

# SUPPORTING FAMILY PEER ADVOCATES

## Working with Survivors of Domestic Violence and Intimate Partner Violence

Domestic Violence (DV) is defined as violence that takes place within a household, and can include not only a spouse/partner, but also siblings, parents, or others. Intimate Partner Violence (IPV) is defined as violence that occurs between romantic partners who may or may not be living together.<sup>1</sup> The information in this guide will be relevant for both DV and IPV.

### *Did you know?*

- On average, **nearly 20 people per minute** are physically abused by an intimate partner in the United States, which is **more than 10 million women and men in a year.**<sup>2</sup>
- Most affected are young **BIPOC women between 18-24 years old** who may **have a mental or physical disability.**<sup>3</sup>
- Emotional and psychological violence is **most common** form of violence.<sup>3</sup>



### *The impact of DV and IPV on children and families*

**1 in 15 children** are exposed to violence in the home each year<sup>4</sup>, and 90% of children are eyewitnesses to this violence.<sup>5</sup>

When a child is exposed to IPV and DV, they are **more at risk** of experiencing:<sup>6</sup>

- Insomnia
- Bed wetting
- Learning difficulties
- Self-harm
- Depression
- Anxiety
- Verbal, motor, and cognitive issues
- Aggressive and antisocial behaviors

However, not all children will develop traumatic response symptoms. **All children respond differently** and neither the frequency nor the severity of the IPV and DV witnessed can predict how a child will respond. **Abusers may abuse children** as part of the **abusive dynamic** and/or use children to control their partners. For example, abusive partners often threaten to gain custody, kill, kidnap or otherwise harm children if victims leave.<sup>4</sup>

Children in families with DV are more likely to become abusers or victims of abuse later in adulthood, thus perpetuating the intergenerational cycle of violence. However, these protective factors can help decrease risk and mitigate the childhood abuse:<sup>6</sup>

- Support of trusted adults
- Successful social connections with peers
- Communication about what is happening
- Self-esteem
- Resilience

Adults in DV/IPV relationships can experience physical health problems including heart problems, digestive issues, chronic pain, and poor sexual health. They can also experience more mental health issues, including depression, anxiety, and substance use disorders as well as feelings of shame, blame, and guilt.<sup>7</sup> Their relationships with their children may also be impacted, including insecure attachment<sup>8</sup> and challenges meeting their child's needs.

## What survivors and families may need

Children and families are often fearful of seeking help due to the increased likelihood of violence after separation, isolation, lack of support, and/or family separation.<sup>9</sup> The most dangerous time in the relationship is often around planning to or attempting to leave.

### **Did you know?**

- On average a survivor plans to end and/or leave a relationship **7 to 12 times** before ending an abusive relationship *permanently*.<sup>2</sup>
- **Violence increases 75%** for at least 2 years when separating.<sup>9</sup>

Therefore, when survivors share their stories with you, it is important to **respect** and **believe** them. It can be most helpful to tell them that they are not to be blamed for the situation they are in. And, avoid telling them what you would do if you were in their situation. Instead, listen actively to their story and experience without interjecting your opinions. You can ask for permission to share your own experiences but only share those that relate to theirs to intentionally promote **empowerment**. Remember that:

- Survivors are the experts of their situation and seeking safety is known best by the individual in the situation.

## How Family Peer Advocates (FPAs) can help

As FPAs working for the benefit of the family, being mindful of boundaries may be most helpful. The presence of an FPA can be supportive and therapeutic, but the role does not include processing the trauma with caregivers. Before working with survivors and families, spend some time reflecting on how you can help build a trusting, caring and safe space for and with them while also thinking about how to connect them to other sources of support.

**Ground your approach in empathy:** Stigma around domestic violence silences survivors and discourages seeking help. Operating with **empathy** will allow the survivor to feel safe in sharing the experience and can encourage them to ask for help from others. To lead with empathy, you can:

- Discuss concerns of safety from a place of respectful curiosity; aim to understand *\*their\** experiences, opinions, and thoughts of their situation.
- Accept the invitation to explore; someone who begins to share their experience is opening a door for you - walk through with empathy.

**Be aware of your biases:** Never assume anything about the survivor's experience. Even if you share identities with the survivor (i.e., race, cultural background, gender, biological sex, sexual orientation, geographical location, level of education, disability/ability, religion or socioeconomic status), **respect** and **honor** the survivor's unique experience as their own. To address your biases, you can:

- Challenge assumptions around norms (i.e., gender, sexual orientation) in the dynamics of DV or IPV. For example, remember that all abusers are not men, and all survivors are not women.

## Resources FPAs can share with families

Being familiar with various **DV resources** can be helpful for supporting families. FPAs can help identify the multiple needs of families so be aware of and know how to connect them to resources. Common **basic needs** of survivors and families experiencing IPV and DV include food, shelter, and clothing.

Use this space to write-in contact information for **local resources in your area** across several potential needs (e.g., crisis hotlines, shelter, food pantries, etc.) if helpful:

<ul style="list-style-type: none"> <li>● DV org: _____</li> <li>● DV hotline: _____</li> <li>● Food assistance: _____</li> <li>● Employment assistance: _____</li> </ul>	<ul style="list-style-type: none"> <li>● Housing assistance: _____</li> <li>● Clothing assistance: _____</li> <li>● Legal services: _____</li> <li>● Mental health support: _____</li> </ul>
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You can also share **state and national DV resources** such as:

- Office for the Prevention of Domestic Violence NYS:
  - Dial 1-800-942-6906 or Text 1-844-997-2121
- National Domestic Violence Hotline: 1-800-799-7233
- Safe Horizon 24/7 Hotline: 1-800-621-HOPE (4673)

Experiencing or witnessing IPV and DV can also impact the **overall wellness** of survivors and families in the following ways:

- It can take time for a survivor to be ready to process their experiences and have space for healing.
  - If and when they are ready to engage in **mental health** treatment, support them by connecting them with a mental health provider, for themselves and their children; someone who may be better equipped to work on a **Family Safety Plan** if needed.
- **Physical health** is often neglected by survivors as they are managing competing priorities. Be ready to support the individual in seeking medical treatment and empower them to prioritize their health.
  - For example, traumatic brain injuries are significantly under diagnosed in survivors, and can contribute to decreased cognitive functioning and worsened traumatic response symptoms.<sup>10</sup>

### Considerations in the Presence of Imminent Danger

When a child is exposed to DV they can be in imminent danger. You may need to contact the NYS central registry for additional investigation and resources at: 1 (800) 635-1522. Keep this mandated reporter phone number handy. If a survivor discloses imminent danger, emergency resources should be contacted (i.e. calling your supervisor as soon as possible or even dialing 911). Telling the caregiver ahead of time about this part of your role is important to maintain the integrity of your relationship.

In these challenging situations, it is crucial to **seek support** from your team and supervisor.

## FPAs and self-care

It is vital for you to take care of yourself in order continue showing up for those you are supporting. Bearing witness to others' stories can contribute to compassion fatigue, vicarious trauma, and burnout. Self-preservation and support is necessary in our work.

## Resources

- The [National Domestic Violence Hotline](#) provides 24/7 services, including essential tools and support for survivors of domestic violence.
- The [National Resource Center on Domestic Violence](#) works to improve community response to domestic violence and, ultimately, prevent its occurrence.
- The [Office for Prevention of Domestic Violence](#) works to improve New York State's response to and prevention of domestic violence with the goal of enhancing the safety of all New Yorkers in their intimate and family relationships.
- [Safe Horizon](#) is the nation's leading victim assistance organization, operating a network of programs across New York City communities and systems.
- The [New York State Domestic Violence Program Directory](#) outlines all domestic violence programs by county, in NYS.
- [The Family-Centered Toolkit for Domestic Violence Programs](#) offers a step by step guide offering knowledge, best practices, and accessible resources for DV advocates, program staff, and supervisors to enhance and sustain family-centered services within DV programs (toolkit)
- [Serving Families Who Are Experiencing Domestic Violence](#) aims to educate family support workers and Family Support staff on how domestic violence may impact the clients and families they serve while screening for intimate partner violence. (toolkit)

## References

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