Refugee Children Exposed to Intimate Partner Violence: Doubly Vulnerable

Welcome!

Thank you for participating in this peer exchange and your interest in this topic!

- This Webinar will be recorded and archived and all participants will receive a follow-up email with a short evaluation.
- A copy of the slides can be downloaded from the bottom right of the screen.
- During the Q&A session, please use the chat pod on the right to submit your questions.
- If you need help troubleshooting during this presentation, email info@brycs.org.

Lisa A. Fontes, Ph.D.

works to improve mental health and social service responses to people from diverse cultures—especially immigrants & refugees. She wrote the books:

- Invisible Chains: Overcoming Coercive Control in Your Intimate Relationship
- Interviewing Clients Across Cultures
- Child Abuse and Culture

She co-authored the BRYCS Curriculum on preventing child maltreatment for unaccompanied minors in federal facilities. Fontes is a Senior Lecturer at the University of Massachusetts. Fluent in Spanish and Portuguese, she has researched and worked with immigrants and refugees for decades.
Agenda

1. Defining “Intimate Partner Violence”
2. Overlaps between children who witness Intimate Partner Violence and children who grow up in refugee families
3. Culture and IPV
4. Helping families live free from IPV
5. Boosting the resilience of children exposed to IPV

What do we mean by Intimate Partner Violence?

- Gender
- More than just physical violence
- Mutual or about domination?
- Culture

Intimate partner abuse:
Not just hitting—domination

Coercive control--
What happens between assaults
University of Notre Dame study
Physical violence & coercive control traumatize children
- Children know!
- Even “mild” episodes are traumatizing
- What do episodes teach children?
- More common responses in boys vs. girls

95% of domestic violence assaults are “mild”—if you wait for broken bones you miss them

Refugee children exposed to Intimate Partner Violence

- Intimidation
- Unpredictability
- Modeling of aggression
- Child abuse risk
- Families overwhelmed
- Stress
- Year
- Isolation
- Grief
- Intimidation
- Language issues
- Culture shock
- Lack of resources
- Discrimination

Some symptoms of IPV exposure overlap with refugee trauma symptoms
- Traumatic arousal (difficulty sitting still or problems sleeping)
- Emotional numbness
- Intrusive memories
- Low tolerance for stress
- Depression
- Anxiety
- Low self-esteem
- Traumatic stress reactions
- Substance abuse
- School failure
- Social withdrawal
- Externalizing behaviors including aggression & delinquency
Using children to control their mother

- Isolating mothers from children
- Interfering with authority
- Spying on/neglecting mother
- Threatening children’s well-being
- Economic pressure
- Abusing children sexually or physically
- Threatening to take children
- Using the courts to punish & harass—“paper abuse”

What have you seen?

“My culture made me do it”

- Is culture ever a valid excuse for control or violence?

Help couples live free from IPV

- Join up with domestic violence agencies to do outreach in refugee communities (find your local agency at: www.domesticshelters.org)
- Help domestic violence agencies work with clergy in refugee communities
- Help victims access DV agencies
- Explain the effects of DV exposure on children (to families & community leaders including clergy)
- “Batterer intervention programs” NOT anger management

www.brycs.org
What can a Domestic violence advocate provide?
Possibly:
• Safety planning
• Shelter
• Psychotherapy with someone who understands IPV
• Pro-bono attorneys
• Court advocate
• Support group
• Employment liaison

Important caution
The period of separating from a violent or controlling man is particularly risky for women. Additional risk factors:
• If abuser has access to a gun
• If he has previously strangled her or choked off her breathing
• If he has raped her or threatened her with a weapon
• If he has been controlling (Spencer & Stith, 2018).

Further protecting children & boosting their resilience
• Consider a CPS referral
• Partner with school counselors & social workers, if possible
Help children tell their own stories—create their own endings

- Acknowledge difficult times
- Help children identify trauma effects: “that’s the trauma talking”
- Much that you cannot control
- Much that you can control
- Decisions every day about the paths you will take
  - Who do I want to be 5 or 10 years from now?
  - Who do I want to be like? (alternative models)
  - How should I use my time right now?
  - How much time spent “numbing” oneself
  - How will what I do now create the ending I want for my story

Use creative arts to encourage goal setting

- Make a picture of the kind of person you want to be
- Write the steps you need to take to get there (include appropriate relationships)
- One small step at a time

Safety first!
Support Academic Success
- Trauma-sensitive schools...information
- Provide info to teachers, counselors, & administrators on needs of refugee children
- Collaborate with classroom teachers & other school personnel for individual student success
- Ease access to tutors & interpreters
- Establish regular “check-ins” for children with school counselors

Support Social Success
- Help traumatized children find activities where they can excel, bond with other children & helpful adults:
  - sports
  - clubs
  - performing and visual arts
  - scouts, etc.
- Activities can help them with areas of deficiency:
  - Aggressive children learn self-control through martial arts & mindfulness.
  - Shy children learn social skills through sports, dance, theater, chorus, or other group activities.

Lower Stress at School
- Children exposed to IPV may be triggered by:
  - unpredictability
  - sudden loud noises,
  - interpersonal conflict
- What may help:
  - eat lunch with a favorite teacher?
  - predictable sequence of classroom activities
  - reduce classroom noise
  - Create a “chill space” at school
Support reading directly & through families

- Key to academic success
- Safe haven & behavioral models
- Information
- Paths to success

Concretely:
- Provide books
- Read together
- Bring to library, help get card & learn rules
- Introduce to librarians
- Book clubs, book fairs, newspapers
- Podcasts

Access to counseling

- Individual, group, family, or sibling group counseling can help children after IPV
- In school or in the community
- Support groups for children exposed to IPV
- Help children participate in more general groups
- Proven trauma modalities with children—EMDR, Trauma-focused Cognitive Behavioral Therapy

Provide support

- Shoulder to lean on
- Someone to tell about their days
- Help navigating their multiple cultural worlds
- Providing non-violent modeling
- Decision-making advice
- Window into higher education, full employment
- Material support—access to food, clothes, books, summer camp, jobs
- Ready to receive a disclosure
Maintain optimism

- Many wonderful and famous people were exposed to DV as children, including:
  - Charlize Theron
  - Trevor Noah
  - Edwidge Danticat
  - Patrick Stewart
- Let children & teens know you believe in them...

Additional Resources

- Bridging Refugee Youth and Children’s Services (BRYCS) [www.brycs.org](http://www.brycs.org)
- Domestic Violence Brochure (in many languages), U.S. Committee for Refugees and Immigrants (USCRI) [http://refugees.org/research-reports/tab-3](http://refugees.org/research-reports/tab-3)
- Learning to End Abuse: [http://learningtoendabuse.ca/learn/children-exposure](http://learningtoendabuse.ca/learn/children-exposure)
- Trauma Sensitive Schools: [https://traumasensitiveschools.org](https://traumasensitiveschools.org)

Questions?

Please use the chat pod on the right to submit your questions.

Unanswered questions will be posted and responded to on BRYCS Blog: [http://brycsblog.blogspot.com/](http://brycsblog.blogspot.com/)
The U.S. Conference of Catholic Bishops/Migration and Refugee Services received $225,000 in competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant 90RB007. BRYCS is financed 100% through Federal funds. The materials presented are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

*Models are used for illustrative purposes.