



EXPOSURE TO VIOLENCE AMONG CHILDREN IN SUPPORTIVE HOUSING: A Community-University Partnership: Early Risers and the Supportive Housing Provider Group December 2009

Abstract: This report summarizes results from a study of exposure to stressful and traumatic events among 82 families living in supportive housing and participating in the Early Risers prevention study. Mothers and their 6-13 year old children were interviewed separately about their adverse experiences, and histories of exposure to violence and other stressful events. Both mothers and children reported relatively high rates of exposure to multiple adverse events. For example, more than 80% children reported having seen an arrest, more than 66% reported having seen somebody beaten up, and over 25% children reported having witnessed drug deals. Children's reports of exposure to adverse events were strongly associated with their self-reports of distress. Consistent with child reports, mothers also reported that children experienced relatively high rates of stressful events, including death of a relative, separations from their mothers of more than a week, and maltreatment. In addition, mothers reported very elevated rates of intimate partner violence in current and past relationships. The study results highlight the histories of extensive risks among formerly homeless families residing in supportive housing and suggest that providers and policy makers should prioritize strategies that reduce and ameliorate violence exposure and its effects. This is the third of a series of reports sponsored by the Family Housing Fund and the Early Risers/Supportive Housing Project:

Supporting Children's Potential and Resilience: A Community/University Partnership, published October 2009

Who are the Resilient Children in Supportive Housing, published December 2009

Early Risers: Year One Results (Spring, 2010)

Early Risers: Year Two Results (Summer, 2010)

Early Risers: The Conclusion (Fall, 2010)

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The Supportive Housing Provider Group spoke clearly and loudly about the need to support young children who have experienced the trauma of homelessness. The Group's guidance and leadership brought about a collective vision for children living in supportive housing and, ultimately, the Early Risers Project.

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Introduction

This report, and others in the series published by the Family Supportive Housing Center, is an effort to reduce the gap between research and application by sharing information that may assist supportive housing sponsors, community partners, funders and policy makers better understand and address the needs of children who have experienced homelessness.

The past two decades have seen significant increases in the numbers of homeless and highly mobile children and families. Children in homeless families have experienced the most pernicious of early stressors: extreme poverty, transience, educational and housing disruption, separation from primary caregivers, and exposure to traumatic events. Yet these most vulnerable children are also those who typically have the least access to programs that work.



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In 2006, the Family Housing Fund, its subsidiary the Family Supportive Housing Center, LLC and a group of supportive housing providers called the Supportive Housing Provider Group partnered with the University of Minnesota on a National Institute of Mental Health funded research project called Early Risers. Early Risers is on the SAMHSA national registry of evidence-based programs and practices. This application of the Early Risers program is designed to research and respond to the psycho-social needs of homeless children living in site-based family supportive housing. A number of publications on the results and lessons learned from this four year study are scheduled for release beginning in the fall of 2009.

For more information about the Early Risers/Family Supportive Housing project and previous reports, please go to <http://www.familysupportivehousingcenter.org/research-and-discovery/early-risers-report>.

How does exposure to violent and traumatic events affect children?

Much research has underscored the difficult histories of children in homeless families, and in particular, the high rates of exposure to traumatic events among both homeless mothers and their children (Buckner, Beardslee & Bassuk, 2004). Traumas such as suffering neglect and abuse and witnessing domestic and community violence are toxic for children's healthy development.

Dante Cicchetti, arguably the world's leading scholar of child maltreatment and development, and a professor at the University of Minnesota, has shown how maltreatment affects almost every domain of healthy development, including children's school functioning, intellectual capacities, relationship skills, self-control, and other critical tasks of childhood development (Cicchetti & Cohen, 2006; Cicchetti & Toth, 1995). For example, maltreated children show increased rates of emotional and behavioral disorders, insecure attachments with primary caregivers, and difficulties in social relationships. A large body of research points similarly to the negative effects on children exposed to domestic and community violence (e.g., Margolin & Gordis, 2000). While exposure to violence varies in severity, chronicity, and type, research overall suggests that it interferes with children's healthy development.

For example, such exposure may result in post-traumatic stress disorder in children, in other related anxiety disorders, or in problems with acting out.

The supportive housing community has become increasingly aware of the impact of exposure to violence on children, families, and communities. Anecdotal reports from family advocates and case managers have indicated a high prevalence of exposure to traumatic events among homeless families in their facilities. Provider concerns, combined with discussions with the research team and the Center, led to our interest in learning more about the traumatic events experienced by children and families in family supportive housing.

METHODOLOGY

As a result, we conducted a study to further understand the life stressors and traumatic events experienced by children and families residing in supportive housing. We invited all families participating in the larger Early Risers study to participate in interviews to learn about children and parents' histories of stressful experiences. Eighty-two families with approximately 120 children participated.

Children reported being exposed to multiple stressful incidents, from witnessing drug deals and arrests to gun violence.

Interviewers scheduled a convenient time to visit each family in their home, and interviewed children and parents separately about their respective experiences of stressful events. They asked parents about their children's exposure to stressful events (e.g., significant separations from parents or other caregivers; experiences with death or illness of a caregiver; etc) and about their own histories of abuse within intimate partner relationships. They asked children about their experiences of stressful events, using questionnaires (described below) which had been previously validated and used with diverse child and family populations.

At the same time their mothers responded to questions about their children's experiences of stress and separations from caregivers and to questions from the Conflict Tactics Scale, the most widely used measure of past year intimate partner violence.

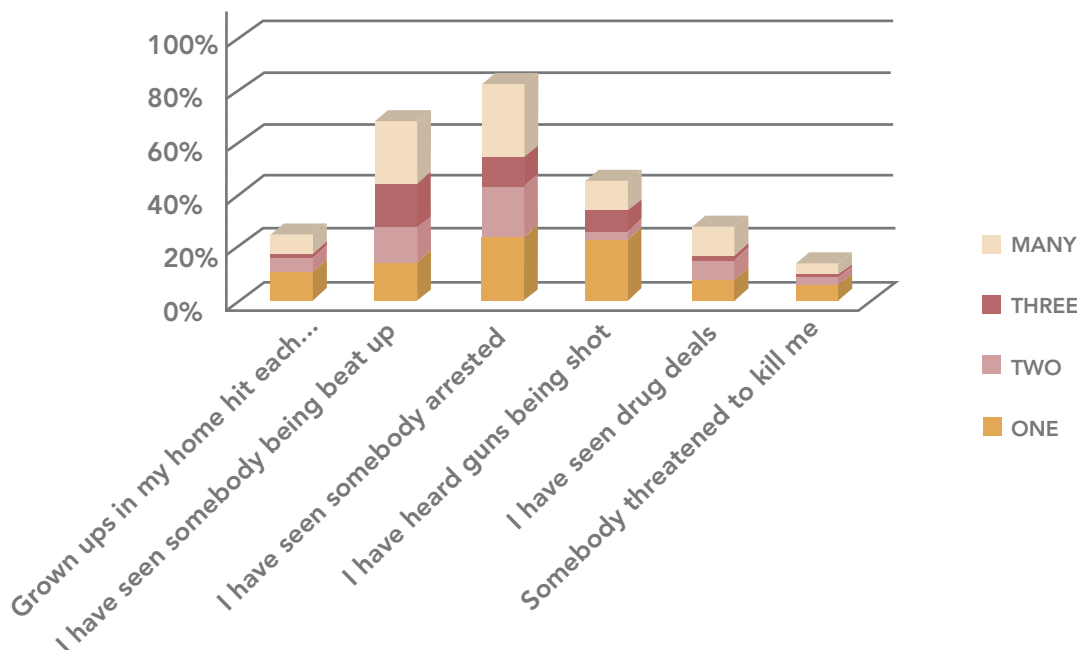
FINDINGS

Children reported having been exposed to multiple stressful incidents, ranging from drug deals and arrests to gun violence.

What we learned from the children:

Figure 1, below, reports children's responses to questions from *Things I Have Seen and Heard* an instrument which in simple words asks children whether and how often they have been exposed to traumatic events – those they have witnessed themselves, not those they have seen or heard on TV, in movies, music or the Internet. Ninety-eight percent (98%) of these children reported having experienced at least one of the events listed. While there is no nationwide comparison data using *Things I Have Seen and Heard*, we compared the reports of children in supportive housing with those of children elsewhere, usually in inner urban settings, who had been interviewed with the instrument in the context of another research study. Overall, the rates of exposure to violence among these children in supportive housing are comparable to children of the same age with similar levels of risk in studies of inner-city children in Philadelphia, Boston, and Washington, DC.

Figure 1: Percent of children reporting experiencing specific traumatic events (colors represent # times each event was experienced)



The most commonly reported event was witnessing an arrest, with more than 80% of children having seen at least one. More than two thirds of children reported having seen somebody being beaten up. More than half said that “grown ups in my home yell at each other,” and more than a quarter reported having seen drug deals. Sixteen percent (16%) said they had seen drugs in their home, thirteen percent (13%) a gun, and nine percent (9%) said “grown ups in my home threaten to stab or shoot each other.”

One in twenty of the children interviewed reported having seen somebody in their home shot or stabbed; a similar one in twenty children said they had seen a dead body outside. More than one in twenty children reported that someone had threatened to stab them (6%) or shoot them (6%). Although these latter numbers represent a very small minority of children in supportive housing, they indicate the range of traumatic events and moderate to extreme stressors these children have known. Witnessing violence or being victimized by violence is very different from watching it on television. As noted above, the impact of such exposure on various aspects of children’s development has been well documented; it disrupts the security and stability of their lives, leading them to understand the world as a terrifying, unpredictable place. Not only does this exposure lead to behavior and emotional problems, but it is also associated with more basic biological and cognitive effects – such as a child’s hormonal regulation and IQ.

Since all one hundred twenty-two (122) children interviewed in this ‘mini study’ were part of the larger Early Risers study, we were able to review and compare these findings with data from regular yearly assessments. One of those, the “Levonn,” asks children to report how often they feel the distress commonly associated with traumatic events.

When shown pictures of Levonn, a young boy of indeterminate race, they are asked how often they have felt like Levonn. For example, one picture shows Levonn sitting in class but looking out the window, with a distracted expression. The item reads “This is Levonn in class. He gets distracted from his work by little things that happen around him. How often does this happen to you?” A picture of Levonn lying in bed at night poses the question: “Here is Levonn having scary dreams. How many times do you have bad dreams that scare you?”

Not surprisingly, *Things I Have Seen and Heard* reports of children’s exposure to multiple types of traumatic violence were associated with reports of trauma-related distress on the *Levonn*. The greater the number of events reported on the one, the more symptoms of distress on the other. Although the *Levonn* is not a diagnostic tool, it does assess symptoms associated with post-traumatic stress disorder (PTSD). Such symptoms in children include nightmares, avoidance of people and places reminiscent of a traumatic event, play that appears to be repetitive or compulsive (post-traumatic play), difficulty concentrating in school, temper tantrums, and difficulty managing emotions.

Most children exposed to traumatic events do not develop PTSD, but the likelihood of PTSD increases with increasing exposure to traumatic events, particularly events of an especially horrific nature (e.g., witnessing a murder.) Many children who have experienced traumatic events display symptoms other than or in addition to PTSD - anxiety symptoms that do not seem to be related to the traumatic events, such as acting-out or conduct problems and/or depressive symptoms.





What we learned from the parents:

Nearly all parents participating in the study were single mothers. When we asked these women about stressful events in their children's lives, including histories of loss, separation, and exposure to violence, nearly seventy-five percent (75%) reported their children had experienced the death of a close relative. Over half reported somebody close to their child had been in jail for at least a month, and forty-three percent (43%) said their child had been separated from them for more than a week (for a reason other than vacation).

Together, these data on separation and loss indicate significant disruptions in care-giving and the loss of close family among children in supportive housing. Early separation and loss are significant risk factors for later social and emotional difficulties, since stable and secure early attachment relationships are the building blocks for later social relationships.

Fifteen percent of mothers (15%) reported their child had witnessed a shooting or a stabbing, seventeen percent (17%) that their children had been sexually assaulted or molested. Another seventeen percent (17%) reported their children had been threatened with severe violence, eleven percent (11%) that their children had been beaten or assaulted by somebody close to them. Studies indicate that such victimization by violence puts children at an even greater risk of development problems than does witnessing violence and leads to problems in school, with peers, and in behavioral and emotional domains.

Victimized children may have particular trouble trusting adults and developing secure social relationships. They may develop post-traumatic stress disorder - the body's stress response system functions on "overdrive" with heightened startles, nightmares, memories of trauma, and seemingly unpredictable aggressive behavior. Sexually victimized children may struggle in peer and intimate relationships and have a distorted understanding of relationship expectations as related to sexual behaviors.

Children who have been victimized may have particular difficulties trusting adults and developing secure social relationships.

Mothers' reports of domestic violence:

Almost three quarters of the mothers interviewed (72.5%) reported a history of domestic violence (i.e., having been in a physically abusive intimate partner relationship.) This is almost three times the estimated twenty-five percent (25%) nationwide who report a lifetime prevalence of domestic violence. Forty-one percent (41%) of these mothers reported being in a currently abusive relationship, one third having had a history of sexual coercion in the past year (i.e., being forced into sexual acts against her will.) Twenty-two percent (22%) reported having injured a partner in the course of a dispute, seventeen percent (17%) having been intentionally injured themselves in an intimate relationship in the past year.

Usual comparisons of mothers' reports of domestic violence with those of their children show mothers tending to underreport violence. But this group of mothers in family supportive housing reported proportionally more violence exposure than did their children. Twenty-seven percent (27%) of these children reported having at least once seen "grownups in my home hit each other," yet over sixty percent (60%) of the mothers reported their child had witnessed domestic violence at least once in his/her lifetime.

There may be several reasons for this unusual discrepancy. The relatively high rates of service utilization among families in supportive housing suggest these mothers may have already had an opportunity to disclose domestic violence and thus now find the conversation less taboo than do regularly-housed families who have not sought social services. In addition, single-site supportive housing offers an element of communal living in which families tend to have less privacy and thus probably less stigma associated with talking about domestic violence - particularly given the prevalence of domestic violence among them.

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Supportive housing offers a special opportunity to focus on efforts to reduce children's exposure to violence and related stressors.
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Implications for family supportive housing providers and policymakers:

The data reported above suggest that children residing in family supportive housing have been exposed to high rates of stressful and traumatic events through the course of their young lives. It is important to note that the interviewers asked about lifetime experiences of stressors, not about those which may have been experienced while living in supportive housing. Thus we cannot in any way link rates of exposure to violence or other stressful events to residence in supportive housing. While only longitudinal data gathered over several time points and an extended period of time will enable us to learn more about the implications of exposure to traumatic events for children's and families' adjustments, it

is clear that children in supportive housing have had significant exposure to adverse events. Supportive housing providers have an especially efficacious opportunity to focus on reducing the exposure to violence and related stressors among resident children.

How can supportive housing mitigate the impact of exposure to violence and promote children's safety?

• Train providers to recognize trauma exposure and symptoms.

Many service providers consider questions about trauma exposure to be intrusive. But framing questions sensitively and appropriately and providing adequate supportive resources make it possible to determine whether a child's behavioral and emotional difficulties may be driven by traumatic stress reactions. For example, a child might become aggressive when faced with something as benign as a color or sound because it reminds her of a violent episode. She may end up being inaccurately labeled as "oppositional" or "conduct disordered," a designation likely to dog her unfairly for the rest of her life. Supportive housing policies and procedures must ensure safe environments for children.

• Collaborate with mental health providers in the community who are trained in evaluation and intervention for traumatized children.

An increasing number of mental health professionals in the Twin Cities have been trained in trauma-focused cognitive behavioral therapy, an evidence-based practice that reduces children's trauma-related symptoms and increases their capacity to function well at home and at school. These professionals can fully evaluate children as well as provide treatment.



- *Work with parents and children on simple strategies to enhance safety and security.*

Safety planning helps both parents and children to identify and address unsafe situations in their lives. Helping parents to monitor their children's activities is important (e.g. knowing who they are with, what they are doing, screening childcare providers). A great resource is Psychological First Aid (PFA), a simple set of guidelines for shelter providers/advocates working with traumatized homeless youth and families http://66.92.43.14/ucla/PFA_Families_homelessness.pdf

- *Use simple, evidence-based practices to reduce violence exposure and ameliorate the effects of violence exposure.*

There are also several databases that provide good information on evidence-based violence prevention programs. Databases (such as the Blueprints, NREPP or OJJDP databases) provide comprehensive information on the program's goals, populations, and implementation details.

"...as the social environment becomes more socially toxic, it is the children, particularly the most vulnerable among them, who show the effects first and worst. And who are the children who will show the effects of social toxicity first and most dramatically? They are the children who already have accumulated the most developmental risk factors". — James Garbarino, 1998.

FURTHER READING AND RESOURCES

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Supportive Housing Provider Group

The Supportive Housing Provider Group gives priority to identifying and addressing the needs of children living in supportive housing. The Provider Group aims to give childhood back to children who have experienced the trauma and dislocation of homelessness and aims to break the cycle of homelessness from one generation to the next and brings the voices of homeless families and their children to the community's attention.

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