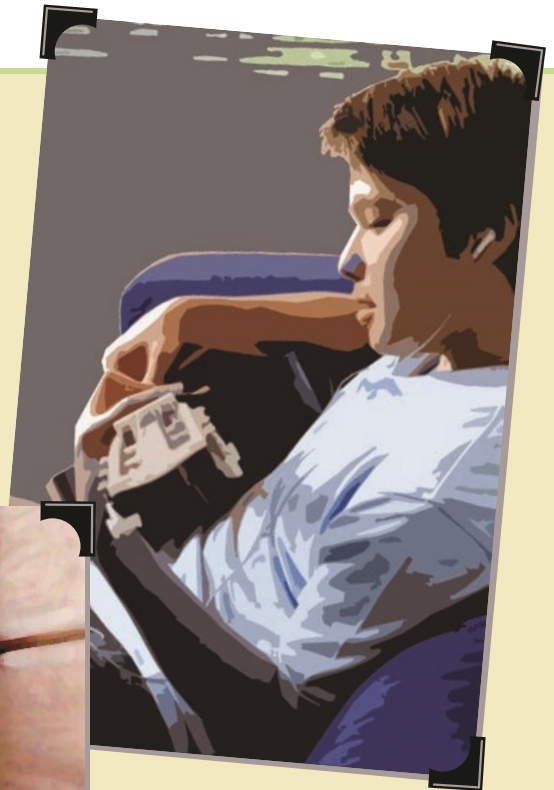
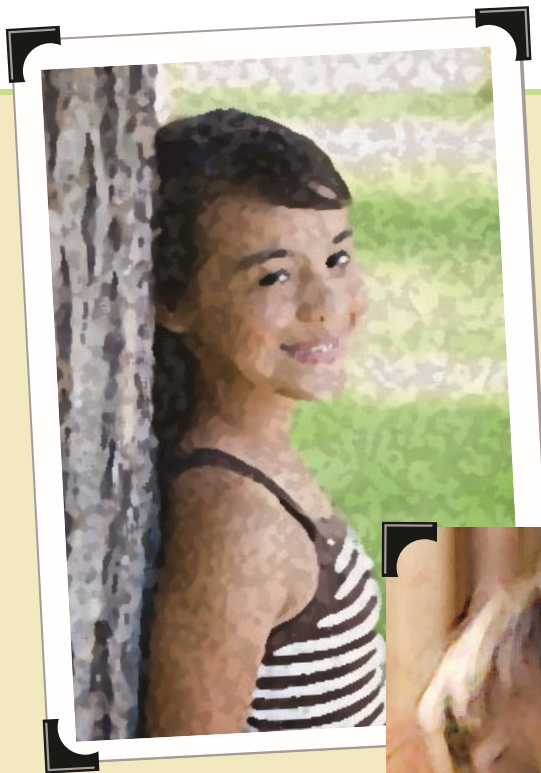


# Honor our Voices

A guide for practice when responding to children exposed to domestic violence



presented by:  
**MINCAVA**

Center for Advanced Studies  
in **Child Welfare**

**AVON**  
Foundation  
for **Women**

# HONOR OUR VOICES

**This** *Guide for Practice* is one of the results of the *Honor Our Voices* project, a collaborative effort of the Avon Foundation for Women and two centers at the University of Minnesota: the Minnesota Center Against Violence and Abuse (MINCAVA) and the Center for Advanced Studies in Child Welfare (CASCW). *Honor Our Voices* is a multi-faceted effort to increase the awareness and sensitivity of shelter advocates and other social service professionals to the needs of children exposed to domestic violence and to suggest promising ways of responding to these children's needs. A major element of the *Honor Our Voices* project is an online training module that includes the stories of three children exposed to domestic violence and highlights the effects of domestic violence on children and the promising practices that may respond to these children at different ages. The online training module is freely available at [www.honorourvoices.org](http://www.honorourvoices.org). A third result of our project is a free digital library of short audio programs that highlight specific promising practices through the voices of children. They can be found at on the [Honor Our Voices website](#).

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# Honor our Voices

## A guide for practice when responding to children exposed to domestic violence

**Domestic violence** affects not only women who are abused by their intimate partners but also children living with these adults. In fact, most people assume that adult women are the primary residents of battered women's shelters but over half of the residents of battered women's shelters in the United States are actually children (National Network to End Domestic Violence, 2010). The presence of so many children argues for greater attention to their needs.

Shelters and domestic violence service programs have developed comprehensive interventions for children exposed to domestic violence, yet with scarce funding and regular staff turnover many programs have difficulty maintaining services and staffing to meet children's needs. In addition, other professionals such as child welfare workers often lack basic information and guidelines for working with children exposed to domestic violence. This lack of information and resources leads to frustration often expressed by child advocates and points to gaps in our responses to children exposed to domestic violence.

*Honor Our Voices* seeks to fill some of these gaps. In the cold of a Minnesota December in 2010, adult survivors of child exposure and leading experts in the field gathered for a two-day National Roundtable discussion of the current issues and best practices with children exposed to domestic violence (see Appendix A for the specific methods we used and a list of the participants). Our discussions, supplemented by the evidence from the scholarly literature, identified the key issues and promising practices that are presented in this *Guide for Practice*.

Children's perspectives about the violence in their families are often different from those of adults in their lives (Sternberg, Lamb, Guterman, & Abbott, 2006). Children are often affected in concrete ways that adults may not consider. For example, a six-year-old boy created a t-shirt that read, "If my dad didn't hit, we could fish." This boy felt the impact of his father hitting his mother by not being able to spend time fishing with him. The same is often true for how children experience domestic violence services; it is the concrete impacts of how and where time is spent in shelters or other services that may affect children the most.

This *Guide* aims to elevate children's voices so that they may be better heard and responded to by shelter advocates, domestic violence service staff, child protection workers, and the general public. It is structured differently than the companion online training. The online training follows individual children's stories while this *Guide* is structured around each key issue and suggested promising practices that were identified. This *Guide* is meant to reinforce your understanding of the material in the online training and audio programs. We hope you find this *Guide* as well as the companion online training and short audio programs helpful in your work with children.

# Key Issues and Promising Practices

## Understand the effects of domestic violence on children

**Working with** children exposed to domestic violence requires us to consider the extent and impacts of such exposures on children's development and behaviors. For example, a recent national survey of 4,549 children and teenagers in the United States found that over one-fourth (27%) of teenagers reported being exposed to adult-to-adult domestic violence during their lifetime (Finkelhor, Ormrod, Turner, & Holt, 2009). This is one of the best surveys conducted to date and the results show an exposure rate that is much higher than earlier estimates. The early literature about this issue usually defined child witnesses as those who were within sight or sound of the violence. Yet recently, child witnessing has been expanded to child "exposure" or "experiencing". This includes not only a child seeing or hearing the violence but also becoming involved in it, becoming an additional target of the violence as well as experiencing the events before and after the violence, such as police intervention or fleeing to safe shelter (Edleson, 2006; Jouriles, MacDonald, Norwood, & Ezell, 2001; Kitzmann, Gaylord, Holt, & Kenny, 2003). Children may experience direct (e.g. physical, verbal, emotional maltreatment within the context of adult violence) and indirect exposure (e.g. observing, hearing, experiencing the aftermath) to domestic violence (Mbilinyi, Edleson, Hagemeister, & Beeman, 2007).

### When children get involved in violent events they may

- (1) be part of precipitating events such as being the subjects of arguments over the child or parenting,
- (2) seek help such as by calling 911, talking to a teacher or the like, and
- (3) physically intervene to stop the violence (Fusco & Fantuzzo, 2009).

Children who become directly involved in adult-to-adult violence are at risk for being hurt unintentionally or intentionally (Fusco & Fantuzzo, 2009). For example, Mbilinyi et al. (2007) found that 38% of mothers reported their children were at some point accidentally hurt during adult domestic violence incidents and 26% were intentionally hurt during such events.

Child exposure to domestic violence may have adverse effects on child development and well-being. Children who are exposed to domestic violence are at greater risk of developing attachment disorders (e.g. impaired development of bonding with their caregivers) and emotional disorders (e.g. impaired regulation of emotions) that may have long-term impacts on their success in relationships and in general (Carpenter & Stacks, 2009). Furthermore, exposed children are at an increased risk for developing depression and anxiety and often demonstrate more behavioral problems like aggression toward others, acting out and non-compliance in school, and delinquency (Cox, Kotch, & Everson, 2003; Edleson, 1999; Meltzer, Doos, Vostanis, Ford, & Goodman, 2009). Many of the behaviors described above may be categorized as *externalized* or *internalized*. Externalizing behaviors are those behaviors that are expressed outward in reaction to the



environment. Internalizing behaviors, on the other hand, are behaviors that are reflected inward. For example, acting out by hitting other classmates and having strong emotional reactions to parents leaving, breaking rules, and aggression are some typical externalizing behaviors of children who have been exposed to domestic violence. Anxiety, depression, withdrawal, and lack of self-confidence are examples of typical internalizing behaviors (McFarlane, Groff, O'Brien, & Watson, 2003).

Exposure to domestic violence can also result in Post-Traumatic Stress Disorder (PTSD), an anxiety disorder that results from a specific traumatic event or stressor (Rosen, Spitzer, & McHugh, 2008). For instance, young children who experience PTSD may refuse to eat, frequently wake up at night, cry more often, or have no expression in emotional circumstances (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006). A research study conducted by Margolin and Gordis (2000) found that other issues, such as speech delays and extended bedwetting, have been documented in young children exposed to domestic violence. In addition to behavioral and mental health issues, a meta-analysis by Kitzmann et al. (2003) found that children exposed to domestic violence are more likely than others to experience other social and academic difficulties.

Exposure to domestic violence in childhood may not only have immediate effects as previously discussed, but also have long-term implications for individual development. Trauma may lead to a loss of self-confidence and self-esteem in adolescents and teenagers (Buckley, Holt, & Whelan, 2007). For example, a longitudinal study conducted by Paradis, Reinherz, Giaconia, Beardslee, Ward, and Fitzmaurice (2009) found that exposure to family arguments and physical violence by age 15 was associated with impairment in psychological functioning (i.e. self-esteem, self-efficacy) and occupational and career achievement (i.e. unemployment, lower socio-economic status) among adults

at age 30. In another study, Silvern, Karyl, Waelde, Hodges, Starek, Heidt, and Min (1995) analyzed retrospective reports of children who were exposed to domestic violence as a child to test the relationship between domestic violence and traumatic related symptoms in young adulthood among 550 college students. Their study revealed that depression, trauma related symptoms, and low self-esteem were significantly more likely



among female college students exposed to domestic violence as children; whereas, only trauma related symptoms were significantly more likely among male college students who were exposed as children. Silvern et al. (1995) also found that the combined impact of exposure and co-occurring child abuse increased the traumatic-related symptoms experienced by both male and female college students in their study.

In addition, exposure to domestic violence in childhood can have intergenerational effects on children. A 20-year longitudinal study found that early childhood exposure to domestic violence tripled the likelihood of being a perpetrator or victim of domestic violence in comparison to those not exposed (Ehrensaft, Cohen, Brown, Smailes, Chen & Johnson, 2003). Men who were exposed to domestic violence in childhood were found to more likely to become batterers in adulthood; whereas, women were more likely to become victims (Whitfield, Anda, Dube, & Felitti, 2003).

Since parents are the primary source of comfort and protection for children, fighting between two primary caregivers may lead to the feeling of loneliness and worry among children; disrupting their developing social attachments to caregivers and resulting in a number of developmental problems (Gewirtz & Edleson, 2007; Grych, Jouriles, Swank, McDonald, & Norwood, 2000). McFarlane et al. (2003) conducted a comparative study of 330 children ages 6 to 18 from diverse populations who were both exposed to domestic violence and not exposed. They found that children exposed to domestic violence had significantly higher rates of externalizing and internalizing behaviors when compared to non-exposed children. The association between internalizing and externalizing behaviors and exposure to domestic violence was further supported in two meta-analyses by Chan and Yeung (2009) and Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe (2003). Not all children exposed to domestic violence exhibit problems later in life or future victimization or perpetration. The protective factors in a child's life may buffer them from the effects of violence exposure.



## Foster bonding among family members

*Positive family relationships between a child and his or her caregivers, with siblings and other caring adults are important protective factors in a child's life that may buffer him or her from the impacts of exposure described above. In this section we recommend several steps that can help foster these relationships.*

**The trauma** caused by domestic violence may affect a mother's parenting capacity and negatively impact infant attachment (De Wolff & van Ijzendoorn, 1997). Mothers are often one of the only sources of protection and care for a child over time. Casey Keene, who speaks nationally on her experience of being exposed to domestic violence, talks about bonding with her mother and how she and her mother were the primary sources of emotional support for each other during the crisis. Shelter staff and others can help strengthen this relationship by organizing recreational activities and play time for mothers and children; having private time for mothers to share their feelings and emotions with their children, and giving the mothers a chance to reflect and communicate messages about domestic violence issues to their children.

Another way to deepen mother-child relationships is through structured experiences where they work together to heal the child's trauma. One example of this is Child-Parent Psychotherapy (CPP), an evidence-based practice focused on improving the relationship between children and their caregivers that has been evaluated to be effective in reducing behavior problems and PTSD symptoms in both children and mothers (Lieberman, Van Horn, & Ippen, 2005). In CPP, mothers and children (usually young children under the age of six) work with a mental health therapist on a weekly basis. During these sessions, the therapist teaches mothers cognitive-behavioral techniques and adaptive parenting skills to cope with their children's behaviors. The therapy sessions may continue for more than a year.

**An environment** that helps foster sibling relationships may include a place where siblings can have time alone together or allow them to share a bedroom or even a bed. Children exposed to domestic violence may seek comfort and support from their siblings during and after violent events. Social support through sibling relationships may provide a buffer against internalizing behavior problems resulting from stressful life events (Gass, Jenkins, & Dunn, 2007). Acting protectively towards one another may also help children cope with fear and stress during episodes of violence. Waddell, Pepler, and Moore (2001) studied sibling relationships among children living in shelters and children not exposed to violence from the community. They found that sibling dyads living in shelters showed greater positive social support behaviors in competitive and cooperative tasks than

*Create opportunities for mothers and their children to connect and bond with each other.*

*Provide an environment that fosters healthy sibling relationships.*

siblings in the community (Waddell et al., 2001). Nurturing relationships between siblings may also be protective in increasing children's sense of competency (Waddell et al., 2001; Jenkins, Smith, & Graham, 1989). Mutually supportive relationships may provide the ability to deal with stress, care for and comfort others, and reduce feelings of anxiety related to parental conflict (Waddell et al., 2001).



**Domestic violence** programs that include mentoring experiences have been effective in increasing children's self-competence and reducing aggression and conduct issues (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007). Sheehan, DiCara, LeBailly, and Christoffel (1999) evaluated the effectiveness of peer-mentoring program in violence prevention among preadolescents. They found that cross-age peer mentoring helped to reduce aggressive behaviors and attitudes among children exposed to violence. In addition, serving as a peer mentor may increase self-confidence and develop leadership skills (Sheehan et al., 1999). Finally, an adult who is available to listen and provide positive reinforcement may also help reduce negative behaviors. Kind and caring relationships with adults may help children overcome adversity and promote resiliency (Groves, 2002).

*Promote  
healthy peer  
and adult  
role models.*

## Create a welcoming environment that supports everyday routines

*Environmental factors can also play an important role in reducing the anxiety children may feel when they leave their homes (Degnan, Almas, & Fox, 2010). Children with anxiety or behavioral inhibition (e.g. hyper-vigilance, withdrawal from social interactions) are sensitive to environmental cues and unwelcoming environments may exacerbate their symptoms (Degnan et al., 2010). A therapeutic environment may help children feel secure in order to reduce problem behaviors. A therapeutic environment is one that is accessible, has a mix of toys and games that appeal to children of all genders and ages, and encourages non-violent play (MINCAVA/AVON National Roundtable, 2010).*

*Children may have a difficult time adjusting to a new environment like domestic violence shelters. Residing in a shelter may be a new and stressful experience for children who are now staying in one room, sometimes shared with other families. As a result, some behavioral issues among children exposed to domestic violence may be exacerbated when they have to change their living environment. They may have mixed feelings about what is happening and about their new living situation (MINCAVA/AVON National Roundtable, 2010).*

**Things that** may seem non-essential to adults such as bedtime routines, play time, accessing certain foods, and opportunities to hang out with friends are often essential to children (MINCAVA/AVON National Roundtable, 2010). Being allowed to access food freely and having access to food to which they are accustomed (especially culturally specific foods such as rice or certain spices) may reduce stress and confusion for children in the shelter (MINCAVA/AVON National Roundtable, 2010). Allowing mothers and children to have some semblance of home routines also provides a sense of control. Maintaining familiar routines and foods may help reduce anxiety and associated problem behaviors among children (Kostouros, 2007). Being attentive to cultural factors

when providing services to mothers and children is also important. This may include but is not limited to having bilingual and bicultural workers on staff, encouraging cultural practices, celebrating specific holidays, providing diverse foods, and having domestic violence information available in different languages (MINCAVA/AVON National Roundtable, 2010).



*Provide support to help children maintain their prior routine.*



**This practice** allows for workers to be available to teens without forcing them to participate or interact in formal therapeutic activities. Encourage teens to participate in shelter activities voluntarily while also giving them a space of their own. Co-located workers who are approachable, relaxed, and non-judgmental may be more accessible to teens. Simply knowing a person is available to them if and when they want to talk provides teens with options in seeking help (MINCAVA/AVON National Roundtable, 2010).

*Develop policies and practices that promote co-locating of domestic violence shelter workers with teens.*

## Explore relationships with parents

*Children may have complex feelings toward an abusive parent (Peled, 2000; Groves, Horn, & Lieberman, 2007). They may still be emotionally attached to their fathers, step-fathers, or the adult men in their homes despite being afraid of their violence (Groves, Van Horn, & Lieberman, 2007). These complex feelings may cause children to feel confused, sad, and angry when they have to leave their homes and the relationship with their father figure is disrupted (Stover, Van Horn, Turner, Cooper, & Lieberman, 2003). They may view their father figures as threatening while also resenting their mothers for their fathers' absence from the home (Peled, 2000). This may cause feelings of divided loyalties to their parents and feelings of being caught in the middle (Buckley et al., 2007). Some children report that they worry for their fathers' well-being, some want to keep in contact with their fathers, and others do not want any contact with them (Buckley et al., 2007). Children's reactions towards the abusive parent depends on the nature and quality of the relationship between the child and that parent, the history of violence, and the meanings children attribute to the violence (Groves et al., 2007). Below are some recommendations for working with children to explore their relationship with their parents.*

**Providing emotional** support for children as they process these complex feelings about their father figures is essential. This may include explaining court proceedings and the possibility of testifying against an abusive father. Being exposed to violence may result in feelings of fear, stress, and terror (Peled, 2000). Children can also experience conflicting loyalties to their mothers or her partner. They may feel anger toward the abuser and feel sympathy for their mothers who suffer from the violence; however, they still love and attached to their fathers (Peled, 1998). Children may find ways such as blaming their father's sickness or drinking problems to minimize their fathers' behaviors to make



it more acceptable (Peled, 2000). The complexity of the relationship may be further exacerbated by manipulative behaviors of the abusive father such as being nice one moment and then threatening the next. Different siblings may have completely different feelings towards the abusers based on their own experiences, age and gender.

*Understand the feelings and perceptions of children toward the abuser and their prior and current relationship.*

**The inconsistent** behaviors of batterers are often confusing for children. However, older children (i.e. school age children and teenagers) may be able to recognize battering tactics such as coercion and manipulation by abusers (Dutton & Goodman, 2005; Stark, 2007). Watching these behaviors play out between adults in their lives and not fully understand the problem and its severity may create anger and resentment among children about the situation and confusion about who is to blame (Peled, 2000). Children may express these feelings of anger and frustration towards *both* parents.



There are many ways to explore children's feelings and thoughts. Children need a place where they can feel safe to break the silence of violence (Graham-Bermann & Hughes, 2003). Children may choose to keep quiet about the violence occurring in their family for a variety of reasons. For example, children and teens keep secrets about violence in the family because of fear of being bullied or teased at school (Buckley et al., 2007). They may also feel as if they are different and attempt to hide this by keeping the violence a secret (Buckley et al., 2007). Finally, they may feel that keeping the violence secret will help keep their family safe from real or perceived threats of further violence if anyone finds out and from interventions that disrupt their lives, such as police arresting the abuser (MINCAVA/AVON National Roundtable, 2010).

Encourage children to share their stories with others who are willing to listen (Overlien & Hyden, 2009; Peled & Edleson, 1992). This includes offering choices to children about how they want to express their story. For example, some children may choose to write and draw while others choose to sing or talk.

*Encourage children to express their feelings about the inconsistent behaviors they may observe at home and explain coercive or manipulating techniques that abusers use.*

## Develop safety plans

*Safety planning is a crucial step in enhancing the well-being of women and their children. Safety planning should include both immediate safety and planning for the future. Safety planning can include when to call 911, where to go when the violence is happening, and identifying safe people to talk to about the violence (Sullivan, Egan & Gooch, 2004). Protection focused efforts such as safety planning may help reduce the stress children feel as a result of the violence in their families (Gewirtz & Edleson, 2007).*

*Safety planning should be seen as a cooperative process between the advocate or worker, the battered mother and her children. Nevertheless, children may be ignored during this planning process and efforts to include them in it are important.*

**Children as** young as three years old are able to understand and contribute to the safety planning process (Gewirtz & Menakem, 2004). Allowing children to participate in safety planning provides them with tools to help protect themselves and help their mothers if or when violence occurs. Some informal safety planning is likely to have occurred even before women and their children engage domestic violence or other services (MINCAVA/



AVON National Roundtable, 2010). For example, a mother may tell her children to flash on and off the light in front of the house as a signal to a neighbor to call the police. Sometimes a mother may also ask the oldest sibling to take all of the younger siblings to go into one bedroom, lock the door, and turn on the television during a violent episode. Because children are already often exposed to many dangerous events and take actions during them, engaging children in the safety planning process helps to prepare them and may allow them to better cope with crises.

*Engage children in safety planning, explain to them what is happening, and understand their feelings and thoughts during this critical time.*

**Older siblings** may take on the role of adults when parents are injured or unavailable due to the violence. They may care for younger children, do household chores, and even pay bills. This is often referred to as “parentification” (Mika, Bergner, & Baum, 1987). Parentification is most often thought of in negatively but children exposed to domestic violence may experience it *both* positively and negatively. On one hand, parentification may deprive older siblings of their own time as a child. Children who take on too much housework and child care duties are more likely to be absent from school, have poor academic performance, and drop out of school early (Barnett & Parker, 1998). Other negative consequences of parentification include emotional distress, externalizing behavior, and interpersonal difficulties (Earley & Cushway, 2002).

On the other hand, parentification may promote positive behaviors such as responsibility, caring, and resourcefulness among children in a family. It may also help increase a child’s self-esteem and their own sense of self-efficacy (Barnett & Parker, 1998). For example, Casey Keene, who speaks nationally on her experience of growing up with domestic violence, talks of how she felt to be a part of “the team” with her mother when she was asked to help with her younger brother. This issue is clearly complex.

**Older children** such as adolescents and teens often understand what is happening and do not want to be ignored during the decision-making process (MINCAVA/AVON National Roundtable, 2010). Honoring children’s voices allows them to have some control over their lives and helps them deal with their feelings about exposure to domestic violence (Holt, Buckley, & Whelan, 2008). Advocate for teens while also teaching them to advocate for their voices to be heard. Provide them with activities that allow them to practice self-advocacy skills. These skills include helping teens learn to express their feelings and opinions in a respectful manner, listen to others, and problem solve. These skills can be taught by modeling healthy decision-making, offering choices, and encouraging problem solving.

*Understand  
parentification  
of children*

*Hear and  
respect  
children’s voices  
as they have  
valuable ideas  
and opinions to  
contribute.*



## Understand the unique needs of teens

*Our Roundtable discussions clearly identified that teens presented unique challenges and opportunities. These factors include how teens think about relationships, their mothers' and program staff's ability to engage teens in conversations about violence, and how to teach teens alternative behaviors regarding violence. Each of these factors is explored below.*

**Challenge teens** to think critically about gender associated stereotypes (e.g. using terms such as “bitches” and “hoes” as terms of endearments) and how they may influence violence. It is also important, however, to recognize that this may inadvertently cause challenges in teens' social lives since following gender stereotypes is often a strategy used to fit in with other teens. Given the fact that their lives—moving to a shelter, police and court involvement, severe parental conflict—are already very different from others their age, teens may resist activities focused on challenging gender stereotypes so framing these activities in ways that are accessible to teens will be important.

*Pay particular attention to the gender box that boys and girls are put in when they are growing up.*



**Equip mothers** with knowledge about teen dating violence and skills in helping their children recognize or change behaviors and attitudes about gender violence and gender equity. However, when talking with teens, it is important to realize that teens may not respond to domestic violence jargon and they might not be interested in talking with adults about their experiences with domestic violence (MINCAVA/AVON National Roundtable, 2010).

*Equip mothers to talk with their teens about violence.*

**Teens may** be more likely to become involved in activities if they feel they are being treated with respect and kindness (Bolan, 2006). It is important to engage teens in decision-making and give them control over their activities. Teens should be provided with opportunities to create and lead their own activities that encourage critical thinking about violence and provide them with opportunities to be healthy mentors with the guidance of advocates and others. Offering teen support groups or counseling opportunities where different subjects such as healthy relationships, gender equity and violence prevention are discussed might help teens to understand their own situation as well as to promote safety in their own future relationships (MINCAVA/AVON National Roundtable, 2010). Group intervention in particular may help teens feel that they are not alone and their family situation is not unique. However, it might not be a good fit for all teens, so one-to-one counseling and informal support should also be available for teens to share their thoughts and feelings privately (Buckley et al., 2007).

*Promote teen-centered and teen-led activities.*





**Research has** shown that exposure to domestic violence in early childhood is correlated with perpetration or victimization of violence among adolescents and teens (Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). A recent report by the Centers for Disease Control and Prevention (2011) found that middle and high school students who were victims of bullying were more than three times more likely to have witnessed domestic violence in the past when compared to non-bullied students. Boys were more likely to be reported for bullying and girls are more likely to be reported for being victims of bullying (Centers for Disease Control and Prevention, 2011). Since adolescents and teens often turn to friends and family instead of formal service

providers when they need help, it is important to equip their informal social networks with knowledge and skills in how to provide support (Jaffe, Wolfe, & Campbell, 2011).

**Some evidence-based** practices such as awareness and skill development programs in schools have been evaluated to be effective in domestic violence prevention (Wolfe & Jaffe, 1999). One widely used model is bystander education, an emerging intervention in rape and sexual assault prevention. It is directed towards both boys and girls, educating them about sexual assault, risky situations, and early warning signs for sexual assault (Lonsway et al., 2009). Bystander education has been evaluated to have positive effects on participants by increasing their knowledge about issues of sexual assault and rape and their active intervening in sexual assault incidents (Banyard, Moynihan, & Plante, 2007; Foubert, Newberry, & Tatum, 2008; Schewe, Riger, Howard, Staggs, & Mason, 2006).



*Prevent teen dating violence and domestic violence.*

*Help teens acknowledge concerns about domestic violence and develop alternatives to violence.*

Another approach is the Fourth R-Skills for Youth Relationships curriculum. It is designed for 8th and 9th grade students about dating violence, high-risk sexual behaviors, and substance abuse. Based on social learning theory and focuses on preventing misbehaviors such as aggression and violence, the Fourth R has three primary components: (1) personal safety and injury prevention, (2) healthy growth and sexuality, and (3) substance use and abuse. The content is incorporated into schools' standard health and physical education curricula. The Fourth R includes 21 classroom sessions lasting about 75 minutes. Students participate in role-playing both as participants in the event and as bystanders to learn conflict resolution and interpersonal skills. Boys and girls participate in slightly different activities to raise awareness and prevent gender-based hostile behaviors. The Fourth R has been evaluated to be effective in reducing physical dating violence and increasing condom use among students receiving the curriculum (Wolfe et al., 2009). More information about the Fourth R program can be found in Appendix B.

Finally, another school-focused curriculum is Safe Dates, aimed at changing attitudes and behaviors about dating violence. The curriculum includes 10, 50-minute sessions teaching students about healthy relationships, sexual assault, and how to help friends in a dating violence relationship. The program also includes a live play about dating abuse, a poster contest with the theme of preventing dating violence, and materials to inform parents about dating abuse and violence. Foshee, Bauman, Ennett, Suchindran, Benefield, and Linder (2005) conducted a randomized trial that included five waves of data collection to evaluate the effects of the Safe Dates program. The researchers found that Safe Dates was effective in reducing emotional, physical and sexual dating violence. The program was most helpful for adolescents and teens who were already experiencing teen dating violence.



## Endorse community partnerships

*Exposure to domestic violence often co-occurs with other risk factors in a child's life. For example, the co-occurrence of domestic violence and child abuse has been well established in the literature (Appel & Holden, 1998; Cox et al., 2003; Edleson, 1999; Finkelhor et al., 2009; Hamby, Finkelhor, Turner, & Ormrod, 2010). Cox et al.'s (2003) longitudinal study of 219 high-risk families (i.e. low socioeconomic status, high family stress and low social resources) found that child abuse reports were 18 times more likely to come from families where domestic violence occurred than from families without evidence of domestic violence.*

*Twenty-two percent of men in this study who were physically abusive to their partners also physically abused their children (Cox et al., 2003). Other studies have found higher co-occurrences. For example, Hamby et al. (2010) found that a third (33.9%) of 4,549 children in their recent national survey who were exposed to domestic violence also experienced some form of child maltreatment (i.e. physical, psychological or sexual abuse) in the past year and that over their entire lives more than half (56.8%) of the children who were exposed to domestic violence experienced some form of child maltreatment.*

**Domestic violence** advocates and child protection workers have different purposes and focuses when working with families experiencing domestic violence. Domestic violence advocates may pay attention primarily to the safety of battered mothers, the extent of the abuse, and type of violence; whereas, child protection workers may focus on the safety of the children and the extent of the child maltreatment (Spears, 2000).

Cooperative relationships may help to avoid service fragmentation, conflicting directives, and lead to enhanced safety of both mothers and children. Collaborations may include information sharing about regulations and principles that guide the work of each system, sharing values on which each system is based, and expanding available tools and resources (Spears, 2000). It is also very important to hold violent perpetrators accountable for their actions and avoid blaming or punishing women for the batterers' introduction of danger into their family. Many battered women fear losing custody of their children as a result of the domestic violence being committed against them. As part of collaborative efforts, educating judicial officers, child welfare workers, and policymakers on the complexity of co-occurring domestic violence and child maltreatment or exposure may help to eliminate barriers such as the overuse of "failure to protect" or "endangerment" findings against non-abusive mothers in child welfare and instead promote safety for all members of a family (National Council of Juvenile and Family Court Judges, 1999).

*Form collaborative relationships between domestic violence advocates and child protection workers.*



**In addition** to domestic violence and child welfare service providers, law enforcement agencies provide critical support for ensuring the safety and well-being of battered mothers and their children because police officers may be the first adult to interact with children after a domestic violence episode. Police officers are a symbol of safety and security for some children, but others mistrust and fear the police. Police officers may need training on working with children, understanding the needs of and interacting with children exposed to domestic violence as well as differing cultural perceptions of police officers in order to work effectively with exposed children.

Working with police officers to promote the needs of children exposed to domestic violence including making arrests without children present, offering comfort while securing a location, and encouraging documentation of the presence of children in



domestic violence incidents may help increase identification and care for exposed children (Groves, 2002; Shields, 2008; Stover, Berkman, Desai, & Marans, 2010). A caution to consider is that children's reports may be accessible to an abuser if police reports are public or subpoenaed, thus placing the child in danger of retribution from the perpetrator (see Davies, 2004). Training on how to protect sensitive information and shield children from possible retribution is an important factor to include.

*Train police in providing comfort and emotional support for children during crises.*

**During the** aftermath of domestic violence, mothers and children may interact with many different systems, including mental health services, law enforcement, juvenile justice, faith, and education systems. Yale University's Child Study Center, the nearby city of New Haven, and New Haven's police department developed a great example of a unique collaboration called the Child Development-Community Policing Program (CDCP) (Marans & Berkman, 1997). A major component of CDCP includes cross-training for different sectors, weekly interdisciplinary case conferences, collaborative service responses, and follow-up home visits. For instance, in the cross-training, the police officers have opportunities to learn about child development, psychological



problems among children, and clinical interventions. At the same time, clinicians have a chance to learn about squad cars, police stations, and officers' daily activities. Additional information on the CDCP can be found in Appendix B.

*Promote cross-collaboration among varied systems to effectively help children heal and reduce the stress of dealing with different systems separately.*

**Train SVC staff** on intervention skills, battering tactics, documentation dangers, and potential risk for children and mothers (Parker, Rogers, Collins, & Edleson, 2008). Well-trained and skillful SVC monitors and operating protocols that are clear and consistent are important to avoid being manipulated by abusers (Parker et al., 2008). Domestic violence training may help monitors gain necessary skills in understanding subtle battering tactics (e.g. controlling the schedule of visitation) and non-verbal manipulation (e.g. smothering children with cologne to remind the victim of him; Parker et al., 2008).

Do not disregard safety for neutrality. SVCs should examine their policies around neutrality and objectivity to determine if they are aligned with the value of protecting children and adults from abuse (McMahon & Pence, 2008). Finally, a partnership between domestic violence advocates and SVCs may also provide a space for developing new programs and practices for mothers and children (Parker et al., 2008).

*Include supervised visitation center (SVC) staff as part of larger coordinated community responses to domestic violence.*

## Evaluate needs through the lifespan

*In addition to immediate support, children will likely need on-going support as they recover and heal from the trauma of exposure. There are a number of ways to provide this on-going support as illustrated here.*

**Some battered** women may hesitate or be so overwhelmed that providing their children with therapeutic services during the mother's own crisis may be difficult to achieve. Offering opportunities for engagement once the family is more stable and living in the community is an important continuing support strategy.

There are several evidence-based practices available that help extend the support for mothers and their children. One is the Kid's Club, a short-term group program that has been shown to help children recovering from the effects of exposure to domestic violence (Graham-Bermann & Hughes, 2003). It is a 10-week program for children aged 5-13 years old and their mothers. The program aims at helping children process their feelings, foster positive attitudes toward families and gender equity, decrease fears and depression, and promote healthy social skills. Mothers meet in a separate room at the same time as the children's meeting and learn parenting skills that include how to talk with their children about the violence that has occurred (Graham-Bermann & Hughes, 2003; Graham-Bermann et al., 2007).

Another program is Project SUPPORT, a home-based intervention that provides instrumental and emotional support to battered mothers whose have children aged 4 to 9 after they exit shelters. The Project SUPPORT therapists conduct weekly home visits to teach mothers skills in coping with and managing their children's behavior problems. While the therapist is working with the mother, a child mentor supports the children in their healing process by providing emotional support throughout their change process, giving positive praise when appropriate, and modeling positive behaviors. Mothers also have a chance to practice child management and nurturing skills with their children through role plays with the therapist. The program also connects battered mothers with community agencies and organizations and provides other material needs such as financial support, furniture, and household appliances (MacDonald, Jouriles, & Skopp, 2006; California Evidence-Based Clearing House for Child Welfare, 2011)



*Provide opportunities for children and their mothers to continue to engage in healing.*



**Battered women** report that economic and financial factors are some of the primary reasons that keep them from leaving their abusive partners (Family Violence Prevention Fund, 2009; Johnson, 1992; Sanders, Weaver, & Schnabel, 2007). Thus, efforts such as financial literacy training, employment counseling, housing assistance, and child care are all helpful services for battered women that clearly impact the lives of their children. Supporting battered women to gain economic self-sufficiency may not only help them avoid returning to abusive partners but also help them better provide for their children's well-being.

A related issue is to consider how the safety of mothers who stay with their abusive partners can be supported. For some communities, leaving a partner may result in rejection by the woman's larger social and economic support network. Davies (2009) suggests a number of approaches to helping mothers increase their safety even when they decide to remain with a partner. She outlines the questions that can help an advocate engage mothers in an exchange about the impacts continued contact with an abuser may have on children and how to maximize safety for children.

**Domestic violence** is a complex issue that may require multiple interactions with service providers. There are many reasons why women return to abusive partners or end up in a new abusive relationship. However, linking families with supportive resources is protective against risk factors associated with child exposure to domestic violence (Gewirtz & Edleson, 2007). In addition, the needs of children exposed to domestic are long-lasting and ever-changing. A mother may need help with parenting skills when the child is young, but as the child ages, she may also need help with talking to her teenager, for example about teen dating violence and other issues.

**Exit interviews** allow children and their mothers to ask any lingering questions and program staff to address future actions (e.g. court proceedings, visitation, etc.). Preparing children for exiting the shelter or program and reviewing their safety plans may reduce stress and anxiety that may accompany another change in environments. Exit interviews provide programs and shelters with the opportunity to evaluate current services for children and determine if other methods or policies need to be developed to work effectively with them. Exit interviews also offer program staff the ability to make any additional referrals to community support organizations or therapeutic programs (Peled & Davis, 1995).

*Provide emotional and economic support for battered mothers so that they can provide appropriate care for their children.*

*Offer linkages for children and their families to supportive services throughout the lifespan.*

*Talk with children about their experiences at the shelter and determine any lasting needs or concerns before they leave shelters.*

## Cultivate Informal Supports

*Our focus thus far has been on formal systems of responses but battered women and their children often turn to informal support networks of family and friends as their first reaching out for help.*

**In addition** to formal services, informal networks are a potential source of positive support for battered women and their children before, during, and after they receive formal services. Social support and community resources are protective factors for children and influence a child's adjustment (Margolin et al., 2009). Positive actions and relationships with older siblings and extended families also protect younger children from negative impacts of domestic violence (Jaffe et al., 2011). Encourage children and their mothers to stay connected to and expand their supportive school, church, and other social networks as much as possible. Engage informal helping networks such as family and friends to better understand the impact of violence on the children in their lives, to build skills for supporting children in crisis and to refer them to helpful formal services. Programs that bridge children's experiences to the larger community may also help them stay connected with their informal networks (MINCAVA/AVON National Roundtable, 2010).

**Community opinion** leaders such as coaches, faith leaders, and teachers may model healthy relationships and teach children alternative ways of handling conflict. One strong example of this approach is Coaching Boys Into Men (CBIM) from Futures Without Violence. CBIM focuses on training coaches to teach and model positive non-violent behavior to prevent domestic and sexual violence against women. CBIM uses men, mostly athletic coaches, to teach boys to respect women and that violence is never a good way to show power. The coaches in the program are trained in modeling positive behaviors and messages about domestic violence and gender equality using a "play book" that provides guidance. The address of the CBIM website is included in Appendix B.

*Support  
battered women  
and their  
families in  
strengthening  
their social  
support  
networks.*

*Engage  
community  
opinion leaders  
in supporting  
non-violence.*

## Conclusion

The negative effects of domestic violence on children are significant and the needs and responses of children exposed to domestic violence are unique. The Honor Our Voices project has sought to elevate the needs of children exposed to domestic so that we might respond to them more effectively. The promising practices outlined in this document will hopefully reduce the impacts of domestic violence and foster positive and nurturing relationships throughout children's lives.

We—as advocates, social workers, youth workers and others—have the ability to hear children's voices and create welcoming environments that allow children to maintain their daily routines when they reside at domestic violence shelters, focus on their strengths, engage them in the safety planning process, provide on-going support throughout their lifespan, and foster collaboration among informal social support networks, service providers and the communities in which children live. We hope this document and the online learning materials will help you do all of this and more.



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## Appendix A: The Roundtable and its Participants

The key issues and promising practices presented in this Guide for Practice, the online training module, and the digital audio files were developed in consultation with adult survivors of child exposure to domestic violence, domestic violence service providers, and scholars in the field of child welfare and child exposure to domestic violence.

We convened a national roundtable that included adult survivors, practitioners, and advocates who work in the field of domestic violence (see below for a full list of roundtable participants). The roundtable discussion included a World Café method, a discussion method that is designed to foster ideas from several rounds of group discussions (see Brown & Issacs, 2005; <http://www.theworldcafe.com/>). There were three small group discussion periods, each focused on one topic, including: children's experiences of life before interacting with domestic violence service providers; life in the shelter; and life after services formally ended. Prior to each small group discussion, an adult survivor of child exposure to domestic violence shared her or his personal experience. For example, when the discussion topic was experiences interacting with domestic violence service providers, Casey Keene presented on her experiences of living in the shelter. The small groups were intentionally mixed to include adult survivors of domestic violence, practitioners, and scholars. In addition to the large and small group discussions, individual interviews were conducted with the adult survivors. The interview results were used to develop three composite stories for the online learning module.

As a result of our two days of discussion, common themes for key issues and promising practices in working with children exposed to domestic violence were identified. The promising practices presented in this *Guide for Practice* are primarily based on the experiences of adult survivors as well as practitioners and experts who have been working in the field for many years. They are not based on empirical research nor have been scientifically evaluated, but the research literature was also reviewed to lend support where possible to the identified themes.

# List of Roundtable Participants

## **Ann Brickson**

*Children and Youth Program Coordinator*  
Wisconsin Coalition against  
Domestic Violence

## **Claire Crooks**

CAMH Centre for Prevention Science  
University of Western Ontario

## **Sandy Davidson**

*Program Manager*  
Advocacy Learning Center,  
Praxis International

## **Jim Henderson**

Battered Women's Justice Project

## **Casey Keene**

*VAWnet Manager*  
National Resource Center  
on Domestic Violence

## **David Mandel**

*Managing Member*  
David Mandel & Associates

## **Grace Mattern**

*Executive Director*  
New Hampshire Coalition Against  
Domestic and Sexual Violence

## **Betsy McAlister Groves**

*Child Witness to Violence Project*  
Boston Medical Center

## **Beckie Masaki**

*Associate Director*  
Institute on Domestic Violence  
of the Asian & Pacific Islander  
American Health Forum

## **Anthony Taylor**

*Business Executive and  
Community Member*

## **Amy Torchia**

*Children's Advocacy Coordinator*  
Vermont Network against  
Domestic & Sexual Violence

## **Kathy Wood**

*Child Welfare Policy Team Leader*  
Kansas Coalition against Sexual  
and Domestic Violence

## **Ruby White Star**

*Assistant Director*  
National Council of Juvenile and  
Family Court Judges

## **MINCAVA Staff:**

### **Jeffrey Edleson**

*Director, MINCAVA*  
*Professor and Director of Research*  
School of Social Work,  
University of Minnesota

### **Jennifer Witt**

*Associate Director, MINCAVA*  
University of Minnesota

### **Ericka Kimball**

*Social Work Doctoral Candidate*  
*Graduate Research Assistant, MINCAVA*  
University of Minnesota

### **Hoa Nguyen**

*Social Work Doctoral Student*  
*Graduate Research Assistant, MINCAVA*  
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# Appendix B: Additional Resources

The resources below provide a range of links to research articles, full website, and other training modules. This is not intended to be a comprehensive list, but to serve as a starting point for more information on violence against women and children.

## Child Abuse Prevention

- Child Abuse Prevention Resource Guide:  
[http://www.childwelfare.gov/preventing/res\\_guide\\_2010/#guide](http://www.childwelfare.gov/preventing/res_guide_2010/#guide)
- Prevent Child Abuse America: <http://www.preventchildabuse.org>
- Transforming Communities to Prevent Child Sexual Abuse and Exploitation: A Primary Prevention Approach [http://www.preventioninstitute.org/index.php?option=com\\_jlibrary&view=article&id=31&Itemid=127](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=31&Itemid=127)

## Children Exposed to Domestic Violence

- Assessment of Children's Exposure to Domestic Violence (online learning module)  
<http://www.cehd.umn.edu/SSW/cascw/Modules/AssessingDV/AssessingDV.htm>
- Emerging responses to children exposed to domestic violence  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_ChildrensExposure.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_ChildrensExposure.pdf)
- Problems Associated with Children's Witnessing of Domestic Violence  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_witness.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_witness.pdf)
- Protecting Children in Families Involved in Domestic Violence [http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/practice\\_notes6.pdf](http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/practice_notes6.pdf)
- Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as they Grow  
[http://www.lfcc.on.ca/little\\_eyes\\_little\\_ears.html](http://www.lfcc.on.ca/little_eyes_little_ears.html)
- Child Witness to Violence project: <http://www.childwitnessstoviolence.org/>

## Comprehensive Resource for Violence Related Materials

- Minnesota Center Against Violence and Abuse (MINCAVA): [www.mincava.umn.edu](http://www.mincava.umn.edu)
- VAWnet: National Online Resource Center on Violence Against Women:  
[www.vawnet.org](http://www.vawnet.org)
- Institute on Domestic Violence in the African-American Community:  
<http://www.dvinstitute.org>
- The GreenBook Initiative: <http://thegreenbook.info>
- Special series about young children exposed to domestic violence:  
<http://www.uiowa.edu/~socialwk/publications>

## Collaboration

- Connecticut Department of Children and Families Domestic Violence Consultant Initiative: A State Child Welfare Agency Response to Domestic Violence  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/SafeTogetherReport2008.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/SafeTogetherReport2008.pdf)

## Custody and Visitation

- Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Risk Factors, and Safety Concerns  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_CustodyRevised.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_CustodyRevised.pdf)
- Supervised Visitation: Information for Mothers Who Have Been Abused [http://endabuse.org/programs/children/files/supervised\\_visitation\\_handbook\\_final.pdf](http://endabuse.org/programs/children/files/supervised_visitation_handbook_final.pdf)
- Parental Alienation Syndrome & Parental Alienation: Research Reviews  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_PAS.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_PAS.pdf)

## Parenting

- Connect: Supporting Children Exposed to Domestic Violence—In-service Training for Resource Families, a Trainer’s Guide & Tools  
<http://endabuse.org/content/features/detail/1314/>
- Project SUPPORT: A home visiting program to support mothers and children transitioning out of the shelter: <http://www.cebc4cw.org/program/project-support/detailed>

## Prevention

- Working with Children Towards a Healthy & Non-Violent Future by VAWnet, the National Online Resource Center on Violence Against Women  
<http://www.vawnet.org/special-collections/Children.php>
- Coaching Boys to Men: <http://www.endabuse.org/content/features/detail/811/>

## Safety Planning

- A child’s own safety plan that can be completed and printed out:  
<http://www.acadv.org/childplan.html>
- When battered women stay...Advocacy beyond leaving:  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/BCS20\\_Staying.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/BCS20_Staying.pdf)

## Sexual Abuse

- Child Sexual Abuse: Assessment, Prevention and Intervention [http://www.cehd.umn.edu/SSW/cascw/research/SubjectSummaries/CSA\\_Assess/default.asp](http://www.cehd.umn.edu/SSW/cascw/research/SubjectSummaries/CSA_Assess/default.asp)
- Child Sexual Abuse: Understanding the Issues <http://www.cehd.umn.edu/SSW/cascw/research/SubjectSummaries/childSexualviolence/default.asp>
- Child Sexual Abuse Prevention Overview by the National Sexual Violence Resource Center (2011)  
<http://www.nsvrc.org/publications/child-sexual-abuse-prevention-overview>

## Teen Dating Violence

- Preventing and Responding to Teen Dating Violence  
<http://www.vawnet.org/special-collections/TDV.php>
- The Fourth R: Skills for Youth Relationship  
<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=207>
- Safe Dates program  
<http://www.hazelden.org/web/public/safedatesproduct.page>
- Teen Dating Violence: A Review of Risk Factors and Prevention Efforts  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_TeenDatingViolence.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_TeenDatingViolence.pdf)
- **Websites for Adults**
  - Choose Respect: <http://www.cdc.gov/chooserespect/>
  - Love is Not Abuse: <http://www.loveisnotabuse.com/>
- **Website for Teens**
  - Love Is Respect: <http://www.loveisrespect.org/>
  - That's Not Cool: <http://www.thatstnotcool.com/>
  - The Safe Space: <http://www.thesafespace.org/>
  - Break the Cycle: <http://www.breakthecycle.org/>
  - A Thin Line: <http://www.athinline.org/>

All images contained in this booklet are istock art models  
used for represenational purposes only.

