

SUPPORTING CHILDREN EXPOSED TO INTIMATE PARTNER VIOLENCE

A PRACTICAL CONVERSATION GUIDE FOR VETERAN FAMILIES

This guide can help parents and caregivers in Veteran Families understand the impacts of exposure to intimate partner violence in their children and get practical tips for supporting and talking to them about it. It is our hope that this knowledge and understanding can be used to help children to feel safe and supported.



This resource was prepared by the Atlas Institute for Veterans and Families. The Atlas Institute would like to thank the following individuals for their contributions to this resource. Please note the names listed include only those who have explicitly consented to being acknowledged as a contributor.

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IN THIS GUIDE, YOU WILL FIND...

Facts about childhood exposure to IPV and key definitions	5
Short- and long-term impacts of exposure to abuse	6
Myths and their realities	8
Trauma-informed support strategies, including tips for talking about intimate partner violence.....	12
Key messages to share with children	16
Conversation starters and sample phases	16
Specific resources for children to use or share, including supports and services	19
Key takeaways	20
References	21

ABOUT THIS GUIDE

This guide was co-created with an advisory group of Veterans, Family members, and other subject matter experts. Their expertise and insights shaped its content alongside research findings and other relevant evidence. Check out the References section for the full list of sources used to inform this guide. Small superscript numbers are included throughout to help readers identify the corresponding source in the reference list.

A NOTE ON LANGUAGE IN THIS GUIDE

- Abuse can occur in many different types of relationships. The term “intimate partner violence (IPV)” refers specifically to harm done to a person by their spouse or dating partners. Although witnessing abuse is a form of child abuse in itself, exposure to IPV (i.e. where a child sees, hears, is told about or witnesses the aftermath of abuse against an intimate partner who is their parent or primary caregiver) is the specific focus of this guide.
- Abuse can also take many different forms, with physical violence being one of them. For this reason, you will notice “IPV” or “abuse” both used throughout the guide. We use “IPV” when referring conceptually to the issue and “abuse” when highlighting specific aspects or examples. For more information on different types of abuse, check out our supportive guide, *Recognizing and addressing unhealthy relationships*: atlasveterans.ca/ipv-unhealthy-relationships
- Anyone can use or experience abuse. The guide uses gender-neutral language when referring to those using or experiencing abuse.
- The term “Veteran” refers to both those who have served in the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP). However, the lived and professional expertise that informed the development of this guide primarily related to CAF Veteran and their Family members. As a result, the unique experiences of RCMP Veteran Families may not be captured.

WHY IS THIS GUIDE NEEDED?

IPV is a serious issue globally and in Canada. Veteran Families may be particularly at risk¹. Check out our guide on recognizing and addressing abuse for more information, including definitions, risk factors, signs and support or treatment options: atlasveterans.ca/ipv-unhealthy-relationships

Children living in homes where IPV takes place may be impacted by it, even if they do not hear or witness it directly². This is known as “exposure,” which refers to seeing, hearing or being told about abuse. It can also include witnessing the aftermath of abuse³.

Data from Canada is limited, but research from the United States shows that witnessing violence between parents is more common in Veteran Families compared to civilians⁴.

If you are — or think that you may be — in an unhealthy relationship or experiencing abuse, it is important that children in the home also have access to support. They need to know that you are always there to listen and are willing to engage in open, supportive conversations with them.

HOW MIGHT EXPOSURE TO IPV IMPACT MY CHILDREN?

Children exposed to IPV can be impacted in various ways⁵⁻¹⁶. Some of these impacts may emerge soon after whereas others may take months or years to become apparent.

Here are some impacts on children's thoughts, feelings and behaviours that may be seen in the short term:

Thoughts



- It is okay to use violence or other abusive behaviours
- They are to blame for their parent's behaviours
- They are not good enough
- It will never get better
- They are alone

Feelings



- Aggression, anger or frustration
- Depression or anxiety
- Helplessness or hopelessness
- Fear or nervousness
- Flatness/numbness (e.g. apathy)
- Guilt or shame
- Mistrust
- Strong attachment to one or both parents
- Separation anxiety

Behaviours



- Imitating abusive behaviours (e.g. hitting, biting, hurting animals, yelling, breaking toys, bullying)
- Being aggressive towards parents or other children
- Experiencing developmental problems (e.g. regressive behaviours like bed-wetting or not meeting milestones)
- Withdrawing from activities or hobbies
- Under- or over-performing
- Being overly compliant or people-pleasing
- Being overly alert
- Having difficulty making or keeping friendships
- Acting older or younger than their age
- Doing risky things or acting out
- Changing their eating habits
- Having trouble falling or staying asleep
- Getting stomach aches or headaches
- Self-loathing and self-harm

There are also a number of potential long-term impacts:

CYCLE OF VIOLENCE

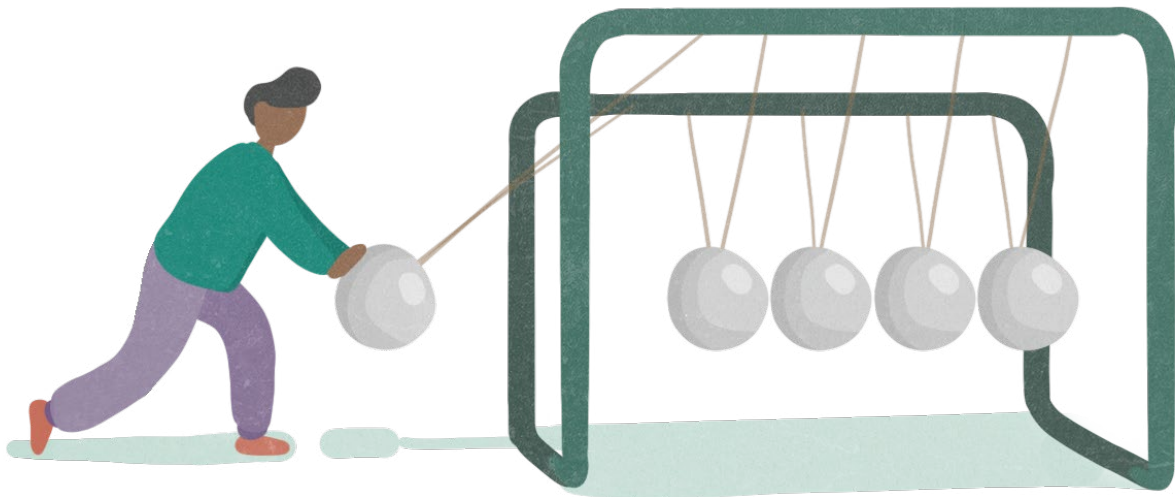
Children exposed to IPV are more likely to use or experience abuse in their own future relationships¹⁷⁻¹⁹. However, every path is unique — being at risk does not guarantee a specific outcome.

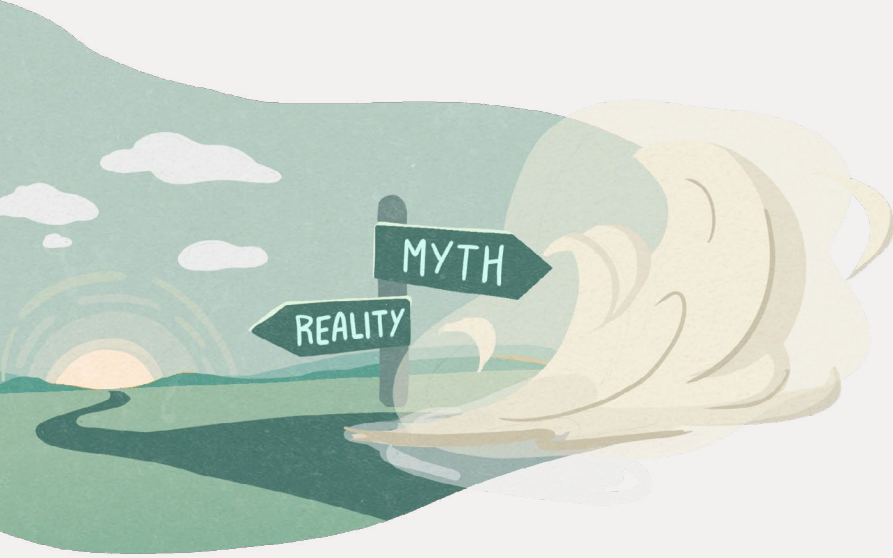
INTERGENERATIONAL TRAUMA

As children grow, the trauma they experience can sometimes be passed down to their own children (and so on)^{15,19}. This creates a cycle known as intergenerational trauma. Exposure to abuse is a source of traumatic stress and people can experience lifelong impacts on their brains, bodies and behaviours. These impacts, shaped by trauma, can influence how future generations cope with and experience stress^{10,20}.

HEALTH CONDITIONS

Children exposed to IPV are more likely to experience mental health conditions such as posttraumatic stress disorder (PTSD), anxiety and depression^{5,17}. They are also at risk for physical health conditions like diabetes, obesity and heart disease^{14,15}. These risks are often connected to unhealthy coping habits, like smoking, drinking or using drugs.





WHAT ARE SOME COMMON MYTHS AND THEIR REALITIES?

False beliefs and stereotypes can influence how you and others think about or respond to the situation.



MYTH

My children think that anger and violence is normal because their parent was in the military. Anger is normal in our home.



REALITY

It is okay to feel and express anger, but it can become problematic when expressed in harmful or unhealthy ways or if it happens too often. When anger is not controlled, it can turn into violence. Although anger can be an issue among Veterans with PTSD²¹⁻²⁴, **certain aspects of military training may actually help prevent against the use of violence**, like the focus on restraint and rules of engagement^{21,25}.

People can learn to manage their anger. For more information, check out our tip sheets on problematic anger, created in partnership with Phoenix Australia:
atlasveterans.ca/problematic-anger-resources



MYTH

My children are too young to grasp what is going on and I can protect them from it.



REALITY

Children know more than they let on. Research shows that children see or hear around 40% to 80% of abuse towards their parent or caregiver^{26,27}. It is important to acknowledge and talk about any abuse with your children and ensure that they have access to supports and services.



MYTH

It's only harmful if they experience abuse themselves.



REALITY

Exposure to abuse is recognized as a form of child abuse^{28,29}. Research shows that children who are exposed to IPV often suffer similar impacts to those who directly experience abuse⁵.



MYTH

Being exposed to abuse is going to ruin my children's lives.



REALITY

It is true that exposure to abuse can have serious and lasting impacts on children. But this does not mean that their lives are ruined. Many children go on to live healthy well-adjusted lives^{12,30-32}. The impact of stress or trauma can be lessened by what are known as protective factors. These are factors like their personality traits and skills, participation in extracurricular activities and relationships with others, which can come from internal or external sources.



MYTH

My children will understand and support me if I decide to leave the relationship.



REALITY

In some cases, children recognize problematic behaviours and “see through” attempts to gloss over or justify abuse. In other cases, children can form an attachment to the person engaging in abusive behaviours¹². This is often due to manipulation tactics (e.g. showering with gifts to show that they are not a bad person). As a result, children may feel confused about your decision to leave the relationship. They may even “turn” on the person experiencing abuse and side with the person using it instead. You can help them through this confusion by talking to them about the situation. Check out [pages 14 to 18](#) for tips on how to have a conversation.



MYTH

I should know whether I am going to leave my relationship before I talk to my kids.



REALITY

You do not need to be 100% certain about the outcome of your relationship in order to talk to your children about abuse and how it impacts everyone in the home. There are many factors that determine whether it is better to stay together or to separate and these factors may be constantly changing.



MYTH

My children do not feel responsible for the abuse because it has nothing to do with them.



REALITY

A common reaction for children exposed to abuse is for them to blame themselves for what is happening^{12,27,32}. It is important to emphasize and share with them that they are never to blame.



MYTH

It is better to stay together for my kids than to leave the relationship.



REALITY

Deciding whether it is better to stay together or separate is a complex matter. In some cases, staying in the relationship can actually do more harm to children's well-being than leaving it. It can also be very difficult to leave an unhealthy or abusive relationship.

Your doctor, case manager or other professionals (e.g. staff at Military Family Resource Centres, community clinics or Family advocacy organizations) can go over different options with you and help you figure out what is best for you and your situation.



MYTH

If my kids get support or tell someone about it, it will be reported and they will be taken away.



REALITY

It is important that your children have access to support for their well-being. They need to feel like they can ask for help from other trusted or safe adults.

Child protection laws exist to protect those most vulnerable from harm. Every member of society, including those who work with children, has a responsibility to protect the safety and well-being of children under the age of 16 (known as duty to report)³³. This may include sharing information with Children's Aid Societies if there are reasonable grounds to suspect that a child is at risk for harm.

If a report is made, there may be a child welfare investigation. These investigations can have a variety of different outcomes, with some resulting in removal from the home³⁴⁻³⁷. Efforts are made to prioritize children's best interests, which may include keeping them safely in their home or with other relatives^{38,39}.

HOW CAN I SUPPORT MY CHILDREN?

There are many different ways to support your children and key considerations for doing so^{12,40-42}.



ENSURE THEIR SAFETY

- Children living in a home where there is IPV are at risk for harm too, even if it has not happened yet. Abuse can evolve and escalate quickly.
- Develop a safety plan that includes your children.
- Keep emergency numbers accessible.
- Know your nearest safe locations.
- Use ShelterSafe to find a list of shelters or safe houses near you: sheltersafe.ca/get-help

ACKNOWLEDGE AND TALK ABOUT IT

- One of the best things you can do is talk to your children about what is happening and help them understand it using age-appropriate and easy-to-understand language.
- Be there for them, actively listen to their concerns and reassure them.
- Check out some trauma-informed tips when talking to your children on [pages 14 to 18](#).



MAINTAIN ROUTINES

- It is important for your children to feel a sense of stability in their lives. This stability may be affected if they are exposed to abuse.
- A predictable and consistent household routine, including regular extracurricular activities, can help establish or rebuild some of that stability.
- **Note:** stability should not be prioritized over safety. Routines can be established after you and your children are safe.



GET PROFESSIONAL HELP AS NEEDED

- Your children may benefit from additional support, like psychotherapy or support groups.
- Your Family doctor, case manager or other service providers (e.g. staff at Military Family Resource Centres, community clinics or Family advocacy organizations) can help get you connected to supports. They can also help you prepare for or debrief after a conversation with your children.
- You can also use a directory to find out what services or supports are available near you:
 - **Resources Around Me** — an interactive tool for finding well-being supports: kidshelpphone.ca/resources-around-me
- If your children are showing signs of emotional distress, contact:
 - **Kids Help Phone:** Call 1-800-668-6868 or text CONNECT to 686868
 - **Veterans Affairs Canada Assistance Service:** 1-800-268-7708
- If your children share thoughts of suicide or exhibit signs of self-harm, reach out to immediate supports such as 9-8-8, your Family doctor or another service provider.

FIND, USE AND SHARE INFORMATION

- Using and sharing resources on topics such as Family violence, mental health, self-care or setting boundaries (e.g. what is acceptable behaviour and what is unacceptable) can be helpful.
- There are many resources that offer age-appropriate information for children.
- For some ideas on resources specifically for children and youth, go to [page 19](#) of this guide.



DON'T FORGET TO LOOK AFTER YOURSELF, TOO

- Supporting your children can be challenging even in the best of times. It is important to look after yourself. This could be taking time to do something you enjoy, using techniques such as meditation or breathing to stay present or ground yourself, or reaching out to others.

HOW CAN I HAVE A CONVERSATION WITH MY CHILDREN?

Part of supporting your children involves acknowledging the issue and being open to talking about it with them. This section provides evidence-informed tips and strategies for before, during and after a conversation with your children^{12,40-42}.

Seeing or hearing abuse can feel scary for children, but talking about it does not have to be.

There are a number of benefits to talking about it:

AVOIDS BLAME AND SHAME

Children may blame themselves if you avoid talking about it or addressing the issue with them. It might also give the implicit or unintended message that silence is necessary or important, which can perpetuate feelings of shame.

DISRUPTS THE CYCLE OF VIOLENCE

Children learn acceptable or unacceptable behaviours from watching and imitating adults, particularly their parents or caregivers. It is important to help children learn to differentiate these behaviours. Even if you decide to stay in the relationship, you can still tell them that what they are observing is not acceptable behaviour and that you are working on fixing the situation (e.g. through counselling or other programs).

TEACHES IMPORTANT CONCEPTS

Talking about what is happening and how they may be feeling can be a good opportunity to open up conversations on important concepts like self-care and boundaries. For example, when talking about how they are feeling, you can suggest strategies for them to use.

THINGS TO KEEP IN MIND FOR HAVING A CONVERSATION



BEFORE

Are you ready to talk about it? Before starting a conversation with your children, it is important that you feel prepared and that the timing and conditions allow for a safe and productive conversation. Taking time to prepare, including identifying what might be needed or available, can help with planning for a successful conversation.

Here is a checklist to plan for the conversation:

☐

Learn about IPV and how to talk about it. You can obtain information by accessing online or print resources or talking to a professional, like a counsellor or your doctor.

☐

Gather age-appropriate resources to share or use in your conversation. In addition to preparing yourself for the conversation, it can also be helpful to have materials on hand in case your children are interested in learning more. Some resources may be available for free at local organizations, such as libraries. We've included a list of resources that are specific to children on [page 19](#) of this guide.

☐

Identify the right time and place. The conversation should be in a comfortable and private space where you feel safe. Your children should also feel like your conversation is a top priority. This means choosing a time and space where there are minimal distractions.

☐

Create a mental plan. This could involve practising what you want to say, anticipating potential questions or responses from your children and ways to address them, as well as making backup plans (e.g. in case you are interrupted during your conversation or they don't want to talk).

☐

Assess how you are feeling. Conversations like these can bring up a range of emotions and it is important that you are in a place where you can manage your feelings.

DURING

You may worry that talking about it will only make things worse. In reality, having a conversation can be helpful and important, provided you do it sensitively, in an age-appropriate way and when they are ready.

Here are some things to keep in mind during conversation, including examples of phrasing you can use:

START WITH CARE AND REASSURANCE

- Start by telling your children that you care about them and their well-being.
- Reassure them and let them know you're there for them.

"I want you to know that I'm always here for you. It's really important to me that you feel safe and loved."

ACKNOWLEDGE THEIR EXPERIENCES

- Acknowledge the behaviours of the parent or caregiver using violence, but avoid criticizing their character (e.g. name-calling).
- Acknowledge how your children might be feeling or their experiences.
- Share the following key messages:
 - ✓ *You are not to blame*
 - ✓ *You are not alone*
 - ✓ *It is not your job to fix the situation*
 - ✓ *It is okay to ask for help from a safe or trusted adult*
 - ✓ *Your safety is most important*
 - ✓ *It is okay to still love both adults*
 - ✓ *Violence is never the answer*
 - ✓ *I am sorry you saw/heard that*
 - ✓ *It is okay if you feel scared, mad or sad*

"I'm very sorry that you've seen or heard that. Their behaviour isn't okay – sometimes nice people do bad things. I need you to know that whatever you are feeling is okay. Nothing about this is your fault."



ENCOURAGE OPENNESS AND HONESTY

- Encourage them to ask questions during your conversation and listen to what they say.
- You don't have to have an answer for everything. It is okay to let them know you need more time to think about it.
- Ask about and respect their boundaries — they may not want to talk at the moment and that is okay. Go at their pace and don't force a conversation if they are not ready.

"It's really important to talk about how you're feeling or what's on your mind. I want you to feel safe and comfortable. You can ask me any questions you have and I'll do my best to answer them. But we only need to talk about it when you are ready."

REMEMBER THEIR AGE

- Use words and examples they will understand based on their developmental stage.
- Try to avoid using them for emotional support. You are there to listen, encourage them to have hope and support them. You can reach out to other trusted people, like friends, your Family doctor or other service providers.

"Sometimes grown-ups argue and in those arguments we say or do things that hurt each other. It's not okay to act that way and harming others is never the answer."

MONITOR HOW IT IS GOING

- Look out for non-verbal cues that your children may be feeling emotionally distressed or do not want to continue the conversation. Many emotions may come up for you too.
- Silence is okay, but there should be a balance.
- Take a break if necessary.

"This conversation might be hard for both of us and that's okay. If you feel like you need a break at any point, just let me know. We can always talk later if that feels better for you."

END WITH REASSURANCE AND OTHER OPTIONS

- Create a safe space for the child to continue expressing their feelings and concerns, asking questions and getting other support if they need it.
- Consider talking to them about a safety plan.

"Remember, you are not alone in this. I am always here for you and you can also tell someone else that you trust if you ever feel scared or worried. There are people who care about you and want to help make sure that you are safe. We can talk whenever you need to. We can also create a plan together about what you can do if you ever feel unsafe."

AFTER

After navigating this conversation, it's crucial to follow up with support and care, both for your children and for yourself.

CHECK IN AND CONTINUE TO OFFER SUPPORT

- Remember to check in often and continue to offer support following the initial conversation
- Here are some other ways to continue supporting them:
 - ✓ Encourage them to express themselves in other ways (e.g. colouring, drawing, journalling, hobbies, extracurricular activities).
 - ✓ Create a safety plan together that they can use for situations where they feel unsafe. Keep this plan hidden in a safe spot.
 - ✓ Help them to find and use self-care and coping tools. These strategies can offer a sense of control and stability as well as help them navigate difficult emotions. For some ideas, check out [MindKit.ca](https://www.mindkit.ca) or other resources listed on [page 19](#).

DEBRIEF AND LOOK AFTER YOURSELF

- It is important to look after yourself too. Acknowledge that having emotions is okay. Consider doing something you enjoy or that brings you happiness after the conversation.
- Consider setting aside time afterwards to debrief with a trusted friend, Family member or professional (e.g. therapist, Family doctor). It is okay to feel nervous about how it went or have doubts about your approach. Debriefing can help you reflect on the conversation and prepare for future ones.



WHAT RESOURCES ARE AVAILABLE TO SUPPORT MY CHILDREN?

There are supports available to use or share with your children on violence and abuse, mental health and other topics. Some are specific to children from military or Veteran Families.

MILITARY OR VETERAN FAMILY SPECIFIC

- ***And So, Things Have Been a Bit Different : Oliver's Story*** by Marg Rogers and Amy Doyle (book): bit.ly/and-so-things-have-been-a-bit-different
- **MindKit.ca** (mental health website for teenagers)
 - *The MindKit Chronicles* (comic): mindkit.ca/mindkit-chronicles
 - MindKit journal (journal): mindkit.ca/mindkit-journal

GENERAL

- **Crisis line:** call 1-800-668-6868 or text CONNECT to 686868
- **Children and Youth PEACE program** (counselling program): bit.ly/children-youth-peace-program
- ***Kids helping kids: A guide for children exposed to domestic violence*** by BC Children's Hospital (guide): bit.ly/kids-helping-kids-guide
- **Kids Help Phone**
 - **Resources Around Me** (directory): kidshelpphone.ca/resources-around-me
 - **My safety plan: Abuse at home** (worksheet): bit.ly/kids-help-phone-safety-plan-abuse
- ***Love Like This*** (colouring book for teens): wscadv.org/llt
- ***Voices of Hope*** (colouring book): bit.ly/voices-of-hope-colouring-book

REFERENCES

GENERAL

Children's books

- ***Clover's Secret*** by Christine M. Winn and David Walsh
- ***Feel Brave*** by Avril McDonald
- ***Floss and the Boss: Helping Children Learn About Domestic Abuse and Coercive Control*** by Catherine Lawler, Abigail Sterne and Nicky Armstrong
- ***Hands Are Not For Hitting*** by Martine Agassi
- ***Hear My Roar: A Story of Family Violence*** by Dr. Ty Hochban
- ***Luna Little Legs: Helping Young Children to Understand Domestic Abuse and Coercive Control*** by Catherine Lawler and Norma Howes
- ***Mommy and Daddy Are Fighting*** by Susan Paris
- ***Something Is Wrong at My House: A Book About Parents' Fighting*** by Diane Davis
- ***A Terrible Thing Happened: A Story for Children Who Have Witnessed Violence or Trauma*** by Margaret M. Holmes



KEY TAKEAWAYS

- Exposure to IPV can have lasting effects on children, but steps can be taken to reduce these impacts.
- Children need support and reassurance that you are there to listen and talk.
- It is important to keep certain considerations in mind when supporting and talking to children.

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