

INTERSECTION OF DOMESTIC VIOLENCE AND CHILD VICTIMIZATION IN INDIAN COUNTRY¹

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Impact of Colonization on the Traditional Role of Children in Native Families

Many indigenous cultures view children as “‘gifts’ from the spiritual realm.”² Traditionally, in most Native American communities,

[c]hildren were born not only to parents, but also into a system of related households or kinship systems. Children were observed by the collective from the time of their mothers’ pregnancies to and through adulthood. The child’s character, temperament, proclivities, talents, and personal conduct patterns were known by the collective long before the child knew him/herself.³

Upon colonization, this vital social fabric was ripped apart. During the “termination” policy years, Indian women and children were killed in efforts to destroy Indian nations.⁴ During the boarding school era, Indian children were forcibly removed from their families and communities. The boarding school experience served to sever important inter-generation ties in many communities. Knowledge of ceremonies, language, and culture (most often transmitted orally and experientially between generations) became lost when Native children were forcibly removed to boarding schools. Important information on how to effectively parent and to raise children according to traditional values and beliefs was destroyed. This loss of language, knowledge of ceremonies, and loss of connection to kin continues to devastate Tribal communities. Many Native people view the boarding school policies of the federal government as “cultural genocide” and as an attempt to extinguish Native communities entirely by removing their children and assimilating them into the dominant culture.

¹ © 2005 Southwest Center for Law and Policy & Office on Violence Against Women, U.S. Department of Justice.

² Mending the Sacred Hoop Technical Assistance, *Community Based Analysis*, 348.

³ *Id.* at 345.

⁴ *Id.* at 322.

The wide-scale removal of Indian children from their families for adoption or foster care placement with non-Native families continued the cycle of abusive practices. This involuntarily separation of Indian children from their parents has caused lasting harm to Indian parents, Indian children, and Indian communities. These abusive policies have broken the chain of connection and teachings from one generation to the next in many tribal communities. The message many Native people take from this history is that their culture, language, and values are not respected and that the dominant culture desires to destroy Native people by destroying Native families. There is continuing fear and distrust of state and federal governments, law enforcement, child protective services agencies, and courts because of this history. The scars that these policies created are still visible in Native communities.

Effects of Domestic Violence on Children in the Home

1. Increased Risk for Child Abuse, Sexual Abuse, and Neglect

Child Abuse

Children who live in homes where domestic violence occurs are more likely to suffer child abuse. Studies estimate that in about 30-60% of homes where a parent is being maltreated, a child is a victim of abuse as well.⁵ The hallmark of a batterer is a need for power and control over his partner. For many batterers, this need for power and control extends to his children as well. When there is evidence of domestic violence law enforcement, child protection services, and other service providers should be on the lookout for child abuse red flags. There are a few simple areas an intervener can examine to determine whether further investigation regarding child abuse is warranted:

- What is the batterer's approach to discipline?
- How does he react when he is angry at the children?
- What types of punishments and consequences does he use?

⁵ Schechter, Susan & Edleson, *Effect Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (National Council of Juvenile and Family Court Judges 1999) citing Appel, A.E. & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12(4), 578-599; Edleson, J.L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5(2), 134-154; Strauss, Murray A., Richard J. Gelles & Suzanne K. Steinmetz. *Behind Closed Doors*. New York: Anchor, 1980.

- Does he spank the children?
- Does he ever leave marks?
- Has he been involved in fights with his older children?

This list of questions is not a substitute for conducting a thorough investigation, but it can be part of a useful initial risk assessment for child abuse.

Neglect

Increased levels of child neglect are also found in families experiencing domestic violence.⁶ Batterers are often self-absorbed and uninvolved in their children's daily lives.⁷ Some basic questions can help elicit whether the batterer has been neglectful:

- Does the batterer have any history of disappearing for hours, days, or weeks at a time?
- Has he ever refused to attend to the children's medical needs or prevented his partner from attending to their medical needs?
- Has he ever threatened to abandon the family without support?
- Has he ever chronically ignored the children or failed to take caregiving responsibility?
- Questions that get at the detailed knowledge of children's lives: names of teachers, when toilet trained, favorite foods, favorite colors, etc.

Again, these questions are not a substitute for conducting a thorough investigation. However, they can be a good starting point for establishing whether children are at risk for neglect.

Sexual Abuse

Studies also show that batterers are more than four times more likely than other men to sexually abuse their children or step-children.⁸

⁶ Zorza, Joan. "Protecting the Children in Custody Disputes When One Parent Abuses the Other." *Clearinghouse Review* 29, 1996.

⁷ For a more thorough discussion of the parenting style exhibited by most batterers, see *supra* article, "Advocating for Appropriate Custody Determinations."

⁸ Bancroft, Lundy, "The Parenting of Men Who Batter," 39(2) *Court Review* 44-49 (2002), citing McCloskey, L.A., Figueredo, A.J., & Koss, M. (1995) The effect of systemic family violence on children's mental health. *Child Development*, 66, 1239-1261; Paveza, G. (1988). Risk factors in father-daughter child sexual abuse. *Journal*

Because of the severe and lasting damage such abuse can inflict on children, the increased risk for sexual abuse should be taken very seriously. Victims of child sexual abuse often feel responsible for the abuse and ashamed. This can make it extremely difficult for law enforcement and child protection agencies to establish that such abuse has occurred. The following questions can be useful in identifying red flags for child sexual abuse by the batterer:

- Does the batterer respect his children's right to privacy?
- Does he maintain proper privacy himself?
- Does he expose the children to pornography or allow the children access to it?
- Does he maintain relationships with any of his children that have a romantic or sexualized quality?
- Does he pressure the children to give physical affection against their wishes?

If the answers to any of these questions indicate a possibility that a child is being sexually abused, a thorough investigation should be conducted.

The heightened risk of child abuse, neglect, and sexual abuse does not necessarily diminish once the batterer and victim separate, especially if there is unsupervised visitation.⁹ Child protection services or other service agencies involved with the family should keep an eye out for signs of child abuse, neglect, and sexual abuse if the batterer continues to have contact with the children.

2. Emotional Impact of Witnessing and Living with Domestic Violence

Each year three to ten million children are exposed to violence by one parent against the other.¹⁰ The vast majority of children who live in

of Interpersonal Violence, 3(3), 290-306; Sirles, E. & Franke, P. (1989) Factors influencing mothers' reactions to intrafamily sexual abuse. *Child Abuse and Neglect*, 13, 131-139.

⁹ *Id.*, citing Bancroft, L. & Silverman, J. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Thousand Oaks, CA: Sage Publications.

¹⁰ Davidson, Howard. *The Impact of Domestic Violence on Children*. Washington D.C.: American Bar Association, 1994, 1.

the same home with a batterer see or hear one or more acts of violence.¹¹

Even if the abuser never lays a hand on the children, the abuse leaves a profound impact. Children living in homes where there is domestic violence may suffer physically, mentally or emotionally. Studies indicate that witnessing domestic violence may be as harmful to children as suffering actual physical abuse themselves.¹²

Children from violent homes learn it's ok to hurt the ones you care about: whoever has the most power gets to win and that abuse and violence are acceptable techniques for use in conflict resolution. The effects of being raised in these settings may be visible right away or may lay dormant and resurface later in life manifesting itself as depression, eating disorders, inability to develop close-trusting relationships, addictive behaviors and controlling and/or violent behavior. Many children, adolescents and young adults who were witness to or subjected to abuse in their homes attempted suicide.

Just as there is no 'common' home, economic or cultural setting in which family or interpersonal violence may take place, it is important to remember that there are no 'common' visible predictors that an individual child may be reacting to violence in the home. One child may act out in an overtly aggressive manner, another may withdraw in the home or socially, another may have a low tolerance for frustration, yet another may become easily encouraged or upset, or even be over involved in school and civic activities in order to not spend any more time than s/he has to in the home. Others yet may reject school or have recurrent truancy problems because they want to be home to protect or take care of mom (or other family member).¹³

The child's gender, age, and relationship with the adults in the home will affect how each child will experience adult domestic violence. Many children will exhibit aggressive behavior or other social conduct problems.¹⁴ Depression, anxiety, lower levels of social competence,

¹¹ Kolbo, J., Blakely, E., & Engleman, D. (1996). "Children Who Witness Domestic Violence: A Review of Empirical Literature. *Journal of Interpersonal Violence*, 11(2), 281-293.

¹² Nadkarni, Lavita & Shaw, Barbara Zeek, "Making a Difference: Tools to Help Judges Support the Healing of Children Exposed to Domestic Violence," *Court Review* 24 (Summer 2002).

¹³ Chapin, Don D., "Effects of Violence on Children," *Mending the Sacred Hoop Newsletter*, 4(2) 2002.

¹⁴ Schechter & Edleson, *supra* note 5, at 9, *citing* Berliner, L. & Elliot, D.M. (1996). Sexual abuse of children. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC Handbook on child maltreatment* (pp. 51-71). Thousand Oaks,

lower levels of self-esteem, and poor academic performance are common in children witnessing violence in the home.¹⁵ Children may also exhibit symptoms consistent with Post-Traumatic Stress Disorder, including emotional numbing and repeated focus on the violent event.

The following paragraphs lay out some of the most common reactions for children in different age groups:

In infants and toddlers, the psychological effects of witnessing or experiencing abuse manifest themselves through emotional withdrawal, low frustration tolerance, failure to thrive and developmental delays. Pre-schoolers exhibit the same effects, but in addition also exhibit emotional withdrawal, inappropriate displays of emotions, and an inability to play constructively with other children.

By school age, children from abusive homes frequently exhibit signs of scholastic delay and underachievement. Behavioral problems include aggressive "acting out" as the violent behavior in the home is emulated, particularly with male children. The child is commonly withdrawn. Depressed, despondent, or has chronic physical complaints (headaches, stomach aches) and suffers from low self-esteem. Often, school age children from abusive homes suffer nightmares or night "terrors", although these experiences may be kept secret to protect the family's great secret of violence in the home.

There is evidence that indicates children from abusive homes, after the age of 5 or 6, begin to "identify" with the abuser and lose respect for the victim. For example, the child may begin to express feelings, such as: "if she would/wouldn't do this or that, he wouldn't lose his temper and hit her" or, "why does she have to be so weak? Why doesn't she stand up to him?"

Adolescent children of abuse between the ages of twelve and seventeen exhibit the culmination of their years in a violent household. Common effects include:

- Depression;
- Feelings of worthlessness or low self-esteem;
- Portrayal of emotional and physical neglect or injury;
- Escalating aggression that may be revealed through delinquency or criminal activity;
- Unwillingness to see two sides to any issue, inflexible attitudes and convictions;

CA: Sage Publications; Kolko, D.J. (1996). Child physical abuse. In J. . Briere, L. Berliner, J.A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC Handbook on child maltreatment* (pp. 22-50). Thousand Oaks, CA: Sage Publications.

¹⁵ *Id.*

- Violence directed at others and particularly evident in inter-personal relationships outside the family;
- Self-destructive behavior (running away, truant from school, etc.);
- Underachievement in school work, being academically and socially unable to unwilling to perform;
- Mistrust for intimate relationships;
- Alcohol/drug experimentation or use;
- Early sexual activity, marriage or parenthood;
- Death by suicide or murder¹⁶

The above factors are not meant to be used as a checklist. Each child will react differently to the violence in their home. It is important to get to know the child and examine his or her individualized reaction to stressors in his or her environment.

3. Impact of Experiencing and Witnessing Violence on Child Development

Children in Tribal communities and Native families are all too often exposed to various types of traumatic events that have the potential to affect their physical and emotional development in ways that cannot be reversed. The trauma can be from neglect, or from physical or sexual abuse inflicted on the child, or it can be from violence that the child witnesses in his/her environment or between people who have responsibility for his/her care. Children also experience trauma by being separated from their mothers or caregivers early in life.¹⁷

Brain development begins in utero and continues into young adulthood.¹⁸ Anything that interferes with normal development prior to age 5 can actually change how the brain grows.¹⁹ Generally, less complex parts of the brain develop first. If these less complex parts don't develop normally, then the more complex levels of the brain are unlikely to develop normally.²⁰ The part of the brain that controls our survival instinct is called the brain stem. It is one the least complex part of the brain and develops first. The mid-brain/cerebellum that controls motor skills and balance develops next. Third to develop is the

¹⁶ Native American Circle, Ltd., Section 4, "Children as Witnesses & Victims," Domestic Violence, Sexual Assault, and Stalking: Prevention and Intervention Programs in Native American Communities.

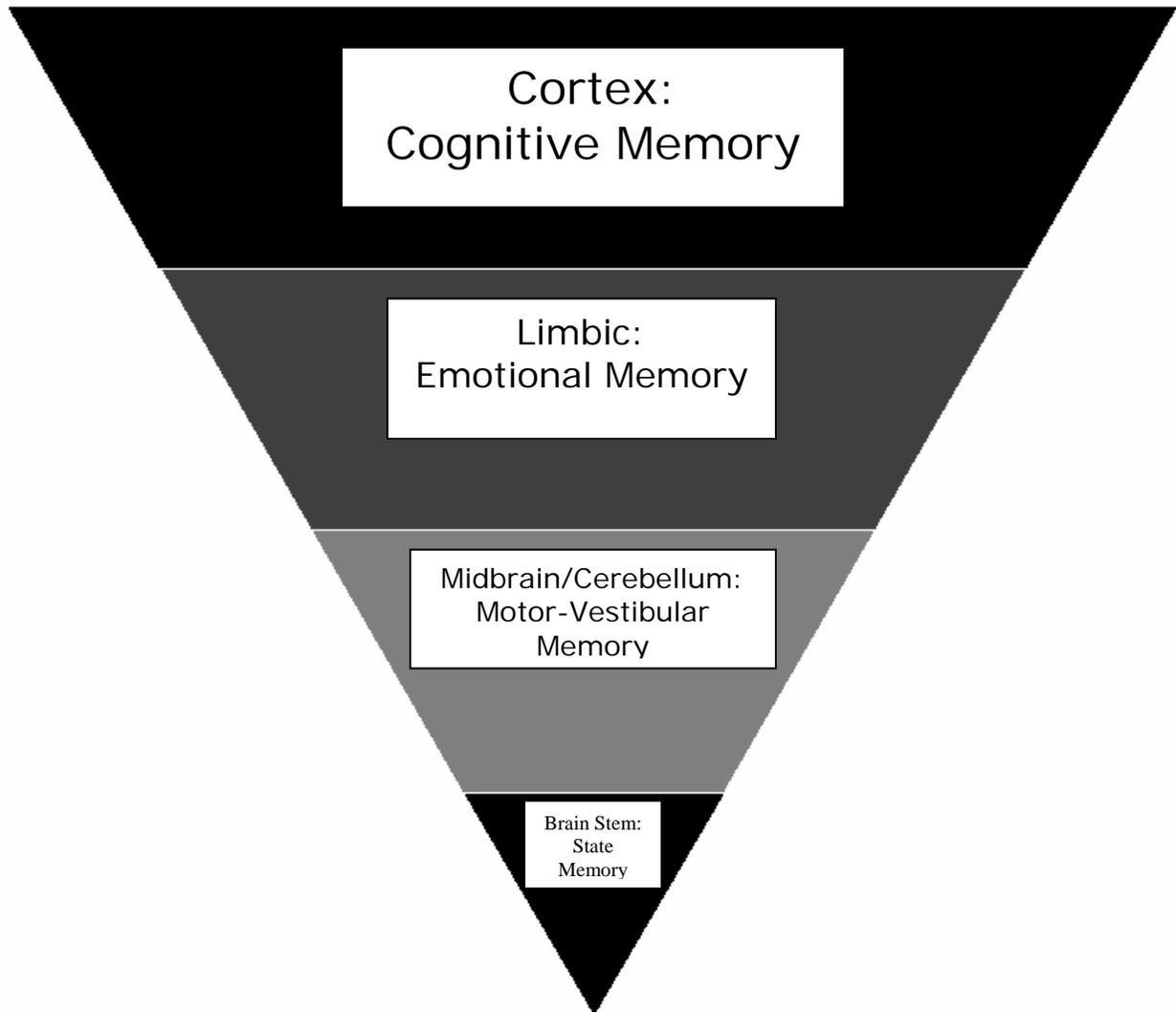
¹⁷ Eidell Wasserman, Ph.D., *Understanding the Effects of Childhood Trauma on Brain Development in Native Children*, 1 (Tribal Law and Policy Institute).

¹⁸ *Id.* at 6.

¹⁹ *Id.* at 6.

²⁰ *Id.* at 6.

limbic system which controls emotion and our attachments to other people. Finally, the cortex develops, also known as the frontal lobe, which controls our cognitive function: abstract thinking, language, math, and our ability to learn things. In the following diagram, development begins at the bottom of the figure:



If a child is traumatized during the earliest stages of development, it can negatively impact the future development of the child's motor skills, emotional skills, and cognitive skills.

Even after the age of 5, the brain continues to develop, in part, in response to experiences.²¹ Stressful experiences can have a particularly strong impact.

There are many biochemical reactions to stress that appear likely to cause long-term changes in the developing brain. Most people are aware of the “fight or flight” response to danger. When a person believes that they are in danger, the body responds by preparing the person to either flee from the danger or to fight whatever is causing the danger. The body’s response is primary biochemical in nature. The body releases what are known as “stress hormones:” cortisol, epinephrine, and nor epinephrine (NE, vasopressin, oxytocin, and endogenous opioids. The release of these hormones is controlled by a part of the brain called the amygdale, one of the first parts of the brain to develop. These are the neurohormones that allow you to run away quickly or to be ready to fight. These hormones cause a state that is often called hypervigilance, during which the person focuses intensely on the perceived danger, their senses seem sharpened, and they are constantly evaluating their environment for cues related to the danger.

Because of their size or undeveloped motor skills, young children are not prepared to either flee or fight if they are in danger or pain... So, how do children react to stress situations? First, they try to alert their caregiver to the danger. This is why infants cry or howl when they are scared. When the caregiver doesn’t protect the child, or, the caregiver is the source of the stress, children have limited options.

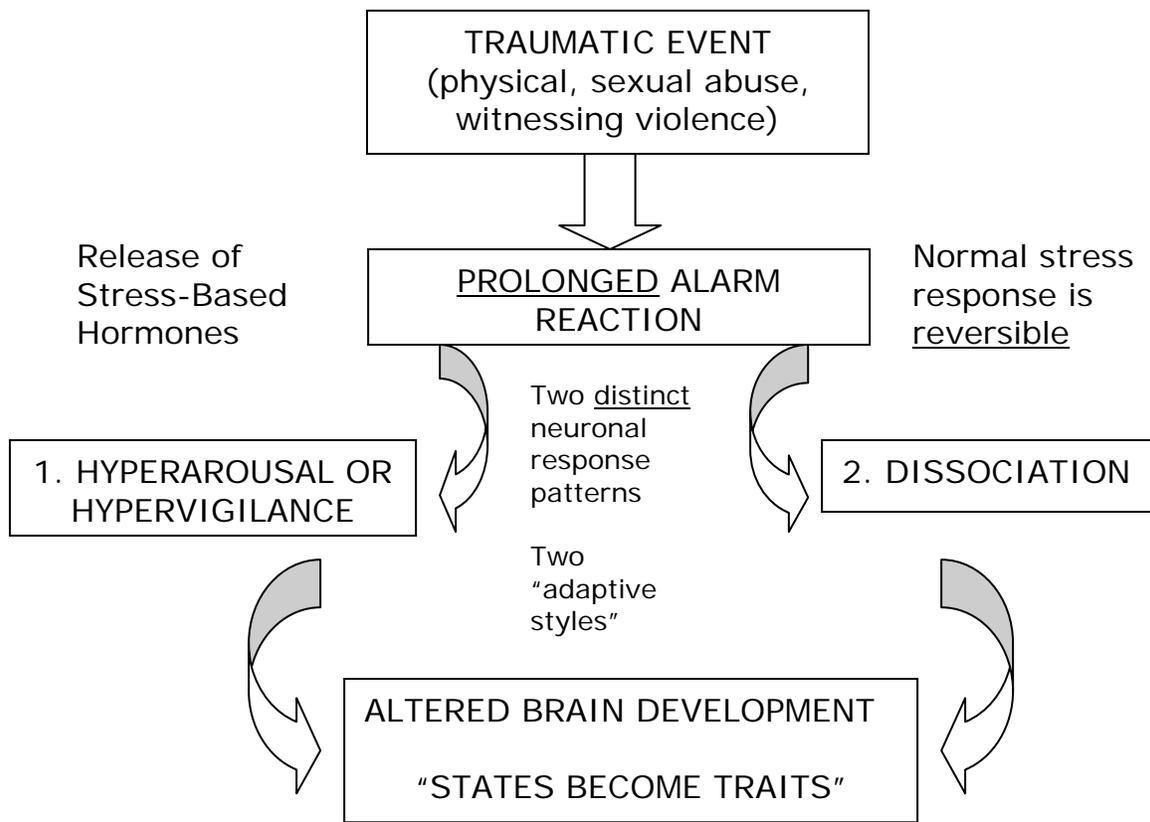
In these situations, children react to stress by attempting to disengage and “disappear” or they become hyperaroused. If no adult comes in answer to the child’s crying, eventually the child will give up (called defeat or surrender response). Instead of crying, the child may freeze... If sufficiently terrorized, the ‘freezing’ may escalate into complete dissociation [defined as:] ‘disengaging from stimuli in the external world and attending to an ‘internal’ world. Two common examples of dissociation are daydreaming and fantasizing.²²

The following graphic²³ illustrates the two primary ways in which a traumatic experience can create permanent damage:

²¹ *Id.* at 12.

²² *Id.* at 13.

²³ This graphic is reproduced from a similar graphic appearing in: Priscilla Misner & Kenny E. Miller, “Understanding Domestic Violence: The Family, the Child, the Courts,” 2005.



Different children will react differently to trauma based on a variety of factors. Age, gender, and the nature of the trauma all seem to play a part in a child's reaction to trauma.²⁴ Younger children are more likely to dissociate.²⁵ Boys are more likely to become hyper aroused.²⁶ When physical injury, pain or torture is involved, an individual is more likely to dissociate.²⁷ The more inescapable the situation or more helpless the individual feels, the more likely he or she is to dissociate.²⁸ The two different "adaptive styles" or "coping mechanisms" are not mutually exclusive and an individual may use them alternately depending on the situation. These coping mechanisms can stay with children and continue to impact their relationships and their responses to stress throughout their lives.²⁹

²⁴ *Supra* note 17 at 14.

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.* at 16.

Intervention with a Child Who Has Experienced or Witnessed Violence

Early intervention is critical to avoid the development of permanent and unhealthy coping strategies.³⁰ These are some basic guidelines for caregivers and other adults who interact daily with traumatized children that may help interrupt the development of unhealthy patterns of coping with stress:³¹

- Do not be afraid to talk about the traumatic event.
- Use language the child will understand
- The child will experience and process the very same material differently at different times following the trauma. In the long run, the opportunity to process and reprocess many times will facilitate healthy coping.
- Provide a consistent, predictable pattern for the day.
- Be nurturing, comforting and affectionate, but be sure that this is in an appropriate "context."
- Discuss your expectations for behavior and your style of "discipline" with the child.
- Talk with the child. Give them age appropriate information.
- Watch closely for signs of re-enactment (e.g., in play, drawing, behaviors), avoidance (e.g., being withdrawn, daydreaming, avoiding other children) and physiological hyper-reactivity (e.g., anxiety, sleep problems, behavioral impulsivity). All traumatized children exhibit some combination of these symptoms in the acute post-traumatic period.
- Protect the child.
- Give the child "choices" and some sense of control.
- If you have questions, ask for help.

Counseling can also be important for interrupting the development of permanent and unhealthy coping strategies.

Following a traumatic event, the earlier a child can start therapy the better. From a physiological perspective, it is important to prevent the fear state from becoming the child's normal state of arousal and primary stance in

³⁰ Id. at 16.

³¹ Id. at 16, citing Perry, B.D. (1999) *Helping Traumatized Children: A Brief Overview for Caregivers*. 1(3) Child Trauma Academy: Houston, TX.

relating to his or her environment. If a child has reacted to trauma with dissociation, it is important to assist that child in developing alternative coping skills. Similarly, it is important to minimize the physical arousal caused by the on-going release of stress hormones.

Children can review their traumatic experience in a variety of ways: talking about it, acting it out, drawing, etc. It may be possible to integrate traditional Tribal activities with helping a child recall their trauma, such as using Tribal stories that can facilitate a discussion of the child's feelings... Therapists need to respect... beliefs and find ways of helping the child master their experience that do not conflict with Tribal values.³²

It is important for children to regain a sense of control over their lives and techniques to calm themselves when they encounter stress.³³

Most Tribal communities have traditional methods for helping children learn to focus their attention. Ceremonies involving a child's passage into puberty often involve days of fasting and/or dancing. These activities require focused attention to overcome physical discomfort. The same techniques that help prepare a young person to dance for hours at a time (e.g. purification, participating in a sweat lodge, listening to elders' stories, participating in spiritual activities) can be utilized to help a child to learn alternative ways of reacting to reminders of their trauma.³⁴

Conclusion

The destructive effects of domestic violence on children, families, and communities are magnified by the intergenerational trauma that Native American families and communities have experienced since colonization began. The increased risk for child abuse, neglect, and sexual abuse associated with domestic violence puts Indian children in danger where traditional safety nets have been destroyed. The emotional impact of experiencing or witnessing violence in the home

³² *Id.* at 17.

³³ *Id.* at 17-18.

³⁴ *Id.* at 18.

can be profound and lasting. When young children are exposed to such trauma, it can actually change the way the child's brain develops. The physiological effects of trauma can be devastating and last a lifetime.

Intervention and support systems for children and non-abusive caregivers are critical to minimizing the permanent effects of trauma. Counseling and learning alternative coping strategies are important for interrupting the development of permanent patterns of hyperarousal and dissociation.

Many traditional practices can provide healthy alternative coping strategies. Encouraging such practices can also help to rebuild some of the intergenerational connectedness destroyed by colonization and violence. Restoring this social fabric may actually serve to prevent or reduce violence and trauma in Native American communities.