



**Arab-American Family
Support Center**



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EXAMINING THE IMPACT OF DOMESTIC VIOLENCE ON CAREGIVERS AND CHILDREN

A LITERATURE REVIEW

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ARAB-AMERICAN FAMILY SUPPORT CENTER

An Introduction

The Arab-American Family Support Center (AAFSC) is a non-profit, non-sectarian organization established in 1994 to provide culturally and linguistically competent, trauma-informed social services to low-income immigrants and refugees in New York City. While we support anyone who walks through our doors, over 27 years, we have gained expertise serving Arab, Middle Eastern, Muslim, and South Asian (AMEMSA) communities. We are dedicated to helping these populations overcome a nexus of challenges, including lingering trauma, discrimination, poverty, and acculturative stressors. Our staff speak 32 different languages – including Arabic, Bengali, Urdu, Farsi, Spanish, Nepali, and Wakhi – enabling us to support communities that mainstream providers struggle to reach. As a settlement house, we are geographically embedded in the communities we serve, with 12 locations across all five boroughs of NYC.

AAFSC works across four priority areas – Promote, Get Ready, Prevent, and Communicate – to achieve our ultimate goal of strengthening families. AAFSC promotes mental and physical well-being, food security, healthy relationships, and family reunification. We get our families ready to succeed, work, and lead productive lives. We prevent domestic violence, child abuse, and neglect by equipping families with the tools to succeed, offering case management services to victims of violence and cultivating healthy relationship skills in young people. Finally, AAFSC communicates the needs of the marginalized to partners and policymakers.

As a learning organization, AAFSC uses research and evaluation to inform our service delivery approach, and we are committed to tailoring and implementing evidence-based interventions. In further pursuit of this mission, we founded the AAFSC Research Institute, which serves to expand our understanding of community needs and the impact of culturally appropriate interventions. We focus on compiling the information needed to strategically meet the evolving needs of New York's immigrant communities, while contributing to a repository of information on populations for which there is very little disaggregated data.

In this report by the AAFSC Research Institute, we examine a collection of existing literature evaluating the impact of domestic violence on caregiving. Through a review of 10 scholarly articles, we examine evidence that domestic violence impacts survivor mental health, child well-being and development, as well as the dynamics and functioning of the caregiver-child relationship. It is abundantly clear that the impact of domestic violence is complex and lasting. These research findings also underscore the importance of responsive community services for survivors and their children, particularly when considering the compounding challenges facing immigrant and refugee communities. These groups often suffer in silence and are unable to access culturally and linguistically competent resources through mainstream providers. Finally, we describe the programs and interventions AAFSC has designed to support survivors and their children as they navigate the impact of this trauma through wrap-around services that holistically cater to the entire family.





BACKDROP OF NEED IN AMEMSA COMMUNITIES

Here in New York, AMEMSA populations face a nexus of challenges. Many AMEMSA immigrants endured conflict in their countries of origin and struggle with the negative psychological and social effects of lingering trauma. Poverty is an added challenge: nearly all of our beneficiaries qualify for and receive some form of public assistance, including nutritional support and subsidized health insurance. AMEMSA immigrants face rising hostility and discrimination in New York, [1] and must overcome linguistic and cultural barriers to access information, services, and support.

Against this backdrop of hardship and isolation, sexual assault, domestic violence, dating violence, and stalking disproportionately affect women from marginalized communities with low-median incomes. Black women and girls make up 25% of all females in New York City, but nearly 40% of women and girls murdered by an intimate partner.[2] 21 – 55% of Asian women in the U.S. report experiencing intimate physical violence during their lifetime. [3] Recently released data from the New York City Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)

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show that 59% of individuals utilizing domestic and gender-based violence services through NYC's Family Justice Centers are born outside of the U.S.[4] Few scientific studies detail domestic violence among AMEMSA groups in the U.S., but what we do know is troubling. For example, a survey of 801 Muslims in the U.S. found that 31% reported having experienced intimate partner abuse and 53% reported having experienced domestic violence.[5] While disturbing, we recognize these numbers do not fully represent the extent of violence against women in some of our most marginalized communities. AMEMSA women and children frequently feel pressure to comply with traditional patriarchal norms that discourage them from recognizing and responding to abusive behavior, or from seeking help. In 2018, a qualitative study of

service providers specializing in supporting immigrant Muslim women residing in Canada found that "immigration-related factors such as language and cultural barriers, lack of social support, and unemployment status contributes to a woman's decision to stay or leave an abusive relationship." [6] Ineffective outreach and under-reporting are exacerbated by language

barriers, cultural differences, and the stigmatization that most victims face within their community. It is not uncommon for imams, priests, or other AMEMSA community leaders, when contacted for counsel, to silence victims and side with abusers because their value system places a priority on preserving the family unit.

[1] New York City, Commission on Human Rights. Xenophobia, Islamophobia, and Anti-Semitism in NYC leading up to and following the 2016 Presidential Election: A Report on Discrimination, Bias, and Acts of Hate Experienced by Muslim, Arab, South Asian, Jewish, and Sikh New Yorkers. June 19 2018.

[2] Statistics on Violence Against API Woman. Asian Pacific Institute on Gender-Based Violence, 2015.

[3] Intimate Partner Violence Against Women in New York City. New York City Department of Health and Mental Hygiene, 2008.

[4] ENDGBV: Family Justice Centers: Supporting Our Foreign-Born Clients Report. Mayor's Office to End Domestic and Gender-Based Violence, 2021, <https://www1.nyc.gov/assets/ocdv/downloads/pdf/2019-foreign-born-report.pdf>.

[5] Attitudes of Muslim Men and Women Towards Domestic Violence. Peaceful Families and Project Sakina Domestic Violence Survey, 2011.

[6] Milani, Asra, et al. "Beyond Cultural Sensitivity: Service Providers' Perspectives on Muslim Women Experiences of Intimate Partner Violence." Journal of Muslim Mental Health, vol. 12, no. 1, 2018.



AAFSC has witnessed a trend of increasing instances of domestic violence among our service population. Anti-Violence Program is one of AAFSC's most utilized programs, receiving referrals from staff throughout the organization and from the New York City Mayor's Office to End Domestic and Gender-Based Violence. Our staff often become aware of a victim's circumstances because we are seen as one of the rare confidential sources of help in the community. In 2021, we have served over 1,860 victims of domestic and gender-based violence, responding to a 40% increase in demand for services as a result of the COVID-19 pandemic. Over the course of our interactions with survivors, and through our complementary programs, we also see the negative mental, physical, social, and cognitive impact domestic violence has on children within the home. Witnessing domestic violence is an adverse childhood experience, which can have a significant impact on a child's ability to successfully reach developmental milestones. It is essential that we reach underserved populations to challenge harmful attitudes, break cycles of violence, and ensure that all community members – including survivors and children – have the opportunity to live safe, healthy lives.

A trauma-informed staff with regional expertise is especially important for assisting AMEMSA communities. Many of the individuals we serve come from regions in the Middle East and South Asia that have been devastated by war, intense ethnic and religious conflicts, and widespread poverty. Patriarchal norms within these cultures have perpetuated gender inequality, leading to domestic abuse and sexual violence. Factors including fear, shame, limited awareness, and a shortage of culturally specific resources discourage victims from reporting

violence and abuse, even in the U.S. There is also a widespread perception that discussing these issues or reporting abuse will lead to more problems rather than solutions. Many AMEMSA victims experience culturally specific manifestations of violence, such as forced marriages, virginity exams, polygamy, in-law abuse, or forced divorces – which mainstream service providers rarely anticipate and struggle to address.

Studies also show that the hostility, discrimination, and acts of hate experienced by AMEMSA immigrants lead to increased levels of stress, anxiety, and depression, which in turn can impact caregivers' ability to parent well.[7] Living at the intersection of trauma, poverty, and discrimination, many AMEMSA parents could benefit from support in building healthy relationships with their children. This is particularly important in ensuring positive physical, cognitive, social, and emotional development for young children, who often suffer developmental delays because of the impact trauma has on caregivers' ability to parent well.



Over the course of our 27 years of experience, AAFSC has developed a thorough understanding of the nuanced challenges facing AMEMSA populations. As such, we strive to continuously evaluate the complex ramifications of domestic violence on survivors, caregivers, and children.

[7] Felitti, Vincent J., et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, vol. 14, no. 4, 4 May 1998, pp. 245-58.



Literature Overview

IMPACT OF DOMESTIC VIOLENCE ON CAREGIVERS

For those who experience domestic violence, the impact extends beyond the immediate incident. Survivors experience the resulting psychological trauma in ways that are complex and long-lasting, leading to increased stress and depressive symptoms that can impact their overall sense of well-being. That mental and emotional impact has been reflected in the referrals made by AAFSC's Anti-Violence Program – AAFSC referred 331 survivors to mental health counseling services in the past year for support managing the long-term effects of trauma, stress, fear, and depression. Survivors who are caregivers to children face a unique set of challenges as they navigate their own emotional landscape while caring for the well-being and developmental growth of a child. As Huth-Bocks et al. note, caregivers who have experienced violence are at greater risk of depression and in turn may feel overwhelmed with their duties as a caregiver, creating circumstances in which a caregiver is not fully emotionally available to build nurturing attachments with their child. [8] A study comparing Intimate Partner Violence-exposed caregivers against a control group found that, not only is domestic violence a risk factor for depression, but this link is particularly significant when violence is experienced during pregnancy, leading to more significant negative outcomes post-pregnancy. Furthermore, the link between

violence and caregiver stress is influenced by the incidence of Adverse Childhood Experiences in the caregiver's childhood, suggesting that trauma experienced earlier in life can compound the impact of violence and lead to more severe mental health challenges for caregivers, particularly during pregnancy.[9]

In addition to the mental health impact that survivors face, experiencing domestic violence can affect the perceptions that caregivers have about their children. Bernstein et al. found that caregivers who experience violence have a perceptual bias towards fear, meaning they “perceived more fear in ambiguous infant facial expressions” as compared to caregivers who have not experienced violence.[10] This perception bias also has implications for how caregivers interact with and message towards their child (See Impact of Domestic Violence on Caregiver-Child Dynamics). Huth-Bocks et al., in examining the link between domestic violence and maternal perceptions of infants, found a considerable difference in the way survivors perceived and described their infants as compared to the mothers who had not experienced domestic violence. Survivors were reported to be experiencing more feelings of anger and frustration while talking about their children, as analyzed through qualitative interviews with caretakers of infants. Researchers posit that those who had experienced violence perceived their infants in “less open, coherent, and sensitive ways” and found it difficult to “tolerate or relate to their infant in a sensitive and accepting manner.”[8] These studies highlight that domestic violence can change family dynamics beyond the relationship between survivor and abuser, but also the survivor's perception of their child.

[8] Huth-Bocks, Alissa C., et al. "The impact of domestic violence on mothers' prenatal representations of their infants." *Infant Mental Health Journal*, vol. 25, no. 2, 10 Mar. 2004, pp. 79–98.

[9] Coe, Jesse L., et al. "Cascades of Risk Linking Intimate Partner Violence and Adverse Childhood Experiences to Less Sensitive Caregiving During Infancy." *Child Maltreatment*, 17 Mar. 2021.

[10] Bernstein, Rosemary E., et al. "Interpersonal Violence, Maternal Perceptions of Infant Emotion, and Child-Parent Psychotherapy." *Journal of Family Violence*, vol. 34, 9 Mar. 2019, pp. 309–20.

Not only can domestic violence impact a caregiver's perception of their child; it can also adversely affect their perception of their own caretaking abilities and interactions with their child. In their study, Huth-Bocks et al. also found that the stress caregivers feel is connected to "perceptions of dysfunctional interactions with their child" which can in turn lead to less sensitive caretaking (See Impact of Domestic Violence on Caregiver-Child Dynamics). When asked to describe their child and role as a caregiver, researchers observed that survivors who depicted more negative perceptions of their children also perceived themselves as less competent caregivers, as compared to those who had not experienced domestic violence.[8]

AAFSC recognizes that immigrant caregivers who experience violence face a nexus of compounding challenges that can create layers of trauma. Many of the individuals we serve carry lingering trauma from conflict and war in their countries of origin, harrowing migration journeys, and acculturative stress upon arrival in New York. When navigating an abusive situation, many survivors remain silent, fearing that reporting their abuse will incur shame and stigmatization. Immigrant women with young children have minimal access to support and must navigate their new role while balancing cultural and gender-based expectations that discourage help-seeking. When these challenges intersect, they place survivors at high risk of mental duress that is likely to overwhelm their bandwidth to cope with both their mental health and the well-being of their child. While the intersection of immigration-related stress in particular remains to be studied, existing literature underscores the risk of compounding mental health effects beginning as early as pregnancy.

Literature Overview

IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

Much is known about the negative impact of Adverse Childhood Experiences, including violence, on the development and long-term outcomes for youth. In recent decades, more research has been conducted to examine the impact of witnessing adult domestic violence in the home and the harmful impact to child functioning, development, and emotional well-being. There is evidence of adverse impacts to childhood well-being in the early years of life when children are undergoing a critical stage in their own cognitive development and socialization with caregivers. Osofsky notes evidence that "infants and toddlers who witness violence either in their homes or in their community show excessive irritability, immature behavior, sleep disturbances, emotional distress, fears of being alone, and regression in toileting and language.[11] Edleson found that children exposed to violence, compared to a non-exposed cohort, were more likely to experience anxiety, trauma symptoms, depression, and temperament problems. In addition to the emotional and mental impact, findings showed that witnessing domestic violence leads to more "aggressive and anti-social (often called 'externalized') behaviors as well as fearful and inhibited behaviors ('internalized') behaviors." Researchers also found that children who witnessed violence demonstrate "lower social competence" as compared to children who do not witness violence at home.[12]

[11] Osofsky, Joy D. "The Impact of Violence on Children." *The Future of Children*, vol. 9, no. 3, 1999, pp. 33-49.

[12] Edleson, Jeffrey L. "Children's Witnessing of Adult Domestic Violence." *Journal of Interpersonal Violence*, vol. 14, no. 8, 1 Aug. 1999, pp. 839-70.



Similarly, in a study examining post-trauma symptoms in young children exposed to domestic violence as a comparison to non-exposed children, results showed significant differences including “changes in sleeping patterns, becoming more fearful and clingy, increased motor activity, and the development of separation anxiety.” In general, children exposed to violence exhibited a higher degree of overall distress. This study utilized the Child Behavior Checklist (CBCL), a component of the Achenbach System of Empirically Based Assessment (ASEBA), which is used to detect behavioral and emotional problems in children. Researcher’s analysis of CBCL results assessing children exposed to violence found significant internalizing and externalizing behavioral problems.[13]

Exposure to violence can impact a child’s development on a number of levels. Udo et al. found that “moderate and high exposures to maternal [Intimate Partner Violence] were significantly associated with language and neurological delay of infants and toddlers, with neurological development more affected than language development.”[14] Drawing on the concepts outlined in “disorganization” in their attachment style brought on by frightened parent behavior

(which is passed on to the child) or frightening parent behavior which directly frightens the child. Disorganized attachment style in infants can manifest in behaviors including contradictory behavior patterns, misdirected or incomplete movements, freezing or slowed movements or expressions, and fear of parents. Underscoring the long-term impact of trauma experienced during infancy, researchers posit that children can develop a permanent disorganized attachment response to fear if exposed to adult domestic violence, which also places children at higher risk for psychopathology later in life.[15]

“Moderate and high exposures to maternal [Intimate Partner Violence] were significantly associated with language and neurological delay of infants and toddlers”

It is abundantly clear that witnessing adult domestic violence in the home can lead to considerable adverse consequences for a child’s social-emotional state, behavior and temperament, and development. What is also significant is the correlation between the stress experienced by the victim of violence/caregiver of the child, and the child themselves. Zerk et al. found a correlation between levels of “maternal stress” (depression, anxiety, etc.) and “parenting stress,” (difficulty coping with one’s parental role) which then was significantly correlated with higher behavioral and emotional problems in children as measured by the Child Behavior Checklist.[13]



[13] Zerk, Danielle M., et al. “Domestic Violence and Maternal Reports of Young Children’s Functioning.” *Journal of Family Violence*, vol. 24, no. 7, Oct. 2009, pp. 423–32.

[14] Udo, Ifeyinwa E., et al. “Maternal Intimate Partner Violence: Relationships with Language and Neurological Development of Infants and Toddlers.” *Maternal and Child Health Journal*, vol. 20, 18 Mar. 2016, pp. 1424–31.

[15] Cassidy, Jude, and Jonathan J. Mohr. “Unsolvable fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the life span.” *Clinical Psychology: Science and Practice*, vol. 8, no. 3, 2001, pp. 275–98.

AAFSC recognizes that many children in AMEMSA immigrant and refugee communities grow up in households where poverty, acculturative stress, and linguistic barriers to services impact the family unit's ability to remain well and heighten the risk of interfamilial conflict. As demonstrated by these research findings, such circumstances can impact a child's ability to meet cognitive and social-emotional developmental milestones, and the trauma caused by experiencing or witnessing abuse only accentuates existing challenges. Furthermore, immigrant families face vastly different images of successful parenting, exacerbating social and economic stressors, and presenting caregivers with additional barriers to ensuring their child's developmental needs are met. AAFSC is mindful that AMEMSA immigrant youth often lack the culturally and linguistically competent services needed to process these traumatic experiences and mitigate interruptions in their learning and development, and we recognize the importance of ensuring this support is introduced as early as infancy.

Literature Overview

IMPACT OF DOMESTIC VIOLENCE ON CAREGIVER-CHILD DYNAMICS

In previous sections, evidence has been presented that adult domestic violence leads to negative emotional and behavioral outcomes for both the survivor/caregiver and the child. Further research suggests that an additional component – the interactions and dynamics of the caregiver-child relationship itself – is impacted by adult domestic violence. The Coe et al. study detailed above not only demonstrates the transitive link between Intimate Partner Violence, prenatal depressive symptoms, and parenting stress, but also concludes that this cascade of risks ultimately leads to less sensitive parenting behavior. The study also posits that, when stress stems from the caregiver's perceptions of their own caregiving competency, "they may be especially at risk for less optimal parenting." Researchers go on to argue, "studies have shown that stress related to parent-child dysfunctional interaction is specifically linked to less maternal sensitivity."^[9] The impact of domestic violence and its manifestations in child behavior can also play a role in the development of caregiver-child functioning. A study examining the effects of trauma on young children notes, "exposure to trauma, especially violence in the family, interferes with a child's normal development of trust and later exploratory behaviors which lead to the development of autonomy."^[16]



[16] Osofsky, Joy D., et al. "The effects of trauma on young children: a case of 2-year-old twins." The International Journal of Psycho-Analysis, vol. 76, no. 3, 1 June 1995.

Understanding the importance of caregiver-child bonding and impact of positive communication in childhood development, this has implications for the impact to a child's environment and their ability to meet cognitive milestones and keep pace with their social-emotional development.

Support services are a critical protective factor that can advance the well-being of the survivor, the child, and their relationship in the long-term.

Importantly, researchers who identify the impact and manifestations of domestic violence for survivors, their children, and caregiver-child dynamics, also give strong indication that supportive services are effective in mitigating these effects and in promoting the well-being of those processing trauma. Osofsky, in outlining the impact of violence on children, also argues that "strengthening community supports for parents has been shown to be an effective intervention approach."^[11] Similarly, Bernstein et al., who examined the impact of domestic violence on maternal perceptions of infant facial expressions, saw that perception biases can be reduced through programmatic intervention.^[10] Interestingly, one study found that, when comparing families exposed to "moderate [Intimate Partner Violence]" and "high IPV," children experienced less neurological developmental issues in the "high IPV" group, leading researchers to consider that caregivers who experience more extreme abuse are more likely to seek services which mitigate the length of exposure to domestic violence and serve as a protective measure against the developmental challenges that children are at risk of experiencing.^[15]

Thus, while the evidence demonstrating ramifications of domestic violence on the caregiver-child dynamic may be alarming, literature in this area has also made evident that support services are a critical protective factor that can advance the well-being of the survivor, child, and their relationship in the long-term.



AAFSC'S PROGRAMS & INITIATIVES

AAFSC's service delivery style is rooted in our multi-generational model, ensuring that we are serving the entire family unit. Understanding that many of the domestic violence survivors we serve are caregivers, we provide wrap-around support that considers the needs of both survivor and child(ren). Our complementary services work in tandem, and our staff leverage internal referrals to ensure families are accessing all services from which they could benefit, including domestic violence case management, caregiver-child bonding classes, mental health counseling, and family-centered supportive services.



AAFSC's ANTI-VIOLENCE PROGRAM

AAFSC's Anti-Violence Program (AVP) provides culturally responsive and linguistically accessible case management services to survivors of domestic and gender-based violence from low-income AMEMSA communities. Operating with a social resiliency model, the program equips victims of domestic violence, sexual assault, sex trafficking, forced marriage, female genital mutilation, and all forms of gender-based violence with the tools they need to heal and empower themselves. AAFSC's AVP takes on deep-seated attitudes about gender, relationships, and cultural expectations that inhibit growth and development. We work to empower survivors and balance inequitable relationships. In addition to crisis intervention and individual counseling, we offer support and empowerment groups, information and referrals, court accompaniment, safety plan development, translation, assistance with orders of protection, community outreach and education, and training for professionals. Utilizing the nationally recognized MOVERS Empowerment assessment, 97% of survivors feel "confident" or "very confident" that they are "more aware of the steps that [they] need to take to obtain safety" after receiving AVP services. (Read the full [Evaluation Report on AAFSC's website](#)). The Anti-Violence Program works to end partner violence, create equitable relationships, and challenge gender stereotypes.

AAFSC's CAREGIVER-CHILD BONDING CIRCLE

AAFSC's Caregiver-Child Bonding Circles (CCBC) are an innovative, linguistically accessible intervention program for caregivers and their children 0-3 years old to bond, play, connect, and learn, in turn promoting cognitive, social, and emotional well-being for both caregiver and child. The circles are defined by psycho-social-emotional education modules and resiliency-building tools to boost caregiver mental and emotional health and reduce stress, which is proven to benefit both caregivers and children. The circles are also structured with play-based learning strategies and principles of early-talk to support children in meeting critical development milestones, build foundations for literacy, strengthen bonds, and ultimately promote socioeconomic mobility across generations. Serving 448 caregivers and children in the past year, AAFSC's Caregiver-Child Bonding Circles are filling a gap in linguistically accessible service delivery for AMEMSA families.

AAFSC's Dyadic-Developmental Psychotherapy (DDP)-informed specialists deliver the program in 10-week sessions in a safe, friendly group setting complemented by weekly individualized follow-ups. The curriculum includes objectives such as building a secure base and attachment, emotional regulation and modeling, tackling irrational behavior and managing big emotions, setting limits and boundaries, positive communication, sensory play, early talk, and early childhood literacy. The Circles explore the most important parts of caregiver-child relationships including exploration play, attachment, teaching, behavior, and emotional co-regulation. AAFSC is cognizant that poverty, violence



within the home, and trauma make it difficult for caregivers to parent well. Through these Circles, we support those impacted by a range of traumatic experiences to restore healthy relationships and strengthen families. Our Emotional (Co)-Regulation module in particular is critical in mitigating the impact of trauma and violence on the child, caregiver, and the dynamic between them. In a Knowledge-Attitude-Behavior Post-Test, 100% of caregivers reported agreement with the statement "I understand the types of caregiving practices that foster my child's development" compared to 48% agreement in the Pre-Test. (Read the full [Evaluation report on AAFSC's website](#)).

(WHO-5). Preliminary results from this measure show significant score improvements after receiving our services – participants had an average score of 57.3/100 before receiving mental health counseling at AAFSC and an average score of 78.1/100 after.



AAFSC's MENTAL HEALTH COUNSELING

AAFSC developed our Mental Health Initiative in 2018 to expand access to care for underserved Arab, Middle Eastern, and South Asian populations, strengthen local partnerships, and grow our team of mental health professionals. Since 2018, AAFSC has scaled our staff of Counselors and Clinicians and widened our network to provide culturally and linguistically competent mental health care to youth and adults. Our team of Mental Health Specialists offer individual and group counseling at our Brooklyn headquarters, at Khalil Gibran International Academy, and within community members' homes for more complex or urgent cases. In 2021, AAFSC offered direct mental health counseling to 125 people over 1,151 sessions. Our complementary outreach and public education initiatives generated a groundswell of demand for services in 2020, when our program experienced a >350% increase in demand for services. In the past year, 83% of community members referred for mental health services were from families exposed to violence, illustrating the increasing need for support that mitigates the impact of violence and trauma. AAFSC measures our outcomes related to patient mental well-being are using the World Health Organization – Five Well-Being Index

AAFSC's PREVENTIVE SERVICES

Finally, through our Preventive Services Program, AAFSC works with families impacted by child abuse and neglect in partnership with the NYC Administration for Children's Services. We work with families at multiple entry points to prevent perpetuation of these acts and foster a path towards self-sufficiency. Through the resolution of familial conflict, combined with comprehensive resource navigation and AAFSC's wraparound services (health insurance and SNAP enrollment, legal services, English language classes, resource navigation), we strive to empower families with the tools they need to succeed. 56% of families referred to our Preventive Services Program have experienced adult domestic violence in the home, and our service approach takes into account the multiple victimization experiences that caregivers and their children must navigate, and the ramifications they endure. The Preventive Services program is focused on cultivating long-term outcomes that benefit families after their service journey has ended and supports children as they continue to meet developmental milestones throughout their childhood. In an exit survey, 95% of families "Agreed" that they "feel confident in [their] ability to use the tools and resources [they] gained to continue [their] progress." Through our cultural expertise and prioritization of restorative/transformational justice, we are paving the way to supporting AMEMSA immigrant families who experience violence in the home and help them develop and carry out paths to healing.

CONCLUSION

It is abundantly clear that the impact of domestic violence extends beyond the survivor and can present challenges for early childhood development as well as the caregiver-child relationship, as both survivor and child navigate the trauma of their experiences. For AMEMSA immigrant and refugee families, these factors are exacerbated by challenges related to poverty, discrimination, xenophobia, Islamophobia, and acculturative stress and anxiety, leaving immigrant and refugee survivors and their children particularly vulnerable. Close examination of these factors underscores the need to support families impacted by domestic violence from multiple angles: mental health services for survivors, early childhood development support for young children and caregivers, and wrap-around family support that cultivates bonding and family functioning for all household members. Considering the multitude of intersecting challenges faced by AMEMSA immigrants in the US, there is an urgent need for resources that provide this support in a culturally and linguistically competent manner, enabling survivors and their children to overcome stigmas and taboos to find healing in a safe space. AAFSC's suite of complementary services, including the Anti-Violence Program, Caregiver-Child Bonding Circle, Mental Health Counseling services, and Preventive Services, are filling the gaps in mainstream services for these populations, and are responsive and innovative in addressing the complex and layered impact of trauma, empowering survivors and their children to find healing and thrive in their communities.



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