Responding to Violence in the Home During the COVID-19 Crisis

April 24, 2020
House Keeping

• Attendees are muted
• Please type any questions you have into the Questions Box
• We are recording this webinar and will send out the link to everyone who registered at a later date.
Speakers

Linda Blozie
*Director of Training and Prevention*
Connecticut Coalition Against Domestic Violence

Rebecca Beebe, PhD
*Research Scientist, CT Injury Prevention Center*
Connecticut Children’s Medical Center

Brendan Burke, MSW
*Program Manager, DCF Careline*
Connecticut Department of Children and Families
Overview

• Definition of IPV, Methods of Control and Impact on Families
  • Additional Concerns during COVID-19 Pandemic

• Batterer Tactics

• Challenges to Leaving
What is Intimate Partner Violence?

Intimate partner violence is a pattern of abusive behavior in an intimate relationship where one partner tries to control and dominate the other. The behavior may be verbally, psychologically, physically or sexually, financially or technologically abusive with the victim left feeling scared, confused, dependent and insecure.

Assaulting, threatening, harassing, strangling, or stalking an intimate partner is a crime in the state of Connecticut.
Methods of Control

Physical    Emotional    Sexual    Financial    Technological    Legal
Impact of Domestic Violence

Impact of domestic violence on victims/survivors:

- Lessens self-esteem
- Vulnerability and fear
- Feeling powerless
- Feelings of unworthiness
- Anxiety
- Sadness or depression
- Anger
- Distrust
- Difficulty making relationships
- Difficulty making decisions
- Difficulty keeping focus
Batterer Tactics

• **Isolation:** Why do you want to see your family every week?

• **Intimidation:** Making your partner afraid by using looks, actions, gestures

• **Using coercion and threats:** I will kill myself if you leave – I will take the children away from you

• **Using children:** To spy on the victim, using visitation to harass victim, telling children “I would be at home if mom would let me.”
Batterer Tactics

• **Damaging partner’s relationships:** Telling people she is crazy/liar, using email and Facebook to send negative messages to friends

• **Minimizing, denying and blaming:** But I didn't hit you that hard, you bruise easily, I wouldn't have hit you if you hadn't been smiling at that person

• **Being possessive and jealous:** Telling victim “you are mine and always will be.”

• **Controlling:** Not giving enough money for groceries, taking partner to every place s/he goes
Challenges to Leaving

• Fear
• Love
• Children
• Money
• Limited or no support system
• Abuser promises to change
• Peer pressure
• It might be safer to stay at that time
Intimate Partner Violence and Child Welfare

Rebecca Beebe, Ph.D.
Connecticut Children’s Medical Center
Child Exposure to IPV

• 15.5 million children in the US live in households where IPV occurred in the last year
• 16% have been exposed to IPV at least once

“Identifying and intervening on behalf of battered women may be one of the most effective means of preventing child abuse.”

American Academy of Pediatrics, Committee on Child Abuse and Neglect (1998)

(Appel & Holden, 1998; Colletti et al., 2008)
### Consequences of IPV Exposure:
#### Possible Symptoms across Childhood

<table>
<thead>
<tr>
<th>Age</th>
<th>Birth to 5</th>
<th>Age 6 to 11</th>
<th>Age 12 to 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td>Sleep and/or eating disruptions</td>
<td>Nightmares, sleep disruptions</td>
<td>Antisocial behavior</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Withdrawal/lack of responsiveness</td>
<td>Aggression and difficulty with peer relationships in school</td>
<td>School failure</td>
</tr>
<tr>
<td>Intense</td>
<td>Intense/pronounced separation anxiety</td>
<td>Difficulty with concentration and task completion in school</td>
<td>Impulsive and/or reckless behavior, e.g.,</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Inconsolable crying</td>
<td>Withdrawal and/or emotional numbing</td>
<td>School truancy</td>
</tr>
<tr>
<td>Fears</td>
<td>Developmental regression, loss of acquired skills</td>
<td>School avoidance and/or truancy</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Aggression</td>
<td>Intense anxiety, worries, and/or new fears</td>
<td></td>
<td>Running away</td>
</tr>
<tr>
<td>Impulsive</td>
<td>Increased aggression and/or impulsive behavior</td>
<td></td>
<td>Involvement in violent or abusive dating relationships</td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Withdrawal</td>
</tr>
</tbody>
</table>

- Nightmares, sleep disruptions
- Aggression and difficulty with peer relationships in school
- Difficulty with concentration and task completion in school
- Withdrawal and/or emotional numbing
- School avoidance and/or truancy
- School truancy
- Substance abuse
- Running away
- Involvement in violent or abusive dating relationships
- Depression
- Anxiety
- Withdrawal
IPV and Child Welfare

- Co-occurrence of IPV & child abuse or neglect is just over 50%
- People who use violence may behave towards children as they do toward their partners, may exploit children to hurt victims
- Mothers who had been victim to any physical IPV in the past year more likely to use harsh parenting
COVID Impact on Careline Reports

Brendan Burke, MSW
Department of Children and Families
<table>
<thead>
<tr>
<th>Reporter Type</th>
<th>3/16-4/14/20</th>
<th>Reporter Type</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>26.9%</td>
<td>School Personnel</td>
<td>36.9%</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>13.2%</td>
<td>Police</td>
<td>16.1%</td>
</tr>
<tr>
<td>Hospital</td>
<td>11.8%</td>
<td>Mental Health Professional</td>
<td>10.5%</td>
</tr>
<tr>
<td>School Personnel</td>
<td>10.4%</td>
<td>Hospital</td>
<td>7.9%</td>
</tr>
<tr>
<td>Anonymous</td>
<td>8.9%</td>
<td>Anonymous</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other</td>
<td>4.3%</td>
<td>Other</td>
<td>4.7%</td>
</tr>
<tr>
<td>Father</td>
<td>4.1%</td>
<td>DCF Employee</td>
<td>2.8%</td>
</tr>
<tr>
<td>DCF Employee</td>
<td>3.4%</td>
<td>Mother</td>
<td>2.3%</td>
</tr>
<tr>
<td>Court Personnel</td>
<td>3.0%</td>
<td>Health Care Professional</td>
<td>2.1%</td>
</tr>
<tr>
<td>Mother</td>
<td>3.0%</td>
<td>Father</td>
<td>2.1%</td>
</tr>
<tr>
<td>Relative</td>
<td>2.9%</td>
<td>Court Personnel</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Accepted Referral Response Time

2019
- SD: 7.3%
- 24: 20.8%
- 72: 71.9%

COVID19 5 Weeks
- SD: 6.0%
- 24: 20.9%
- 72: 72.8%
What Can You Do to Help?
Overview

• How You Can Help
  • Telehealth Script
  • Strategies for Discussing IPV Safely

• Resources
  • Safe Connect
  • CCADV Member Organizations
COVID 19 and IPV

• Victims/survivors ordinarily wait to be by themselves before they seek help. They cannot do this right now because there is no window of opportunity.

• Victim/survivors may be experiencing increased isolation and danger caused by social distancing measures during the Coronavirus pandemic.

• Victim/survivors who are already more vulnerable to economic and health insecurity are facing additional challenges during this time.

• You may be the only person the victim is having contact with, they may not be able to reach out for other services.
Safety Plan during COVID-19

• Have a trusted friend or family member who you can "shelter in place" with if you are in imminent danger.

• Communicate with your friends and family daily for support.

• Develop a code word with friends or family if you are in danger and need to get out quick.

• Find the safest place in your house where you can escape if an argument or violence breaks out.

• Practice self-care.
How You Can Help
With increased isolation & stress due to COVID-19…

• We have started talking about intimate partner violence with all of our clients because it can have such serious impacts on health.

• We want to let you know that Connecticut has a 24/7 IPV hotline, called Safe Connect.

• Safe Connect Advocates understand complicated relationships and all services are free, safe, confidential and voluntary.

• If you, or anyone you know, might benefit from these resources you can call 888.774.2900, or email & live chat with an advocate at www.CTSafeConnect.org
As a part of the community safety net, you **ARE NOT** expected to become experts in IPV.
What to expect: You are in control

People contact Safe Connect for themselves or someone else they care about. Some have questions about their relationships and just want to talk. They take your lead, offering information, options, and positive outcomes. While many of us have been in situations similar to yours, you are the expert about you.

• They will always ask if you are in a safe place to talk or message.
• If you are concerned that someone may be monitoring your internet or phone unsafe, please let them know right away, we can help.
• They will ask you questions. They do this so we can better understand you and what you’re going through. Share only what you’re comfortable sharing.
• They like to follow-up with you within 48 hours- but will do this only with your permission, and in the way you tell us feels safest.
Safe Connect

- Safe Connect Advocates have the ability to communicate in nearly 200 languages.

- Safe Connect Advocates meet the victim/survivor where they are at.

- IPV, in and of itself, is not a mandated reporting opportunity.

- If you or your staff have any questions or resource needs certified advocates are also available for you 24/7 [www.CTSafeConnect.org](http://www.CTSafeConnect.org) or 888-774-2900.
SERVICES
- Counseling
- Support groups
- Emergency shelter/safe house
- Court advocacy
- Safety planning
- Lethality Assessment
- Information & referrals
- Education & trainings

888-774-2900 | www.CTSafeConnect.org | 24/7/365
All services are CONFIDENTIAL, SAFE, FREE & VOLUNTARY
Help is available
888.774.2900 24-hour toll-free hotline
www.CTsafeconnect.org

Linda Blozie
Director of Training & Prevention
Connecticut Coalition Against Domestic Violence
lblozie@ctcadv.org | www.ctcadv.org

THANK YOU!
Questions?

Additional Questions and Training Needs?

Contact training@cceh.org