

# COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

JULY 16, 2014

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# Agenda

- **Welcome**
- **Approval of Minutes from the May 21, 2014 Meeting**
- **Dynamics of Family Violence**
  - ❖ Families First: Edie Olson, President; Rachael Bain, DV Group Facilitator; & James Tucker, Coordinator, DV Services
  - ❖ Dr. Roberta Hibbard, Professor of Pediatrics, Indiana University Health
  - ❖ Dr. Steven Couvillion, PhD, ABPdN
  - ❖ Jane Bisbee, Deputy Director, Field Operations, Department of Child Services
- **Sex Crimes Against Children – Action Plan**
  - ❖ Rep. Christina Hale & Dr. John Parrish-Sprowl

# DYNAMICS OF FAMILY VIOLENCE

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Edie Olson, President; Rachael Bain, DV Group Facilitator;  
and James Tucker, Coordinator, DV Services  
Families First

# Effects of Family and Domestic Violence on Children

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FamiliesFirst

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# Families First

Supporting central Indiana families through  
life challenges and changes since 1835.



# Families First

In 2013, Families First helped **7,918** individuals in central Indiana at four offices, community centers, and client homes.

## Families First Services and Programs:

- Family Counseling
- Alternatives to Family Violence
- Chemical Dependency Treatment
  - Parenting Education
- Services for Older and Challenged Adults



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# 2013 Client Demographics

Age	Number	%
0 – 4	1,415	17.87%
5	158	1.99%
6-12	983	12.42%
13-18	204	2.58%
19-24	1,046	13.21%
25-39	2,842	35.90%
40-54	976	12.33%
55-64	188	2.38%
65-74	59	0.75%
75-84	29	0.36%
85+	18	0.23%

Client Gender	Number	%
M	2,538	32.08%
F	5,380	67.94%
Total	7,918	

Client Race	Number	%
White	4,046	51.10%
Black/ African American	2,756	34.80%
Hispanic/Latino	844	10.66%
Asian	27	0.34%
American Indian/ Alaska Native	17	0.21%
Native Hawaiian/ Pacific Islander	12	0.15%
Bi-racial	145	1.84%
Unknown	72	0.915%

# Why a Family-Based Approach?

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- Many families stay together
- Most will be in a relationship at some time
- Vulnerabilities need to be addressed
- Problems associated with separation may become paramount



# What is FV and DV?



- **Family Violence**

- Child Maltreatment
- Elder Abuse
- Intimate Partner Violence or Domestic Violence

- **Domestic Violence (or Intimate Partner Violence)**

- A pattern of assaultive behaviors, including repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation.
- These behaviors are perpetrated by someone who is or was in an intimate relationship with the victim and are aimed at establishing power and control over the victim.



# Domestic Violence



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- Intimate Partner Violence (IPV)
  - When one partner uses coercive control with violence, or threats, as reinforcement
  - Also called intimate terrorism
  - Creates dynamics that increase the risk of child maltreatment by the IPV victim
  - Children raised in this environment are exposed to victimizations which put them at future risk, as adults and children
- Violent Resistance
  - When victims of IPV fight back against intimate terrorism

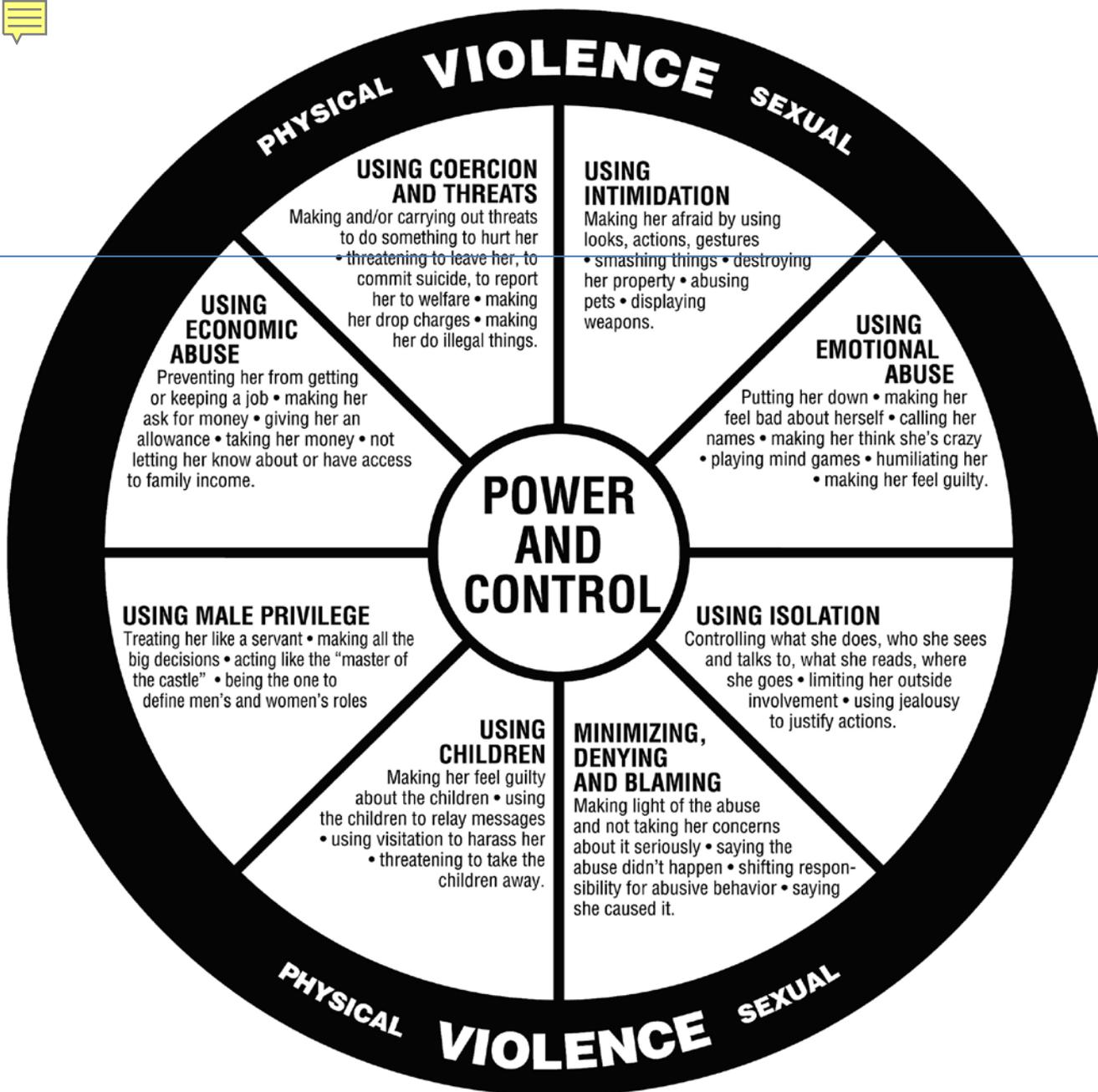
# Important Terms



- Emotional/Psychological
- Physical Abuse
- Sexual Abuse
- Financial
- Controlling Behaviors

# Power & Control Wheel

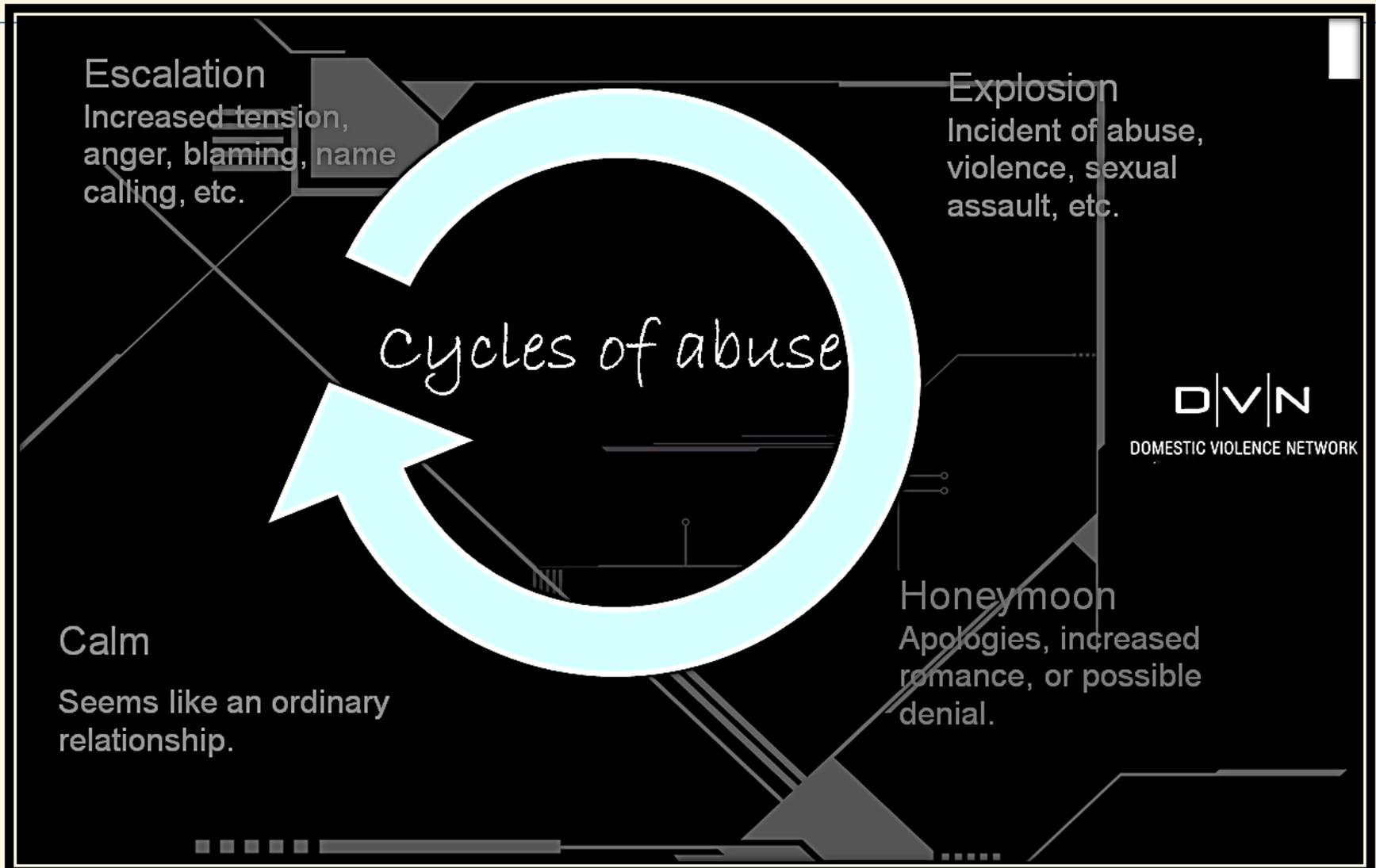
- Pattern of abusive and violent behaviors
- These behaviors are used by a batterer to establish and maintain control over his/her partner



# Dynamics of the Abusive Partnership



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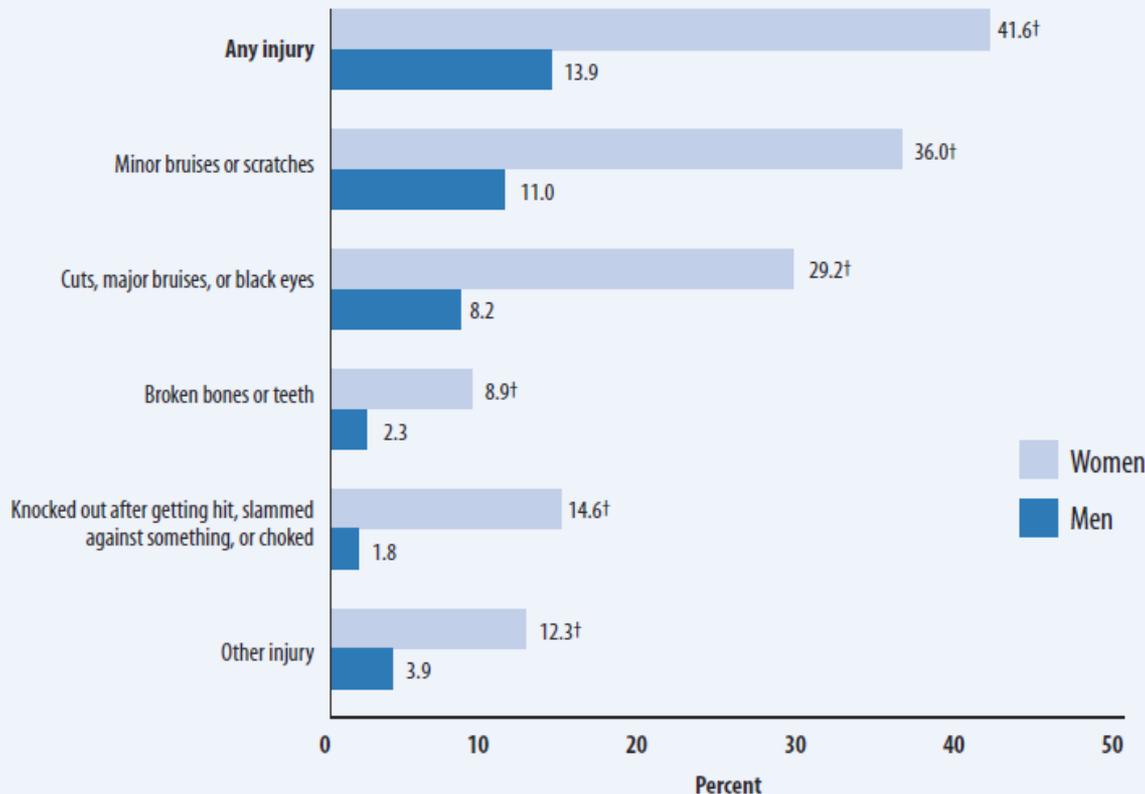
# IPV in the U.S.



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**Figure 4.3**

**Distribution of Specific IPV-related Injuries<sup>1</sup> Experienced among Female and Male Victims of Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010**



Among victims of rape, physical violence, or stalking by an intimate partner, approximately 4 in 10 female victims and 1 in 7 male victims reported experiencing a physical injury as a result of the violence within that relationship.

Breiding, M.J., Chen J., & Black, M.C. (2014). *Intimate Partner Violence in the United States — 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>1</sup> IPV-related injury was assessed in relation to specific perpetrators and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.

† Statistically significant difference ( $p < .05$ ) in prevalence.

# DV is a Pediatric Issue



**911:** *What's your emergency?*

**CHILD:** *My mommy and daddy are having a fight!*

**911:** *Is he hitting her?*

**CHILD:** *I'm talking to the police Mommy! Stop it! Mommy! Oh my God!*

**911:** *What's the matter?*

**CHILD:** *Mommy!*

**79% of violent children have witnessed violence between their parents.**

(Note: 9-1-1 Call Audio File will be played with this slide)



# How Children are “Exposed”



- Seeing a mother assaulted or demeaned
- Hearing loud conflict and violence
- Seeing the aftermath (e.g., injuries)
- Learning about what happened to a mother
- Being used by an abusive parent as part of the abuse
- Seeing a father abuse his new partner when they visit him on the weekends
- Being denied what is owed them for child support

# How Children are “Used”



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- Suggesting a child’s misbehavior is the reason the parent must be abusive
- Encouraging the children to abuse their mother
- Threatening violence against the children and/or pets
- Talking inappropriately to children about their mother’s behavior
- Prolonged court proceedings about custody and access, especially when the abuser has previously shown little interest in the children
- Holding the children hostage or abducting them

# IPV Begins Early in Life



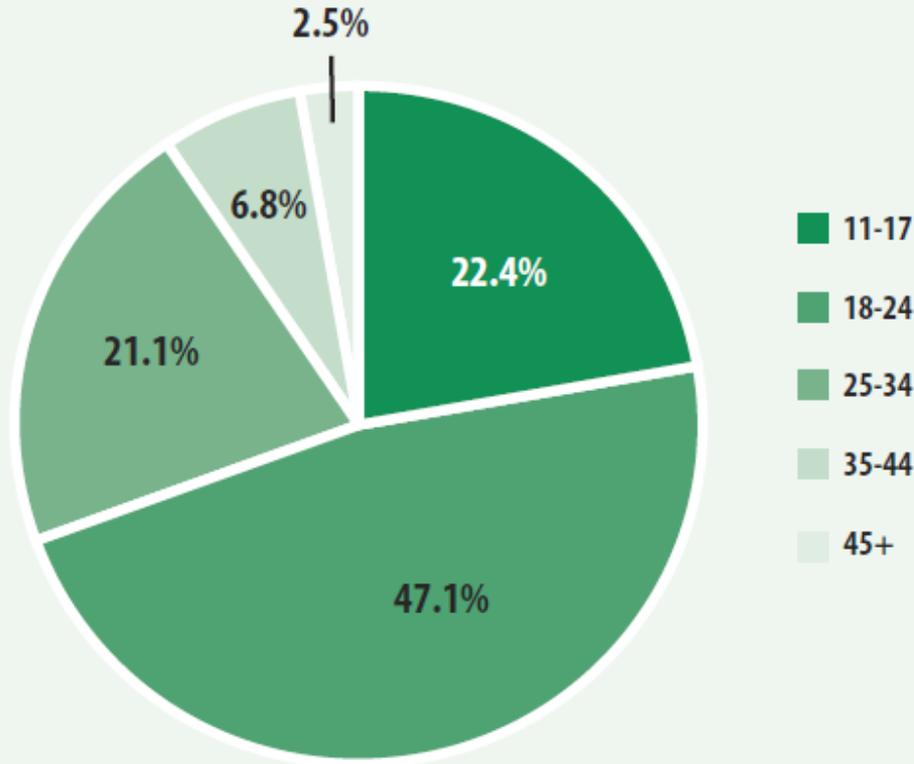
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“Among those who ever experienced rape, physical violence, or stalking by an intimate partner, more than **22% of female victims** and **15% of male victims** experienced some form of intimate partner violence for the first time between the ages of 11 and 17.”

*(accompanying graph on next slide)*

## Figure 6.2

Age at Time of First IPV<sup>1</sup> among Female Victims of Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010



<sup>1</sup> IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.

# IPV Begins Early in Life



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1 in 5 women and 1 in 7 men who ever experienced rape, physical violence, or stalking by an intimate partner first experienced some form of intimate partner violence between 11 and 17 years of age.

# Effects on Children



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## A LEARNED BEHAVIOR

*cycles of abuse*

D|V|N

DOMESTIC VIOLENCE NETWORK

**Children who grow up in violent homes have a 74% higher likelihood of committing criminal assaults.**

(Survey of Massachusetts Department of Youth Services, Self Magazine, May 1992)

***Norlien Foundation Video:***

# How Brains are Built: The Core Story of Brain Development

( Link to video):

<http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development>



# Wheel of Abuse of Children



# Child Witnesses of Violence



- Sustain injuries Christian, 1997
- Try to stop the violence Edelson, 2003
- Victims of child abuse Carter, 1999; Knapp, 1998
- Witnesses to violence National Resource Center on DV, 2002
- Affect the mother's decision-making process  
Zink, 2003; Schechter, 1995



# Child Witnesses of Violence



- Sleep problems
- Behavioral issues
- Psychosomatic complaints
- School failure
- Aggression
- PTSD Lehman, 1997; McCloske, 2000
  - Conduct Disorders
  - Mood Disorders
  - Anxiety Disorders
  - ADHD



# PTSD in Child Witnesses



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- Major disruptions in other parts of life
- Sleep difficulties (insomnia, nightmares)
- Low level fear state
- Withdrawn or depressed
- Behaviorally impulsive/regressed
- Hyperactive
- Loss of previous functioning or a slow rate of acquiring new developmental tasks
- Hypervigilant
- Fast heart rate or borderline high blood pressure

# Adverse Childhood Experience (ACE)



- A traumatic experience ***prior to the age of 18***
- The ACE score does not capture the frequency or severity of any given ACE in a person's life, focusing instead on the ***number of ACE categories experienced***
- **Adults are asked about:**
  1. Recurrent physical abuse
  2. Emotional abuse
  3. Sexual abuse
  4. An alcohol &/or drug abuser in the household
  5. An incarcerated household member
  6. A household member who was chronically depressed, mentally ill, institutionalized, or suicidal
  7. Violence between adults in the home
  8. Parental separation or divorce

***SAMHSA Video:***

# Adverse Childhood Experiences:

## Risk Factors for Substance Abuse and Mental Health

( Link to video):

<https://www.youtube.com/watch?v=UX7HxYeswkl>

# Adverse Childhood Experience (ACE)



- ACEs are 2 to 6 times higher if IPV occurred
- Adults with 4+ childhood ACEs [TSEs] showed an increase in the risk for:
  - Alcoholism, drug abuse, depression and suicide (12-fold)
  - Poor self-rated health, ischemic heart disease, cancer, stroke and diabetes

# Findings From the ACE Study



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“Children whose mothers are treated violently are more likely to suffer multiple forms of abuse, neglect, and serious household dysfunction.”

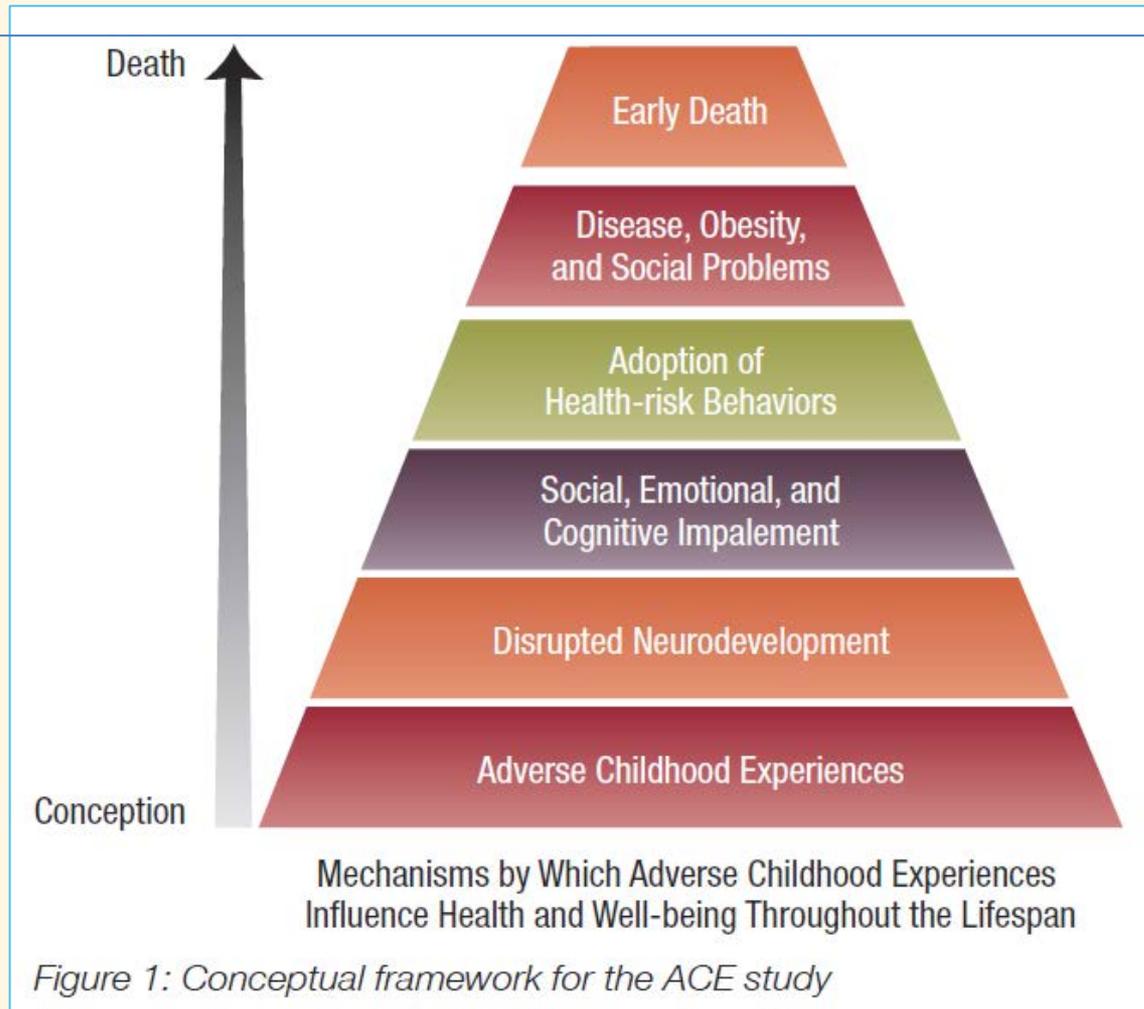
“Witnessing IPV has wide-ranging health and social implications.”

“IPV is usually (95% probability) associated with some form of child abuse or neglect or other serious family dysfunction.”

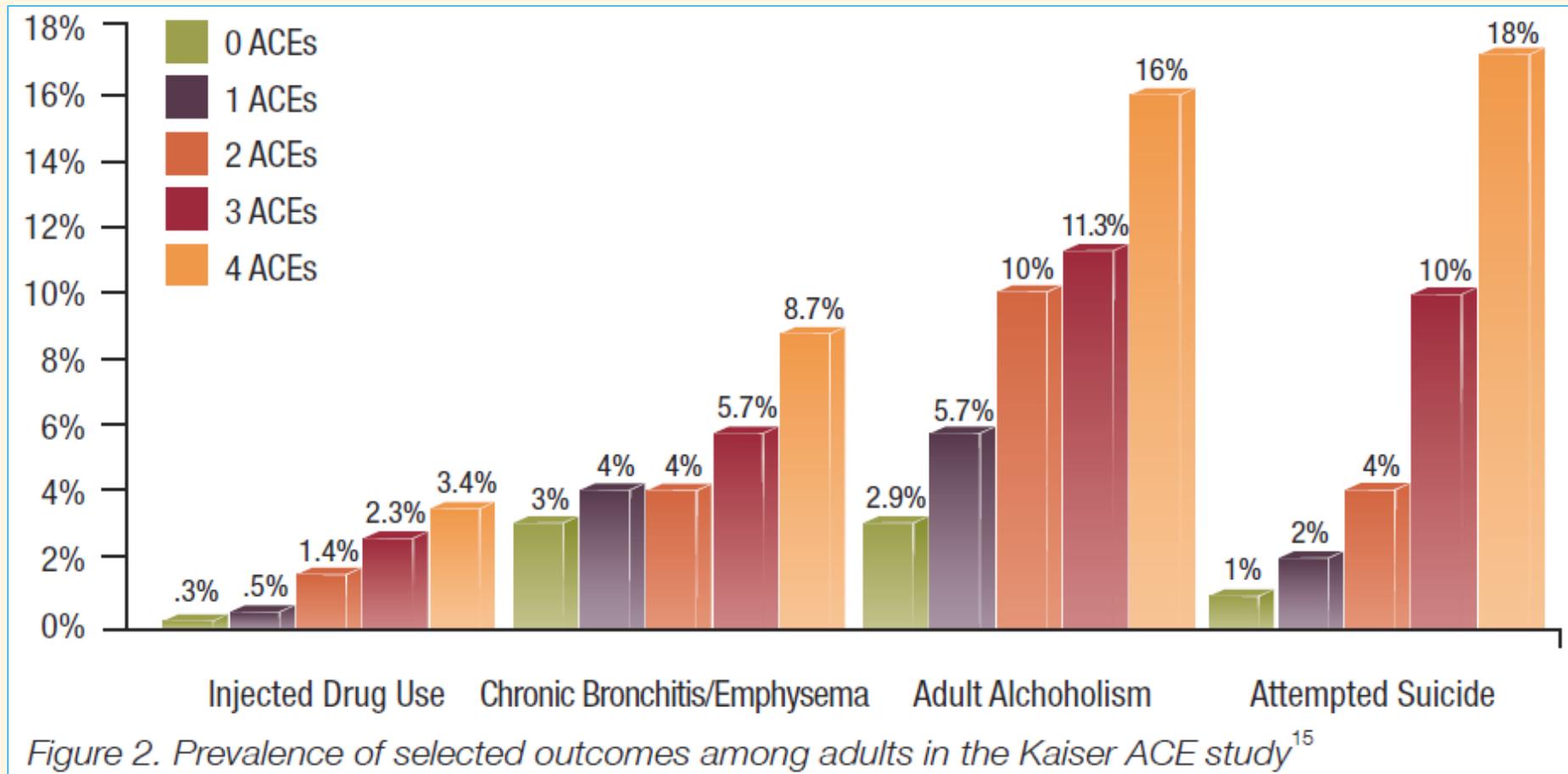
# The Study of ACEs



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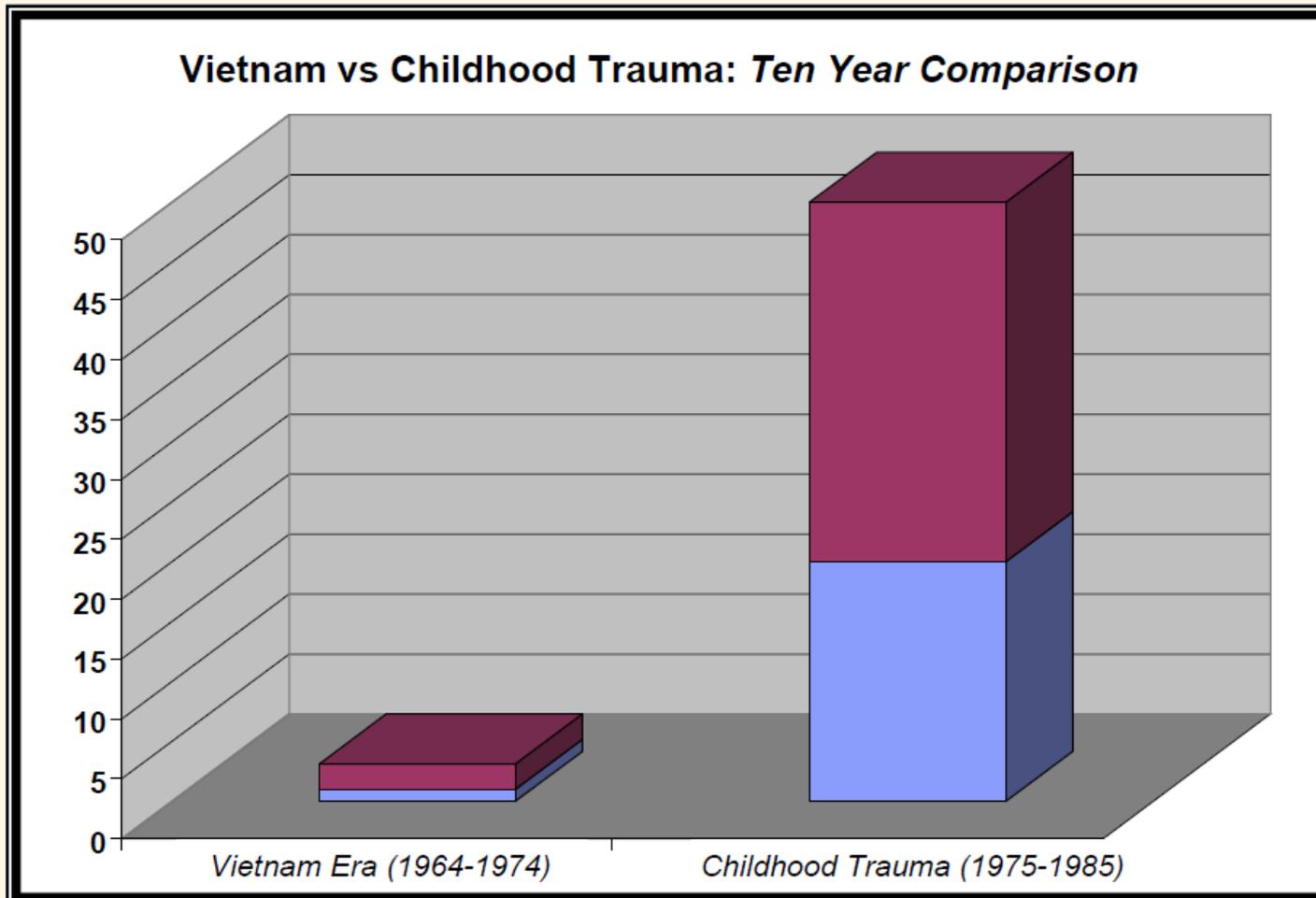
# The Study of ACEs



# The Scope of Childhood Trauma



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# Costs of Childhood Trauma



- **20% of people with an ACE score of 4+ had “serious job problems”**
  - Compared to 6% with a score of 0
- **15% of people with an ACE score of 4+ were absent from work more than 2 days a month**
  - Compared to 6% with a score of 0
- **Washington state saved \$6.8 million after implementing a network to decrease ACEs**
  - Communities funded by this network represent approx. \$55.9 million in savings for the state each biennium

*“The human and economic costs of the long-term effects of adverse childhood experiences in the workforce are likely major and merit attention by the business community.”*

# Health Effects



- **Men and women with a lifetime history of rape, physical violence, or stalking by an intimate partner were more likely to report:**
  - Frequent headaches, chronic pain, difficulty sleeping, activity limitation, and poor physical health in general
- **Women who have experienced these forms of violence were also more likely to report:**
  - Asthma, irritable bowel syndrome, diabetes, and poor mental health

# References



Alliance for Children & Families. (2012). Adverse Childhood Experiences Data Links Trauma and Outcome. *Alliance for Children & Families Magazine*, (1), 6-9.

Breiding, M.J., Chen J., & Black, M.C. (2014). *Intimate Partner Violence in the United States — 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

C. Ghosh Ippen et al./ *Child Abuse & Neglect* 35 (2011) 504-513

Children's Trust Fund. (2010). Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey. *Children's Hospital and Health System*, Retrieved from <http://wchildrenstrustfund.org/files/WisconsinACEs.pdf>

Cunningham, A., & Baker, L. (2007). How violence against a mother shapes children as they grow. *Centre for Children and Families in the Justice System*, Retrieved from <http://www.phac-aspc.gc.ca/ncfv-cnivf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf>

Domestic Violence Network. *Hiding the Truth Tells the Lie: Understanding Domestic Violence*. [PowerPoint Presentation].

Dube, S., & Anda, R. (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*, 17(1), 3.

Judy, C., Downs, W., & Rindels, B. Intimate Partner Violence Victimization, Maternal Child Maltreatment, and the Mediating Impact of Changes in Family Structure. *Springer Science + Business Media New York*, 237-247. Retrieved, online.

Perry, B. (2003). Effects of traumatic events on children. *The Child Trauma Academy*, 1-21. Retrieved from <http://www.mentalhealthconnection.org/pdfs/perry-handout-effects-of-trauma.pdf>

Utah Domestic Violence Council Health Care Subcommittee. *Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence: A Reference for Utah Health Care Providers* [PowerPoint presentation]

Thank you.



FamiliesFirst

Any questions?

# DYNAMICS OF FAMILY VIOLENCE

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Dr. Roberta Hibbard  
Professor of Pediatrics, Indiana University Health

# DYNAMICS OF FAMILY VIOLENCE

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Dr. Steven Couvillion  
PhD, ABPdN

# Family Violence and Brain Development

Commission on Improving the  
Status of Children in Indiana  
July, 16, 2014

# Introduction

Story – Lawrence McDonald

Family Influences on Child

1. Genetics
2. Health and Nutrition
3. Environment for Living/Learning
4. Brain Abilities & Talents
5. Emotional Growth and Development

# **1990's – The Decade of the Brain**

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**2. December 31, 2000 - End of The Decade of the Brain**

**90% of current knowledge of the brain gained**

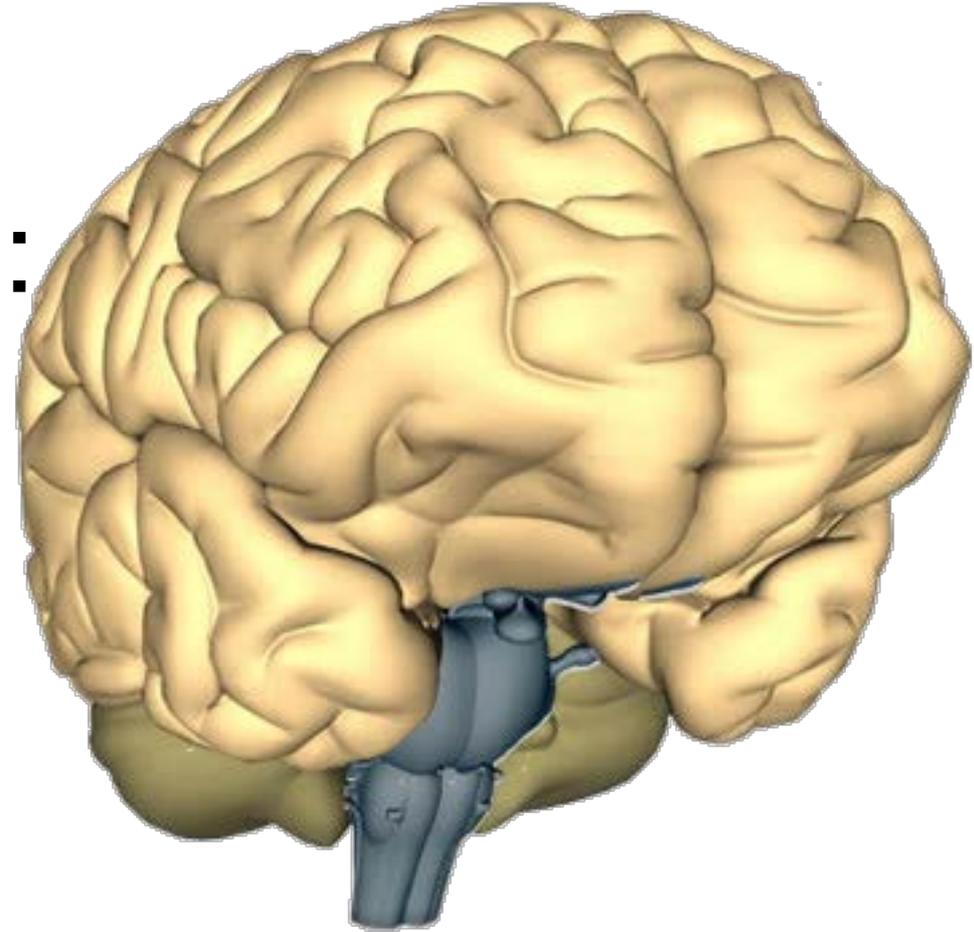
**In previous 10 years**

**This trend will continue for the next century**

# A Brief Introduction to Brain Anatomy

- 1. Human Brain weighs about 3 lbs in adult
- 2. At birth Child's brain is 25 % size of adult brain  
and increases to 66% by end of first year.
- 3. Normal child brain development is  
programmed to gain skills sequentially
- 4. Development follows complex neural  
growth at microscopic level of  
dendrite/axons

# The Human Brain: Anatomy, Functions, and Injury



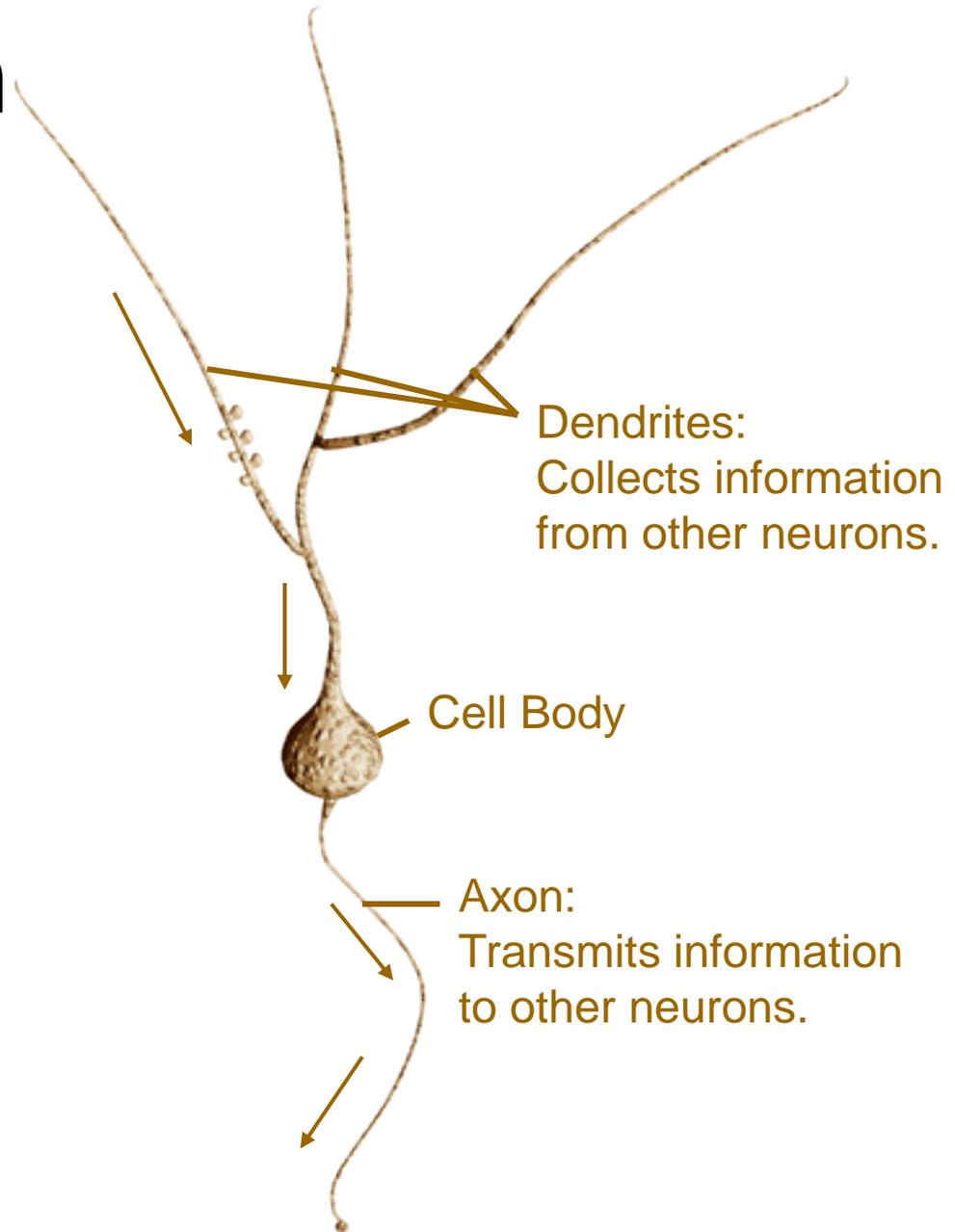
[Main Menu](#)

# The Neuron



Click image to play or pause video

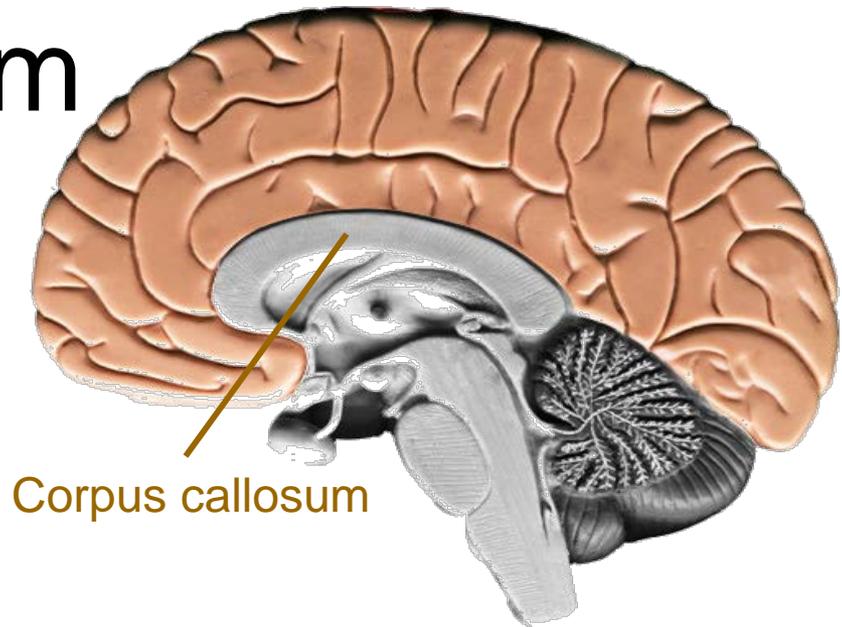
Anatomy Menu  
Main Menu



# The Cerebrum

The largest portion of the brain is the cerebrum. It consists of two hemispheres that are connected together at the corpus callosum.

The cerebrum is often divided into [five lobes](#) that are responsible for different brain functions.

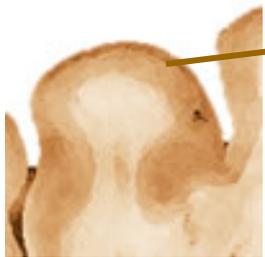


# The Neocortex

The cerebral cortex is a thin layer of cells about 1.5 to 4 mm thick.

The cortex provides the connections and pathways for the highest cognitive functions, such as language and abstract thinking.

The cerebral cortex contains about 25 billion neurons, more than 62,000 miles of axons, and 300,000,000,000,000 synapses.



Neocortex layer

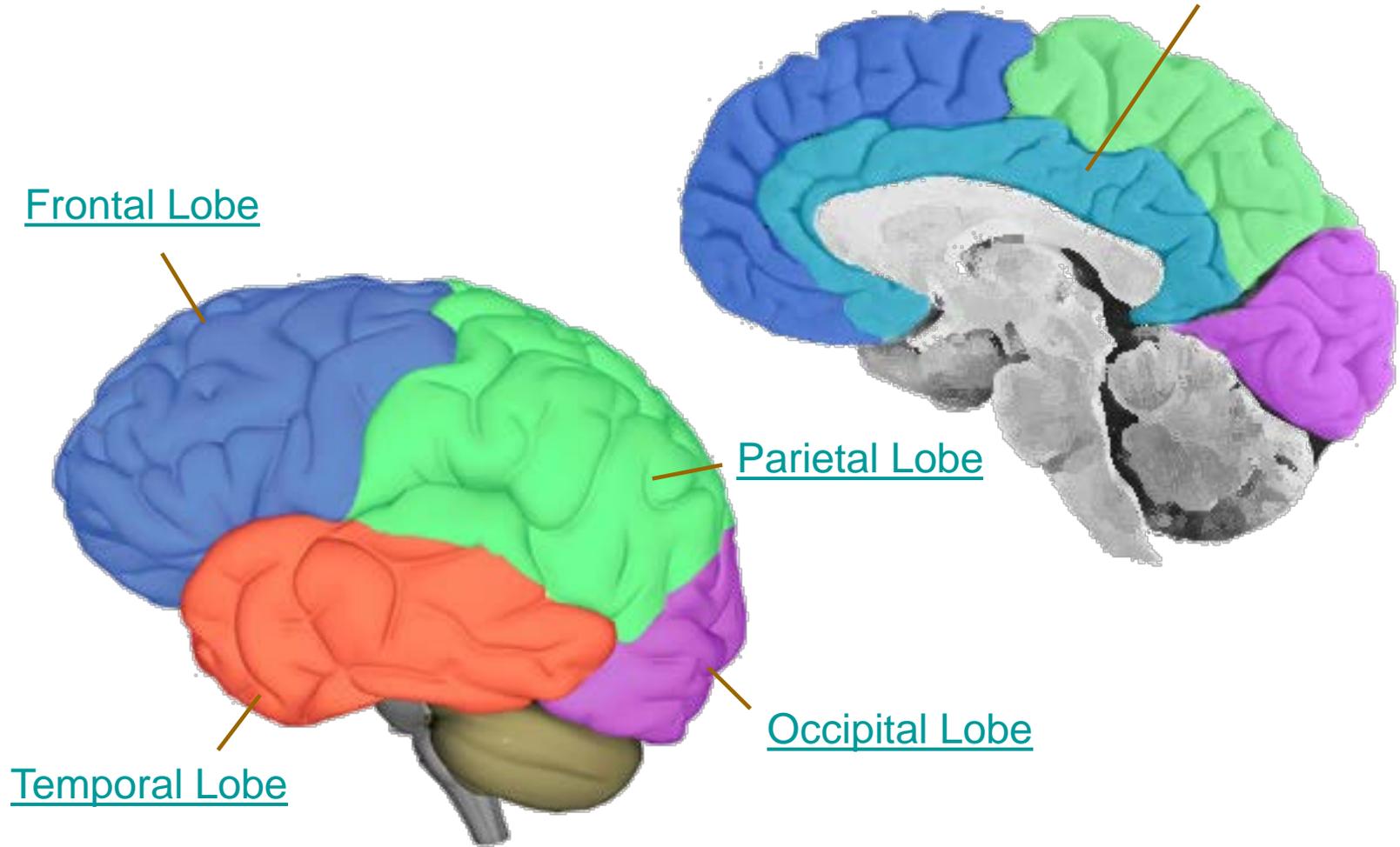


The thin layer of the neocortex is dense with neurons.

[Anatomy Menu](#)

[Main Menu](#)

# Lobes of the Cerebrum [Limbic Lobe](#)

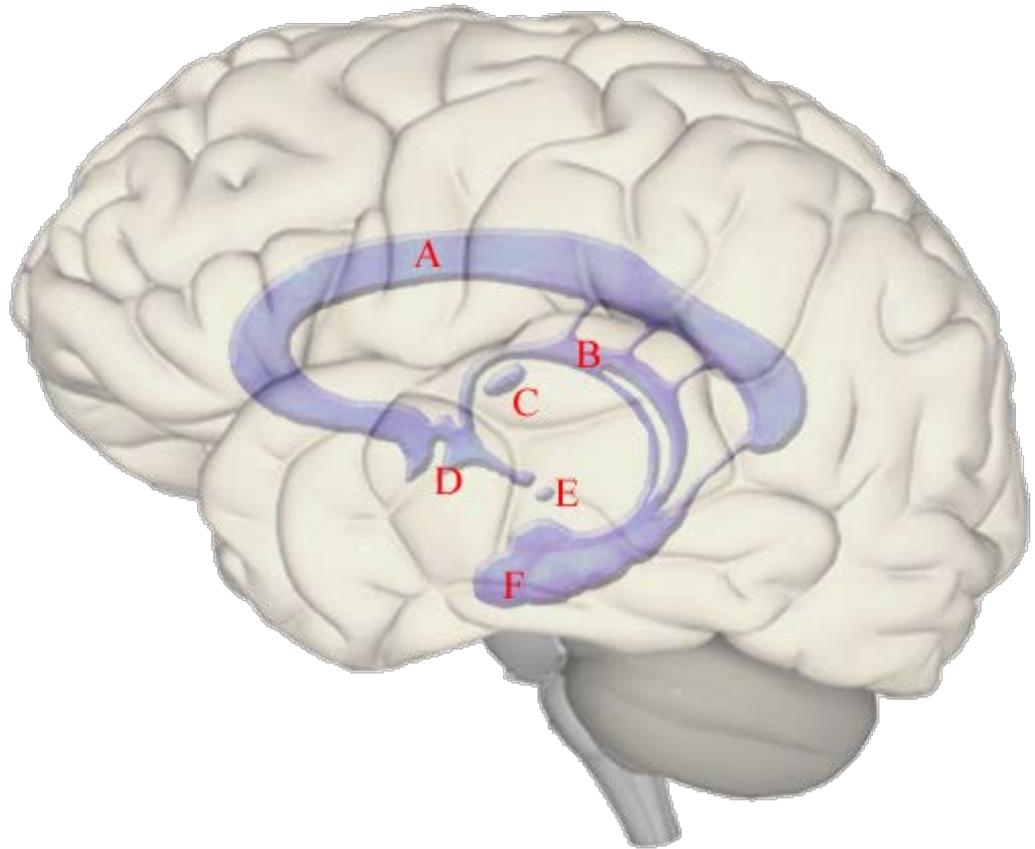


Anatomy Menu  
Main Menu

# The Limbic System

The limbic system is the area of the brain that regulates emotion and memory. It directly connects the lower and higher brain functions.

- A. Cingulate gyrus
- B. Fornix
- C. Anterior thalamic nuclei
- D. Hypothalamus
- E. Amygdaloid nucleus
- F. Hippocampus



[Anatomy Menu](#)

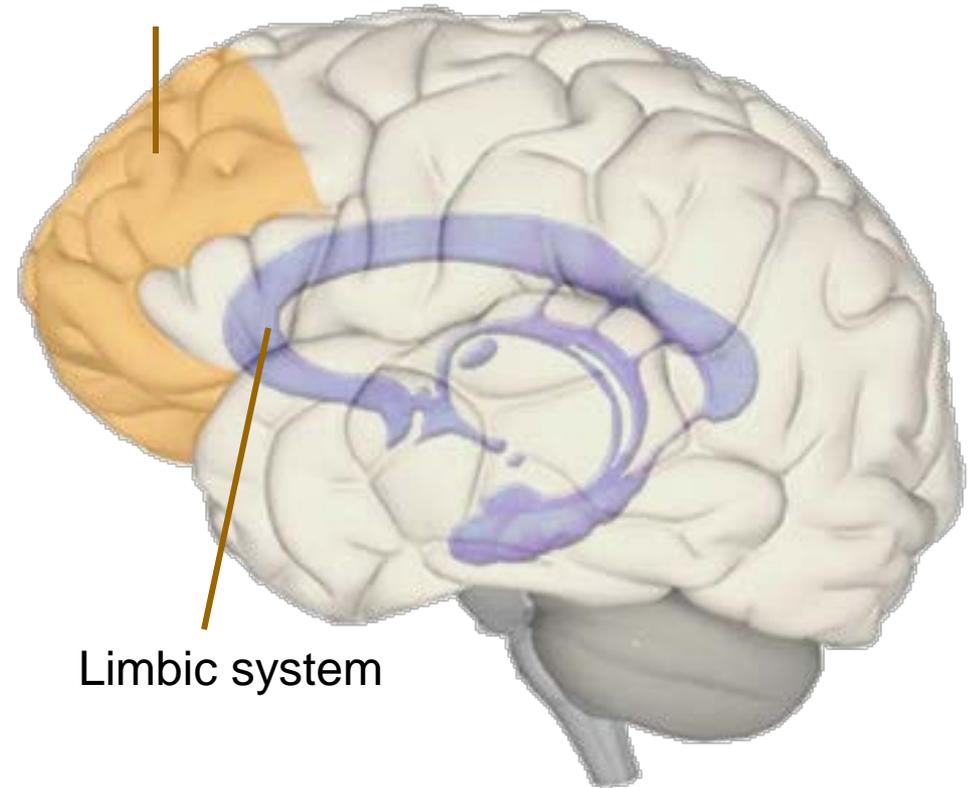
[Main Menu](#)

# Emotion

Emotions are an extremely complex brain function. The emotional core of the brain is the [limbic system](#). This is where senses and awareness are first processed in the brain.

Mood and personality are mediated through the [prefrontal cortex](#). This part of the brain is the center of higher cognitive and emotional functions.

Prefrontal cortex



[Functions Menu](#)

[Main Menu](#)

# Influence of Family Violence

- 1. High emotional tone of loud voices, anger and physical violence increase adrenal steroids in child
- 2. Adrenaline overproduction leads to anxiety – (fight or flight syndrome)
- 3. Young children are MORE affected than older (over 6) children because early over production causes more strong brain associations

- 4. Family violence was associated with heightened neural activity in children's brains similar to soldiers exposed to violent combat in fMRI study (McCrorry et. al 2011). (anterior insula & amygdala)
- 5. Disruption of development disrupts growth –  
- toxic substances, physical trauma, illnesses,  
and high stress – of brain, esp. 7<sup>th</sup> prenatal month to child's 1<sup>st</sup> birthday.
- 6. Research suggests that extreme trauma changes the organization of the brain, resulting in difficulties in dealing with stress in later life.

- 7. Family Violence has been associated with decrease in IQ in children.  
(Konen, KC et al. Development and Psychopathology, 2003)
- 8. Anxiety blocks learning – lack of concentration and attention –leads to school learning problems & social disruptions (over reactive child).
- 9. Often misdiagnosed with ADHD – similar symptoms – but wrong meds.
- 10. Adults from family violence leads to adult relationship problems due to modeling and brain development disorders (Cohen, RA et al. 2006)

# References

- Carpenter GL, Stacks AM. Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*. 2009; 31: 831–839
- DeJonghe ES, Bogat GA, Levendosky AA, et al. Infant exposure to domestic violence predicts heightened sensitivity to adult verbal conflict. *Infant Mental Health Journal*. 2005; 26(3): 268–281.
- McDonald R, Jouriles EN, Briggs-Gowan MJ. Violence toward a family member, angry adult conflict, and child adjustment difficulties: relations in families with 1- to 3-year-old children. *Journal of Family Psychology*. 2007; 21(2): 176-184.
- Koenen KC, Moffitt TE, Caspi A, et al. Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psychopathology*. 2003; 15: 297–311.
- Cohen RA, Grieve S, Hoth KF, et al. Early life stress and morphometry of the adult anterior cingulate cortex and caudate nuclei. *Biological Psychiatry*. 2006; 59: 975–982.
- Buss C, Davis EP, Muftuler LT, et al. High pregnancy anxiety during mid-gestation is associated with decreased gray matter density in 6-9-year-old children. *Psychoneuroendocrinology*. 2010; 35: 141-153.
- Talge NM, Neal C, Glover V. Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of Child Psychology and Psychiatry*. 2007; 48 (3/4): 245–261
- Hibel, LC et al. Intimate partner violence moderates the association between Mother-infant adrenocortical activity across an emotional challenge. *Journal of Family Psychology*. 2009; 23(5); 615-625
- Naubert, R. Imaging Study Shows How Family Violence Changes Brain Activity
- Baker, L. and Campbell, M. (2012) Exposure to Domestic Violence and Its Effect on Children’s Brain Development and Functioning. *Learning Network Brief (2)*. London, Ontario: Learning Network, Centre for research Education on Violence Against Women and Children

# DYNAMICS OF FAMILY VIOLENCE

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Jane Bisbee

Deputy Director, Field Operations, Department of Child  
Services



**INDIANA**  
DEPARTMENT OF  
**CHILD**  
SERVICES

# **Domestic Violence and Department of Child Services (DCS) Cases**

**July 16, 2014**

Jane Bisbee, DCS Deputy Director for Field Operations



# DCS Mission, Vision, & Values

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- **Mission:** DCS protects children from abuse and neglect, and works to ensure their financial support.
- **Vision:** Children thrive in safe, caring, supportive families and communities.
- **Values:**
  - Every child has the right to be free from abuse and neglect.
  - Every child has the right to appropriate care and a permanent home.
  - The best place for children to grow up is with their own families.
  - Children and older youth have the right to permanent and lifelong connections.
  - Parents have the primary responsibility for the care and safety of their children.
  - In personal accountability for outcomes, including one's own growth and development.
  - Every person has value, worth and dignity .



# Impact on DCS Cases

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- DCS engages all parents to be involved in the lives of their children, even when domestic violence is present.
- Domestic violence is a serious issue with potentially
- fatal implications.
- Children exposed to domestic violence are more likely to experience:
  - Behavioral, emotional, and social problems
  - Cognitive and attitude problems
  - Higher levels of adult depression and trauma
  - A greater likelihood to be involved in a violent adult



# Defining Domestic Violence

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- DCS defines domestic violence as:
  - A pattern of assaultive and coercive behavior using power and control within an intimate relationship that threatens a person's well-being.
  - Includes physical, financial, sexual, or psychological abuse, including the use of children to control the adult victim.
  - Committed by an intimate partner, including a spouse or former spouse, or a current or former dating partner



# Reporting

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- Hotline Family Case Managers (FCMs) are trained to ask questions to determine whether domestic violence is present in the home.
- Domestic violence is not an allegation of child abuse or neglect.
- DCS assesses all reports that allege that a child witnessed or was present in the home during an incident of domestic violence.



# Assessment

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- DCS does not substantiate child abuse and neglect solely on the presence of domestic violence; rather, we substantiate on any abuse or neglect that coordinates with the reported incident including Environment, Life and Health Endangering.
- DCS Family Case Managers are trained to handle domestic violence situations delicately:
  - Not asking about violence in the presence of the alleged offender
  - Asking about safe times for future contact
  - Not attempting to force the adult victim to disclose the abuse



# Case Management

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- FCMs continue to assess for the presence of domestic violence throughout the life of the case.
- Knowing about possible domestic violence assists the Child and Family Team in developing goals to help ensure the safety of all family members.
- The early identification of domestic violence is the first step in achieving safe outcomes for adult and child victims.



# Services

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- Domestic Violence Services for the Survivor and Children
  - Services are structured, goal-oriented, time-limited individual/group services and casework/victim advocacy services.
- Batterer's Intervention Program
  - Group services which focus on victim safety, batterer accountability and community collaboration. Services support change and hold program clients accountable for their behavior

# SEX CRIMES AGAINST CHILDREN

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Rep. Christina Hale & Dr. John Parrish-Sprowl, Co-Director, Global Health Communication Center, IUPUI

**OUR  
PROBLEM**

One in six girls in  
Indiana have been  
raped by the time they  
are in high school. And  
an untold number of  
boys. CDC, 2008

# OUR GOALS

1. Connect victims to the services they need
2. Prevent these crimes from happening

# **EXTREME CHALLENGE**

WHY?

WHERE?

WHO?

WHEN?

**HOW?**

**YOUR ROLE**

**OUR ROLE**



*Thank You*

# Agenda

- **Open Discussion**
- **Topics for the September Commission Meeting:**
  - ❖ Task Force Report: Infant Mortality and Child Health
  - ❖ Indiana Department of Health: Infant Mortality
  - ❖ Teen Suicide
- **Future Meeting Dates:**
  - ❖ September 17, 2014
  - ❖ November 19, 2014
  - ❖ *All meetings are from 10:00 a.m. – 2:00 p.m. at the Indiana Government Center South unless otherwise posted*

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GOVERNOR MIKE PENCE

Commission on Improving the Status of Children in Indiana

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**Latest News & Headlines**

**Upcoming Meeting.** The State Commission on Improving the Status of Children will meet February 19, 2014 from 10:00 a.m. to 2:00 p.m. in Conference Room A at Indiana Government Center South. The meeting is open to the public. The

The website to view all documents handed out at Commission meetings and the webcast of today's meeting can be found at [www.in.gov/children](http://www.in.gov/children).