Listening and Helping
Children
who have
Experienced
Domestic Violence

Children Can Survive

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WORKING AGAINST VIOLENCE

FOR 40 YEARS.

Stop the Backlash – Stop Domestic violence 26.-27.11.2019

The Federation of Mother and Child Homes and Shelters

- Work is based on safeguarding the best interests of the child in society and in all decision-making. It means continuously evaluating the impact of decisions on children and influencing the best interests of the child. 12,600 people use the services of the member associations every year, of whom about 4,500 are children.
- 30 member associations, 700 employees, 1800 volunteers.
- 10 first homes, 8 first homes specializing in substance abuse treatment, and 17 shelters. Daytime services in domestic violence cases is provided in 22 associations for victims of violence, perpetrators and children.
- https://ensijaturvakotienliitto.fi/
- https://nettiturvakoti.fi/



Content

- Children and Domestic violence in Finland
- How to help Orientation matters
- The Core of domestic violence work with children



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Child Abuse and Maltreatment School Health Survey (2019) by FNHW

In the last year

- One third of girls have experienced sexual suggestion and harassment
- 10% of the girls has experienced sexual violence

Parental mental violence

- Girls: 4-5 grades 17%, 8-9 grades 37%, high School 34% & vocational college 33%
- Boys: grade 4-5 17%, 8-9 Grades 19%, high School 19% & vocational college 14%

Parental physical violence

- Girls: 4-5 grade 11%, grade 8-9 **15%**, high School & vocational collage 9%
- Boys: 4-5 grade 15%, 8-9 grade 9%, high school and vocational collage 5%

5% of children are customers in Child Protection Sevices



Physical violence

- Globally, 25-50% of children are exposed to serious and repeated physical violence, much of which is punitive violence by educators (WHO 2006)
- 26.7% of victims of domestic violence are children (Statistics Finland 2017)
- 12% of 4-year-old parents (n = 348) reported having targeted child abuse (Hietamäki 2018)
- More than 40% of parents report having used disciplinary violence in raising a child (Hyvärinen 2017)
- Physical violence between siblings: girls report 19%, boys report 14%
- 6% of mothers report having used serious violence during the year (Ellonen & Pösö & Peltonen 2015)
 - Unsatisfactory experience with services increases risk of disciplinary violence:
 Insufficient and inappropriate assistance



Domestic violence of child's perspectice

- Child as a witness target is the other parent/adult
- Direct target pfysical, mental or sexual violence
- → Being as witness or target are both equally harmfull for the child



Adverse Childhood Experiences ACE Study (Felitti et al. 1998)

- 1. Emotional Abuse
- 2. Physical abuse
- 3. Sexual abuse
- 4. Physical casting (neglect)
- 5. Emotional throwing
- 6. Substance abuse in the home
- 7. Mental illness at home
- 8. Mother cared violently
- 9. Differential
- 10. Criminal behavior





The matrix of educational violence

Violence (violent acts)

Neglect (leaving things undone)

hysical

Physical violence

Hitting, slapping
Pulling, rough treatment
Kicking, pushing
Shaking, pulling
Burning
Hair-pulling, pinching
Drugging, unnecessary medication
Etc.

Neglect of physical needs Properly feeding, cleaning,

Properly feeding, cleaning,
clothing and caring for the child
Protecting and safeguarding the child
Providing proper living conditions for the child
Looking after the child's health and seeking
health care when necessary
Educating the child
Supervising and guiding the child
and providing age-appropriate stimuli

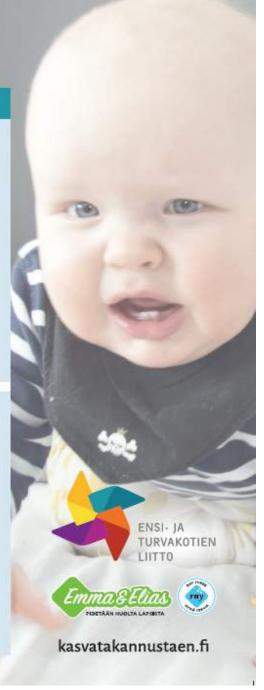
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Mental violence Describes events / situations involving a child and a close adult relative

Threatening violence/symbolic aggression
Intimidation by rejection or inflicting pain
Ignoring
Causing verbal offence
Humiliating and despising
Blaming, mental manipulation
Blackmailing by withholding love and approval
Isolating
Obtrusiveness
Jne.

Mental neglect Describes the relationship and interaction between the child and a close adult relative

The parent's relationship and attitude to the child is negative, hateful or rejecting
The parent is unresponsive to the child's needs
The parent is emotionally distant or fails to respond sensitively to the child's emotions
Interaction between the parent and child is not suited to the age of the child
The parent is unable to recognize the child's personal boundaries
The parent fails to support the development of the child's positive social skills



Orientations matters

- 1. Child centric work
- 2. Theory of well-being for a child
- 3. Trauma informed work, ACE and reciliens awareness
- 4. Integrative work





Child protections three orientation

(Gilbert, Parton & Skivenes 2011, 16)

	Child centric	Family centred	Protective
Why intervene	Childs induvidual needs now and in future; sosiety needs well-being and involving citizens	Family unit needs help	Childs maltreatment by parents
The frame of problem	Child development and inequal strating points	Social/psychological (systemic, powerty, rasism etc.)	Individual/ Moralistic
Mode of intervene	Early stage support and regulatory need for resolve	Therapeutic/ needs clarifycation	Juridic/ Investigative
Aim of intervene	Support childs well-being by social impact and offering equal opprtunities	Prevention/ social bonding	Protection, harm reduction
State- parent relaitonship	Compensatory/ companionship	Companionship	Hostail
Relations to rights	Childs rights/ parental responsibilities	Parents right to family life – mediation by professionals	Childrens and parents rights are monitored by legal sense

Ways to meet a child - different orientations

Legal-formal

- Need for information from the child to the legal process or decision
- Interaction's goal is to get facts

Leading and inquiring

 Researcher / employee-oriented way of seeking validation of an adult's own assumptions

Narrative orientation

Focus on listening to the child and reciprocity

Interactive and participant narration

- The stories come from the interaction between the child and the adult
- Help questions and commentary to support the child's narrative
- Interaction goal sharing experiences to support coping



Theory of well-being for a Child

Well-being is built on emotions and in relationships. It consists of

- 1. Safety
- 2. Positive self-image
- 3. Agency

Based on the Convention on the Rights of the Child and research (eg Saywitz & Camparo 2010) that children should be asked and consulted on their own + right to special protection



Trauma informed work and ACE & resilience awareness

- Childhood traumas affect
 - Stress from violence is like a poison to a child's brain
- All workers facing children should
 - Be able to talk about security, insecurity and violence
 - Understand the impact of violence on the child's behavior and emotions
 - Help the child get help and support resilience
- The adverse experiences of childhood are harmful even in adulthood - increased morbidity - so better act right away



Integrative work

Our aim is to offer hepl for all familymembers: victims, perpetrators and children

Essential to make it work:

- risk assessment, flexibility, non judgemet, companionchip with families (Stanley & Huphreys 2017)

In practice:

- Using different methods and frames
- Typical that parents process are on in different timeshedule
- It is functional, when work starts from child protection and the whole family is been helped at the same time

Different levels to Work with Children and Young people In 22 memberorganisations

- 1. Supporting well-being and health
- 2. Low threshold work
- 3. Special services
- 4. Demanding services



Low threshold work Themes with children

- 1. Creating atmosfire: trust and safe
- 2. Working with parents, taking family and siblings to anaccount
- 3. Dealing violence and assessing the risk of reviolence (making a clear statement agenst violence)
- 4. Childs own story and find hope
- 5. Find resources & means and support surviving
- 6. Evaluate and assess the workperiod and need for more help

You can survive domestic violence.

WORKING AGAINST VIOLENC

THE MATRIX OF EDUCATIONAL SUPPORT

Guiding and being with the child

Direction and touch

Supportive direction, guidance and regulation
Making clear the relationship of cause and effect
Conversation, negotiation and reasoning
Consistent, clear boundaries
A gentle touch, holding the child close or in the lap,
caressing the child
Accepting, encouraging looks and tone of voice

Closeness, warmth and joy

Good care

Age-appropriate care, clothing
and nourishment
Age-related stimulation
Enabling physical movement that is typical of children
Safety, protection and living conditions
Education
Hygiene, health and health care
Age-appropriate supervision and guidance

Prioritising children's needs

Presence and encountering child Describes events / situations involving a child and a close adult relative

Showing interest in the child and monitoring the child's initiatives
Listening, verbalising and showing the child a good example
Encouraging speech and feedback, supporting the child's strengths
Thanking
Recognising, verbalising and accepting emotions
Supporting the development of regulating

emotions and activities
Taking care of the child's basic needs

A supportive relationship Describes the relationship and interaction between the child and a close adult relative

The parent is emotionally accessible to the child
Keeping the child's perspective in mind
A positive attitude and relationship with the child
A developmentally suitable interaction with the child
The ability to recognise the child's personal boundaries
The ability to support the child's social development
A feeling of joy from having the child and being with them
A sensitive relationship, giving space to the child

Mental



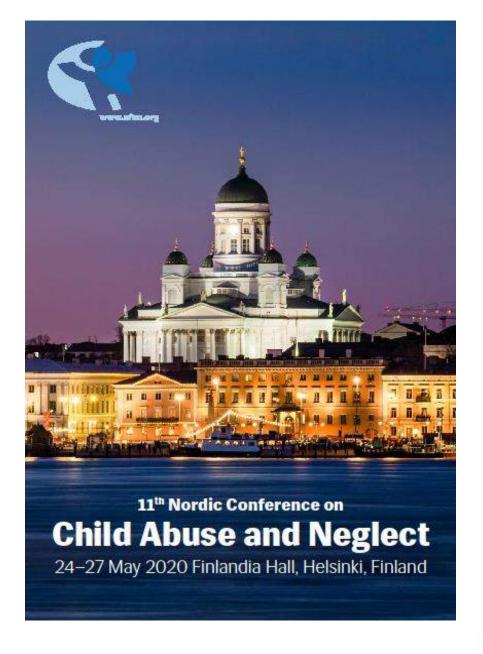


What should adults do according survived children

- 1. Children should receive help in their experience as early as possible
- 2. The child should receive support, encouragement and positive attention
- 3. Information on what treatment is acceptable and what is not







Conference Theme:

Hearing the Voice of Children and Young People

CONFIRMED KEYNOTE SPEAKERS:

Howard Dubowitz, Professor of Pediatrics University of Maryland School of Medicine, USA

Linnea Karlsson, Adjunct Professor, MD, PhD University of Turku, Finland

Laura Lundy, Professor Queen's University Belfast, Northern Ireland

Jukka Mäkelä, MD, Child Psychiatrist National Institute for Health and Welfare, Finland

Jonna Turunen, Master of Laws, Police, Detective Chief Superintendent Helsinki Police Department, Finland

Pipsa Vario, MEd, Development manager Pesäpuu National Child Welfare Organisation, Finland

Carolina Øverlien, Associate Professor Norwegian centre for violence and traumatic stress studies, Norway

For further information, please see the website: www.nfbo.org

Welcome to the conference!











Key dates

- October 7th 2019 Abstract submission opens.
- December 1st 2019 Registration opens.
- January 15th 2020 Abstract submission closes.
- March 1st 2020 Notification of acceptance of abstracts.
- March 15th 2020 Early bird closes and the last date by which presenters must register for the conference.
- March 16th 2020 Regular fee opens
- Questions may be directed to <u>events@rtgsales.fi</u>

www.nfbo.org



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