Peter Jaffe PhD, Western University
London, ON Canada

Children as the Forgotten Victims of Domestic Homicide: Implications for Community Collaboration
Arizona Child & Adolescent Survivor Initiative
NAU – Phoenix AZ – April 25, 2016
The Impact of Our Work

• STRESS
• BURNOUT
• VICARIOUS TRAUMA
  (COMPASSION FATIGUE, SECONDARY TRAUMA)
Are DV Homicides Predictable & Preventable?

• 84% of the cases had at least 7 risk markers
• Critical information held by family, work colleagues, front-line professionals
• Children are the victims in a number of ways
• Critical need to collaborate between child protection and VAW services as well as the justice system (criminal and family court)
Children Killed in the Context of Domestic Violence

• Based on DVDRC reports (US/Canada) 3 situations in which children were killed within the context of domestic violence
• Indirectly as a result of attempting to protect a parent during a violent episode
• Directly as part of an overall murder–suicide plan by a parent who decides to kill the entire family
• Directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal.
Who Knows What?

- Family 73%
- Friends 65%
- Police 57%
- Lawyer 42%
- Co-workers 33%
- Medical 22%
- DV agency 15%
- CPS 10%
- Clergy 4%
Missed Opportunities for Community Intervention

- Number of agencies involved with child homicide cases significantly higher (9.31 vs. 6.30 vs. 4.07) - higher number of agencies for perpetrator and victims
- Almost no risk assessment or safety planning for child and/or adult victim
Risk Assessment Tools?

• Study on effectiveness of Danger Assessment, Ontario Domestic Assault Risk Assessment, Spousal Assault Risk Assessment for 13 child homicides vs. 27 adult DV homicide

• No overall differences – when mothers were at risk, children were at risk

• Individual factors – “prior threats to harm children” from DA (69% vs. 37%) and “intimate relationship problem” from SARA (77% vs. 33%)

(Olszowy, Jaffe & Campbell, 2013)
“What ever happened to the children?”
Children Exposed to Domestic Violence

- Overlap with physical abuse of child
- Psychological abuse; spurning, terrorizing, isolation and corrupting of children
- Impact on infants, children & adolescents
- Disruption of stability, nurturing, security, community supports
- Poverty
- Emotional & behavioral problems, PTSD
- Potential long-term effects
The Potential Impact of DV on Infants, Children & Adolescents

• Effects may be direct or indirect (e.g. disrupt parent – child relationship)
• Effects may vary by severity of DV, age, gender, siblings, role in family, presence of other risk/protective factors
• Effects may be immediate and visible or delayed and subtle
• Healing facilitated by safety, stability and access to informal and/or formal supports
Factors Enhancing Resilience

• A strong relationship with a competent, caring, positive adult; most often a parent*
• Benefits of community safe havens (e.g., schools, community centres & churches)*
• Characteristics of the child — average/ above-average intelligence, good attention span & interpersonal skills, positive self-esteem, access to resources for good schooling/employment/community activities*
• Stability
• Economic Viability
• Protection

Affliction Video

What about Jill?

https://drive.google.com/file/d/0B5KrotZOPlanNFNCd1hlOEcwycGM/view?pref=2&pli=1
Video Discussion Questions

• What are the risk factors she faces?
• What are the protective factors?
• What community services will she need?
• What are some of the barriers to providing service to her and the remaining family system?
What Services Will Jill and her Family Need or Come in Contact With?

Justice System: Family Court & Criminal Court

- Child Protection
- Visitation Dispute
- Assault Charge (Child Abuse/DV)
- Police Intervention
- Prosecutor
- Multiple Judges
- Victim Witness Program
- Probation Officer
- Family & Criminal Lawyers/Advocates for mother, father & child
- Court Witnesses (Experts, Family, Community Agencies)
What Services Will Jill have Contact With?

Social Services/Health/Education

- Child Protection Services
- Supervised Visitation Center
- Batterer’s Program
- Advocates (Victim & Child)
- Alcohol/Addiction Counselling
- Family Doctor
- Children’s Counsellor/Program
- Mother’s Counsellor/Program
- Court Assessors & Mediators
- Community Volunteers (Church, Friends, Relatives)
- School Support Services
“Children exposed to parental intimate partner homicide are simultaneously the child of a murderer and a victim”

“When one parent kills the other, the children are confronted with multiple losses. Not only is one parent deceased; the other parent is detained, has fled, or has committed suicide”

“Children have lost not only a loved one, but also the person who would usually help them cope with the loss of a loved one.”
Court Aftermath: Never Ending?

• Criminal court – witness? victim impact? delays and appeals? Not guilty or insane? Publicity - Permanent record to discover on internet?

• Family Court – perpetrator wants visits or contact from jail or custody? Dispute between maternal and paternal relatives? Conflicting versions of history?

• “It’s never over”
Model for Understanding Key Risk Factors

(Alisic, Krishna, Groot & Frederick, 2015)
Child Witnesses to Homicide: Implications for Community Services & The Justice System

- Crisis Assessment & Intervention
- Training & Refocusing Existing Services
  - Children’s and Adult Mental Health Services
  - Child Protection Services
  - Counseling Parents
  - Custody and Access Disputes
- Specialized Services for Trauma & Grief for Children
- Coordination of Community Services & Justice System
- Primary Prevention in Schools = Healthy Relationships
Thank You!
Peter Jaffe
pjaffe@uwo.ca

- Centre for Research and Education on Violence Against Women and Children
  www.learningtoendabuse.ca

- Learning Network: Education, Research & Resources on Violence Against Women
  www.vawlearningnetwork.ca

- Domestic Violence Risk Assessment and Management Online Curriculum
  www.onlinetraining.learningtoendabuse.ca
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Understanding Children’s Needs

• Grief
• Trauma
• Community Collaboration
Grieving Tasks (1)

• (a) accept the reality and permanence of the death;
• (b) experience and cope with painful emotional reactions to the death;
• (c) adjust to changes in their lives and identity resulting from the death;
• (d) develop new relationships or deepen existing relationships to help cope with the death;
• (e) invest in new relationships and life-affirming activities as a means of moving forward;

Alisic, Krishna, Groot & Frederick, 2015
Grieving Tasks (2)

• (f) maintain a continuing appropriate attachment to the deceased loved one through activities such as reminiscing, remembering, and memorialization;
• (g) make meaning of the death, which can include coming to an understanding of why the person died;
• (h) continue through the normal developmental stages of childhood and adolescence
Assessment Questions (1)

• How is the child currently doing, taking into account psychological, social, physical, and academic domains of functioning?

• Have there been changes in functioning since the homicide?

• What is the family history, in particular with regard to previous violence and stressors?

• To what extent has the child been exposed to the homicide?

• To what extent has the child been informed about the homicide?

• Alisic, Krishna, Groot & Frederick, 2015
Assessment Questions (2)

- How chaotic have the days directly after the homicide been for the child?
- How are the caregivers doing?
- Is there any conflict between relatives in relation to the homicide and/or the situation of the child?
- What is the nature of any contact between the child and the perpetrating parent?
- What mental health care has been provided so far (and what were the results)?
Trauma Informed Interventions

• Screening and assessment
• Strength and resilience
• Extent of PTSD
• Planning counselling and placements
• Advocating in court to ensure judges understand
• See http://www.nctsn.org/ National Child Traumatic Stress Network
Small Group Reflections on Your Role

• What can I do?
• Who are my partners?
• How do I work more effectively with my partners?
The Gap between Theory & Practice

• Training
• Access to Resources
• Sharing Information
• Genuine Collaboration with all community & justice partners

• What would you do differently tomorrow?
Additional Information on Impact of DV across Different Stages of Development
## Infants and Toddlers

### Developmental Features
- take in information through senses
- forming secure attachment
- active explorers and learn through play
- learn about social interaction from their families

### Potential Impact of Exposure to Violence
- loud noises, vivid visual images associated with violence can be distressing
- parents may not be able to consistently respond to children’s needs
- fear and instability may inhibit exploration and play; imitating in play may be related to aggression witnessed
- learn about aggression in interactions observed
## Preschoolers

<table>
<thead>
<tr>
<th>Developmental Features</th>
<th>Potential Impact of Exposure to Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>learn to express aggression &amp; other emotions</td>
<td>learn unhealthy ways of expressing anger and aggression; possibly confused by conflicting messages (e.g., what I see versus what I’m told)</td>
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<tr>
<td>egocentric thinking</td>
<td>may attribute violence to something they’ve done</td>
</tr>
<tr>
<td>ideas about gender roles</td>
<td>learn gender roles associated with violence &amp; victimization</td>
</tr>
<tr>
<td>increased physical independence</td>
<td>instability may inhibit independence; may see regressive behaviors</td>
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Children Ages Five to Twelve

**Developmental Features**

- increased emotional awareness for self and others
- emphasis on fairness and intent
- academic & social success at school has primary impact on self-concept

**Potential Impact of Exposure to Violence**

- more awareness of own reactions to violence at home; more aware of impact on others (e.g., mother’s safety, concerned about father being charged)
- possibly more susceptible to acquiring rationalizations heard to justify violence (i.e., myths of woman abuse)
- accessibility for learning may be decreased because of impact of violence (e.g., distracted); may miss positives, or selectively attend to negatives, or evoke more negative feedback
## Children Ages Five to Twelve (cont.d)

<table>
<thead>
<tr>
<th>Developmental Features</th>
<th>Potential Impact of Exposure to Violence</th>
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<tbody>
<tr>
<td>increased influence from school, peers, community and media</td>
<td>• Possibly more influenced by messages that confirm attitudes and behaviors associated with woman abuse</td>
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<tr>
<td>increased same sex identification</td>
<td>• may learn gender roles associated with woman abuse (e.g., males as perpetrators -- females as victims)</td>
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<tr>
<td>competition assumes new importance within peer group</td>
<td>• may use hostile aggression to compete; increased risk for bullying and/or being bullied</td>
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Adolescents

Developmental Features

- increased autonomy
- puberty
- increased peer group influence and desire for acceptance

Potential Impact of Exposure to Violence

- family skills for respectful communication and negotiation may be poorly developed due to violence; transition of adolescence may be more difficult for youth and family
- may try to physically stop violence; may use increased size to impose will with physical intimidation or aggression
- possibly more embarrassed by violence at home; may try to escape violence by increasing time away from home; may use maladaptive coping to avoid (e.g., drugs)
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<td>dating raises issues of sexuality, intimacy, relationship skills</td>
<td>• may have difficulty establishing healthy relationships; possibly at greater risk to become involved in dating violence (e.g., boys as abusers &amp; girls as victims)</td>
</tr>
<tr>
<td>increased influence by media</td>
<td>• possibly more influenced by negative media messages re: violent behavior, gender role stereotypes</td>
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