



MiOTA - Flint Chapter



Student Occupational
Therapy Association

Recognizing Danger:

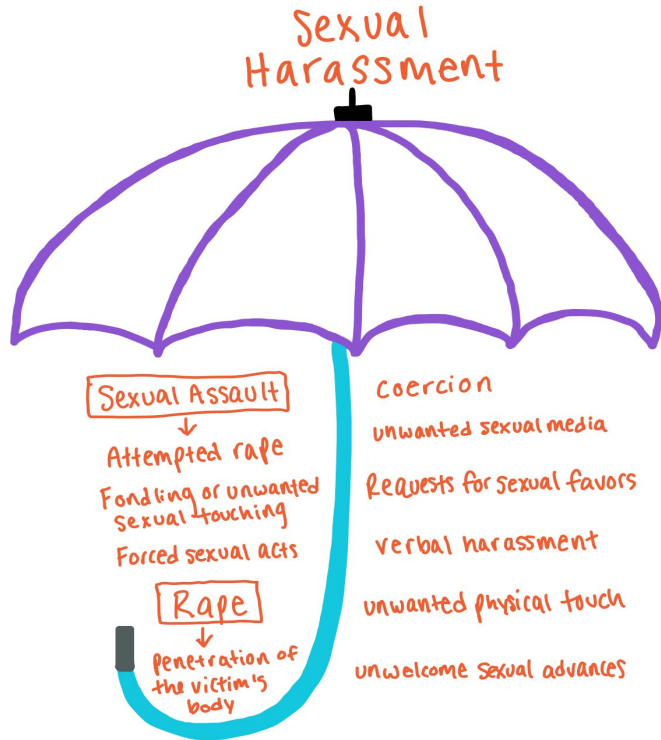
Understanding When Someone is in an Abusive Situation and What to Do

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Terms



- **Domestic Violence:** Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse (NCADV, n.d.-14).
- **Intimate Partner Violence:** A pattern of physical, psychological, sexual, and financial harm against current or former partners (DeLany, Janet V., 2007).
- **Sexual Harassment:** Includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature (RAINN, 2019).
- **Sexual Assault:** Sexual contact or behavior, often physical, that occurs without the consent of the victim (RAINN, 2019).

Terms Cont.

- **Perpetrator:** A person who perpetrates, or commits, an illegal, criminal, or evil act.
- **Victim:** Used to describe individuals who are currently in an abusive relationship (DeLany, Janet V., 2007).
- **Survivor:** Used to describe individuals who are in the abusive relationship or who have overcome the abuse (DeLany, Janet V., 2007).
- **Affirmative Consent:** “Affirmative Consent is informed (knowing); voluntary (freely given); and, active (not passive), meaning that, through the demonstration of clear words or actions, a person has indicated permission to engage in mutually agreed-upon sexual activity and the consenting person is not incapacitated” (Grand Valley State University, 2016).

National Statistics

- 1 in 4 women and 1 in 9 men experience severe intimate partner physical violence, intimate partner contact sexual violence, and/or intimate partner stalking with impacts such as injury, fearfulness, post-traumatic stress disorder, use of victim services, contraction of sexually transmitted diseases, etc. (NCADV, n.d.-14).
- In the U.S., over \$5.8 billions dollars is spent on domestic violence related injuries, nearly \$4.1 billion is spent on direct medical and health care services, and \$1.8 billion is spent on loss of productivity (Javaherian-Dysinger, H., et. al., 2016).
- 47% of transgender individuals experience sexual violence/physical violence in their lives (Human Rights Campaign, n.d.).
- Individuals with disabilities are 2 times more likely to experience a violent crime, and 3 times more likely to experience sexual violence (NCADV, 2018).

Statistics Cont.

- Despite the increase in self-reports of rape and sexual assault, there was a decrease in reporting to police from 2017 to 2018. Forty-percent (40%) of rapes and sexual assaults were reported to police in 2017, but only about 25% were reported to police in 2018 (NSVRC, n.d.).
- False reporting of sexual assault is between 2-10% (NSVRC, n.d.).
- 1 in 4 girls & 1 in 6 boys will be sexually assaulted before they turn 18 (YWCA, 2017).
- About 93% of sexually abused children know their abuser; 10% are abused by a stranger (YWCA, 2017).
- Nearly 70% of all reported sexual assault occurs to children 17 & under (YWCA, 2017).

LOCAL STATISTICS:

- One in three Michigan families are impacted by domestic violence (HAVEN, n.d.).
- 41.8% of Michigan women and 23% of Michigan men experience intimate partner physical violence, intimate partner rape and/or intimate partner stalking in their lives (NCADV, n.d.-14).

Power and Control Wheel



(NCADV)

Dynamics of Abuse

Red Flags

- Extreme jealousy
- Controlling behavior/quick involvement
- Fixed beliefs about gender roles
- Possessiveness
- Unpredictability
- Bad temper
- Cruelty to animals
- Verbal abuse
- Gaslighting
- Blaming the victim for anything bad that happens
- Sabotage or obstruction of the victim's ability to work or attend school
- Control of what the victim wears and how they act
- Demeaning the victim either privately or publicly

(NCADV, n.d.-16)

What To Look For

Signs of Abuse

- **Physical Appearance:**
 - Various stages of injuries/healing
 - Bruising, cuts, scars, burns, broken/sprained areas, etc.
 - Unseasonal Clothing
 - Clothing that hides
 - Restricting clothing from survivor
 - **Mood:** (Lang, M., 2020)
 - Feel isolated
 - Feel depressed
 - Feel helpless
 - Be embarrassed of their situation
 - Feel guilt related to the relationship
 - Feel shame
 - Have anxiety
 - Have suicidal thoughts
 - Abuse alcohol or drugs
 - Self Harming Behaviors
-
- (NCADV, n.d.-16)

What To Look For Cont.

Signs of Abuse

- **Isolation:**
 - Withdrawn
 - Deny or minimize the abuse or make excuses for the abuser
 - Distance themselves from family or friends
 - Have no support from friends or family
 - Feel like they have nowhere to go or no ability to get away
- **Hyperarousal:** (NCADV, n.d.-16)
 - Extremely anxious
 - Jumpy from minimal sounds, touch, etc.
 - Seem preoccupied or “out of touch with reality”/ “day dreaming”
 - Seem impulsive or aggressive

(Lang, M., 2020)

What To Look For

Elder Abuse

Table 11. Physical Signs Suspicious of Elder Abuse

Type of Abuse	Physical Findings
Physical Abuse	<ul style="list-style-type: none">• Bruising in atypical locations (on lateral arms, back, face, ears, or neck rather than on bony prominences)• Patterned injuries (bite marks or injury consistent with the shape of a belt buckle, fingertip, or other object)• Wrist or ankle lesions or scars (suggesting inappropriate restraint)• Burns (particularly stocking/glove pattern suggesting forced immersion or cigarette/cigarette lighter pattern)• Multiple fractures or bruises of different ages• Traumatic alopecia or scalp hematomas• Subconjunctival, vitreous or retinal hemorrhages• Intra-oral soft tissue injuries
Sexual Abuse	<ul style="list-style-type: none">• Genital, rectal, or oral trauma (including erythema, bruising, lacerations)• Evidence of sexually-transmitted disease
Neglect	<ul style="list-style-type: none">• Cachexia/malnutrition• Dehydration• Pressure sore/decubitus ulcers• Poor body hygiene, unchanged diaper• Dirty, severely worn clothing• Elongated toenails• Poor oral hygiene

- **Neglect:**
 - Withholding food, water, clothing, shelter, medications, etc.
 - Failure to ensure personal hygiene or provision of physical aids (ie: walkers, hearing aids, glasses, dentures, etc.)
 - Failure to ensure personal safety/medical follow ups
- **Emotional Abuse:**
 - Verbal berating, harassment, or intimidation
 - Threats of punishment or deprivation
 - Treating individual like an infant
 - Isolating individual from others

(American College of Surgeons, n.d.)

What To Look For

Child Abuse

- Physical Abuse
 - Appears frightened of caregiver
 - Ex: flinches, shys away
 - Has burns, bites, broken bones, bruises, black eyes, or complains of pain
 - Caregiver offers no explanation of child's injuries
 - Blame on child's behavior
 - Sexual Abuse:
 - Attaches quickly to strangers or new adults in their environment
 - Demonstrates unusual sexual knowledge or behavior given their age
 - Difficulty walking or sitting
 - Self Harming Behavior
 - Emotional Abuse:
 - Extreme behaviors
 - Overly aggressive to overly compliant
 - Appears emotionally unattached to caregiver
 - Caregiver consistently blames, belittles, or berates child/refuses to help
- (Voices For Children Advocacy Center, n.d.)

What To Look For

Sex Trafficking

Victim Identification

- A victim of trafficking may look like many of the people you help every day. You can help trafficking victims get the assistance they need by looking beneath the surface for the following clues:
 - Evidence of being controlled
 - Evidence of an inability to move or leave job
 - Bruises or other signs of battering
 - Fear or depression
 - Non-English speaking
 - Recently brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa or India
 - Lack of passport, immigration or identification documentation

(Administration for Children and Families, n.d.)

- Risk factors of patients who may be trafficked include:
 - Minor presents without legal guardian
 - Unstable housing situation
 - Runaway youth
 - Substance use
 - Multiple or frequent sexually transmitted infections
 - Delay in seeking medical care (ie: no prenatal care)
 - Children with a history of being in the child welfare system
 - LGBTQ+ youth
 - History of child abuse or family violence
 - History of dating violence or sexual assault

(American College of Surgeons, n.d.)

Barriers To Leaving

- **Economic Dependence:**
 - Abuser might control all the finances
 - Sabotage or obstruction of the victim's ability to work or attend school
 - Lack of housing
- **Lack of Support/Resources:**
 - Have no support from friends or family
 - Feel like they have nowhere to go or no ability to get away
 - Fear they will not be able to support themselves after they escape the abuser
 - Have had unsupportive experiences with friends, family, employers, law enforcement, courts, child protective services, etc. and believe they won't get help if they leave or fear retribution if they do (e.g. they fear losing custody of their children to the abuser)

(NCADV, n.d.-17)

Barriers To Leaving Cont.

- **Fear:**
 - Fear of cultural, community, or societal backlash that may hinder escape or support
 - Fear that the abuser's actions will become more violent and may become lethal if the victim attempts to leave.
 - Fear of losing custody of any children if they leave or divorce their abuser or fear the abuser will hurt, or even kill, their children
 - Fear that homelessness may be their only option if they leave
 - Fear judgement or stigmatization if they reveal the abuse
- **Emotional Component:**
 - Hopeful that their abuser will change and/or stop the abuse
 - Still love their abuser
 - Want the abuse to end, but not the relationship

(NCADV, n.d.-17)

Barriers To Leaving Cont.

- **Miscellaneous:**
 - Deny or minimize the abuse or make excuses for the abuser
 - The rationalization of the victim that their abuser's behavior is caused by stress, alcohol, problems at work, unemployment, or other factors.
 - Societal factors around women
 - Not enough shelters to keep victims safe.
 - Despite the issuing of a restraining order, there is little to prevent a released abuser from returning and repeating abuse.
 - Reluctance by prosecutors to prosecute cases.
 - Dissuasion by police of the victim filing charges.

(NCADV, n.d.-17)

Relevance Today

COVID-19

<https://www.nsvrc.org/blogs/resources-for-covid-19-response>

- Resilience has seen a 66% increase in shelter requests since the Stay at Home order (Szatkowski, A., 2020)
- Stress and social isolation can raise the risk of domestic violence.
- *Hurricane Harvey and Effects on Family Violence Survivors*-- Josephine V. Serrata, PhD. (Abramson, A., 2020)
 - Higher rates of both domestic violence and child abuse before AND after the hurricane
 - Reduced access to resources
 - Increased stressed (via job loss or strained finances)
 - Disconnection from social support(Serrata, J. & Hurtado Alvarado, M., 2019)

Forensic Interviewing: Through An OT Lens

Barbara Haber-Grinnell, COTAL

- **Application to OT:**
 - Therapeutic Use of Self
 - Mental health aspect of OT
 - Assessments
 - Like a Standardized Assessment
 - Have to remain neutral
 - Avoid too much praise/feedback
 - Observation skills
 - Putting the pieces together
 - Holistic
 - Following the “script” and procedures

(Haber-Grinnell, B., 2020)

What Can We Do?

Mandated Reporting

https://www.michigan.gov/mdhhs/0,5885,7-339-7397_1_7119_50648_44443---,00.html

Voices for Children Advocacy Center
Kalita McClure: (810)238-3333 Ext. 208
kalita@voicesforcac.org

- Currently, OTs are not considered mandatory reporters...
 - LOBBY!
 - Inclusion in Michigan House Bill No. 4108
 - **Anyone can report if you are suspicious of abuse**
 - Adult Abuse: (American College of Surgeons, n.d.)
 - Report to Adult Protective Services (APS)
 - Child abuse and CPS:
 - Report online
 - Call the hotline
 - Have to fill out a DHHS 3200 and fax to CPS within 72 hours
 - Encourage and support the adult survivor to file with CPS
 - Less likely to be charged
 - Less likely to have child removed
- (Lang, M., 2020)

What Can We Do?

Cont.

Screening

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

- 4 Basic Components of Trauma-Informed Care
 - Understanding the impact of trauma on individuals
 - Knowing how trauma may affect patients, families, and staff
 - Utilizing knowledge about trauma responses and putting it into practice
 - Preventing re-traumatization
(American College of Surgeons, n.d.)
- Screening Areas
 - Elder Abuse
 - Intimate Partner Violence/Sex Trafficking
 - ○ ACEs and Resilience
 - CTAC Trauma Screening

Screening→Elder Abuse

Appendix B-3. Elder Abuse Suspicion Index (EASI©)

Q.1-Q.5 asked of patient; Q.6 answered by doctor (Within the last 12 months)			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

(American College of Surgeons, n.d.)

Table 9. Emergency Department Elder Mistreatment Assessment Tool for Social Workers (ED-MATS), Initial Evaluation

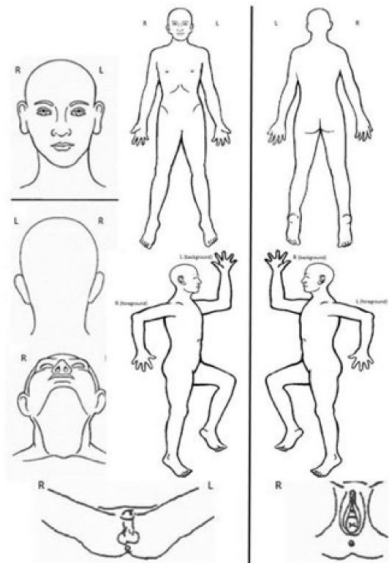
Types of Abuse	Questions to Ask
Neglect and Functional Status	1. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, medical care, or anything else you need to stay healthy?
Psychological Abuse	2. Has anyone close to you called you names, put you down, or yelled at you? 3. Has anyone close to you ever threatened to punish you or put you in an institution? 4. Have you felt afraid of anyone close to you? 5. Do you distrust anyone close to you?
Physical Abuse	6. Has anyone tried to harm you? Have you been hit, slapped, pushed, grabbed, strangled, or kicked? 7. Are there guns or other weapons in your home? Does anyone close to you have access to guns or other weapons?
Financial Exploitation	8. Has anyone tried to force you to sign papers against your will, or that you did not understand? • Has anyone pressured you to give them money or property? 9. Has anyone taken money or things that belong to you without asking? 10. Did you give, or feel pressure to give, money in person or over the telephone for an investment, financial opportunity, or lottery?
Sexual Abuse	11. Has anyone touched you in ways or places you did not want to be touched?
Rapport Building Questions	• What typically causes conflict in your home? How do you resolve it? • Describe a typical day. Who do you see? What do you do? • Are you aware of supportive community services and crisis services? Have you ever used them? • Are you, your caregiver, or someone close to you interested in receiving additional services or resources?

MISC. SCREENING

Geriatric Injury Documentation Tool (GERI-IDT)

Conduct a complete head-to-toe physical examination and describe in detail all physical findings on the patient, even those that you do not consider clinically significant or related to their presenting complaint. **Please note all areas where pain or tenderness is present, even if there is no visible evidence of injury.**

Please number each finding indicated on the body diagram and describe the physical characteristics:
(e.g. 1=5cm jagged laceration, with redness and swelling, soiled dressing, moderate odor)



Finding 1:

Finding 2:

Finding 3:

Finding 4:

Finding 5:

Finding 6:

Finding 7:

Finding 8:

Finding 9:

Finding 10:

Patient's Name: _____
MRN: _____ DOB: ____/____/____

Clinician's name (print): _____
Signature: _____ Date: ____/____/____

Table 10. The Caregiver Interview

Caregiver Questions about the Older Adult Patient

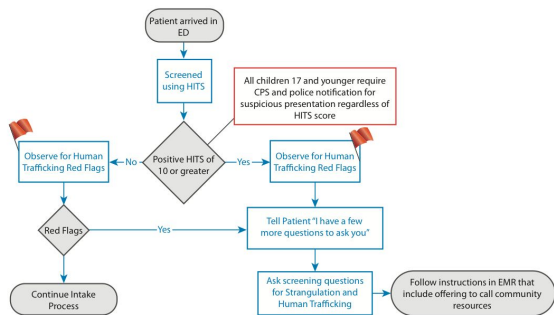
- Ask about the circumstances surrounding the patient's presentation.
- What are the patient's medical conditions? What medications does he / she take?
- What do you think is important for us to know about the patient?
- What kind of care does the patient require?
- How involved are you in the patient's everyday activities and care?
- What do you expect the patient to do for himself / herself?
- What does the patient expect you to do for him / her? Do you do these things? Are you able to do them? What happens when you are unable to do them?
- Caring for someone who has a lot of needs is difficult. Have you ever felt overwhelmed, frustrated, or unable to provide needed care to the patient? Is the patient ever physically aggressive toward you?
- Have recent changes or stressors occurred for you or the patient?
- What other responsibilities do you have (e.g., parenting, job, etc.)?
- Are there others in your household? Are there others who can help provide care to the patient?
- Do you have any home health services for the patient, respite care, or other support? If not, have these been offered? Do you think they would be helpful?

(American College of Surgeons, n.d.)

Screening → IPV/Sex Trafficking

(American College of Surgeons, n.d.)

Screening for Intimate Partner Violence or Sexual Trafficking



1. Use the Hurt, Insult, Threaten, Scream (HITS) tool (See Table 12, page 76)

2. Strangulation questions

☐ Has your partner ever used their body or any other object to forcibly strangle/choke you?

If Yes

☐ Did you experience any of the following during/after strangulation/choking?

☐ Difficulty swallowing, neck tenderness, voice changes, loss of bladder or bowel, loss of memory, loss of consciousness, patient denies listed symptoms.

Say to the Patient "Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence."

3. Human Trafficking

Questions	Yes = 1	No = 0
Can you leave your job situation if you want?		
Can you come and go as you please?		
Have you or your family been threatened if you try to leave?		
Have you been harmed in any way?		
Do you sleep where you work?		
Have you ever been deprived of food, water, sleep or medical care?		
Do you need to ask permission to eat, sleep or go to the bathroom?		
Have your identification documents been taken from you?		
Is anyone forcing you to do anything you do not want to do?		

Courtesy of Mary Ann Contreras and Heather Scroggins

Emergency Department Mistreatment Assessment Tool for Social Workers (ED-MATS), Comprehensive Assessment

Assessment Categories	Questions to Ask
Living Arrangements	<ol style="list-style-type: none">Do you live alone?<ol style="list-style-type: none">If not, who do you live with? For how long?Do you need assistance cleaning and/or maintaining your apartment?Have there been any recent changes to your living arrangements?Do you have concerns about your current housing arrangements?Do you have concerns about future living arrangements?
Financial Status	<ol style="list-style-type: none">What are your current assets and sources of income?<ol style="list-style-type: none">Are they adequate to cover your expenses?Do you contribute to the expenses of anyone close to you?Who manages your finances?<ol style="list-style-type: none">If someone else, why? For how long? Is this a legal or informal arrangement? How do you receive information about transactions?Have you made any changes recently to your finances? Your will?
Emotional/ Psychological Status	<ol style="list-style-type: none">Are you happy at home?Do you have any history of mental illness? Does anyone close to you suffer from mental illness?<ol style="list-style-type: none">If yes, how has this affected you recently?Do you have a history of alcohol or substance abuse issues? Does anyone close to you drink or use drugs or have a history of alcohol or substance abuse issues?<ol style="list-style-type: none">If yes, how has this affected you recently?Have you recently had thoughts of killing yourself? Have you ever tried to kill yourself? <p>*Administer Geriatric Depression Scale to all patients</p>
Stressors	<ol style="list-style-type: none">Is there a history of family violence?How do people close to you cope with stress? Has anyone close to you had any significant recent stressors, such as the death of someone close to them, illness, births, relationship changes, and/or changes in employment, finances, or housing?
Social Support/ Resources	<ol style="list-style-type: none">Is anyone preventing you from spending time with others?Do you have someone to share your worries with?
Sexual Abuse	<p>Additional questions to consider:</p> <ol style="list-style-type: none">Do you feel as though your sexuality and right to sexual privacy is respected by your caregivers?Has anyone behaved in a sexual manner toward you that made you feel uncomfortable?<ol style="list-style-type: none">If yes, did anyone threaten you if you told someone about it? <p><i>Make note of any hyper-sexualized behavior or language</i></p>

Screening → ACEs and Resilience

ACE's Adverse Childhood Experiences Survey

Prior to your 18th birthday:

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

No ___ If Yes, enter 1 ___

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

No ___ If Yes, enter 1 ___

Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

No ___ If Yes, enter 1 ___

Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

No ___ If Yes, enter 1 ___

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No ___ If Yes, enter 1 ___

Were your parents ever separated or divorced?

No ___ If Yes, enter 1 ___

Was your mother or stepmother very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No ___ If Yes, enter 1 ___

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No ___ If Yes, enter 1 ___

Was a household member depressed or mentally ill, or did a household member attempt suicide?

No ___ If Yes, enter 1 ___

Did a household member go to prison?

No ___ If Yes, enter 1 ___

Now add up your "Yes" answers: This is your ACE Score

Source: The Adverse Childhood Experience (ACE) Study <http://www.cdc.gov/violenceprevention/acestudy>
Centers for Disease and Prevention. Retrieved 23 Sep 2015

ACEs Questionnaire:

<http://www.odmhsas.org/picis/TraningInfo/ACE.pdf>

ACEs Resource:

https://www.tulsaworld.com/what-is-your-ace-score-and-what-does-it-mean-understanding-the-consequences-of-childhood/collection_63a6c896-b94a-550d-8832-9d5365cd195c.html#16

Resilience Questionnaire:

[https://www.aap.org/en-us/lay_outs/15/WopiFrame.aspx?source=/en-us/Documents/RESILIENCE Questionnaire-1.docx&action=default](https://www.aap.org/en-us/lay_outs/15/WopiFrame.aspx?source=/en-us/Documents/RESILIENCE%20Questionnaire-1.docx&action=default)

RESILIENCE Questionnaire*

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

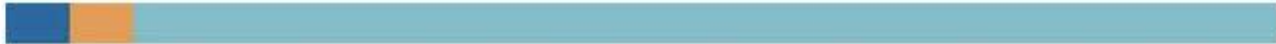
Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

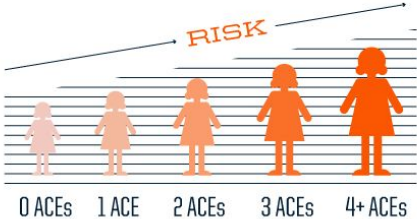
How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

Screening → CTAC Trauma Screening

(Henry, Black-Pond & Richardson, 2016)



NCTSN

The National Child Traumatic Stress Network

Trauma
Informed
System
Initiative

CTAC Trauma Screening Checklist: Identifying Children at Risk

Ages 0-5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

- Are you aware of or do you suspect the child has experienced any of the following:
 - Known or suspected exposure to drug activity *aside from parental use*
 - Known or suspected exposure to any other violence *not already identified*
 - Impaired Parenting (i.e. Parent Mental Illness or Parental substance abuse)
 - Multiple separations from parent/caregiver, including out of home placement (s)
 - Frequent and multiple moves or homelessness
 - Suspected neglectful home environment
 - Suspected or known Prenatal Exposure to Alcohol/Drugs or Maternal Stress
 - Physical abuse
 - Emotional abuse
 - Exposure to domestic violence _____ Significant loss of people, places
 - Sexual abuse or exposure _____ etc.
 - Hospitalization (s) Age? _____ Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

- Does the child show any of these behaviors:
 - Excessive aggression or violence towards self or others
 - Repetitive violent and/or sexual play (or maltreatment themes)
 - Explosive behavior (excessive and prolonged tantruming)
 - Disorganized (sudden changes/extremes) in behavioral states (i.e. attention, play)
 - Very withdrawn or excessively shy
 - Bossy and demanding behavior with adults and peers
 - Sexual behaviors not typical for child's age
 - Difficulty with sleeping or eating
 - Regression behaviors (i.e. toileting, play)
 - Lags in social/developmental skills _____ Other _____
- Does the child exhibit any of the following emotions or moods:
 - Chronic sadness, doesn't seem to enjoy any activities.
 - Very flat affect or unresponsive behavior
 - Quick, explosive anger
 - Other _____
- Is the child having relational and/or attachment difficulties?
 - Lack of eye contact
 - Sad or empty eyed appearance
 - Overly friendly with strangers (lack of appropriate stranger anxiety)
 - Vacillation between clinginess and disengagement and/or aggression
 - Failure to reciprocate (i.e. hugs, smiles, vocalizations, play)
 - Failure to seek comfort when hurt or frightened
 - Other _____

When checklist is completed, please fax to:

Child's First Name: _____ Age: _____ Gender: _____

County: _____ Date: _____

Henry, Black-Pond, & Richardson (2010), rev: 11/13

Western Michigan University

Southwest Michigan Children's Trauma Assessment Center (CTAC)



NCTSN

The National Child Traumatic Stress Network

Trauma
Informed
System
Initiative

CTAC Trauma Screening Checklist: Identifying Children at Risk

Ages 6-18

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

- Are you aware of or do you suspect the child has experienced any of the following:
 - Known or suspected exposure to drug activity *aside from parental use*
 - Known or suspected exposure to any other violence *not already identified*
 - Impaired Parenting (i.e. Parental alcohol/substance abuse or Mental Illness)
 - Multiple separations from parent or caregiver
 - Frequent and multiple moves or homelessness
 - Physical abuse _____ Prenatal Exposure to Alcohol/Drugs
 - Suspected neglectful home environment _____ or Maternal Stress
 - Emotional abuse _____ Out of Home Placement(s) including
 - Exposure to domestic violence _____ Hospitalization/Foster Care Placement
 - Sexual abuse or exposure _____ Loss of Significant people, places etc.
 - Bullying _____ Other _____

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

- Does the child show any of these behaviors:
 - Excessive aggression or violence towards self
 - Excessive aggression or violence towards others
 - Explosive behavior (Going from 0-100 instantly)
 - Hyperactivity, distractibility, inattention
 - Very withdrawn or excessively shy
 - Oppositional and/or defiant behavior
 - Sexual behaviors not typical for child's age
 - Peculiar patterns of forgetfulness
 - Inconsistency in skills
 - Other _____
- Does the child exhibit any of the following emotions or moods:
 - Excessive mood swings
 - Chronic sadness, doesn't seem to enjoy any activities.
 - Very flat affect or withdrawn behavior
 - Quick, explosive anger
 - Other _____
- Is the child having problems in school?
 - Low or failing grades
 - Inconsistent or sudden changes in performance
 - Difficulty with authority
 - Attention and/or memory problems,
 - Other _____

When checklist is completed, please fax to:

Child's First Name: _____ Age: _____ Gender: _____

County/Site: _____ Date: _____

Henry, Black-Pond, & Richardson (2010), rev: 11/13

Western Michigan University

Southwest Michigan Children's Trauma Assessment Center (CTAC)

(Richardson, et. al., 2011)

CTAC Caregiver Forms and Testing Material

(Richardson, et. al., 2011)

CTAC Caregiver Forms and Testing Materials

0-3.6 years (up to 42mo)

- Bayley Infant Neurodevelopmental Screener (pearsonclinical.com)

0 - 5 years

- Preschool Language Scales, Fifth Edition (PLS™-5) pearsonclinical.com

0 - 7.11 years

- Peabody Developmental Motor Scales - Second Edition (PDMS-2) www.therapro.com or pearsonclinical.com

4 + years

- Pragmatics (4-6 years) CTAC Form
- Knox Play scale (36 – 72 Months) Printable Form
- KBIT (Kaufman Brief Intelligence Test) (4+ years) pearsonclinical.com
- MFVP-3 (Motor-Free Visual Perceptual Test-4 (4+ years) www.therapro.com or www4.parinc.com
- VMI Short Form -- Beery-Buktenica Developmental Test of Visual-Motor Integration (2 - 7 years) - www.therapro.com or pearsonclinical.com

5 + years

- Pragmatics (4-6 years) CTAC Form
- Knox Play scale (36 – 72 Months) Printable Form
- KBIT (Kaufman Brief Intelligence Test) (4+ years) pearsonclinical.com
- QNST-3 Quick Neurological Screening Test-3rd Edition (5+ years) www.therapro.com
- MFVP-3 (Motor-Free Visual Perceptual Test-4 (4+ years) www.therapro.com or www4.parinc.com
- VMI Short Form -- Beery-Buktenica Developmental Test of Visual-Motor Integration (7 years and under) - www.therapro.com or pearsonclinical.com
- CELF Screener (Clinical Evaluation of Language Fundamentals (5 – 18 years) pearsonclinical.com
- CELF®-5 (Clinical Evaluation of Language Fundamentals® - Fifth Edition) (5 – 18 years) pearsonclinical.com
- CHAMPS (Child and Adolescent Memory Profile) (5 – 21 years) www4.parinc.com

6-8.11 years

- Pragmatics (6-9 years) CTAC Form
- KBIT (Kaufman Brief Intelligence Test) (4+ years) pearsonclinical.com
- QNST-3 Quick Neurological Screening Test-3rd Edition (5+ years) www.therapro.com
- MFVP-3 (Motor-Free Visual Perceptual Test-4 (4+ years) www.therapro.com or www4.parinc.com
- VMI Short Form -- Beery-Buktenica Developmental Test of Visual-Motor Integration (7 years and under) - www.therapro.com or pearsonclinical.com



- VMI Full Forms -- Beery-Buktenica Developmental Test of Visual-Motor Integration (7 years +) - www.therapro.com or pearsonclinical.com
- CELF Screener - pearsonclinical.com
- CELF®-5 (Clinical Evaluation of Language Fundamentals® - Fifth Edition) (5 – 18 years) pearsonclinical.com
- TSCC & TSCC-A (Trauma Symptom Checklist for Children (8-16 Years) www4.parinc.com
- CHAMPS (Child and Adolescent Memory Profile) (5 – 21 years) www4.parinc.com

9-18 years

- Pragmatics (9-15 years) CTAC Form
- KBIT (Kaufman Brief Intelligence Test) (4+ years) pearsonclinical.com
- QNST-3 Quick Neurological Screening Test-3rd Edition (5+ years) www.therapro.com
- MFVP-3 (Motor-Free Visual Perceptual Test-4 (4+ years) www.therapro.com or www4.parinc.com
- VMI Full Forms -- Beery-Buktenica Developmental Test of Visual-Motor Integration (7+ years) www.therapro.com or pearsonclinical.com
- CELF Screener - pearsonclinical.com
- CELF®-5 (Clinical Evaluation of Language Fundamentals® - Fifth Edition) (5 – 18 years) pearsonclinical.com
- Resiliency Scale for Children and Adolescents MAS & REL (9+ years) pearsonclinical.com
- TSCC & TSCC-A (Trauma Symptom Checklist for Children (8-16 Years) www4.parinc.com
- BRIEF SR (Behavior Rating Inventory of Executive Function Self Report Version) (11+ years) www.therapro.com or www4.parinc.com
- Adolescent/Adult Sensory Profile (10.11 +) pearsonclinical.com
- CHAMPS (Child and Adolescent Memory Profile) (5 – 21 years) www4.parinc.com

Marschak Interactional Method (parent and child interaction and attachment observation)
<http://www.theraplay.org/index.php/store/books-media/marschak-interaction-method-manual-and-card-set-detail>
(Infant – adolescent)

Parent/Caregiver Forms Purchased By CTAC

Sensory Profile (0 – 14.11.) pearsonclinical.com

CSBI (Child Sexual Behavior Inventory) (2 - 12yrs.) www4.parinc.com

BRIEF (Behavior Rating Inventory of Executive Function Parent Form) (11+ years) www.therapro.com or www4.parinc.com

TSCYC (Trauma Symptom Check List for Young Children) (3 – 12 Years) www4.parinc.com

CBCL (Child Behavior Check List) CBCL (Teacher Report Form) (1.5 – 6 years) (6 - 18 years) www.aseba.org

(Henry, Black-Pond & Richardson, 2016)

Screening → CTAC Adults



Adult Trauma Screen-Self Report

Please check each area where the item is known or suspected. The screen can help determine whether a more comprehensive assessment may be helpful in understanding your functioning and needs.

Note: Endorsing exposure items does not necessarily mean others agree, or that these events were proven to have happened; it is for screening purposes only.

1. Have you, or have you been told (by someone you trust) that you experienced the following as a child (under the age of 18):

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Lengthy or multiple separations from primary attachments – parent, other caregivers, siblings or close friends |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Loss of significant people, places etc. |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual abuse or exposure to adult sexuality. | <input type="checkbox"/> International adoption, immigration, |
| <input type="checkbox"/> Parent substance abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impaired parenting (i.e. mental illness) | |
| <input type="checkbox"/> Exposure to drug activity <i>aside from parent's own use</i> | |
| <input type="checkbox"/> Refugee camps, war zones, trafficking (including forced prostitution) | |

2. Have you experienced any of the following as an adult (over the age of 18):

- | | |
|--|--|
| <input type="checkbox"/> Domestic violence/assault (DV) | <input type="checkbox"/> Incarceration/institutionalization |
| <input type="checkbox"/> Physical abuse/assault <i>other than DV</i> | <input type="checkbox"/> Military trauma |
| <input type="checkbox"/> Emotional abuse by partner | <input type="checkbox"/> Loss of significant people, places etc. |
| <input type="checkbox"/> Trafficking and/or prostitution | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual assault (not included above) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Refugee camps, war zones | |

3. Do you or have others told you that you show any of these behaviors:

- ☐ Empty, Flat, dismissive – as if you 'don't care'; minimize seriousness of problems/actions
- ☐ Persistent distrust of others; suspicious
- ☐ Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
- ☐ Cocky, seem to "know it all"
- ☐ Current substance abuse, or history of chronic substance abuse
- ☐ Live with or/spend significant time with others who abuse substances
- ☐ Unpredictable, explosive responses to events
- ☐ Excessively controlling
- ☐ Repeatedly victimized or taken advantage of
- ☐ Frequent lying, denying things known to be true
- ☐ Misreads and/or don't seem to understand social cues and/or anticipate negative responses or outcomes
- ☐ Mixes up appointments, needs information repeated or explained, frequently forgetful
- ☐ Shares too much private information; gives unnecessary details
- ☐ Difficulty coping with change
- ☐ Sleep problems
- ☐ Impulsive, rash behaviors and decisions
- ☐ Other _____

4. Do you or have you been told that you have any of the following emotions or moods:

- ☐ Excessive mood swings, can be easily "set off" and reactions are intense
- ☐ Frequent, intense angry outbursts that seem extreme for the situation
- ☐ 'Flat' and unemotional; detached
- ☐ Emotion doesn't fit situation (too easily crying; laughing at sad things, etc.)
- ☐ Sudden changes/shifts in mannerisms and/or level of maturity (like different people)
- ☐ Jumpy, nervous, worried, and/or fearful
- ☐ Negative, pessimistic
- ☐ Other _____

5. Do you or have you been told that you have any of the following life problems:

- ☐ Legal problems – e.g., Court involvement, suspended license, warrants, owe past child support
- ☐ Two or more criminal convictions as an adult
- ☐ History of truancy/behavior problems in school/dropping out of high school
- ☐ Difficulty keeping a job
- ☐ Multiple diagnoses as child and/or adult (ADHD, oppositional disorder, bipolar, etc.)
- ☐ Chronic health problems – e.g., obesity, diabetes, heart problems, high blood pressure
- ☐ Frequently sick and/or experiencing physical issues, complain of aches and pains
- ☐ Began using substances before age of 14
- ☐ Poor physical self-care and/or poor living conditions
- ☐ Regular smoking/tobacco use; chronic poor health habits
- ☐ Other _____

6. Do you believe, or have others told you that you have any of these relationship issues:

- ☐ Lack of appropriate boundaries in relationships – physical touch, poor sense of privacy
- ☐ Frequent changes in intimate partners
- ☐ Quick to bring others into your life (get too close to fast), not just sexually
- ☐ Repeatedly gets caught up in "drama" with family/friends; frequent conflicts
- ☐ Lack of contact with or very stressed/strained relationship with family
- ☐ Unsupportive, cold, or negative relationship with parents
- ☐ Friends/support have history of criminal, substance abuse, and/or child welfare involvement
- ☐ Other _____

Please complete the following:

Age _____

Sex _____

Race _____

County of Residence _____

CTAC Questionnaires:

<https://wmich.edu/trauma-center/resources-0>

What Can We Do?

Cont.

Safety Planning

[http://www.ncdsv.org/images/
DV_Safety_Plan.pdf](http://www.ncdsv.org/images/DV_Safety_Plan.pdf)

<http://www.dvrc-or.org/safety-planning/>

- A personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after you leave.
 - During Violent Incident
 - When Preparing to Leave
 - In Own Residence
 - With a PPO
 - On the Job/In Public
 - Drug or Alcohol Use
 - Emotional Health
 - Items to Take When Leaving

(National Domestic Violence Hotline, 2020)

What Can We Do?

Cont.

SUPPORT

Table 13. Examples of Validating Responses for a Positive IPV Screen

- "Thank you for telling me. It can be difficult to talk about these topics."
- "I am concerned for your safety (and the safety of your children)."
- "You are not alone and help is available."
- "You don't deserve the abuse and it is not your fault."
- "Stopping the abuse is the responsibility of your partner, not you."
- "It takes courage to talk about this with me today."
- "I'm sorry this happened to you. How can I help?"
- "I am concerned for your safety and well-being."
- "Everyone deserves to feel safe at home."
- "It's okay if you don't want help now. If you change your mind in the future, we are here and happy to help."

(American College of Surgeons, n.d.)

- Listen, Believe, Empower, Refer
 - Express safety
 - Reinforce the strengths of the survivor
 - Support in decision making
 - Refer to proper resources
-
- And if they're not ready to leave?
 - Empower individuals
 - Client knows themselves/situation best
 - Explore why they aren't ready to leave
 - Explore the relationship
 - Explore Options
 - Communication Based!
 - DV/SV Education
 - Identify unhealthy dynamics
 - Safety planning
 - Plug resources

(Lang, M., 2020)

Tough Cases: Secondary Traumatic Stress and Compassion Fatigue

- **Secondary Traumatic Stress:** The emotional distress that results when an individual hears about the traumatic experiences of someone else or is involved in the care of traumatically injured individuals
- **Compassion Fatigue:** refers to work-related posttraumatic stress syndrome (PTSS) that arises from long-term exposure to other persons experiencing trauma.
- **Burnout:** refers to a combination of symptoms including emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment or workplace satisfaction.

(American College of Surgeons, n.d.)

Tough Cases: Ways To Handle STS and Compassion Fatigue

- **Individual Prevention:**

- Life balance
- Relaxation techniques
- Creative expression
- Assertiveness training
- Cognitive restructuring
- Time management
- Plan for coping

- **Individual Treatment:**

- Focus on self care
- Journaling
- Professional support
- Support groups
- Learning new self-care strategies
- Reach out, ask for help!

(Secondary Traumatic Stress, n.d.)

Tough Cases: Ways To Handle STS and Compassion Fatigue Cont.

Barbara Haber-Grinnell

- Work trainings and opportunities
 - Outlets for self care
 - Physical activity
 - Hobbies
 - Spiritual practices
 - Etc.
 - Support systems
-

Victim/Survivor Resources

National Hotlines/Resources

- **IPV**
 - National Domestic Violence Hotline: 1-800-799-7233
 - Rape Abuse & Incest National Network (RAINN) Hotline: 1-800-656-4673
 - Futures Without Violence: <http://www.futureswithoutviolence.org/>
 - National Coalition Against Domestic Violence: <http://www.ncadv.org/>
 - National Network to End Domestic Violence: <http://www.nnedv.org/>
 - National Resources Center on Domestic Violence: <http://www.nrcdv.org/>
 - Office on Violence Against Women (U.S. Department of Justice): <http://www.usdoj.gov/ovw>
- **Elder Abuse**
 - National Center on Elder Abuse: <https://ncea.acl.gov/>
- **Human Trafficking**
 - National Human Trafficking Hotlines: 1-888-373-7888
 - Text: 233733
 - Website: <https://humantraffickinghotline.org/>
 - The Polaris Project: <https://polarisproject.org/resources/>
 - One More Child: https://onemorechild.org/our-care/anti-trafficking/?fbclid=IwAR3EjRLpj0NBd1ybw4RthlxjI4XXy_s_XWHSRYx9mD-Ra7-Kk_6m7tOEi4
 - Rahab Ministries: <http://rahab-ministries.org>

Michigan Hotlines/Resources

- **IPV**
 - Michigan Coalition Against Domestic and Sexual Violence Hotline: 866-238-1454
 - https://www.michigan.gov/som/0,4669,7-192-29941_30586_240---,00.html
- **Child Abuse**
 - https://cacmi.org/what-we-do/find-a-local-cac/?fbclid=IwAR1qwXrGyC-4Hc_wjry6DzPOkwkBr6ZrPKJzo5HACz1k9B70-pQTjTpTuHE
- **Elder Abuse**
 - Michigan Department of Health & Human Services (MDHHS) Adult Protective Services: 855-444-3911
 - Website: https://www.michigan.gov/ag/0,4534,7-359-82917_92157---,00.html
 - Elder Abuse Task Force: 855-444-3911
- **Human Trafficking**
 - Night Angels: <https://www.nightangelsdetroit.com/?fbclid=IwAR2RjtghFtrD2hcvXeiqSKHAGfHNJCgYekwh3ZHST0il6C-eLhV-fc3pBU0>

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