or popularity. It can include making threats, spreading rumors, attacking someone, or excluding them from group activities. Many times bullying is repeated over and over again. Bullying can occur during or after school. It can occur in the school building, during recess, on the bus, in the child's neighborhood, or even online. The 2011 Youth Risk Behavior Surveillance System, conducted by the CDC, indicates that nationwide, 20% of students in grades ninth through twelfth experience bullying. The 2008-2009 School Crime Supplement, conducted by the National Center for Education Statistics and Bureau of Justice Statistics, indicates that 28% of students in sixth through twelfth grade experience bullying. These statistics show how serious a problem bullying is across the country and the dire need for prevention implementation.

Types of Bullying

There are three types of bullying: verbal, social, and physical bullying. Below is a list of the actions used in each type of bullying:

1. <u>Verbal:</u> Teasing, name calling, sexual comments, taunting, or threats

2. <u>Social:</u> Hurting someone's reputation or relationships by excluding the child, telling others not to be friends with the child, spreading rumors, or telling embarrassing stories or facts about the child

3. <u>Physical:</u> Hitting, kicking, pinching, spiting, tripping, pushing, or breaking child's items

There is also a sub-category of bullying called "cyberbullying." We have discussed cyberbullying in the past briefly, but are currently composing a follow-up EPress article specifically addressing this issue.

The Roles Children Play

A child involved in bullying can be a child who bullies, a child who is bullied, or a witness of bullying. Many times children will act as more than one role during their lifetime. It is important to not label children! Labeling a child a "bully" or a "victim" could have unintended consequences such as:

- Sending a message that a child's behavior cannot be changed.
- Failing to recognize the multiple roles children may play.
- Disregarding other factors contributing to the behavior, such as peer influence or school climate.

Instead, you should focus on the child's behavior. Use terms such as "the child who bullied" or "the child who was bullied." Below are the definitions:

- <u>Children who bully:</u> These children engage in bullying behaviors towards their peers. They often require support to change their behavior and address any other challenges that may be influencing their behavior.

- <u>Children who are bullied:</u> These children are the targets of bullying behavior. They may need help learning how to respond to bullying.

There are other children who may not be directly involved in the bullying, but may be contributing or are also affected by what they witness. These children should be taught

how they should respond when they see bullying happen. The witnesses can also be broken down into different categories:

- Children who assist: These children may not start or lead the bullying, but they serve as an "assistant" because they encourage the bullying behavior or occasionally join in.
- Children who reinforce: These children give the child who is bullying an audience with laughter or by providing support. They may encourage the bullying to continue.
- Outsiders: These children remain separate from the bullying situation. They neither reinforce nor defend the children. They often want to help, but do not know how.
- Children who defend: These children actively comfort the child being bullied and may come to their defense.

It is important to remember that children can play more than one role and educating children on how to react to bullying can prevent future occurrences.

Risk Factors

No single factor puts a child at risk of being bullied or bullying others. These are just factors that have been shown to be correlated with bullying. Some groups such as LGBT children, children with disabilities, and socially isolated children may be at an increased risk.

Risk factors of being bullied:

- Perceived as different: children could be overweight, underweight, have glasses, wear different clothing, be new to the school, or unable to afford what is "cool"
- Perceived as weak: children may be unable to defend themselves
- Depressed, anxious, or have low self-esteem
- Less popular: have few friends, do not get along well with others, or annoy other children

Risk factors of being a bully:

- Aggressive, easily frustrated
- Low level of parental involvement or issues at home

- Think badly of others
- Have difficulty following the rules
- View violence in a positive way
- Have friends who bully others

There are two types of children more likely to bully:

1. The child is well-connected to their peers, has social power, is overly concerned about their popularity, and likes to dominate over the presence of others.

2. The child is isolated from their peers and may be depressed or anxious. They may be less involved in school and easily pressured by their peers. They may not identify with their emotions or feelings easily.

Once again, these are only risk factors. If a child resembles any of the aforementioned factors, it does not necessarily indicate a child who is being bullied or a child that bullies.

Negative Effects of Bullying

Bullying can affect everyone; those who are bullied, those who bully, and those who witness bullying. Bullying is linked to many negative outcomes, including impacts on the prevalence of mental health issues, substance use, and suicide in these children. It is important to talk to children to determine if bullying is a concern. Below are the negative effects for the three categories affected by bullying:

Children who are bullied: These children can experience negative physical, school, and mental health issues, including:

- Depression and anxiety
- Increased feelings of sadness and loneliness
- Changes in sleep and eating patterns

- Loss of interest in activities they previously enjoyed
- Decreased academic achievement—GPA and standardized test scores—and school participation.
- Missing, skipping, or dropping out of school
- Raised blood level of C-reactive protein (This is a systematic inflammation and risk factor for cardiovascular disease.)
- Other health complaints

A very small number of bullied children might retaliate through extremely violent measures. In 12 of 15 school shooting cases that occurred in the 1990s, the shooters had a history of being bullied.

Although kids who are bullied are at risk of suicide, bullying is not the only cause. Many issues contribute to suicide risk, including depression, problems at home, and trauma history. Additionally, specific groups have an increased risk of suicide, including American Indian, Alaskan Native, and Asian American children, as well as lesbian, gay, bisexual, and transgender youth. This risk can be increased further when these kids lack support from parents, peers, and schools.

Children who Bully: These children can also engage in violent and other risky behaviors into adulthood. They are more likely to:

- Abuse alcohol and other drugs in adolescence and as adults
- Be involved in fights, vandalize property, and drop out of school
- Engage in early sexual activity
- Have criminal convictions and traffic citations as adults
- Abuse their romantic partners, spouses, or children as adults

Children who Witness Bullying:

- Have increased use of tobacco, alcohol, or other drugs
- Have increased mental health problems, including depression and anxiety
- Miss or skip school

Bullying affects everyone. Recently, a majority of states have enacted anti-bullying laws and prevention efforts.

Florida Anti-Bullying Laws

Florida has several different statutes that address bullying. Statute 1006.147 includes cyber bullying.

Statute 1006.07-Distric School Board Duties Relating to Student Discipline and School Safety

This statute requires district school boards to provide for the welfare of students by using the Safety and Security Best Practices to conduct a self-assessment of the district's current safety and security practices. The self-assessment includes indicators for districts to develop and enforce policies regarding anti-bullying, anti-harassment and due process rights in accordance with state and federal laws.

Statute 1006.147- Jeffrey Johnston Stand Up for All Students Act

This statute requires school districts to adopt a policy prohibiting bullying and harassment of any student or employee of a public K-12 educational institution. This includes during any program or activity conducted by a public K-12 educational institution, during any school-related or school-sponsored program or activity, or through the use of a computer system or network of a public K-12 educational institution.

Prevention

As a supervised visitation monitor, you can talk to children and parents about bullying and prevent it from happening. A few key strategies to prevent bullying include:

- **Help children understand bullying:** Children who know what bullying is can better identify it. Children need to know how to safely stand up to bullying and how to get help.

  - Encourage children to speak to a trusted adult if they are bullied or see others being bullied.

  - Give tips on how to stand up to children who bully, like using humor or saying "stop" directly and confidently. Talk about what to do if those actions don't work, such as walking away.

  - Urge children to help others who are bullied by showing kindness or getting help.

- **Keep communication lines open:** Start conversations about daily life and feelings. Talk openly about bullying and see how it may be affecting the child. Start conversations about bullying by asking questions like:

  - Why do you think people bully?
  - Who are the adults you trust most when it comes to bullying?
  - Have you ever felt scared to go to school because of bullying?
  - How can I help stop the bullying?
  - What do you usually do when you see bullying going on?
  - Have you or your friends left other children out on purpose? Do you think that was bullying?

- **Encourage children to do what they love:** When children take part in activities or hobbies they enjoy, it gives them a chance to have fun and meet others with the same interests. This can build confidence and create friendships that help protect children from bullying.

- **Model how to treat others with respect and kindness:** Children learn from adults. By treating others with respect and kindness, children can learn that there is no place or reason for bullying.

There are in-school prevention programs that can be used to educate children on bullying, how to intervene, and who they can talk to. As a visitation monitor, if you witness children who are bullying or being bullied, stop the bullying and educate the children. You can be a critical resource to prevent and stop bullying.

Conclusion

Bullying is common in all schools across the country. It is important to know that bullying affects not only the child being bullied, but also the children who bully and witness bullying. Bullying can have long-term negative effects on everyone involved. Florida has laws against bullying, and prevention can be a key way to help the children and families you interact with. Remember, all children play a role in bullying.

Resources for Further Information on Bullying

http://cyberbullying.us/

http://www.abilitypath.org/areas-of-development/learning--schools/bullying/articles/walk-a-mile-in-their-shoes.pdf

https://docs.google.com/viewer?a=v&pid=sites&srcid=c2Nob29sc2FmZXR5LnVzfG5zc2N8Z3g6MTQxNWFjMDkwMmIyNWRkMg&pli=1

http://www.extension.unl.edu/c/document_library/get_file?folderId=221677&name=DLFE-3202.pdf

http://www.nrepp.samhsa.gov/

References

http://www.fldoe.org/safeschools/bullying.asp

http://www.stopbullying.gov/

http://journalistsresource.org/studies/society/education/youth-bullying-trends-us-research-data

Recent Intimate Partner Violence Studies

By Kayla Kirk

Hamberger, L. K., Ambuel, B., Guse, C. E., Phelan, M. B., Melzer-Lange, M., & Kistner, A. (2014). Effects of a Systems Change Model to Respond to Patients Experiencing Partner Violence in Primary Care Medical Settings. *Journal of Family Violence*, 1-14.

This study involved an 18-month-longitudinal follow-up of women receiving health care treatment. There were two groups studied: the intervention group and the usual care clinics. The study tested four hypotheses related to the effectiveness of a systems change intervention on intimate partner violence inquiry, violence reduction, and the health and well-being of women patients in family medical clinics. It also examined the views of the participants toward the benefits and harms of intimate partner violence inquiry. The Health Care Can Change model was adopted to provide family medical clinics with the needed training, patient education materials, and implementation of policies and procedures.

The results from this study showed that intimate partner violence intervention increased inquiry, discussion, and disclosure at a higher rate when compared to usual care clinics. Over the course of the study, both the intervention and usual care groups adopted more safety behaviors and experienced less violence, suggesting that participant interviews may have been an unintentional intervention. Participants believed that doctors and nurses asking about intimate partner violence were "very helpful" or "helpful." They believed that the harms of inquiry could include: violating patient confidentiality, the effects of asking in front of children, and fear that a positive response will lead to contact of authorities.

Rogers, M. J., & Follingstad, D. R. (2014). Women's Exposure to Psychological Abuse: Does That Experience Predict Mental Health Outcomes? *Journal of Family Violence*, 1-17.

Rogers and Follingstad examined women's experience with psychological abuse as a predictor of symptoms, such as levels of depression, anxiety, somatization, suicidal ideation, and life functioning. Psychological abuse is defined as employing aversive behaviors, such as verbal abuse, control, coercion, isolation, monitoring, threatening, jealousy, and humiliation, to intentionally harm an individual. An online survey was given to 367 women assessing psychological abuse, pre-existing factors, and mental health indicators.

Results indicated that while psychological abuse does predict mental health outcomes, the women's perceived negative changes, problematic relationships, and response styles more strongly predict mental health outcomes. This means that a woman who perceives negative changes in herself as a result of experiencing psychological abuse will be more likely to experience negative mental health outcomes. The pre-existing and problematic relationship and how the woman responds to the relationship are also strong predictors of mental health outcomes.

Nedegaard, R. C., & Sbrocco, T. (2014). The Impact of Anger on the Intimate Partner Violence Decision-Making Process. *Journal of Family Violence, 29*(6), 613-624.

Intervention programs for men who engage in intimate partner violence continue to draw further criticism, as there is a need for an intervention program that provides more positive, effective outcomes. This study researched the differences between how abusive and non-abusive men react to anger. The Social Information Processing model (SIP) was used to understand choices in reactions. The model outlines different stages in cognitive processing and decision making that may be deficient in men who engage in intimate partner violence. The Multi-Attribute Utility Theory (MAUT) was also used to understand the function of violent behavior among abusive men. The MAUT includes the steps of generating alternatives, predicting consequences, searching ones behavior choices, testing whether or not an alternative satisfies one or more levels of acceptance, and selecting one alternative.

A decision making task was developed to assess the utility of abusive and non-abusive behaviors among 32 men who had previously engaged in mild intimate partner violence, 32 partially distressed men, and 32 non-distressed men. All men were randomly assigned to either random anger or neutral induction conditions. The decision making was then evaluated in response to conflict and non-conflict interpersonal interactions.

Findings of this study indicate that the decision making model for men who batter is useful as a means of explaining and understanding abusive behavior. The perceived utility for abusive behavior was greater for angry abusive men and the perceived utility

of control appeared to significantly contribute to this difference. Specific deficits in the intimate partner violence group were found, supporting a SIP model of intimate partner violence and a means to further explore how to treat relationship aggression. This study may have implications for the treatment of abusive men, including the enhancement of specific skill training components of treatment.

Persampiere, J., Poole, G., & Murphy, C. M. (2014). Neuropsychological Correlates of Anger, Hostility, and Relationship-Relevant Distortions in Thinking Among Partner Violent Men. *Journal of Family Violence, 29*(6), 625-641.

A common intervention technique used for male perpetrators of intimate partner violence involves psychosocial counseling. This type of intervention, however, only provides modest changes in reducing violent behavior. Prior research has shown that perpetrators display poorer performances than non-perpetrators on neuropsychological tests of executive function (EF) and impulsivity (IMP). This study examined whether neuropsychological deficits are associated with how IPV men react to aversive relationship stimuli, both verbally and emotionally. The researchers examined executive function and impulsivity as correlates of anger-reactivity, cognitive distortions, irrational beliefs, anger expression, anger control, hostility, and abusive relationship behavior.

Intimate partner violence perpetrators display cognitive distortions in response to adverse relationship events. These distortions and irrational beliefs were assessed through the process of asking male subjects to talk out loud during a relationship-relevant anger induction using the method Articulated Thoughts within Simulated Situations (ATSS). This method provides a close approximation of triggers for relationship conflict in an ethical way. The Wisconsin Card Sorting tests, along with four tests from the Automated Neuropsychological Assessment Metrics (ANAM), were used to measure participants' executive functioning and impulsivity. It was found that men who displayed relatively poorer performance on neuropsychological tests articulated more cognitive distortions and irrational beliefs following the ATSS. These findings link mild neurocognitive impairments to problems in social information processing and difficulty mitigating angry thoughts. For this reason, interventions should consider that neurocognitive impairments may also be connected to IPV, and that behaviors and cognitions should not be the only areas focused in treatment.

Nouer, S. S., Mackey, S. N., Tipton, N. G., Miller, A. C., & Connor, P. D. (2014). Identifying Predictors for Children Witnessing Intimate Partner Violence. *Journal of Family Violence, 29*(6), 675-679.

Previous research has estimated that 3 to 18 million children each year are exposed to intimate partner violence. IPV prevalence and severity has increased in recent years, as

has the average duration of IPV among couples that have children. It is hypothesized that the presence of children increases stress and; therefore, having children increases the likelihood of IPV risk. This study was a two-wave telephone survey to determine which IPV associated factors were significant predictors of the respondent's children witnessing IPV.

The study found that as a respondent's age increased, so did the odds of a child being exposed to intimate partner violence. In addition, the study found that children who witnessed violence were almost twice as likely to have a parent who reported leaving his or her abuser. This study is an important first step in understanding how children influence intimate partner violence victims' decision making in seeking out service provider help.

Grip, K. K., Almqvist, K., Axberg, U., & Broberg, A. G. (2014). Perceived Quality of Life and Health Complaints in Children Exposed to Intimate Partner Violence. Journal of Family Violence, 29(6), 681-692.

In this study, children 9 to 13 years old reported on their violence exposure, attachment to parents, temperament, perceived quality of life, and health complaints. The study was conducted through self-reports by mothers, which led to semi-structured interviews. Researchers then asked permission to interview and self-report on the mother's children based on mental health functioning, relationships with parents and peers, and success in school.

Results showed that half of all child respondents reported having a good quality of life and no recurrent health complaints. Reports of health complaints were associated with higher intimate partner violence exposure and negative emotionality. Quality of life was associated with attachment security, higher capacity of emotional regulation, and lower negative emotionality.

The results show the importance of increasing and supporting the capacity of children exposed to IPV in handling and expressing their emotions. The results also show a need for nurses and primary care practitioners to be as attentive to IPV as a possible background factor to recurring health complaints.

Child Nutrition and Schools: Are Nutrition Requirements Helping Child Development?
By Abby Novak

Here's one reason to offer food at supervised visitation: many children live in poverty and could use the supplement of healthy snacks at supervised visitation. We recommend fruit, whole wheat crackers, real cheese, and milk or no-sugar added juices. Be sure to ask at intake if the child has any known food allergies. To be safe, stay away from nuts/peanut butter. If the child has a gluten allergy, skip the bread and crackers. Read food labels to ensure the absence of allergens.

Did you know --- Here's what kids are eating at school:

National School Lunch Program

Adopted in 2012 after support from Michelle Obama, the Obama administration, and parents, schools and interest groups, the national school lunch program currently uses the following nutritional guidelines:

- Daily serving of fruit
- Daily serving of vegetables
- Daily serving of grains (can be in a grain-based dessert)
- Daily serving of meat or meat alternative
- One container of fat-free, flavored milk or one container of low-fat or fat-free white milk

Additional regulations limit the amount of:

- Calories
- Saturated fat
- Sodium
- Zero grams of trans fat

For each lunch, schools are reimbursed the following:

Free - $2.93
Reduced-price - $2.53
Paid - $0.28

Depending on parents' income, students are assigned a category of paid, reduced or free lunch, and the district is reimbursed accordingly. Some school districts are finding it difficult to provide nutritious lunches with the current reimbursement rates. Because of low student populations or a low percentage of students receiving free/reduced lunch prices, districts may be spending more on their meals than they are reimbursed. Additionally, some believe the nutritional requirements outlined do not actually improve

child nutrition; instead of eating their food, children are throwing their meals into the garbage, increasing hunger and food waste.

Supporters of the nutrition regulations dismiss these claims and strongly believe (as evidenced by many districts' testimonies) that school districts can find creative ways to balance their nutrition budget and serve meals children love to eat that are also in line with nutrition regulations. According to a new 2014 study of over 1,000 elementary school lunch programs, school lunch waste has actually decreased with the new nutrition standards, and children are eating more of their entrees, fruit and vegetables than before the nutrition regulations were adopted.

School Breakfast Program

Known as the most important meal of the day, school breakfast must meet similar requirements to lunch:

- Daily serving of fruit
- Daily serving of grains
- Daily serving of meat or meat alternative
- One container of fat-free, flavored milk or one container of low-fat or fat-free white milk

Additional regulations limit the amount of:

- Calories
- Saturated fat
- Sodium
- Zero grams of trans fat

Breakfasts are reimbursed at the following rates:

Free- $1.58
Reduced- $1.28
Paid-$0.28

Unlike lunch, though, schools are struggling to feed large numbers of children during breakfast, and many have turned to creative strategies to increase their breakfast numbers. Programs, like the community eligibility provision, provide free lunch to all students, regardless of income, if the school is located in a high-poverty area. Similarly, programs like breakfast in the classroom and the grab-and-go model encourage students to eat breakfast in the most convenient way possible, helping them to focus and maximize their school day.

The nutrition requirements for the breakfast program face little criticism. Because decades of research support the importance of breakfast, many believe a healthy breakfast is essential for student performance; therefore, they support higher nutrition standards for this meal.

Afterschool Meals Program

For eligible programs, afterschool meal options are also provided to children in low-income areas. Programs may apply to serve a snack and/or supper, meeting the following nutritional requirements:

Supper
- One serving of milk
- Two or more servings of fruits and or vegetables
- One serving of a grain or bread
- One serving of meat or meat alternative

Snack
- Any two of the following:
  - One serving of milk
  - One serving of fruit
  - One serving of vegetables
  - One serving of a grain or bread
  - One serving of a meat or meat alternative
- No "liquid diet", i.e. fruit juice and milk, veggie juice and milk, etc.

Afterschool meals are reimbursed at the following rates:

<div align="center">

Supper
Free- $2.93
Reduced- $2.53

</div>

Paid- $0.28

Snack
Free- $0.80
Reduced- $0.40
Paid- $0.07

Similar to the criticism facing the school lunch program, some say the nutritional requirements increase food waste, and children throw more of their meal away than they eat. For most of the children receiving afterschool meals or snacks, though, the nutritional requirements give them a healthy meal they may not have had otherwise. Prior to the implementation of this program, many of these children ate at school and nowhere else; after lunch, they waited until breakfast the following morning to eat a full meal, perhaps eating a bag of chips or candy in between.

By requiring nutritious meals in the school lunch, school breakfast and afterschool meals programs, children are receiving the proper doses of vitamins, minerals, calories, proteins, etc. needed for healthy growth and development! Though these requirements have their strengths and weaknesses, they are an important step towards keeping our children healthy and happy!

Consider making healthy snacks available at your program!

For more information on federal nutrition programs and nutrition regulations, see:
http://www.gpo.gov/fdsys/pkg/FR-2012-01-26/pdf/2012-1010.pdf

http://journalistsresource.org/studies/environment/food-agriculture/usda-school-meal-standards-food-selection-waste

http://www.flimpact.org/amp/3claims.html

http://www.nytimes.com/2014/04/20/opinion/sunday/let-them-drink-chocolate.html?ref=health&_r=0

How Child Sexual Abuse Affects Parent Attachment Styles

Kayla Kirk

Introduction

As a visitation monitor, it is unfortunately not uncommon for you to work with children or parents who have been sexually abused. Not only does child sexual abuse have immediate effects on a child, but the ramifications can continue into adulthood. Child sexual abuse can affect a child's attachment style, and in-turn, lead to unhealthy adult attachment styles. In this training you will learn:

- What attachment is
- Child attachment styles
- Adult attachment styles
- How child sexual abuse affects attachment styles
- The long term effects of child sexual abuse

What is attachment?

Attachment is a biologically-based bond between a child and his or her caregiver. It involves the exchange of comfort, care, and pleasure. Based on Bowlby's Model of Attachment, individuals form expectations about their own role in relationships and other's roles in relationships. A parent can have a positive or negative attachment with his or her child. Positive or nurturing attachment style characteristics include being:

- Attentive to child's needs
- Encouraging of development
- Emotionally available to child
- Physically healthy

A parent who has a negative attachment style may have these characteristics:

- Distant
- Passive

- Withdrawn
- Hostile
- Preoccupied
- Unable to meet child's needs

The parent-child relationship is extremely important. How the parent and child interact in the present can determine the child's future relationship attachments.
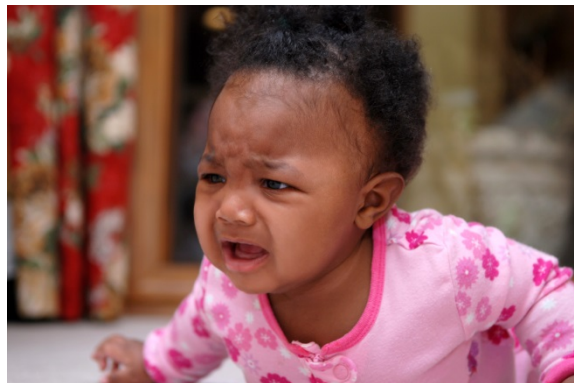
Child Attachment Styles

There are four different child attachment styles. They are discussed below.

Secure: Children become visibly upset when their caregivers leave and are happy when they return. When frightened, these children will seek comfort from their caregiver. Contact initiated by the caregiver is accepted and returned in a positive way. A parent or caregiver of a securely attached child tends to play more with his or her children. The parent reacts more quickly to a child's needs and is more likely to be responsive. In addition, studies have shown that secure children are more likely to be empathetic and mature later on in life.

Ambivalent: Children who are ambivalently attached tend to be suspicious of strangers. They display distress when separated from their caregiver, but do not become reassured or comforted by the return of the caregiver. Sometimes, the child may passively reject the caregiver by refusing comfort or becoming aggressive. As these children grow older, they are often described as clingy and over-dependent.

Avoidant: These children tend to avoid their caregivers. This avoidance often intensifies after a period of absence. They might not reject attention from a caregiver, but they don't seek out comfort either. Children with an avoidant attachment show no preference between a caregiver and a stranger. Parents of an avoidant child may be insensitive, withhold emotion, and avoid physical contact with their children.

Disorganized/Insecure: Children with a disorganized or insecure attachment show a lack of clear attachment behavior. Their actions and responses to caregivers are often a mix of behaviors that include avoidance or resistance. Parents of this type of child usually are inconsistent. These caregivers act as figures of both

fear and reassurance to the child, which often leads to the child becoming confused and disorganized.

Adult Attachment Styles

There are also four different adult attachment styles. They are discussed below.

Secure: These adults tend to have trusting, long-term relationships. They have high self-esteem, enjoy intimate relationships, seek out social support, and are able to share their feelings with others.

Avoidant: This type of adult often idealizes their past and is unable to recall details of their childhood. They are uncomfortable with intimacy, lack confidence, and are many times hostile and lonely.

Preoccupied: This adult is confused, anxious, clingy, and dependent of others. They become easily jealous and are overly expressive.

Fearful: An adult with a fearful attachment typically becomes socially inhibited and unassertive. These adults are a combination of avoidant and preoccupied attachment styles.

How Child Sexual Abuse Affects Attachment Styles

Research has recently been conducted on how child sexual abuse affects attachment styles, often leading to negative parent-child attachments. Child sexual abuse is frequently associated with insecure attachment during childhood. The child will often avoid the parent because of the sexual abuse. Over half (58%) of adult survivors of child sexual abuse were found to predominantly have a fearful attachment style. Studies suggest that once a child has been sexually abused, either by a family member, friend, or stranger, the child tends to reject attention from caregivers. As the survivor turns into an adult, he or she may become fearful of intimacy and socially avoidant of others.

Long Term Effects of Child Sexual Abuse into Adulthood

There are many long term effects that adult child sexual abuse survivors suffer from. When these individuals become parents themselves, it can many times be confusing and overwhelming for them, as they are unsure how to act as they lack models for how to create positive attachments with children. Below are common reactions of parents who were sexually abused as children with their own children:

- Hypervigilance, or trying to protect the child from everything
- Poor boundaries
- Fear of harming the child

- Role reversal, or when the child fulfills the parental role
- Low sense of parenting efficacy
- More intense or prolonged postpartum depression
- Confusion about what characteristics are common of healthy families

Adult survivors of child sexual abuse who become parents also many times worry that their offender will perpetrate their children. Their own children are at a greater risk of sexual abuse because the majority of offenders are family members and will abuse multiple generations.

Conclusion

It is important for you to understand that child sexual abuse affects how parents interact with their own children. Many times your clients may be parents or children who have been sexually abused, and that abuse not only affects them, but the rest of the family as well. Understanding the different attachment styles can give you, as a supervised visitation provider, insight into how parents interact with their children and what type of attachment children and parents have.

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