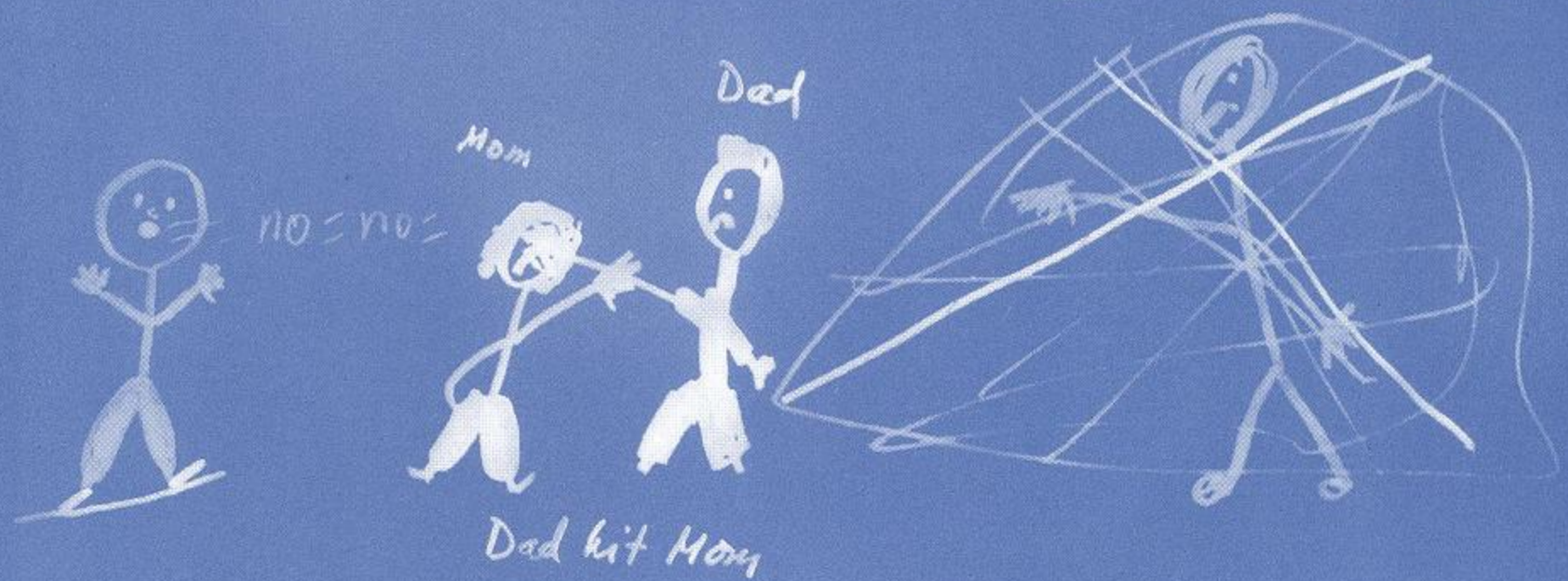


Domestic Violence & Children



Creating a Public Response

Developed for
the Open Society Institute's
Center on Crime, Communities & Culture
by Susan Schechter & Jeffrey L. Edleson

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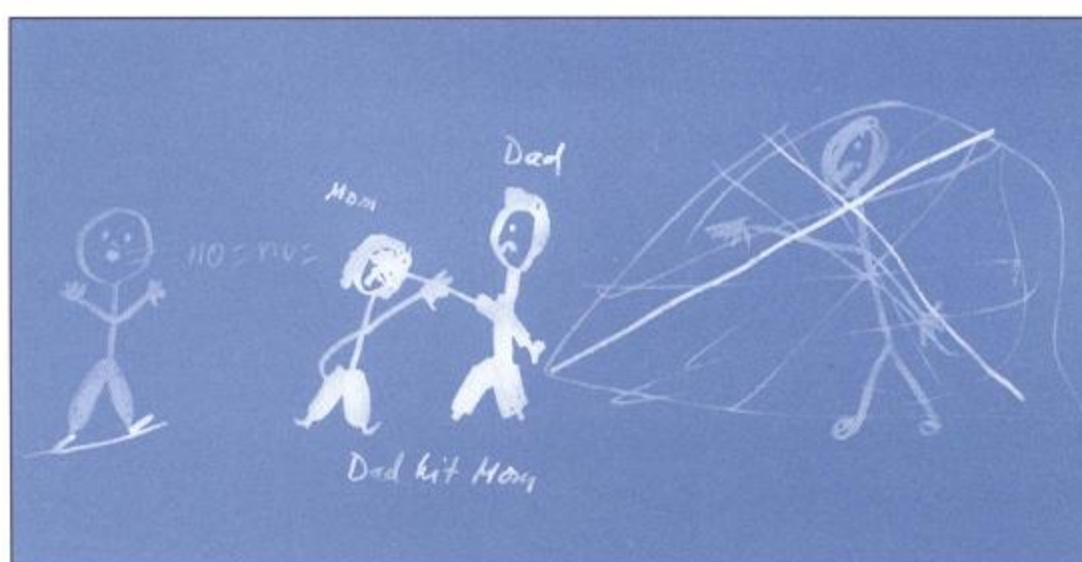
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DOMESTIC VIOLENCE AND CHILDREN: CREATING A PUBLIC RESPONSE

A few months after Tony turned 13, and a week before his sister Joan's seventh birthday, their lives started to come unglued. For years, Tony and Joan had watched as their parents' arguments escalated. Dad would come home from work, angry about one thing or another, and start to pick on Mom. She could never do anything right, Dad claimed—"The house was a mess, and the kids were lazy and pathetic, just like her." Over time Dad grew angrier and sometimes violent. On the weekends, Tony and Joan witnessed Dad throw plates and dishes at Mom, and even punch her in the jaw, to "make her permanently regret her big, fat mouth." After these assaults, the house always became silent and lonely.

Then, on one Sunday night, Dad shoved Mom into a dining room wall—hard—and pounced on her. Tony jumped on Dad to stop him, and as they started to fight, Joan dialed 911. When the police arrived, they talked briefly to each parent and arrested the father. The next morning, Mom could barely get out of bed; her back hurt so badly. Tony also had black-and-blue marks on his arm from the scuffle the night before. All morning the children worried—with Dad in jail and Mom unable to move—who would take care of them? The walk to school only made their fear and embarrassment worse. Every kid in the neighborhood seemed to have watched as the police carted Dad off in handcuffs. That evening a child protective worker, responding to a call about a child injured during a domestic assault, made her first of a series of home visits. Would she take Tony and Joan away from their parents?

Over the next three months, the police were at the house several more times. Mom got a court order telling Dad to stay away. Dad moved in with his parents, but

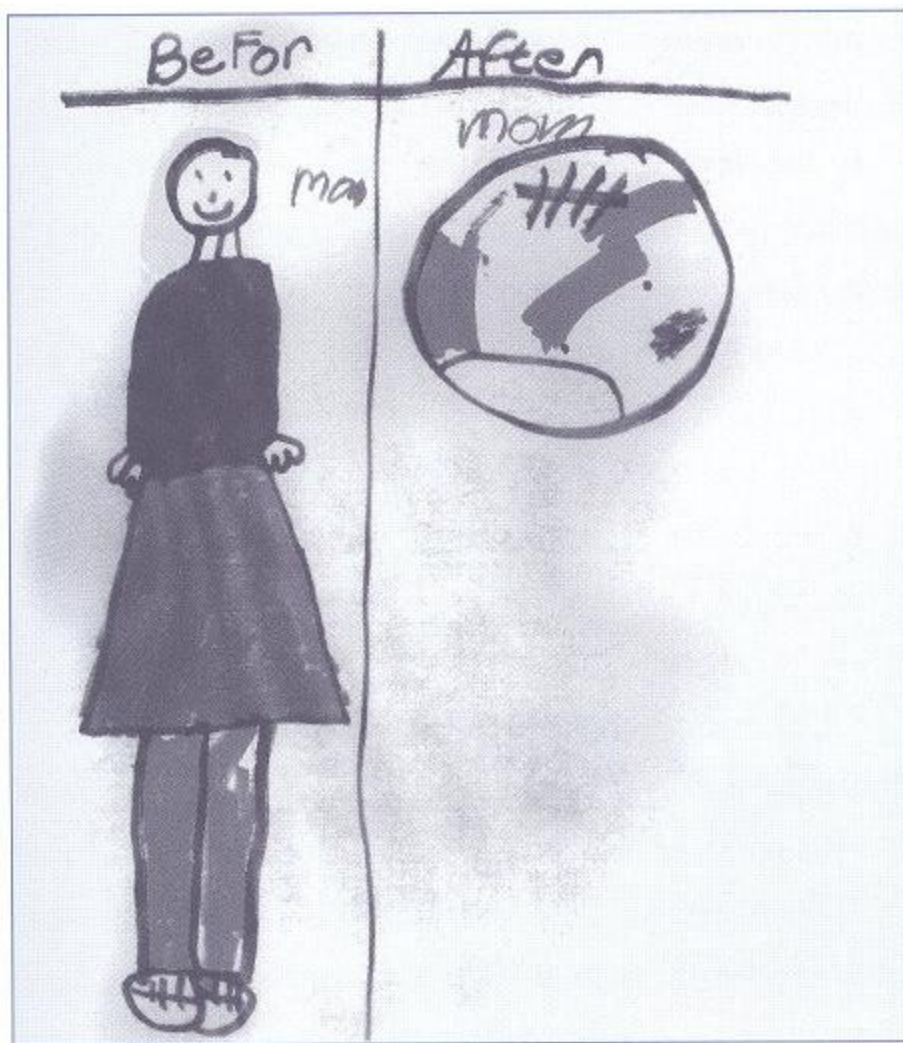
he always came around to see the kids and sometimes he got angry. Even though Tony and Joan were afraid of him, they missed him a lot. So did Mom. They hoped that the counseling program, ordered by the judge, might help Dad. Could someone get the violence to stop?

Mom's back never healed right. The doctor advised her to take some time off from her job at the bank. A leave of absence from work would mean too little money for the family, but the pain—and her constant fear about her husband's unannounced visits—finally drove her to consider a move. Reluctantly, she decided to stay with her aunt and uncle. The move forced the kids to transfer schools and leave behind their neighborhood and friends.

When Mom got better, they moved again into yet another apartment and school district. Mom seemed happier, although money was always tight. Visits with their dad at their grandparents' house were unmarked by violence. Joan seemed to adjust to the new schools, although her teachers described her as quiet.

Tony, however, was angry with everyone, and the anger never seemed to go away. He wanted his family, his old school and friends, and his old apartment back. He blamed Mom for ruining his life. He began to get into trouble, picking fights in the neighborhood. Just before his 16th birthday, on an evening when his mother refused to let him go out with a group of new friends, Tony did the one thing that he promised himself he never would do: He punched his mother in the face and left the house. Later that night, he also punched his new girlfriend. Her parents had him arrested.

In the 25 years since domestic violence¹ was first identified as a major social problem, children have remained largely invisible. Until recently, most people believed that children—unless they themselves were hit by a parent—escaped unscathed from the violence directed at their mothers. The research cited in this paper paints a strikingly different picture and compels us to create far more comprehensive responses.



Domestic violence affects children in multiple, complicated, and long-lasting ways. As Tony and Joan's story illustrates, many child witnesses to family violence suffer. Fear, anger, depression, and anxiety may mark their lives, especially if the violence recurs and safety is unavailable to them. Witnessing violence—and its developmental and psychological consequences—is only one of the harms that these children face. Additionally, domestic violence may strip battered women—and therefore their children—of economic and psychological security. When women and their children are victimized, as Joan and Tony's story suggests, they often lose the safety and stability of their neighborhoods, workplaces, and schools.

Every risk and dislocation that a battered woman experiences is one that her children also endure. The impacts of multiple assaults—depression, fear for personal safety inside one's own home, loss of income and housing, school disruptions, and grieving for a father and husband—are complicated and traumatic for women and their children. Conversely, when the community restores a battered woman's safety and security, it also helps to restore her children's.

Studies of children emphasize that their relationships with the adult caregivers in their lives strongly influence their adjustment. Child development theory points to the critical importance of attachments to caregivers in developing healthy responses to life events.² A perpetrator's violence may deprive children of a safe and secure attachment, affecting their ability to develop the capacities they need to succeed in life. For children exposed to domestic violence, their home and their parent signal danger rather than security. Similarly, when violence interrupts a mother's ability to care for her children, the disrupted ties between her and her children also may affect a child's sense of trust and confidence in the world.³ In this developmental context, it is not surprising that children's adjustment has been found to be closely tied to their mothers' level of well-being.⁴

Tony, Joan, and their parents faced the challenge of multiple traumas and dislocations without the help they needed. Although their mother tried to protect her children from harm, she couldn't do it all by herself. Her very protective gesture—moving from her neighborhood to ensure their safety—created additional disruption for the children.

Tony, Joan, and their parents saw 10 police officers in their home over three years. They met two child protective workers. Their father attended a batterer treatment program. Two judges heard their mother's case, one for a protection order and another during a custody hearing. Few of these professionals ever spoke to each other or inquired about the children. Now, at age 16, Tony is only considered a perpetrator, not a victim. A third judge, in juvenile court, will hear the assault charge against him. Tony will work with a juvenile probation officer and a new set of social workers. It is possible that none of these professionals will talk to those first involved with his family or to his teachers. Some of them will never know that Tony had witnessed years of family violence. Once again, the child's earlier exposure to domestic violence goes unnoticed and, as a result, interventions to help Tony may prove ineffective.

VIOLENCE AFFECTS CHILDREN'S WELL-BEING.

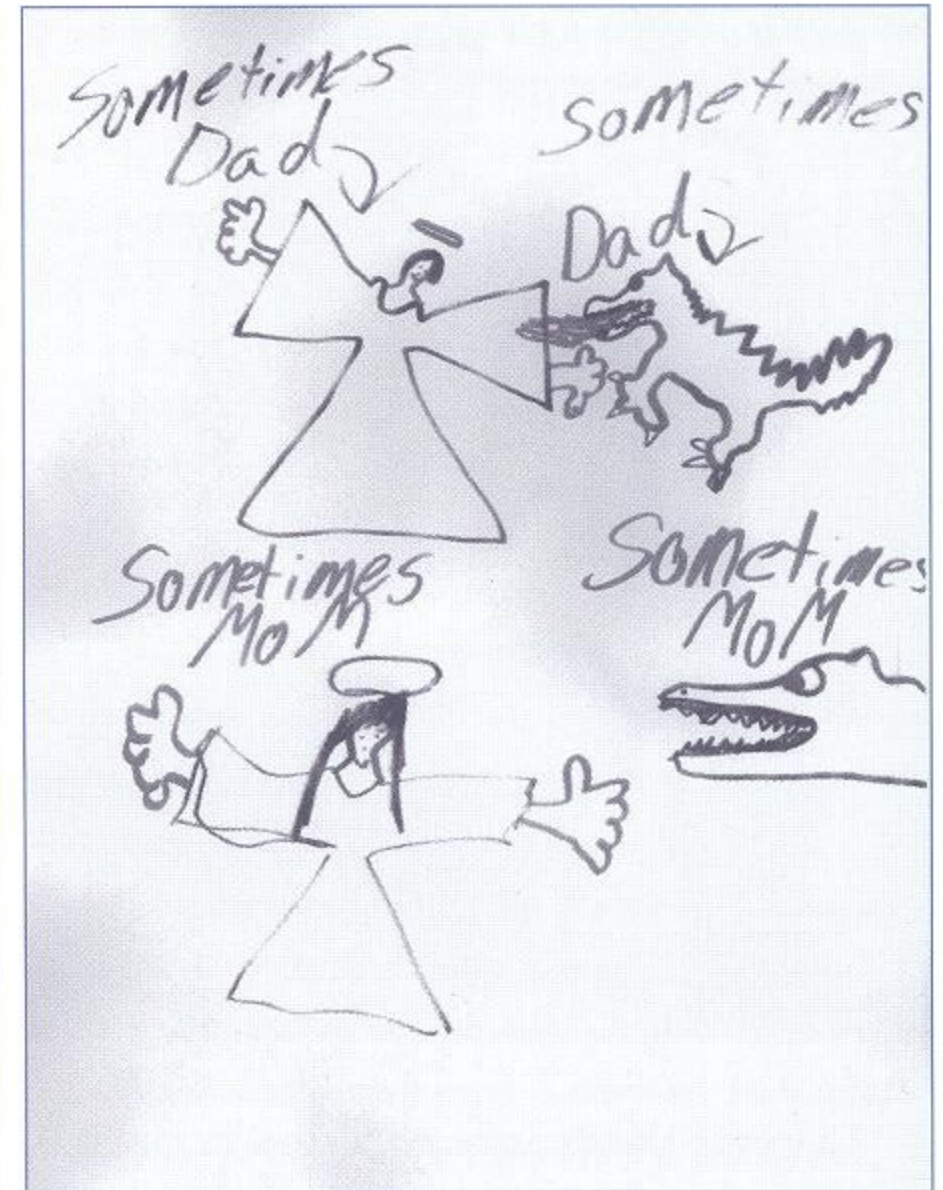
Exposure to violence negatively affects children's development.

Children experience adult domestic violence in a variety of ways. They are not only eyewitnesses to acts of violence. Some children attempt to protect their mothers by physically inserting themselves into an incident or by taking active steps to end the assaults, such as calling for emergency help. They may hear but not see the violence, or be grilled by their father, who is jealously trying to monitor their mother's activities. Children may also experience the numerous consequences of violence, such as the arrest of their dad, or fleeing with their mother to a battered women's shelter. Children's exposure to such events varies greatly in terms of frequency and severity, making each child's experience unique.

Children's responses to witnessing adult domestic violence are also varied, depending upon their age, gender, other violent experiences, and the social supports available to them. Some children are seriously traumatized by exposure to domestic violence and need intensive therapeutic interventions as a result; others are less affected and require less intensive help, such as support groups. Still others may recover without therapeutic interventions.

Numerous studies have found significant problems among children who have witnessed adult domestic violence when compared with children who have not. These problems include a greater likelihood of aggressive and antisocial behavior, traumatic stress reflected in higher levels of depression and anxiety, and slower development of cognitive skills.⁵ Adults who were exposed to domestic violence as children are also likelier to exhibit more mental health and social adjustment problems later in life than those who have not been so exposed.⁶

Experiencing an assault against his mother is rarely a child's only exposure to violence. Numerous studies over two decades show that child maltreat-



ment and adult domestic violence co-occur in about half of the families studied.⁷ Men have been identified as the assailants of both mothers and their children in many of these studies. In some studies, battered mothers have been found to maltreat their children more frequently than do women who are not abused. For children, witnessing domestic violence and being maltreated combine to create a more severe negative impact.⁸

Children exposed to family assaults may also face other risks that further complicate their lives. One study found that children witnessed at least 10% of homicides in Los Angeles.⁹ Studies from one neighborhood in Chicago have noted that more than one-fourth of all children had either witnessed a shooting or a murder, and that almost half had witnessed a stabbing.¹⁰ Children who witness violent events in their communities also show evidence of traumatic responses,¹¹ but little is known about how such experiences co-occur with exposure to domestic assaults or other complications.

The violence that many children endure sometimes occurs within the context of household and

community environments marked by poverty and crime. As James Garbarino and others have pointed out, many children face multiple risks in addition to violence, including poverty and alcohol and drug use in their families. Experiencing violence may add to already accumulating risks and make it far more difficult for a child to successfully cope.¹²

Exposure to domestic violence is associated with children's approving of and using violence.

Exposure to domestic violence may influence a child's own use of violence. A study of 213 adolescent boys incarcerated for violent crimes found that those who had been exposed to family violence believed more than others that "acting aggressively enhances one's reputation or self-image."¹³ Believing that aggression would enhance self-image significantly predicted violent offending in this study. Another study of 2,245 children and teenagers reported that recent exposure to violence in the home was a significant factor in predicting a child's violent behavior.¹⁴ Still other research has found that previous exposure to multiple forms of violence, direct victimization, and trauma symptoms such as anger combine to be the strongest statistical predictor of an adolescent's use of violence.¹⁵ Our chance to prevent the next generation's use of violence lies in recognizing this reality and developing responses to it.

CHILDREN'S AND THEIR MOTHERS' SAFETY AND SECURITY ARE CLOSELY LINKED.

Domestic assaults create many well-documented negative effects on women's physical and emotional health.¹⁶ A number of studies have shown that abused women have an increased vulnerability to child maltreatment and substance abuse¹⁷ and that violence may also interfere with their ability to effectively care for and support their children.¹⁸ In spite of these harmful effects, studies of battered women indicate that multiple forms of social

support—such as financial aid, social services, legal assistance, and informal social networks—are strongly associated with women's psychological well-being and mental health.¹⁹ Studies also suggest that many battered women try multiple strategies to create a safe environment for themselves and their children despite the violence they experience.²⁰

Battered women with children confront multiple risks. First, they have to figure out how to protect themselves and their children from physical danger. They also face a second kind of risk, sometimes more frightening than the physical danger. For example, should a mother leave and risk homelessness and poverty for her children? Should she force her children to change schools and disrupt their education? Should she expose them to a more dangerous neighborhood?

Many people ask, "Why do battered women stay with their partners and place themselves and their children at risk?" The question misses the way battered women calculate their risks and make decisions about their lives. The questions a battered woman may ask herself are more complex, such as: "If I leave, will the violence be worse?" "Should I leave and lose our health insurance?" "Should I disrupt the children's ties to their father?"²¹

Many battered mothers do actively seek safety for themselves and their children. Studies of battered women's decisions to stay with or leave their abusers indicate how concerned many of the women are for their children.²² Angela Henderson has argued that battered mothers' decision-making reflected "a determination to do what was best for the child and uncertainty as to what that 'best' might be."²³ Whether the mothers stay or leave, they consistently speak of their desires to maximize their children's safety and well-being as well as their own.

These studies together demonstrate how important it is to support battered women's use of safety strategies and to build upon the strengths and protective capacities the women already demonstrate. Enhancing mothers' safety and stability is a major avenue for providing their chil-

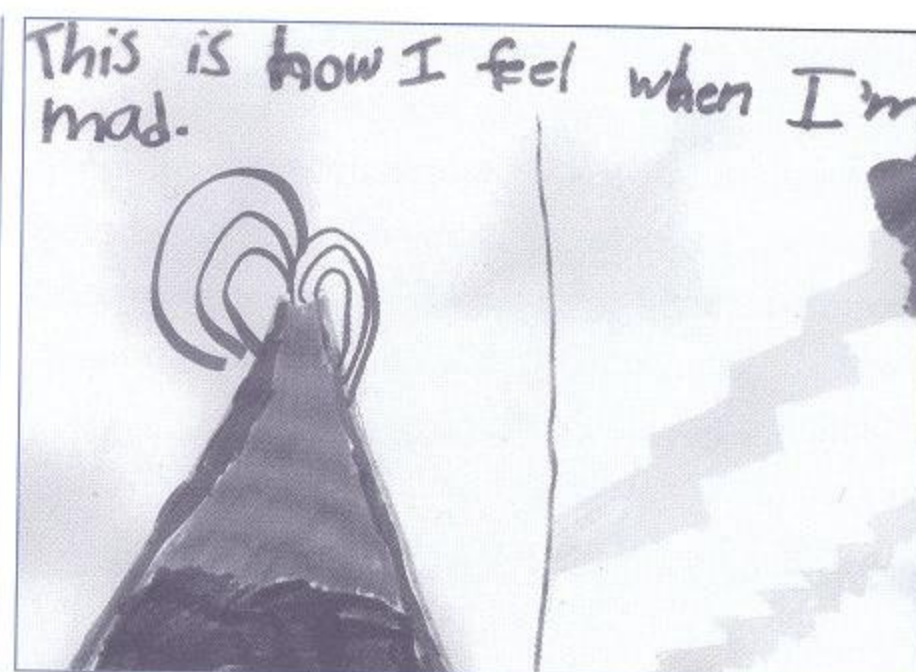
dren with safe, stable, and nurturing environments. Without these supports for women, children remain physically and emotionally at risk.

PUBLIC POLICY AND SERVICES ARE WOEFULLY INADEQUATE FOR CHILDREN AND FAMILIES WHO EXPERIENCE DOMESTIC VIOLENCE.

In spite of the importance of social services for families, in many communities there is no organized and publicly visible response from agencies to children who experience persistent and recurring violence against their mothers. Typically, shelters for battered women—wherever they exist—offer the only services to children, although concerned citizens and individual professionals also may respond. Only in a handful of communities have other institutions—the schools, police, health and mental health agencies, and the courts—developed responses, and most of these remain underfunded.

Current funding for domestic violence services is inadequate for women and their children.

Look at federal and state funding policies about domestic violence helps us understand why so little has happened for children. Before 1994, states received relatively small amounts of federal funds from the Family Violence Prevention and Services Act and from the Victims of Crime Act to support community-based domestic violence services. Historically, this funding has been designated primarily to help adult victims of domestic violence. With the passage of the 1994 Violence Against Women Act, community service dollars increased. However, the greatest increases in funding in the Violence Against Women Act went to improve the criminal justice responses to adult victims. Relatively modest amounts of this funding support multidisciplinary work on child abuse and domestic



violence through the Rural Domestic Violence and Child Victimization Enforcement Program in the Department of Justice. However, we have still fallen far short of meeting the needs of children. The Department of Justice's announcement of the allocation of \$10 million in 1999 for a 12-city replication of Project Safe Start—a promising police-mental health collaboration for children exposed to violence—is an important, though small, beginning.

Looking at one state, Iowa, allows us to paint a telling picture of the current public support for child and adult domestic violence services. Using all major sources of federal funding available, Iowa's community-based domestic violence services received approximately \$3 million in 1998. The state legislative appropriation in 1998 was an additional \$1.2 million. These sources total \$4.2 million, or an average of \$127,000 annually for each of the 33 community-based domestic violence programs in the state. These 33 programs offer services to families in all 99 counties; many of the organizations provide 24-hour-a-day shelter to women and children, educational groups for adults and children, crisis hot lines, court advocacy, and training for hundreds of volunteers and community professionals.²⁴ Like almost all other states, Iowa has not conducted an assessment of the number of children living in the state needing services and the range of help—from support groups to more intensive therapy—that they might require.

In many shelter settings—where up to 55% of the residents are children²⁵—children can attend support groups and experience a nonviolent living

environment. In more well-financed shelters—a minority of programs—they may also receive play therapy, and their mothers can use the help of a trained child advocate to meet the parenting, medical, and education needs of her children.

Given the limited sums available to sustain community-based domestic violence projects, it is remarkable that so many of them offer services to children. It is also unsurprising that—given the lack of funding—little comprehensive programming for children and parents has emerged in these programs and elsewhere in most communities.

Children who witness domestic violence are often unnoticed and underserved by other agencies in the community.

Researchers have estimated that 3.3 to 10 million American children annually witness assaults by one parent against another.²⁶ Most of these children will never stay in a shelter or attend a support group at a domestic violence organization. Yet several studies indicate that these children are indeed everywhere in our communities—within health and mental health agencies, the schools, child protective services, and the courts. For example:

- In a study of civil restraining orders granted by the court, 43,000 children in Massachusetts were found to be exposed annually to family violence. Sixty-five percent of these children were under eight years old.²⁷
- Reviews of 2,200 randomly selected case records in Oregon's child welfare system revealed that 26% noted the presence of domestic violence.²⁸
- An analysis of data collected from police officers and from 2,402 victims of misdemeanor domestic assault in five U.S. cities found that 81% of the households where substantiated domestic assaults were recorded included children, with almost half of the households (48%) having children

under five years of age. Sadly, in all cities, children under five were more likely to be exposed to multiple incidents of domestic assault than were older children.²⁹

- Almost half (45%) of the medical records for mothers of 116 children reported for child maltreatment by a Connecticut hospital contained evidence of adult domestic violence victimization.³⁰

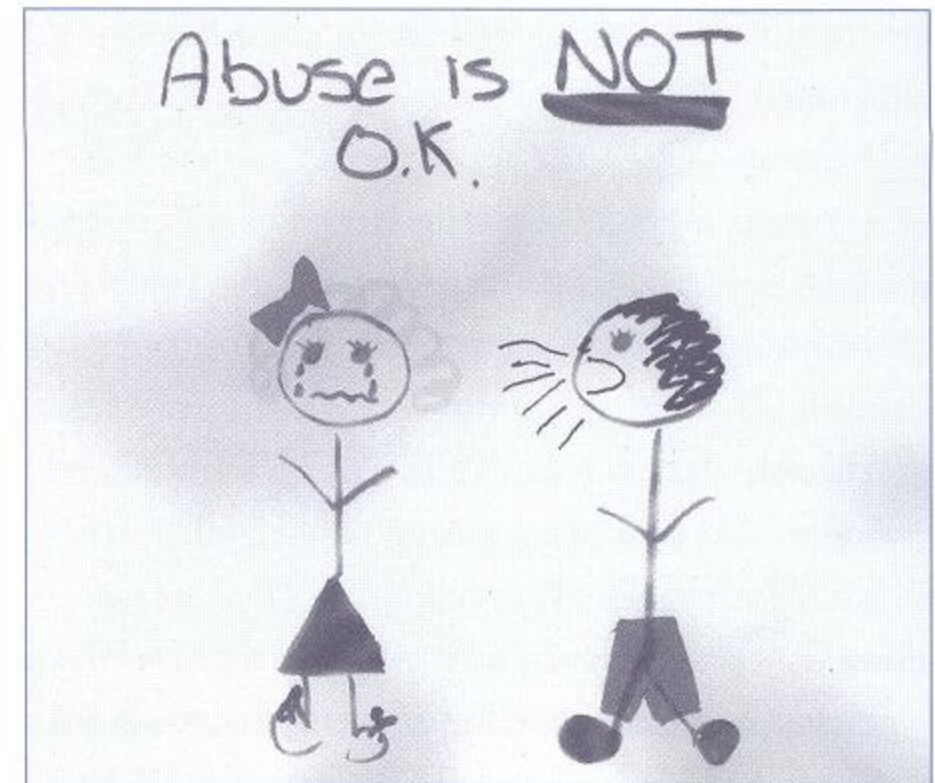
If the numbers are so high, why have these children remained largely invisible and the response to them so slow to develop? Lack of public funding is one answer. A few studies also provide an equally important reason: many professionals fail to see the connection between violence against mothers and its impact on children. A recent study found that 86% of pediatric medical residents surveyed in the U.S. and Canada had received no formal training on woman battering, and only 4.2% reported that their pediatric emergency department had protocols in place for responding to such cases.³¹ This is particularly alarming given what we know about child fatalities and woman battering. For example, in a 1992 study of 67 child fatalities, the Massachusetts Department of Social Services noted that 29 (43%) were in families in which the mother identified herself as a victim of domestic violence, yet in 20 of these 29 fatalities, the domestic violence was noted in the case record with no further intervention provided by the department.³² Similarly, a child fatality study conducted by the state of Oregon revealed that 41% of the families experiencing critical injuries or deaths to a child also showed evidence of adult domestic violence.³³ The connection between violence against mothers and the risk it presents to children was lost on the caseworkers and many other interveners, as well. It is also not recognized by agency administrators, who rarely link responses to child abuse and neglect to domestic violence.

Criminal system responses are important but may not provide necessary solutions for children.

Arrest and prosecution of men who batter their adult partners—and court mandates to attend treatment—are important tools to change violent behaviors and protect women and children. Significant improvement in police and court responses to battering men and their families has been made in the last decade. However, the growing trend to criminalize children's exposure to domestic violence may, in the long run, create unintended harm. In several states, legislatures have enhanced criminal charges and penalties for committing domestic violence in the presence of a child. These cases could present children with the dilemma of testifying against their fathers and helping to send them to jail.

In still other states, legislatures are considering enhancing criminal penalties for parents who fail to protect their children. Battered women who judge it unsafe to leave their marriages find themselves criminally prosecuted for exposing their children to the violence. Charging and sentencing these mothers, however, will not help their children. In fact, these actions will often cause harm. To develop in a healthy way, all children require an attachment to their caregivers, often their mothers; victimized children especially require their mothers' care in order to regain their lost sense of security and safety. Prosecution and sentencing of these mothers dramatically fails to take their children's needs into account.

Some policy makers have also concluded that if a child resides in a home where domestic violence is occurring, the child is in immediate danger and requires child protective services. Research in this area is still in its infancy, however, and high numbers of child witnesses do not show elevated levels of developmental problems, nor are they physically abused.³⁴ The impact of witnessing violence on children is moderated by a number of factors, with some children demonstrating great resilience in the



face of adversity.³⁵ Each child's response to domestic violence should therefore be carefully assessed, and harm clearly established, before agencies determine that child protective services and juvenile court interventions are required.³⁶

It may be easier to label battered women as unfit mothers than to create the community services and supports that they and their children need. While holding men who are violent responsible for the harm they create to their families is an important public policy goal, we should not forget that many children—and their mothers—still want relationships with these men and that services for assaultive adults are important. Balancing punishment with rehabilitation for batterers and providing safety and services for victims should remain our social policy goal.

PROMISING SERVICE DEVELOPMENTS FOR CHILDREN HAVE RECENTLY EMERGED.

Communities are creating multi-systemic collaborations to address children's needs.

Although the response to children exposed to violence is just beginning in most communities, a handful of extremely promising projects have emerged over the last ten years to guide this

developing field. Each of these new initiatives has discovered the importance of building multi-systemic collaborations to keep children safe and stable.³⁷

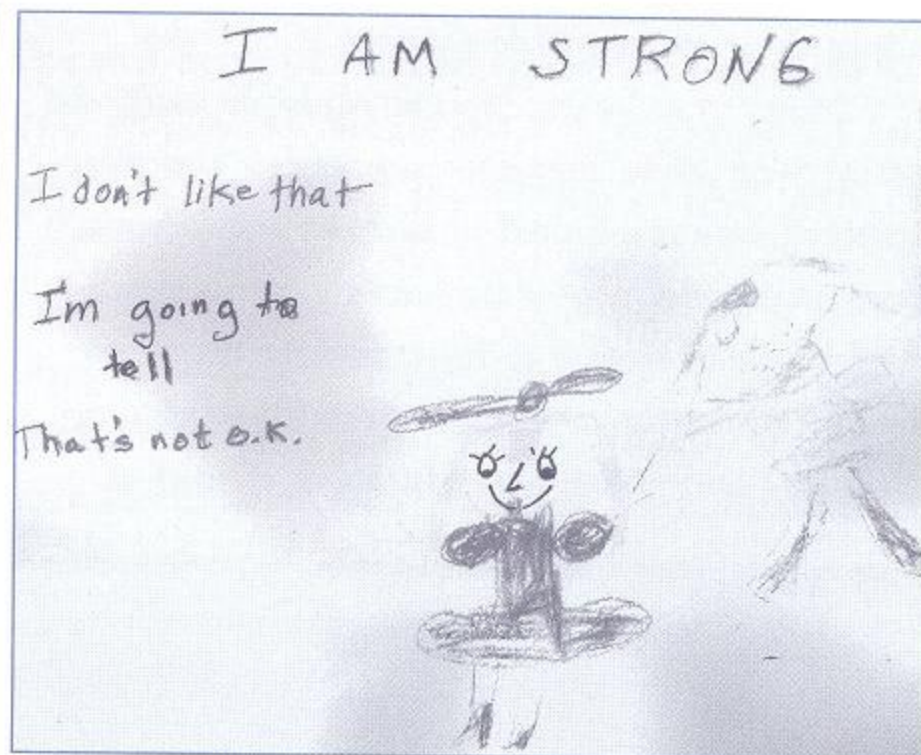
For example, Rainbow House/Arco Iris in Chicago has expanded its bilingual shelter services to include beds for adolescents who are pregnant or parenting and also homeless because of abuse.

Adolescent and adult residents receive help with parenting, substance abuse problems, school, and work, and all residents—including children—receive complete developmental and health assessments.³⁸

In 1991 the Yale Child Study Center and the New Haven Department of Police Service created the Child Development–Community Policing Project. Police officers—the first responders to the overwhelming majority of domestic violence calls—are trained to understand the impact of violence and trauma on children, use their authority with families to create safety, and link traumatized children and their mothers to community mental health professionals who are on 24-hour call to the police and families. Similarly, the mental health professionals at the Violence Intervention Project for Children and Families at Louisiana State University in New Orleans train police and work in partnership with elementary school teachers to provide classroom consultation about disruptive and troubling behavior, mental health services for children exposed to violence, and education and support to parents about the impact of violence on their children.³⁹

The Child Witness to Violence Project at Boston Medical Center not only treats children exposed to violence but also provides consultation and training to the other caregivers—day care center and school staff, health providers, and parents—in the lives of these children. Although the Child Witness to Violence Project, like several of the other innovative projects within medical centers, began as a response to children and adolescents victimized by community violence, the staff soon found that the majority of their referrals were for children harmed by domestic violence.

The Massachusetts Department of Social Services, as the first and only public child protection agency to include domestic violence specialists on its statewide staff, offers another example of collaborative innovation.⁴⁰ Eleven battered women's specialists and a consultant on men who batter offer case assistance to child protection workers and help to families throughout the state. The Department's discovery that 48% of its caseload includes families and children experiencing domestic violence—as well as child maltreatment—has led it to dramatically increase collaborations and develop new services. These services include a shelter and treatment facility for substance abusing battered women and their children who are at risk of foster care placement; apartments set aside so that battered mothers with abused children have immediate access to safe housing; funding support to mental health providers for developmental assessments of young children exposed to serious family violence; and a



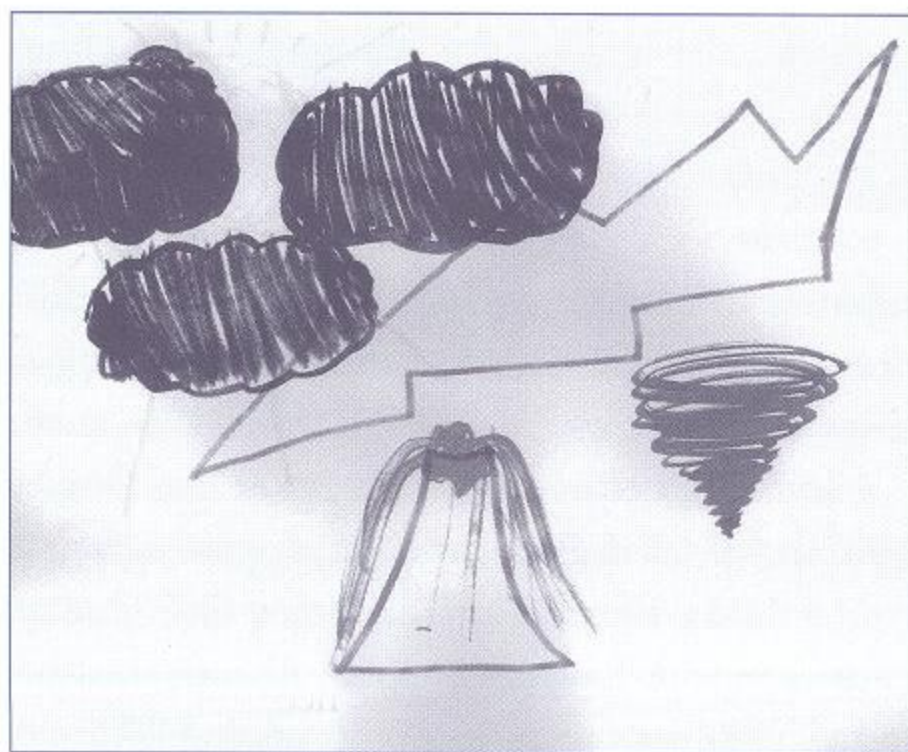
supervised visitation exchange center so that children and mothers are safe during visits with violent fathers—funded in every county in the state.

In four cities in the United States, the Edna McConnell Clark Foundation is supporting a major child welfare reform initiative, Community Partnerships to Protect Children. At each site, the formal child protection system is joining with

many new partners—formal agencies, neighbors, and community groups—to build neighborhood-based services and supports for at-risk families. At each site, communities are building more comprehensive assessments and services to meet the complex needs of families experiencing child abuse, domestic violence, and substance abuse. In two of the sites—Cedar Rapids, Iowa, and Jacksonville, Florida—child protective services and domestic violence advocacy agencies are forging close working ties to provide protection and advocacy for women and children affected by child maltreatment and domestic violence.

A court-based family program, the London Family Court Clinic of London, Ontario, has developed a comprehensive school intervention program and training curriculum. A.S.A.P. (A School-Based Anti-Violence Program) operates on the assumption that the entire school system must change—from school board policy to classroom curriculum—if the response to violence is to be effective.⁴¹ The Clinic assists school districts to adopt these system-wide changes.

Many of these models use multiple methods to carry out their missions: assessment and treatment of children linked to support and advocacy for parents; training of community service and health care providers to recognize the traumatic impact of community and domestic violence on children; and prevention education offered to



teachers, parents, and students, especially in high-risk neighborhoods. Although many communities still lack even the most basic services for mothers and children in danger, these innovations help us conceptualize the needed range of community responses—from the development of crisis and safety services to early intervention and prevention initiatives. They bring public health and social welfare perspectives to the original victim advocacy and criminal justice framework of the field, and expand our vision of what is possible.

Domestic violence interventions with parents and children have been shown to be effective.

Although many of the new, promising collaborations await evaluation, recent studies of specific interventions for domestic violence—such as advocacy for battered women, criminal justice and group interventions with men who batter, and group counseling for child witnesses to violence—have generally shown that safety can be restored and, in some cases, men's violence ended or curtailed. These studies suggest that interventions targeted at parents, and others developed for children, can improve children's well-being.

Advocacy services have long been a major avenue for providing services to battered women both within shelters and in other systems where they face obstacles in their efforts to seek safety. Advocacy programs have demonstrated their ability to increase the effectiveness of battered women's interactions with other systems, their social support networks, and their overall well-being.⁴² Advocacy programs have also been shown effective in changing the responses of law enforcement and criminal justice systems to families in which domestic violence occurs.⁴³

Evidence is also mounting that coordinated community responses to men who batter—arrest by the police, convictions and court mandates to attend batterer intervention programs and substance abuse treatment, monitoring of the batter-

er's compliance with treatment plans by probation and the court, and sanctions for committing additional assaults—seem to create more hopeful outcomes. Studies have shown that early police intervention with batterers, coupled with either court mandates for counseling or other criminal justice system sanctions, tends to produce the most promising results by lowering recidivism rates among violent men.⁴⁴ Separate studies have shown that completion of batterer intervention programs leads to the reduction or cessation of violence among approximately two-thirds of participating men.⁴⁵ Interestingly, in at least one study, police intervention not coordinated with other sanctions increased batterers' violence.⁴⁶

Although there is much less information on programs to help children recover from the traumatic impacts of witnessing domestic violence, small group interventions have generally been shown to have a positive effect on children's ability to understand and cope with their family's situation.⁴⁷ These programs—like those at the Domestic Abuse Project in Minneapolis—are generally short-term; involve groups of 5 to 10 children; provide education and support for the children participating; and focus on helping children understand what has happened in their families, communicate with others about it, and develop personal safety plans for potential emergencies. Such programs often provide supplementary parent training for mothers. In one recent study, services were provided to mother-child pairs, and this collaborative work appeared to show promise in improving both the mother-child relationships and, individually, the mothers' and children's functioning.⁴⁸



GUIDING PRINCIPLES FOR FUTURE POLICY AND SERVICE

Now is the time for communities and governmental agencies to build on these promising developments. As citizens and community leaders consider developing local, state, and national policies and services for children and families experiencing domestic violence, four principles, emphasized throughout this report, might serve as a guiding framework.⁴⁹

Principle 1:

Witnessing violence harms children and adults. To ameliorate this harm, victims should be entitled to culturally competent services that provide safety and restore their well-being and sense of security.

Principle 2:

The well-being of children exposed to family violence will usually be restored if their parents can be helped to create safety and stability in their lives.

Principle 3:

Many very young children experience violence in the community and at home. Often these experiences, especially those of family violence, recur. Because of the harm created by repeated and ongoing exposure to violence, interventions must be designed to reach children at the earliest possible moment.

Principle 4:

Violence is often related to other serious social problems, like poverty and substance abuse. Children and families will be effectively helped only if citizens and agencies work together and develop within communities the capacity to meet and coordinate the safety, health, mental health, education, housing, and income needs of families affected by violence.

RECOMMENDATIONS FOR COMMUNITIES AND GOVERNMENTAL BODIES TO HELP CHILDREN EXPERIENCING DOMESTIC VIOLENCE.

Note: *These recommendations were developed through a review of the literature on child witnesses to violence and interviews with experts who are listed in the acknowledgements for this paper. Because research on the impact of interventions and public policies for this population is in its infancy, the authors have tried to summarize current thinking and have added additional recommendations in keeping with best practice trends from the field.*

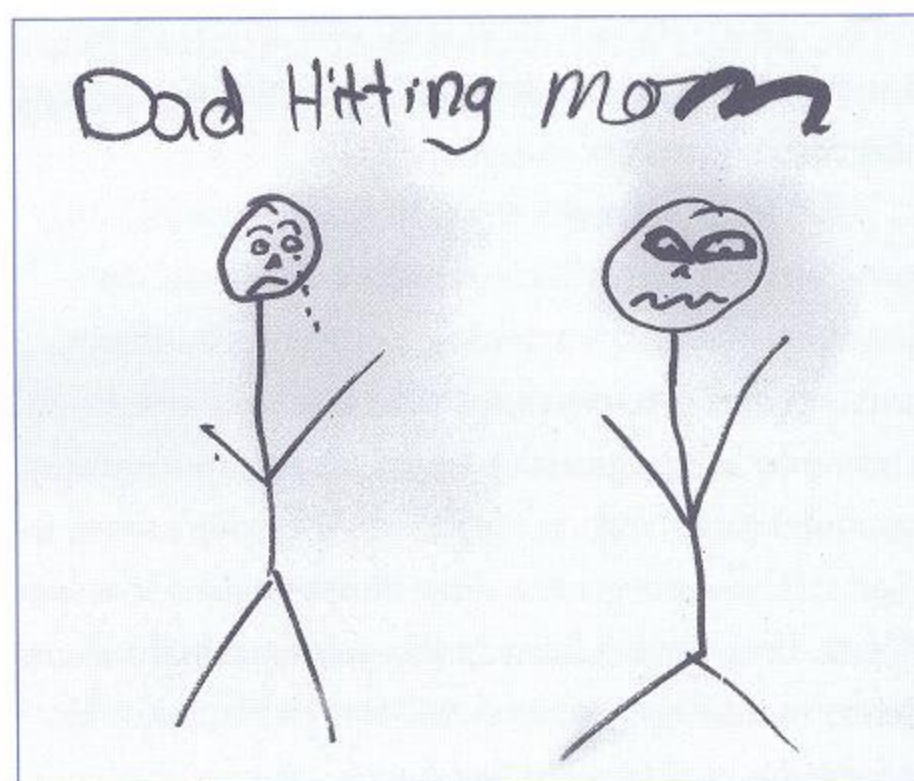
RECOMMENDATION I

Every community should conduct an audit of its current response systems and develop an infrastructure of protections and a range of services for children and families experiencing violence. This infrastructure would include the following:⁵⁰

A. Every community should make public safety and crisis intervention services available to any child and adult victim at immediate risk of harm, including:

- * emergency, transitional, and permanent housing for family members in danger;
- * access to and timely response by police and courts;
- * immediate mental health and other supportive interventions for children and adults exposed to traumatic events;
- * coordinated court systems that eliminate the likelihood that civil, criminal, juvenile, and divorce courts will issue contradictory—and potentially dangerous—orders to adults and children in danger;

- * access to legal representation for adult victims of family violence unable to afford counsel, especially in complicated matters affecting children, such as custody, visitation, support, and divorce;
- * culturally appropriate crisis and support services for violence exposure available in poor neighborhoods and in communities of color; and
- * safe visitation centers and exchange sites for children and mothers at ongoing risk of family violence.



B. Every community should build teams—linking public and private resources and using formal institutions and informal supports such as neighbors and family members—to protect victims, to ensure family stability, and monitor and rehabilitate, those who commit family violence. The most basic comprehensive collaborations in every community must include the following:

- * coordinated criminal justice interventions to arrest men who batter, monitor the provisions of protection orders and conditions of probation, establish consequences for the lack of compliance with court orders, and create counseling and intervention programs to rehabilitate perpetrators, whenever possible;

- * establishment of domestic violence and substance abuse screening and services within public child protection agencies and the juvenile court to keep mothers and children safe and to avoid unnecessary foster care placement of children;
- * integration of police, mental health, and school responses so that children exposed to family and community violence—as well as their parents and other caregivers—can be offered a range of services to avoid long-term developmental and psychological problems; and
- * establishment of working groups that include community residents and health, mental health, judicial, criminal justice, domestic violence, and child abuse providers to build comprehensive safety and support responses for families experiencing violence.

C. Communities and their institutions should create a network of early intervention and prevention responses, including:

- * childhood screening for exposure to violence that is linked to safety and support services for parents at sites that help young families, such as health clinics, day care centers, Head Start programs and schools, neighborhood family resource centers, home visitation programs, and agencies serving immigrant and migrant populations;
- * adoption of school-based prevention education programs about community, family, and dating violence that involve administrators, educators, parents, and students in establishing policies and practices to keep children safe; and
- * creation of collaborative partnerships among schools, mental health centers, and the courts to provide education and services for adolescents who are victims or perpetrators of family and dating violence.

RECOMMENDATION II

Local, state, and federal legislative and administrative bodies; private organizations; and foundations should create funding and policy mandates to support an infrastructure of community services for children exposed to family and community violence.

A. Federal and state agencies should conduct an audit of current programs and funding within child welfare services, early childhood education, health and mental health services, and school-based programs to determine if children and families exposed to violence are identified, if personnel are properly trained to respond, and if victims receive adequate care.

B. Federal health insurance programs, like Medicaid, and private insurance companies, including those who provide managed care, must cover the costs of screening children—including very young children—adolescents, and adults for violence exposure. The costs of treatment for any violence-exposed patient should be covered by insurers, whether or not the provider can establish a psychiatric diagnosis for the patient.

C. Federal legislation affecting services for child and adult victims, such as the Victims of Crime Act (VOCA) and the Violence Against Women Act in the Crime Bill of 1994, should be reauthorized and significantly expanded. This expansion should include earmarked funding for the development of a range of services for children within domestic violence programs, schools, and mental health and community agencies. Additionally, funds should be allocated to support innovative multi-systemic projects to meet the needs of children exposed to violence.

D. State legislatures also should expand and earmark funds to develop additional support services

for child victims of violence and to create multi-systemic collaborative projects. State funding should also be earmarked to develop services for children and families in traditionally underserved localities, including communities of color, families in very rural counties, and those living in poor urban neighborhoods.

E. Foundations should support the convening of a task force of national organizations representing pediatric health, mental health, domestic violence, child abuse and neglect, youth and community violence prevention, juvenile justice, and family support services to make recommendations about joint policy, funding, and service projects to enhance the well-being of children exposed to violence.

F. The Congress and state legislatures should appropriate funds for a massive print and electronic public education campaign about the impact of violence on children and how to reduce it, targeted to parents and professionals from diverse cultural and linguistic groups and distributed widely to schools, health care providers, police, and community agencies.

G. Federal and state legislatures and departments of education should ensure that age-appropriate prevention education materials about family, dating, and community violence are made available to elementary, middle, and high schools in every dis-



trict in the United States and that incentives are developed for teacher training and the integration of these materials into the school curriculum.

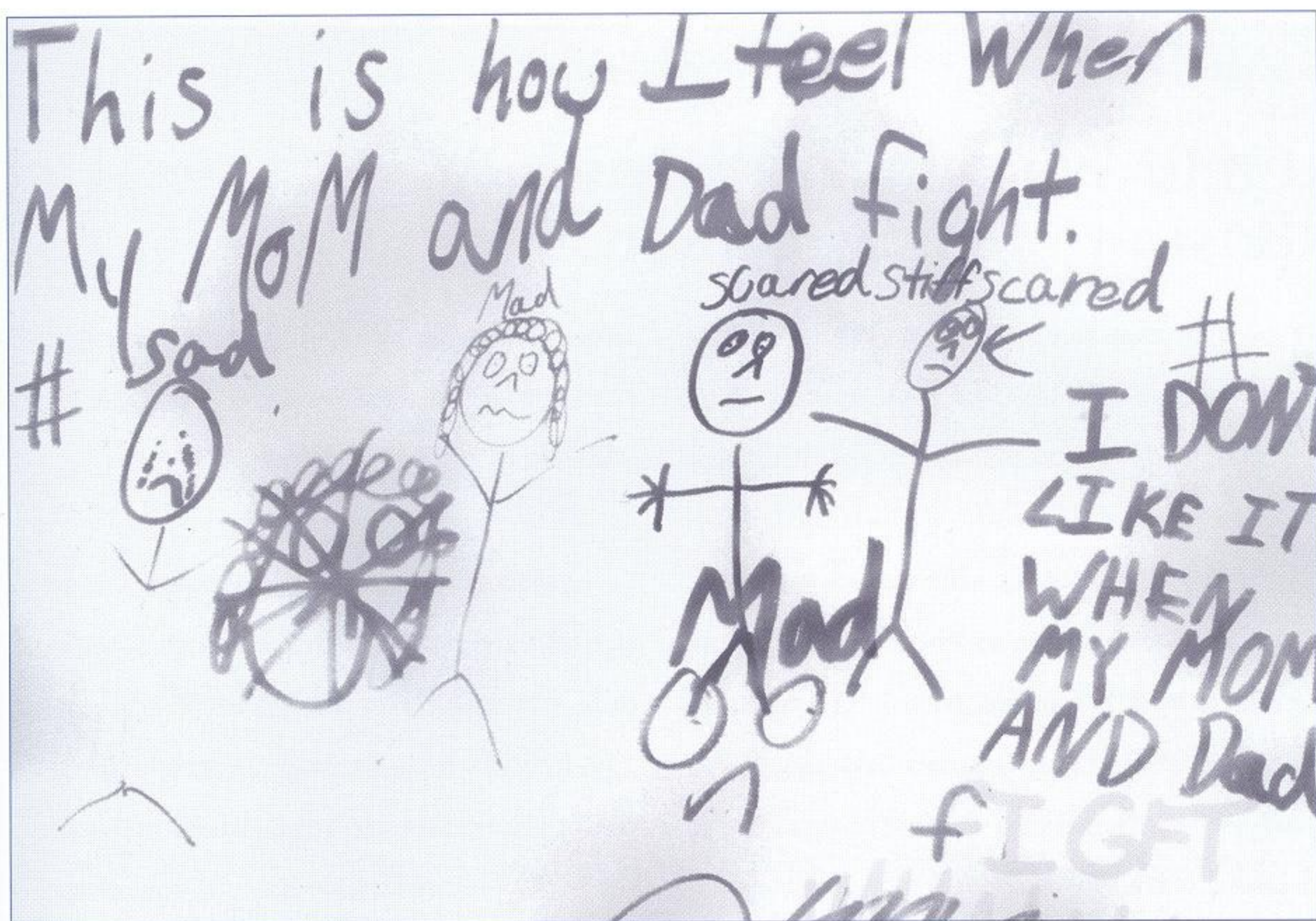
RECOMMENDATION III

Professional organizations and training institutions should immediately establish guidelines for educational training, licensing and certification standards, continuing education, and practice for those working with families exposed to violence.

A. Professional degree training, licensing and certification requirements, and continuing education for service providers in health, mental health, social work, law enforcement, law, education, and related fields should require:

- * content on adult domestic violence and its impact on children;
- * skill in culturally competent screening of family members for violence and trauma exposure;
- * ability to offer supportive guidance and education to family members when appropriate;
- * capacity to work collaboratively with other professionals; and
- * skill in helping to foster family safety by providing immediate protection and referrals for family members at risk of harm.

B. Health and mental health training institutions; schools of social work and law; judicial, police, and criminal justice training institutes; academic programs in teacher, counselor and school administration training; and professional societies—working collaboratively with domestic violence organizations—should allocate resources and develop improved teaching materials, practicum experiences, specialty courses in family and community violence, screening and investigation tools, and response protocols for family violence.



RECOMMENDATION IV

Government agencies, private foundations, and service providers should collaborate on research efforts that enhance our understanding of children experiencing domestic violence and shed light on the impact of interventions with these families.

A. Studies are needed to provide an in-depth understanding of the extent to which children are exposed to domestic violence, how adult domestic violence and child maltreatment co-occur in the same families, the impact of perpetrators' and non-abusive parents' behavior on their children, and which domestic violence perpetrators should and should not have contact with their children.

B. Policy makers and service providers require more complete information on the numbers of

child witnesses to domestic violence present in a variety of systems, including in those agencies that serve children who are physically abused and neglected.

C. Detailed, in-depth program evaluations, which include long-term follow-up with children, are urgently needed to determine the impact of formal and informal interventions. Early program evaluations show that intervention with perpetrating and victimized parents and their children holds promise. Many innovative programs have not yet been evaluated, or the available data is insufficient to make effective policy and practice recommendations.

Child Witness to Violence Project Boston Medical Center

Beatrice, age six, her three-year-old brother, Joe, and their mother, Gloria, were referred to the Child Witness to Violence Project (CWVP) at Boston Medical Center by the domestic violence advocate from a neighborhood health center in Boston.

At their first meeting, Gloria met alone with the CWVP counselor and explained that her children had witnessed several severe assaults, including one particularly horrifying episode in which her boyfriend had kicked and punched her and then raped her. It was this assault that led Gloria to seek court protection. Even after the boyfriend left the house, the children were so afraid that they slept under their beds at night, and Beatrice now answered the door with a knife in her hand. The children had nightmares, were frightened of loud noises, and worried constantly about their safety.

At the children's first therapy session, Beatrice was able to talk directly about her fears, saying that she was afraid her mom's boyfriend would kill them while they were

sleeping. Joe played with two puppets—a shark and a dinosaur. The puppets fought relentlessly until one of them died.

Over the next two months, the boyfriend broke into their apartment, assaulted Gloria at a bus stop, and harassed her with telephone calls. The children witnessed much of this. The CWVP therapist made contact with the police several times to strategize with them about how to arrest this man. Gloria refused to leave her home or go into shelter. She was also afraid to bring the children in for sessions. Although the CWVP therapist was persistent in her outreach with Gloria, calling her several times weekly, the only contact with the family for nearly two months was by telephone.

The health center advocate reported that the children's behavior had deteriorated further, and that Gloria had begun to drink. A report was filed with the Department of Protective Services. The case was substantiated, and a social worker was assigned to work with the family. The CWVP therapist continued to tell Gloria that she was worried the

family was not safe. She stressed to Gloria that she did not believe that Gloria and her children should be separated and that she would work with the Protective Services social worker to mobilize more support for the family.

The social worker helped Gloria apply for subsidized housing and worked out a temporary plan for her to move to her mother's house. Joe was given a subsidized slot in a therapeutic day care center. The CWVP therapist was able to see him weekly at the center. In these sessions, Joe began to feel safe enough to communicate with the therapist about the terror he had experienced.

Within two months, Gloria's request for subsidized housing came through and she was offered an apartment in another part of the city, with a grant for furniture and appliances. As Gloria began to feel safe and settled in her new home, the children improved significantly.

One year after the initial call to the CWVP therapist, the family's situation has dramatically changed. Joe is in the day care center.

Beatrice is in kindergarten. Gloria has not had

a drink for six months; she is participating daily in the parent groups at the day care center and is volunteering in the office of the center. The CWVP therapist continues to see Gloria and both children. She reports that Gloria is now focusing on her relationships with her children, which is in marked contrast to her state one year ago, when she was so overwhelmed that she really could not think about them.

The Child Witness to Violence Project, one of the few of its kind in the country, believes in the importance of helping women get to safety as a first strategy for helping children. The project also allows therapists to spend many hours coordinating with police, social service agencies, and day care and health centers, as well as providing telephone counseling and visiting schools. Many of these services are not viewed as traditional therapy, but they are essential in helping families affected by domestic violence.

Family Violence and Sexual Assault Unit Philadelphia District Attorney's Office

Police photos showed Aaron, a badly bruised four-year-old boy, lying in a hospital bed. At the time of the photograph, Aaron, his twenty-year-old mother, Ruth, and his three-year-old sister, Beth, had been living with Ruth's boyfriend Paul for almost a year. From the beginning, Paul was insulting and critical toward Ruth, but with two young children to care for and unsupportive parents, Ruth was determined to make the relationship work.

As Paul became more demanding and controlling toward Ruth, Aaron became more withdrawn. He clung to his mother. This behavior enraged Paul, who taunted Aaron, calling him a "sissy" and a "mama's boy." Eventually, Paul's fury at Aaron became physical. For three days Paul treated Aaron like a marine boot camp recruit. The little boy was kicked and shoved and commanded to do physical feats much too difficult for a small

child. When Aaron could not complete the tasks, he was beaten, as Beth silently watched. Ruth also watched in horror, feeling that any effort to stop Paul's abuse would be futile and likely to make him more violent. After three days of boot camp, Ruth said she needed to buy food, left the house, and called the police. Paul was arrested.

Before the creation of the Family Violence Unit in the Philadelphia District Attorney's Office, Ruth also would have been arrested—for failing to protect Aaron. A court order prohibiting contact between Ruth and Aaron would have been issued, necessitating Aaron's removal to a foster care placement. Beth, who silently witnessed everything, might also have been placed in foster care, separated from her mother and perhaps her brother.

In family violence situations, traditional justice system goals of accountability and pun-

ishment often inadvertently inflict the most severe punishment on young children such as Aaron and Beth. Because the Philadelphia District Attorney's Office has a Family Violence Unit, designed to respond to both domestic violence and child abuse, the staff is free to create a model of justice based on protection rather than punishment. The unit strives to link the response to domestic violence and child abuse and to understand the needs of adult and child victims. Prosecutors in the unit have learned a great deal about the needs and realities of often resourceless primary caretakers and their children.

Their insights led them to help Ruth rather than to charge her with a crime. When Ruth came to the prosecutor's office with Aaron to discuss the case, she expressed feelings of isolation, sadness, and being overwhelmed. The victim advocate contacted a counselor from a

domestic violence agency as support for Ruth, and a child advocate was appointed to help address the needs of the children.

At trial, Ruth testified against Paul. While she was nervous and felt that she should have done more to protect her children, the prosecutor's sensitive understanding of her limited options helped give Ruth the support to be honest on the witness stand. Aaron was not separated from his mother. He, his sister, and his mother are now receiving meaningful services to help them rebuild their family.

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ENDNOTES

1. Defined as a pattern of assaults and threats against an intimate partner.
2. Bowlby, 1969.
3. Marans & Adelman, 1997.
4. Graham-Bermann & Levendosky, 1998.
5. For more complete information, see recent reviews of this literature by Edleson, 1999; Holtzworth-Munroe, Smutzler & Sandin, 1997; Margolin, 1998.
6. Henning, Leitenberg, Coffey, Turner & Bennett, 1996.
7. Appel & Holden, 1998; Edleson, 1999.
8. Carlson, 1991; Hughes, 1988; McClosky, Figueredo & Koss, 1995; Keefe, 1994; and Sternberg *et al.*, 1993.
9. Eth & Pynoos, 1985.
10. Jenkins & Thompson, 1986; Bell & Jenkins, 1993; Jenkins & Bell, 1994, 1997.
11. Pynoos & Eth, 1984.
12. Fantuzzo *et al.*, 1997; Garbarino & Kostelny, 1997.
13. Spaccarelli, Coatsworth & Bowden, 1995, p. 173.
14. Singer *et al.*, 1998.
15. DuRant *et al.*, 1994; Song, Singer, & Anglin, 1998.
16. See Dutton, 1992, for a review.
17. Bennett, 1997; Straus & Gelles, 1990.
18. Bilinkoff, 1995.
19. Mitchell & Hodson, 1983; Sullivan *et al.*, 1992; Syers-McNairy, 1990.
20. Gondolf & Fisher, 1988.
21. See Davies, Lyon & Monti-Catania, 1998, for a full discussion of women's safety planning.
22. See Gondolf & Fisher, 1988; Henderson, 1990; Hilton, 1992; Humphreys, 1995; Syers-McNairy, 1990.
23. Henderson, 1990, p. 12.
24. Laurie Schipper, Iowa Coalition Against Domestic Violence, personal communication, December 17, 1998.
25. See, for example, annual reports of Illinois Coalition Against Domestic Violence, 1996; Minnesota Department of Corrections, 1993; and New Jersey Coalition for Battered Women, 1992.
26. Carlson, 1984; Straus, 1992.
27. Office of the Commissioner of Probation, Massachusetts Trial Court, 1995.
28. Child Welfare Partnership, 1996.
29. Fantuzzo *et al.*, 1997.
30. Stark & Flitcraft, 1988.
31. Wright, Wright & Issac, 1997.
32. Felix & McCarthy, 1994.
33. Oregon Children's Services Division, 1993.
34. Edleson, 1999; Holtzworth-Munroe, Smutzler & Sandin, 1997; Margolin, 1998.
35. Edleson, 1999.
36. National Council of Juvenile and Family Court Judges, 1999.
37. See National Council of Juvenile and Family Court Judges, 1998, for full description of many of these programs.
38. See National Council of Juvenile and Family Court Judges, 1998.
39. Osofsky, 1997.
40. Whitney & Davis, 1999.
41. London Family Court Clinic, 1994.
42. Sullivan, 1991; Sullivan & Davidson, 1991; Sullivan *et al.*, 1992.
43. Gamache, Edleson & Schock, 1988.
44. Steinman, 1990; Syers & Edleson, 1992.
45. See Tolman & Edleson, 1995, for a review of batterer intervention outcome studies.
46. Steinman, 1990.
47. See Peled & Davis, 1995, for a research review and program description.
48. Van Horn, Best & Lieberman, 1998.
49. These four principles draw on our work with a national advisory group. This work resulted in the National Council of Juvenile and Family Court Judges publication, *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*.
50. National Council of Juvenile and Family Court Judges, 1999.

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(800) 527-3223

Established in 1993 when the U.S. Department of Health and Human Services provided funding for a state-of-the-art network of four domestic violence resource centers, the resource center offers a wide range of technical and training services. The Resource Center on Domestic Violence: Child Protection and Custody serves judges, court workers, advocates, lawyers, child protective workers, law enforcement personnel and other professionals.

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