How Can I Help?
Keeping Children Safe from Abuse and Violence
A Training Resource Manual

County of Humboldt
Department of Health and Human Services
Public Health Branch
Family Violence Prevention Program

Funded by:
If you could listen to a child’s soul...

“Children of the world.  
Future flowers, now seeds.  
Some hand-raised,  
Nourished in love—richened ground.  
Others tossed carelessly  
On the coldest concrete,  
Struggling beneath  
Darwin’s dispassionate sunlight.  
Each unique, snowflake individualized.  
One race. The human race.  
One color...Many shades.  
Genetic and cultural variation...  
But blossoms in the earth’s bouquet.”

Andrew Vachss’
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Finally, a heartfelt thank you to all of the hardworking, underpaid childcare providers who nurture, cherish, and educate our children—

This book is for you!
Introduction

Many things we need can wait. The child cannot. Now is the time bones are being formed; blood is being made; the mind is being developed. To this child we cannot say tomorrow. This child’s name is today.

(From—Working Strategies: Helping Families Grow Stronger)

Violence and abuse are distressful realities in our children’s lives. Whether being hurt themselves, witnessing abuse, or through media depictions—all children are impacted. Worrying about their own safety and the safety of loved ones, including animals, can impair a child’s movement through critical developmental stages.

Violence is a community issue. It leaves its imprint on all of us. Violence especially harms those most vulnerable. When the social bonds of the community break down, and violence between people who know one another is tolerated, the social fabric of that community is disrupted.

New research suggests that exposure to violence has potential long-term effects on children’s emotional and physical well-being. Children’s exposure to violence and maltreatment is significantly associated with increased depression, post-traumatic stress, anger, and lower academic achievement. Research shows that children exposed to violence, either as witnesses or as victims, are more likely to abuse alcohol, tobacco and other drugs and become juvenile or adult offenders.

While many studies have pointed out the effects of violence and abuse, the Adverse Childhood Experiences Study (ACE) shows that there are lifelong health and social consequences for children who are abused and/or exposed to violence.
The ACE study focused on seven variables in two categories. The first category, Childhood Abuse, included three variables: psychological, physical, and sexual abuse. The second category, Household Dysfunction, included the remaining four variables: substance abuse, mental illness, mother treated violently (domestic violence, elder abuse), and imprisoned family member.

According to the ACE study there is an undeniable relationship between risk factors established in early childhood and medical problems in later life. Furthermore, while exposure to one adverse experience carries modest risk for adult health problems, exposure to four or more experiences carries eight to twelve times the risk for depression, alcoholism, and other drug abuse. In addition, these risk factors often cluster in individuals. If a person has exposure to one risk factor, there is an 80% chance of exposure to another risk factor.

It is documented through a growing body of evidence that the brains of children who are traumatized develop differently than those of children who grow up in nonviolent environments/homes. With caring intervention before a certain age, these brain anomalies can be reversed.

The purpose of this Training and Resource Manual is to give providers tools to help recognize abuse and violence, as well as offer strategies for prevention and intervention. It is hoped that the information and resources in this manual will assist you as you work with families, especially those that are experiencing abuse and violence.

“Let us put our minds together, and see what life we will make for our children.”
—Tatanka Iotanka (Sitting Bull)
Chapter 1
The Provider’s Role in Keeping Children Safe by Recognizing Abuse and Violence

This resource manual is for you! Its purpose is to help you navigate through some very difficult territory by providing information, resources, validation, and support. The territory that will be discussed is family violence.

Family violence is:
- Emotional and Economic abuse,
- Physical and Sexual violence,
- Neglect, Social isolation,
- Threats of abuse, Violence or Neglect, against children, adults, older adults and companion animals in a family.

Sadly, we know that family violence is all too prevalent in our children’s world. As providers who work with children and their families you see the effects of abuse and violence. These effects are even experienced by children who are not directly hurt by family violence but exposed to its consequences. According to Bruce Perry, Professor of Child Psychiatry at the Child Trauma Academy, “By the time a child reaches 18, the probability that he or she will have experienced family or community violence, either as a victim or a witness, is one in four” (California Attorney General’s Office Crime and Prevention Center, Safe from the Start, 1999).

For most providers the education and training received has focused primarily on early childhood education, child development, and creating a safe environment that will enhance children’s innate potential. Through modeling, listening, and caring interactions, you teach children how to relate to others, both as individuals and as members of a larger community.

Due to the prevalence of violence and abuse in our world, which has immediate and lifelong adverse consequences on a child’s development, it is essential for providers to create a program that addresses the issue of family violence, using prevention and intervention approaches.
Universal Concerns and Questions

➢ Is this my business?
   Yes! When family abuse and violence is putting a child at risk and interfering with the child’s ability to move through normal developmental milestones it is everyone’s business. As providers, you have a unique role in a child’s life. We know there are many factors that play a part in a child’s resiliency. One of the most important factors is an adult who cares. Also, childcare providers are mandated reporters for suspected or known child abuse. You have a legal obligation to make a report if abuse is suspected. In Chapter 5 (Intervention) reporting suspected child abuse is discussed.

➢ There may be fear that the child will be pulled from the program, and worry about jeopardizing relationship with the entire family. This may happen. The family may be angry. When intervening in suspected or known family violence there is always the possibility that children will be removed from the program. There is also the possibility that parents/caregivers are grateful for the intervention that could break the cycle of social isolation and secrecy.

➢ There may be worry of making a mistake, making the situation worse, and saying or doing the wrong thing.
   At some point in our lives we all make mistakes, say and do the wrong thing. Training in the area of child abuse, domestic violence, and other forms of family violence can help recognize if family violence is occurring, thus minimizing mistakes made.

➢ Suspected family violence may trigger a provider’s own personal history and/or current abusive situation.
   Working with families where violence is known or suspected can have a traumatic effect on providers. It is important as individuals to be able to recognize when our own traumatic experiences are being triggered and seek support. As a program, it is imperative that systems of staff support are an integral part of the program structure. More about Creating a Supportive Organizational Culture is discussed in Chapter 7.
➤ It may be unclear on how to recognize abuse and make a report. Training on Mandated Child Abuse Reporting is given through Humboldt State University’s Office of Extended Education, Child Welfare Services, and The North Coast Rape Crisis Team. These numbers are listed in the Resource Section of this manual. All staff would benefit from this training on a regular basis!

➤ There may be fear for personal safety and/or the safety of other staff, families and the center.
When dealing with people who use violence to harm others it is always necessary to include safety planning as part of any intervention. See Chapter 6: Creating a Safety Plan for more details.

➤ There may be worry about contradicting cultural norms.
Awareness of cultural norms is important for all programs. Approach family violence from the standpoint that in California, and the United States, specific laws prohibit certain forms of abuse and violence. These laws are in place to protect children, intimate partners, elders, and animals.

➤ There may be a lack of administrative support.
Administrative support is critical in creating a program that addresses family violence. This requires building an agency infrastructure that outlines specific approaches, protocols, and policies along with ongoing training for all staff. Each program will vary in support by its administration. Regardless to what degree an agency has a program that addresses family violence, it is the provider’s responsibility to report violence if it is known or suspected.

➤ There may be time constraints.
Everyone has time constraints. If a program decides that prevention of and intervention in family violence is part of the programs’ over all goal then creating time to do this will always be a priority. It is always the child care provider’s responsibility to report known or suspected child abuse.
There may be a lack of appropriate/available resources in the community.
Addressing this issue is a long-term goal. All providers can learn what resources are available in the community. Through networking with area agencies provider’s can expand their resource knowledge. Developing an informed, knowledgeable staff is a resource for children and families.

There may be personal attitudes and misconceptions about family violence.
Child abuse, domestic violence, elder, and animal abuse occurs in all cultural, ethnic, occupational, and socioeconomic groups. Education, training, self-reflection, and a willingness on the part of the provider and program to work through attitudes and misconceptions are key to prevention and intervention approaches.

The provider may know the family socially.
In small rural communities there is no escaping this concern. It may be uncomfortable, bring up mixed feelings, and even be scary. If it feels this way to you, then imagine what a child living in that home might be experiencing. You still have an obligation to report known or suspected abuse.

There may be frustration that nothing will be done especially if there has already been a negative reporting experience with Child Welfare/Protective Agencies.
Child care providers must still report. Child Welfare Agencies (CWS) are required to investigate reports of child abuse. The investigation will either be “substantiated” or “unsubstantiated”. When an investigation comes back "unsubstantiated" it means that CWS could not find enough evidence of abuse. For more information it is strongly suggested that programs send all staff to Mandated Reporting Training.

There may be frustration at lack of follow-up.
If you have made a report to CWS you are entitled to inquire about the status of the report, however, you may not be given any specific details. Perhaps one of the most challenging aspects of intervening in family violence is not knowing what the outcome will be.
Chapter 1

The Provider’s Role

Key Elements of a Provider’s Role in Recognizing Family Violence

- **Observation skills:** Foster a relationship with each family. When a child begins to demonstrate behavior different than usual use your observation skills to assess the situation.

- **Problem solving skills:** In appendix I, a comprehensive problem-solving model is offered. The use of problem-solving skills will help assess what is happening in a family.

- **Be a bridge between parent and child:** Greet parent/caregiver and child every day. Let the parent know something wonderful their child did during the day. This can be done either verbally or through a short note sent home. For instance: “Today Isaiah comforted his crying friend.”

- **Model safe, nonjudgmental, caring behavior, and communication:** When people feel accepted they are more able to reach out for help.

- **Attend training on Mandated Child Abuse Reporting and other forms of family violence:** This training can be helpful in how to recognize family violence, reporting procedure, and provider responsibility.

- **Know when your expertise ends:** Family violence is a community problem. An integrated network of community resources and support must be accessed when family violence is known or suspected. Providers are not expected to do it all, nor should they try.

- **Use Professional Ethics:**
  - The safety and well being of the child should come first in all considerations.
  - Respect the privacy of the people involved. If family violence is known or suspected, it is essential to keep certain information confidential. Inform staff on a “need to know” basis. Never discuss one family’s problems with another family. Never speak negatively about a family member in front of, or to the child.
Once family violence is known or suspected, another important aspect of a provider’s role is being a support for the children. Caring, concerned adults are keys to unlocking a child’s potential resiliency.

The Provider’s Role in Supporting Children Affected by Family Violence

All caregivers have a unique opportunity to facilitate the healing process for children who have been traumatized by violence. The adults who care for children offer the daily interaction that is critical to moving on and gaining a sense of safety.

Guiding Principles of Support
(From: The Source, AIA Resource Center, Vol. 7, No. 1)

1. Healing begins with relationships. The adult helping relationship is the most powerful tool we have to help children heal from traumatic events.
2. Help children know what to expect. Offer a structured environment where children can predict what will come next. Make sure a child’s physical needs are met—food, clothing, and rest.
3. Give children permission to tell their stories. It helps children to be able to talk about the violence in their lives with trusted adults. Let the child lead: “It’s okay to talk about it if you want to, I am here to listen. If you don’t want to talk about it right now that’s okay too. When you’re ready, I’m here.”
4. Reassure the children. It’s not their fault. Let children know they are not alone: “This happens in other families too.”
5. Respect personal boundaries. Ask the child before hugging, touching, holding.
6. Give parents help and support. Help parents and other caregivers understand that young children think differently than adults and need careful explanations about scary events. Have information and brochures regarding available resources.
7. **Foster children’s self-esteem.** Children who live with violence need reminders that they are lovable, competent, and important. Praise their strengths.

8. **Teach alternatives to violence.** Help children learn conflict resolution skills and non-violent ways of playing. Teach children the wide range of human emotions.

9. **Model nurturing in our interactions with children.** Serve as role models for children by resolving issues in respectful and non-violent ways. Use patience, respect, and gentleness.

10. **Don’t try it alone.** Identify and collaborate with other caregivers and agencies in the child’s life.

11. **Take care of your own physical and emotional needs.** Discuss concerns and issues with a supervisor or supportive coworker.

"You need to claim the events of your life to make yourself yours. When you truly possess all you have been and done, which may take sometime, you are fierce with reality."

—Florida Scott Maxwell
The Tiger’s Eyelash

There was a war and most of the men in the village went to fight the war; brothers, sons, husbands, all left. When the war was over, many did not return. Many that did return were injured. Some injuries could be seen; others could not.

This is the story of one woman and her son. She was very happy when she learned that her son was returning home from the war. She prepared a special meal for him with all of his favorite foods. She prepared his bedroom for him with flowers and fresh bedding. When he finally arrived—he would not come inside, he refused to eat the foods she had prepared—He would only say “Leave me alone—I don’t want to talk to anyone” and he went off into the forest.

The woman was very upset and saddened. She went to the village wise man and she asked, “What do I do? Can you give me a spell or a potion to bring my son home to me?” The sage thought for a while and then said, “There is a charm that might work…I have all the ingredients, except one—you must bring me a tiger’s eyelash and then I will give you your charm.”

So the woman left the village to climb to the top of the mountain. It was a very long journey, taking her many days. No matter how tired she was she kept walking, thinking, “I must bring back a tiger’s eyelash, for the charm that will bring my son home to me.

Finally, she reached the top of the mountain and a tiger’s cave. She thought to herself, “Well, I am here at the tiger’s cave. Now how do I get an eyelash?”

She made a camp for herself, just out of sight of the cave. She cooked a fine meal and left it at the entrance to the cave. She hurried back to her camp to hide. The next morning the food was gone. Again she cooked a wonderful meal and left it for the tiger. This time, she hid so she could watch the tiger eat. This continued for several days—each day she moved a little closer to the tiger until the day came when she did not move. She stayed right by the food. When the tiger came to eat he saw the woman sitting by the food.

“Are you the one who has been cooking all this food?” the tiger asked.

“I am,” said the woman.
“Well it is very tasty,” said the tiger.
“I’m glad it pleases you,” said the woman. She continued, “Please tiger, if I may be so bold as to ask a favor of you?”
“Hmmm…it is true, you have been feeding me every day…I suppose you may ask—if it’s not too hard that is.”
“I was wondering if I might have one of your eyelashes.”
“Is that all?” laughed the tiger. “That is easy!” and he gave the woman an eyelash.

The woman ran down the mountain, all the way to the village sage. “I have it!” she cried. “I have a tiger’s eyelash,” and she gave it to the sage. He looked at it near and far, sideways, upside down, and backwards. At last he said, “Yes, this is a genuine tiger’s eyelash,” and he threw it into the fire.

The woman gasped, “My charm—I worked so hard! Why did you do that?” she demanded. The sage replied, “Remember everything you did to gain the tiger’s trust. Now go home and do the same thing with your son.”
Chapter 2

Recognizing Family Abuse & Violence

Violence is words and actions that hurt people.

Violence is when a person uses pain, fear, or hurt to make you do something.

Violence is using words to scare, bully, embarrass, call names, or put someone down.

Violence is hurting a person’s body or the things a person cares about.

Violence is when someone touches you or asks you to touch them in a place or in a way that doesn’t seem right to you.

Violence is any sexual contact between an adult and child.

Societal violence occurs when our nation, institutions, and media show violence as a way to resolve conflict, express anger, and control others.

(From “The Little Book of Peace.” Amherst H. Wilder Foundation)

Family Violence is a complex social issue that cannot be addressed or solved by a single individual or agency. It is a community problem, which requires a community response. As a person who works with children and their families, you have an integral role to play in the system of community support that addresses this problem. Learning how to recognize family violence is essential as part of your provider and community role in keeping children safe.
Recognizing Child Abuse

**Physical Abuse:**
Any non-accidental act that result in physical injury of a child. This includes beating, burning or punching a child. In addition, any punishment that causes any injury, regardless of severity, is considered abuse.

**Sexual Abuse:**
Includes rape, incest, sodomy, oral copulation, and touching or fondling. Sexual abuse also includes sexual exploitation of a child by involving a child in pornography or prostitution.

**Neglect:**
Includes two categories: General — Failure to provide adequate food, clothing, shelter, medical care, or supervision.
Severe — Failure to protect a child from severe malnutrition or failure to thrive. Also, intentionally endangering a child’s health.

**Emotional Abuse:**
Includes criticizing, insulting, rejecting, or withholding love from a child.

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*Children should be seen and heard and believed.*
—Fern Narod
Possible Signs of Child Abuse

Always use observation and assessment skills when suspecting child abuse. Look into all factors that may affect a child’s behavior. Look for patterns, not isolated incidents, when you suspect abuse or neglect. Any one behavioral indicator alone could be a natural, normal response.

**NOTE:** Some children show no signs of abuse.

Possible Signs of Physical Abuse:
- Fractures, lacerations, bruises and welts: on face, lips, mouth, on torso, back, buttocks, thighs, in various stages of healing that cannot be explained, or the explanations are improbable given the extent of the injury.
- Bites or burns (cigarette, rope, scalding water, iron, radiator) on any part of the child’s body.
- Patterns of bruising (i.e., parallel or circular bruises), or bruises in different stages of discoloration, indicating repeated trauma over time.

**Note:** Mongolian spots are flat birthmarks that can range in color from slate gray, dark brown, or blue to black. These spots are common among children of Native American, Asian, African American, and Hispanic descent. Mongolian spots have been mistaken as bruises because they often appear on the lower back, buttocks, and sometimes on the wrists and ankles. They often fade as the child grows.

Possible Signs of Sexual Abuse:
- Bruising and swelling around genital area.
- Pain upon urination or defecation.
- Difficulty walking or sitting due to genital or anal pain.
- Discharge from vagina or penis and/or sexually transmitted disease.
- Sexual knowledge or behavior beyond what is normal for the child’s age. Compulsive, indiscreet masturbation.
Possible Behavioral Signs of Abuse:

- Child may have hostile or aggressive behavior toward others. Poor social skills.
- Excessively passive, overly compliant, apathetic, withdrawn or fearful of others.
- Child seems frightened of parents/caretakers. Child is frightened of going home. May express fear of a particular person or gender.
- Regression. Noticeable, continuous regression of any kind in developmental milestones such as speech and toileting.
- Developmental delays, particularly with verbal and nonverbal social skills. The child is unable to perform normal learned functions for a given age (walking, talking, etc.).
Domestic Violence

Recently society has begun to recognize more clearly the effects of domestic violence on children. Children who live in violent homes suffer from verbal abuse, emotional trauma, intentional and unintentional injuries inflicted during a domestic violence incident. In fact, children living in homes with domestic violence are physically abused or neglected at a rate 15 times higher than the national average. In at least 60-70% of families where a woman is battered, children are battered as well.

The effects of witnessing domestic violence can have immediate and lifelong adverse consequences for children. Reporting it to Child Welfare Services may be necessary.

**Note:** While witnessing domestic violence can be harmful to children, there is controversy surrounding whether making a child abuse report might increase the danger to the child and the person being abused. Currently, Humboldt County Department of Health and Human Services, Social Services Branch, Child Welfare Services is developing protocols regarding how to respond in domestic violence situations. For further information please contact their office.

In all cases of known or suspected domestic violence, the primary consideration of any intervention should be the safety of the people involved.
Domestic Violence Fact Sheet

Prevalence of Domestic Violence


- Around the world, at least one in every three women has been beaten, coerced into sex, or otherwise abused during her lifetime. (Heise, L., Ellsberg, and Gottemoeller, M. *Ending Violence Against Women*. Population Reports, Series L, No. 11., Dec. 1999).


Domestic Homicides

- On average, more than three women are murdered by their husbands or boyfriends in this country every day. In 2000, 1247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner. (Bureau of Justice Statistics Crime Data Brief, *Intimate Partner Violence, 1993-2001*, Feb. 2003).

- Women are much more likely than men to be killed by an intimate partner. In 2000, intimate partner homicides accounted for 33.5 percent of the murders of women and less than four percent of the murders of men. (Bureau of Justice Statistics Crime Data Brief, *Intimate Partner Violence, 1993-2001*, Feb. 2003).

- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause. (Horon, I., & Cheng, D., (2001). Enhanced Surveillance for Pregnancy-Associated Mortality-Maryland, 1993-1998. *The Journal of the American Medical Association*, 285, No. 11, Mar. 21, 2001), and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners. (Frye, V. (2001). Examining Homicide’s

**Rape**

- Three in four women (76 percent) who reported they had been raped and/or physically assaulted since age 18 said that a current or former husband, cohabitating partner, or date committed the assault. (U.S. Department of Justice, *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*, Nov. 1998).


**Stalking**


- Eighty percent of women who are stalked by former husbands are physically assaulted by that partner and 30 percent are sexually assaulted by that partner. (Center for Policy Research, *Stalking in America*, July 1997).
How Witnessing Domestic Violence Affects Children

- **Children lose their sense that the world is a safe place.** Children's emotional development occurs within the context of the family. It is there that children learn to interpret the emotions of others and identify with their own responses, all within an environment of nurturing support. When this disappears, children lose the sense that the world is a safe place and that there is sense in people’s actions. The family plays a crucial role in supporting children in recovering from trauma. In cases of domestic violence, this support becomes unavailable.

- **Children may be physically injured,** either trying to intervene or by being present where the violence is occurring.

- **Aggression has been their only model** in problem solving and they adopt this method to get what they want. This mode of interaction gets in the way of developing solid friendships and good peer relationships, an important factor in resiliency.

- **Children often blame themselves for the violence.** People who abuse use children as an excuse for the violence.
It is critical to the safety and well-being of children that providers recognize signs of domestic violence. In California, domestic violence is a crime. Below is a behavioral definition of domestic violence.

Definition of Domestic Violence:

Domestic Violence Is:
A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Key Elements of Domestic Violence
1. A pattern of behaviors including a variety of tactics—some physically injurious and some not, some criminal and some not—carried out in multiple, sometimes-daily episodes.
2. A combination of physical attacks, terrorist acts, and controlling tactics used by people who batter that result in fear as well as physical and psychological harm to the victims and children.
3. A pattern of purposeful behavior directed at achieving compliance from or control over a past or present intimate partner.
4. Conduct perpetrated by adults or adolescents against their intimate partner, in current or former dating, married or cohabitating relationships of heterosexuals, bisexuals, gay men and lesbians.

Domestic Violence: Types of Abusive Behavior
- Physical Assaults.
- Sexual Assaults (pressured, coerced, or forced sex).
- Threats of violence against partner, others or self.
- Destruction of property: other intimidating acts.
- Harms or threatens to harm animals.
- Emotional abuse, humiliation, degradation.
- Social isolation of partner and children.
- Economic coercion.
The Power and Control Wheel shows the different types and pattern of abusive behavior.
The Equality Wheel identifies characteristics of healthy, nonabusive relationships.

- **Nonviolence**
- **Negotiation and Fairness**
  - Seeking mutually satisfying resolutions to conflict
  - Accepting change
  - Being willing to compromise
- **Non-threatening Behavior**
  - Talking and acting so that she feels safe and comfortable expressing herself and doing things
- **Economic Partnership**
  - Making money decisions together
  - Making sure both partners benefit from financial arrangements
- **Respect**
  - Listening to her non-judgmentally
  - Being emotionally affirming and understanding
  - Valuing opinions
- **Shared Responsibility**
  - Mutually agreeing on a fair distribution of work
  - Making family decisions together
- **Trust and Support**
  - Supporting her goals in life
  - Respecting her right to her own feelings, friends, activities and opinions
- **Responsible Parenting**
  - Sharing parental responsibilities
  - Being a positive non-violent role model for the children
- **Honesty and Accountability**
  - Accepting responsibility for self
  - Acknowledging past use of violence
  - Admitting being wrong
  - Communicating openly and truthfully
Chapter 2
Recognizing Family Abuse

Barriers to a Survivor Leaving

- **Batterer’s Behavior:** Escalating violence, stalking, harassment, hostage taking, threats against children, animals, self, and other family members. Also includes control of car, money, and other resources that a survivor could use to leave.

- **Lack of Safe Options:** Housing, jobs, basic needs: food, clothing, shelter, healthcare, schooling, information, etc.

- **Lack of Community Support:** Pressures to stay in relationship, religious/cultural values, family/children, and victim blaming attitudes of community.

- **Overwhelmed** by the immediate physical and psychological trauma.

- **Hope for Change:** Love, attachment to positive qualities of relationship, belief that love will change the person, promises that abusive behavior will change.

Barriers to Disclosure:

- Fear of batterer.

- Fear of losing children.

- Previous inappropriate response by provider.

- Fear of provider response.

- Immigration status.

- Language, age, and sexual orientation.

- Cultural or religious constraints making it difficult to discuss with outsider community.

- Distrust of the system.
Guiding Principles in Responding to Domestic Violence

- **Regard** the safety of survivors and their children as the highest priority.

- **Respect** the integrity and authority of all survivors of domestic violence over their own life choices.

- **Hold** the abusive person responsible for the abuse and for stopping it.

- **Advocate** on behalf of survivors of domestic violence and their children.

Causes of Domestic Violence

**Learned Behavior:**
- Learned through observation.
- Learned through experience and reinforcement.
- Learned in culture.
- Learned in family.
- Learned in communities: schools, military, peer groups, etc.

**Not Caused By:**
- Illness
- Genetics
- Alcohol and other drugs
- Out-of-control behavior
- Anger
- Stress
- Behavior of the victim or problems in the relationship
Elder Abuse

For children seeing and/or hearing any person in their home being hurt and neglected can be traumatic. Providers are not mandated reporters for elder abuse, yet if this is something happening which affects the child, it is important to address. Below is a general definition of elder abuse. In the Community Resources chapter local agencies are listed that can provide more specific information if you suspect or have actual knowledge that an elder is being abused.

**Elder Abuse Is:**

**Physical Abuse:**
Any physical pain or injury that is willfully inflicted upon an elder by a person who has care or custody of, or who stands in a position of trust with that elder, constitutes physical abuse. This includes, but is not limited to, direct beatings, sexual assault, unreasonable physical restraint, and prolonged deprivation of food or water.

**Financial Abuse:**
Any theft or misuse of an elder’s money or property, by a person in a position of trust with an elder, constitutes financial abuse.

**Neglect:**
Neglect includes, but is not limited to:
1. Failure to assist in personal hygiene or the provision of clothing for an elder.
2. Failure to provide medical care for the physical and mental health needs of an elder. This does not include instances in which an elder refuses treatment.
3. Failure to protect an elder from health and safety hazards.

**Self-Neglect:**
Failure to provide for one’s self through inattention. The identification of this type of case depends on assessing the elder’s ability to choose a life-style versus a recent change in the elder’s ability to manage.
Psychological/Emotional Abuse:
The willful infliction of mental suffering by a person in a position of trust with an elder, constitutes psychological/emotional abuses. Examples of such abuse are: verbal assaults, threats, instilling fear, humiliation, intimidation, or isolation of an elder.

Abandonment:
Abandonment constitutes the desertion or willful forsaking of an elder by any person having the care and custody of that elder, under circumstances in which a reasonable person would continue to provide care of custody.

Animal Abuse
Children witnessing the abuse and/or threatened abuse of an animal they love can be especially traumatic. Research has shown that in a home where animals are being abused, children are at greater risk of suffering child abuse, neglect, and domestic violence. Oftentimes the cycle of family violence begins with abuse of companion animals. Some children will act out their trauma onto other children and/or animals.

If a child tells you that someone is hurting animals or you witness a child acting with cruelty toward an animal, assess the situation with coworkers; decide what intervention is appropriate and whether Humboldt County Animal Control and/or Child Welfare Services need to be notified.
When a Child Discloses Abuse:

- Stay Calm.
- Believe the child.
- Listen and let the child lead the discussion.
- Give “permission” to talk about family secrets.
- Don’t criticize the parents in front of the child.
- Accept that the child may not trust you right away. It takes time to build trust. Children may have good reasons not to trust adults. The child may need to test out whether you are a safe, reliable person, i.e., “If I’m bad will you still like me?” “If I use cuss words will you still listen to me and let me talk?” “Will you believe me?” “Will you think it is my fault?” “Will you be angry at me?” “Will you be strong enough to handle what I tell you?”
- Listening is powerful and validating!!! You can’t take away the pain but you can be there for the child while they tell you about their pain.
- Acknowledge their feelings. Provide safe, appropriate boundaries to allow expression of anger, sadness, fear, and other feelings.
- Be honest. Don’t make promises you can’t keep.
- Praise them. Help them find what they’re doing right. Recognize and give credit to their strengths.
- Be there for the children. Tell them it’s not their fault. Let them know you are so glad they told you. No matter what, they don’t deserve to be abused.
- Help create a safety plan. Please see Chapter 6 for sample safety plans.
- Take care of yourself!
Resiliency

We know that children are incredible human beings with an amazing ability to survive the most horrendous atrocities. Many children not only survive but also begin to thrive. There are many factors that influence how children move through traumatic events.

The Degree of Impact Abuse has on a Child is Determined by Several Factors:

- The type and severity of abuse.
- The relationship of the perpetrator to the child.
- How long the abuse continued.
- The reaction of the people the child tells.
- Support available to the child to recover fully.

What Makes a Child Resilient?

- A relationship with a caring adult.
- A positive view of him/herself.
- Gets along with others—is cooperative.
- A variety of people who support him/her.
- Self-control—doesn't always need an external rule enforcer.
- Self-efficacy—feeling one has the power to make a difference.
- The ability to solve problems.
- The ability to think for him/herself.
- A sense of humor.
Chapter 3

Suggested Approaches to Family Violence Prevention

Addressing family abuse and violence can, and should include an array of approaches. While there are usually threads of commonality running through abusive situations, each situation will also pose its own unique set of challenges. The most effective prevention and intervention approaches rely on recognizing those similarities and an awareness of how to work through the unique challenges. One of the most powerful ways of approaching the topic of abuse and violence is simply with a nonjudgmental, supportive, respectful, and calm approach.

Program Approach to Addressing Family Violence Prevention:

- Develop a user-friendly questionnaire asking parents and caregivers for their ideas about how a program can be effective in addressing abuse and violence. With the information gathered, form a parent/staff advisory committee.
- Create a resource and referral area: Have brochures, handouts, and community resource lists available.
- Put up posters and other information that addresses family violence and how to get help.
- Make it clear in the overall fabric of the program that violence is a community problem that has effects on everybody.
- Work to eliminate an “us and them” mentality to the issue of abuse and violence. Any child can become a victim of abuse and violence. Abuse and violence can and does impact everyone.
- Provide staff training on effective communication with parents.
- Start a communication log for all staff to record observations, concerns, notes about children to determine behavioral patterns and changes. Bring the log to all staff meetings to go over information.
➤ Put out a monthly or quarterly newsletter with articles on child abuse, domestic violence, elder abuse, animal abuse, community violence, resiliency, bullying, etc. Include information about how to get help, important phone numbers and how your program supports violence prevention and intervention.

➤ Host monthly or quarterly meetings featuring speakers from local agencies. Support parent’s attendance by offering childcare or childcare “credits”.

➤ Put out a parent suggestion box to gather feedback regarding programming, etc.

➤ Offer a “peaceful parenting in violent times” group.

These are a few suggestions from programs that have made a commitment to incorporate child abuse, family, and community violence information into its overall curriculum. Other suggestions follow.
Approaching Child Abuse, Family Violence, and Community Violence with Children:

As painful as it may be, it is very important to talk about child abuse, family violence, and community violence with all children. Even if a child is not directly impacted by abuse or violence, s/he may know someone who is impacted. If it's not talked about—what is really going on—children might think that you don't care about their feelings, which are important, and which they very much need to express. If the truth is not discussed, then children begin to mistrust their own feelings and perceptions. An essential program approach to address the crazy-making nature of abuse and violence is to create a safe consistent environment.

Creating a Safe and Consistent Environment

- **Model** gentle, safe, caring behavior.
- **Have daily routines** with wiggle room for spontaneity.
- **Make sure physical** needs are met. Provide food, adequate clothing, rest times.
- **Be a good listener.** Provide opportunities for children to express their feelings.
- **Acknowledge** children's feelings. Don't minimize or judge.
- **It's okay** not to have all the answers. Let children know that you will do your best to find out and then follow up.
- **Set clear boundaries of safety** and interactions, so children will not have to test them so often.
- **Build a sense of community** in the program—caring for each other, helping each other, talking things over, and problem solving.
- **Develop Conflict Resolution Guidelines.** Have a clearly articulated, written conflict resolution plan that all children, staff, and caregivers/parents agree to follow. Allow children to offer input on what the plan should be.
Developing a Safety and Prevention Program for Children

Integrating safety and prevention materials into a program's core curriculum is another approach to address family and community violence. Prevention training is a natural part of growing up. Between the ages of two and five children are developing many capabilities that are consistent with the prevention skills they need to learn. The natural abilities children need to recognize and respect include the following:

- **Help Children develop a sense of appropriate and inappropriate touching.** Children learn what kind of touch is common for different groups of people. Children usually enjoy hugs and kisses from family members. They respond differently to the same type of affection with someone they know less well or with someone who makes them feel uncomfortable. As soon as children begin to express preferences about touch, they can learn the first steps in prevention.

- **Children have very clear ideas about what they like and don't like.** This is the time to begin teaching them that they have permission to speak up and how to do so. This doesn't mean that they always get their way, but they ought to know we are listening.

- **Children can recognize and learn to respect their instinct.** Children often “sense” that something is wrong before abuse occurs. When children learn to listen to their “inner voice” and to speak up, they may be able to stop abuse before it begins.

Ideally this approach should include family members as part of the program’s overall effort to raise the issue of creating safety in children’s lives.
Safety and Prevention Programs should include
Skill-Building with:

- Developmentally appropriate materials.
- Prevention efforts should begin before second and third grade because about half of child abuse begins before that age.
- Preschool appears to be the “most teachable moment” for prevention education to begin.
- Prevention education should be experientially based. Children learn new ideas by watching, listening, and discussion. Most skills are learned by doing, by giving preschoolers an opportunity to rehearse prevention strategies.
- The opportunity to apply concepts and turn them into skills through role-play and rehearsing. Prevention strategies are at the heart of empowering children to prevent abuse.

Some Curriculum Approaches for Children

All children need to be taught basic safety and emergency skills, i.e., earthquake, fire, medical, safety, etc. Including violence prevention and intervention curriculum into the program can be viewed as an extension of general safety and emergency information. Many of the suggested curriculum approaches are things providers may already be doing in their programs. Below are some suggestions.

1. Help Children Express Feelings through Stories or Art.
   Sometimes, children say it helps to write a story about their sadness. Often when children draw, they will tell their story in the art they produce. For examples of art activities, please see Appendix III.

   Offer to write down their stories on a routine basis, without judgment or editing. Then, if traumatic events occur, this will be an easy, everyday avenue of expression.
Read children stories about others who have experienced abuse. Stories about other children who have experienced abuse help children to know what other abused children feel. A story gives them permission to express what they feel and helps them to know that their feelings are normal. Stories also let them know that they are not alone: other people have the same problems and the same feelings they do.

2. Give the Child Many Expressive Opportunities.
Give children many constructive opportunities to express their feelings, by drawing about them or just using materials to express emotions as in creative movement and playing with clay. Children may also feel some relief when they act feelings out in their dramatic play.

Provide time, space and equipment for lots of dramatic play. Have puppets, figurines, dolls, dress-up clothes, and other props available. Don’t edit their play. If you are uncomfortable about the play, discuss it with your supervisor. However, gently yet directly, stop children’s play if it becomes sexual.

Help children find constructive ways to channel aggression and anger. Teach that anger is an emotion. It isn’t bad. It’s what people chose to do with their anger that can be destructive.

Help the child feel powerful. Give the child lots of ways to have power in the classroom environment. Ask the child’s opinion about where to put things. Involve the children if you change the room arrangement. Have materials available where the child feels powerful—big blocks, clay, art or riding toys.

3. Encourage Play.
Play is children’s work. Children work through many of life’s dilemmas through play. Children can only handle bits and pieces of pain at a time. Let the children select the toys and play experiences they wish. Children instinctively know what they need to do when they are in pain, and they will choose the safest outlet for them. They also need to take time out to play. Even children in deep pain need to laugh and have fun. Hard, simple, physical play releases pain.
Basic Principles of Sexual Abuse Prevention

Teaching children their body belongs to them and nobody has the right to touch them in ways that feel uncomfortable will help children identify potentially abusive behavior. The sad fact is: most children are abused by someone they know and trust. Parents, stepparents, siblings, other extended family members, neighbors, babysitters, adolescents, and teens sexually abuse children. To protect children we must provide safe, caring opportunities to discuss this issue. There are many books and other resources that can help frame a sexual abuse prevention and intervention curriculum.

Below is an Example of How to Talk with Children

- Your body belongs to you.
- You have the right to say who touches you and how.
- If someone touches you in a way you don’t like, in a way that makes you feel funny or uncomfortable inside, in a way that you think is wrong, or in a way your mom or dad think is wrong, it’s okay to say “No”.
- If the person doesn’t stop, say, “I’m going to tell,” and then tell, no matter what.
- If you’re asked to keep a secret, say, “No, I’m going to tell.”

The “What If…” game is a teaching tool that uses children’s spontaneous questions as a springboard for discussion about a variety of scenarios that children may encounter and then explore ways that children can work through these situations. Part of the value of the “What if…” game is that providers and parents can introduce situations in a non-threatening way. It can help identify children’s skills and help parents and providers set limits and safety rules.

The idea of the “What if…” game is to teach skills without adding to fears and anxieties. “What if…” questions should be based on information children have already expressed. The “What if…” checklist:

1. Always play the game with a non-threatening “What if…”
2. Use role-playing or acting out the story as a way to make the game more fun and to establish the expected behavior.
3. Never respond to children’s “What if...” by saying, “Oh, don’t worry about that. That will never happen to you.”
4. Children should ask most of the “What if...” questions.
5. Avoid questions that alarm or frighten children.

“What If...” Do’s and Don’ts:
DON’T: “What if your babysitter asked you to take down your pants and let him touch your penis?” This can create an idea a child has never thought of and the anxiety that goes along with it.
DO: “What if your babysitter touched you in a way you didn’t like?” This question allows you to talk about the idea without giving children more information than they need.

The Safest Children of All

Have a sense of their power.
The ability to assess accurately and handle effectively a wide variety of situations.
Know where and how to get help and
Know they will be believed.

Children have a right to be safe without being afraid. Children who think for themselves are the safest children of all.
Reach Out If You Suspect Violence May Be Occurring

If a Child Discloses Abuse:

- **Believe the child.** Be open and empathetic. You can say, "I'm sorry this happened." "It's not your fault." "I'm so glad you told me."
- **Be careful not to show shock or disgust** when the child talks about the abuse. The child may interpret such a response as criticism instead of a reaction to the situation, and may then be embarrassed to share anything more.
- **Validate children's feelings.** Let children know that their feelings of fear, pain, and anger are normal and understandable in such situations. Let them know that it is okay to have those feelings.
- **You can't promise you won't tell.**
- **Let the child know that s/he did not cause the violence.** Let the child know that there are many ways to express anger and that s/he did not cause the violence or abuse.
- **Reinforce** the child's feelings of competence and self-esteem.
SOME HELPFUL RESPONSES TO CHILDREN IN PAIN

- **Validate** the child’s feelings and let s/he know you care. Validate how hard it is for them to hear parents fight, or witness abuse. Be sure to talk with them about the abuse when you are able to focus on their needs. Also, keep your language simple.

- **Encourage** children to talk about their feelings. Let them know, “It’s okay to talk about it if you want to. I’m here to listen. If you don’t want to talk right now that’s okay too. I’m here when you’re ready.

- **Give affection freely.** Hugging, holding, and playing with the child can provide a much needed sense of security and of being valued. **Always ask children permission before giving physical affection.**

- **Be free with your praise.** For instance, you might say, “You play the piano much better than I did at your age;” or “You are a kind person;” or “I’m so impressed with the way you try so hard-..” or “I think you made a good decision;” or “You just get better all the time.”

- **Acknowledge their sadness.** All trauma involves loss. The child may go through a period of grieving.

- **Let children know the abuse is not their fault.** Children often feel responsible for the abuse. They think the abuse occurred because of something they did or did not do. Let the child know that he or she was not responsible for the violent actions of the parent. Let the child know that nothing he or she did caused the parent to be violent, and that there is nothing he or she can do to stop the parent who rages. Also, tell the child that only the abusive parent can stop the violence by choosing to get help for himself/herself. However, let the child know that there are other loving adults who can help him or her when the parent becomes abusive.
Approaches with Parents/Caregivers

Instead of focusing on parent’s faults, show your concerns in terms of the child’s well-being and healthy development. We need to believe that parents don’t want their children to suffer, but they may not see a way out. Focus on the present and future. When revisiting the past do so from a supportive manner. Help a parent find resources. You may be the first person who has responded with support, concern, and respect. When approaching a parent/caretaker about abuse and violence use opening statements such as:

- “I’ve noticed…”
- “I’m concerned about…”
- “Can you help me figure out…?”
- “You said….does this mean…?”
- “Help me understand…”

With this approach parents/caretakers may feel more like a partner not a mistrusted enemy.

➢ Establish frequent contact with parents. Have staff available to chat when children are dropped off or picked up. Casual interaction builds trust. (“You look nice today," "Jason had a good day today," etc.)

➢ Create a safe environment for parents. If a parent feels safe and accepted you are more likely to be able to discuss more challenging subjects. Maintain an open-door policy so parents can approach you with concerns. Be a good listener. Don’t judge.

➢ Add a section about violence and safety issues to your intake form. Questions could include: Are you worried about your child’s safety? Does your child see frightening things (on TV, on the streets, in the neighborhood, in the home)? Does your child try to intervene? Has your child ever been hurt/hit? (If the parent answers yes, you must inquire further to determine if you must report this to CWS). Has your child had any behavioral changes (trouble sleeping, eating, regression)?

➢ Put up posters on child abuse, domestic violence, and community violence including resource information.
Specific Approaches with Parents:

- **Educate and Inform** the child’s parents about the child’s behavior. Start with positive comments. Then explain what is worrying you about the child’s behavior.

- **Ask** for their insights on how best to help the child.

- **If you suspect** domestic violence, approach the issue in a cautious manner. Try to understand the parents/caregivers fears and reflect this in your approach: *I'm worried about your safety. I'm here for you. Do you have a safety plan (somewhere you and/or your child can go stay)? Do you have a restraining order? Does it include the childcare site? What are your current concerns? Think of how you would like someone to raise this issue with you.*

- **Don’t** feel you have to solve the problem by yourself. Figure out who on staff may be best to talk to the child or parent/caregiver.

- **Role-play** among staff to work out the best way to approach the parent/caregiver.

- **Realize** that it is not your place to tell a parent/caregiver what to do.

- **If** a parent/caregiver confides in you, you can offer assistance. If he/she refuses help, tread carefully: you don’t want to jeopardize your relationship with the child.

- **Don’t** blame yourself for what the parent/caretaker does (including removing the child from childcare after you raise the issue).

- **Recognize** that s/he may not be ready to address the violent situation and this is not your fault. Remember that later on, when ready, the parent may use the resources you have provided.

- **Be a liaison** with outside agencies, organizations, schools, etc. Refer the parent and child to appropriate resources.
Key Concepts:

- **Provide opportunities** during the day for the child to work things out through play.

- **Listen and validate** the child’s feelings.

- **When children want to regress**, let them (for example, using bottles or pacifiers or needing to be held).

- **Use role-playing**, puppets, art therapy, books, water play, etc. to encourage children to share their experiences.

- **Assure children** that they are not to blame for adult violence.

- **Teach** children to call 911.

- **Ask children** what would help to make them feel better.

- **Help** increase a child’s self esteem: give lots of hugs (always ask a child first) and nurturing.

- **Try to eliminate gender role stereotypes** (i.e. encourage boys to play house, girls to do active play, boys and girls to play together instead of separately).

- **Allow children** to have alone time; let them know that they don’t always have to share.

- **Model** caring behaviors for parents.

- **Take care of yourself.** Take time to read, cry, take a vacation, stop and sit down, be busy with other things, write in a journal, exercise, talk to friends, etc.

These suggestions adapted from the July—August 1997 Children’s Advocate News Magazine
Chapter 4
Cultural Considerations

“Culture influences every aspect of human development and is reflected in childrearing beliefs and practices...the influence of culture is fundamental and encompasses values, aspirations, expectations, and practices. The effects of culture on child development are pervasive. It can define how and when babies are fed, as well as where and with whom they sleep. It affects the parent’s response to an infant’s crying and a toddler’s temper tantrums. It sets the rules for discipline and expectations for reaching developmental goals. It affects what parents worry about and when they begin to become concerned. It influences how illness is treated and disability is perceived. It approves certain arrangements for childcare and disapproves others. In short, culture provides a virtual how-to manual for rearing children and establishes role expectations for mothers, fathers, grandparents, siblings, extended family members, and friends.”--From Neurons to Neighborhoods: The Science of Early Childhood Development.

All people need to feel a sense of belonging. This sense of belonging can be the key to people feeling safe enough to break down the barrier of social isolation that is present in families where violence is occurring. Safety includes creating an environment of physical as well as emotional safety. It means honoring each family’s uniqueness. To do this requires self-reflection and the ability to look beyond our own attitudes and beliefs. Below are some questions to ask yourself about your own culture and what shaped your beliefs, values, and attitudes towards those that are culturally different from you.

Cultural Competency Reference Questions
1. How old are you?
2. What is your gender? What does being that gender mean to you?
3. Were you raised with an awareness of your ethnic or cultural background?
4. Did you grow up in a rural area, an urban/city/inner city area, the suburbs?
5. What geographical area of the U.S. or other country were you raised in?
6. What was central to your family’s values: money, education, family, work?
7. What was your financial situation in your youth?
8. What was your parent(s), primary caregivers religious/spiritual affiliation/perspective? Was/is yours the same or different?
9. What is your sexual preference?
10. Do you speak more than one language?
11. How many friends do you have that are from a different cultural background than yours?
12. In what ways have you experienced cultural misunderstandings and/or discrimination in your own life?
13. Describe any cultural practices or beliefs you have encountered that are hard for you to accept.
14. What cultural issues can you identify which you feel you need more information about in order to improve your ability to serve members of cultural groups different from your own?

Reflecting on the above questions can help us clarify who we are and how our culture helps us shape our view of the world.
Key Concepts:

- Becoming culturally aware is a process that agencies and individuals working with families should engage.
- To do this requires providers becoming aware of their own assumptions about people from diverse communities and other income levels.
- It means making a commitment to resist any biases.
- The willingness to treat each individual and family as a valued member of the community.
- Openness to new cultural experiences without being judgmental.
- The ability to honor the uniqueness of each person.
- The ability to avoid stereotyping by recognizing that there is diversity within all communities.

Helpful Definitions:

- **Cultural Sensitivity and Diversity:** The acknowledgement and acceptance of varying lifestyles, value systems, family structures, communication patterns, etc., partly based on culture and ethnicity. Realization of the fact that although tied together by similar racial and ethnic backgrounds people may differ culturally depending on education, socioeconomic status, geographic location, life experiences, etc.

- **Culture:** Stored group knowledge. Passing on from generation to generation ideas, beliefs, values, and customs along with patterns of learned behavior. In the area of child development ideas, beliefs, values, and customs passed on include, (but are not limited to) parents' expectations, goals, and aspirations for their children; discipline; gender roles; religious or spiritual values; and ideas about health, illness, and disability. Behavioral patterns passed on from generation to generation play out in the “scripts” that characterize everyday routines such as sleeping, feeding, and playing. All of this shapes cognitive, linguistic (language), and social-emotional development. Culture is also broadly defined to include: ethnic group membership, age, sexual orientation, physical abilities, socioeconomic status etc.
Prejudice, racism, stereotyping, and oppression all are forms of violence. Young children are particularly vulnerable to their environment. If a program has no images that reflect the diversity of its participants this can be an omission that can impact a child’s self image.

**Oppression**

**Oppression is** the systematic mistreatment of a group of people by the society and/or another group of people who serve as agents of a society, with the mistreatment encouraged or enforced by society and its culture.

**Common Elements of Oppression:**
- It is set against a norm in society, a standard of rightness and often righteousness.
- It is backed by institutional and economic power.
- It is backed by institutional and individual violence (from the work of Suzanne Pharr).
- It is in the national consciousness.
- Institutions can reinforce it.
- It leads to socio-economic imbalance (from the work of Lillian Roybal-Rose).
- There is no hierarchy to oppressions; all are terrible and destructive.

**Oppression is Different than:**
- **Prejudiced Behavior:** Individual harmful acts based on a prejudgment.
- **Internalized Oppression:** The acting out of the oppression on one’s self.
- **Horizontal Oppression:** Prejudicial actions toward someone in one’s own ethnic group.
- **Transferred Oppression:** Prejudicial actions by a person in one ethnic group toward a person of a different ethnic group.
Internalized Oppression

- **External oppression** is the unjust exercise of authority and power by one group over another. It includes imposing one group's belief system, values and life-ways over another group.

- **External oppression** becomes INTERNALIZED OPPRESSION when we come to believe and act as if the oppressor’s belief system, values and life-way are reality.

- "Self-hate" and "internalized racism" are other ways of saying internalized oppression.

- The result of internalized oppression is being shamed of and disowning our own individual and cultural reality, in addition to previously unseen levels of violence, especially against women and children.

- Internalized oppression means the oppressor doesn’t have to exert any more pressure, because we now do it to each other and ourselves. Divide and conquer works.

- We resist internalized oppression by relearning how to live respectfully and harmoniously together—WITHOUT VIOLENCE.

How do we break free from Internalized Oppression?

Shifting the way we think, act, and feel about ourselves and members of our own group is not an easy process, especially if we have been operating with our current model of internalized oppression for quite some time. The following model is only one way to break free from the immobilizing effects of internalized oppression and it is just a starting point for consideration.

1. **Understand** how the internalized oppression model works in relationship to you.
2. **Learn** to recognize the patterns of internalized oppression in your life and in other's lives.
3. **Create/develop/explore** needed support for healing old and current hurts and mistreatments.
4. **Share** knowledge and experiences with other members of your group.
5. **Educate** others about the effects of internalized oppression.

“Injustice anywhere is a threat to justice everywhere”.

Dr. Martin Luther King Jr.

Key Concepts for Creating a Culturally Inclusive Program

There Should Be:

- **Images in abundance** of all the children, their families, and staff in your program.

- **Images of children and adults** from the racial/ethnic groups in your community and in the United States.

- **A balance of women and men** shown doing jobs in and out of the home reflecting diversity in the workforce of blue collar, as well as white collar work.

- **Images** of elderly people.

- **Images** of differently-abled people not shown as dependent or passive.

- **Images in diversity** of family styles: single mothers and fathers, extended families, gay and lesbian families, interracial and multiethnic families, adopted families, and differently-abled families.

- **Images of important** individuals past and present, of all genders especially people who participated in struggles for social justice.

- **Books, toys and materials** should be chosen to reflect diversity of gender roles, racial, and cultural backgrounds, special needs, and abilities.
Like the patches of a Quilt, each of us is unique, and together we are beautiful.
We are here to listen…
Not to work miracles.
We are here to help people discover what they are feeling…
Not to make feelings go away.
We are here to help people identify their options…
Not to decide what they should do.
We are here to discuss steps with people…
Not to take steps for them.
We are here to help people discover their own strength…
Not to rescue and leave them still vulnerable.
We are here to help people discover they can help themselves…
Not take responsibility for them.
We are here to provide support for change.

Intervention in known, or suspected, family violence is a process. On a continuum, the process of intervention can range from simple to complex. One childcare provider commented, "My gut tells me that there’s something going on in this family, yet I can’t name anything concrete. Perhaps the only thing I can do to intervene is make a special effort to be kind." If we only define intervention as some huge, scary process, we may overlook ways in which we intervene in each other’s lives every day. These daily interventions may lay the groundwork for future, more complex, interventions.

**What Makes Intervention Difficult:**
Many of us have developed a protective wall, or barrier, to shield us from the myriad of feelings associated with violence. There must be a psychological readiness as part of the process of intervening. Part of readiness involves the ability to face our natural aversion to violence especially when the violence is hurting people we care about.
In the Stages of Change we can see a process for changing behavior. Modified slightly we could see the process of a provider gaining awareness of a family experiencing abuse and violence.

The Stages of Change

1) **Pre-contemplation**: No Awareness of problem.

2) **Contemplation**: Becoming aware of problem and thinking about what to do, who to turn to for help.

3) **Preparation**: Getting ready to take action. Talking about problem. Creating a support system, etc.

4) **Action**: Doing something about problem. Changing behaviors. **For Providers**: Intervention

5) **Maintenance**: Safekeeping behavior change through ongoing support. **For Providers**: Being part of ongoing support.

Keep in Mind:

- It may take a lifetime for people to arrive at one level of these stages.
- Because this is a "Process of Change", people will move up and down and even swirl around on this spiral.
- Every person moves at his or her own natural speed.

Once family violence is identified intervention becomes part of a comprehensive plan to keep children safe. Intervention approaches differ depending on what type of abuse and/or violence is occurring.
What is Intervention?
There are many ways to define intervention. For the purpose of this manual, intervention is described as an ongoing process with these goals:

1. Provide a safe, supportive environment.
2. Work to build a trusting relationship.
3. Model genuine, peaceful behavior.
4. Recognize and acknowledge strengths.
5. Provide information, resources, and referrals.
6. Use observation and problem solving for deeper understanding.
7. If necessary, report known or suspected child abuse.

In many ways, this description of intervention reflects how providers interact with parents/caregivers and children every day.

Children Learn What They Live
If children live with criticism, they learn to condemn.
If children live with hostility, they learn to fight.
If children live with fear, they learn to be apprehensive.
If children live with pity, they learn to feel sorry for themselves.
If children live with ridicule, they learn to feel envy.
If children live with shame, they learn to feel guilty.
If children live with encouragement, they learn confidence.
If children live with tolerance, they learn patience.
If children live with praise, they learn appreciation.
If children live with acceptance, they learn to love.
If children live with approval, they learn to like themselves.
If children live with recognition, they learn it is good to have a goal.
If children live with sharing, they learn generosity.
If children live with honesty, they learn truthfulness.
If children live with fairness, they learn justice.
If children live with kindness and consideration, they learn respect.
If children live with security, they learn to have faith in themselves and in those about them.
If children live with friendliness, they learn the world is a nice place to live in.  –Dorothy Law Notle
Healing Interventions with Children

When children have experienced trauma, one of the most important aspects of intervention is addressing safety issues. Providers have a unique opportunity to help children feel safe by creating an environment where children feel physical as well as emotional safety. The safety checklist below will assist providers in understanding the individual child’s safety needs. It also empowers the child through his/her awareness of concrete plans that can, and will, make the child feel safer. These questions can be asked as a group exercise or individually. Not all questions need to be asked at the same time. It is helpful to write down children’s answers for future reference. Children’s answers to these questions will change over time so providers can do this exercise more than once.

Safety Checklist
(Adapted from “Working with Traumatized Children” by Kathryn Brohl)

- Do you feel safe right now? (this moment)
- What makes you feel safe? (certain people, objects, etc.)
- What do you keep with you that makes you feel safe or loved? (teddy bear, pillow, blanket, pictures)
- What makes you nervous/anxious? (loud noises, school work, pressure)
- How can I help you feel safe?
- What frightens you?
- What is your favorite thing to do?
- Does anything frighten you at night?
- Does anything frighten you about being here?
- Is there anyone here who makes you feel safe?
- What do you do when you feel scared?
- How does your body feel when you are scared? (upset tummy, hard to breathe, headache)
- What would life be like if you felt really safe?
- What do you think will happen to you when you feel frightened?
- What is happening around you when you feel safe?
To expand on these exercises, providers can ask children to draw pictures of what frightens them and then a picture of what helps them feel safe. This may be especially helpful for younger children.

When children know and feel they are safe they will begin to build trusting relationships with providers and with other children in the program.

Healing Interventions with Parents/Caregivers

Demonstrating empathy, respect, and authenticity when communicating with parents/caregivers about abuse and violence is the key to intervention. Appendix IV contains examples of communication techniques. However you choose to frame communication, remember, it must feel genuine to you.

Creating a Plan for Intervention:
Discussing child abuse, domestic violence, elder abuse, and companion animal abuse with parents/caregivers can feel very uncomfortable, intrusive, and scary. In order to begin a healing intervention, a well thought out plan formulated with other staff and supervisors must be in place. The intervention plan should include:

1. Who will meet to discuss concerns with the parent/caregiver?
2. When and where will the meeting take place?
3. How will the provider discuss specific information?
4. What is the intended/ideal outcome?
5. What needs to happen if the parent/caregiver becomes angry, hostile, or threatening?
6. Who will follow up and when?

How to Intervene with the Non-offending Parent/Caretaker:

- Find a quiet, comfortable, private place to discuss concerns.
- Approach the concerns with a calm, attentive, authentic manner.
- Focus on the mutual concern about the child. Use your knowledge as a childcare provider to talk about the effects of violence and abuse on children.
➢ **Use** communication skills: Listen, reflect back, paraphrase, validate, etc.
➢ **Be aware** of both verbal and nonverbal communication.
➢ **Dispel** fault. Place the responsibility for violence/abuse with the person doing it.
➢ **Explore** fears.
➢ **Provide** information, resources, and referrals.
➢ **Explain** program policies regarding reporting of suspected abuse.
➢ **Walk** through the process, i.e., what happens when the child abuse report is made. If you aren’t sure, say so.
➢ **Identify** support system.
➢ **Discuss** safety planning.

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**Making Contact**

Honesty Means …
Respecting the feelings of both yourself and others.
Being aware of the needs of others, and realizing whether or not you can meet those needs.
Allowing others to come to their own conclusions, directions, and options.
Owning your judgments, feelings, opinions, and expectations.
Allowing others to change and grow without your own design.
Being there without taking control and responsibility.
Being yourself and communicating that openly.
Providing Effective Support for a Victim of Domestic Violence

Use Good Listening and Observation Skills

Compassionate, caring interactions need not take a lot of time. Respect and concern can be communicated through appropriate eye contact and tone of voice and by avoiding body language that conveys that one does not have time, does not care or is not comfortable hearing about domestic abuse. Even if the survivor has been socially isolated in an abusive relationship and is not ready to make major changes, your care and compassion can create a glimmer of hope that another kind of life is possible. Knowing this individual has a continuing base of support and encouragement can help the battered person start the process of change.

It is important to use empathic, active listening skills. Empowering survivors involves giving feedback and a realistic assessment of the situation, as well as encouraging survivors to make an informed decision. Many survivors will make the decision to stay in an abusive environment for many different reasons. It is important for you to stay neutral and contain your personal feelings about the situation. Survivors who feel they are being pressured to conform to your expectations may withdraw from support systems and end up feeling that others are continually controlling them.

Encouraging survivors of abuse to take responsibility for their own safety is an important step to empowerment. Survivors need to receive the positive message that they are capable of making good decisions.
Key Things to Keep in Mind:

1. **Allow the person to tell their story.** Let the battered person know you believe them and want to hear their story. Use listening skills.
2. **Allow for expression of feelings.** The battered person has a right to be angry, scared, etc. This may be the first time this person is feeling safe enough to express anger over being abused. Show empathy.
3. **Express concern for the battered person’s safety and the safety of children.** There may be denial about the abuse and the level of danger. Help the battered person explore ways to increase their safety and the safety of the children.
4. **Share that help is available.** Keep information, at hand to share about help lines, shelters, counseling, and other resources.
5. **Reinforce the idea that nobody deserves to be beaten.** Remind the battered person that nobody deserves to be beaten, they are not alone, and that they did not cause the violence. It is not the individual’s fault.
6. **Realize that the individual may be embarrassed and humiliated about the abuse.** The battered person may feel ashamed and responsible for the violence, for not stopping the violence, and for staying in a violent relationship. The person may have left the violent relationship and then returned. Support the desire for help now. Let them know that you are not here to judge or blame them.
7. **Recognize and understand ambivalence.** A battered person may have many feelings about their abusive partner and the relationship. Love for the abusive partner may not end. Acknowledge the persons ambivalence or confusion.
8. **Respect the cultural values that affect behavior.** Although no person is a stereotype, recognize that some cultural beliefs are important and may be a source of security. Explore what those values are and in what ways they are helpful.
9. **Be aware of the effects of isolation and control issues.** The survivor may be physically and/or socially isolated due to location, language, intimidation, threats, economic dependence, skills, etc. It may be difficult to trust or believe you will understand. Your warmth and concern are vital.
10. **Remember that crisis situations inhibit decision-making abilities.** Explain slowly and carefully choices available. If appropriate, encourage decision-making ability. Help the battered person assess resources and support systems. Provide information about community resources to build awareness of all the options available. The battered person may need time and a safe place before making any decisions.

11. **Work at building trust.** Give assurance that you will not betray the battered persons trust. Show concern for safety and the difficulties ahead.

12. **Remind the individual that they are not alone.** There are many other people in similar situations. Connecting with others begins to break the isolation a battered person may experience. Calling a crisis line or help line, going to a shelter, joining a support group or participate in individual counseling are all ways to break done that barrier of isolation. Support efforts to reach out to others.

13. **Remember there may be other problems that demand immediate intervention.** The battered person may need medical attention for injuries, clothing, food or housing, or be unable to care for the children. Provide services or make appropriate referrals, but do not make promises you can’t keep. Don’t make promises regarding the services of other agencies.

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**Providing Validating Messages**

- “I am concerned about your safety.”
- “I’m afraid for the safety of your children.”
- “It’s not your fault.”
- “No one deserves to be abused.”
- “There is help and you have choices.”
How to Ask About Abuse

While inquiring about abuse may seem difficult at first, recognizing that it is important, legitimate and potentially lifesaving to ask can help you overcome any initial hesitations and become comfortable addressing domestic violence. You can help decrease potential discomfort by framing questions in ways that let the battered person know that they are not alone, that we take this issue seriously and that help is available. With practice, you will develop your own style of asking questions about domestic violence.

Framing Questions:
Open Ended Questions
When talking with someone you have identified as a survivor of domestic violence it is important to start with open-ended questions, such as “How has your partner treated you?” This allows the battered people to talk about the violence at their own pace.

Indirect Questions
In some situations, it may be appropriate to start the inquiry with an indirect question before proceeding to more direct questions. The following are examples of this approach:

- Have you been under any stress lately?
- Are you having any problems with your partner?
- Do you ever argue or fight? Do the fights ever become physical? Are you ever afraid?
- Have you ever gotten hurt?
- You seem to be concerned about your partner. Can you tell me or say more about that? Does your partner ever act in ways that frighten you?
- You mentioned that your partner loses their temper with the children. Can you tell me more about that? Has your partner ever hit or threatened to physically harm you or the children?
- You mentioned that your partner uses alcohol. How does your partner act when they are intoxicated?
- Does your partner’s behavior ever frighten you? Does your partner ever become violent?
Direct Questions
However one initially raises the issue of domestic violence, it is important to include direct and specific questions:

- You seem frightened of your partner. Has your partner ever hit you or physically hurt you? Has your partner ever threatened to hurt you or someone close to you?
- I’m concerned that someone hurting you has caused your injuries. Has someone been hurting you?
- Does your partner ever try to control you by threatening to hurt you or your family?
- Has your partner ever forced you to have sex when you didn’t want to? Has your partner ever refused to practice safe sex?
- Has your partner ever tried to restrict your freedom or keep you from doing things that were important to you? (such as going to school, working, seeing your friends or family).
- Does your partner frequently belittle you, insult you, and blame you?
- Do you feel controlled or isolated by your partner?

Ask some of the following questions
- In what way can I (and others) help you?
- What do you feel you need to do to be safe?
- What particular concerns do you have about your children’s safety?
- What have you tried in the past to protect yourself? Did any of these strategies help? Will any of them help you now?

Questions Not To Ask!
- What keeps you with a person like that?
- Why don't you just leave?
- Do you get something out of the violence?
- What did you do that caused your partner to hit you?
- What could you have done to avoid or defuse the situation?
- **REMEMBER**, it is not just the words we say, it is also the way we say them. Judgment and blame can be conveyed through tone of voice and body language.
Reporting Child Abuse

If it is known or suspected that a child is being abused and/or neglected then childcare providers are required by law to report.

As a childcare provider you are a mandated reporter of suspected child abuse.

Making a child abuse report is asking for an investigation into what may be an abusive situation. You are not expected to have absolute proof that a child is being abused. You are not supposed to do the investigating. You are expected to have reasonable suspicion.

The primary purpose of reporting child abuse is to protect the child.

How To Make A Report

To Whom:
In Humboldt County suspected child abuse reports can be made to law enforcement (Law enforcement is not called in cases of neglect) or Child Welfare Services (CWS). The 24-hour number for CWS is (707) 445-6180.

Telephone:
Known or suspected child abuse must be reported immediately or as soon as possible by telephone.

The Following Information is Requested When Making the Telephone Report (You may not have all the information requested. Give what information you have available):

1. Your name, address, telephone number, agency name (if any), and your relationship to the child. Your name is considered confidential, however, it may be disclosed only in certain limited situations, as
provided by law. It is also possible that your testimony could be required in a juvenile or criminal court hearing.

2. The name, address, birth date, social security number and possibly the primary language and ethnicity of the child.

3. The other members of the child’s family: parents, siblings, others in the household, with full names, ages, social security numbers, ethnicity and language, and their relationship to the child being referred.

4. Present location of the child.


6. Any other information, including what led you to suspect that the child is being or has been abused, what is placing the child at risk, name of the alleged perpetrator, along with any known details of the situation.

**Written Report:**
Within 36 hours after the telephone report you are required to send in a written report. The mandated reporter’s responsibility to report is not considered complete until a written report is filed. Every childcare program should keep blank child abuse reporting forms available. To obtain the forms contact: Humboldt County Health and Human Services, Social Services Branch, Child Welfare Services.

**What Happens After a Report Is Made?**
When receiving a report about suspected child abuse or neglect, the social worker or law enforcement officer on duty will speak to the person making the report in order to obtain information about the child. The kind of information needed includes answers to questions such as: “What type of abuse has occurred?” and “Who or what caused the abuse?” The most important question the person receiving the call will need to ask: “Is the child still in a dangerous situation or in need of medical care?”

No two reports are handled in exactly the same way. Decisions by all people involved are based on each child’s situation. Even reports on two children in the same family may be handled differently; the agency receiving the report will determine how to proceed, based on the information available. What the response will be and how quickly it will be made depends on the seriousness of the events reported and the situation the child faces. Where it appears
that the child is in danger, the response will be immediate. Where there is less risk involved, it may be 3 to 10 days before action is taken. Not all reports are serious enough to require the assistance of the law enforcement agency. In these events, only the local social service department may contact the family. An in-person response may not be made when the county social services department, based upon an assessment, determines that one is not appropriate.

The investigations by the child welfare services agency and law enforcement are conducted separately. The child welfare agency will concern itself with the welfare of the child and the family. Law enforcement efforts will focus on obtaining evidence to determine whether a crime has been committed and by whom.

**What Does the Social Worker Do?**

The social worker interviews the child and family to evaluate the situation. The worker's primary responsibility is the protection of the child.

Often, parents or others who mistreat children are beset by problems, which overwhelm them. Many abusive parents report that their own parents poorly treated them and that their childhoods were unhappy. These parents may not be able to handle the normal stresses of raising children without help. If they were denied safe, secure lives as children, they may not understand normal developmental behavior. As a result, they may have unrealistic expectations about their child's behavior.

The social worker's responsibility is to offer services to help reduce the problems of the family and child. These services can include such things as counseling, referrals to self-help groups or assistance in obtaining medical care, emergency shelter, transportation, or a temporary in-home caretaker. The social worker's activities are designed to protect children and enable families to stay together whenever possible.

**What Does the Law Enforcement Officer Do?**

The law enforcement officer also has a primary responsibility to protect the child. The officer will interview the parent(s) and child and gather information based on the interviews, physical evidence and information from other sources, such as medical and school records. Usually the parent or
caretaker is neither arrested nor criminally charged in a child abuse case. This is because the goal of intervention is to protect the child from further maltreatment and help the parent(s) change their behavior. However, there are instances of serious abuse and crimes when the parent(s) or caretaker(s) are arrested and the case is referred by law enforcement to the district attorney for criminal prosecution.

**Does a Report Mean a Child Will Be Taken Away?**
Most reports of child abuse do not result in children being removed from their families. The first goal is to enable the child to remain safely in his or her own home. If this is not possible, the social worker must protect the child's safety by placing him or her in foster care. If it is necessary in order to protect the child, the agency is also authorized to arrange for emergency temporary foster care.

**Feedback to Reporters:**
Mandated reporters are entitled to receive feedback information regarding the disposition of their reports. Humboldt County Child Welfare Services has a form for this purpose, which is mailed to mandated reporters.

For more information on child abuse reporting procedures and mandated reporter training, please see resource section.

Intervening in family violence can feel intrusive, uncomfortable, and scary. Without intervention we know that violence has a traumatic impact on children. Experiencing or witnessing violence can result in not only developmental delays, but also a 'rewiring' of the child's brain in which survival skills are developed at the expense of learning and other social skills. Early trauma can harm the part of the brain responsible for impulse control, problem solving, and empathy—elements that often play a role in preventing violence.
The Wheel below describes what can happen to a child without intervention.

Family, community, and society are powerful in shaping children’s development. Helping young children and their families, by providing the necessary supports, resources, and services, minimizes the impact of violence and increases the odds of children growing up healthy and capable of realizing their potential.
Chapter 6
Safety Planning

Being part of an organizational culture committed to the prevention and intervention of family violence means incorporating safety planning into agency policies and practices. Safety planning also extends into the curriculum we teach children. Just as we teach children water safety, fire safety, and earthquake safety we must also begin to teach them about stranger safety, safe touch, and how to get to safety if they, or someone they know, is being hurt. For safety curriculum ideas, see Chapter 3.

Listed below, are some examples of safety plans. Each agency, and the individuals involved, must develop safety plans that are specific to their needs. Ideally these plans should include strategies to reduce the risk of harm, as well as utilizing community resources.

Reminder:
In all situations where family violence is suspected or known SAFETY OF THE VICTIM/SURVIVORS, STAFF, AND OTHERS IN THE CENTER MUST ALWAYS be the highest priority in any type of response or intervention

Safety Recommendations for the Center:

- **Programs** must develop comprehensive safety protocols, policies, and procedures for everyone involved in the program.
- **Staff and volunteers** of programs that serve domestic violence survivors must be adequately trained in the dynamics of domestic violence, the impact of domestic violence upon child witnesses, and behaviors common to batterers.
- **Programs** should ask non-offending parents/caregivers to inform staff of any orders for protection, and these orders should be placed in the family's file.
- **Program staff and volunteers** must pay strict attention to the confidentiality of non-offending parents/caregivers. No information
about addresses, living arrangements, means of transportation, telephone numbers or the child's school should be released. To violate a parent/caregivers confidentiality in this manner could dramatically increase physical risk to the victim and the child(ren).

- **Programs** should consider security measures. These measures should include staggered arrival and departure times for custodial/non-custodial parents, parking lot security, site lighting, etc.

- **Any** incidents of domestic violence on program grounds should be documented, i.e., threatening phone calls, stalking, etc.

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**Safety Planning for Staff and Home Visitors**

(Adapted by Northcoast Children's Services from Domestic Violence Home Visitor Training, California Institute on Human Services Training – Sonoma State University)

When family violence is known or suspected, assessment of personal safety is always a priority.

**For Home Visitors:**

- **Your safety** is the top priority.
- **Determine** level of potential risk to yourself.
- **Always** leave detailed information regarding what family you are going to visit, date, time, place, and concerns.
- **Develop** a call-in protocol.
- **When you approach the home**—Stop, Look, Listen.
- **When in the home** try to keep a clear path to the door.
- **If you have concerns**, Do Not Enter the Home.
- **In an Emergency**—Call 911.
- **Contact** Supervisor.
- **Develop** a follow-up plan.

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**Safety Planning in Domestic Violence Cases**
Assessing Danger:
After a trusting relationship has developed, it is not unusual for survivors to begin giving details of specific incidents. The number and frequency of specific acts perpetrated by the abuser will give a very general idea of the danger of a particular situation. One technique that can be employed is to lay out a calendar of violent events to help understand the extent of the violence.

To get more information regarding risk, providers should ask about the most dangerous acts perpetrated (including injuries sustained), inquire about threats to kill or threats with weapons, and get a general idea from the survivor as to how frequent these acts of violence occur.

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**Indicators of Escalating Danger**
- Increase in frequency of assaults
- Increase in threats of homicide
- Threats to children
- Violence against companion animals
- Violence outside home
- Forced sexual encounters
- Extreme jealousy
- Accusations of infidelity
- Any episode of choking
- Presence of a weapon
- Decrease or elimination of remorse
- Severe or escalating abuse during pregnancy

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Creating a Safety Plan
NOTE: When engaged in any form of safety planning it is imperative to have knowledge of resources and referrals. Ideally developing a Safety Plan should include participation from other agencies that are working with the survivor.

When a person has been identified as a survivor or possible survivor, it is important to speak with them about their immediate and future safety, and the safety of the children. The severity of the current injuries from the abuse is not always an accurate predictor of future violence. Assisting the person in making a safety plan can help them think through various options, and help you assess the situation in order to provide support.

Below is a Sample Safety Planning Checklist:

If the Person is Planning to Leave:
- Is there a friend or supportive family member who lives nearby that the survivor can stay with?
- Does the survivor have a friend who will stay with her to minimize the violence in the home?
- Does the survivor want to go to a domestic violence shelter or a homeless shelter, or use other housing assistance programs such as hotel vouchers from social services or advocacy programs?
- Does the survivor want to call the police, obtain an order of protection, or an emergency protective order?

If the Person is not Planning to Leave:
- Would the survivor call the police if the perpetrator becomes violent?
- If the survivor couldn’t get to the phone, could she work out a signal with a neighbor to call for help and/or teach the children to call 911?
- What kinds of strategies have worked in the past to minimize injuries? Does the survivor think these strategies would continue to work?
- Can the survivor anticipate escalation of violence and take needed precautions?
- Does the survivor have a support network of friends or family who live nearby that would help if assistance is needed?
- Are there weapons in the home? Can they be removed or placed in a safe, locked area, separate from the ammunition?
If the Abusive Person has been Removed from the Home:

- Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors, fire extinguishers, etc.
- It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them.
- Make arrangements with schools and daycare centers to release children only to designated persons.
- Encourage the survivor to tell neighbors, family, and friends, that the abusive person has left and to call 911 if he is seen around the house.

Being Prepared to Get Away:
Discuss the following components of a safety plan:

1. Encourage keeping the following items in a safe place:
   - Keys (house and car)
   - Important papers: social security cards and birth certificates (for parent and children), photo ID/drivers license, green cards.
   - Financial resources: cash, food stamps, credit cards, checkbook, etc.
   - Medication, personal health records for self and children (insurance cards, children’s immunization records).
   - A favorite toy and/or comfort object, i.e. blankies, stuffed animal etc., for children.
   - Important phone numbers and addresses (friends, relatives, police, domestic violence crisis line).
   - Loose change to make phone calls from pay phones.

2. If possible, pack a change of clothes for herself and the children, personal care items, extra glasses, etc.

3. Have the battered person plan with the children. Help her to identify a safe place for them (a room with a lock, neighbor’s house where they can go, etc.) and reassure them that their job is to stay safe, not to protect her.

4. Encourage the battered person to arrange a signal with one or more neighbors to let them know when help is needed.
5. Contact the local domestic violence program to find out about laws and community resources.

### Safety Planning for the Children:

Most children are keenly aware of violence in the home. Creating a safety plan with children validates their experience and empowers children with options. It also tells them that they do not deserve to be hurt and their protection is not just a family but a community responsibility. Here is a basic safety plan for children. Again, always ask children what they think would help keep them safe.

- Ask children what they are currently doing—is it working? What might be more effective?
- Stress safety of the children—where can they go, who can they call for help?
- Help the child identify who the safe people are in his or her life. We don’t want the child to get hurt trying to protect mom, a brother, sister, grandparent or pet. Let them know that getting to a safe place is a way of protecting themselves and others.
- Ask the child if there is a phone available, and/or a neighbor or relative to call or run to?
- Does the child know how to dial 911?
- This may bring up conflicted feelings for children. They may not want to see someone go to jail, or not go to jail. Children may feel guilty or responsible for calling law enforcement.

- **Elements of a Safety Plan:**
  - Don’t get in the middle of the fight.
  - Get to a safe place.
  - Call for help.
  - Protect siblings by helping them get away, if possible.
Resiliency Factors

Despite the increased risk, not all children living in homes with domestic violence grow up and become abusive or abused. Children react to their environment in many different ways. Additionally, children’s responses differ with age and gender. Younger children in an abusive environment, including those used as pawns by perpetrators in custody and visitation disputes, have a tendency to regress developmentally. Following are several factors that help determine the child’s response to abuse.

- Their interpretation of the experience.
- How they have learned to survive and cope with stress.
- The availability of support people, such as friends, relatives, teachers, and other adults.
- Their ability to accept support and assistance from adults.
- Psychological “hardiness”—the innate ability to resist negative factors in the home.
- Exposure to more positives than negatives in the family.
- Development of self-esteem and strong social skills.
- Good peer relationships.
- A sense of hope.
- High maternal empathy and support.
- Opportunities to help others.
- Respect for others, empathy.
- Development of some self control over life.
Chapter 7
Creating an Organizational Culture
Focusing on Family Violence Prevention
And Intervention Strategies

In order for a program to intervene effectively in family violence the administration must develop an infrastructure of support. The infrastructure must include ongoing training and skill development, along with development of program policies, procedures, and practices. Integrating prevention and intervention strategies will take a commitment on the part of the administration and staff. Starting from the top of the organization and moving throughout, people must be willing to share knowledge, communicate on an even plane, demonstrate common sense, empathy, trust, and kindness. This sharing of knowledge needs to be intentional, sewn into the very fabric of the organization.

What is an “Organizational Culture?”

An Organizational Culture is the pattern of values, beliefs, and derived behavioral norms operating in the organization. Values and beliefs of an organization are the basic principles shared by members of the organization and practiced in their work. For example: “All children deserve to grow up safe from abuse and violence.” An example of a behavioral norm that would support this value and belief would be to create an environment that is physically and emotionally safe for children. Another example is the integration of violence prevention and intervention strategies. Examining your “organizational culture” deepens understanding of how we work together to create a work environment.
To Understand How Your Program’s Organizational Culture Looks, Ask Yourself the Following Questions:

- What are the values and beliefs of my organization?
- What are the behavioral norms?
- Are the stated values and beliefs in line with the behavioral norms? For example, if the stated value and belief is that, “all children deserve to grow up safe from abuse and violence", yet the behavioral norm is that it is acceptable to yell at coworkers, would the stated value and belief be reflected in the behavioral norm? The answer is no!

When we ask these questions of ourselves and our work environment we open ourselves to the process of creating a supportive work environment that will be effective in its efforts toward violence prevention and intervention.

Below is an assessment checklist to gauge where your agency/program presently stands regarding prevention and intervention strategies. Don’t let this assessment discourage you from beginning to implement necessary changes.

### Agency Readiness Assessment to Implement Prevention and Intervention Strategies

- Staff receives training on how to identify and respond appropriately to signs of family violence.
- Is there support for ongoing training to enhance current skills and learn new skills?
- Staff has an accurate written job description that clearly describes roles and responsibilities.
- All staff is required to undergo fingerprinting and background checks before having any direct contact with children.
- Written personnel policies and procedures are in place, understood, and practiced.
- The program is sufficiently staffed with overlapping shifts to ensure adequate coverage.
- Is staff paid a living wage?
Is there high staff turnover?
Are supervisors adequately trained?
How often are staff meetings held? Are they productive?
In meetings, is time set aside to discuss concerns for children and families in the program? (If so, are concerns discussed in a respectful, constructive way with the goal of developing support and intervention plans?)
Is debriefing of difficult situations part of every staff meeting? Is staff offered support to work through the overwhelming nature of these stories and to support each other? Some staff may have experienced similar scenes as a child and need to deal with that in order to be effective and professional with the child.
Is staff self-care recognized as vital, and supported through paid vacation time, breaks, benefit coverage, etc.?
Does the leadership model support ethical practices, open lines of communication, and conflict resolution?
Does the program require staff to agree to work through conflicts? Are difficult issues discussed within an atmosphere of support and constructive feedback?
Are there times set-aside during the year for more intensive reflection and planning, such as retreats, staff conference days, or in-service training sessions?
Do parent/child intake forms have questions about family violence?
Are policies, procedures, and protocols regarding family violence clearly articulated in the Parent Handbook? For example, is family violence defined? Does the handbook include the program requirement to report suspected child abuse?
Are parents/caretakers asked to read through program materials, and then meet with the director to go over them?
Does the program have policies, procedures, and protocols in place to address known or suspected family violence? Including sample safety plans?
Are child abuse, domestic violence, stranger safety, community violence, elder abuse, and animal abuse part of the program’s core curriculum?
Creating agreements of how we work together helps to form an atmosphere of safety and trust. People know what to expect of each other and the process. It is important for the members of each work group to create their own set of work agreements. Below is an example.

**How we work together**

- We listen to one another. We encourage dialog instead of debate.
- We speak one at a time, making sure the other person has a chance to complete her/his statement.
- We note when we are speaking more than others and allow others to express their ideas.
- We treat one another with respect. We respect the views and feelings of each other. Comments that demean another person, lifestyle choice, clothing, culture, race, etc. are not acceptable and will be challenged.
- We value both the tasks we need to accomplish, as well as the process of how we complete them.
- We see our discussions as opportunities to learn both about the issues and ourselves.
- We see conflict as a natural part of the group process and agree to work with conflict peacefully.
- All staff is encouraged to share their ideas applicable to the agenda item being discussed. We are all experts and we are all learners. Silence implies consent. We bring our ideas and opinions to the table.

(From: The Child Abuse Prevention Coordinating Council of Humboldt County)
Provider Support

Another aspect of creating a supportive work environment is acknowledging how painful it can be to work with families experiencing abuse and violence. Programs must have mechanisms for working through this pain.

Transforming the Pain:
When we open our hearts to hear someone’s story of devastation or betrayal, our cherished beliefs of safety and human compassion are challenged and we are changed. This is the human consequence of knowing, caring, and facing the reality of abuse and violence. We are vulnerable to stress, burnout and secondary trauma.

Working with children and adults who are being hurt assaults our self-protective beliefs about safety, control, predictability, and protection. The work environment and the person will determine the specific impact of secondary trauma.

Secondary Trauma
Secondary trauma is a process, not an event. Thus secondary trauma is our strong reactions of grief, rage, and outrage, which grow as we repeatedly hear about and see people’s pain and loss and are forced to recognize the human potential for cruelty and indifference. It is our numbing, our protective shell, and our wish not to know, which follow those reactions.

Work Environment
One’s work setting has a profound effect on his/her vulnerability to secondary trauma. Many programs operate under the misguided belief that providers should be “professional” enough to deal with whatever situations occur, without becoming “triggered” themselves. This view increases the risk of providers experiencing secondary trauma.
The results can be devastating when programs:

- Provide no respite for staff (shared coverage, adequate time off).
- Fail to provide training and continuing education.
- Have no support system within the program for debriefing.
- Deny the severity of abuse and violence and its effects.
- Fail to provide the resources necessary for providers to do their work.

It is imperative for programs to acknowledge and put in place systems of support for providers in order to reduce stress, burnout, and secondary trauma.

The Coping Factor

Another factor that helps assess a person’s susceptibility to secondary trauma is the individual’s personal coping skills. Think about the factors listed below and ask yourself if any apply to you.

- Unrealistic expectations of yourself as a provider.
- A personal history of abuse.
- Personal coping strategies. Identify both positive and negative strategies, i.e., taking a walk, using alcohol or other drugs, etc...
- Current stressful personal life circumstances.
- Working in areas in which the provider has insufficient training.
- Barriers to using supervision and consultation.
- Reluctance to seek continuing education, or to take vacations.
Stress and Burnout

Stress is a natural part of people’s lives. Stress is a physiological response. While stress can be a motivational force, it can also turn into a negative pull toward the downward spiral of burnout. It is important to recognize what in our environment is creating stress in our lives.

Stress and Burnout Exercises
Take a few minutes to think about the following questions:

- In what ways do you think your work affects you emotionally?
- For example, how do you feel at the end of the day?
- How does your work affect the way you feel about parents/caretakers? About people in general? Society?
- How does your work affect you physically? Do you experience any physical responses to working with troubled families, coworkers, or supervisors?
- How does your work affect your close personal relationships?
- What personal qualities do you think will help you in dealing with the stress of work?
- What working conditions create stress? What working conditions help to reduce stress?
- Name some things you do to help alleviate work-related stress.
- Are there changes that could be made at work to help reduce stress? If so, what are they?

Working with people affected by violence is stressful. These stresses can be even more challenging if you are a survivor yourself. It is important to be gentle with yourself if you begin to feel overwhelmed by the work. Seek out people who will give you caring, nonjudgmental support. Give to yourself what you give to families every day—nurturing! You deserve it!
Strategies for preventing family violence must be grounded in work to replace deeply ingrained knowledge, attitudes, beliefs, and behaviors that condone and perpetuate family violence with beliefs that promote safety, justice, and compassion.

Family violence occurs in all cultural, socio-economic, ethnic and occupational groups. Therefore, part of violence prevention is to shift our thinking from an "us against them" view. Family violence affects everyone. If someone is being hurt, the impact of that abuse reaches into all aspects of our community. Therefore, community ownership of prevention efforts is a core principle of community-based prevention.

**Community Based Prevention Program**

1. **Primary Prevention** is changing core belief systems of community institutions that contribute to family violence. This is done through community education, which enhances the general well being of children and their families. Primary prevention includes perinatal programs, parenting classes, and providing information about healthy relationships, and helping parents and children of all ages access community resources.

2. **Secondary Prevention** can be seen as early intervention before or immediately after violence has occurred. Early intervention means looking at possible stressors in the family that may lead up to family violence, identifying services to assist families and helping families access those services. An example of secondary prevention includes training mandated reporters in child abuse and domestic violence identification and reporting.

3. **Tertiary Prevention** is intervention to prevent further serious violence and services to work with the effects of the violence that has occurred. Examples of tertiary intervention include domestic violence shelters, support groups for survivors, and batterers’ intervention programs.
Specific Prevention Strategies in Humboldt County

Humboldt County Health and Human Services, Public Health Branch, Family Violence Prevention Program (FVPP): The goal of the FVPP is to decrease the incidents of family violence through a community-wide approach. The FVPP works to incorporate all six levels of the “Spectrum of Prevention” model, based on the work of Dr. Marshall Swift. The model recognizes the community responsibility in family violence prevention.

The “Spectrum of Prevention”:
- **Strengthening** Individual Skills and Knowledge.
- **Promoting** Community Education.
- **Educating** Providers.
- **Fostering** Coalitions and Networks.
- **Changing** Organizational Practices.
- **Influencing** Policy and Legislation.

Humboldt County Domestic Violence Coordinating Council (DVCC): The DVCC is a partnership of public and private agencies and individuals who are committed to a constant and coordinated county-wide response to domestic violence. The Council as a whole meets quarterly. Many DVCC committees meet on a monthly basis. For more information, call 826-4452.

Child Assault Prevention Program through North Coast Rape Crisis: Provides Child Assault Prevention Classes for all ages and Child Abuse Mandated Reporters Training 443-2737.

Child Abuse Prevention Coordinating Council: Provides education about child abuse and funds local programs. Meetings are the fourth Friday of the month from noon-1:30pm at the Community Wellness Center, 908 7th St. in Eureka, CA.
An Old Cherokee is Teaching his Grandson about Life.
“A fight is going on inside me,” he said to the boy. “It is a terrible fight and it is between two wolves. One is evil—he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego. The other is good—he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith. This same fight is going on inside you—and inside every other person too.” The grandson thought about it for a minute and then asked his grandfather which wolf would win. The old Cherokee simply replied, “The one you feed.”

What You Can Do to Prevent Violence

1. Be a non-abusive person.
2. Educate yourself about Family Violence.
3. Be responsible for your own words and actions.
4. Model respect and dignity.
5. Challenge acceptance of violence as normal.
6. Teach emotional literacy (understanding the large range/continuum of emotions).
7. Offer outlets to process and release strong emotions (art, drama, dance, sports, music etc.).
8. Practice conflict resolution.
10. Challenge stereotypes, gender roles, jokes that are racist or sexist.

The graphic on the following page, From the Roots Up, illustrates how communities can perpetuate and address the roots of violence.
The diagram below is illustrative of a Native American approach, however, it can be adapted to reflect beliefs/values of other cultures as well.

FROM THE ROOTS UP

THE BRANCHES:

VIOLENCE UNNATURAL LIFEWAY

- Destruction
- Racism
- Rape
- Fear
- Ageism
- Murder
- Battering
- Child Abuse
- Isolation
- Classism
- Homophobia
- Ritual Abuse
- Cultural Abuse

NON-VIOLENCE NATURAL LIFEWAY

- Compassion
- Peace
- Honoring of Relationships
- Laughter
- Love
- Freedom
- Humility
- Understanding
- Wisdom
- Generosity
- Courage
- Life
- Respect
- Hope
- Sovereignty
- Health

THE TRUNK - CONTRIBUTORS:

- Chemical abuse
- Boarding schools
- Witnessing violence
- Stereotypes
- Confusing anger with violence
- Prayer, ceremony
- Honor the gift in others
- Ways of non-violence and respect modeled
- Mental self-discipline
- Seek advice of Women and Elders

THE ROOT CAUSES OF:

VIOLENCE

- Values might over right
- Power defined as violence
- Colonialism
- View reality as a male dominated hierarchy
- Justifies violence and oppression
- Promotes myths of white male superiority
- Treats women and children as property of men

BELIEF SYSTEM

- Understand that all things have spirits and are related
- Respect is the foundation of all relationships
- People are spirits in physical bodies on individual lifepaths
- Women are sacred
- All people and things of creation are part of the sacred circle of life
Chapter 9
Community Resources

A vital part of helping families involves knowing what other community resources, services, and assistance is available. No agency or childcare center is expected or equipped to be all and do all for families. We must all be connected to a larger community network in order to provide ongoing support services. Referrals to other community services must be an integral part of any program.

How to Give a Referral:
The first step in making a referral requires knowing what services are available in your community. Once this is done then:

Find Out:

1. The scope of agency’s services—whom they serve and what problems they encounter.

2. Fees for various services and whether financial assistance is available for families.

3. Is there a waiting list? If so, how long? What are the criteria to access services more quickly?

4. Proper procedures for contacting them. Must clients be referred by some other agency? Does the parent contact them directly? What information does the parent need to give?

5. How can you be helpful when working with them? What information do they need to know? How can you be part of the follow-up or support team and carry out recommended activities or interventions?

6. What kinds of strategies, resources and consultation services can they provide for parents and providers?
**Important Points to Keep in Mind:**

- Always respect a family’s privacy and confidentiality. Give out referrals at a time that is mutually convenient, quiet, away from children and other parents, when there is time for the parents to ask questions and perhaps use the phone.

- Giving out a referral is a crucial step in assisting families with moving out of isolation toward a system of support.

- When giving a referral always make sure ahead of time that the services are still available. Giving out an "empty" referral can be a barrier.

- Giving a referral does not guarantee a parent/caregiver will follow through.

- It is always up to the parent or caregiver to choose the person or agency they feel the most comfortable with.

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Try to develop a pleasant and mutually respectful relationship with the referral agencies. This will make future working relationships easier. Explore ways to work together to assure the welfare of children and families in the community.
Advocacy

What is Advocacy?
There are two types of advocacy—

**Individual-based:** working specifically with or on behalf of individuals to ensure access to resources, services and opportunities.

**Systems-based:** advocating to change and improve institutional responses.

There are six basic principles common to all forms of advocacy:
1. **Advocacy** assumes that people have, or ought to have, certain basic rights.
2. **Advocacy** assumes that rights are enforceable by statutory, administrative, or judicial procedures.
3. **Advocacy** efforts are focused on institutional failures that produce or aggravate individual problems.
4. **Advocacy** can be political.
5. **Advocacy** is most effective when focused on specific issues.
6. **Advocacy** is different than the provision of direct services.

Key Concepts When Advocating for a Family:**

Focus on the problem not on the person.
The abusive person is responsible for the violence.
Educate about social context of violence.
Focus on making the community more responsive to what the family needs.
The family not the provider guides the direction.

Overcome Stereotypes—The provider is committed to working to overcome her own biases and stereotypes in order to be an effective support person.

**These key concepts refer to providers working with the nonviolent family members.
Humboldt County Resources

**Emergency 24-hour Hotlines**

Humboldt Domestic Violence Services (Formerly: Humboldt Women for Shelter)
Hotline..............................................................................................................443-6042
Women & Children In Southern Humboldt (voicemail box).................923-4100
(Toll Free)........................................................................................................ (800) 211-1188

North Coast Rape Crisis Team Hotline (Will accept collect calls)
  Eureka ............................................................................................................. 445-2881
  Del Norte ...................................................................................................... (707) 465-2851

Humboldt County Mental Health 24-hour Crisis Line ....................... 445-7715
Child Welfare Services, Emergency Response, Abuse Reports .... 445-6180
Adult Protective Services, Abuse Reports ............................................. 476-2100
(Toll Free).......................................................................................................... (866) 527-8614

Youth and Family Crisis Line ................................................................. 444-CARE / 444-2273

**Children, Youth and Families**

Arcata House .............................................................................................. 822-4528

Changing Tides Family Services (Formerly Humboldt Childcare Council)...444-8293
(Toll Free)........................................................................................................ (800) 795-3554

Childcare referrals and subsidies, Parenting Warmline & Classes, Play Centers, Provider

Technical Assistance......................................................................................... 445-9291

Special Needs: Respite Care, Therapeutic Behavior Services ................. 444-8293
Mental Health- Family Empowerment Home Visiting & Parent Education Services. 445-1195
Fortuna Community Services ...................................................................... 725-1166
3-day emergency shelter for mothers w/ children or married couples

Humboldt Community Switchboard for assistance and referral ...... 441-1001
www.theswitchboard.org helps individuals and professionals find the services they need

Humboldt County Elder Abuse Reporting 8:30am—5PM, Mon–Fri .......... 476-2100

Humboldt County Department of Health and Human Services Family
Violence Prevention Program at the Community Wellness Center...... 268-2132

Humboldt County Mental Health Services ................................................. 445-7715
Incredible Years .............................................................................................. 441-5009
Parent Training Program for parents of children ages 2–8
North Coast Rape Crisis Team Office ................................................. 443-2737
24-Hour Crisis Line .............................................................................. 445-2881
Child Assault Prevention, Child Abuse Mandated Reporters Training, CALM: Children & Adults Learning to Mend, Court Advocacy & Accompaniment, Support Groups, Individual Counseling
North Coast Children's Services .......................................................... 822-7206
(Toll Free) .................................................................................. (800) 808-7206
Headstart, Early Headstart, State Preschool, Child Development Centers, Recreation Program, Family Partnership Program - Home visiting services include parenting support, transportation assistance, social services information and assistance
Paso a Paso .................................................................................. 599-2474 or 441-4477
Spanish Language Childbirth Education, New Parents Classes, Breastfeeding Support Group
RAVEN Project .................................................................................. 443-7099
Street outreach and drop-in center for homeless youth
Redwood Community Action Agency ................................................. 269-2075
Emergency Shelter Program, Multiple Assistance Center, Bridgethe and Safe Haven
Six Rivers Planned Parenthood .......................................................... 442-5709
Youth Service Bureau ........................................................................ 443-8322
Emergency Shelter and Transitional Living Program for youth

Family and Community Resource Centers
Where community members can receive a wide range of assistance, referrals, and services
Alderpoint, Blocksburg, Casterlin ...................................................... 926-5402
Blue Lake .......................................... 668-5239
Bridgeville ........................................777-1775
Eureka ............................. 442-5239
Eureka/ Marshall FRC ...... 441-2404
Fortuna Elementary ..........725-9082
Fortuna/ East High .............725-5239
Manila ................................................. 444-9771
McKinleyville ......................... 840-0905
Orick .................................................488-2403
Pine Hill ...........................................445-5933
Redway / S. Fork High .......................... 923-1147
Rio Dell .............................................764-5239
South Bay .........................................445-5933
Willow Creek .........................(530) 629-3141

NATIVE AMERICAN FAMILY RESOURCES/ DOMESTIC VIOLENCE CONTACTS
Bear River Band of Rohnerville Rancheria ..................................... 733-1900 x 225
Blue Lake Rancheria ........................................................................ 668-5101
California Indian Legal Services ...................................................... 443-8397
California Tribal TANF Partnership Eureka Office ....................... 476-0344
Hoopa Valley Tribal Human Services Dept .................................(530) 625-4236
Counseling, Support Groups, Indian Child Welfare, Court Advocacy
Chapter 9
Community Resources

Community Resources

K’ima:w Medical Center ........................................... (530) 625-4261
Hoopa Valley Tribal Court ........................................ (530) 842-9228
Karuk Tribe of Northern California ................................ (530) 842-9228
Batterer’s Treatment Program .................................. (530) 627-3452 x 3019
Northern California Indian Development Council .......... 445-8451
NIWHONGWH XW E:NA:WH Stop the Violence Coalition ...(530) 625-1662

Information and resources
Positive Indian Family Network .................................. (530) 625-4816
Table Bluff Rancheria ............................................. 733-5055
Two Feathers Native American Family Services ............... 839-1933
(Toll Free) ................................................................... (800) 341-9454

Native American Resources, Child Abuse & Domestic
Violence Programs, Support Groups, Mental Health Counseling

United Indian Health Services .................................... 825-5000
Child & Family Services .......................................... 825-5060
Community Health Services ..................................... 825-5070
Nutrition & WIC ....................................................... 825-5030

Yurok Tribe
Eureka .......................................................................... 444-0433
Klamath ....................................................................... 481-1350
Weitchpec ...................................................................... (530) 625-4130

LAW ENFORCEMENT AGENCIES
For Emergencies - call 9 - 1 - 1

Notification of Inmate Release from Jail ...................... (877) 331-8463
Humboldt County Sheriff’s Department ....................... 445-7251
Garberville Sheriff Substation .................................... 923-2761
Hoopa Sheriff Substation .......................................... (530) 625-4231
Eureka Police Department .......................................... 441-4044
Arcata Police Department .......................................... 822-2428
Fortuna Police Department ........................................ 725-7550
Rio Dell Police Department ........................................ 764-5641
Blue Lake Police Department ..................................... 668-5895
Ferndale Police Department ...................................... 786-4025
Trinidad Police Department ........................................ 677-0133
Humboldt State University Police Department ............. 826-5555
Hoopa Valley Tribal Police Department ...................... (530) 625-4202
Mendocino County Sheriff’s Department .................... 463-4411
Del Norte County Sheriff’s Department ......................... 464-4191
Trinity County Sheriff's Department ...........................................(530) 623-2611
Siskiyou County Sheriff's Department .................................(530) 841-2900

**VICTIM ADVOCACY, SHELTER, SUPPORT, AND COUNSELING SERVICES**

**District Attorney's Victim Witness Assistance Program** ............... 445-7417
Monday—Friday, 8:30—12:00 & 1:00—4:00
For info about the California victims compensation program .......... (800) 777-9229

**District Attorney's Office** .......................................................... 445-7411

**The Emma Center** ................................................................... 825-6680
Therapeutic and Educational Resources, and Support Services for long-term effects of abuse

**Family Court Self-Help Center at County Courthouse** .............. 269-1223
Support with custody, & restraining orders, Wednesday and Friday 1-3

**Harrington House** ................................................................... 465-3013
Short-term emergency housing for women and children in N. Humboldt, Del Norte, S. Oregon

**Humboldt Domestic Violence Services (Formerly HWS)** .............. 444-9255
Emergency Shelter, Temporary restraining order workshops offered Monday & Wednesday by appointment. Support groups for women and children.

**Legal Services of Northern California** ..................................... 445-0866

**New Beginnings** ................................................................. 442-8750
Private, faith-based shelter/ one-year transitional living program for abused women, low cost

**North Coast Rape Crisis Team Office** ..................................... 443-2737
Victim advocacy at scene, hospitals, & court proceedings

**Redwood Community Action Agency** .................................... 269-2075
Safe Haven Family Shelter

**Women & Children In Southern Humboldt - WISH** ................. 923-4100
Emergency Shelter, Support Groups

**ALCOHOL AND OTHER DRUG SERVICES**

**Access to American Indian Recovery**  ..www.crihb.org/aair....(866) 350-8772
**Al-Anon** ................................................................................. 443-1419

**Alcoholics Anonymous** .......................................................... 442-0711

**Corner Stones Recovery** .......................................................... 725-9252
This Side of the Rock Faith-based transitional housing

**Crossroads Residential Program** ............................................. 445-0869

**Eureka Rescue Mission** ............................................................ 443-4551
Men only program. Faith-based, one-year residential treatment

**Faith Center's Celebrate Recovery support programs** ............ 442-1784 (#7)
Good Grounds (Hydesville) ................................................................. 768-3732
Faith-based, one-year program for women, children OK
Healthy Moms Day Treatment ................................................................. 441-5220
Humboldt County Alcohol & Other Drugs Outpatient Treatment .. 476-4054
The DETOX Program ............................................................................ 445-9251
HDVS Alcohol & Other Drug Program ................................................. 444-9255
Humboldt Recovery Center ................................................................. 443-4237
Lee & Bonny Brown Programs ................................................................. 268-0264
Residential treatment 30 days- one year for men and women, no children
Narcotics Anonymous ................................................................. 444-8645
Redwood Recovery (Carlotta) ................................................................. 768-1708
12 step program for women. Clean and sober living home
Singing Trees Recovery Center (Garberville) ............................................ 247-3495
Residential program, no children

Gay and Lesbian Domestic Violence Victim Support

D.A. Victim-Witness Assistance Program ............................................. 445-7417
Humboldt Domestic Violence Services
(Includes Gay/Lesbian/Bisexual Victim Services) ...................................... 443-6042
HSU Women’s Resource Center ......................................................... 826-4216
North Coast Rape Crisis Team 24-hour crisis line ............................... 445-2881
Planned Parenthood .............................................................................. 442-5709
Queer Humboldt ..................................................................................... 834-4839
Community resources, referrals, network
The Raven Project for Youth ................................................................. 443-7099
Communities United Against Violence ................................................ (415) 333-HELP

Batterers’ Treatment Programs

Bear River Band of Rohnerville Rancheria .............................................. 733-1900 x 225
Breaking the Cycle .................................................................................. 442-7806
Na:whong xe E:na:we Stop the Violence Coalition for Tribal and community members ................................................................. (530) 625-1662
Karuk Substance Abuse and Domestic Violence Program for Tribal and community members in Humboldt & Siskyou Counties ...... 530-627-3452 x 3019
Humboldt Family Service Center ............................................................. 443-7358
MEND/WEND ......................................................................................... 441-8630
PAVE (Partners Against Violence Endeavors) Program ........................ 822-4744
Chapter 10
Creating a Violence Free Community

The usual greeting among the Masai tribe of Africa is, “How are the children?” and the traditional answer is, “All of the children are well.” In using this greeting and response, the Masai people are saying that the welfare of the children is a barometer of the health of the community.

(From: “Safe from the Start: Reducing Children’s Exposure to Violence.” —California Attorney General’s Office)

Creating a violence free community requires all of our efforts. It requires an individual commitment to live violence-free. It requires a community commitment to cherish and nurture peace and justice. It requires both an individual and community effort to transform current societal attitudes, beliefs, norms, and behaviors that perpetuate violence. This transformation will take time, more than a lifetime, yet for our children, for their today and their future, we must start now.

“We must be the change we wish to see in the world.” —Gandhi

There are Many Ways to Create Peace:

- Learn how your community supports children and their families. A range of programs and services may be available.
- Learn how you can take part in prevention efforts.
- Take the Family Pledge of Non-Violence:
Family Pledge of Non-Violence

It takes the entire community working to end family violence. Please consider helping with this effort by asking each family member to make this commitment:

Making peace must start within us and in our family. Each of us, members of the ______________ family, commits ourselves as best we can to become non-violent and peaceable people:

To Respect Self and Others: To respect myself, to affirm others and to avoid uncaring criticism, hateful words, physical attacks, and self-destructive behavior.

To Communicate Better: To share my feelings honestly, to look for ways to express my anger, and to work at solving problems peacefully.

To Listen: To listen carefully to one another, especially those who disagree with me, and to consider others’ feelings and needs rather than insist on having my own way.

To Forgive: To apologize and make amends when I have hurt another, to forgive others, and to keep from holding grudges.

To Respect Nature: To treat the environment and all living things, including our companion animals, with respect and care.

To Play Creatively: To select entertainment and toys that support our family’s values and to avoid entertainment that makes violence look exciting, funny, or acceptable.

To Be Courageous: To challenge violence in all its forms whenever I encounter it, whether at home, at school, at work, or in the community, and to stand with others who are treated unfairly.

This is our pledge. These are our goals.

We will check ourselves on what we have pledged once a month for the next twelve months, so that we can help each other become more peaceable people.
Violence is learned. With ongoing support, violence can be unlearned. By consciously making efforts to integrate peaceful behavior into our own lives we touch the lives of people around us with peace.

Intervening in family violence is planting a seed, a seed of hope. Many children who have grown up in horribly abusive homes have said the one thing that truly made a difference in their lives was the knowledge that deep inside their gut they knew someone cared about them, not for what they did, or for how they looked, but because they were worth caring about, worth protecting, that they mattered. As providers’ you can be that one important person in a child’s life. You are that powerful!

“Never doubt that a small group of thoughtful, committed, citizens can change the world, indeed, it’s the only thing that ever has.”

Margaret Mead
Appendix I

The Provider’s Role in Recognizing Abuse and Violence

**Problem Solving:** Below is a model that providers can use as well as programs during a staff meeting or other situations where concerns are discussed:

- **Define the problem:** What concerns you about the child and/or adult’s behavior? Write it down using specific examples. Use your observation skills to help identify the problem. Remember to take into account other factors that may be part of the problem.

- **Gather information:** Discuss your concerns with other providers. Ask if they have observed similar behaviors, interactions, etc. Get feedback. Assess information provided by other staff observations.

- **Learn all you can about the topic or problem in general:** Read and talk to others. Find out what information exists on the topic.

- **Generate solutions:** Share insights and brainstorm. Create a list of ideas/options. How has this problem been approached previously by providers? Are there protocols, policies, or procedures that need to be followed? What interventions may be needed in this situation? Always consider safety in any plan.

- **Develop a plan of action:** From the list of ideas and options decide what will be tried first, and who will do what when. What support does the provider need from other staff, the community, and professionals in order to implement this plan?

- **Information sharing:** Keep others informed about progress. Only involve people directly working on the plan. Respect each family’s privacy and confidentiality.

- **Evaluate the plan:** Is it working? What is happening? Does the plan need to be modified?

- **Keep good records:** Document all of your meetings. Note the date and people involved, decisions made, interventions tried and results. This can be useful if future intervention is necessary, or if you ever need to explain what you did.
Appendix II

Recognizing Abuse and Violence

Note: This manual is not a "How to make a Child Abuse Report". The purpose of this manual is to give providers a general idea of types and potential indicators of abuse. For more specific legal definitions, and obligations as a mandated reporter, it is strongly suggested that all providers receive training from the experts in the field of Child Abuse, Domestic Violence, Elder Abuse, and Companion Animal Abuse. Contact information for these experts is located in the resources section of this manual.

In 1999, the California Department of Social Services estimated that more than 540,577 incidents of child abuse and neglect were reported in our state. Nationally, it is estimated that three children die each day as a result of child abuse and neglect.

There are Four Categories of Child Abuse:
1) Physical Abuse; unlawful corporal punishment or injury.
2) General and severe neglect.
3) Sexual abuse; sexual assault; exploitation.
4) Willful cruelty or unjustifiable punishment; emotional maltreatment.

Recognizing Child Abuse:
Always use observation and assessment skills when suspecting child abuse. Look into all factors that may affect a child's behavior. Look for patterns, not isolated incidents, when you suspect abuse or neglect. Any one behavioral indicator alone could be a natural, normal response for a child.

1) Physical Abuse; Unlawful Corporal Punishment or Injury:
Physical abuse is any non-accidental act that results in physical injury. The injury may have resulted from harsh discipline, or physical punishment, that is inappropriate for the child's age or condition. The injury may be the result of a single episode, or of repeated episodes, and can range in severity from minor bruising to actual death.
Any injury resulting from physical punishment that requires medical treatment is considered outside the realm of normal disciplinary measures. This usually happens when a person is frustrated, or angry, and punches, kicks, shakes, or throws the child.

In addition, any punishment that causes any injury regardless of severity is considered abuse. This includes spanking with hands or objects, hitting with a closed fist or an instrument, kicking, burning, biting, cutting, poking, twisting limbs, or throwing the child.

Physical Indicators of Abuse
Fractures, lacerations, bruises and welts (on face lips, mouth, torso, back, buttocks, and thighs) in various stages of healing that cannot be explained, or the explanations are improbable given the extent of the injury.
Bites or burns (cigarette, rope, scalding water, iron, radiator) on any part of the child’s body.
Facial injuries (black eyes, broken jaw, bloody nose, bloody or swollen lips) with implausible or nonexistent explanations.
Patterns of bruising (i.e., parallel or circular bruises), or bruises in different stages of discoloration, indicating repeated trauma over time.

Key characteristics to determine non-accidental injuries:
Location of the injury
Pattern of the injury
Correlation of the story to the physical injury.
Degree or extent of injury.

In general, the primary location of injuries is the back surface of the body from the neck to the knees.
Injuries from abuse are not typically found on the shins, elbows, knees or forehead.
2) **General and Severe Neglect:**

**General neglect** is the negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child occurred.

**Severe neglect** is the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. It also includes situations where parent or caretaker willfully causes, or permits, the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter, or medical care.

**Physical Indicators of Neglect:**

Neglect may be suspected if any of the following conditions exist:

- Poor growth pattern (failure to thrive).
- Hunger, malnutrition (bloated stomach, extremely thin, pale, fainting).
- The child is often dirty, body odor, flaking skin, or is inadequately dressed for weather conditions.
- The child is lacking in adequate medical or dental care.
- There is evidence of poor supervision:
  - Repeated falls down stairs; repeated ingestions of harmful substances; a child cared for by another child;
  - The child is left alone in the home, or unsupervised under any circumstances (left in car, street).
  - The child is knowingly left in the care of a known child abuser.
- The conditions in the home are unsanitary (garbage, animal, or human excrement); the home lacks heating or plumbing; there are fire hazards or other unsafe home conditions.
- The nutritional quality of the food in the home is poor; meals not prepared; refrigerator or cupboards contain no and/or spoiled food.
- Failure to thrive emotionally, cognitively, and socially.

**Poverty or living a lifestyle of voluntary simplicity does not constitute neglect.**
While some of these conditions may exist in any home environment, it is the extreme or persistent presence of these factors that indicate some degree of neglect.

3) Sexual Abuse; Sexual Assault; Exploitation:

Child sexual abuse includes both sexual assault (rape, rape in concert, incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object) and lewd or lascivious conduct with a child under the age of 14 years. This applies to any lewd touching if done with the intent of arousing or gratifying the sexual desires of either the person involved, or the child. Child sexual abuse also includes intentional masturbation in the presence of children.

Sexual exploitation includes conduct or activities related to pornography depicting minors, and promoting prostitution by minors.

Reporting Guidelines when Encountering Situations of Sexual Activity Between Children (17 Years Old and Under):

A. Involuntary Sexual Activity is always reportable.
B. Incestuous Sexual Activity is always reportable.
C. Voluntary Sexual activity may or may not be reportable.

No Report is Mandatory if:

Children are younger than 14 years old and of similar chronological and maturational/developmental age and no force or duress involved.

A Report is Mandatory if:

a. Children are younger than 14 years old, but there is disparity in chronological or maturational/developmental age and/or force or duress was used. For example: a child of 12 coerces a child of 5 into sexual activity.

b. One child is 14 or older and the other child is 12 or younger.

In the great majority of all child sex abuse cases, the victim knows the perpetrator. The nature of sexual abuse, the guilt, shame, and fear of the child victim, and the possible involvement of parents, stepparents, siblings, older friends, or other persons in a caretaker role, make it extremely difficult for the child to come forward to report sexual abuse. Usually the abuse is followed by threats, or bribes, to coerce the child to keep it a secret.
A typical pattern of sexual abuse begins by the perpetrator befriending the victim, unless a relationship is already established, such as a relative or babysitter. The friendship is solidified as the perpetrator gives extra attention to the child. After a period of time, the perpetrator sexually assaults the child. The assault may begin with genital touching then over time increase to penetration. The assault is usually followed by a bribe or threat. Examples: “I’ll go to jail if you tell,” or “We can’t be friends anymore if you tell”.

**Indicators of Sexual Abuse**

Sexual abuse of a child may surface through a broad range of physical, behavioral, and social symptoms. Some of these indicators, taken separately, may not be symptomatic of sexual abuse.

**Physical Indicators of Sexual Abuse:**
- Bruising around genital area.
- Swelling or discharge from vagina/penis and/or sexually transmitted disease.
- Tearing around the genital area, including rectum.
- Visible lesions around mouth or genitals.
- Pain upon urination/defecation.
- Difficulty walking or sitting due to genital or anal pain.
- Psychosomatic symptoms (stomachaches, abdominal pain, headaches, etc.).

**Behavioral Indicators of Sexual Abuse:** Behavioral indicators of sexual abuse vary according to the age and developmental level of the individual child.

**Excessive Sexual Knowledge:** A certain amount of sexual play or exploration is normal in young children. It becomes a “red flag” when it seems excessive and indicates sexual knowledge beyond what is typical in young children. This behavior may indicate that the child has witnessed sexual activity rather than experienced it directly, but there is still cause for concern. The child’s vocabulary might include words not normally used by young children.
Sexualized Behavior. The child might be inappropriately affectionate, seductive or even sexually aggressive.

Unusual or Bizarre Sexual Themes in art or stories generated by the child.

Compulsive, Indiscreet Masturbation.

Preoccupation with Sex Play. It is not uncommon for a sexually abused child to become “sexualized”—overly interested in sex and seductive with other children and adults. One child can draw a whole group of children into repeated sex play, so the situation must be dealt with, not ignored.

4) Willful Cruelty or Unjustifiable Punishment; Emotional Maltreatment.

Sticks and stones
May break my bones
But names can really Hurt me.
-Eleanor Rubin

Emotional abuse occurs when a parent(s)/caretaker causes or permits a child’s mental suffering and does not provide the normal experiences which produce feelings of being loved, wanted, security, or self-worth. Emotional maltreatment can cripple a child emotionally, behaviorally, and intellectually. Self-esteem can be damaged. Severe psychological disorders have been traced to emotional abuse.

Verbal assault (belittling, screaming, threats, blaming, sarcasm), unpredictable responses, continual negative moods, constant family discord, and double-message communication are some examples of the way parents may subject their children to emotional abuse.

Behavioral Indicators in the Child:
Listed are some behavioral indicators of child abuse. Please be cautious when noting certain indicators in a child. Look into other factors that may be affecting a child’s behavior. Use your observation and problem solving skills to determine if abuse is suspected. One indicator alone may not signify abuse. If a child exhibits more than one indicator “red flags” should go up. **Remember:** Some children show no behavioral signs of abuse. They may excel in school and have many friends.
Infants and Toddlers:

Fear to trust.
Limp and non-responsive, as though they have stopped trying to interact with their world.
Sleep disturbances, increased crying.
Developmental delays are created both by possible physical damage to the child and by the destruction of the child's curiosity and initiative. They are less likely to explore, play with objects, experiment with cause and effect because of severe punishment, and lose the cognitive benefits of these activities.
Language delays emerge in physically abused, ignored babies.

Young Children:

Child exhibits hostile or aggressive behavior toward others.
Excessively passive, overly compliant, apathetic, withdrawn or fearful with others.
Child and/or caretaker attempts to hide injuries; child wears excessive layers of clothing, and reluctant to undress.
Frequent absences.
Child seems frightened of parents/caretakers, or at the other extreme, is overprotective. May express fear of a particular person or gender.
Child is clingy, forms indiscriminate attachments.
Apprehensive when other children cry.
Frightened of going home.
Child is wary of physical contact with adults, flinches.
May have difficulty concentrating.
Poor social skills. May have difficulty developing trusting relationships with other children and adults. Isolates self.
Self-destructive (self-mutilates, bangs head, etc.).
Destructive (breaks windows, sets fires, hurts animals, etc.).
Verbally abusive.
Regression. Noticeable, continuous regression of any kind in developmental milestones such as speech or toileting.
Developmental delays, particularly with verbal and nonverbal social skills. The child is unable to perform normal learned functions for a given age (walking, talking).
Sleep problems such as nightmares, bed-wetting or being afraid to go to bed. Naptime may be difficult.

Re-enactment. Children often act out in play situations what they are unable to express verbally. Pay special attention to the child's role playing and dramatic play with dolls.

Eating disturbances. (overeating, under eating).

Displays signs of emotional turmoil, repetitive, rhythmic movements; rocking, whining, picking at scabs or facial hair.
Appendix III

Suggested Approaches to Family Violence

Art as a Tool for Communication

Children and Art—The Healing Process: Art is one of the safest ways that children can work through a traumatic experience. It can be done with very young, preverbal children. Art is a means for children to express their pain and create mastery over their environment. Here are some other reasons for using art as a tool for communication:

- **Recovering a sense of safety:** Children find a unique safety during the creative sessions to identify and value their feelings, memories, hopes, and dreams. The art medium can offer a private, non-threatening avenue through which each child can begin to communicate with herself/himself.

- **Recovering a sense of relaxation:** Through art, children are able to claim a constructive time for themselves—a revitalization period in the midst of their struggles.

- **Recovering a sense of power:** For children who have been living under the control of another human being, a simple art experience can provide a powerful opportunity to notice for the first time that they have the freedom to decide what they want to create.

- **Recovering a sense of possibility:** Art provides an arena in which children can discover that they are capable of learning new things. As they create beauty and express emotions that they had previously considered out of reach. Art enables children to move beyond the limitations of what they consider possible.

- **Recovering a sense of identity:** Unlike many forms of counseling, art provides children with tangible evidence of their positive experiences and powerful breakthroughs-concrete reminders which can help them to maintain their sense of self through the tough times which accompany any deep transformation.
Respecting Children and Their Art

Encouraging children not to be critical
(and to know they won’t be criticized)
(From: A Window Between Worlds Children’s Manual)

As children create and share their art, it is important to phrase what you say very carefully. When adults make judgments or labels to children’s artwork, they learn not to feel safe in the art-making process; it can be a deep blow to their self-esteem, and damage how they feel about themselves and their art.

As the leader, be sure to ask questions or to make comments in a sensitive, non-judgmental manner. Ask questions in a way that allows the child to share information about his or her art without feeling you are making a value judgment. It is important that each child feels safe about his or her work and that s/he has the right to refrain from participating or sharing without the fear of being criticized. Remember that this time is for the child, and the child should be allowed to use it according to his or her needs.

Be aware of what other children say; they may need verbal support from you to not crush another child’s work. Remember, some of these children may not be used to hearing praise or non-judgmental comments before now. To emphasize not criticizing each other’s work, here are some simple things to try:

- Have children think about a time when someone criticized something they did and how it made them feel.
- Have children think about how it felt when they did something and some one told them how good it was.
- Explain that there is no correct way to do art and that their creations do not have to look like the actual object or animal or like anyone else’s art, but that art work is a representation of a part of them.
- Explain that this is a safe place where they are free to explore their feelings through the art without having someone tell them what the “right way” of creating is.
Tell children that they are free to follow the activity or to adapt it to what they would like to do (i.e., if the activity focuses on a happy experience but the child wants to focus on a sad or scary experience, allow the child to do so.)

Avoid Saying Things Like:
- “What’s that supposed to be?”
- “Is that a tree, dog, cat etc?”
- “That’s nice, pretty, ugly, little, dark, brilliant etc.”
- “Do it over or try again later.”
- “That was not the assignment!”

Do Say Things Like:
- “Can you tell me more about your picture/creation?”
- “Did you choose colors that express how you feel?”
- “I really see how hard, diligently, long, you worked on your creation.”
- “Wow!” or “Oh my!” (Smile)
- “Awesome, brilliant, fantastic!” (If you choose these adjectives, be fair and careful to say it to every child)
- “You can do it! Don’t give up!” (Encourage and support those who need it.)

Art Exercises

The following exercises are meant as a guide. They are not hard and fast, with only one way to do them. Please feel free to modify them to best suit the needs of the children you are working with. For example if you are working with younger children you may want to simplify an exercise, where you may be able to explore an idea or concept more deeply with older children.
Anger Volcanoes
By Karen Stuart Kelly
A Window Between Worlds

Objective:
This workshop helps children to understand the cycle of violence by allowing
them to create a volcano and then experience its three stages: the tension
building, the explosion, and the cooling-off period. These stages mirror the
stages of the cycle of violence. This workshop also allows the children to
tell their stories in a safe environment, as well as express a variety of
feelings, especially anger. They learn that it is okay to feel angry, but it is
not okay to hurt somebody when one is angry. Through the creation of this
volcanic art piece, the children see concretely their family cycle of violence
and thus are able to gain a measure of control over it. The creation of the
art also raises self-esteem in the completion of one’s own unique artwork.

Materials:
Play dough (a variety of colors so
each child is able to choose his or
her own expressive color, or white
play dough and food coloring)
Baking soda

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Play dough (a variety of colors so
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Baking soda

Paper plates
Plastic spoons
Paper towels (for clean-up)
Markers, crayons, pencils
Paper

Adult to Child Ratio:
One adult per 4-6 children (4-5 years old)
One adult per 2-4 children (3-4 years old)

Introduction:
Today we are going to make anger volcanoes. First, let’s talk about
volcanoes. (Let the children brainstorm ideas about it.) A volcano is a
mountain that has hot lava on the inside. Even though it looks quiet on the
outside, on the inside it is rumbling and getting hotter and hotter. There is
a lot of pressure building up inside the volcano. Pretty soon, what is going to
happen to the volcano? (Let the children discuss this.) The volcano is
getting so hot and angry that it is going to explode. BOOM! It explodes!
Then it gets quiet again and it feels better. That’s the way a volcano works.
Now let’s make our own volcanoes.
Give each child a paper plate and a spoon. Let the children choose a color of
play dough. (If you are using food coloring add a few drops of color to the
play dough. The color gets mixed in as the child works the play dough.)
Allow time to experience and play with the play dough. As the children
create their volcanoes make sure they have a medium to large sized hole in the
center. The hole should be about 2/3's as deep as the whole depth of the
volcano.

After the children are done molding their volcanoes, have them look at the
volcanoes and ask them what they see. Tell them that while these volcanoes
look quiet and peaceful on the outside, on the inside they are rumbling louder
and louder, getting angrier and angrier. Tell them that sometimes people act
like this. Sometimes a person can look just fine on the outside but on the
inside this person is getting angrier and angrier. Then we feel we have to be
careful of how we act around that person or what we say. Does that ever
happen with anyone you know? (Let the children discuss, if they wish.)

The leaders now take the baking soda around to each child and let the child
spoon the soda into his or her volcano hole. Be sure that the hole is full.
When everyone has soda in his or her volcano, ask the children what they
think will happen when the vinegar is poured into the volcanoes. As the
leader pours the vinegar into the holes one by one, s/he comments on the
explosions that are occurring. The leader may then say that the volcanoes
got so angry they exploded to release their anger. Sometimes we see people
acting like this too. They get so angry that they explode. When they
explode they can hurt someone. What are some ways that people can
explode? (Leaders and children together brainstorm ways that people
explode when angry i.e. verbal and physical abuse. Rarely, sexual abuse
comes up. Leaders may discuss this with children only if it comes up in this
workshop and only to the extent that leaders feel comfortable and are
qualified to do so.) Have you ever seen anyone get so angry that they
exploded like the anger volcano? Has this happened in your home?

Note: Let the children share examples of people they have seen explode. Some children will not
feel comfortable sharing about the explosions that have occurred in their homes. They will prefer to
share examples of friends or school. This is okay. Do not push them to discuss what they may not
be ready to talk about yet.

It is important at this point to let the children know that it is okay to feel
angry, but that it is not okay to hurt someone or something when we are
angry. The leaders then direct the children to look at their volcanoes once the explosion stage is over. Tell them that the volcanoes “feel better”. But do the people around them that have gotten hurt by their anger feel better? (Discuss) Sometimes, after a person explodes, s/he will feel sorry that in anger s/he has hurt those around him. This person will do or say things to make us feel better. Then we feel happy and hopeful that the explosion won’t happen again. But we may also feel that we have to be very careful about what we say or do around this person so it won’t happen again. Has that ever happened to you? (Discuss)

Note: The children may or may not want to keep their art and it is okay either way. Ask each child what s/he wants to do with it. Once a child has created his or her cycle of violence through this workshop, whatever the child chooses to do with their art is fine. Some children destroy it completely, or throw it away in the trashcan; others may take it home or just leave it behind.

After the volcanoes are done, the children may, if they choose, draw and/or write about their experience. Whatever the child chooses to draw or write about is fine.

Rag Doll Closing:
Once the children have used their volcano creation as a vehicle for telling their cycle of violence story, they will want to close on a lighter note. The “Rag Doll Exercise” can help the group do this. Sometimes when we are tense it feels good to collapse like a loose rag doll. This activity can be done in a chair or sitting on the floor.

Sit with your back straight and your legs apart a little. Now let yourself collapse like a rag doll, letting your head and arms fall into your lap. Close your eyes and listen to your breathing. Let each breath relax you more, so you keep relaxing into your lap. Pause 10 seconds...Remember what being relaxed feels like, so that next time you are feeling tense or scattered, you can relax like a rag doll. And now we’ll count backwards to one, and when we hit one, you’ll feel rested and alert. 10-9-8-7-6-5-4-3-2-1. Sit up, feeling relaxed and alert. (The Second Centering Book pp. 71-72)
Round Robin

Materials:
Timer, Paper, Markers, and Crayons

Introduction:
Review reminders about art. Talk about passing your art on to next person, the importance of trusting that no one will mess up your art, the responsibility of respecting the art that you are receiving...

This exercise is likely to bring up issues around:

Trust...Respect...Boundaries...Control...Letting go...
Sharing...Giving and Taking...

Divide into small groups of 3-4 children. Give each child a piece of paper. Children start a picture of their choice. It can be shapes, colors, and patterns, whatever you want. Use the timer. Tell the children when the timer goes off in 5 minutes it will be time to pass their pictures on to the person on their left. Pass along pictures every 5 minutes until every one in the group has worked on every paper. When the circle is complete, and the picture the child started is front of them again have children talk about what it was like to do this exercise.

Discussion points:
- Was it hard to let go of your art?
- How did it feel as you passed your art over?
- How did it feel to see someone else work on the art you started?
- How did it feel to work on the art someone else started?
- How do you feel about the finished project?
The Children’s Comfort Project

Since 1993 the Children’s Comfort Project has been addressing the issue of family violence. Initially, the quilts were made with women and children in shelters. The project was later expanded to include the public, giving community members a chance to express their feelings about family violence and take the “no violence” pledge.

Part of breaking the cycle of family violence is giving children and adult survivors a safe space to express their thoughts and feelings. The Children’s Comfort Project gives family violence survivors this chance to share their stories ... all of the pain, sorrow, fear, and confusion, as well as the love, joy, and laughter, all of the strength and courage they have shown in their lives. The project offers comfort in the creation as well as in the use of the finished product. The finished comforter becomes a visual reminder of the group process and the support the group has to offer. It reminds the child as well as the adult, that everyone should have a place where they belong that is safe.

Over half the comforters have gone home with families, making it possible for members to literally wrap themselves in comfort and hope. Some have gone to shelters. The rest are used for public display and community education, for others to admire, to learn from, and to become aware of the harsh and complex reality of family violence.

The Children’s comfort Project helps to:

- Break the silence and isolation surrounding family violence.
- Offer comfort and support to survivors of family violence.
- Send the messages:
  - You are not alone.
  - It’s not your fault.
  - You deserve to be safe.
- Create HOPE for the future. Community vision quilts envision a world free of family violence.
- Pledge, “Hands are Not for Hurting! I will not use my hands for violence!”
The Children's Comfort Project is a project that all ages are able to contribute to from very young children through to adults and elders. Children's Comfort Project quilt circles offer a place for concerned individuals to come together to talk, to share concerns, to find ways to bring the vision into reality.

The Children’s Comfort Project

Objective:
Part of breaking the cycle of family violence is giving children a safe space to express their thought and feelings. The Children's Comfort Project is a wonderful and tangible way for this to happen---children are encouraged to share their unique ideas through the supportive and creative process of making a group comforter. It gives children and adults a chance to share their stories...all of the pain, sorrow, love, joy and laughter...the strength and courage they have shown in their lives. It brings comfort in the making and in the use of the finished product. Whether the comforter goes home with one family or stays in the center to be used by all, mothers and children are literally wrapping themselves in comfort and hope.

The Children's comfort project is a project all ages are able to work on from a young child to adult. If a child can hold a crayon and make a mark, they can make a square. The children get to express themselves through the creation of the square. Each child gets to decide what colors and shapes they want to use, what story they want to tell. The squares can be as simple or complex as the maker desires. There is immediate gratification in the completion of the square. Children also get to see the long-term process and the eventual reward of the completed group project. Each child has an important part in the creation of the comforter. The finished comforter becomes a visual reminder of the group process and the support the group has to offer. It reminds the child they have a place where they belong and they are safe.

Materials List:
- Muslin squares 8”x8”
- Fabric crayons and fabric pens
- Quilt batting
- Flannel or other fabric for backing (4-6yards)
Framing Strips—3"x15" strips of varied fabrics
Yarn and yarn needles
Masking tape
Basic sewing supplies
Iron and ironing board
Unprinted newsprint paper
Polaroid camera and film (optional)

Preparation:
- Cut enough 8"x8" muslin squares for each child to have at least 2 squares (in case they want to start over)
- Cut 80-100 fabric framing strips 3"x15" from assorted fabric scraps. Lots of colors and prints are desired. The more variety the more choices available to the children.
- Tape the muslin squares to the table (or pre-tape to 11"x18" card stock) Tape the fabric on all four sides the entire length of each side. Tape in ¼"-1/2" from edge of fabric. This does three things: 1) It secures the fabric so it won't slip around while drawing. 2) It frames the drawing space; anything beyond the tape will be sewn into the seam and not show. 3) It is a chance to stretch the fabric and smooth out any wrinkles.
- Documentation---Notebook or journal to record the stories that go with the squares. Always ask permission before writing down someone's story.
- Polaroid camera to take pictures of each child and their square, so each child has something to keep from the activity since they are leaving squares for the comforter.

Getting Started:
Have the children come to the table where the art supplies are ready. Describe the project. “Today we are going to make quilt squares. The theme for this comforter is “Hands are Not for Hurting! I will not use my hands for violence!” So, what you do is trace your hand on the square. Then decorate it any way that you want to. Next think of positive ways you can use your hands and write one way on your square. We have lots of extra squares so if you don't like how yours is coming out and you can't fix it, you can start again on a fresh square.”
While the squares are being made, the children are talking about the different ways hands can be used to hurt and the ways hands can be used to help. When they have finished drawing and writing, (either directly on the square, or on a separate piece of paper to be added later) the framing strips are chosen. Each child can choose four to frame their square. They can all be the same or they can all be different. Help each child to tape the strips one on each side of the square. (The tape is to hold the strips in place until they can be sewn.)

There are many possible themes for the quilts. Other ideas include:

- What makes me feel scared? What makes me feel safe?
- Imagine a world free from violence and abuse
- Friendship
- My favorite Things...
- I am Special!

Closing:
For closing, sit in a circle. Each child has the chance to share their square and say anything they want about their square. (If the person is hesitant or doesn’t seem to know where to begin ask a question like “Do the colors, shapes, images have any special meaning to you?”) Remember to ask permission to record their story in the journal and always respect it when they say no. After sharing their square ask each child one thing they like about themselves. If child is having a hard time thinking of something they like about themselves ask one thing that they are good at or like to do.

Follow –up:
There is quite a bit of follow-up for this project, but the end result is worth the effort! The following are basic stages of comforter construction.

1. Make squares
2. Iron squares (Follow instructions on crayon box)
3. Sew framing strips on.
4. Lay out quilt
5. Piece top
6. Tie comforter
7. Bind comforter
8. Sew label on. Have group decide how quilt will be used. (If confidentiality is an issue cover names before public display)
9. Photograph comforter. Reproduce to give photos of finished comforter to women and children who worked on comforter.

All of these steps can be done by individuals or in a group process. Quilt circles give people a chance to get together and discuss the issue, sharing concerns, ideas, and solutions.

There are a lot of good books about quilt making. Check your library or local Quilt Guild. Quilt Guilds are a good place to recruit volunteers for this project.

**REMINDERS ABOUT ART**

Art is taking a risk, trying something new, reaching inside oneself and getting in touch with feelings, expressing yourself, being vulnerable before others. It is important for a safe, non-judgmental atmosphere to exist. The following reminders can help create a safe and supportive environment for children to express themselves.

- We do our own art.
- We let other people do theirs.
- Mistakes are not failures,
- They are experiences that show you were not afraid to try.
- Mistakes are opportunities to change, to grow, to fix, to start over...
- Creating art is very personal.
- The process is more important than the end product.
- All art created is special;
- Different does not mean “not good”
- We don't judge, criticize, or fix another’s art.
- There is no right or wrong way to do this art project.

   **Let your imagination run free and have fun!**
Appendix IV

Healing Interventions

Communication Skills:
Listening, validating, focusing, breaking large situations down into small elements, exploring available resources, and developing a plan of action are the skills of communicating about difficult subjects.

Paraphrasing
Reflect back in your own words, what was said (not to analyze or interpret)
Help clarify comments and thinking
Check out your own understanding of what was said
“What I hear you saying…”
“Is this... (statement) an accurate understanding of your situation?”
“Would this be an example of the point you made?” (give specific example.)
“If I hear you correctly, you…”
“You said... does this mean...?”

Behavior Description
Reporting specific, observable actions or patterns without making accusations or generalizations concerning motives, personality, or character traits.
“That’s the third time you have said you agreed with a statement of mine and then added “but...” and expressed agreement with the opposite.”
“I see that...”
“I noticed that...”

Perception Check
Helps the person realize that you are “hearing” him/her
“I get the impression you’d like to change the subject.”
“You seem to be feeling calmer now.”
“You sound worried and upset to me.”
“Something seems to be troubling you.”
“Are you saying you’re not sure what you want to do?”

**Open-Ended Questions**

Open invitation to talk
“What would you like to talk about?”
“Could you tell me more about that?”
“How did you feel when that happened?”
“What do you mean when you say you’re depressed?”

**Attending and Repetition**

Indicating listening and encouraging the person to keep talking without interfering with the message. The person says, “I’m really upset.” The provider responds, “Upset?” The parent/caregiver states, “My partner is at it again.” The provider responds, “Your partner is at it?”

**Validation**

Stating the reality of the parent/caregivers situation to help them feel understood. “It must be hard to make this decision.” “I’m so glad you’re talking with me about this.” “That can be pretty uncomfortable.” “It took a lot of courage to tell.”

**Roadblocks to Communication**

Put-down messages tend to create guilt, resentment, and rebellion. The parent/caregiver is apt to feel rejected, bad about themself, and lowered self-esteem.

**Belittling, ridiculing, shaming, and disapproving**

“You shouldn’t have done that.”
“You shouldn’t feel that way.”
“You have some strange ideas.”
“You must be kidding!”

**Comparing**

“Other people in your situation have managed”.

**Preaching, moralizing**

“It’s for your own good.”

**Diagnosing, analyzing**

“Your suicide attempts seem to be attention-seeking.”
“You are projecting your guilt onto your husband.”
“Your friend sounds schizophrenic.”
Judging, Criticizing, Blaming
“I can’t believe that.”
“When that happened to me I ...”

Probing questions—what, why, where, how, as persistent questions.
“Why do you feel that way?”

Diverting, avoiding, changing the subject
“Forget it.”
“That reminds me ...”

Rejecting
“Let’s not discuss that any longer.”

Challenging
“I’m sure you really don’t want...”
“You couldn’t have done that.”

Defending
“That hospital has an excellent reputation.”
“But that... is very competent...”
“I can’t believe... told you that.”

Ordering, directing, commanding
“You should, you ought, you must, you will.”

Warning/threatening
“If you don’t, I’ll...”

Advising, giving answers
“Let me tell you how to handle this.”
“If I were you I would...”
“Why don’t you try...”

Persuading with logic, arguing
“The facts are...”
“Yes, but...”

Implying externalized control
“What made you do that?”
“You are forcing me too...”
“Your questions are making me uncomfortable.”

Over-sympathizing, false assurance
“That’s too bad.”
“You poor thing.”
“You’ll get over it.”

Belittling feelings expressed
“Everyone gets depressed at times.”
“Someday, you’ll look back on this and laugh.”
Conflict Resolution

Conflict happens. It is part of life. Children look to adults for help and guidance. They observe our behaviors and learn how to behave themselves. It is important that children see conflict resolution in action. Not just when an adult intervenes with children, but also adults practicing conflict resolution with other adults. Conflict resolution is a skill and like any skill it takes practice. It is not always easy or comfortable to resolve conflict, however successful resolution of conflict is well worth the effort!

It can help to have an area that is designated as the "talking space" where children and adults can go to talk things out, perhaps a shady tree in the yard or a certain corner in the classroom. It can also be helpful to post and follow guidelines for conflict resolution.

Remember when you are angry and feel like kicking and screaming that it is okay to feel that way, but it is not okay to take out our anger by hurting someone! So what can you do?

- **Cool off!** When you are very angry you can't think straight. Take deep breaths. Count to ten slowly. This takes self-discipline and control.

- **Use I messages to get to the problem solving stage.** Tell the other person clearly what you are feeling; why you are feeling that way and that you want to talk.

- **Find the right place and time.** Talk to the other person in a quiet place and without an audience.

- **Listen to each other's side of the story.** One person talks, the other listens. One at a time. No interruptions. Tell what happened. Tell the truth. No name calling, insulting, blaming... If you don't understand something, ask questions. Repeat what the other person said to be sure you understand the message. “You said...”

- **Listen to each other's feelings.** Tell each other how you feel about the situation. Feelings are important.
Think of ways to resolve the conflict. Brainstorm together. What can we do? The more ideas, the better. What’s the best solution for us? Win/win solutions make everyone feel better.

Implement the solution. Take responsibility for carrying out your end of the agreement.

Guidelines for Successful Conflict Resolution

1. Identify the problem.
2. Focus on the problem.
3. Attack the problem not the person.
4. Listen with an open mind.
5. Treat a person’s feelings with respect.
6. Take responsibility for your words and actions.

FOULS

- Yelling
- Name calling
- Blaming
- Sneering
- Not listening
- Getting even
- Bring up the past
- Threats
- Pushing
- Hitting
- Putdowns
- Bossing
- Making excuses
- Not taking responsibility

Using fouls sidetrack the conflict resolution process. They are hurtful and unfair. Things said in anger are hard to take back. Once the damage is done, it is hard to undo it.
Sources


Sacred Circle. National Resource Center to Stop Violence Against Native Women: Rapid City, SD 57701.


The Child Assault Prevention Project Handbook. North Coast Rape Crisis Team. PO BOX 543, Eureka, CA 95502.

Internet sites

Child Abuse Prevention Program: http://www.caaq.state.ca.us/cvpc.
Domestic Violence Project of Santa Clara County, CA: http://www.growing.com/nonviolent.