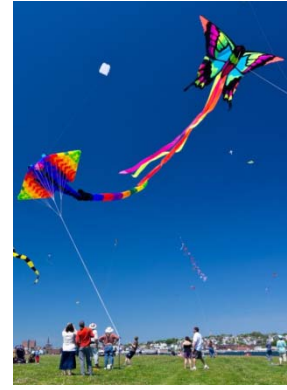




# March 2014 E Press



## Effects of Childhood Victimization

By: Melissa Ferraro

There is a significant body of ongoing research on the consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health-care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole.

Individual outcomes vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- The frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Children who are victims of abuse are at a higher risk of revictimization. There are no universal symptoms found in all victims but there are some commonalities:

### Physical Consequences

- Bruises or cuts
- Broken bones
- Hemorrhage
- Impaired brain development
- Abusive head trauma (ex. Shaken Baby Syndrome)
- Poor physical health
  - Cardiovascular disease
  - Lung and liver disease

- Hypertension
- Diabetes
- Asthma
- Obesity

### **Psychological Consequences**

- Difficulty during infancy
- Low self esteem
- Suicide Ideation
- Anxiety
- Depression
- PTSD
- Social difficulties
- Cognitive difficulties

### **Behavioral Consequences**

- Difficulty in school
- Alcohol abuse
- Smoking
- Illicit drug use
- Juvenile delinquency
- Truancy
- Risky sexual behavior
- Teen pregnancy
- Abusive behavior
- Later adult criminality

### **Treatment and Prevention**

Numerous policies and practices have been introduced to help address violence.

Intervention Strategies:

- Mandatory reporting laws
- Family preservation, foster care, and adoption
- Criminal justice responses
- Treating offenders and victims
- Shelters and hotlines
- Coordinated community responses

**Trauma-informed care** is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has

played in their lives. It recognizes the symptoms of trauma and acknowledges the role it has played a person's life.

Some prevention strategies to consider:

- Family support and training programs
- School-based programs
- Community awareness campaigns

Health care professionals and concerned individuals need to increase awareness among parents/caregivers. Parents/caregivers need to be encouraged to develop strong attachments with their children and learn to express warmth and positive regard for them. Finally, families have to be encouraged to form relationships with support systems available to them.

### **Resources**

<http://www.cdc.gov/ace/index.htm>

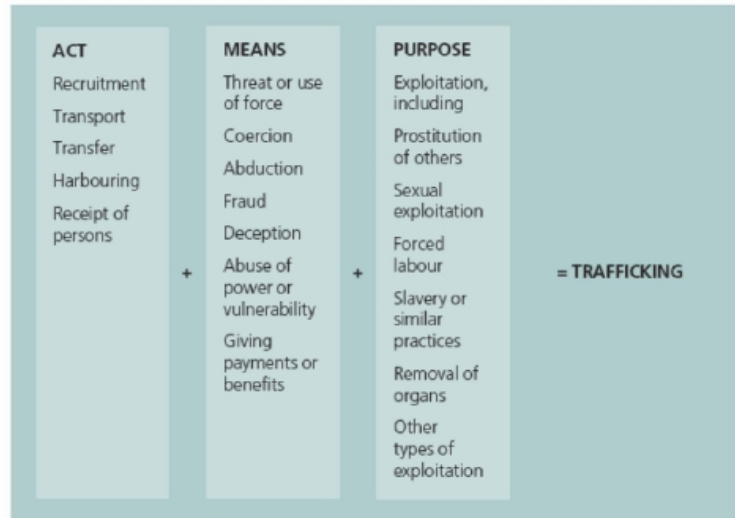
[https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.cfm](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm)

## **Increased Risk to Foster Care Clients for Human Trafficking**

By Sally Peterson

### **What is Human Trafficking?**

The United Nations defines trafficking according to the **Protocol to Prevent, Suppress and Punish Trafficking in Person** (Trafficking in Persons Protocol) as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.



**What that means**, simply, is that victims of trafficking have been coerced or abducted and then exploited either through sex, forced labor, or the organ black market. They can be adults or children, male or female, educated or uneducated, upper or lower class, from the United States or from overseas.

We will be focusing on child sex trafficking for the purposes of this training.

**Child sex trafficking** occurs when a child (under age 18) has been tricked or forced into prostituting him or herself for the profit of the person controlling the individual. Child sex trafficking can happen to any child, but children in the foster care system are especially at risk.

**Statistics**

Many people think that human trafficking only occurs in third-world countries, but unfortunately, it is an extremely common occurrence in the United States. Trafficking survivors have been identified in all 50 states, from all walks of life. According to the FBI, the number of child prostitutes in the U.S. is estimated to be 300,000, with the average age of a child forced into prostitution to be between 12 and 14 years old. Sex trafficking occurs in many different venues, including:

- Online Escort Services
- Pornography
- Street Prostitution
- Massage Parlors
- Truck Stops
- Residential Brothels

Even more shocking, **Florida is the #3 state for reports of child sex trafficking** (after California and Texas). **Why is this?** Because:

- Florida's enormous tourist industry creates demand
- The eight military bases in the state (military sites provide a huge market for the sex industry)
- A huge port of entry is Miami, both by air and by water

### **Impact of Being Trafficked**

The impact of being violated through sex trafficking can be seen in all areas of a survivor's life:

- **Abuse-** Survivors of trafficking often have suffered from broken bones, bruises, burns, starvation, or concussions. Because these injuries may occur multiple times over an extended period of time, many of them can leave lasting physical damage.
- **Health-** Due to the nature of sexual abuse, reproductive health is a major concern for survivors. Sexually Transmitted Infections (STIs), high rates of abortion, sterilization and infertility are all potential issues.
- **Mental Health-** Being held against a child's will can cause serious mental trauma, such as Post-Traumatic Stress Disorder (PTSD), depression, shame, fear, sleeping disorders, substance abuse to numb the pain, and eating disorders (often because this is one area victims feel they can 'control' when most other areas have been out of their control). These mental issues can potentially lead to self-mutilation (cutting) or even suicide.
- **Criminalization-** Though the United States' **Trafficking Victim's Protection Act** (TVPA) addresses penalizing the trafficker and not the victim, victims of child sex trafficking often end up in the juvenile detention system, at least temporarily. Oftentimes, this is because law enforcement simply does not know what to do with the victim, or does not immediately recognize that there is a trafficking situation. People tend to associate trafficking as an international crime, and do not realize that domestic victims exist as well. The instances of survivors of sex trafficking being prosecuted is shrinking though, as knowledge of child sex trafficking spreads, and trainings are required for those most closely involved with populations at-risk for trafficking.

### **Why are children in the foster care system at a higher risk for trafficking?**

Traffickers often prey on people who have an unstable home life, are vulnerable, or have a history of sexual abuse. Many foster children fit these criteria, and that makes them vulnerable to trafficking. FBI agent Gregory Christopher, who leads a task force in Florida to recover victims of trafficking and prosecute their traffickers, estimated that 70% of the children they rescue are foster children.

For all its efforts to help children, the system of foster care often creates a constantly changing environment that children must learn to adapt to, including strangers exercising control over

their lives. Foster children often are never sure of who is in charge of them, as they may have several case workers, and may be placed in several different foster homes during their time in foster care.

Traffickers know that when a foster child goes missing, many assume the child just ran away. Predators target children that are 'on the fringe' of society, or isolated, who have no families to look after them or notice they are missing. They are aware that children in the foster care system tend to have much insecurity, and crave emotional support, and traffickers use this knowledge to lure the child into a 'relationship'. Once trust and dependency is established, the perpetrator will introduce the idea of prostitution to earn money, or will simply force the child into sexual exploitation. This then leads into a more violent relationship, where the trafficker exerts full control over the victim. The victim, now fully dependent on the perpetrator, will "go along" because he or she believes there is no other choice.

### **Signs of trafficking:**

- The minor is not free to come and go as he or she pleases
- Works unusual hours
- High security measures exist such as boarded up or barred windows, security cameras, guards
- Avoids eye contact
- Exhibits anxious, paranoid, fearful, depressive, and/or submissive behaviors
- Is fearful of law enforcement
- Has few or no personal possessions
- Has no control over his or her own money or identification documents
- Lack of knowledge of whereabouts
- Loss of sense of time

### **Recent Cases:**

- In 2013, a woman in Pinellas County, Florida, was charged with sex trafficking a 14 year old foster child. The child had been in the foster system since she was 5 years old. According to reports, the woman needed money, and decided to prostitute out her foster child. Both the trafficker and the 'customer' were arrested after the child told someone, who reported to authorities what had happened.
- In another case, a child in the foster care system ran away from her foster family after enduring sexual harassment from one of the family members. A pimp found her and offered to help her return to her biological family in Florida, but upon arriving in town, forced her to prostitute herself in order to pay for the expense of bringing her back. During this time, she was arrested and sent to a juvenile

detention center, one of the unfortunate examples of the criminalization of those involved in prostitution, rather than viewing them as victims. While in the detention center, a social worker with Polaris Project, an organization that works with survivors of human trafficking nationally, found out about the child's past, and worked with the detention center to get her alternative care. She is now involved in an out-of-state residential program for survivors of trafficking, and has almost finished with her GED.

### **What you can do if you suspect someone has been trafficked**

It is imperative that you report your suspicions to someone who has experience in investigating sex trafficking cases. Some of these organizations are

- Department of Children and Families (DCF) Abuse Hotline: (800) 962-2873
- National Human Trafficking Resource Center (NHTRC) hotline: call 1-888-373-7888 or text "BeFree" (233733)
- National Center for Missing and Exploited Children (NCMEC) hotline: call 1-800-843-5678 (THE LOST)

### **Resources for Survivors of Sex Trafficking**

The human violation of sex trafficking tends to be incredibly traumatic for survivors. Because of the scope of abuse, a multidisciplinary approach is needed to rehabilitate survivors, including:

- Counseling, psychological care
- Medical needs
- Safety concerns
- Safe shelter
- Financial assistance
- Vocational training

The Polaris Project (<http://www.polarisproject.org/resources/referrals>) provides immediate services to those needing help or suspecting a case of human trafficking. The easiest way to do this is to call the National Human Trafficking Resource Center, a service of Polaris Project, at 1-888-373-7888 or text "BeFree" (233733). They will immediately provide you with resources in your area and determine what services are needed.

### **References**

United Nations definition of trafficking, <http://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>.

Polaris Project, <http://www.polarisproject.org>.

U.S. Department of Justice, <https://www.ncirs.gov/pdffiles1/ojdp/228631.pdf>.

National Runaway Hotline,

<http://www.seattle.gov/humanservices/domesticviolence/prostitutedyouth/nationalperspective.htm>.

The Covering House, <http://thecoveringhouse.org/get-informed/the-issue/sex-trafficking-in-the-u-s/>.

FSU Center for the Advancement of Human Rights, 'Florida Responds to Human Trafficking'  
[http://www.cahr.fsu.edu/sub\\_category/thereport.pdf](http://www.cahr.fsu.edu/sub_category/thereport.pdf).

Stop Violence Against Women,

<http://www1.umn.edu/humanrts/svaw/trafficking/explore/4effects.htm>

Soroptimist, <http://www.soroptimist.org/trafficking/faq.html>.

Texas Juvenile Probation Commission, 'Alternatives to Juvenile Justice for Youth Involved in Prostitution,' <http://www.tjpd.texas.gov/publications/reports/RPTOTH201103.pdf>.

Tampa Bay Times, 'FBI agent leads task force targeting pimps in child prostitution,'  
<http://www.tampabay.com/news/publicsafety/crime/fbi-agent-leads-task-force-targeting-pimps-in-child-prostitution/1125800>.

Tampa Bay Times, 'Two charged in Pinellas in connection with sex trafficking of foster child,'  
<http://www.tampabay.com/news/publicsafety/crime/two-charged-in-pinellas-in-connection-with-sex-trafficking-of-foster-child/2151499>.

Withelma Ortiz Walker Pettigrew, Hearing On Protecting Vulnerable Children: Preventing Sex Trafficking In Youth In Foster Care, United States House of Representatives,  
[http://waysandmeans.house.gov/uploadedfiles/t\\_ortiz\\_walker\\_pettigrew\\_testimony\\_hr102313.pdf](http://waysandmeans.house.gov/uploadedfiles/t_ortiz_walker_pettigrew_testimony_hr102313.pdf)

## Children with Disabilities in the Child Protection System

By Kayla Kirk

### **Introduction**

Children with disabilities are disproportionately represented in the social services and child welfare community. Children who are abused or neglected are at a higher risk for developing a variety of special needs. Child maltreatment may result in the development of a disability, which in turn can lead to further abuse. Children are also abused and neglected due to a disability because family members do not understand the disability and the special services and



treatment these children require. Sometimes disabled children are abused because of the additional stress (e.g., financial, emotional) caring for a disabled child puts on a family.

Studies have shown that children with disabilities suffer abuse and neglect 1.7 to 3.4 times more than other children. In 2003, 59,000 children with disabilities experienced abuse or neglect. With statistics this high, child welfare workers and families need to:

- Understand what having a disability means.
- Know the different types of childhood disabilities.
- Be aware of the barriers to helping this group of children.
- Educate themselves on the services and resources available.

### **What does having a disability mean?**

A disability is the consequence of an impairment that can be categorized in any of the following subgroups:

- Physical
- Developmental
- Intellectual
- Mental and Emotional

The word “disability” is an umbrella term that covers impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure. An activity limitation is a difficulty a child experiences when doing a task. A participation restriction is a problem experienced by the child in life situations. The degree of a disability can range from:

- Mild: does not require assistive equipment for daily functions and the condition can be managed by medication
- Moderate: needs some assistance and may require assistive equipment
- Severe: needs significant home adaptations and medical care
- Profound: cannot survive without extensive assistance and medical care

### **Types of Childhood Disabilities**

There are many different kinds of childhood disabilities. They can be broken down into the four subgroups mentioned above.

1. Physical Disabilities: a limitation on a child's physical functioning, mobility, dexterity, or stamina.
  - a. Visual impairment/blindness
  - b. Hearing impairment/deafness
  - c. Mobility impairment
    - i. Cerebral palsy, muscular dystrophy, paraplegic
  - d. Traumatic brain injury

- e. Epilepsy
2. Developmental Disabilities: difficulties in certain areas of life such as language, learning, self-help, and independent living.
  - a. ADD/ADHD
  - b. Autism spectrum disorder
  - c. Down syndrome
  - d. Pervasive developmental disorder
  - e. Speech/language development impairment
  - f. Fetal alcohol spectrum disorders
  - g. Spina bifida
3. Intellectual Disabilities: significantly impaired cognitive functioning.
  - a. Mental retardation
  - b. Learning disabilities
  - c. Dyslexia
4. Mental and Emotional Disabilities: problems in the brain that create a limitation in learning and interacting with others.
  - a. Anxiety
  - b. Bipolar disorder
  - c. Depression
  - d. Emotional disturbance

### **Barriers to Helping Children with Disabilities**

There are many barriers that stop children with disabilities from receiving the correct services and treatment. Less than 9% of child protection workers were knowledgeable around the issues of child maltreatment of children with disabilities. Below is a list of barriers to be aware of:

- Family members not realizing their child has a disability.
- Child welfare workers not having training on disabilities; therefore not recognizing them.
- Not knowing the services and resources available to help these children and families.
- Not knowing what disabilities make children eligible for government services.
- Communication challenges with the child and behaviors associated with the disability.

Understanding the barriers to helping these children will better prepare you to research and understand what a disability is and the different types that are eligible for services in the community.

### **Services and Resources Available**

There are many services and resources available to child welfare workers and families of children with disabilities. First, a child must be tested for a disability. Children can be diagnosed

through a pediatrician or psychologist. Once a disability is established, the school should be notified. School districts must make referrals within 48 hours of contact, and then a developmental assessment is conducted. Children with disabilities are covered under the Individuals with Disabilities Education Act, also known as IDEA. This is the US federal law that governs how states and public agencies provide intervention, special education, and related services to children with disabilities. It addresses the needs of children from birth to 18 or 21 years of age. Under IDEA, children also have the right to a Free Appropriate Public Education (FAPE). FAPE is defined as an educational program that is individualized to a specific child, designed to meet that child's unique needs, provides access to the general curriculum, meets the grade-level standards established by the state, and from which the child receives educational benefit. Children with disabilities are also given an Individualized Education Plan (IEP). The IEP describes how the student learns, how the student best demonstrates that learning, and what teachers and service providers will do to help the student learn more effectively.

Other services are explained below:

- Out of Home Placement and Family Reunification Services
  - Helps the family have the ability and resources to care for the child in home again.
    - Income supplements
    - Learning how to keep a healthy and safe home
    - Drug treatment
    - Transportation services
    - Counseling/Psychotherapy
    - Health care services
    - Parenting education
    - Childcare services
- Family Preservation Services
  - Keeps the child in the home and provides family with education and resources.
  - Can be voluntary or court ordered.
- Early Intervention Programs
  - Provides education and treatment services to children birth to age five.
    - Intended for children who have a high risk for having difficulties in school and later life or show early signs of developmental delay, or already have a disability.
- Early Head Start
  - For children birth to age 3 who have a disability or are at high risk of a developmental delay.
  - Child must be assessed and evaluated before accessing services.

- Provides speech/language therapy, assistive technology, occupational therapy, physical therapy, and respite care.
- Head Start
  - Comprehensive developmental services for children birth to elementary school age.
  - Educational in nature, Head Start provides learning skills, appropriate behaviors, attitudes, and habits.
  - Provides parenting education, health services, mental health services, and special education.

These are common programs and services that are available in your community for children with disabilities. Other specific services may be available. Check to see if your state has other services at: <http://nichcy.org/state-organization-search-by-state>

### **Conclusion**

Children with disabilities are abused and neglected at a higher rate compared to children that do not have disabilities. Child welfare workers need to be aware of the types of services and resources these children are applicable for, and how to help these families with the added responsibilities. Supervisors, child welfare workers, and families need to understand what a disability is, what types of disabilities children can have, the barriers to services and resources, and the services and resources available to children and families affected by a disability.

### **Resources**

<http://nichcy.org/>

<http://www.adasoutheast.org>

<http://www.healthykids.org>

<http://www.rehabworks.org>

[http://www.cms-kids.com/families/early\\_steps/early\\_steps.html](http://www.cms-kids.com/families/early_steps/early_steps.html)

<http://www.centraldirectory.org>

<http://www.fldoe.org>

### **References**

Crosse, S., Kaye, E., & Ratnofsky, A. (1992). *A report on the maltreatment of children with disabilities*. Washington DC: Westat, Inc.

Lightfoot, E. & LaLiberte, T. (2006). Approaches to child protection case management for cases involving people with disabilities. Child Abuse & Neglect, 30(4), 381-391.

Shannon, P. & Agorastou, M. (2006). Identifying children with developmental disabilities receiving child protection services: A national survey of child welfare administrators. *Families in Society*, 87(3), 351-357.

U.S. Department of Health and Human Services, Child Welfare Information Gateway (2001). *The risk and prevention of maltreatment of children with disabilities*. Retrieved July 16, 2007 from: [www.childwelfare.gov/pubs/prevenres/focus/](http://www.childwelfare.gov/pubs/prevenres/focus/).

Verdugo, M. & Bermejo, B. (1995). The maltreatment of intellectually handicapped children and adolescents. *Child Abuse and Neglect* 19, (2), 205-215.

<http://promising.futureswithoutviolence.org/interventions-for-children/special-populations/children-with-disabilities-2>

<https://www.childwelfare.gov/outofhome/casework/children/disabilities.cfm>

## Professional Liability Insurance

The Supervised Visitation Network has established partnerships that allow SV programs to receive general and professional liability insurance. Check out the SVN webpage <http://svnetwork.net/extra12.asp> for more information.

## Questions from Directors

**Recently we've had some very bad weather, and it has forced us to close our visitation program on short notice. Is there any way we can soften the impact on clients?**

Yes, but there's no perfect solution! Some of you may remember the year we had five (5!) hurricanes in Florida during one season. It was a chaotic year, and several supervised visitation programs suffered damaged roofs and broken windows. Now we're seeing winter storms that result in power outages and dangerous road conditions. If you don't already do so, consider adding language to your client agreements that provide notice, up front, that they should check with the program before their appointment if poor weather is forecast for your area. In the days of 24-hour weather news and weather Apps, we should be able to expect clients to check in before they head out. We don't want to endanger children or disappoint clients. Here's a start for you.

*Bad Weather Policy Draft*

*On days with severe weather, clients are advised to call the Program one-to-two hours prior to the start of the scheduled visit to check if the Program is open. If the Program plans to close due to poor weather conditions, a recording indicating this will be placed on our answering machine. The Program will make every effort to contact those scheduled for visits in the case of poor or dangerous weather, but clients should still contact the Program to ensure the Program is open. Cancelled visits will be rescheduled, and not counted against the parent.*

In dependency cases, make sure that the Program knows to ensure that the Case Managers know the same thing --that in cases of bad or dangerous weather conditions, the Program reserves the right to cancel visits, but will make arrangements to reschedule, and that the canceled visits will not be counted against the parent(s).

**You talked about interpreters in the last phone conference. We are usually able to get interpreters for client visits, but now we've been asked to translate our Visit Records into another language. This is more complicated and expensive. What can we do?**

The issue of foreign language interpreters is generally an issue of funding, and most programs have very limited, if any, funding for the one-or-two hour visit in which an interpreter and a trained visit monitor can monitor visits. It is a natural extension of the request for an interpreter to have the actual visit documentation translated, and frankly, I'm surprised that this issue has not arisen earlier. That said, it is again an issue of funding. But it's also an issue of fairness, especially with so many clients representing themselves in the court system. Clients who speak other languages have a right to understand the client agreement. They have a right to understand what has been written about them. If you can't offer this service (because it's exorbitant), please go back to your court administration and let them know you can't offer multilingual services without financial help. Now is also a good time to reach out to community groups that might fund the multilingual capacity of your program. If, after all that, you can only offer English services, that must be clear on your program packet.

If it's a dependency case, find out from the Case Manager Supervisor how he/she is handling the language issue. It could be that your program can "join forces" and perhaps share the cost of the translator that the CBC (or the court) is using on the case.

Remember, it is a requirement that the CBC and the court make a translator available, which also goes for translating all of the court documents, case plans, etc.

If you come up with other solutions, please let me know!

# When Males are Victims of Domestic Violence

By Delaney Anderson

## **Introduction**

Domestic violence can affect both females and males. Females are more frequently victims of domestic and sexual violence; however males also account for a significant number of victims of these as well. While the overwhelming majority of victims of domestic violence are female, adult males in both heterosexual and homosexual relationship are also at risk for victimization in their relationships.

Social service agencies may encounter male victims of domestic violence when working with families. In order to better understand these male victims, this training offers an introduction to males who experience domestic violence.

## **Objectives**

As a result of this training, you should:

- Learn about the number of male victims in the United States.
- Understand the challenges faced by male victims seeking assistance.
- Learn the effects of domestic violence on males.
- Identify a variety of resources available to male victims.

## **A Note about Male Victims**

While the vast majority of victims of domestic violence are females, male victims do exist. In heterosexual relationships, males can be victimized by their female partners. While this does not occur in the majority of the cases, it can happen. However, it should be noted that some violence in heterosexual relationships may fall under the category of resistive violence.

Resistive violence is when violence occurs as a result of one trying to fight back and resist battering, such as a female fighting and defending herself against a male who is battering her. This type of resistive violence can and does occur in heterosexual relationships-

The statistics offered in this training about male victims of domestic violence do not distinguish whether the violence male victims experience are attacks or resistive violence. For this reason, it is important to remember the possibility of resistive violence when considering the number of male victims. In some cases, females accused of attacking their male partners may be defending themselves with resistive violence, not battering. And conversely, males accused of attacking their female partners may be defending themselves with resistive violence, not battering.

## **The Number of Male Victims**

The following statistics show the number of male victims of domestic violence in both heterosexual and homosexual relationships in the United States.

- Over 25% of males have been victims of rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- 8.0% of males have experienced sexual violence other than rape by an intimate partner at some point in their lifetime.
- Almost half of all males (48.8%) AND females (48.4%) have been victims of psychological abuse by an intimate partner.

These statistics highlight that male victims of domestic violence do exist. While often not as numerous as female victims, a significant number of males still experience physical, emotional, and sexual violence in an intimate relationship.

## **Unique Challenges Faced by Male Victims**

Male victims face some different challenges than female victims when seeking help following victimization. This section offers some information on challenges specific to male victims.

- Male victims do not have the same access to shelters as female victims. The majority of domestic violence shelters in the United States do not allow males, in an effort to protect female victims.
- As most social services related to domestic violence are directed towards females, male victims have access to fewer social services.
- Some male victims report difficulty when talking to hotlines, feeling as if the hotline operators cannot help them or do not believe them. One male victim interviewed stated, "I called eleven different numbers for battered women and got no help."

These challenges represent the unique situation males are in as the minority victims of domestic violence. Female shelters and services do an excellent job for female victims, but more services are needed for male victims. The good news is that communities are beginning to explore ways to meet those needs.

## **Effects of Victimization on Male Victims**

As with female victims, male victims experience a range of psychological, social, and emotional effects resulting from victimization.

### ***Psychological***

- Feelings of anxiety, depression, and fear
- Difficulty sleeping or relaxing due to stress
- Feelings of alienation and self-loathing



### ***Social***

- Difficulty interacting in and forming relationships
- Feeling a lack of support in social relationships
- Separation from social relationships

### ***Emotional***

- Feelings of guilt, anger, frustration, and hostility
- Feeling overwhelmed and out of control
- Avoiding experiencing emotions

### **Conclusion**

This information is intended to help social service agencies understand more about male victims of domestic violence. While statistics show that females make up the majority of victims, males do account for a significant percent of victimization. Understanding more about male victims of domestic violence allows social service agencies to know more about this specific type of violence.

### **Resources Available to Male Victims**

While females are the primary victims of violence, males face more challenges accessing services. There are, however, resources available to males seeking assistance.

### ***Hotlines***

Both of the following hotlines accept calls from female AND male victims.

- RAINN's National Sexual Assault Hotline: 1.800.656.HOPE
- National Domestic Violence Hotline: 1.800.799.SAFE

### ***Online Resources***

- <https://1in6.org/the-1-in-6-statistic>  
Resources for male victims of childhood sexual violence
- <http://www.malesurvivor.org/>  
A website dedicated to preventing, healing, and eliminating all forms of sexual victimization of boys and men that also offers support, research, education, and advocacy. It also has a link to find a support group near you.
- <http://www.helpguide.org/mental/domestic-violence-men-abused-by-women.htm>  
A website that offers information on male victimization and helpful resources for male victims.

## Center Resources

- <http://www.fcasv.org/information/find-your-local-center>  
A website that helps you identify your local rape crisis center
- <http://www.fcadv.org/centers/local-centers>  
A website that helps you identify your local domestic violence center

## References

[http://www.cdc.gov/violenceprevention/pdf/nisvs\\_executive\\_summary-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf)

<http://www.pandys.org/malesurvivors.html>

<http://www.rainn.org/get-information/types-of-sexual-assault/male-sexual-assault>

Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence, 22*(2), 63-72.

Hines, D. A., & Douglas, E. M. (2009). Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 572-586.

Pense, E. & Dasgupta, S. D. (2006). Re-examining 'battering': Are all acts of violence against intimate partners the same? *Praxis International*. Retrieved from [http://www.ncdsv.org/images/Praxis\\_ReexaminingBattering\\_June2006.pdf](http://www.ncdsv.org/images/Praxis_ReexaminingBattering_June2006.pdf)

## **Teaching Children Empathy: More Information for Visits**

In past E-press publications, we've discussed the importance of teaching children empathy and critical thinking skills. As mentioned, children with empathy- the ability to feel compassion for others- are better able to understand the consequences of their actions. As a supervised visitation monitor, you will have the chance to model empathy for children and help parents recognize potential teaching opportunities to build their child's empathy. There are several things parents and other supportive individuals can do to help children develop empathy, including:

- Setting limits in the home or in the visitation environment to help the child feel safe and secure.
- Set predictable routines for visits when possible. This allows children to spend more time focusing on monitoring their emotions and less on worrying about what's going to happen, as they'll understand the schedule.

- Help children self-regulate by encouraging them to label their feelings and talk through their problems. When children can self-regulate, they are better able to stop and think before they react and potentially use empathy when they interact with others. For example, if a child looks like they're getting frustrated, the monitor could say, "I noticed you look frustrated. What could you do to help yourself feel better?"
- Talk to children about their feelings and help children to label their own feelings. For example, the supervised visitation monitor could say, "I noticed you look happy. Can you tell me how you feel?"
- Help children build strong relationships with parents, siblings and other guardians by facilitating safe and fun visitation sessions.
- Tell children stories from the perspective of others and encourage parents to do the same. Stories can be fictional or can be appropriate life lessons from the parent's past, when appropriate.
- Provide great books modeling empathy for children and parents to read together. Just like telling stories, reading books will give children examples of how others use empathy.

Consider the following examples and think about how you would react in each situation to encourage and develop empathy in children:

### **Case Example #1**

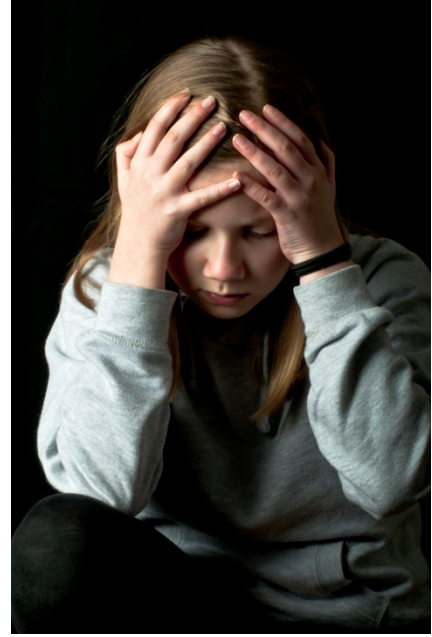
James is a four year old boy attending supervised visitation with his mother. James and his mother have come for several sessions and James appears to really enjoy reading books with his mother. After his mother tells him she doesn't want to read a book today and suggests a different activity, James begins tearing all the books apart in a fit. The mother begins to scold James, but turns and looks at you for guidance.

In this situation, the supervised visitation monitor could first redirect James' behavior by asking him how he is currently feeling, saying something like "James, I see you're upset. Can you tell me why you're feeling upset?" This question will redirect James' focus and help him to label and process feelings. The monitor can then ask James how he thinks other boys and girls will feel when they see the books are torn apart. Because James is young, he may not be able to fully recognize the feelings of other children, so the monitor could as well ask how James will feel if he wants to read a book and it's torn apart. James' mother can be prompted by your lead, and you can suggest a common activity for James and his mother.

### **Case Example #2**

Penny is a nine year old girl attending supervised visitation with her mother and father. Penny wishes to play with her mother's hair; however, her mother wants the three of them to play with a puzzle so everyone can be involved. When her mother tries to redirect her behavior Penny throws the puzzle across the room and shouts "Your hair is ugly anyways!"

In this situation, the supervised visitation monitor could first ask Penny to describe how she's feeling, asking "Penny, I noticed you look upset. Can you tell me how you're feeling right now? Why do you feel that way?" Once Penny has identified her feelings, the monitor can ask Penny how she thinks her mother felt when Penny shouted her unkind words and if everyone felt safe when she threw the puzzle across the room. After Penny has identified her mother's feelings and expressed remorse, she and her parents could settle on an empathy-focused book to read together, to further emphasize the importance of empathy.



### **Case Example #3**

Katie and Michael are siblings, 13 and 10 years old, respectively, attending supervised visitation with their father. Katie and Michael are playing dominoes together when Katie decides to read by herself away from her younger brother. Mad his sister is leaving him alone, Michael calls Katie stupid and throws a domino at her back. Katie and Michael's father, unsure of his next step, looks to you for guidance.

What would be your reaction? Would you:

- a) Scold Michael for throwing a domino at his sister and make him apologize.
- b) Suggest Michael reads with Katie.
- c) Encourage Katie to go play with her brother.
- d) Ask Michael how he feels and how he thinks Katie feels. Encourage Michael to pick an activity he can do with his father so Katie can continue reading.

D is the most appropriate answer for the above scenario. If Michael is scolded, or his actions are rewarded and Katie is redirected, he will not learn the importance of thinking of others before reacting. By asking Michael to identify his feelings and Katie's feelings, he will practice labeling his emotions and recognizing the emotions of others.

### **Case Example #4**

Josh is a 16 year old male attending supervised visitation with his father. Josh is enthusiastically explaining his day at school while his father listens. His father begins checking his phone and

Josh, upset by his father's lack of attention, shouts, "Go on, check your phone; you never listen to me anyway," and storms away.

What would be your reaction? Would you:

- a) Scold Josh's father for pulling out his phone and ask Josh to come back.
- b) Ask Josh how he felt when his father took his phone out and how he thinks his father felt when he stormed away.
- c) Ask Josh to come back and move on.
- d) Let the father respond however he feels best; there's only so much you can do.

The best approach in this situation would be answer B, ask Josh how he felt when his father took out his phone and how he thinks his father felt when he stormed away. While the other responses do not encourage Josh to think about monitoring his feelings and self-regulating, asking Josh to consider his feelings and those of his father helps to build empathy.

Many authors, recognizing the importance of teaching empathy to children, are developing book series focusing on empathy skills. As a supervised visitation monitor, you can encourage parents to select these books when reading with children, and perhaps develop a borrowing system to encourage reading outside the center. Your local library may keep copies as well.

Examples include:

- [The Invisible Boy](#), by Trudy Ludwig. [The Invisible Boy](#) tells the story of Brian, a young boy no one sees until a new classmate moves to town. With the help of his new friend, Brian is no longer invisible!
- [One Day and One Amazing Morning on Orange Street](#), by Joanne Rocklin. The children on Orange Street are curious about an elderly man who's new to the neighborhood. Throughout the book, they learn more about their new neighbor and make friends.
- [The Enemy](#), by Davide Cali and Serge Bloch. A picture book, [The Enemy](#) is about two soldiers on opposite sides of a battle field. The soldiers spend all day fighting only to realize they're very similar people.
- Julia Cook, a popular author of children's books, has several books focusing on empathy including, [Making Friends is an Art](#), [Bully B.E.A.N.S.](#), and [My Mouth is a Volcano!](#)

For more information, be sure to check out the following resources:

<http://www.forbes.com/sites/ashoka/2013/04/29/8-ways-to-cultivate-empathy-in-kids/>

<http://startempathy.org/blog/2014/02/14-books-teach-empathy>

<http://magazine.byu.edu/?act=view&a=1960>

## **Leadership Training in Supervised Visitation**

**When:** April 11

**Where:** Tampa, FL

**Contact Gail Tunnock for more information**

**[GTunnock@caccollier.org](mailto:GTunnock@caccollier.org)**

The session will be at Mary Lee's House from 10-3. Karen Oehme will train for two hours on administrative duties and risk management.