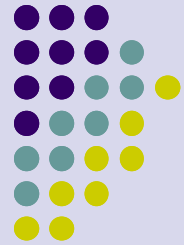
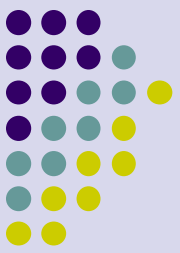


# **Children Exposed to Domestic Violence: Effects and Interventions A Local Perspective**

---

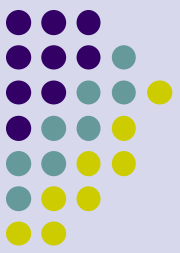




# Presented By:

---

- L. Leanne Dudley, MSW
- Director of Bedford Domestic Violence Services (BDVS)
- Has over 12 years of experience with this agency.

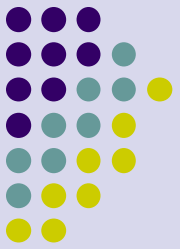


# Presentation Objectives

---

- To educate participants on working with children and trauma at the local level.
- To demonstrate how the issue of trauma among minors is being addressed in Bedford, Virginia.

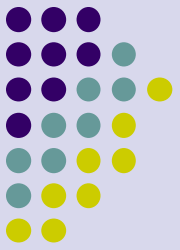
# Overview of Bedford Domestic Violence Services



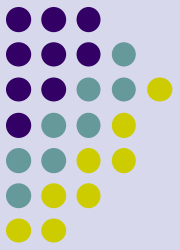
- Comprehensive program that operates within Bedford Department of Social Services (BDSS).
- Provides 24-Hour Crisis Intervention Services including:
  - Hotline
  - Provision for emergency housing
  - Emergency companion services for victims

# Overview of Bedford Domestic Violence Services cont.

---



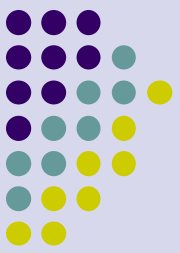
- Services also include:
  - Court advocacy
  - Counseling for victims of Domestic Violence
  - All services are rendered free of charge for victims



# Collaboration

---

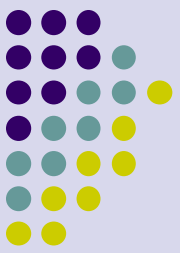
- BDVS has the ability to work closely with the Child Welfare professionals of BCDSS due to both entities being within the same organization.
- The relationship between BDVS staff and BCDSS staff has been ongoing since the creation of BDVS in 1997.



# Collaboration cont.

---

- BDVS staff accompany Child Welfare Workers on home visits and attend weekly CPS case staffings.
- The relationship between BDVS and BCDSS service staff is ever evolving to meet the needs of the community.



# Trauma Assessment

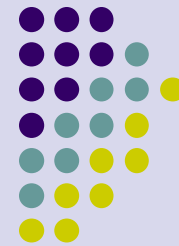
- The local J&DR Judge requested that BDVS create an instrument that could be administered to children to assess whether or not the child had been exposed to trauma.
- As a result the Trauma Assessment tool was created.

## How it works:

- BCDSS staff complete a referral form and submit it to BDVS.



# Referral Form



## Bedford Domestic Violence Services

"...building a future without fear."

P.O. Box 783, Bedford, VA 24523

24-Hour Hotline (540) 587-0970

### Service Referral Form

Date: \_\_\_\_\_

Service(s) requested: Counseling: \_\_\_\_ Teen Group: \_\_\_\_ Trauma Assessment: \_\_\_\_  
DV Assessment: \_\_\_\_ Other: \_\_\_\_

Client name: \_\_\_\_\_ Client contact: \_\_\_\_\_

Reason for referral/Presenting Situation:

---

---

---

---

---

Is the requested service court ordered: Yes \_\_\_\_\_ No \_\_\_\_\_

Next scheduled court date: \_\_\_\_\_ Report needed by: \_\_\_\_\_

When the client is to make an initial contact with BDVS: \_\_\_\_\_

How and when does the referral source want to receive progress and information:

---

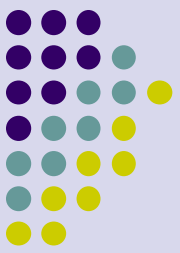
---

Referring Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

BDVS Staff assigned to the case: \_\_\_\_\_

Date Referral Received: \_\_\_\_\_

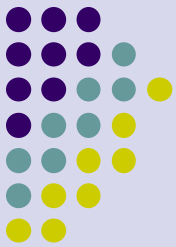
BDVS Staff Signature: \_\_\_\_\_



# Trauma Assessment Continued

- After receiving the referral, BDVS staff contact the child's caretaker to schedule an appointment.
- The Trauma Assessment is comprised of three components:
  - Child/Adolescent Assessment Instrument (which is completed with the guardian/foster parent) to gather collateral data.
  - Trauma Assessment questions (asked of the child being assessed).
  - Youth Risk and Resilience Inventory (which is completed by the child being assessed) for ages 10-19.

# Child/Adolescent Assessment Instrument



DATE \_\_\_\_\_

Client Code \_\_\_\_\_

## Child/Adolescent Assessment Instrument

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Ordinal Position in Family: \_\_\_\_\_ of \_\_\_\_\_ (# brothers \_\_\_\_\_ # sisters \_\_\_\_\_)

### 1. Physical Health

Does the child have any current medical needs? \_\_\_\_\_

Does child have any chronic health problems? \_\_\_\_\_

Is the child up-to-date with immunizations? \_\_\_\_\_

Does the child have a local physician? \_\_\_\_\_

Does the child have health insurance? \_\_\_\_\_

Is the child of appropriate dental age? If so, has he/she had a visit within the past year? \_\_\_\_\_

Does the child have any dental pain or signs of a problem? \_\_\_\_\_

NOTES:

---

---

---

---

### 2. Mental Health/Substance Abuse

Has the child ever received mental health services? \_\_\_\_\_

Has the child ever been formally diagnosed with a mental disorder? \_\_\_\_\_

Has the child ever been hospitalized for psychiatric reasons? \_\_\_\_\_

Does the child have a history of substance use? \_\_\_\_\_

Does the child have any known learning disabilities, developmental delays, or special education needs? \_\_\_\_\_

NOTES:

---

---

---

---

### 3. Current Medications

Name

Dosage/Frequency

First Prescribed

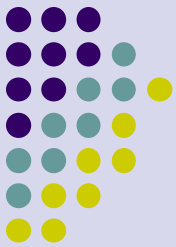
---

---

---

---

# Child/Adolescent Assessment Instrument



## 4. How is child affected by the abuse or by the situation in the family?

Needs constant attention or approval	Is violent	
Gets angry easily	Is verbally abusive	
Fights frequently	Hits, bites, kicks, slaps	
Has nightmares or difficulty sleeping	Cries constantly	
Wets bed	Is accident prone	
Gets physically ill	Has physical scars/wounds	
Difficulty eating	Failure to thrive	
Excessively over or underweight	Displays behaviors of younger child	
Problems at school reported	Truant or drops out of school	
Is resistant to authority	Uses drugs/ETOH	
Has run away from home	Is withdrawn	
Has mood swings	Is passive	
Is suicidal or homicidal	Seeks out or clings to strangers	
Is extremely active	Has difficulty being away from supportive guardian	
Becomes tearful in situations	Is overly concerned and protective of other family members	
Appears fearful of abuser	Has difficulty going to bed	
Is extremely possessive of toys or other belongings	Evident delays in development are present	

Additional information:

---

---

---

---

---

---

---

---

---

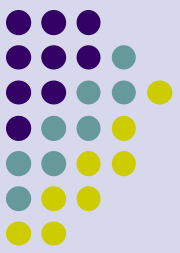
---

## 5. Trusted Adults Identified by Child

NAME

RELATIONSHIP

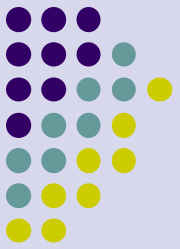
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



# Trauma Assessment Questions

1. Top three sources of stress most experienced.
2. Have you ever been exposed to family violence anywhere you have resided?
3. Have you or anyone close to you ever been involved in a natural disaster or another tragic event?
4. Have anyone close to you ever been killed or seriously injured?

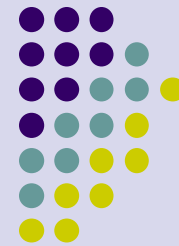
# Trauma Assessment Questions



5. Has Social Services ever been involved with your family due to emotional, physical, or sexual abuse or neglect that you have experienced?
6. Have you ever been involved in any bullying incident?
7. Have you ever been a victim of physical, emotional or sexual abuse? Is so, how does it affect you?
8. Have you ever had nightmares about anything that has happened to you or been deeply bothered by an experience in another way?
9. How is anger expressed in your household? Has it ever been expressed in any other way?



# Youth Risk and Resilience Inventory Forms



## Youth Risk and Resilience Inventory



Robert P. Brady, Ed.D.

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade in school \_\_\_\_\_ Date \_\_\_\_\_

The YRRI helps to identify situations that may be a challenge for you. It also identifies the strengths you have to meet these challenges.

There are no right or wrong answers to the YRRI, so respond to each statement honestly. If you are worried about your privacy, talk to your counselor so that you are comfortable taking the YRRI.

### STEP 1: Circle Your Answers

Read each statement. Then think how often the statement describes you or your situation. Circle 1 for *Never*, 2 for *Seldom*, 3 for *Sometimes*, 4 for *Often*, and 5 for *Very Often*. Respond to all 54 statements before adding your scores.

	Never	Seldom	Sometimes	Often	Very Often
1. I'm teased by other students.	1	2	3	4	5
2. I'm pushed around.	1	2	3	4	5
3. I have a lot of friends.	1	2	3	4	5
4. I'm made fun of.	1	2	3	4	5
5. I'm punished too severely at home.	1	2	3	4	5
6. I have friends I can count on.	1	2	3	4	5
7. I'm threatened at school.	1	2	3	4	5
8. I'm afraid to go to school.	1	2	3	4	5
9. There are adults who I trust.	1	2	3	4	5
10. I've been picked on in the past.	1	2	3	4	5

Add the numbers you circled in the yellow rows above. Yellow Subtotal **A**

Add the numbers you circled in the green rows above. Green Subtotal **B**

**just** Life  
 ISBN-13: 978-1-55864-168-6; ISBN-10: 1-55864-168-8 © 2006 by Robert P. Brady. Published by JIST Life, an imprint of JIST Publishing, Inc., 8902 Otis Avenue, Indianapolis, IN 46216-1033. Phone: 1-800-648-JIST. Fax: 1-800-JIST-FAX. E-mail: info@jist.com. Web site: www.jist.com. All rights reserved. Duplication in any form is prohibited.

Continue →

	Never	Seldom	Sometimes	Often	Very Often
11. There are too many fights in my school.	1	2	3	4	5
12. There are adults who can help me.	1	2	3	4	5
13. Students don't get along well in my school.	1	2	3	4	5
14. Some kids have weapons at school.	1	2	3	4	5
15. I usually avoid trouble.	1	2	3	4	5
16. I'm threatened by kids in the neighborhood.	1	2	3	4	5
17. My neighborhood isn't safe.	1	2	3	4	5
18. My friends are there for me.	1	2	3	4	5
19. Certain individuals have taken advantage of me.	1	2	3	4	5
20. I have been forced to do things against my will.	1	2	3	4	5
21. I am a positive person.	1	2	3	4	5

Add the numbers you circled in the yellow rows above. Yellow Subtotal **B**

Add the numbers you circled in the green rows above. Green Subtotal **B**

	Never	Seldom	Sometimes	Often	Very Often
22. I feel I have been violated.	1	2	3	4	5
23. I'm afraid to be at home.	1	2	3	4	5
24. I get along with my folks.	1	2	3	4	5
25. I have problems with sleep.	1	2	3	4	5
26. I feel sad and blue.	1	2	3	4	5
27. My folks are understanding.	1	2	3	4	5
28. I'm abused by someone close to me.	1	2	3	4	5
29. I'm not treated fairly.	1	2	3	4	5
30. I have supportive teachers.	1	2	3	4	5
31. I get bored.	1	2	3	4	5
32. I stay to myself.	1	2	3	4	5

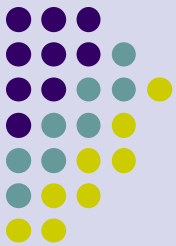
Add the numbers you circled in the yellow rows above. Yellow Subtotal **C**

Add the numbers you circled in the green rows above. Green Subtotal **C**

© JIST Life. All rights reserved. Duplication in any form is prohibited.



# Youth Risk and Resilience Inventory Continued



	Never	Seldom	Sometimes	Often	Very Often
33. I'm a resourceful person.	1	2	3	4	5
34. I have trouble concentrating.	1	2	3	4	5
35. There is violence at home.	1	2	3	4	5
36. I have the energy to do most things.	1	2	3	4	5
37. Adults have put me down.	1	2	3	4	5
38. My school isn't safe.	1	2	3	4	5
39. I have plans for my life.	1	2	3	4	5
40. Sometimes I think things are stacked against me.	1	2	3	4	5
41. Awful things have happened to me.	1	2	3	4	5
42. I feel cared for.	1	2	3	4	5
43. I have had nightmares.	1	2	3	4	5

Add the numbers you circled in the yellow rows above.   Yellow Subtotal **D**

Add the numbers you circled in the green rows above.   Green Subtotal **D**

	Never	Seldom	Sometimes	Often	Very Often
44. I feel I don't belong.	1	2	3	4	5
45. I have established close relationships.	1	2	3	4	5
46. I'm suffering inside.	1	2	3	4	5
47. I have seen fighting at home.	1	2	3	4	5
48. I have talked to someone about my concerns.	1	2	3	4	5
49. I've seen violence on TV and in movies.	1	2	3	4	5
50. I worry about a possible terrorist attack.	1	2	3	4	5
51. I have made responsible choices.	1	2	3	4	5
52. I have been sexually abused.	1	2	3	4	5
53. I get in trouble at school.	1	2	3	4	5
54. My family talks things over.	1	2	3	4	5

Add the numbers you circled in the yellow rows above.   Yellow Subtotal **E**

Add the numbers you circled in the green rows above.   Green Subtotal **E**

## STEP 2: Add Your Totals

If instructed to do so, add the numbers you circled in the yellow rows on page one. Write the score in the yellow box on page one. This is your "Yellow Subtotal A."

Next, add the numbers you circled in the green rows on page one. Write the score in the green box on page one. This is your "Green Subtotal A."

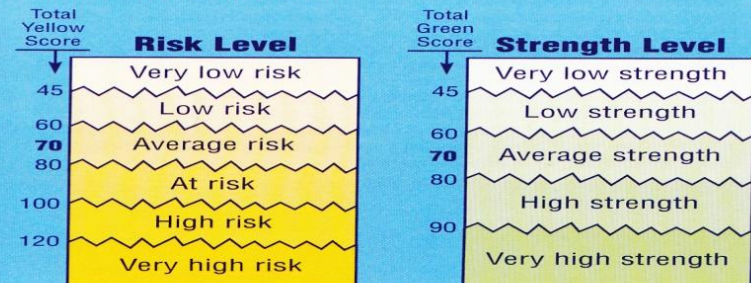
Then go to the next group of statements. Add and write your yellow and green scores in the boxes. Continue until you have yellow and green subtotals for all five groups—A, B, C, D, and E.

Now copy your subtotals to the table below. Then add each column.

	Yellow Subtotal	Green Subtotal
Group A		
Group B		
Group C		
Group D		
Group E		
Total Scores		

Your total yellow score may reflect the challenges you face. Look at the first chart below to see how your total yellow score compares with others in your age group.

Your total green score may reflect the strengths you have to face challenges. Look at the second chart below to see how your total green score compares with others in your age group.

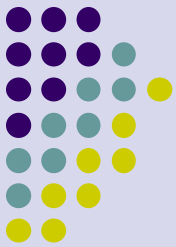


The adult who gave you the YRRI may help you further understand your scores.

*Continue →*



# Youth Risk and Resilience Inventory Continued



## STEP 3: My Journal

This is your space to write about any problems you have at school, at home, or in other situations. You may want to have a private talk with your counselor or other adult you trust about your personal situation.

---

---

---

---

---

---

---

---

Please return the YRRI to the adult who gave it to you.

## For Professionals

### About the YRRI

The YRRI is designed for use with youth to screen for risk factors and to identify resilience factors. The **risk factors** include teasing, intimidation, bullying, physical abuse, violence, victimization, and emotional stress. The **resilience factors**, sometimes called protective factors or personal assets, are the strengths that contribute to healthy coping and endurance. They include self-directedness, proactiveness, goal setting, planfulness, persistence, affirming families, and supportive relationships.

### Interpretation

The YRRI has 36 risk factor items, coded in yellow. It has 18 resilience items, coded in green. The color-coded bar histograms were designed for general comparison only. Please consult the *Youth Risk and Resilience Inventory Administrator's Guide* for details on interpreting the scores, including standard deviation, standard error of measurement, critical item analysis, and item clusters for both depression and anxiety spectrum. In addition, the *Administrator's Guide* provides information on the YRRI's development, validity, reliability, norms, administration, and more. The free guide came packaged with the YRRI and is also available at [www.jist.com](http://www.jist.com).

### Risk and Resilience Resources from JIST Publishing

JIST Publishing offers resources that help young people deal with risk and develop resilience and character. Titles include *About Me: An Interactive Workbook for Children to Explore Their Feelings*; *A Place for Starr: A Story of Hope for Children Experiencing Family Violence*; *A Safe Place to Live: A Story for Children Who Have Experienced Domestic Violence*; *Becoming the Best Me*; Character Education pamphlets (self-esteem, peer pressure, anger, violence, conflict resolution); *Kid's Guide to Who You Can Trust: Protect Yourself at Home, at School, and on the Internet*; *On Your Own as a Young Adult*; Prevention Series pamphlets (violence prevention, anger, suicide warning signs, sexual harassment, date rape, dating violence); *Safety Activity for Kids*; *Teen's Guide to Personal Safety and Preventing Sexual Abuse*.

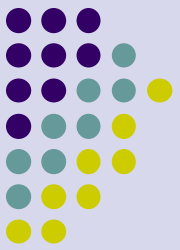
Videos, games, counseling materials, and other products are available. Visit [www.jist.com](http://www.jist.com) (click on the JIST Life link) or call 1-800-648-JIST for more information.

## Other Resources and Web Sites

American Academy of Child & Adolescent Psychiatry, [www.aacap.org](http://www.aacap.org)  
American Counseling Association, [www.counseling.org](http://www.counseling.org)  
American Psychological Association, [www.apa.org](http://www.apa.org)  
Child Abuse Prevention Network, [www.child-abuse.com](http://www.child-abuse.com)  
Child Safety Institute, [www.kidsafe-caps.org](http://www.kidsafe-caps.org)

Department of Health & Human Services, [www.dhhs.gov/children](http://www.dhhs.gov/children)  
National Association of Social Workers, [www.socialworkers.org/practice/children/](http://www.socialworkers.org/practice/children/)  
National Child Abuse Hotline, 1-800-4-A-CHILD, in U.S., Canada, Puerto Rico, Guam, and U.S. Virgin Islands; [www.childhelpusa.org](http://www.childhelpusa.org)  
National Institute of Mental Health, [www.nimh.nih.gov/publicat/violence.cfm](http://www.nimh.nih.gov/publicat/violence.cfm)

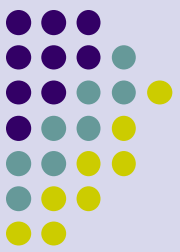
# Trauma Assessment Continued



- Once completed, BDVS staff composes a letter to the referral source.
  - Based on your referral, I completed a Trauma Assessment with Jane Doe on January 14, 2013. Information was obtained from Jane during an individual interview. Collateral information was obtained from her mother, Susie Doe. Reports from Jane and her mother do indicate signs or symptoms related to trauma. It is my professional recommendation that Jane receive Trauma Focused Cognitive Behavioral Therapy to address the trauma she has experienced in her life. I recommend contacting Horizon Behavioral Health at **434-123-4567** to schedule an initial intake assessment for services. This office is located at **2241 Langhorne Road Lynchburg, VA.**

In addition to an individual interview with Jane, another component of the assessment process is the Youth Risk and Resilience Inventory. Based on Jane's responses to this questionnaire, scores reflect a **High Risk** and **Low Strengthen** levels.

Please be mindful that this focus of this assessment was the issue of trauma. No other behavioral, mental, health or substance abuse issues were addressed in any way. Further assessment by allied professional may be deemed appropriate to determine if counseling is necessary regarding anything other than experiencing or witnessing trauma.

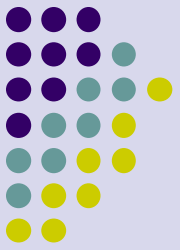


# Trauma Assessment Continued

- A letter can also be sent to the Courts.
  - Based on your referral, I completed a Trauma Assessment with Jane Doe on January 14, 2013. Information was obtained from Jane during an individual interview. Collateral information was obtained from her mother, Susie Doe. Based on information obtained during the assessment, it is determined that Jane is experiencing a **High Level** of signs and symptoms related to trauma. It is my professional recommendation that Jane receive counseling with a focus on trauma and medication management with a therapist and psychiatrist at Horizon Behavioral Health.

In addition to an individual interview with Jane, another component of the assessment process is the Youth Risk and Resilience Inventory. Based on Jane's responses to this questionnaire, scores reflect a **High Risk** and **Low Strengthen** levels.

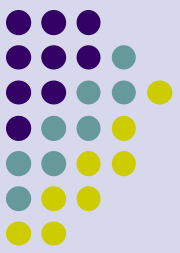
Please be mindful that this focus of this assessment was the issue of trauma. No other behavioral, mental, health or substance abuse issues were addressed in any way. Further assessment by allied professional may be deemed appropriate to determine if counseling is necessary regarding anything other than experiencing or witnessing trauma.



# Contact Information

---

- L. Leanne Dudley, MSW
  - [L.Dudley@bedfordcountyva.gov](mailto:L.Dudley@bedfordcountyva.gov)
  - Bedford Domestic Violence Services
    - 540-587-0970



# Wrap-up/Thank you

- Thank you for allowing me the time to share about our agency.
- If you have any questions, please feel free to ask.

THANK YOU

