

Delaware State Epidemiological Outcomes Work Group (SEOW)



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health



Gap Report 6

Risk Behaviors and Children Exposed to Domestic Violence

December 2015 – January 2016

The Delaware State Epidemiological Outcomes Work Group (SEOW, formerly known as the Drug and Alcohol Tracking Alliance or DDATA) is charged with providing a quarterly assessment of gaps in services and programs for Delaware residents across the lifespan, as well as gaps in research to inform these services. This Gap Report discusses the increased risks associated with children who have been exposed to domestic violence (DV).

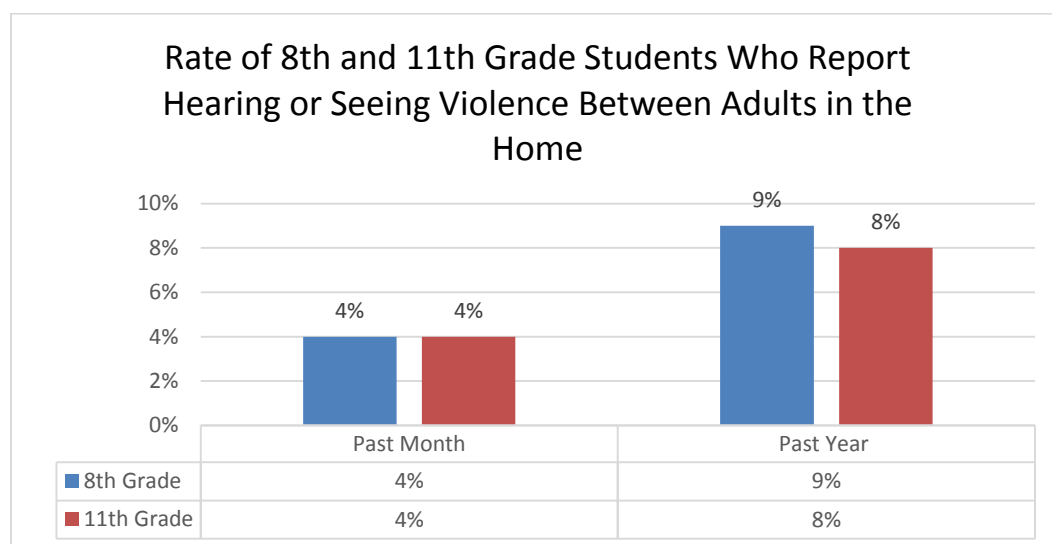
Why this Population Requires Special Consideration

Although it is difficult to accurately measure the number of children who witness DV in their homes, estimates suggest that millions of children throughout the US are exposed annually ([Domestic Violence Roundtable](#); [National Child Traumatic Stress Network](#)). Children who witness or overhear emotional, verbal, physical, and/or sexual abuse among the adults with whom they live are at risk for experiencing negative short and long term emotional, psychological, behavioral, and even cognitive consequences. In particular, they may have difficulty regulating emotional responses and developing healthy relationships, and may also demonstrate depression, anxiety, engage in substance abuse, and have poor school attendance and performance, among other difficulties. Because the occurrence of DV often cultivates an atmosphere of shame and secrecy, children and teens who live within this context may experience additional dimensions of anxiety and isolation. In this report, we examine associated behaviors and risks of Delaware youth who report that they have been exposed to DV in their homes recently (within the past month and also within the past year). We also discuss recommended approaches to addressing the needs of children who have been exposed to trauma and available resources for them.

Data Specific to Delaware Youth

The following data are drawn from the 2015 Delaware Secondary School Survey conducted by the University of Delaware Center for Drug and Health Studies. This survey, administered annually to a census of approximately 10,000 students (8th and 11th graders) enrolled in public school, solicits information on a variety of topics related to the health, well-being, and behaviors of Delaware youth.

Students were asked if they had heard or seen violence between adults in their home during the previous year, and during the previous month.

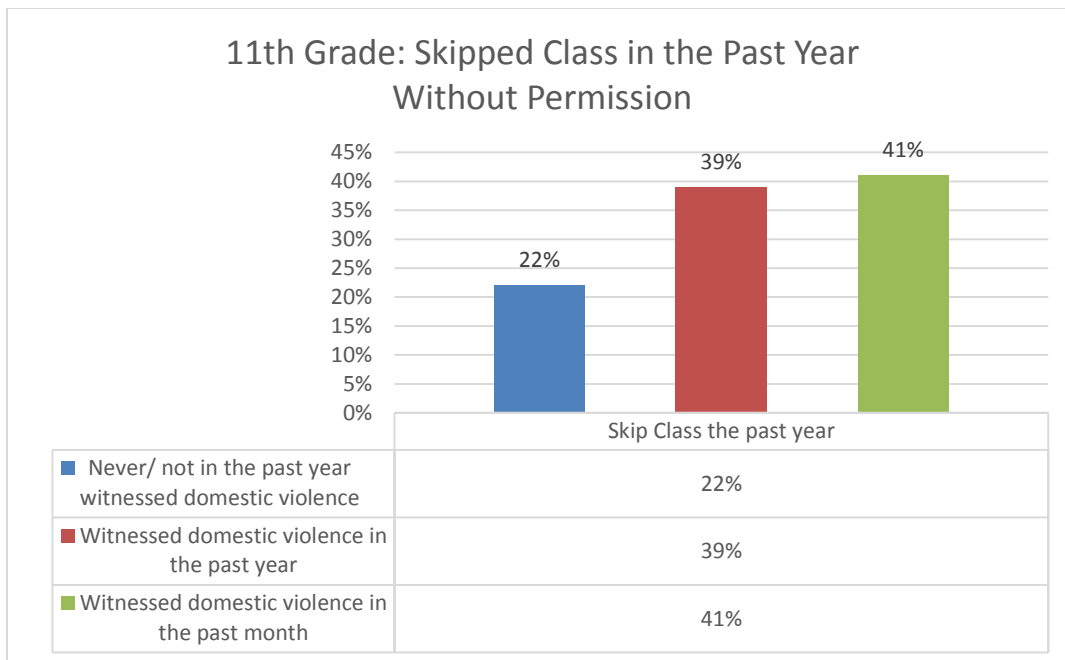
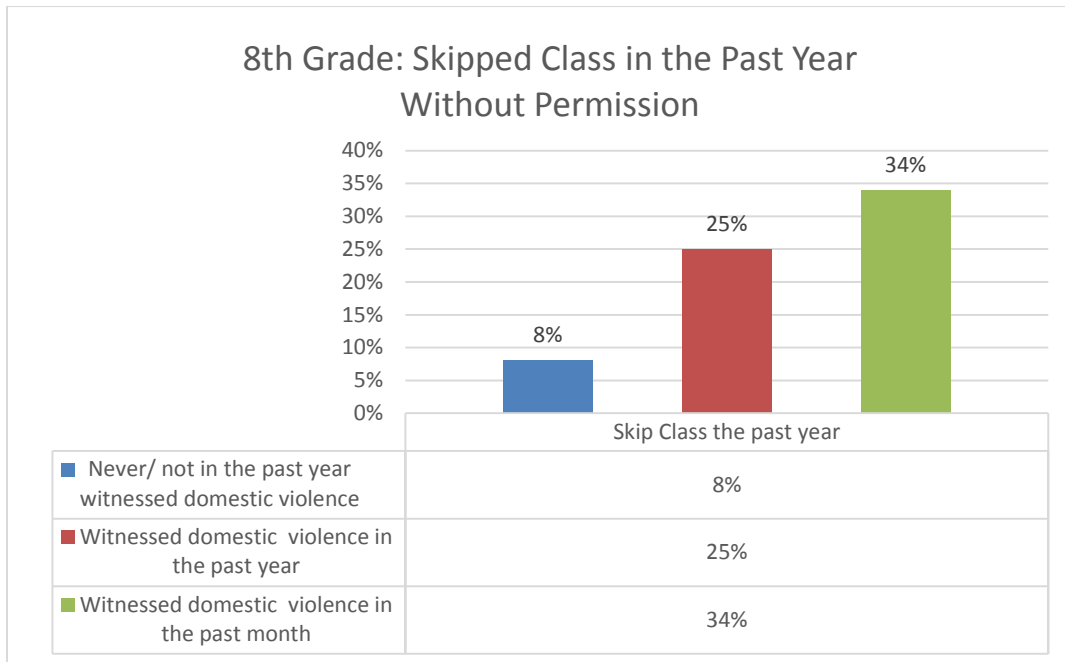


Most students (91% of 8th graders and 92% of 11th graders) have not witnessed domestic violence. Four percent of both 8th and 11th graders reported hearing or seeing DV among adults in their home within the past month and this rate rises to include 9% of 8th graders (436 students) and 8% of 11th graders (333 students) reporting they had been exposed to DV in the past year. Although small percentages, the actual numbers observed are far from trivial. DV witnesses constitute important risk groups to examine. In the following sections we examine differences in exposure to DV in relation to a number of behavioral risks including school attendance, depression and suicidal behavior, alcohol use, marijuana use, and prescription drug use.

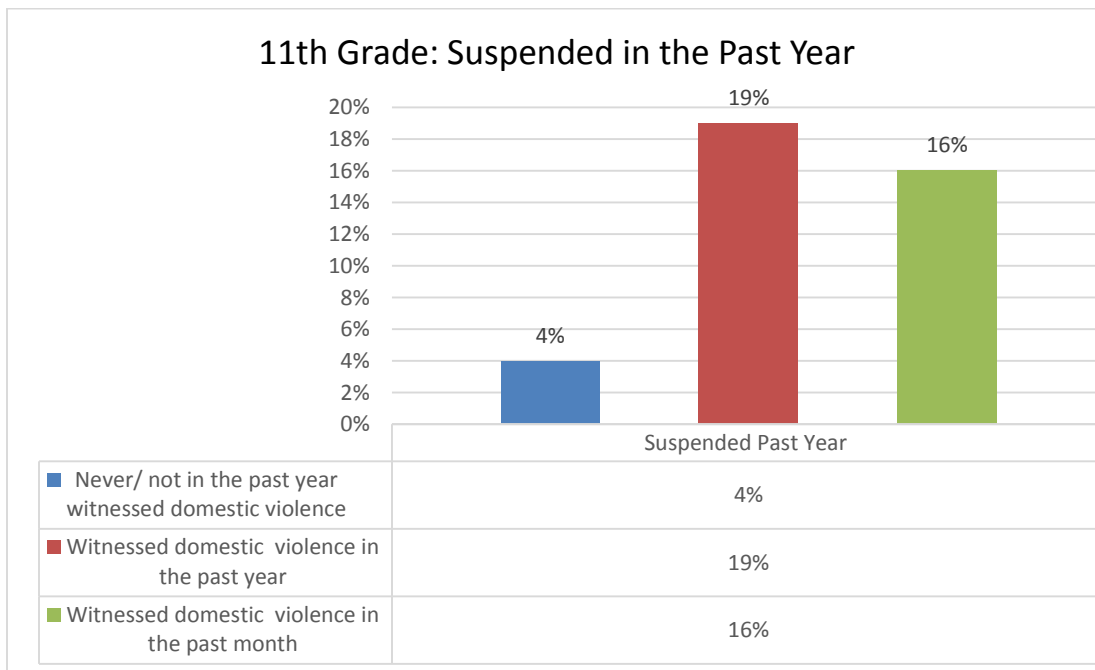
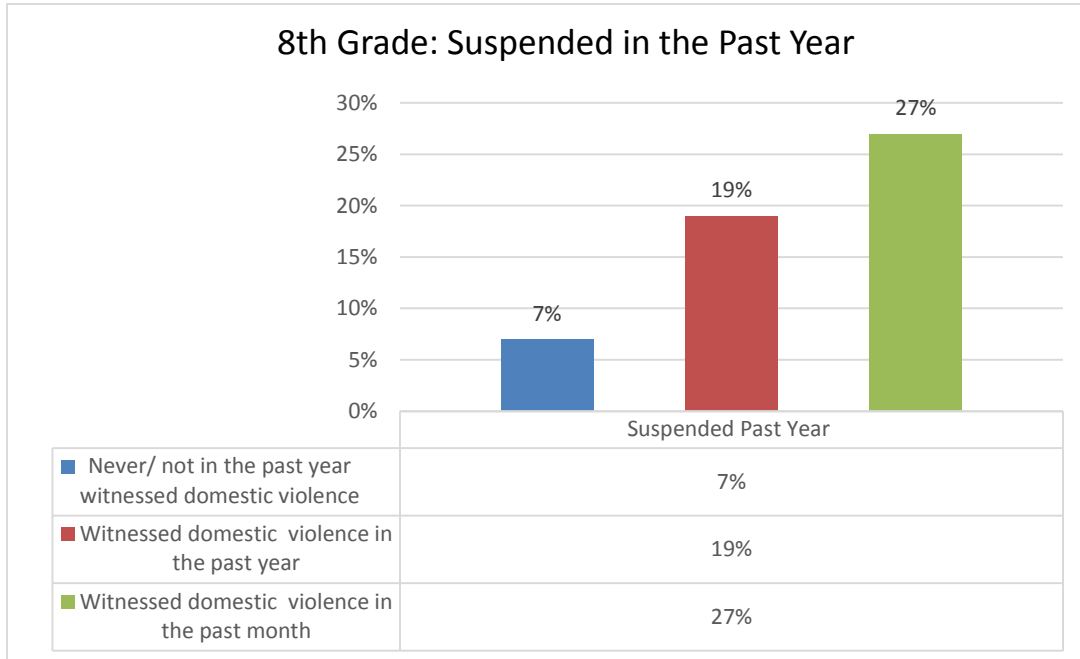
School Attendance

Both 8th and 11th grade students exposed to DV reported differences in school attendance when compared to students who had not been exposed to DV. In particular, 8th graders who had witnessed DV within past month were four times more

likely to skip class than students who had not been exposed to DV, and 11th graders were nearly twice as likely.

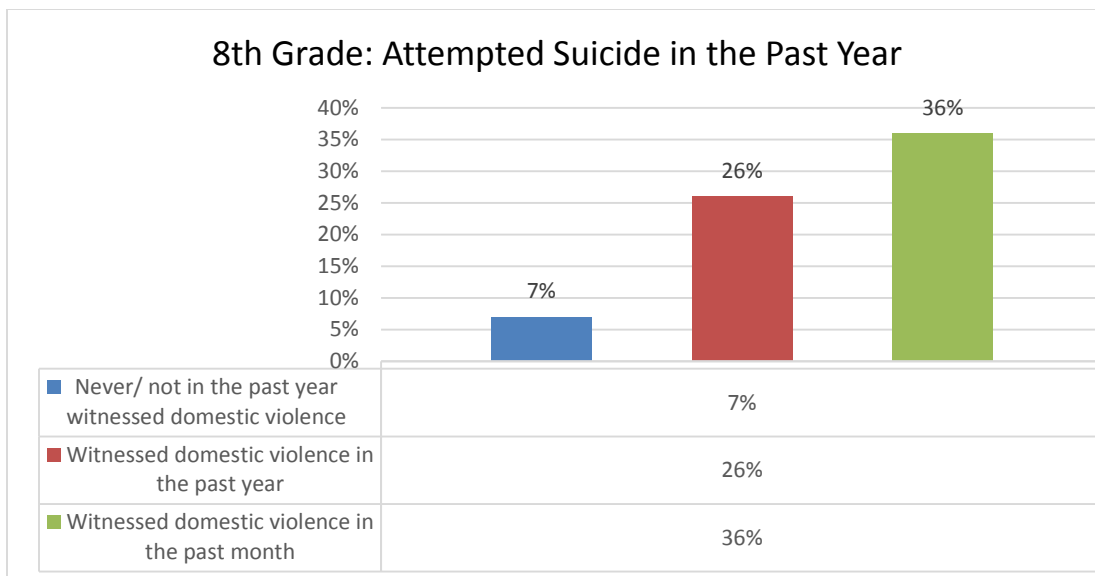
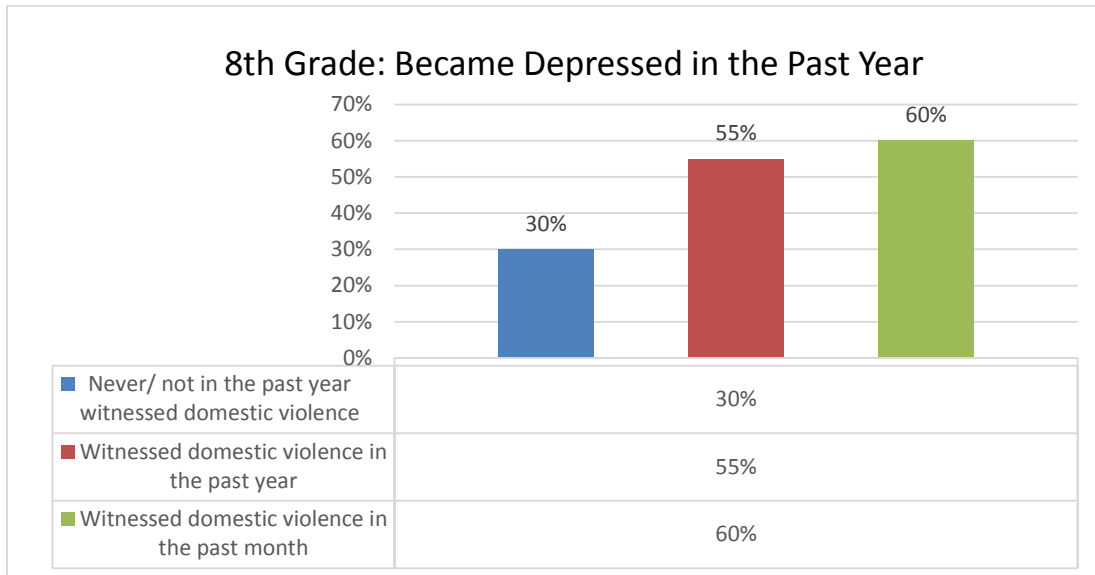


Students of both grades exposed to DV in the past month were also at significantly greater risk of being suspended, about four times more likely than those not exposed to DV in the past year or longer.

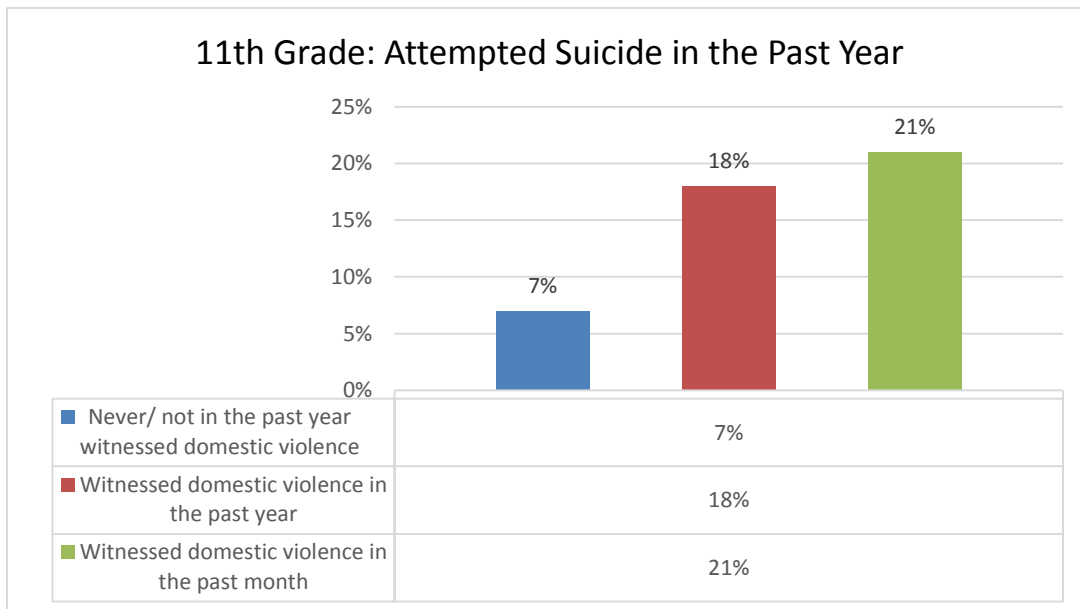
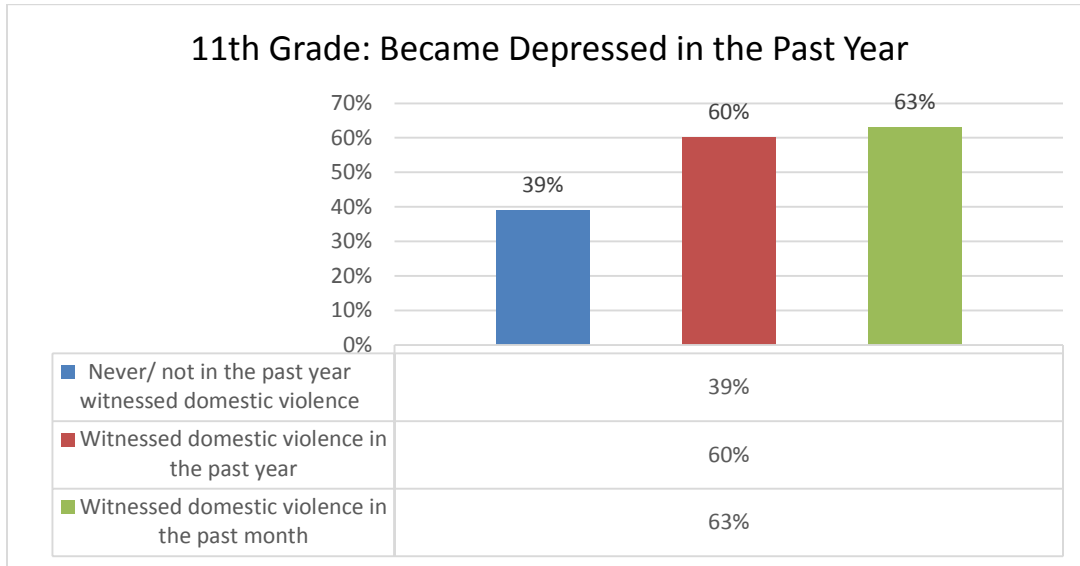


Mental Health

Not surprisingly, students who reported being exposed to DV were also more likely to experience depression and suicidal behaviors than other students. Eighth graders witnessing violence within the past year were almost twice as likely to experience depression and nearly four times as likely to attempt suicide than students who were not exposed to DV in the past year or more.

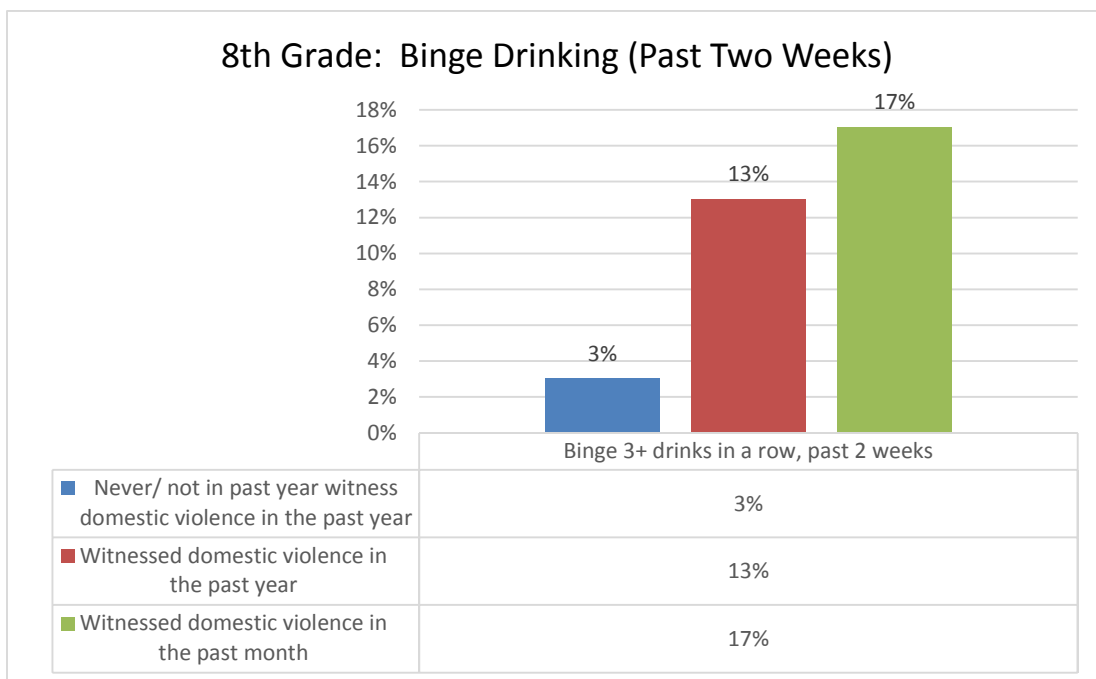
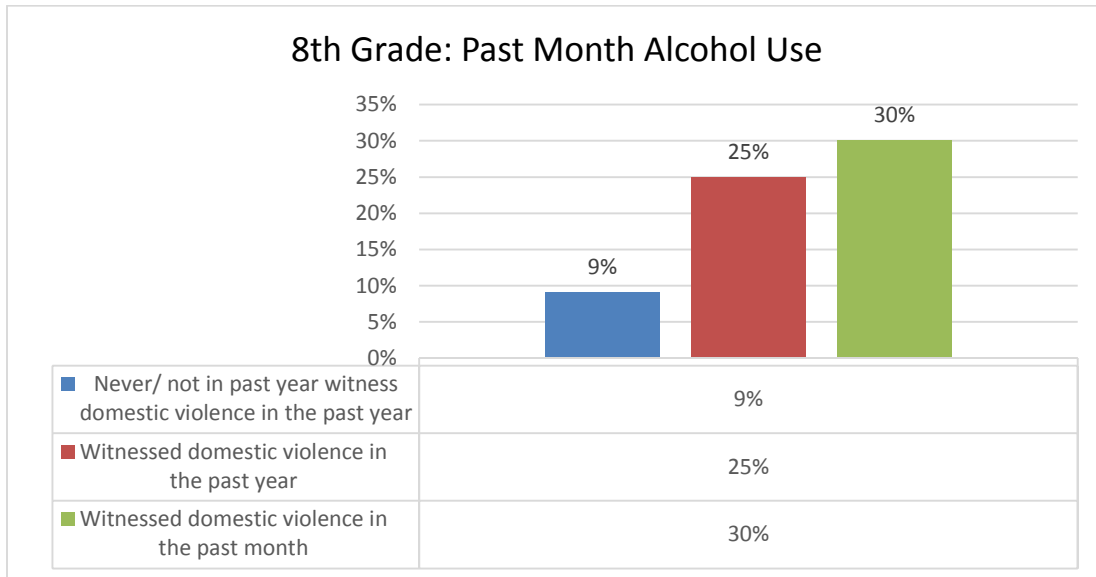


Among 11th graders, 60% of students exposed to DV in the past year reported experiencing depression in the past year, as compared to 39% of those not exposed to DV. More than one in six 11th graders exposed to DV had attempted suicide within the previous year, two and a half times the rate of other students not exposed to DV in the past year or longer.

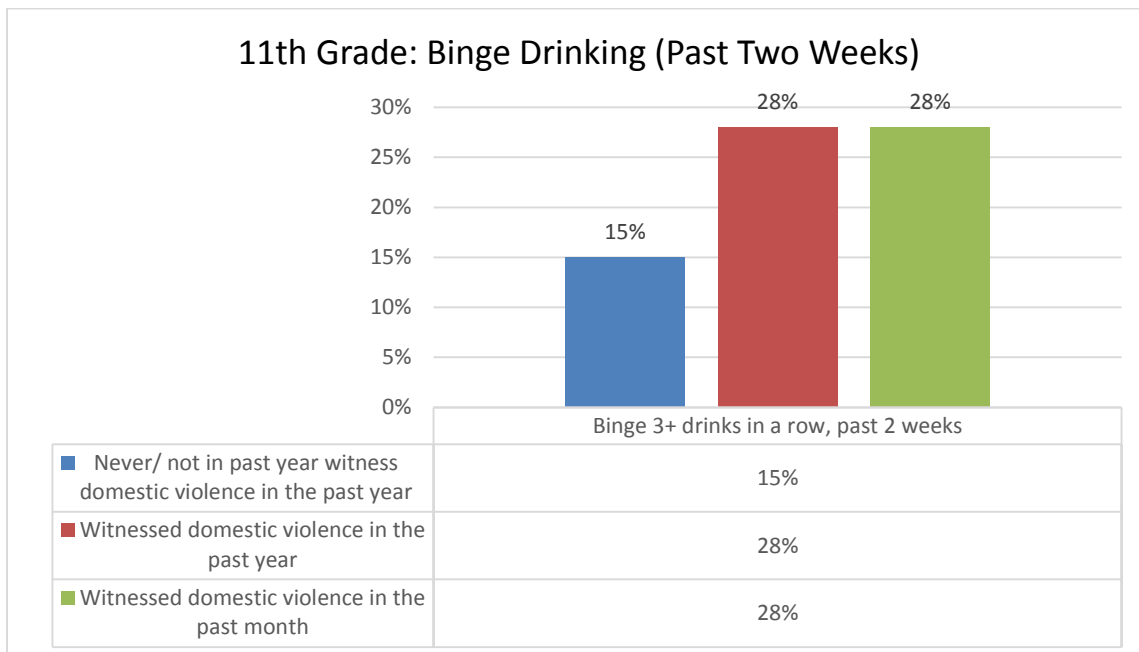
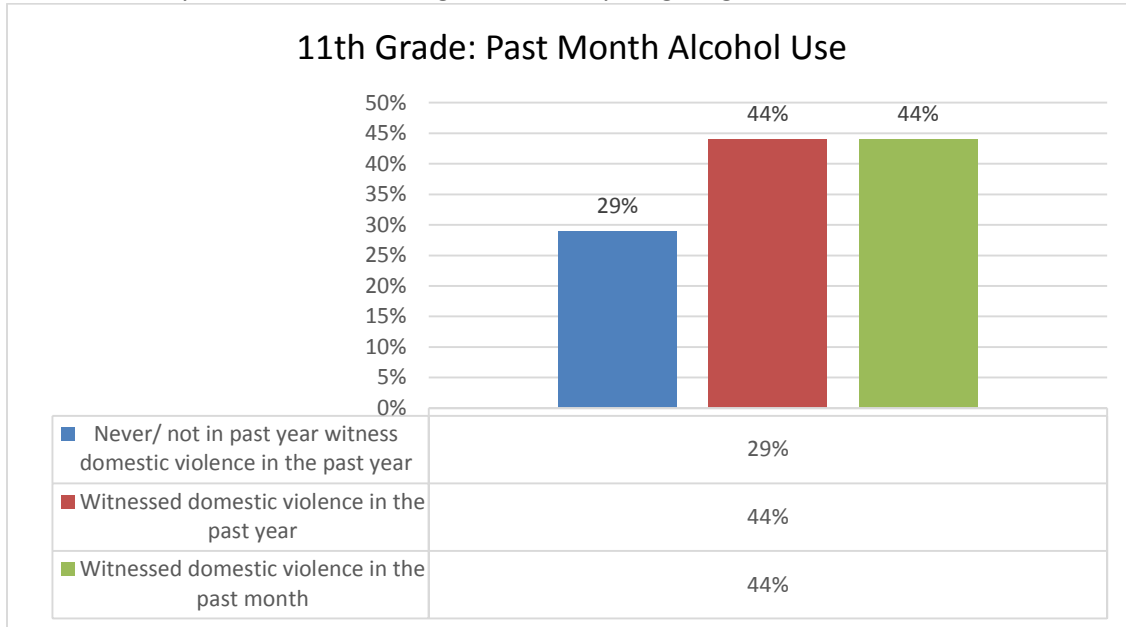


Substance Abuse

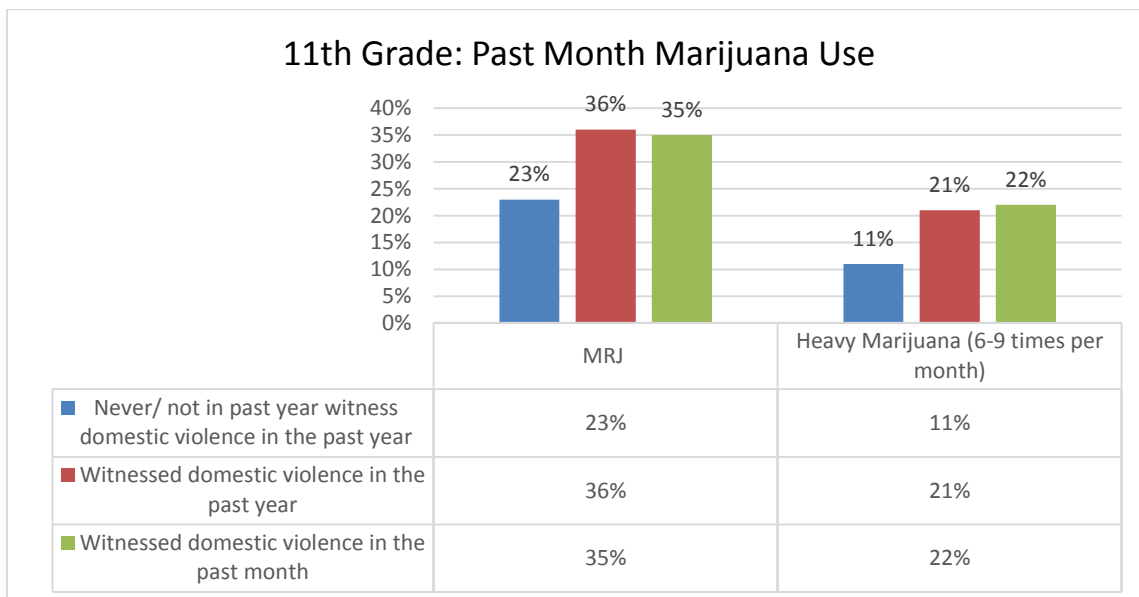
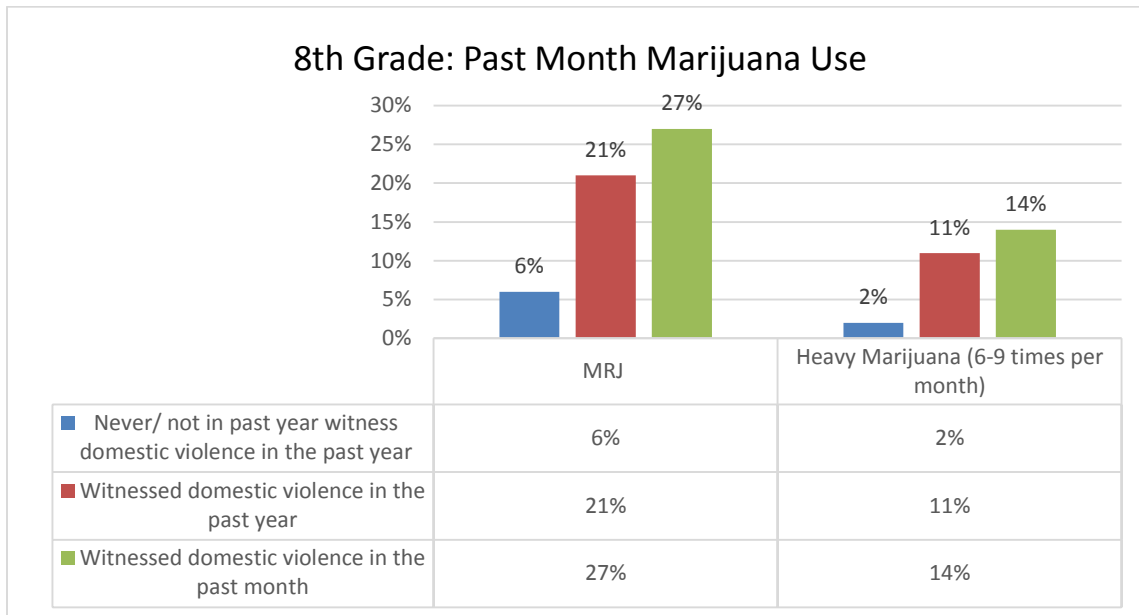
There were equally dramatic differences among the students when considering substance use patterns and witnessing DV. Eighth graders who were exposed to DV in the past year were almost three times as likely to have consumed alcohol within the past month and were more than four times as likely to binge drink (defined as consuming three or more drinks in a row) during the past two weeks, when compared to those not witnessing DV in the past year or longer.



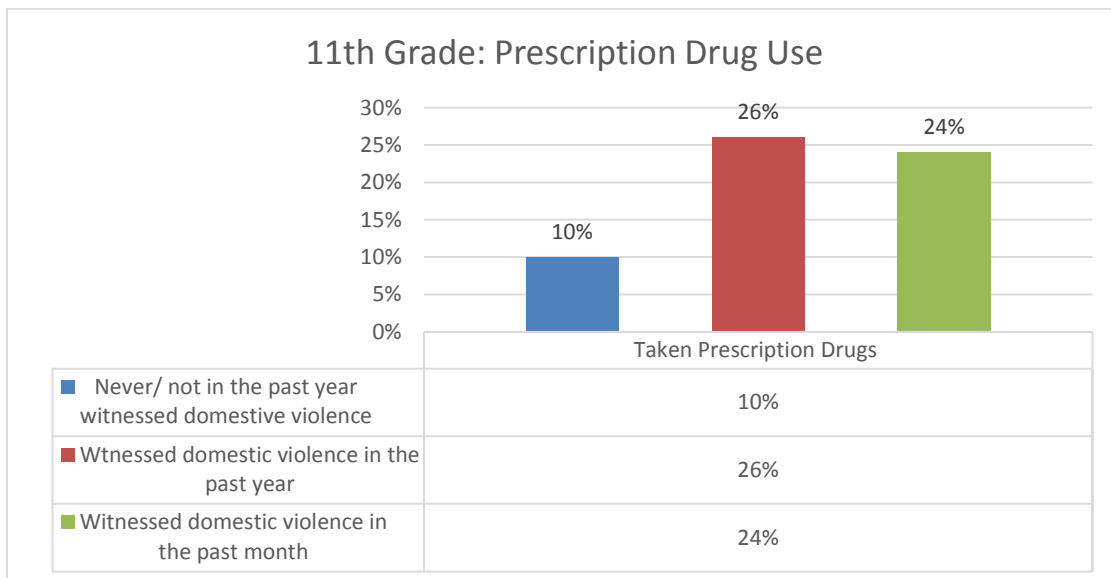
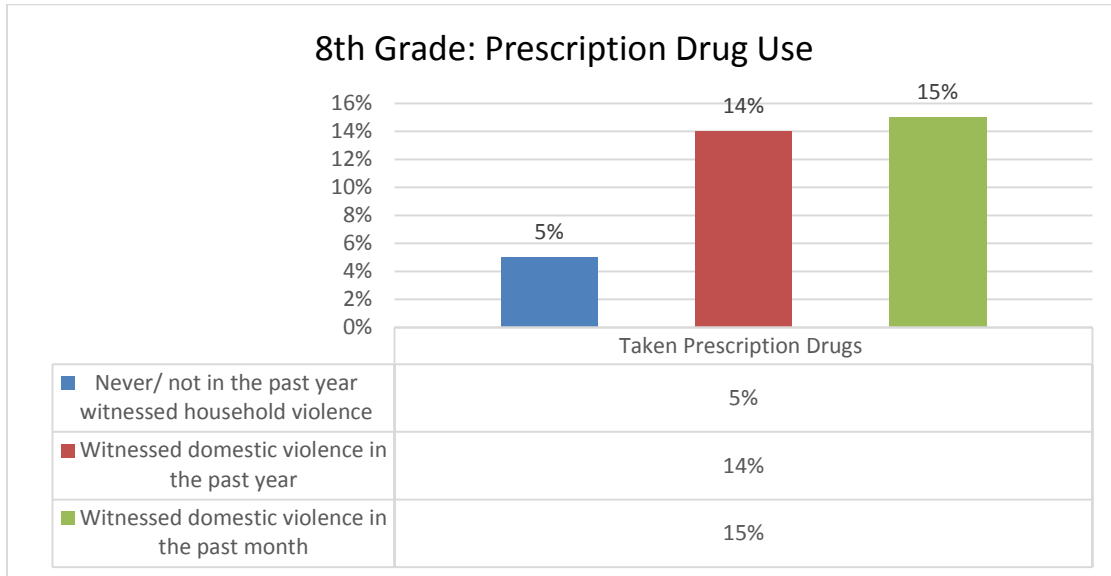
Forty-four percent of 11th graders who were exposed to DV in the past year were likely to be considered current drinkers, (those who have used alcohol within the past month), compared to 29% current drinkers among those not exposed to DV in past year. And more than one in four 11th graders – nearly twice the rate of those not exposed to DV – had binged on alcohol within the past two weeks. Students in both 8th and 11th grade who had witnessed DV were also more likely to have started using alcohol at a younger age.



Past month marijuana use and heavy marijuana use (defined as using six to nine times per month) were also more prevalent among 8th and 11th graders who were exposed to DV. Among 8th graders, those exposed to DV were almost four times as likely to have used within the past month compared to students not exposed to DV, and were more than five times more likely to report heavy use than those not witnessing DV in the past year or longer. The differences were not as dramatic among 11th graders, though still statistically significant, with those exposed to DV reporting about twice the rate of heavy marijuana use. The age of early onset of marijuana use was also higher among the 8th and 11th graders exposed to DV.

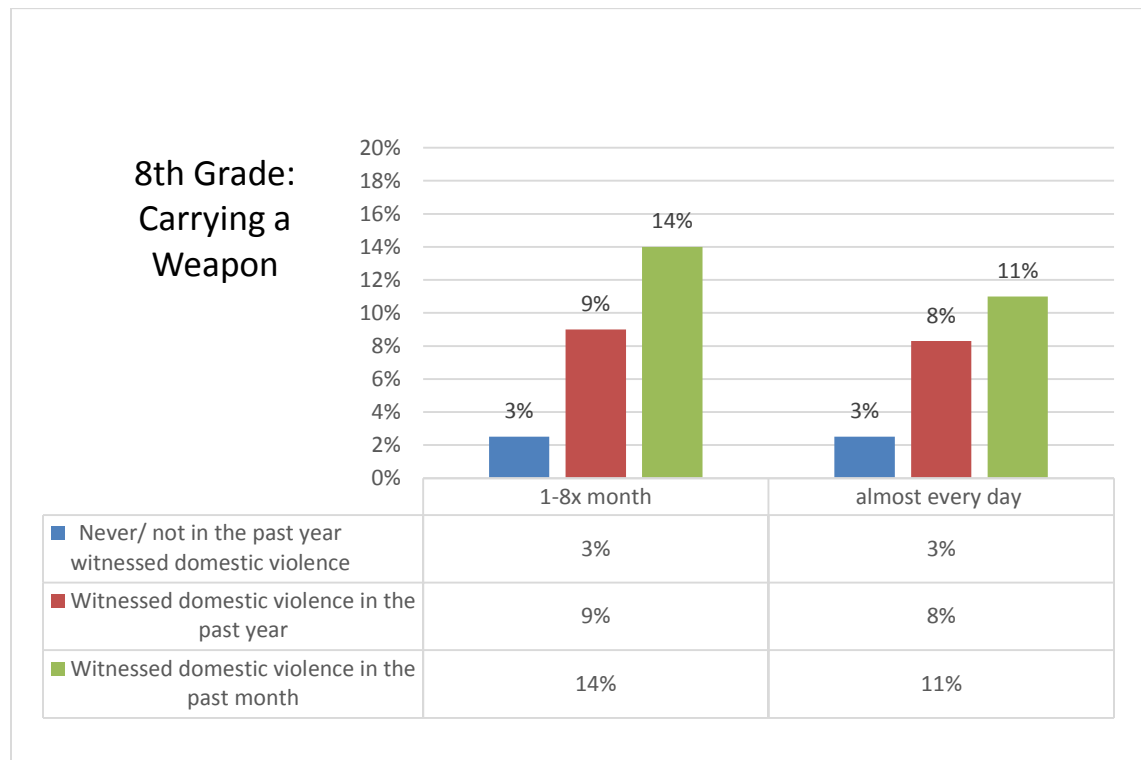


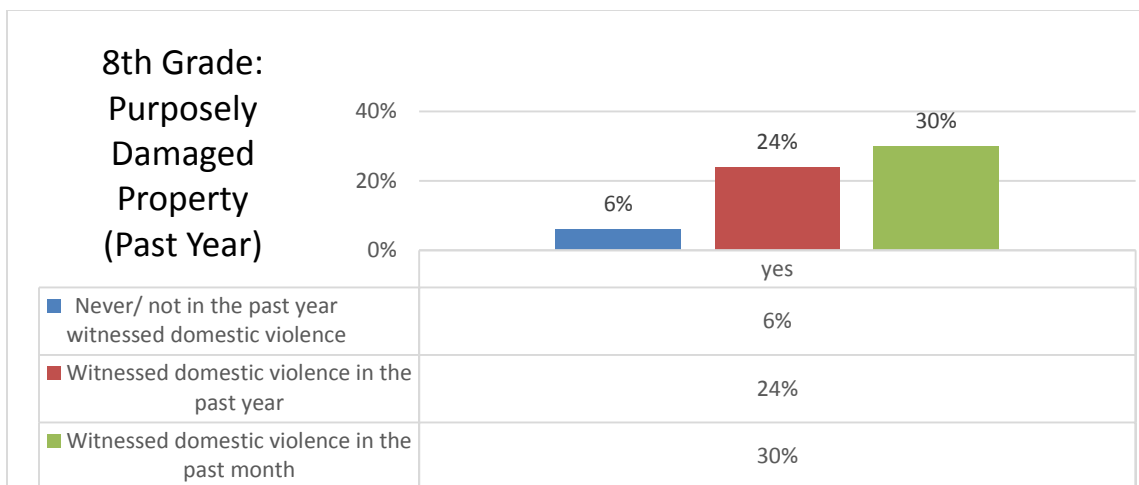
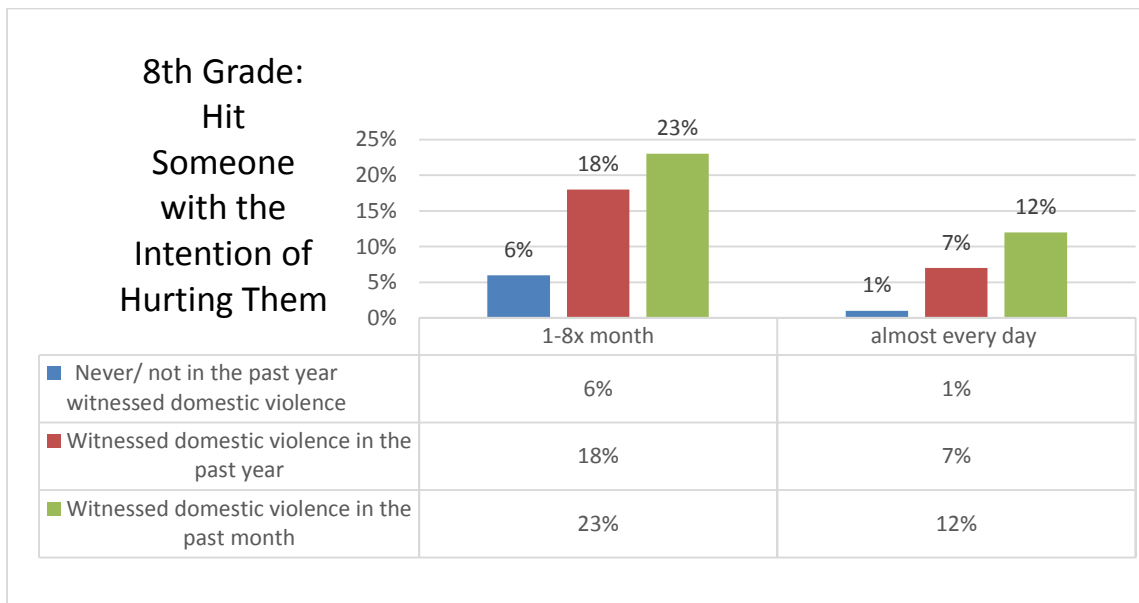
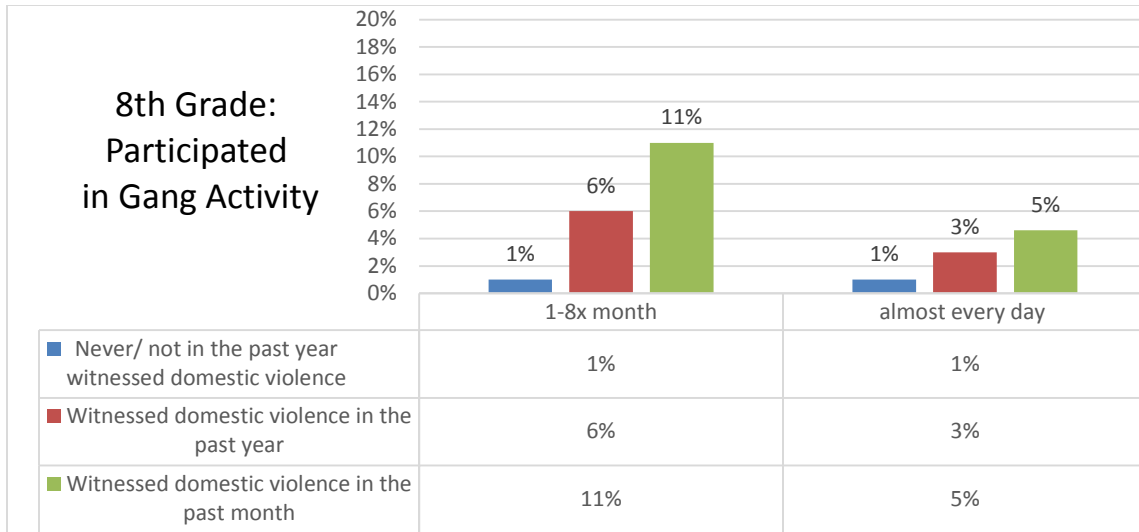
Finally, the rate of prescription drug use of medications not prescribed for the respondent was much higher among 8th and 11th graders who were exposed to DV when compared to other students. Eighth graders who had seen or heard DV within the past year were almost three times as likely to use medications not prescribed for them. Nearly one in four 11th graders who were exposed to DV reported taking a medication they had not been prescribed compared to one in ten of other students.



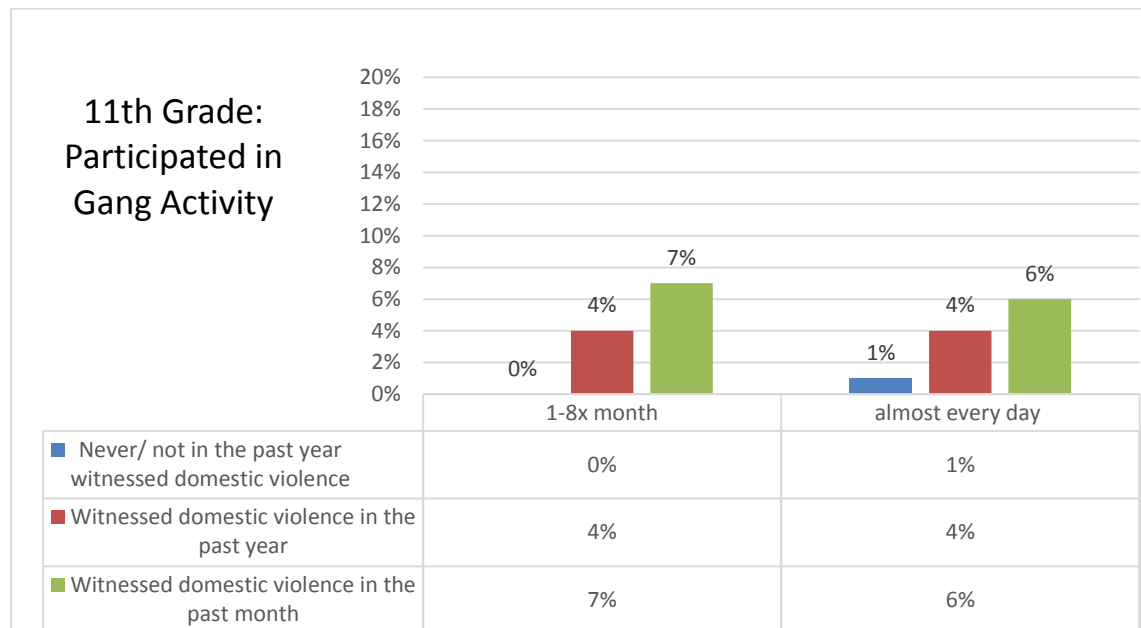
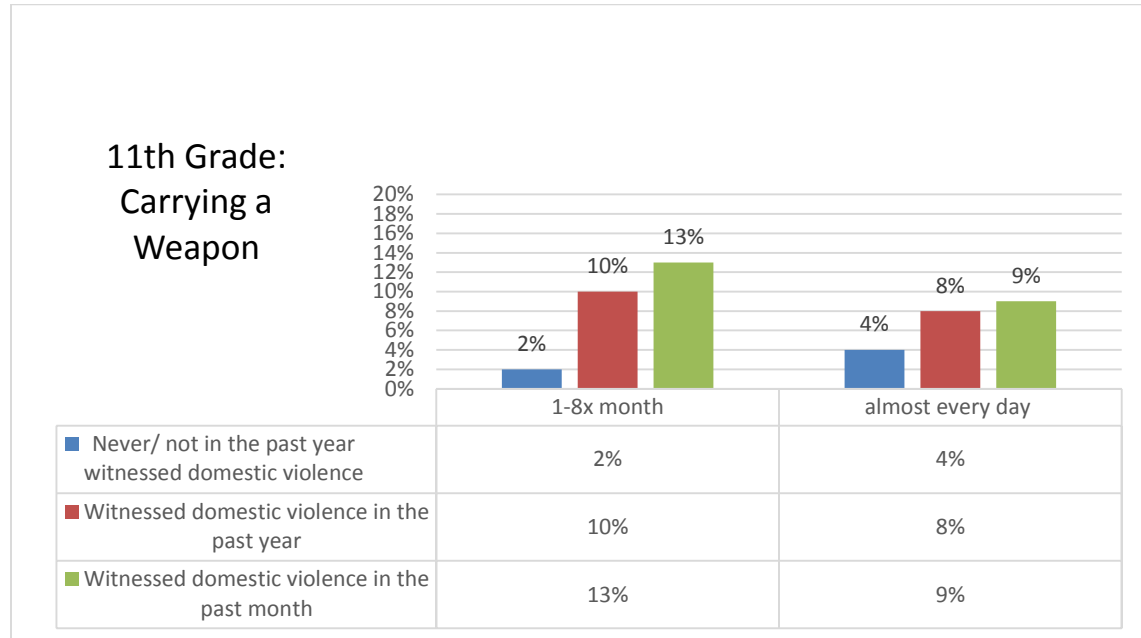
Violence

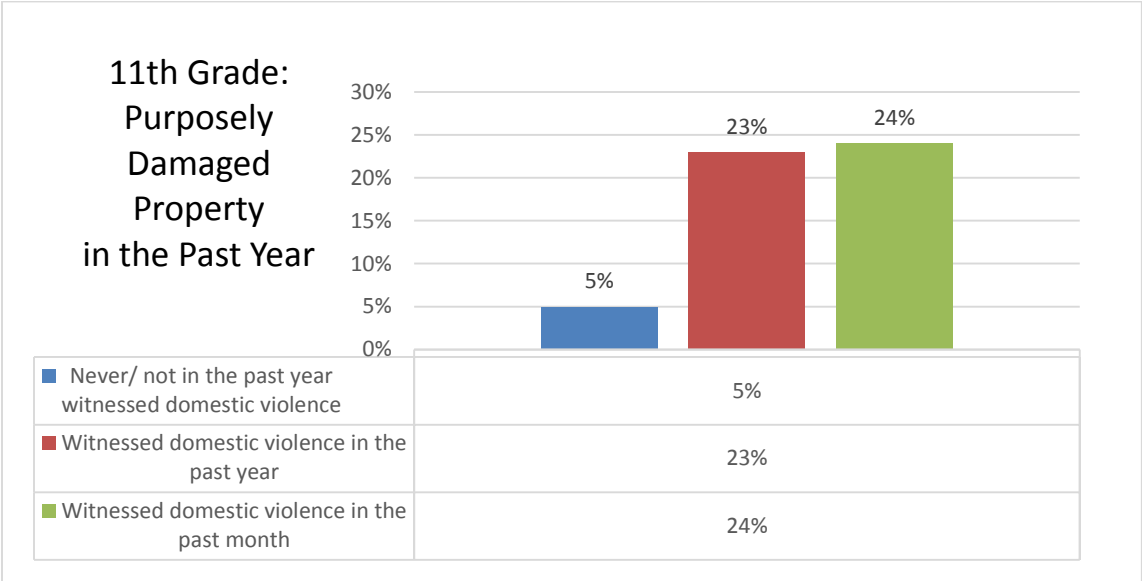
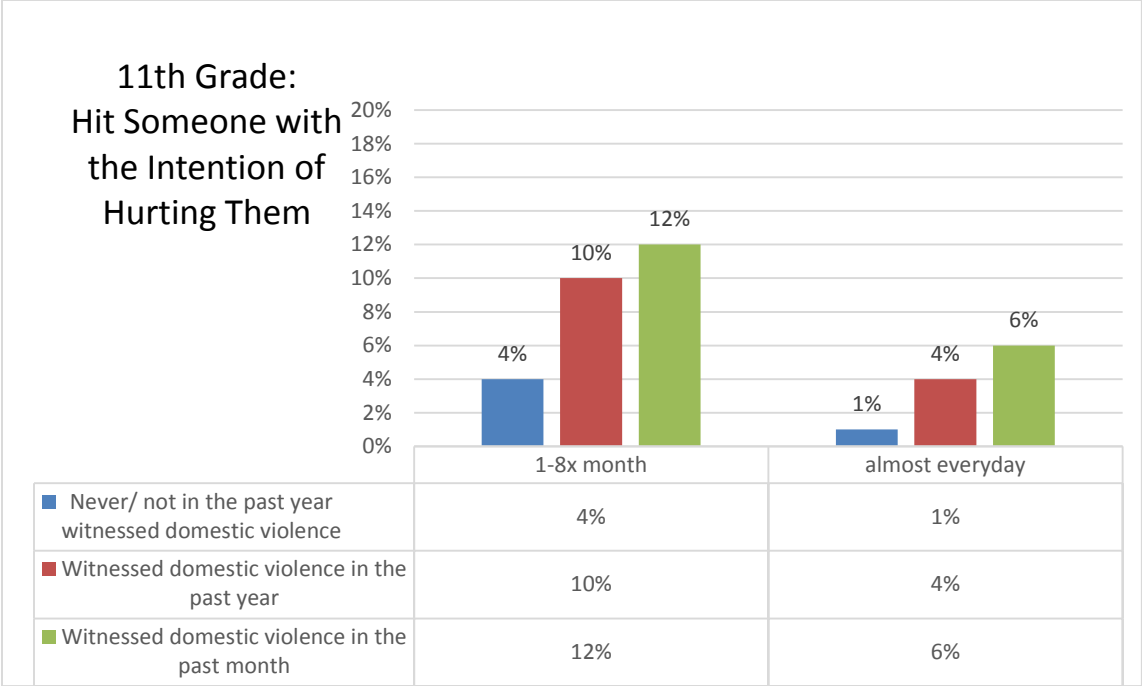
Students in both grades who were exposed to DV reported higher rates on other violence indicators than students who had not been exposed to DV. Among 8th graders, more than one in ten who had witnessed or heard DV within the past month reported carrying a weapon nearly every day, nearly four times the rate of students not experiencing DV in the past year or longer. Eleven percent with past month exposure to DV reported participating in gang activity in the past month, eleven times more than those with no DV witness in the past year or more. Intentional aggression towards others was also more common with exposure to DV; eighteen percent witnessing DV in the past year reported hitting someone with the intention of hurting them in the past month, three times more than those with no DV exposure in the past year or more. Intentional property destruction was higher as well among students exposed to DV within the past month and past year, with reported rates of 30% and 24%, respectively, compared to only 6% of those not exposed to DV in the past year or longer.





As the graphs below demonstrate, statistically significant differences are also noted among the 11th graders when comparing students exposed and not exposed to DV. However, lower rates of participation in gang activity, hitting someone with the intention to hurt, and intentionally damaging property were reported overall, but the differences in percentage rates among those witnessing DV versus those not were as high or higher than for 8th graders.





Discussion and Implications

The Adverse Childhood Experiences (ACE) Study, a collaboration of the US Centers for Disease Control and Prevention and Kaiser Permanente Health Appraisal Clinic in San Diego, explores the association between traumatic childhood events (including exposure to DV), engagement in health risk behaviors, and lifelong negative health and social outcomes. As the preceding data indicate, Delaware youth who are exposed to DV experience higher rates of risk behaviors during adolescence. But as the ACES study suggests, without successful supportive intervention, they will remain at greater risk for experiencing long-term negative impacts as well.

We cannot say that DV exposure is the *cause* of the higher rates of high risk behaviors experienced by this population. However, it is apparent in reviewing the data that youth exposed to violence among adults within their homes experience a greater confluence of other risk factors and demonstrate a need for additional support and intervention. Further, because interpersonal violence typically happens behind closed doors and is shrouded in secrecy, studies have shown its report is often suppressed even in anonymous surveys; so, it is likely that the prevalence is underreported and the scope of the problem underestimated. In addition, dropout rates may suppress the reporting of the prevalence of DV exposure as well as associated risk behaviors among our available 11th grade data. Finally, we are unable to report on these indicators among students in private schools. For these reasons, it is likely that the true extent of youth exposure to DV in Delaware is underestimated and that many students who would stand to benefit from intervention go unidentified and their needs unaddressed. Generally adopted trauma-informed care approaches in a variety of settings, including educational, clinical, and social services, may help promote support and referrals to address the needs of students exposed to DV and other adverse events.

Resources

- The Delaware Domestic Violence Coordinating Council, administered by the Courts, has created the Children and Domestic Violence Subcommittee which is co-chaired by Secretary Carla Benson-Green of the Department of Services for Children, Youth and their Families and Representative Deborah Hudson. Information and resources, including links to the *Safe & Together Model Suite of Tools and Interventions* for working with DV are available from the Council's website at: <http://dvcc.delaware.gov/childrendvinfo.shtml> Additional resource information is accessible from the Council's home page at: <http://dvcc.delaware.gov/index.shtml> .
- The Delaware Coalition Against Domestic Violence provides a wealth of information on the topic as well as state and national programs and organizations, advocacy efforts, training resources, and special initiatives. To learn more, visit: <http://www.dcadv.org/> .
- Through various programs, the Department of Services for Children, Youth and their Families has promoted training initiatives to foster trauma-informed treatment for children and youth who have been exposed to a broad spectrum of trauma. For example, the Trauma Grief Component Therapy for Adolescents is currently in use within the juvenile justice system. Trauma Focused Cognitive Behavioral Therapy, designed for use with young children, is provided by State-trained private practitioners (including Spanish-speaking providers) throughout Delaware. Parent-Child Interaction Therapy is designed for very young children

and their parents, and is also available for Spanish-speaking clients. (For more information on these evidence-based programs, visit: <http://kids.delaware.gov/pbhs/pbhs.shtml>; for a list of providers trained in these approaches contact central intake at: 1-800-722-7710.) The Department has developed a resource page entitled Family Trauma Help, available online at: http://kids.delaware.gov/information/serious_trauma.shtml. In 2014, several representatives of the Department along with other interested stakeholders initiated the Trauma Matters Delaware network which hosts an annual conference highlighting relevant research and local resources. More information on the 2016 Trauma Matters Conference is available through the ACES Connection Network at: www.acesconnection.com.

- In addition, the Division of Family Services has Domestic Violence Liaisons co-located in each of its four regional offices to work with adult victims within their families. Law enforcement will refer to the Division when they encounter children in families experiencing DV. To learn more about the Division, visit: <http://kids.delaware.gov/fs/fs.shtml>.
- The Child Development – Community Policing initiative is a partnership between the City of Wilmington Police Department and the Division of Prevention and Behavioral Health Services. Through this effort, mental health professionals are trained and available to provide free trauma assessment and short-term counseling services to children of Wilmington and their families who experience a traumatic event. CD-CP clinicians also refer clients for longer-term services as needed. For more on the program, visit: <http://www.wilmingtonde.gov/government/cdcp>.
- State of Delaware Department of Education Trauma-Informed Practices and Compassionate Schools Model Information includes links to a wealth of educational materials including a handbook, organizational self-assessment checklist, exercises, and other resources to facilitate the adoption of trauma-informed principles in education settings: <http://www.doe.k12.de.us/domain/240>
- US Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/nctic/trauma-interventions>
- Futures without Violence Trauma Informed Care: The Role of the Health Care Provider <http://www.futureswithoutviolence.org/trauma-informed-care-the-role-of-the-health-care-provider/>

Special thanks to Aileen Fink and Linda Shannon of the Delaware Department of Services for Children, Youth and their Families for contributing information on available resources.

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