

# silent realities

**supporting young children and  
their families who experience violence**

# Silent Realities

---

*Supporting Young Children and Their Families  
Who Experience Violence*

Elena Cohen and Barbara Walthall

*The National Child Welfare Resource Center for Family-Centered Practice  
Washington, DC*

*January 2003*

**Send comments and suggestions to:**

Elena Cohen  
National Child Welfare Resource Center for  
Family-Centered Practice  
1150 Connecticut Avenue, NW  
Suite 1100  
Washington, DC 20036  
202.638.7922  
202.828.1028 fax  
elenac@esilsg.org

**Document available from:**

National Child Welfare Resource Center for  
Family-Centered Practice  
1150 Connecticut Avenue, NW  
Suite 1100  
Washington, DC 20036  
202.638.7922  
202.828.1028 fax  
Attention: Publications Coordinator  
info@cwresource.org

and

National Clearinghouse on Child Abuse  
and Neglect Information  
330 C Street, SW  
Washington, DC 20447  
1.800.394.3366  
nccanch@calib.com  
www.calib.com/nccanch



Funding for the conference was provided by a grant from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) number SM52885-01. The opinions expressed herein are the views of the authors and do not reflect the official opinion of DHHS/SAMHSA/CMHS.

# Table of Contents

Preface .....	v
Silent Realities .....	1
Helping Children Heal .....	9
Helping Adults Heal .....	15
Resources .....	21



# Preface

This guide summarizes the main ideas presented at an institute held in April 2000, in conjunction with the National Head Start Association training conference. It is based primarily on presentations by: Elena Cohen, National Child Welfare Resource Center for Family-Centered Practice; Betsy Seamans, Family Communications, Inc.; James Gabarino, Cornell University; Betsy McAlister Groves, Child Witness to Violence Project; Jane Knitzer, National Center for Children in Poverty; Michael Rovaris, The Violence Intervention Project for Children and Families; Patricia Van Horn, Child Trauma Project; and Maxine Weinreb, Child Witness to Violence Project. Cases used as part of this guide are actual cases provided by mental health professionals.

The authors thank Anne Mathews-Younes, Branch Chief, and Gail Ritchie, Public Health Advisor for the Special Programs Development Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, for their invaluable support throughout the duration of the project and the writing of this publication.

Thanks also to the many individuals who provided valuable comments on the material, especially Alicia Lieberman, Child Trauma Project; Betsy McAlister Groves; Maggie Holmes, National Head Start Association; Cynthia Figueroa, Congreso de Latinos Services; Florence Calhoun; Gwen Freeman, Fairfax County (Virginia) Schools; Deborah Roderick Stark; and Patricia Van Horn. We appreciate the tireless work of Elissa Golan and Magdala Labre, who edited the publication, and designer Jennifer McDonald, National Child Welfare Resource Center for Family-Centered Practice.



# Silent Realities

1

*“We need to name these silent realities:  
speak out; make the problem heard.”*

—Jane Knitzer, 2000



For many of us violence is a reality every day—in computer games, cartoons, television, movies, newspapers, highways, schools, cities, playgrounds, workplaces, neighborhoods, and in many homes. Young children may experience violence at very early ages, sometimes even before they are born. They may be exposed to traumatic events as victims, witnesses, or simply by being aware of the violence around them.

Both children and adults are affected by exposure to violence, but it is easy to think that young children are not. After all, young children are not completely aware of what is around them, and they are not able to talk. This is a myth—young children *are* affected. To help children heal, we need to talk to them about the violence they see and hear.

Yet, violence is often a silent reality: children are too young to talk about the violence in their lives or too afraid to bring it up; adults may pretend it does not exist or choose not to discuss violence with the children in their care. The reality of violence remains silent. This silence can erode childhood, wearing away the trust children need and breaking down the important relationships children need to build in their early years.

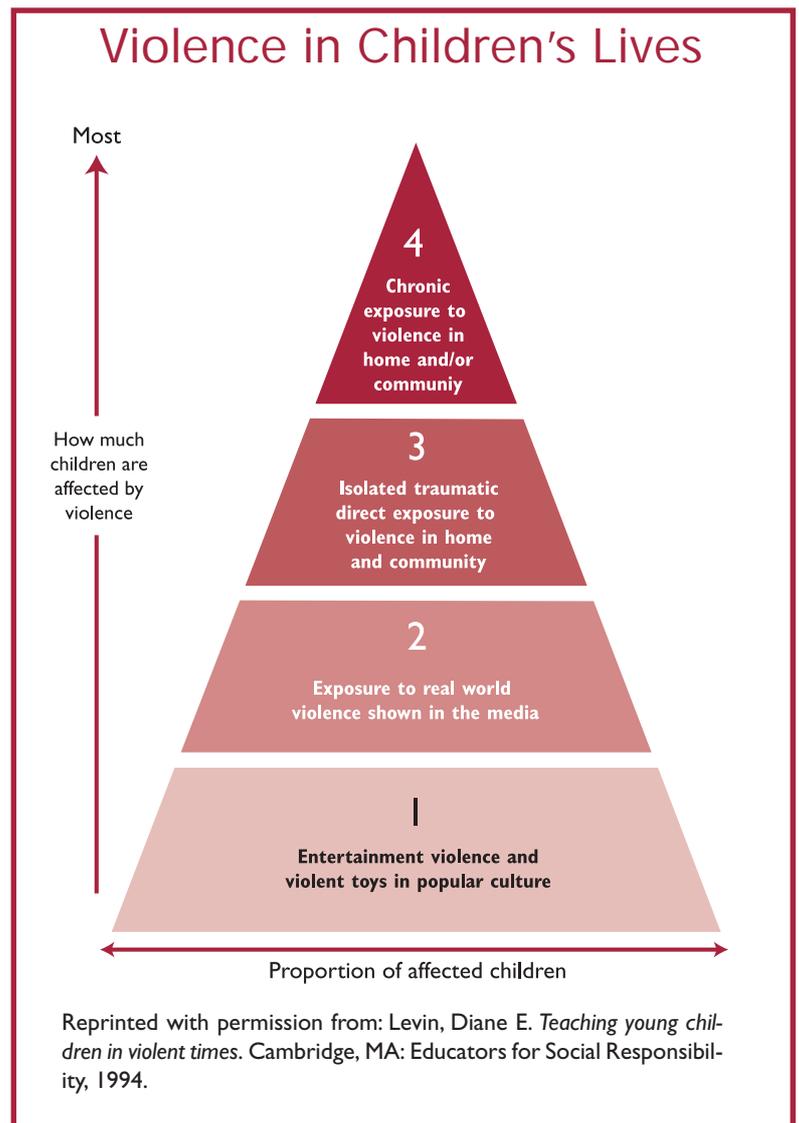
## Breaking the Silence

Experiencing violence means to feel it, not necessarily to understand it. Even if infants and toddlers don't fully understand violence, they can feel danger and loss. For example, babies know their caregivers' smell, the sound of their voices, the way they hold them, and the rhythms of the day. They notice when these things are disturbed or disappear. Babies also notice moods, like when a caregiver is tense, a teacher is more quiet than normal, or a father comes to the crib slower than usual when they cry.

Traumatic events, like personally experiencing or witnessing a death or threat of serious injury, are very intense experiences for adults as well as for children. These events can have long-term harm-

ful effects. Talking about traumatic events is often helpful to children and adults. However, both children and adults may find it very difficult to talk about the violence in their lives. As a result, these silent realities of violence often remain unspoken, making it difficult for both children and adults to heal.

When something traumatic happens, adults may feel afraid and helpless because their usual way of dealing with difficult situations may not work. The fear can be so strong that they are almost frozen. They may also feel ashamed or embarrassed, and think: "What's wrong with me?" or "What are people going to think about me and my family?" Or, they may think their silence will



save their children and those around them from feeling pain and sadness.

Some adults can bounce back after this first strong reaction. Others have a much harder time returning to normal life and may suffer serious emotional and social problems. These problems are known as post-traumatic stress disorder (PTSD). It is usually seen in soldiers when they come home from a war and in people who experience traumatic events such as car crashes and natural disasters. Some of the symptoms include:



Almost every preschooler sees “monsters.” They’re everywhere: under beds, in closets, in fairy tales, and in cartoons. Children use monsters in their early years to help them grapple with their own dark impulses, and to help them gain some sense of the world. When children witness or hear violence in their own homes, especially involving their parents, some children see their parents as frightening as the monsters in their imaginations. This is because a young child’s reality is distorted and confused. They can confuse the scary things about their parents with the loving, helping qualities of their parents. In violent homes, a child’s imaginary monsters can take on a sense of reality. Children need their parents to help them sort out the monster fears that many young children have.

- ◆ Thinking constantly about the traumatic event.
- ◆ Having nightmares.
- ◆ Avoiding places, people, or activities that remind them of the event.
- ◆ Losing interest in doing things that they liked before.
- ◆ Feeling alone, empty, sad, anxious, or uncaring.
- ◆ Becoming irritable, angry, and easily startled.

Children who experience a traumatic event may have many of these same feelings. However, children are more vulnerable than adults because they have not developed skills to understand and deal with these feelings.

Children may worry that talking about violent events and the way they feel about them will cause adults to “fall apart.” If that happens, who will take care of them? Children may think that it is safer to keep the sadness and fear inside than to risk losing their caregivers.

## Shattered Trust, Broken Bonds

Young children learn to feel safe when their basic needs are met quickly and in a caring way. They can lose this sense of safety to violence. Sometimes the emotional scars that result from violence may cause damage and heartbreak to a family similar to the pain of physical wounds.

Research suggests that experiencing ongoing violence can change the way a child’s brain develops and functions. It can make it difficult for the child to concentrate, learn, feel empathy, and develop healthy relationships.

Children’s ability to show understanding, caring, sharing, and love is connected to the relationships they develop as babies and young children. As infants, children develop attachments by learning to trust that parents and other adults will protect them and provide for their needs. Toddlers further strengthen these bonds by communi-

cating with adults and children at school. They learn to cooperate, take turns, observe rules, and share.

These early bonds begin to develop the blueprints for all other relationships that a child will have. They are important for his or her sense of safety, security, and willingness to try new things. Early relationships also help prepare children to learn and do well in school.

The process of developing trusting relationships may be delayed for children who live in fear. Or, they may not be able to develop healthy relationships at all.

Exposure to violence may be particularly harmful to children when it occurs very close to them, especially in their homes. Young children may see



*Parents and other caregivers can make all the difference to a young child who has witnessed violence by supporting and nurturing them.*

	Developmental Task	Effects of Trauma	Possible Symptoms
<b>Infants</b> Birth to 12 months	Building a sense of security in an environment in which they can trust parents, family members, and others to lovingly take care of basic needs.	The world begins to feel like a scary place. The attachment process is affected because the environment is not trustworthy and dependable.	Changes in sleeping and eating patterns; clinginess; and difficulty separating from adults (especially parents); inconsolable crying; fearful of new things; easily startled, lack of curiosity; sober mood.
<b>Toddlers</b> 12 to 36 months	Growing feelings of independence. Using words or gestures to communicate needs and express feelings. Interacting with peers.	Development of language, curiosity, and exploratory skills is interrupted. Diminished learning of pro-social behavior.	Difficulty paying attention; isolation; fearfulness; aggressiveness; anxious reactions to loud noises; and stomachaches and other physical complaints.
<b>Preschoolers</b> 3 to 5 years	Separating fantasy from reality. Realizing how thoughts and feelings are related to consequences. Playing cooperatively with peers.	Distortion of thinking about themselves and the world around them.	Atypical aggressive behaviors or withdrawal symptoms; reexperiencing the event; nightmares; loss of appetite; loss of skills; trouble concentrating.

their parents, who are supposed to be loving and caring for one another, fight, make up, and fight again. This cycle causes confusion and uncertainty.

Children who experience violence may learn not to trust or love. When someone they love is hurt or disappears, children may unconsciously decide that this kind of loss is very painful. To stop it from happening again, children may detach emotionally from those around them. If the event is particularly violent and hurtful, especially if it continues over months or years, children may face serious problems later in life.

Children who witness violence are at a greater risk of becoming aggressors or victims.

### Through a Child's Eyes

Children can react to violence by acting out at any time of the day. Something may happen to make the child remember the event and become scared all over again for a brief, intense period. When they feel safe again, children may be able to express how they feel.

### Key Points to Remember

1. A child of any age can be affected by violence.
2. The closer violence occurs to children, the more it can affect them.
3. A caring and nurturing relationship with an adult can help children heal from exposure to violence.
4. Early care and education providers can recognize the signs of violence and help prevent or intervene to reduce its impact on children.

Each child may react differently to violence. Some children may be more depressed, anxious, worried, withdrawn, or self-destructive. Others may be more aggressive toward parents and playmates, may be disruptive or overly active, and become careless and accident-prone.

How a child reacts can depend on many things:

*Age and developmental stage.* Even before birth, children may react to loud noises, to their parents' voices and anxiety, or to violent acts. Infants, toddlers, and preschoolers may react to violence in different ways (see table on page 13).

*Closeness and intensity.* Children's reactions may be different depending on what happened, how long it lasted, and how the child was involved. Whether a child hears a shooting and screams at a distance, actually sees the shooting, or a family member was directly threatened or hurt can make a big difference. The closer the violence is to the child, the more likely he or she will be affected.

*Frequency.* Children who face violence over a period of time may react differently than those who have been exposed to a one-time event. They may learn very early about loss, death, and body injury. This may cause them to see the world as a dangerous and unpredictable place.

*Family and community environment.* The environment may affect how children react to violence. Family, peers, school, and community can help make a difference in how children are affected by violence. They can help children develop early relationships by providing a nurturing environment and compassionate care. This environment can give children a sense of security and physical safety, and meet their basic needs for love, nutrition, and protection. The more opportunities to succeed a child has, the less likely he or she is to become troubled.

## All Children Are Different

Violence does not affect all children in the same way. Some may find it easier to cope with traumatic events than others. These children are resilient—they can bounce back from harmful events and circumstances. This ability to bounce back seems to depend on the child's temperament, their natural way of responding to the world, and the balance in the child's environment between the *risks* that make children feel unsafe or threaten their relationships and *protective elements* that make children feel physically and emotionally secure.

These risks include substance abuse, mental illness, community and domestic violence, child abuse and neglect, and poverty.

A strong positive relationship with a competent, caring adult may be the most important protection a child needs. Parents and early care and education providers can make all the difference by supporting and nurturing the young child. This means listening and talking to the child; understanding before punishing; and being consistent, predictable, and repetitive. Ideas on how to help children heal are provided in the next section of this guide.



*Protect children by giving them information they seem to want and need at a given time. Talking about the violence with loving adults in their life helps immensely.*



# Helping Children Heal

# 2

*“We cannot expect children to overcome deprivations and danger on their own. There is no magic here. Resilient children have been protected by the actions of adults, good nurturing, by their assets, and by their opportunities to succeed.”*

—Ann Masten, 1998



*Nine preschoolers were on their way home when suddenly their school bus stopped. A man who was bleeding heavily had run out of a storefront, crossed the street, and collapsed in front of the bus. Another man with a knife was chasing him. The police came quickly and the bleeding man was moved from the street. The children were taken home.*

*At school the next day, no one mentioned the event all morning as the children played and participated in class activities. Finally, at circle time, the teacher said, "A lot of you saw this scary thing on the bus yesterday. What did you think about it? What do you think happened?" Now, they asked many questions: how much blood is in the body? Was the victim brought to the neighborhood hospital? Was he sewn up? Did the police arrest the man? Is he in jail? Could he break out of jail? They asked other questions, like what happens to the human body when it is injured, why this happened, and why the man was chased and stabbed. Their questions focused on feeling unsafe about what can happen to the human body, the man with the knife, and whether he could escape from jail. Talking about these fears helped to release them.*

Children who experience a traumatic event need to talk about what happened. But adults often find it difficult to do so. This results in a silence conspiracy: if the children don't bring up the issue, adults won't do it either. But silence won't heal the children; talking about it and helping them feel safe again will.

## Beginning to Heal

There are many ways in which teachers, parents, family members, foster or grandparents, and shelter social workers can help children begin the healing process. Here are some ideas:

*Help the child feel safe.* Healing can only begin when the child feels safe. Even children who are still living in violent environments can feel safe if the adults around them are flexible, respond to their needs, and take care of them one-on-one. Children also feel safer when they can understand and follow simple rules. Consistent routines at

home and in school give children a feeling of power because they can predict what will happen. Limits and expectations that are clear and appropriate to children's age can be very helpful.

*Learn to understand the child.* If you have observed the child's daily routines and behavior, it is easier to know when he or she is under stress. This stress may originate from events at home or in their community, or as a reaction to witnessing a frightening event.

*Help the child express his or her feelings.* Children need time, space, and different ways to express their feelings and tell their stories. Many children who find it difficult to talk about their feelings may be able to express them through art, story time, dramatic play, and other creative activities.

*Help the child feel control over his or her life.* When children know, accept, and take pride in their accomplishments, they develop or gain a sense of power. Accepting and taking pride in oneself comes from experiencing success and being accepted by others as unique.

*Encourage and model nonviolent ways to interact and play.* Teachers and parents are the most important models for behavior for children, who are very likely to imitate their actions. Adults can help children by modeling appropriate ways to handle stress or situations of conflict.

*Limit the child's exposure to violent media.* As noted in *Youth Violence: A Report of the Surgeon General*, research now indicates that exposure to media violence increases children's physically and verbally aggressive behavior in the short term. Media violence also increases aggressive attitudes and emotions. The *Report* recommends that parents reduce and monitor the amount of media violence and children's access to it.

*Get permission from the family and speak to the child's other providers about your concerns.* The family is always the first resource for helping children. Be sensitive to cultural differences. In some cultures, for example, it may not be acceptable

## The Effects of Television Violence

Research suggests that children who watch violence on television may:

- ◆ Imitate the aggressive acts they see.
- ◆ Become more accepting of violence.
- ◆ Begin to believe that the world is a dangerous place.
- ◆ Become emotionally desensitized to violence.
- ◆ Become aroused by the violence they see.
- ◆ Use the violence on television to justify their own aggressive behavior.

Adapted from: Bushman, Brad J., & Huesmann, L.R. Effects of televised violence on aggression. In Singer, Dorothy, & Singer, Jerome L. *Handbook of children and the media*. Thousand Oaks, CA: Sage Publications, Inc., 2000, pp. 223-254, as referenced in *Youth Violence: A Report of the Surgeon General*.



*A “helping adult” is someone who knows a child well, understands the child’s routines, and listens and responds to the child. A helping adult is usually a parent, teacher, aide, or other adult. This person can help a child deal with the stress and trauma of violence.*

to express negative emotions. Also, families have different ways to cope with stress, soothe their children, and discuss their concerns.

## Dealing with Difficult Behaviors

Children who have been traumatized by violence may react by behaving in ways that show their stress and fear. Here are some ways you can help:

*Regression.* Children under stress tend to forget some of the things they have learned and regress to earlier behaviors, such as bed-wetting, toilet accidents, and thumb sucking. Adults can relate to children at the age level they have returned to and try to gently help them regain these skills.

*Separation fears.* Children traumatized by violence may have difficulty separating from their parents or other early care and education providers, and become clingy. Adults should be patient and give children extra time during transition periods in

the day, like when they are dropped off at child-care, picked up from school, or at bedtime.

*Fear.* After a traumatic event, fear may be one of the child’s strongest emotions. Let children know that it is okay to be scared; they do not need to be brave. Let them know they are not alone, and that you are there to protect and love them.

*Breaking the rules.* Try to maintain the same rules and expectations. Knowing what is expected from them helps children feel safe. Do not use physical punishment; this only shows that it is okay to use violence to solve problems. Learn other methods, through parenting classes or other help, to deal with this behavior.

*Anniversary reactions.* Children's reactions to violent events can occur after a lot of time has passed. They may begin to show signs of stress around the anniversary of the date when the violent event happened. Anniversaries provide an opportunity to acknowledge the feelings that are still there and also talk about new feelings and thoughts.

*Nightmares.* Nightmares are common in children who are under stress. The following strategies may be useful:

- ◆ Create conditions that nurture sound, peaceful sleep. For example, maintain bedtime rituals and put the child to bed at the same time each night. Make sure that the child does not have any caffeine or sugar before going to sleep.
- ◆ Encourage the child to express his or her worries during the day so that they are not lurking in his or her mind at night.
- ◆ Talk to your child about the bad dream. Help the child come up with an ending that he or



Some Native American Tribes believe that good and bad dreams float around at night. They make a dream catcher out of a wood hoop with a web of sinew and feathers and place it over the bed of a newborn, a child, or

a newly married couple. As it swings freely through the night, it catches the dreams as they flow by. The good dreams float through the web, down the feather, and onto the sleeping person. The bad dreams get tangled in the web and disappear at dawn's first light.

Try making a dream catcher, put it near your child's bed, and explain the ritual to your child.

she would like. Go over the "good" ending before the child goes to sleep.

- ◆ If your child is afraid, reassure him or her of your love and that you will take care of him or her. "I won't let the monster hurt you. I will chase it away." Also, assure the child that the nightmares will go away with time.

## When To Seek Professional Help

There are times when it may be necessary to get help from a mental health professional. Here are some behaviors to watch out for:

### Ten Ways to Calm an Anxious Child

1. Respond as quickly as possible to the child's signs of distress by approaching the child and showing interest in what the child is feeling.
2. "Listen" to what the child is saying with words and actions.
3. Take the child's feelings—especially fear and anger—seriously.
4. Get another adult to take care of the other children so you can talk to the child privately.
5. Relax. Be as low key as possible when helping a child calm down.
6. Restate what the child is saying back to the child to make sure you understand the child's concern.
7. Provide appropriate outlets for strong emotions, including anger, frustration, sadness, and loneliness. Examples include letting the child use a punching bag, going with the child to a quiet corner, playing with a tape recorder, running in a special "running space," or painting.
8. Do not personalize it. You are not a "bad" caregiver and the child is not a "bad" child.
9. Comfort the child with extra hugs, a place on your lap, or special soothing at bedtime. Infants may need more soothing or rocking.
10. Be there for the child. Nothing is more reassuring than your presence and care.

## Nurturing Environments

Nurturing environments are those where:

- ◆ Children feel “listened” to. Children express themselves more in actions than in words. Most of their behavior has meaning. For the most part, children’s behavior is their best attempt to get what they think they need, whether or not the adult understands.
- ◆ Children feel safe and protected. There are different ways to raise a child, and parenting styles may vary. Using discipline as a form of teaching, and setting firm limits and consistent rules at home and in the early childhood programs help children feel and be safe.
- ◆ Children feel that they are loved and valued by the adults who care for them.

*Infants:* Babies grow so rapidly during the first year that “normal” development varies greatly from child to child. However, you may want to seek professional help if your baby shows no curiosity, extreme passivity, lack of response to adults, and constant difficulties sleeping or eating.

*Toddlers:* Danger signs for toddlers include extended periods of sadness when they lose interest in their daily activities, can’t sleep, lose their appetites, and have exaggerated fears of being alone. Other signs include abrupt changes in behavior; hyperactivity; and complaints about stomachaches, headaches, and dizziness for which no physical cause can be found.



*“I know you are scared of something right now. Let’s think of what we could do to make you less frightened.” One technique is to draw a picture with the child of a big ball of scary feelings. Help the child make the ball smaller and smaller until only a tiny bit is left. Tell the child that he or she will soon feel that way too.*

*Preschoolers:* You may consider seeking professional help if your preschooler withdraws from adults, peers, and friends; shows panic reactions; appears depressed or unhappy much of the time at home or school; acts much younger for an extended period of time; or constantly misbehaves at home or school in ways that are not typical for the child.

If you are worried about your child, you may wish to consult with a teacher, faith leader, pediatrician, or family doctor to refer you to a mental health professional.

# Helping Adults Heal

# 3

*“Adults need support, too. They need to talk about their feelings and gain support in helping children. We can help build their strength.”*

—Maxine Weinreb, 2000



After you are exposed to a traumatic event, your body and mind need to be replenished and renewed. Otherwise, you may become depressed, sleep deprived, and physically ill with headaches, stomachaches, and other pains. You may have trouble remembering things or become confused—you may even feel you are losing your mind.

When parents and other providers are tired, anxious, jumpy, and distracted, they may have a hard time dealing with the difficulties of parenting or helping a child. This is especially true when both the adult and child are under the stress of violence and trauma. By taking care of yourself, you will be better prepared to help children heal.

## Caring for Yourself

Parents and early care and education providers may have many different strategies for taking care of themselves. Here are some ideas:

*Make a plan.* Planning to do something for yourself means you are already taking care of yourself. Especially during a difficult transition, having a plan can make you feel more in control of your life. And this, in turn, can make you feel better about life.

*Stay healthy.* Increased stress can seriously hurt your body. By taking care of your mental, physical, and spiritual needs, you will be better prepared to handle difficult situations. For example, eating well will give you the energy you need to care for a young child. Exercise can help reduce stress, increase energy, and improve your mood. For some, going to church, visiting friends, or being in contact with family is a way to feel better.

*Learn about the effects of trauma on your life and on the lives of your children.* Understanding what you are going through and what you can expect in the future is another way to feel more in control of your life.

*Allow yourself to “feel.”* Name each feeling as it arises. Talk to yourself about what you are experiencing.

It may also be helpful to keep a journal and write down your feelings, reactions, and reflections each day.

*Ask for support.* Seek out friends, relatives, faith leaders, or others you can trust. Talk to them about your feelings and experiences. There is no shame in seeking professional help; ask for professional mental health services when they are needed.

## Do you need professional help?

During stressful times, it is natural for people to have trouble sleeping and concentrating. They may also find it difficult to have fun doing activities they once enjoyed. Some people may turn to alcohol or other drugs, or may isolate themselves from others. These and other reactions may continue for a long time. Help is available from a mental health professional such as a clinical social worker, family therapist, clinical psychologist, psychiatrist, or licensed mental health counselor.

Here are some questions that may help you decide whether to seek help from a mental health professional:

- ◆ Are you very often irritable, annoyed, impatient, or angry?
- ◆ Do you experience an ongoing sense of numbness or sense of being isolated from others?
- ◆ Are you highly anxious most of the time about your own safety or that of someone you love? Is this anxiety interfering with your ability to concentrate or live as you would like?
- ◆ Are you often preoccupied with the violent event, death, or injury of a loved one (or certain aspects of it) even though it happened several months ago?
- ◆ Do you find yourself doing things that might be harmful to you over time? Are you drinking more than you used to; using more prescription or nonprescription drugs; driving in an unsafe or reckless manner; or thinking seriously about suicide?
- ◆ Is there some aspect of what you are feeling that makes you wonder whether you're normal or going crazy?

## How Early Care Professionals Can Help Parents Help Their Children

Parents and other family members are the most important people in children's lives. They can play an important role in helping children heal from exposure to violence. But they may also need help from early care and education providers and other professional staff.

When some parents are approached by the early care and education provider, they may feel they are being blamed for their children's problems. Early care professionals can help parents develop strategies to interact with their children in positive ways.

Domestic violence situations may be especially difficult. Abused parents may not be able to cope with the situation or with their children's behavior in reaction to the violence. They may feel



*The stress of violence often affects a mother's relationship with her child.*

guilty for not protecting the children or for not leaving the abusive situation. They may no longer see themselves as competent parents. Sometimes, the abuser may criticize his or her partner in order to justify his or her actions. For example, children may say that their mother is being abused because she is lazy or stupid.

The following are suggestions for early care and education providers for working with parents:

*Be respectful.* Approach families in ways that respond to their cultural, racial, ethnic, and linguistic backgrounds. Always take family members' concerns about their own safety seriously. Listen to them when they talk about things that have helped and might protect them. Remember, the family knows its dynamics better than any outsider. Respect the family's need for privacy.

*Talk to parents about their children.* Help parents see the progress their child is making in forming friendships, taking turns, and being a member of the classroom community. But also let parents know if you notice something different about their child, such as if their child is expressing new fears, playing alone more often, or being more clingy.

*Help family members talk to their children about violence.* Most adults find violent events inexplicable and horrifying. They are not sure how to explain violence, death, and serious injury to young children. Help parents and other family members respond to the child's worries truthfully and honestly and with whatever reassurance is possible. Children must understand that what happened is not their fault.

*Help parents understand the importance of limiting their children's exposure to violent media.* Let parents know that watching violent movies and television programs can be very stressful for their children. It can cause fear and nightmares. Television programs may affect children even if they seem not to be paying attention. Parents can help by limiting their children's television viewing,

watching television with their children, and monitoring their own viewing.

## The Role of Staff Who Have Expertise in Mental Health or Social Work

These staff members can help parents in the following ways:

*Help parents make a plan.* Help the non-offending parent put a plan in place before a domestic violence crisis happens. The plan should describe ways to keep the parent and child out of immediate danger.

*Involve others who can help.* Ask the parents' permission to talk about their situation to the extended family and others. Talk to extended family and other professionals and staff from agencies that may be involved with this family such as the pediatrician, the sibling's school counselor, the faith leader, or others. Keeping this information confidential is very important.

*If the family is in a dangerous situation, provide support, information, and assistance.* An abused parent may need help in understanding the court and legal system and the legal terms used. The parent may also need help in developing a list of questions or concerns to share with a lawyer or to know what options to consider. You may also help the parent by contacting a shelter, alternative housing, or a support group.

Support families in whatever way you can before you report an incident of domestic violence, which may create bigger problems and be very hurtful to families. In some ways, it can re-victimize the victim. If you feel you must make a report, make sure to tell the family what you will be doing, if possible, and remain available to the family afterwards. Otherwise the family can feel betrayed and may be retraumatized.

## Where to Find Help

If unsure where to go for help, check the Yellow Pages under "crisis intervention services," "mental health," "hotlines," "hospitals," or "physicians" for phone numbers and addresses.

In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for an emotional problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral, or provide diagnostic and treatment services:

- ◆ Family doctors
- ◆ Mental health specialists, such as psychiatrists, psychologists, clinical social workers, or licensed mental health counselors
- ◆ Police, if you feel someone is in immediate danger
- ◆ Staff at local early childhood education or child care centers
- ◆ Counselors or advocates at domestic violence shelters
- ◆ Early childhood or family support programs
- ◆ Family service or community agencies
- ◆ Community mental health centers
- ◆ Clergy
- ◆ Private clinics and facilities
- ◆ Employee assistance programs
- ◆ Local medical, psychological, or psychiatric associations

## The Role of Administrators

Working with traumatized children is stressful and exhausting. Teachers, child care providers, and others who work with young children and their families in communities plagued by violence often experience burnout and fatigue. They may experience the same feelings as the children with whom they work, such as isolation, anger, sadness, and horror. Some of them may have difficulty sleeping, eating, and concentrating.

Here are some ideas for administrators:

*Create a supportive environment.* Create an atmosphere of trust and support among administrators, consumers, board members, and others. Listen to the expressed needs of staff. Increase staff comfort level and provide a safe forum for staff members to share their feelings, concerns, attitudes, and beliefs.

*Provide training and resources.* Provide specific training to help staff build their confidence in dealing with the emotional and behavioral challenges of the children in their care. Make clinical supervision and on-site mental health consultation available.

*Help staff prepare for emergencies.* Develop policies and procedures for emergencies both in the program, during the weekend, and when taking children on field trips.

*Help staff cope with stressful situations.* When a crisis occurs, ensure that staff have the resources and support they need to successfully resolve the conflict and meet the needs of the children and families involved. Make professional help from a mental health specialist available for staff during and after a crisis.

# Resources



A variety of organizations can provide additional materials and information on the topic of children and violence. Other materials, from publications to training videos, are also available. A listing of these additional resources follows.

## **Organizations**    **American Academy of Child and Adolescent Psychiatry (AACAP)**

Telephone: 202.966.7300  
Web site: <http://www.aacap.org>

## **American Psychological Association (APA)**

Telephone: 800.374.2721; 202.336.5500  
Web site: <http://www.apa.org>

## **Center for Mental Health Services' Knowledge Exchange Network (KEN)**

Telephone: 800.789.2647  
Web site: <http://www.mentalhealth.org>

## **Center for the Study and Prevention of Violence (CSPV)**

Telephone: 303.492.8465  
Web site: <http://www.colorado.edu/cspv>

## **Child Welfare League of America**

Telephone: 202.638.2952  
Web site: <http://www.cwla.org>

## **Child Witness to Violence Project (CWVP)**

Telephone: 617.414.4244  
Web site: <http://www.bostonchildhealth.org/special.CWTV/overview.html>

## **Children's Defense Fund**

Telephone: 202.628.8787  
Web site: <http://www.childrensdefense.org>

## **Family Violence Prevention Fund**

Telephone: 415.252.8900  
Web site: <http://www.endabuse.org>

## **Federation of Families for Children's Mental Health**

Telephone: 703.684.7710  
Web site: <http://www.ffcmh.org>

### **Head Start Information and Publication Center**

Telephone: 866.763.6481; 202.737.1030

Fax: 202.737.1151

Web site: <http://www.headstartinfo.org>

### **National Association for the Education of Young Children**

Telephone: 800.424.2460; 202.232.8777

Web site: <http://www.naeyc.org>

### **National Center for Children Exposed to Violence**

Telephone: 877.496.2238

Web site: <http://www.nceev.org>

### **National Center for Post-Traumatic Stress Disorder**

Telephone: 802.296.6300

Web site: <http://www.ncptsd.org>

### **National Child Welfare Resource Center for Family-Centered Practice**

Telephone: 202.638.7922

Web site: <http://www.cwresource.org>

### **National Clearinghouse on Child Abuse and Neglect**

Telephone: 800.394.3366; 703.385.7565

Web site: <http://www.calib.com/nccanch>

### **National Domestic Violence Hotline**

Telephone: 800.799.SAFE (7233)

Web site: <http://www.ndvh.org>

### **National Early Childhood Technical Assistance System (NECTAS)**

Telephone: 919.962.2001

Web site: <http://www.nectas.unc.edu>

### **National Head Start Association (NHSA)**

Telephone: 703.739.0875

Web site: <http://www.nhsa.org>

### **National Resource Center for Safe Schools**

Telephone: 800.268.2275; 503.275.0131

Web site: <http://www.safetyzone.org>

## **National Technical Assistance Center for Children's Mental Health**

Telephone: 202.687.8635

Web site: <http://www.georgetown.edu/research/gucdc/cassp.html>

## **Office of Justice Programs (OJP), U.S. Department of Justice**

Telephone: 202.307.5933

Web site: <http://www.ojp.usdoj.gov>

## **Parents Anonymous®**

Telephone: 909.621.6184

Web site: <http://www.parentsanonymous.org>

## **Zero to Three:**

### **National Center for Infants, Toddlers, and Families**

Telephone: 202.638.1144

Web site: <http://www.zerotothree.org>

## **Training Materials**

### **ACT (Adults and Children Together) Against Violence**

This video-based violence prevention program focuses on adults who raise, care for, and teach children ages 0 to 8 years. Its goal is to make early violence prevention a central and ongoing part of a community's violence prevention efforts. *ACT Against Violence* includes a community training program for community leaders. More information and a list of resources is available from: <http://www.ACTagainstviolence.org>.

### **Safe Havens Training Project**

This three-part video-based training program gives early care and education providers the support they need to help children feel safe. The videos are mini-documentaries about children and violence. The workshops teach about children's responses to violence and offer ways to support children and those who care for them. Available for \$195 from Family Communications, Inc., tel: 412. 687.2990, Web site: [www.fci.org/early\\_care/violence\\_main.asp](http://www.fci.org/early_care/violence_main.asp).

### **Shelter from the Storm: Clinical Intervention with Children Affected by Domestic Violence**

*Shelter from the Storm*, a 236-page manual, is a curriculum for training child mental health clinicians who work with families and young children affected by domestic violence. It is designed for use by trainers who are experienced child mental health clinicians. The manual provides information and case

examples, contains six training modules, a computer disk with PowerPoint presentations, and handouts. The manual provides 13 hours of training that can be delivered as a two -day session or used in discrete sections. Available for \$125, plus \$8.95 shipping from the Child Witness to Violence Project, 617.414.7425; [www.bostonchildhealth.org/ChildWitnessToViolence/resources/html](http://www.bostonchildhealth.org/ChildWitnessToViolence/resources/html); email [sdurrani@bu.edu](mailto:sdurrani@bu.edu).

### **Strong at the Broken Places: Turning Trauma into Recovery**

This documentary shows how personal loss and suffering can be turned into a powerful tool for restoring hope and changing society. Available for \$195 from Cambridge Documentary Films, tel: 617.484.3993, Web site: <http://www.shore.net/~cdf>.