



Enhanced Services to Children and Youth Exposed to Domestic Violence

Promising Practices & Lessons Learned



Prepared by Anne Menard and Kenya Fairley of the National Resource Center on Domestic Violence, Jackie List Warrillow (consultant) and Nancy Durborow (consultant) in collaboration with the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, January 2012.

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Overview

Intervention With Children And Youth Exposed To Domestic Violence

A recent national survey found that 1 in 6 (16.3%) children aged 0-17 years had witnessed an assault between their parents over their lifetime, and 6.2% had witnessed this violence within the previous year. Among the oldest group (14-to 17-year-olds), more than one third (34.6%) had witnessed a parental assault in their lifetime.¹

The first national study to characterize how children are typically exposed to violence in the family found that most children exposed to family violence, including 90 percent of those exposed to intimate partner violence (IPV), saw the violence, as opposed to hearing it or other indirect forms of exposure.²

A study of 3,400 shelter residents in domestic violence programs across eight states found that more than three in four survivors (78 percent) reported that they had children under the age of 18, and 68 percent had minor children with them at the shelter.³

On average between 2001 and 2005, children were residents of the households experiencing intimate partner violence in 38% of the incidents involving female victims and 21% of the incidents involving male victims.⁴

Of 3,750 intimate partner violence cases filed in state courts in 16 large urban counties in 2002, children were present during the violent incident in 36% of the cases. Of those children who were present, 60% directly witnessed the violence.⁵

Detailed meta-analyses - statistical analyses that synthesize and average effects across studies - have shown that children exposed to domestic violence exhibit significantly more problems than children not so exposed.⁶ Children exposed to domestic violence have often been found to develop a wide range of problems including interpersonal skill deficits, psychological and emotional problems such as depression and PTSD, and externalizing behavior problems.⁷ However, children react to exposure to

violence in different ways, and many children show remarkable resilience.⁸ Studies on the resilience of children suggest that as assets in a child's environment increase, including protective adults, the problems he or she experiences may actually decrease.⁹ Most battered women care deeply about their children's safety and want to protect them from physical assaults and from the harms of poverty and isolation.¹⁰ Studies on women in shelters suggest that their most significant child-related needs include counseling

of their children, information about normal child development and parenting, and support and insight about children's behavior.¹¹

For children experiencing the symptoms of trauma, additional services are needed. Few communities have the types of child-parent psychotherapy services developed by the child Witness to Violence Program at Boston Hospital or the Child Trauma Research Program at San Francisco General Hospital. Both of these approaches involve working with the battered mothers and young children together, sometimes for an extended period of time; solid results indicate reductions in children's trauma and improvements in their behavior, as well as improvements in mothers' interactions with their children.¹²

Researchers first brought attention to the damaging effects of abuser behavior on children's physical, emotional, and psychological wellbeing in the 1980s. Since then, victim advocates and allied professionals working with children and youth exposed to domestic violence have come to appreciate how much the histories, healing, and futures of children and youth are often tightly interwoven with the lives of their parents. Many children exposed to domestic violence face issues that mirror those of their abused parents, while simultaneously facing their own unique challenges.

Like adult victims of domestic violence, these children experience traumatic and sometimes life-threatening events. They often worry about the welfare of either or both parents and every other member of the family. They may be torn between loving and fearing their abusive parent, stepparent or other parent-figure. Children exposed to abusive behavior may believe that they must protect their mother, father or siblings.

Research on children's reactions to violence by one parent against another indicates that large numbers of children are not simply passive observers. Data from the National Survey of Children's Exposure to Violence (NatSCEV), the most comprehensive

nationwide survey on children's exposure to violence, found that almost one-half of the children report yelling to try to stop the violence or trying to get away from the violence. Calling for help was less prevalent but still fairly common at 23.6 percent or almost one in four youth. Very similar reactions were also found to parental assaults of a sibling and violence between other household teens and adults.¹³

To relieve this stress, adults need to avoid burdening the children with adult concerns. The self-centeredness common in abusers leads to a substantial risk that the father may demand emotional caretaking from his children, particularly in the aftermath of parental separation.¹⁴ Children often feel torn between feelings of love and anger toward the abuser and/or victim. Complicating this, children may feel guilty for having both these feelings.¹⁵

Even when adult survivors are away from the violence, children are sometimes ordered into visitation with abusive parents or are placed in their custody. As a result of chronic violence in their homes, they may enter the foster care system. Whatever the circumstances, their lives are significantly impacted by the ways in which they occupy the uneasy space between protective and abusive parents.

"It is clear from the available research that children exposed to adult domestic violence are not a monolithic group. The frequency, severity, and chronicity of violence in their families, their own level of exposure to this violence, children's own ability to cope with stressful situations, and the multiple protective factors present (e.g. a protective battered mother) as well as the multiple risks present (e.g. substance abuse or mental illness among caregivers) create a group of children who are as varied as their numbers."¹⁶

During the past decade, communities have begun to develop more comprehensive systems of care that better respond to the unique experiences and complex

needs of individual children exposed to domestic violence. The quality of children's services has also improved as direct service providers and researchers more clearly define the effects of domestic violence on children, document children's varied responses to abuse, and recommend effective approaches to working with children, youth and families.

In addition to expanded and enhanced services within community-based domestic violence programs, responses include cross-agency collaboration as well as the development of specialized "child witness to violence" projects. Public policy advocacy has brought about changes in law and practice impacting children exposed to domestic violence, including those affecting criminal prosecution of violent assaults, provisions related to custody and visitation in these cases, and a focus on improving the child welfare system's response. For children within the child protection system, new initiatives – both federal and privately funded – have sometimes resulted in more effective collaborations between child protection, the courts, and domestic violence programs (see www.thegreenbook.info). In addition, prevention-focused grassroots efforts to promote community engagement and systems coordination "offer the possibility of overcoming institutional barriers that commonly stand in the way of creating safety for battered mothers and their children".¹⁷

Within domestic violence programs, intervention services designed specifically to meet the needs of children and youth have continued to develop. Once limited to providing individual counseling and therapeutic activities for children, services now often include supporting protective parents in rebuilding familial relationships and strengthening parent-child attachment. Children's groups often run concurrently with adult support groups, with the children's group offering developmentally appropriate information that complements the information and support being

offered to their parents. Parenting support groups are also becoming an important component of service provision in many programs.

Battering behavior can undermine mother-child relationships and maternal authority in a wide array of ways,¹⁸ such as interference, which tends to continue or increase post-separation.¹⁹ The emotional recovery of children who have been exposed to domestic violence appears to depend on the quality of their relationship with the non-abusive parent more than on any other single factor. Children who have experienced profound emotional distress or trauma are largely dependent for their recovery on the quality of their relationship with their caretaking parent.²⁰

Additionally, the effects of family violence on a child can vary according to the stage of their development. It is important to help the non-abusive parent understand that concept and the symptoms of a child's exposure to violence since it is not always easy to make the connection between a child's changed behavior and the impact of the events on the child. Parents need help in understanding that young children think differently than adults and may need careful explanations about scary events.

Parents who are victims of domestic violence want to know, just as much as any other parent, that their child is going to be okay (i.e., well-adjusted). One way to help them gain this understanding is through a careful and sensitive review of these symptoms. They also need information about the impact of witnessing violence on children and reassurance that their child's symptoms are a normal and common reaction. Family relationships are strengthened when parents begin to understand the impact of domestic violence on their children's behavior and development, enhance their parenting skills, and build systems of peer support.

The Stamp Out Family Violence Act of 2001 provided funding for the demonstration grants.

This Act directed the United States Postal Service (USPS) to issue a “semipostal” stamp to “provide the public a direct and tangible way to contribute to funding for domestic violence programs.” Proceeds from stamp sales were transferred to the Department of Health and Human Services (DHHS) to carry out the purposes of the Act.

The Administration for Children and Families (ACF), a division of the Department of Health and Human Services, administered Stamp Act funds through demonstration grant funding provided to 9 communities to assess and address the needs of children and youth exposed to domestic violence and provide programs the opportunity to explore innovative approaches to intervention and prevention for families

in both residential shelter and non-shelter settings. Across all programs, project staff and allies worked to:

- Develop and enhance intervention strategies for children and youth exposed to domestic violence and their parents;
- Train domestic violence program staff and community allies on the effects of being exposed to violence on children and youth and appropriate intervention strategies; and
- Develop or enhance community-based interventions specific to issues of domestic violence in order to meet the needs of children and youth impacted by such violence.

Impact & Outcomes of the Stamp Out Family Violence Act of 2001 Demonstration Grants, Proceeds Administered by the Department of Health and Human Services

Family Violence Stamp sales generated **\$3.2 million** to support domestic violence programs administered by the Department of Health and Human Services, Administration for Children, Youth, and Families.

From Fiscal Year **2005** through Fiscal Year **2008**, the Family Violence Prevention and Services Program funded grantees from nine (**9**) states and local communities to support efforts to in providing enhanced direct services for children whose parents were abused.

More than **180** agencies and over **300** school-based professionals were trained on domestic violence, its dynamics, and the effects of exposure on children and youth.



2 Best practice guides on supervised visitation and team decision making for families receiving services from child protective services were developed.

Supported efforts to identify, design, and test approaches for providing enhanced direct services for children whose parents were abused.

9 states
8 statewide domestic violence coalitions
22 local direct victim services programs
28 community allies

Built collaborations to establish **5 task forces** whose combined efforts reached:

Families Reached

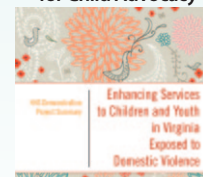
1,763 children **385** non-abusive parents



3 curricula on therapeutic support services to children exposed to domestic violence were created.



Virginia (VA) Statewide Standards for Child Advocacy

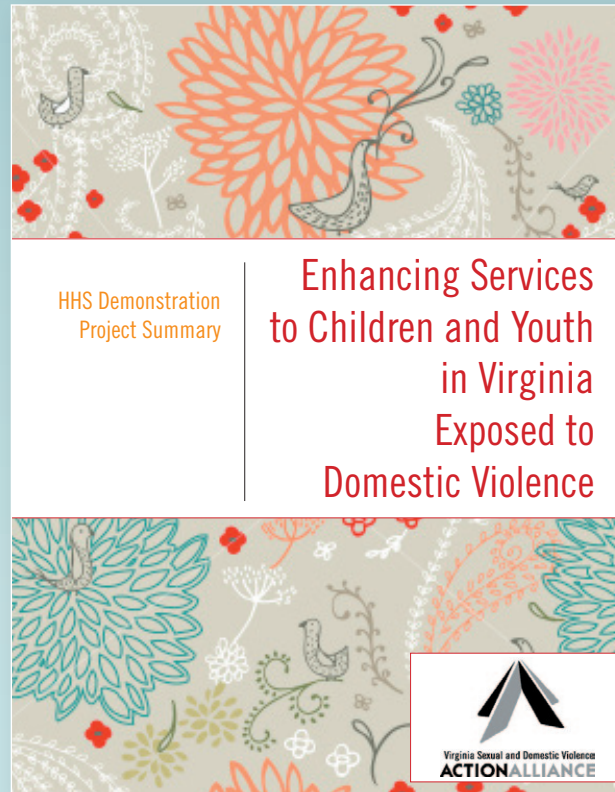


A Basic Child and Youth Advocacy Training Curriculum was developed for domestic violence victim advocates, with over **150** advocates receiving training.

Family Violence Stamp sales generated \$3.2 million to support domestic violence programs administered by the Department of Health and Human Services, Administration for Children, Youth, and Families. From Fiscal Year 2005 through Fiscal Year 2008, the Family Violence Prevention and Services Program funded grantees from the nine (9) states listed above in order to support efforts to identify, design and test approaches for providing enhanced direct services for children whose parents were abused.

Through this multi-state project, 8 Statewide domestic violence coalitions, 22 local direct victim services programs, and 28 community allies built collaborations to establish 5 task forces whose combined efforts reached over 1,763 children, 385 non-abusive parents in a multitude of communities. More than 180 agencies and over 300 school-based professionals were trained on domestic violence, its dynamics, and the effects of exposure on children and youth. Two best practice guides on supervised visitation and team decision making for families receiving services from child protective services were developed and 3 curricula on therapeutic support services to children exposed to domestic violence were created.

A noteworthy outcome of the collaborations funded through this multi-state project is the Virginia Statewide Standards for Child Advocacy. The Department of Health and Human Services, in collaboration with the Virginia Sexual & Domestic Violence Action Alliance, developed a curriculum for training Child Protective Services (CPS) workers on the dynamics of domestic violence, the impact of the abusers behavior on children and youth and trauma-informed intervention. Service guidelines and basic requirements were developed for Virginia's Domestic



Violence Program Accreditation Criteria to define and enhance comprehensive services to children and youth impacted by domestic violence or sexual assault.

This Basic Child and Youth Advocacy Training Curriculum was developed for domestic violence victim advocates, with over 150 advocates receiving training. Use the links below[†] to access the publication entitled, *Enhancing Services to Children and Youth in Virginia Exposed to Violence: A Report on a Demonstration Project Funded by the US Department of Health and Human Services, Family Violence Prevention and Services Program, 2006-2008 by the Virginia Sexual & Domestic Violence Action Alliance (2010).*

[†] Access the Project Summary here — http://www.vawnet.org/Assoc_Files_VAWnet/ESCYVA-ProjectSummary.pdf and the Appendices here — http://www.vawnet.org/Assoc_Files_VAWnet/ESCYVA-Appendices.pdf

The Promising Practices Guide

What is meant by “promising practice”? It does not mean “best” practice or “most effective” practice, which implies that rigorous evaluation methods have been used to examine a program’s impact on participant outcomes. Instead, a promising practice is defined as one that appears to promote the successful implementation of a program and have the potential to work in other communities with similar interests and goals.

This Guide captures the promising practices and lessons learned from 9 demonstration projects funded by the Family Violence Prevention and Services Program of the U.S. Department of Health and Human Services during 2005 through 2008. These Demonstration of Enhanced Services to Children and Youth Exposed to Domestic Violence sites expanded the field’s understanding of the varied ways in which children, youth and families experiencing domestic violence can be identified and provided essential services and supports. The Guide showcases these 9 demonstration projects, focusing on their goals, collaborative partnerships, experiences, challenges, and successes. The voices of domestic violence victim advocates at the local and state level, as well as therapists and researchers, are threaded throughout showcase narratives. Their accounts of the promising practices developed and the lessons learned along the way offer the reader a unique opportunity to share in and learn from their experiences.

More detailed information about these programs, the tools that they developed, and other resources can be found at the companion special collection on VAWnet.org, The National Online Resource Center on Violence Against Women at www.vawnet.org/special-collections/ChildrenExposed.php.

A Note About Language

Throughout this Guide the words victim, survivor, abuser, and batterer are used. Although current labels are inadequate descriptions of those experiencing and perpetrating domestic violence, this Guide uses the most commonly known and understood terms of reference.

When referring to the abused person, we use the term victim when the context denotes that person is still in the abusive relationship and the term survivor when the context denotes that person is no longer in the abusive relationship, although we certainly acknowledge that victims are actively surviving every day. When referring to persons committing acts of abuse, the term abuser, abusive, or abuser behavior is used. Generally, abuser has a broader definition that can be used to refer to perpetrators of intimate partner violence, child abuse or neglect, animal/pet abuse, sexual abuse, etc., many of which are also forms of abuse used by perpetrators of domestic violence. Only when referencing a batterer’s intervention program (BIP), or in appropriate citations, is the term batterer or battered used.

Because most domestic violence victims are women abused by a male partner, this Guide will most often use she, woman, and mother when referring to a victim of domestic violence and he, men, and father when referring to those who abuse. Regardless of gender, all perpetrators of domestic violence, sexual assault and child abuse & neglect should be held accountable. And, all victims of such violence deserve safety, support and advocacy, including those in same-sex relationships, male victims abused by female partners, and those experiencing abuse in later life.



Product Disclaimer

Regarding Tools Developed, and additional resources used for training, technical assistance, and capacity building reasons by the Demonstration Projects:

“All content for the materials, tools, resources, and services developed and additional resources used by each of the demonstration projects, as described throughout the Guide, are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.”

Table of Contents

Overview

5	Intervention with Children and Youth Exposed to Domestic Violence
10	The Promising Practice Guide
10	A Note About Language
10	Product Disclaimer

Promising Practices: A Showcase Of 9 Demonstration Projects

13	California – New Beginnings
16	Colorado – The Alliance
20	District of Columbia – DC Kids
23	Michigan – Kids Exposed
30	New York – Supervised Visitation: Enhancing Services for Children and Youth Who Are Affected by Domestic Violence
34	Oklahoma – Oklahoma Collaborative Children’s Services Project
39	Oregon – Open Arms
43	Pennsylvania – A Kid Is So Special (K.I.S.S)
51	Virginia – Virginia Demonstration Project

Demonstraton Projects: Lessons Learned

61	Overview
61	Collaboration
62	Provision of Direct Services
65	Training
65	Sustainability
67	Funding For The Demonstration Sites: The Family Violence Semipostal Stamp
68	Acknowledgements
69	End Notes

Promising Practices – A Showcase of 9 Demonstration Projects

1 The California Demonstration Project: *New Beginnings*

Safe Passages Early Childhood Strategy in Oakland, CA was the lead agency for the *New Beginnings* demonstration project.

- The Safe Passages Early Childhood Strategy (www.safepassages.org) involves a coalition of several citywide services and partnerships, including Building Futures for Women and Children, Jewish Family and Children Services, Oakland Unified School District, Head Start, and the California Partnership to End Domestic Violence.
- Building Futures for Women and Children, served as the primary site for New Beginnings' activities. Building Futures provides a full continuum of emergency and support services to battered women and their children who are concurrently dealing with homelessness, substance abuse, and/or mental illness.
- Working within two Building Futures' homeless shelters, the project provided funds for staff from Safe Passages to train shelter advocates in the use of the Second Step curriculum with young children ages 0-5 exposed to domestic violence and their abused parent. In addition, Jewish Family Services offered mental health consultation to staff and therapeutic services for adult and child victims at both the shelter and home-based settings.

Goals of the Collaboration

- Develop a stronger partnership between mental health consultants and shelter staff.
- Enhance the capacity of mental health therapists to understand the challenges of working in shelter environments and better address the needs of ethnically and culturally diverse children who are exposed to domestic violence and their protective parents.
- Provide site-based mental health consultation, as well as parent-infant education and therapy for shelter residents.

Challenges

Staff from Safe Passages and Jewish Family Services were challenged and sometimes frustrated by the need for constant adjustment in intervention approaches due to the unpredictable nature of the shelter environment and unpredictable lengths of stay. Little in shelter life is structured in the same way as community services or workshop classrooms, the context in which the Second Step curriculum is most frequently used. Seldom are there consistent one-hour time frames or designated spaces for meeting with participants; quickly building rapport with residents and connecting them with community resources is always a priority. In a shelter

environment, any single contact with a particular shelter resident or their child may be the last opportunity to interact.

The Experience

As a result of these realities, the Second Step curriculum had to be modified to fit with changing shelter populations and resident schedules. Implementing the Second Step curricula called for a flexible approach and an open attitude. While Building Futures staff spent one night a week focused on the Second Step curriculum, Second Step concepts were also presented “in the moment” as often as in planned sessions. Efforts were made to integrate Second Step concepts into daily interaction with women and children, with staff looking for opportunities to reinforce the anti-violence vocabulary and behaviors that comprise the formal curriculum.

Successes

Even after the grant cycle and formal collaboration ended, Building Futures program participants continued to benefit from the Second Step curriculum and related services. Shelter staff and volunteers integrated the language and approaches of Second Step into other behavioral/emotional interventions with children and their parents. Medicaid funding has enabled services to children 0-5 to continue, although on a smaller scale, with mental health workers continuing to offer home-based services to participants after they exit the shelter.

Most women remained separated from their abusers, maintaining single parent families. Through the continuation of home-based services – in some cases for as long as two years – many participants were able to make significant positive changes in their lives and the lives of their children. While home-based services were not provided if the offending parent was living in the home, other support and assistance was available at one of the Building Futures public offices.

RESOURCE

Second Step Curriculum

This recently revamped, research-based program builds critical social and school-readiness skills of young children. Through colorful pictures and hand puppets, young children learn the importance of peaceful problem solving and how to articulate their emotions. The curriculum promotes school readiness by incorporating language development and comprehension into each lesson. The revised Second Step early learning program is designed specifically for multiple-age early learning classrooms. The program is taught through 28 weekly themes, consisting of short activities to be done throughout the week. The activities build on each other to develop children's self-regulation skills and social-emotional competence. For more information, visit www.cfchildren.org/programs/ssp/overview/.

Lessons Learned

Effectively addressing domestic violence requires multifaceted intervention strategies sustained over time.

- Successful intervention often involved continued home-based services for extended periods of time. In the past, Building Futures for Women and Children offered three months of shelter/intervention. Now, six months of such services are offered.
- The organization found that safety and self-sufficiency are most often achieved with up to five years of intensive support and subsidies. Six months of safe shelter, two years of transitional housing and two years of housing subsidies with employment allow women and children to successfully move out of violence and poverty.

Staff of the project felt that if provided with meaningful, comprehensive and continued intervention, survivors can significantly enhance their lives and the lives of their children, much like the Experimental Social Innovation and Dissemination (ESID) model that was successfully used to reduce intimate male violence against women by providing trained paraprofessional victim advocates to work one-on-one with women who had been assaulted by partners or ex-partners. Victim advocates worked with women for 10 weeks, assisting them in obtaining needed community resources such as legal assistance, housing, education, and employment. Two hundred seventy-eight women who had exited a domestic violence shelter program were randomly assigned to the experimental or control condition. Participants were interviewed 6 times over a period of 2 years: pre- and post-intervention (10 weeks later), and at 6, 12, 18, and 24-month follow-up. Women who received the intervention reported less violence over time as well as higher social support and perceived quality of life.²¹

Promising Practices – A Showcase of 10 Demonstration Projects

The Colorado Demonstration Project: *The Alliance*

The Women's Crisis and Family Outreach Center (WCFOC) in Douglas County, CO was the lead agency for *The Alliance*, Colorado's demonstration project.

- WCFOC serves three large rural counties in Colorado, offering a full range of services to victims of domestic violence including a crisis hotline, emergency safe shelter, adult and child therapy, and legal advocacy, as well as educational and outreach services to schools and the community.
- *The Alliance* partners included Colorado Domestic Abuse Assistance Program (now the Domestic Violence Program), the Colorado Coalition Against Domestic Violence, Douglas County Department of Social Services, Arapahoe/Douglas Mental Health

Network and AMEND, Inc., a Metro Denver batterer intervention program.

- Comprehensive, broad-based training and technical assistance was the major focus of the partnership, as was introducing new approaches to providing support and services for children and protective parents, including the provision of therapeutic services for adolescent boys who were exposed to domestic violence and were showing early signs of perpetrator behavior.

Goals of the Collaboration

- Develop an interconnected system of care within the counties served by strengthening partnerships and providing cross-training among domestic violence programs, batterer intervention services, mental health and social service staff.
- Evaluate intervention approaches to determine treatment viability and efficacy.
- Replicate project strategies on a state level, and provide a blueprint for successful intervention approaches with children who are exposed to domestic violence.

The Experience

The Alliance direct service component was driven by the fundamental premise that “*when children receive trauma informed intervention, they get better.*” Therapists interviewed for this publication stressed the importance that they assigned to the use of empirically sound assessment tools for working with children, youth and parents. Assessment was conducted pre-intervention, during intervention and post-intervention with all participants. The assessments measured trauma symptoms that children and youth were experiencing, problem behaviors children and youth were exhibiting, and the amount of parenting stress being experienced by the protective parents.

Resources Used: Pre- and Post-Intervention Assessment Tools

Short Form Parenting Stress Index (PSI) –

www.tjta.com/products/TST_031.htm

For parents of children age 1 month to 12 years, the PSI is a parent self-report questionnaire designed by Richard Abidin, EdD to identify potentially dysfunctional parent-child systems and predict children's future psychosocial adjustment and then focus intervention in high stress areas. The PSI is designed to identify stressful areas in parent-child interactions, and has been recently updated with new forms which are easier to score and easier to profile.

Trauma Symptom Checklist for Young Children (TSCYC), ages 3-12 –

www4.parinc.com

The TSCYC is a 90-item caretaker-report instrument with separate norms for males and females in three age groups: 3-4 years, 5-9 years, and 10-12 years. Caretakers rate each symptom on a 4-point scale according to how often the symptom has occurred in the previous month.

Trauma Symptom Check List for Children (TSCC), ages 8-16 –

www4.parinc.com

The TSCC (Briere, 1995) is a self-report measure of posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, witnessing violence). The TSCC is suitable for individual or group administration.

Child Behavioral Check List (CBCL), ages 1.5 to 5 –

shop1.mailordercentral.com/aseba/

The CBCL, by T. Achenbach and L. Rescoria, for ages 1.5 to 5 obtains parents' ratings of 100 problem items; plus descriptions of problems, disabilities, what concerns parents most about their child, & the best things about the child. The CBCL obtains parents' reports of children's expressive vocabularies and word combinations, plus risk factors for language delays.

Child Behavioral Check List (CBCL),

ages 6-18 – shop1.mailordercentral.com/aseba/

The CBCL, by T. Achenbach and L. Rescoria, for ages 6-18 obtains parents ratings of 120 problem items; plus

descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child.

A total of 580 children and 177 non-abusive parents received therapy during the project period. Assessments consistently indicated that intervention lessened children's trauma symptoms and behavior problems. Eight out of ten trauma-related issues showed significant improvement for most children. For many children and youth, there was statistically significant reduction in anxiety, depression, social aggression and overall problems. The data also shows a significant decrease in parenting stress.

Completed assessments indicated that intervention significantly lowered parenting stress, and that reduced parenting stress led to increased emotional availability from parents for children. Children whose parents are emotionally available are believed to do better on many levels.

The research showed clinically significant reduction in symptomology and maladaptive behavior as follows:

- TSCYC: Reductions in anxiety, depression, anger/aggression, 3 of 4 post traumatic stress disorder variables, and 2 maladaptive response levels;
- TSCC: Reductions in hyper-response, anxiety, depression, and 3 variables related to sexual distress;
- CBCL - 1.5 to 5.5 years of age: Reductions in emotionally reactive behavior, somatic complaints, attention problems, aggressive behavior, internalizing behavior, externalizing behavior, and, total problems; and
- CBCL - 6 to 18 years of age: Reductions in anxious/depressed behavior, thought problems and attention problems.

Interestingly, in post assessments, the analysis shows an increase in parent reports of trauma responses in their children. It is hypothesized that as parents are supported and provided information by their child's therapist regarding their child's trauma, the parents are reframing this behavior as a trauma response instead of malicious or acting out behaviors.

Successes

The assessment process appeared to be a good mechanism for initiating discussions with parents about what might be going on with their children. Parents were offered information and feedback about their children through an objective framework and often were more accepting of insights, which they did not see as merely the “opinion” of the therapists. The feelings and stressors experienced by parents who were living with domestic violence were often “normalized” during the assessment process.

Therapists validated the parental stress experienced and provided psycho-education regarding domestic violence and trauma. Once parents realized they were not bad parents because they experienced parenting stress, they engaged in their children’s therapeutic work with less defensiveness and more trust in the

therapist because their fear of being judged decreased. The therapeutic environment assisted parents in understanding that they are not alone, that their feelings and reactions to trauma are normal and provided support while processing their traumas.

A unique facet of the Colorado intervention project was the attention focused on the needs of adolescent boys. Half of the young men who participated in the adolescent group were referred from domestic violence shelter programs, with the other half referred through AMEND, Inc. A total of 13 boys participated. The majority of the young men were Caucasian, middle to upper class, and high functioning in school and social situations. All but one boy lived in single parent households and most lived with their mothers. Two of the participants remained beyond the 12-week timeframe, with one boy remaining in treatment for 30 weeks.

Findings of Interest

A unique facet of the Colorado intervention project was the attention focused on the needs of adolescent boys. Half of the young men who participated in the adolescent group were referred from domestic violence shelter programs, with the other half referred through AMEND, Inc. A total of 13 boys participated. The majority of the young men were Caucasian, middle to upper class, and high functioning in school and social situations. All but one boy lived in single parent households and most lived with their mothers. Two of the participants remained beyond the 12-week timeframe, with one boy remaining in treatment for 30 weeks.

The Alliance approached AMEND, Inc. about providing services to young men whose exposure to domestic violence had led to “pre-perpetrator” behavior. The PSI, TSCC and CBCL, ages 6-18 years, assessment tools were used throughout the treatment process to measure the extent of trauma that youth experienced and track changes in their behavior and wellbeing. The therapeutic approach was designed to be part “victim-proofing,” meaning that as victims, the young men needed intervention that included things like safety planning and self-esteem enhancement. Because they were picking up behavior associated with victimizing others, they also worked on self-management skills that included learning how to recognize and appropriately deal with the physical signs of their own escalation, appropriately communicate feelings and manage skewed thinking.

For the majority of the boys who participated in this group (13 total participants), the results were positive. Relationships with non-offending parents improved. In some cases, the boys were able to begin healing their relationships with the abusive parent. Young men were able to identify and regulate their emotions, move beyond anger at parents and siblings, improve social interactions, improve academically and begin to set positive goals for their lives.

Lessons Learned

The therapists observed that the more sons are forced to be away from their fathers, or the more fathers are denigrated in front of their sons, the more resentment the boys may feel and the more likely it may be that the generational cycle of violence will be fueled.

- A response to this concern may lie in working harder to ensure that abusive fathers receive high quality and sufficient treatment in order to establish healthy relationships with their families, whether or not the family lives together.
- The value of treatment may lie in sons seeing their fathers improve, applying healthy interpersonal tools to amend their behavior, which raises the boys hope that change is possible.

The final goal of the Colorado project was statewide replication. Components of the collaborative initiative have been utilized in other communities, although assessment methods as utilized in this project were not easily replicated in rural communities of the state. Some rural programs have clinicians on staff while others do not. Rural programs in Colorado are also typically smaller with fewer staff to devote time to

A Survivor's Story

A mom was concerned about her 13-year-old son's exposure to domestic violence. She described him as a "walking time bomb." While the boy exhibited no overt aggressive behavior, the level of verbal conflict with his mom was significant. In treatment, it was revealed that three different boyfriends had abused his mom and one of them had sexually assaulted the child. The boy later perpetrated similar behavior on a younger child. Child protective services became involved and family intervention was added to the treatment he was receiving through the demonstration project. Following successful treatment, the boy is now pursuing a career in the medical field.

assessment and evaluation. With funding through this project, over 180 community based agencies were trained on domestic violence and the impact of exposure to children and youth.

Findings of Interest

Though many victim advocates, therapists and allies have historically believed that boys need to be separated from their fathers to avoid the generational cycle of violence, a different perspective arose from this work. There were strong indications that separating boys from their fathers, at the developmental time of adolescence, when their need for a male role model and father figure is high, can result in boys developing deep resentment toward their mothers. This resentment is often exacerbated by the father's denigration and abuse of the mother, and the two dynamics can act to set up future dating or domestic violence perpetration on the part of the sons. The therapist working with the project saw this with several boys. They resented their mothers, and were abusive to them, in part because they saw their mothers as being responsible for the separation from their fathers.

Promising Practices – A Showcase of 9 Demonstration Projects

District Of Columbia Demonstration Project: *DC Kids*

The Strong Families Program of the District of Columbia Department of Human Services (DCDHS) developed and implemented the DC Kids.

- Strong Families focuses its services in communities with elevated levels of community violence, as well as generational violence and poverty in the home, and uses an intervention framework to assist families who are experiencing acute stressors, including those facing the placement of their children in the foster care system. Through *DC Kids*, workers “*went where the clients were*,” visiting families in shelters and hotels, as well as in homes.
- *DC Kids* provided children, youth and non-offending parents with needs assessment, ongoing comprehensive case management, on-site workshops at shelter facilities, off-site workshops and therapeutic recreational activities.
- Collaborative partners for the project included Women Empowered Against Violence, community-based shelter programs, and the Court Services and Offender Supervision Agency.

Goals of the Collaboration

- Enhance communication and increase trust between staff and clients.
- Reduce clients’ anxiety about disclosing abuse, and facilitate identification of children and youth exposed to domestic violence.
- Create an approach for working “outside the [office] box” by utilizing recreational therapy as the primary mechanism for trust building, encouraging open communication and offering support and education.

Challenges

Many of *DC Kids Project* clients were living with generational violence and poverty and had experience receiving a broad spectrum of support services. This often meant that mothers spent their days moving from one systems office to another, talking with one worker after another, and filling out one form after another. This exhausting process often had the unintended consequence of shutting down a mom’s desire to communicate needs beyond what she saw as basic and in the moment. Hourly visits by Strong Families Program social workers and case managers who assess clients needs, develop case plans, provide short-term social work intervention and refer and coordinate with other social service providers, also allowed little time or opportunity for trust-building and open discussion.

In addition, caseworkers observed that the adults and children in their programs were often numb to the violence that permeated their neighborhoods and homes. While caseworkers were aware that domestic violence was present in the lives of the adults and children they served, client disclosures were not forthcoming. Workers sensed that many clients were concerned that disclosures might lead to legal investigations and repercussions, which would result in children being removed from the home.

The Experience

As previously mentioned, recreational therapy became the project's primary mechanism for trust building, encouraging open communication, and offering support and education. Through DC Kids, 36 adults and children participated in extended therapeutic field trips (two overnight retreats to Rocky Gap in the Blue Ridge Highlands of Virginia) where they experienced self-care sessions including spa sessions, yoga classes and guided relaxation exercises.

Children, youth and adults opened up to their counselors and case managers on mountain hikes. Workshop facilitators guided women and children in discussions about the dynamics of domestic violence, safety planning, and self-care. Self-esteem building was interwoven into each activity and discussion. Two ropes courses provided other opportunities to build trust with children and youth. Release from violent environments, exercise and relaxation allowed parents and children to reconnect and learn to relate to one another in new ways such as taking and sharing photos, enjoying art projects and games together and relaxing in a safe and supportive environment.

Previously, most of these families had limited opportunities to leave their violent neighborhoods. Many of the mothers had never been able to truly relax with their children and their children had never been free of the violence in their neighborhoods or homes. Therapeutic

activities and safe environments encouraged bonding and open dialog between counselors and family members, between mothers and their children, and among the participating families.

Findings of Interest

“Laughter and tears were a part of it all.”

Through this project, children were allowed to be children, relieved of adult concerns. They could put down their worries about their mothers' safety and wellbeing. Mothers took back parental roles that often had been compromised by abuser behavior. One interesting consequence, however, was the skeptical response of a few of the older children. Some of them had difficulty believing the change in family dynamics would last. A few older children also exhibited some resentment when they realized they were losing the autonomy (control) they had when their mothers were distracted by the abusers' demands and the “freedom” they experienced when their mothers were not fully present to parent them. Counselors addressed the perceptions and concerns of these youth and worked with them and with their mothers to redefine family roles.

Lessons Learned

The project's combination of therapeutic recreational activities, trust building, counseling, and education “changed people.”

- A response to this concern may lie in working Balancing workshops and dialog with exposure to life's possibilities, away from violence and abuse, “elevated” the parents and encouraged self-empowerment.
- For three families, life was turned completely around. At the project's closing ceremonies, these families credited DC Kids with opening the doors that helped them make important changes in their lives possible.

Reflections of Project Staff

“We would encourage anyone working with a population in disenfranchised areas to get them out of the environment to build trust and expose them to possibilities. In order to help women out of generational poverty and violence, workers must ‘think and move out of the box.’ Women can more clearly see possibilities if they are taken out of the environment that is draining them. In order for change to come, many women must experience change, not simply discuss it. People need to be exposed to other ways of living. As a result of working with this program, women have gone back to school, found better and stable jobs and learned, *‘I can do this with my kids.’*”

Promising Practices – A Showcase of 9 Demonstration Projects

The Michigan Demonstration Project: Kids Exposed

The Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) was the lead agency for the Kids Exposed, which implemented two distinct demonstration projects: the St. Clair County Child Witness to Domestic Violence Project and Muskegon County Supervised Visitation/Safe Exchange Project.

- Key collaborative partners in the project included the Michigan Coalition Against Domestic and Sexual Violence (MCADSV), and two MDVPTB-funded local domestic violence service providers, Safe Horizons in Port Huron and Every Woman's Place in Muskegon.
- A Project Steering Committee provided state-wide guidance and was comprised of staff from each local domestic violence agency, MDVPTB, MCADSV, a researcher from Michigan State University, and the director of a Michigan batterer intervention program.
- Each partnering organization had different missions and goals. Unique issues were identified and coordinated responses were developed for each community's children and families, although both sites developed referral and intervention mechanisms to enhance the safety of mothers and children.

Goals of the Collaboration

- Increase access to free, voluntary and high quality resources and services for children and youth affected by domestic violence and the resources and support services available to the non-offending parent.
- Foster coordination and enhancement of services provided by other local systems.
- Develop written victim and child resources for use by domestic violence and other services providers in Michigan and nationally.
- Create and sustain systems change.

The children served under Michigan Kids Exposed were referred primarily through the Michigan Safe Havens Program, a supervised visitation and safe exchange project, and Michigan's Family-to-Family Initiative. The two pilot projects were designed to share lessons learned with domestic violence programs statewide, and to train domestic violence victim advocates throughout the state on effective advocacy for abused women who are involved in the child protection system, and/or whose children are involved in supervised visitation with a parent. This project was able to meet the needs of at least 147 children and 67 non-abusive parents.

Demonstration Site 1:

St. Clair County Child Witness to Domestic Violence Project

Safe Horizons, located in Port Huron and providing comprehensive services for victims of domestic violence, sexual assault and/or homelessness, implemented the *St. Clair County Child Witness to Domestic Violence Project*, along with two partners, the St. Clair County Department of Human Services (DHS), and the DHS Family-to-Family Initiative.

With project funding, Safe Horizons hired a children's counselor to work specifically with children whose families were involved with Child Protective Services (CPS). If out of home placement was a possibility, Safe Horizons' involvement prevented children's removal in most cases. When removal was necessary, Safe Horizons' staff worked with the foster parents to prepare them to respond to the ways that children might act out in response to placement and counseled the abused parent during the placement process. When it was safe for children to return to their mother's care, the children's counselors also worked to facilitate reunification.

Safe Horizons also partnered with DHS in a Family-to-Family Project, which had in prior years instituted a Team Decision Making (TDM) process (based on the belief that families know their children best and can participate in planning to keep them safe), involving biological parents, community partners, and CPS. Under the demonstration project, Safe Horizons became an active member of the TDM process. Safe Horizons also worked throughout the grant cycle to educate a wide variety of community providers about effective approaches to intervention with children who had been exposed to domestic violence, training which continues today.

Challenges

Safe Horizons victim advocates recognized early in the project that TDM meetings posed potential drawbacks and possible legal liability for abused parents. Anything parents said at these meetings could be used to either craft supportive services for the family or to support

a petition for removal. Prior to Safe Horizon's involvement in TDM, there were no statewide protocols to guide the process, with each county devising its own policies and procedures.

Successes

Throughout the process, Safe Horizon's CPS Children's Counselor engaged children and youth in age appropriate exercises and discussions that worked towards reestablishing trust between abused mother and child. Safe Horizons also coordinated a referral protocol with the local CPS office to facilitate women's access to shelter and support services. Proactive collaborative efforts have replaced punitive or threatening strategies with supportive approaches to intervention with children, youth and non-offending parents.

Safe Horizons worked with DHS to place domestic violence victim advocates in all TDM meetings where domestic violence was a factor. The presence of victim advocates helped to ensure that the rights and needs of abused parents were respected during the meeting process. Experienced victim advocates challenged myths regarding the parenting skills of abused women and helped the Teams to focus on abuser accountability, while also offering resources and support to abused mothers. Safe Horizons and Lakeshore Legal Aid convened a multi-disciplinary Task Force that developed statewide protocols and best practices for victim advocates and legal aid attorneys within the TDM structure. The protocols served to protect the rights of abused mothers and consider the complex dynamics of domestic violence at every step of the decision making process.

In order to fill the gap left when project funding ended, Safe Horizons contracted with the local DHS office to provide "Domestic Violence Parent Aides." Although this new service is advocacy, rather than counseling, it is a service that continues to help parents who are abused with safety planning and assistance in navigating the child protective system.

Lessons Learned

Lack of knowledge about the complexities of domestic violence dynamics and life-generated risks to victims and their children foster negative attitudes and present a barrier to a supportive TDM process.

- Through participation in TDM meetings, Safe Horizons victim advocates learned that Michigan's CPS workers were receiving less than two hours of training on the dynamics of domestic violence.
- The TDM venue allowed for exchange of information in a more personal setting, which offered more time for discussion and opportunities to change negative attitudes and build understanding than was possible in large group training.
- Safe Horizons continues to have great success with the TDM method of small group training, and *cannot recommend it highly enough as an effective way for shifting attitudes in collaborative settings.*

RESOURCES DEVELOPED

A Report on the St. Clair County Family-to-Family Advocacy for Non-Offending Parents Pilot Project

In Michigan, the Department of Human Services (DHS) is responsible for investigating reports of suspected child abuse and neglect and it does so through the Children's Protective Services program. The Child Protection Law requires DHS to use structured decision making (SDM) tools to determine safety of the child, risk of future harm to a child, and the needs of the family (more details here – www.michigan.gov/dhs/0,4562,7-124-5452_7119_7194-15399--,00.html).

The St. Clair County TDM protocol and best practices guide was developed for domestic violence victim advocates and legal aid attorneys working with the child welfare system within the Team Decision Making (TDM) structure and process. This statewide protocol has been distributed as a statewide model (available at www.lakeshorelegalaid.org/docs/lessons-learned-report.pdf).

A Survivor's Story

Jane Doe, the mother of a very young infant, was separated from her abusive partner, John Doe. Family Court awarded unsupervised visitation to the father at specified times. As per court order, the infant was with his father when Jane went to pick him up. When Jane arrived, John began arguing with her. She attempted to ignore John's provocation and put the child in his car seat. John grabbed the child from Jane and would not let her put him in the seat. While carrying the child in his arm, John grabbed a weapon from his front seat and threatened to kill Jane. Neighbors witnessed the incident and called the police. Once the police arrived and arrested John, a report was made to Child Protective Services (CPS). The day after the incident, Jane obtained a Personal Protection Order. John was charged with assault with a deadly weapon and released on bail.

CPS told Jane that because she is still being threatened by her former partner, she was not safe and not in a position to keep her child safe. The CPS worker told Jane that because there was a previous domestic violence conviction against John, she should not have ever given John access to the baby and that Jane should have known that something like this was going to happen. CPS called the Safe Horizons victim advocate to participate in a Team Decision Making (TDM) meeting to discuss emergency placement of the child away from Jane.

During the meeting, which both Jane and John attended, the focus appeared to be on Jane and her reasons for "allowing" John to victimize her and "allowing" John to spend time with her child. The Safe Horizons victim advocate was able to help Jane explain to the TDM facilitator, the CPS worker and the CPS supervisor that Jane was the victim in this case and not at fault for what happened. Jane was acting under a court order providing John unsupervised visitation and she ran the risk of being held in contempt of court if she did not comply with the visitation order. It was John who grabbed the child and the weapon and proceeded to threaten Jane. Through this discussion, the CPS workers began to understand that John was solely to blame for the incident, and John was asked to leave the meeting. Jane was allowed to return to her home with her child, with support services in place. Jane began receiving individual and support group counseling at Safe Horizons. Lakeshore Legal Aid represented Jane in her custody proceedings and the court required John's visitation to be supervised.

The TDM was a good opportunity to educate CPS about the dynamics of domestic violence, abuser accountability and about how different facets of the justice system were prohibiting Jane from adhering to the requests of CPS. After this meeting, TDM facilitators routinely began checking to see if a protective order was in place prior to setting up a meeting to ensure that perpetrators would not have access to victims at TDM meetings.

Demonstration Site 2:

Muskegon County Supervised Visitation/ Safe Exchange *Project*

Every Woman's Place (EWP), the lead organization for the Muskegon project, has provided comprehensive services to victims of domestic and sexual violence for over twenty-eight years. EWP is also one of the four pilot sites for the Michigan Safe Havens Project through its Muskegon County Supervised Visitation Project. The Safe Havens project focused on both interventions with child and adult victims of domestic violence and systems change in the context of supervised visitation. The intervention component developed and implemented enhanced counseling services, designed to reduce trauma response and anxiety for children and significantly reduce the risk of emotional abuse, physical abuse and/or abduction during supervised visitation/safe exchange. The systems change component devel-

oped policies, protocols and procedures that supported and protected victims of domestic violence, and provided information and training for local supervised visitation center staff, affiliated court personnel and other community partners.

Systems change was enhanced through the work of the Safe Haven Consulting Committee, comprised of representatives from EWP and other domestic violence service organizations, children and youth counseling services, child protective services, the judiciary, batterer intervention services, the Child Advocacy Center, the Domestic Violence Task Force, Fatherhood Initiatives, Friends of the Court, and law enforcement. Members were called to the table through collaboration in indi-

Findings of Interest

Nationally, research and experience underscore the importance of working with children and their non-offending parents in a way that builds connections and strengthens the bond between parent and child. In the Muskegon project, support services included a counselor who focused on the needs of the child, and a separate worker who advocated for and counseled the non-offending parent. Children's services established a code word with each child that could be used as a signal if they felt unsafe during the supervised visit and they met with the child before each visit to "check-in," and again after each visitation session. When given the opportunity, children willingly discussed their feelings and experiences. The "check-in" mechanism assured children and adult survivors that staff was aware of concerns, and it created a system through which concerns could be addressed. As the project evolved, Safe Haven staff became increasingly aware of the need to support parents beyond what was being offered in the brief times before, during or after visitation.

Trauma Intervention Program for Children and Adolescents

The *Trauma Intervention Program for Children and Adolescents* (TIPCA) curriculum was adapted for use in the pilot project. This curriculum was tailored to each child's specific needs and used art, play, and storytelling to help them explore their experiences and recognize, express and process their feelings in a safe environment with the goal of reducing the child's traumatic responses, gain an increased sense of emotional safety and develop a more positive self-image. Non-offending parents were given the opportunity to explore and participate in the Adults and Parents in Trauma (APT) companion curriculum. Safe Haven staff adapted both curricula for use with domestic violence survivors, and all EWP counseling staff completed training in the implementation of both curricula. Both curricula are programs of the Structured Sensory Interventions for Children, Adolescents and Parents (SITCAP).

Trauma Intervention Program for Children and Adolescents (TIPCA) –
www.starrtraining.org/children-and-trauma

The TIPCA is a comprehensive, research-based program that provides 8-sessions of structured,

sensory interventions for children and adolescents and a component for parents of traumatized children. Researched in school and agency settings, this program has been shown to significantly reduce trauma reactions. Included in the curriculum are 2 manuals; 2 workbooks; the TLC booklets, *You Are Not Alone*, *A Trauma is Like No Other Experience*, *What Parents Need to Know*; assessment tools; and other supportive materials.

Adults and Parents in Trauma: Learning to Survive: Trauma Intervention Program

www.starrtraining.org/children-and-trauma

This resource contains assessment tools, checklists, cognitive reframing statements, healing benchmarks, secondary victimization, survivor plan, worry activities, survivor activities and After the Violence video.

2011 TLC Resource Guide: With New and Revised Resources –

assets1.mytrainsite.com/500051/tools2011.pdf

An 8-page listing of Tools Leading to Change as developed and offered by the National Institute for Trauma and Loss in Children.

vidual casework, sharing of community focus group findings, cross training and the continued presence of Safe Haven staff at community events.

Challenges

Mothers were being identified as offending parents, and/or male abusers were being identified as custodial parents. In situations where mothers were designated as the offending or non-custodial parent, Safe Haven staff sometimes became aware that these women were being re-victimized by the custodial parents by deni-

grating the visiting parent to the child – resulting in children not wanting to visit with their parent through the supervised visitation/safe exchange process. In these instances, staff reached out to support the non-custodial domestic violence survivors and offered counseling and other services.

Parents who were victims of domestic violence but who had lost custody of their children to an abusive partner were often angry at the system they felt have failed them. Safe Havens staff understood that non-custodial parents were often upset with the inequities of custody

decisions and were tenacious in offering referrals and support to assist re-victimized women.

Only a limited number of children and parents received enhanced counseling services through the project. There were three main reasons for limited referrals and/or participation: many of the families referred to Safe Haven had children who were too young to participate in counseling; some children were receiving counseling services from other community providers; and a significant number of referrals (40%) involved the abuser as custodial parent, and abusers were resistant to bringing the child to domestic violence-related counseling. Though children's numbers were low, Safe Haven staff proactively informed adult survivors about services offered through Every Woman's Place so that, when appropriate, they could access services and/or bring their children into support and counseling services.

Successes

Through the participation with the Consulting Committee, Safe Haven staff was able to encourage other community partners and court personnel to

become actively involved in the project. Their involvement fostered understanding of the dynamics of abuser behavior and the impact of that behavior on child and adult survivors, and encouraged the implementation of appropriate service provision across disciplines.

Relationships between the courts and Safe Haven improved markedly through efforts of project staff. Judges' rulings reflected a clearer understanding of domestic violence dynamics and the need for appropriate, informed intervention. Increased trust between court personnel and Safe Haven staff was illustrated by the shift from the courts issuing subpoenas for the agency records to the courts accepting reports from Safe Haven staff. Cases involving women residing in safe shelter were expedited, as the courts better understood the advantages of prompt resolution for children. Enhanced relationships between the shelter and the courts also facilitated the court's understanding of the impact of visitation on survivor safety and the need for protective, timely response.

Promising Practices – A Showcase of 9 Demonstration Projects

The New York Demonstration Project: Supervised Visitation: Enhancing Services for Children and Youth Who Are Affected by Domestic Violence

The New York State Coalition Against Domestic Violence (NYSCADV) was the lead agency for the Supervised Visitation: Enhancing Services for Children and Youth Who Are Affected by Domestic Violence Project.

- Other collaborative partners included Oswego County Opportunities (OCO), a Community Action agency, which housed a supervised visitation center; the New York Society for the Prevention of Cruelty to Children (NYSPCC), the first child protective agency in the world, which has been operating a successful supervised visitation program since 1992; and the New York State Office for Children and Family Services (OCFS).
- During the three-year grant period, partners supported the work of the pilot project through regularly scheduled teleconferences, quarterly in-person meetings, and three annual Supervised Visitation Forums.

Goals of the Collaboration

- Provide safety, services and support to children and youth exposed to domestic violence.
- Provide safety, services and support to adult caregivers in order to enhance their caregiving capabilities.
- Increase the capacity of supervised visitation centers to provide safe services and support to children and youth who have witnessed or were exposed to domestic violence.
- Develop a replicable, best practice model for supervised visitation.

Challenges

The unique perspectives and philosophies that enriched the collaborative partnership also created challenges for the group. Given a history of child protective services and mental health workers holding victims accountable for the abuse and for children's exposure to violence, there were concerns about the practitioner roles as mandatory reporters of child abuse and neglect. Setting goals that "fit" with the vision of each of the partnering organizations was a struggle. While some organizations advocated for predominately child-focused approaches to the development of policies, protocol and procedures, others sought more openness regarding parental rights and behavior.

Domestic violence victim advocates, concerned about the manipulative and controlling behaviors of domestic violence offenders, stressed the need to diligently monitor parental interaction with children during supervised visitation. Early in the collaborative process, discussion stalled at times around use of language. For example, partners from one organization objected to the use of “batterer,” which they perceived to be a pejorative term. In cases where language was an issue, partners agreed to adjust vocabulary to facilitate discussion and lessen conflict.

Critical to the success of the supervised visitation process is respectful and responsive interactions with the courts. One issue faced by OCO Center staff was the high level of judicial turnover and the need to routinely rebuild relationships and reestablish the importance of the Center’s work, including the processes that define safe and effective supervised visitation.

The Experience

The first three goals of the project were realized through the work of the Oswego County Opportunities’ Supervised Visitation Center and project partners. OCO staff conducted research regarding the operation of a supervised visitation center and collected examples of protocol and guidelines.

As research into policies, protocol and procedures evolved, OCO staff was also able to contribute to partnership discussions and decision-making by sharing lessons learned from the daily operations of their supervised visitation program. That on-the-ground practical experience — especially experiences with victims of domestic violence was extremely valuable in informing program development.

The fourth objective identified by the New York partnership was development of a replicable, best practices model for supervised visitation and safe exchange. Project partners utilized all the research and networking mentioned above, and also designed yearly forums to bring staff from other supervised visitation

centers, funders, and community and state partners together. Forums offered participants the opportunity to network and share strategies for addressing domestic violence-related issues in the context of supervised visitation.

The venue was also used to identify gaps in services and discuss emerging issues. Project staff analyzed guidelines for domestic violence screening, safety protocols, and training and brought their findings to colleagues at the annual forums. What they found was a limited number of adequate protocols and guidelines for domestic violence cases, problematic risk assessment tools, a dearth of information on culturally appropriate services, few guidelines on transitioning from supervised to unsupervised visits, and very little information about making supervised visitation centers supportive environments for victims of domestic violence. Forums provided time and space for development and review of existing protocols, policies and development of new guidelines and promising practices that could be implemented across the State.

The partnership’s final protocol for providing supervised visitation services where domestic violence is present was “the culmination of three years of dialogue, piloting strategies, review, feedback and revision.” Drafts were reviewed at forums in the second and third years. Response was “overwhelmingly positive” and the National Supervised Visitation Network and the New York City-based Center for Court Innovation, among others, requested final copies when completed.

Successes

To address the concerns raised by high judicial turnover, the OCO team met with new judges whenever possible and invited them to visit the Center. Staff presentation of cases in court was held to the highest standards; in weekly, onsite case reviews, staff explored the details of each case, received feedback and support from colleagues, and enhanced their ability to clearly communicate their concerns to the court. In order to

RESOURCES DEVELOPED

Supervised Visitation & Domestic Violence: A Protocol for Services

The partnership's final Protocol for Services was designed to enhance domestic violence victim safety, support consistency in service provision statewide, support the courts in better utilizing supervised visitation services, and encourage expansion of supervised visitation services in communities statewide. This protocol is based on the premise that supervised visitation cases that involve domestic violence are only appropriate for center-based services, and the recommendations presume that model. In a comprehensive, user-friendly document, it provides information on the following:

- All aspects of program implementation, including operating assumptions such as staff/volunteer qualifications, training for staff/volunteers and supplemental services.
- Security issues with regard to staffing, emergency protocol, characteristics of the physical plant and recommendations for arrival and departure.
- Interaction with the courts in reference to referrals and reporting to the courts.
- Recommended standards regarding the adult and child intake processes and parental access to records.
- Clear guidelines concerning conduct during visitation, debriefing of children and custodial parents and additional security measures and considerations.
- Recommendations related to follow-up with both the custodial and visiting parents after visits follow-up after client files are closed.

provide the most accurate information to workers when CPS was involved with a family, OCO staff concisely documented observations about the behavior of children during supervised visitation and recorded observations about the parents' behavior and interaction with the child and Center staff.

Lessons Learned

Informed response by the court is invaluable in addressing and resolving issues raised by reactive judicial and social services responses to the needs of children. Referrals to supervised visitation programs are largely dependent upon the courts' understanding of the tools and nature of supervised visitation services.

- To insure that appropriate intervention is established, positive professional relationships among service providers, the community and the courts are imperative.
- Service providers need to know what they can expect from the court; the court needs to know what it can expect from providers.
- Discretionary tools like bench books can provide insight for the judiciary when training and networking time is limited.²²
- The best approach to holistic service provision involves case-by-case analysis, which is informed by knowledge of domestic violence and children's responses.

Findings of Interest

Well-meaning workers may seek to take children away from “harmful situations,” in effect removing them from the custody of both abusing and protective parents. Research has shown that children’s resilience²³ is enhanced by a healthy relationship with a stable and caring adult. When children are removed from the custody of non-offending parents, very often their ability to heal is compromised.

It is important that child protection systems re-examine their responses to families in which both children and adults are being abused. Every effort must be made to keep children with their non-abusing caregivers, provide safety resources for both adult and child victims in a family, and develop new methods for intervening with men who both abuse their adult partners and the children in their homes. Federal and privately funded efforts are underway to test new ways of collaborative work between child protection systems, the courts, and domestic violence organizations (see www.thegreenbook.info). Alternative or differential response initiatives within child protection systems may, in part, provide an additional avenue for providing more voluntary services.

Such responses include expanded programming within domestic violence organizations, partnerships with community-based organizations, and new types of “child witness to violence” projects around the country. Many of these programs stress the importance of mothers in their children’s healing and encourage mother-child dyadic interventions. These systems of care need to be developed as part of the fabric of communities from which the women and children come if they are to be sustained and culturally proficient.²⁴

Promising Practices – A Showcase of 9 Demonstration Projects

6 Oklahoma Demonstration Project: *Oklahoma Collaborative Children's Services Project*

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) served as lead agency for the Oklahoma Collaborative Children's Services Project.

- OCADVSA provides education and prevention information to organizations statewide, supports member programs, and works to expand quality services to victims of sexual and domestic violence and stalking in the state of Oklahoma and Indian Country.
- A key project partner was the University of Oklahoma Center on Child Abuse and Neglect (CCAN), established in the Department of Pediatrics, College of Medicine, at the University of Oklahoma Health

Sciences Center (OUHSC) in 1992. CCAN directs research, program administration, clinical services, professional education, program development, and public education in the field of child maltreatment.

- Six domestic violence programs, all members of OCADVSA, agreed to participate in an evaluation and enhancement of their children's services focusing on treatment of trauma-related symptoms in children who had been exposed to abuser behavior.

Goals of the Collaboration

The overall goal of this project was to enhance services for Oklahoma children who are exposed to domestic violence through:

- Adaptation and evaluation of the SAFETY First psycho-educational intervention model;
- Enhancing the Oklahoma children's domestic violence services standards; and
- Development of standardized, statewide child advocacy training.

Challenges

When OCADVSA first brought SAFETY First, an intervention focused on reducing children's trauma symptoms, to the six community-based domestic violence programs, victim advocates were protective of the safety and confidentiality of shelter residents and some were resistant to clinically-based approaches. The concept of clinical researchers and abused women's victim advocates working together was still very new. Many shelter victim advocates were not clinically trained, and they had historically been guarded in their interactions with mental health professionals, given a history of child protective

services (CPS) and mental health (MH) workers holding the victim accountable for the abuse and for children's exposure to violence instead of the abuser. They were also concerned about the therapist's role as a mandatory reporter of child abuse and neglect.

This resistance was also rooted in a belief that child and adult victims of domestic violence do not need "treatment," but benefit more from education, counseling, peer support and advocacy. Community-based victim advocates also wanted to make certain that the perspectives of victims and their advocates informed both the identification of the issues and the responses proposed. OCADVSA was instrumental in bridging the gap between the two groups and worked to build trust between clinicians and victim advocates.

Focus groups with adult residents of safe shelters were the mechanism through which the voices of safe shelter residents and their victim advocates were heard. Focus group discussions concentrated on the complex challenges faced by mothers in the context of domestic violence. Women were asked to give feedback about the kinds of services they would find most beneficial for themselves as mothers and for their children. Women were asked how domestic violence had impacted their ability to parent. They were asked where and how they wanted support in parenting their children. Group facilitators were careful to set the stage for focus group conversations in a way that reduced any guilt women might feel as they examined the negative ways that their children were impacted by abuser behavior.

Project staff also wanted to learn from the focus groups about the ways in which services could best be provided to adult victims. They wanted to understand how to pace service delivery to avoid overwhelming parent/caregivers. Women residing in shelter were already dealing with issues related to housing, employment, childcare, transportation, and any number of life-generated issues. The focus groups were asked at what point would it make sense for

RESOURCES USED

How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)s

Previously piloted in three central Oklahoma domestic violence programs, the SAFETY First approach was found to lessen children's trauma symptomatology when compared to standard children's services; thus this intervention model was chosen and adapted for use in this project. Developed by the SAMHSA-funded National Child Traumatic Stress Network's (NCTSN) Sexual Abuse Task Force, this model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models (available at http://www.nctsn.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf). TF-CBT is recognized as being one of the most effective interventions for children who have significant psychological symptoms related to trauma exposures. This TF-CBT Implementation Manual is for therapists, clinical supervisors, program administrators, and other stakeholders who are considering the use of TF-CBT for traumatized children in their communities.

staff to begin to address parenting concerns? Focus groups allowed project consultants to get in touch with study participants in meaningful ways that allowed consultants to more effectively partner with victim advocates in structuring intervention strategies, state standards and victim advocate training.

Victim advocates' focus group discussions revolved around the translation of the SAFETY First curriculum into something that could be easily folded into the shelter experience. Victim advocates and consultants used victims' focus group discussions to ascertain which aspects of the curriculum would be most useful for mothers and children. It was important to structure curriculum content and delivery in ways that allowed

shelter residents to take something of the intervention with them, no matter how long their shelter stay.

The Experience

In the initial model, the interventionist conducted two one-hour sessions with the child and caregiver and completed workbook activities modeled after approaches used in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). SAFETY First incorporates TF-CBT components such as identification and processing of feelings and thoughts related to exposure to abuser behavior, normalization of children's traumatic responses, teaching children coping skills, and educa-

Findings of Interest

Over 80% of children exposed to domestic violence can give detailed descriptions of the violence experienced in their families.²⁵ One of the potential, unfortunate effects of such exposure is the development of feelings of self-blame on the part of the child. Children often feel guilt for causing the violence or not figuring out a way to stop it and protect their parent or parents. They may feel responsible for preventing the violence or the need to protect and take care of the victim and/or their siblings.²⁶ One child in the Oklahoma Children's Collaborative Services Project, who felt that he was to blame for the violence, learned that he was not at fault. His mother had been unaware that her son felt guilt and shame over the violence and during the intervention, assured him that he was not to blame.

The concept of this experience is not uncommon. Research suggests that women identify negative, but also positive effects of the violence on their parenting. Responses from participants in one study indicate that although women do not perceive violence as a positive influence itself, they are able to mobilize their resources to respond to the violence on behalf of their children. Women's descriptions of their responses to the violence, such as providing increased empathy and caring and explicit guidance about the importance of not repeating the violence, suggest methods of actively working to prevent or buffer the impact of the violence on their children.²⁷

tion and safety planning with non-offending parents. After the initial sessions, the interventionist met with the caregiver for a 30-minute psycho-educational session. During that session, the worker provided the child's caregiver with information about common responses of children to traumatic events, suggestions for providing parental support to traumatized children, discussion of the child's current functioning, recommendations for treatment and referrals to community services.

The second project objective was to establish recommendations for revisions to the Oklahoma children's domestic violence service standards. A key step in this process was the establishment of the OCADVSA Children's Services Committee, which successfully submitted recommended revisions to improve definitions of Oklahoma children's services. Recommendations included revising the definition of services from "child activities" to "child services." The Committee also laid the groundwork for the creation of a standard training curriculum for child victim advocates, and establishing a higher level of certification for child victim advocates.

Another role of the Children's Services Committee was to design, implement and evaluate a standardized training curriculum for Oklahoma's child victim advocates. Unfortunately, lack of adequate funding

A Survivor's Story

One of the project partners related a story about the empowerment she witnessed among members of the focus groups held at the local library in Shawnee, OK. At that meeting, one woman who was new to shelter and still in a vulnerable emotional state sat huddled in a ball. As the focus group proceeded and other women expressed their ideas and perspectives, the new woman slowly sat up straight and, began to fully engage in the discussion. The woman's transformation through supportive interaction with other moms spoke to group facilitators – project staff – of the empowering nature of peer support and open forums.

slowed this process considerably. In place of standardized comprehensive training, plans were made to offer training in the SAFETY First curriculum at the annual OCADVSA conference. Pilot site staff committed to partnering with the Oklahoma University Health Sciences Center (OUHSC) and CCAN to conduct a two-day training about the SAFETY First intervention. Victim advocates who participated in the training were to receive free intervention materials and the

option for ongoing consultation by OUHSC in the use of the model.

Successes

Because Oklahoma is a large, rural state, bringing victim advocates together for focus groups was challenging. Consequently, the staff at CCAN often facilitated focus group discussion via conference calls. The connections fostered through focus group discussions allowed victim advocates to network with one another, learn about intervention approaches being tried across the state, support one another on challenging cases, brainstorm about innovative approaches and share successes and challenges. Most victim advocates had never had an opportunity to connect with colleagues in these ways. Through this dynamic process, the SAFETY First curriculum expanded from an original two sessions to six innovative, child-focused and shelter-friendly sessions.

STAFF REFLECTIONS

Qualitative feedback from victim advocates, therapists and residents about the SAFETY First model was positive. SAFETY First offered an organized, structured and objective way for providers to address sensitive issues with children and caregivers during their shelter stays. The intervention became a mechanism through which workers could develop positive relationships with families. The use of the curriculum allowed mothers to feel that providers' interactions with them were "agenda free." The model built awareness and skills in logical steps, and workbooks normalized and legitimized the families' experiences. Most importantly, the intervention provided a non-threatening way for children and their female caregivers to discuss their experience of domestic violence. An important lesson for families was that others had been in similar situations and had survived to thrive. The intervention offered families hope and provided them with the skills they needed to move forward.

Promising Practices – A Showcase of 9 Demonstration Projects

The Oregon Demonstration Project: *Open Arms Project*

Womenspace Domestic Violence Services operated as lead organization for the *Open Arms Project* and assumed responsibility for coordinating the collaboration.

- Womenspace has served the Lane County community since 1977, providing a 24-hour helpline, emergency safe shelter; individual and group counseling, advocacy, transitional housing and community education.
- The Relief Nursery, providing services to families at risk for child abuse and neglect, and Looking Glass Counseling Services, serving victims of domestic violence and youth who are exposed to violence and maltreatment, partnered with Womenspace to create and provide wrap around services for children and their caregivers. The Oregon Coalition Against Domestic and Sexual Violence and the Oregon State

Department of Human Services supplied technical assistance, training support and disseminated project information and materials.

- The Open Arms Project responded to a 2003 Womenspace survey of shelter residents, in which they indicated wanting support for their children and for themselves as parents, including help in understanding and addressing children's traumatic responses to exposure to abuser behavior and support in parenting during crisis, including brief respite from parenting when they themselves felt overwhelmed.

Goals of the Collaboration

- Establish a seamless system of wrap around services and ongoing community support for children and non-offending parents who identify as victims of domestic violence. Collaborative services included individual therapeutic intervention, group support, parenting education, therapeutic respite care, school-based education, school-based psycho-educational support groups and home visits for families exiting shelter.

Partnering Activities with Looking Glass

Under the *Open Arms Project*, a Looking Glass therapist was placed at the Womenspace Shelter and Advocacy Center. Initially, the therapist spent informal time with children in shelter. She then began to co-facilitate children's group with the shelter's youth victim advocate. Additional responsibilities of the Looking Glass therapist included:

- Offering shelter residents assessments, referrals and ongoing services for themselves and their children;

- Consulting with shelter staff and other community providers;
- Co-facilitating shelter and community-based support groups for families whose children ranged in age from six to eighteen;
- Co-facilitating, longer-term, closed enrollment groups with women who wished to participate in more in-depth therapeutic work;
- Offering individual, long-term therapy;
- Encouraging rapport building between residents and Looking Glass staff; and
- Encouraging residents to participate in therapeutic services during and beyond their shelter stay.

Challenges

The integration of the Looking Glass therapist into shelter programming, while beneficial to residents, was not without challenges. Some shelter staff had difficulty accepting the presence of a clinical therapist within the shelter. Given a history of child protective services (CPS) and mental health (MH) workers holding the victim accountable for the abuse and for children's exposure to violence, they were concerned about the therapist's role as a mandatory reporter of child abuse and neglect. Prior experience with mental health providers focusing on pathology in victim behavior rather than strength and resilience that they saw in victims also raised concerns and negatively impacted the partnership in the initial months of the project. Time was needed for trust building.

Interestingly, the therapist chosen to work with shelter residents had been a shelter victim advocate for four years, and, after completing graduate work in clinical intervention, was hired by Looking Glass specifically for the Open Arms project. Her ability to understand the victim advocates' perspective facilitated the trust-building process that allowed the project to succeed in later months.

Challenges also arose early in the process of the Womenspace and Looking Glass support group at the shelter.

The high level of crisis that families experienced when they left abusive situations and adjusted to communal living, and the uncertain length of shelter stays combined to undermine group continuity. Eventually, the decision was made to move the parenting group from shelter to the Womenspace Advocacy Center, and open the group to all program participants.

Successes

Once the support group relocated to the Advocacy Center, participation was active and attendance was more consistent as participants were able to commit to the process at a time when their lives had become more stable. Eventually, the crisis parenting groups evolved into an open attendance mother's support group. Group members were able to drop out and later return to the group. Participants determined the length of their participation; some attended for up to 6 months, others for over a year. A concurrent child/youth group was created and issues that arose in either group where confidentially integrated into the discussions of the other group. If warranted, counselor/victim advocates met with caregivers and children together to find resolution to emerging issues. When the Open Arms collaborative ended, the Parenting in Crisis group continued, providing project partners with an opportunity to sustain one aspect of collaborative service delivery.

The Experience

Partnering Activities with the Relief Nursery

Once the support group relocated to the Advocacy Center, participation was active and attendance was more consistent as participants were able to commit to the process at a time when their lives had become more stable. Eventually, the crisis parenting groups evolved into an open attendance mother's support group. Group members were able to drop out and later return to the group. Participants determined the length of their participation; some attended for up to 6 months, others for over a year. A concurrent child/youth group was created and issues that arose in either group

where confidentially integrated into the discussions of the other group. If warranted, counselor/victim advocates met with caregivers and children together to find resolution to emerging issues. When the Open Arms collaborative ended, the Parenting in Crisis group continued, providing project partners with an opportunity to sustain one aspect of collaborative service delivery.

Challenges

Providing Relief Nursery services to women in transition and crisis was sometimes complicated. For example, the Relief Nursery held a few hours per week open at their facility for use by Womenspace shelter residents. Transportation to the Nursery could be problematic, as bus schedules were unreliable, making it difficult for women to keep respite appointments. Safety and confidentiality were concerns for women and children traveling from safe shelter to another location for childcare. Finally, outside of the Open Arms Project, the Relief Nursery served families whose children were at risk for abuse and/or neglect and some Womenspace families were concerned about being identified with services that focused on child abuse. In response to the barriers mentioned above, partners agreed to concentrate services at the shelter facility, so that safety concerns could be better addressed and caregivers could avail themselves of Relief Nursery services in a more secure and familiar environment.

Successes

Complementing the direct services described above, the Womenspace Youth Program successfully pursued program goals and community activities. The program was able to increase staff, hire contractual child care workers and recruit increased numbers of volunteers. Staff completed a working manual for the Youth Program, which included mission and vision statements, a description of how the Youth Program interfaced with other Womenspace Programs, job descriptions for child and youth workers, protocols

A Survivor's Story

One program participant was in a long-term, abusive marriage and had multiple children with her husband. After learning that her husband had sexually abused one of the children, the survivor initiated divorce proceedings. During an extensive custody battle, the survivor voluntarily sought help from DHS. The survivor and her children, who still had visitation with their father, began to participate in counseling services. While the children had insurance to cover the costs for their treatment, the survivor was unable to afford therapy for herself after years of financial abuse by her ex-husband had left her financially unstable. With the help of the Open Arms grant, she was able to participate in individual therapy to learn ways to manage her anxiety and improve her parenting skills. She also participated in Looking Glass' Building Safe Families group. During this group she expressed that for the first time she felt supported and believed. Her children are no longer required to visit their father and have expressed great relief that they do not have to see him.

and policies, and information about direct services, curricula and awareness materials. Open Arms also developed a curriculum for child and youth services, which encouraged bonding between caregivers and their children, and fostered supportive connections among families.

Finally, training was an ongoing process with staff and volunteers at Womenspace and their project partners. Ongoing training focused on appropriate and consis-

tent responses to children exposed to abuser behavior. Training about project-related lessons learned and promising practices was provided to other grantees, funders and Lane County service providers and community members by Open Arms staff.

Lessons Learned

Shelter-based wrap-around services greatly reduced barriers to service access for victims and allowed intervention to begin as soon as possible after the initial crisis.

- Womenspace, Looking Glass and the Relief Nursery were able to coordinate their review of each family's situation and begin working together to best meet the complex needs of children and their caregiver.
- The project design created an opportunity for staff across organizations to work with the same family simultaneously and provide more comprehensive, holistic and long-term intervention.
- Upon realizing that transportation to the offsite service location, and that emerging issues related to safety and confidentiality often prevented women and children from consistently participating in Relief Nursery services, project activities were relocated back to the shelter facility. Flexibility and willingness to adjust program structure were key in making this transition.

Promising Practices – A Showcase of 9 Demonstration Projects

Pennsylvania Demonstration Project: *A Kid Is So Special (K.I.S.S.)*

The Pennsylvania Coalition Against Domestic Violence (PCADV) served as lead organization for *A Kid Is So Special (K.I.S.S.)*

- Collaborative partners included the Pennsylvania Office of Children, Youth and Families, which provides competency based training to all child welfare professionals in PA and, for the project, conducted child development training for domestic violence victim advocates; the Child Witness to Violence Project (CWVP) in Boston, MA, whose staff offered training, technical assistance and case management supervision related to trauma informed domestic violence services to victims and children and the provision of home and community-based services; and Cris Sullivan, Ph.D., a professor in the Psychology Department at Michigan State University who provided expertise and experience in project evaluation.
- The initial step of the project was to build the capacity of PCADV project staff to provide training and technical assistance to domestic violence program staff on meeting the needs of child witnesses to violence. This was accomplished through attendance by PCADV staff in an intensive “Clinical Intervention with Young Children Affected by Domestic Violence and Other Trauma” training at the Child Witness to Violence Project in Boston, MA; and training sponsored by the National Council on Juvenile and Family Court Judges on Children Exposed to Domestic Violence. The four domestic violence programs selected as pilot sites represented diverse service populations and geographical areas within Pennsylvania:
 - **Womansplace**, located in McKeesport, PA in the upper corner of Allegheny County near Pittsburgh. Womansplace serves victims in four counties in an area that has the highest population of welfare recipients in the state.
 - **Schuylkill Women In Crisis**, a small rural program in Pottsville, PA, which is located in an economically depressed area of east-central Pennsylvania.
 - **Alice Paul House**, a comprehensive domestic violence and victim service organization in Indiana, PA, was chosen to represent rural communities in western Pennsylvania.
 - **Congreso De Latinos Unidos**, is located in Philadelphia and serves an urban Latino community, providing a wide variety of programs in addition to domestic violence intervention.

Goals of the Collaboration

- Expand the capacity of domestic violence programs and victim advocates to address the needs of children and adolescents through improved services and supports.
- Enhance the competency of domestic violence victim advocates in order for them to support the abused parent's ongoing caregiving capacity and ability to build resiliency in children.
- Develop new home-based services, focusing on children between the ages of 3 and 12 with four demonstration sites focusing on strengthening the abused parent-child relationship and addressing the trauma associated with a child's exposure to an abuser.
- Increase parents' understanding of child development, age-appropriate behavior, children's emotional and behavioral responses to abuser behavior, and appropriate ways to offer their children support.
- Create a paradigm shift from providing separate services for children and adult survivors of domestic violence to a focus on service provision for mothers and children as a family unit.

Training and education were essential in supporting the four pilot sites as they developed innovative services for women and their children. Training was ongoing throughout the grant period and focused on providing victim advocates with pertinent information and skill building techniques. Project staff developed user-friendly intervention materials, which participants could take back to their programs. Training and materials included information on child development, the impact of violence on child development, trauma-based counseling, appropriate approaches for talking to non-abusive parents about children's behaviors and needs, family safety planning, the provision of home-based services, and parenting support group guides. In order to further assist victim advocates in reaching women and children "where they are," project staff offered training to enhance victim advocates' understanding of the cultural context and impact of

generational poverty, which addressed the experience of many of the families seeking services.

In addition to trainings, curricula and storybooks, puppets and other items useful in working with mother and children were purchased for the demonstration projects. As a result of *K.I.S.S. Project* activities, the pilot programs began to understand what it truly meant to provide comprehensive services for mothers and children together. A major shift in focus occurred—from serving mothers to mothers and children as a family unit. Victim advocates working in the four pilot programs grappled with translating this philosophical paradigm shift into practical applications into both shelter and home-based service provision and were successful in making that transition.

Challenges

K.I.S.S. Curriculum and Womansplace

The integration of the Looking Glass therapist into shelter programming, while beneficial to residents, was not without challenges. Some shelter staff had difficulty accepting the presence of a clinical therapist within the shelter. Given a history of child protective services (CPS) and mental health (MH) workers holding the victim accountable for the abuse and for children's exposure to violence, they were concerned about the therapist's role as a mandatory reporter of child abuse and neglect. Prior experience with mental health providers focusing on pathology in victim behavior rather than strength and resilience that they saw in victims also raised concerns and negatively impacted the partnership in the initial months of the project. Time was needed for trust building.

Interestingly, the therapist chosen to work with shelter residents had been a shelter victim advocate for four years, and, after completing graduate work in clinical intervention, was hired by Looking Glass specifically for the Open Arms project. Her ability to understand the victim advocates' perspective facilitated the trust-building process that allowed the project to succeed in later months.

Resources Developed: *K.I.S.S. (A Kid Is So Special)*

K.I.S.S. (A Kid Is So Special) is a 12-week child-focused curriculum developed by project staff to assist adult survivors in recognizing the impact that domestic violence has on children, as well as understanding and responding appropriately to children's reactions to abuser behavior. K.I.S.S. offers strategies for helping children build resilience in the face of adversity. The Curriculum includes a guide for victim advocates and five mother-child workbooks.

K.I.S.S. is not a comprehensive "parenting" program. It is a beginning step in strengthening the mother-child relationship that has been impacted by the violence and abuse. It acknowledges that each survivor has her own personal beliefs and experiences about parenting based on cultural, religious, and familial factors.

Before offering the K.I.S.S. curriculum to any non-abusive parent, it is recommended that victim advocates are familiar not only with the content of the curriculum, the booklets and the victim advocate's guide, but also with the following:

- Child development: physical, emotional, social and intellectual.
- The impact of exposure to domestic violence on children's development.
- Concrete effects of exposure on children.
- What child witnesses need to heal.
- Guidelines for talking to children at different ages.

The victim advocates' facilitation guide provides information about the ways in which an abuser's behavior can interfere with the parenting of survivors and the importance of providing a mother with tools to assist her in strengthening the parent-child bond, and helping children build resiliency and heal from exposure to domestic violence. The five booklets for the non-abusive parent include:

- 1 – Playing Together: focusing on the social development of children and how parents can nurture children through play.

- 2 – Learning Together: focusing on intellectual development and school success, including ways to help children learn through everyday experiences.

- 3 – Growing Together: focusing on how children develop physically and emotionally, and important ways parents can support healthy growth.

- 4 – Being Together: focusing on family dynamics and how parents, especially single parents, can help children have a positive view of family.

Understanding Together: focusing on encouraging parents, especially survivors of domestic violence, to reclaim their role as the disciplinarian of their children.

Sessions with mothers were offered in one to two-hour time slots, either in a group or individually. Each booklet provides additional information than can be covered in those time slots, if needed. Victim advocates can choose what is most relevant for the group or mother, plan for additional sessions or encourage the survivor to try some of the activities in the booklet with her children. The booklets can be used in any order; they are related, but independent of one another. Each booklet includes:

- General information on the theme, presented in short articles written at a fifth grade reading level.
- A thought-provoking poem or inspirational article on mother-child relationships.
- An activity for the victim advocate to use during group and individual discussion time.
- Information on domestic violence and its effects on children.
- Activities for "Mommy And Me" to do together, geared to the age of the child and reinforcing the theme of the booklet. These family time activities are low or no cost and available to almost any family. Note: The booklet Understanding Together does not include activities for "Mommy And Me." In its place is a brief section for moms handling their own feelings that arise when managing children's behaviors.

Challenges also arose early in the process of the Womenspace and Looking Glass support group at the shelter. The high level of crisis that families experienced when they left abusive situations and adjusted to communal living, and the uncertain length of shelter stays combined to undermine group continuity. Eventually, the decision was made to move the parenting group from shelter to the Womenspace Advocacy Center, and open the group to all program participants.

The Experience

K.I.S.S. Curriculum and Schuylkill Women in Crisis

The K.I.S.S. program was also successfully implemented at Women In Crisis (WIC), the Schuylkill County pilot site in Pottsville, PA. WIC is a small program with one women's counselor, who is also the counseling

supervisor, working on-site during the day, and a children's counselor working on-site in the evening hours. At this pilot site, victim advocates only worked with families in the transitional housing program with each WIC counselor working with two families at a time. Victim advocates went to clients' homes in the evening, during dinnertime and homework time, and experienced rich family interactions. Exchanges were more informal and intimate in the family's space; conversation was more free flowing and victim advocates gained insights into women's complex needs and schedules. The in-home arrangement was helpful to the mothers as well. During sessions with their victim advocates, they could attend to their lives and didn't have to take time from their day to go across town for another meeting. They also seemed to enjoy the company of a supportive adult in their homes, and began to understand the advantages of building a peer support network.

STAFF REFLECTIONS

In talking about the challenges, barriers, frustrations, and successes of the curriculum, the Womenspace victim advocate stated that, as they focused on women's strengths in parenting their children, "It felt like something was being sewn into them." After the 12-week services ended, women often continued to call their victim advocate for support and resources.

Tips for providing services in transitional housing settings

Womenspace victim advocates learned that providing the K.I.S.S. curriculum in a transitional housing setting required an approach different from those used in community-based settings. Many women in transitional housing are coming out of a 30-day stay in shelter. Many are still in crisis and not yet able to address issues related to their children's needs. Some may be still in denial about the effect of abuser behavior on their children, believing the children are unaware of the abuse. As with mothers residing in safe shelter, it is difficult for women in transition to integrate their children's needs into all the other issues they were facing. Complex life-generated needs, employment, housing, transportation, and childcare require prioritization. Children's emotional needs may often become secondary to the family's more immediate survival needs. In trying to pace services according to mothers' priorities, Womenspace victim advocates provide two weeks to a month of adjustment time in transitional housing before approaching women with the K.I.S.S. program.

The Experience

K.I.S.S. Curriculum and Alice Paul House

Alice Paul House (APH), the pilot site in Indiana, PA, also successfully utilized the K.I.S.S. curriculum. The K.I.S.S. format proved to be a valuable tool in building service continuity between shelter and transitional housing and between transitional housing and independent living in the community. As noted in the Tips section, utilizing K.I.S.S. in shelter can prove difficult when the family is in crisis. Most often the crises have ameliorated to large degree in transitional housing when mom doesn't have to worry as much about housing and feeding her children.

APH victim advocates described the work as rich, varied, full of surprises, challenging and rewarding. They placed great value on home visits, noting that it allowed the mother time to focus on her parenting strengths and new ways to support her children. APH consistently adjusted the K.I.S.S. program to meet individual needs in response to the realities of each mother's life. Staff maintained the integrity of the program and its guidelines, while concentrating on the survivor and her children, adjusting schedules and at times, substituting weekly call-ins for weekly in-person visits.

Though most clients were not communicating with their abusers, safety issues were carefully considered for both victim advocates and program participants when sessions were community-based. Victim advocates who did visit homes in the community followed a routine safety protocol: carrying cell phones, making sure homes were safe before entering, familiarizing themselves with the layout of each house to establish safety routes, and returning to the office by nightfall. When they were in place, protection orders enhanced victim and victim advocate safety. Client safety was a concern for victim advocates and safety planning was part of ongoing support. If women felt unsafe in continuing the program, other arrangements were

made – similar to those used as if worker safety became an issue. Victim advocates also addressed other child safety issues during their implementation of the K.I.S.S. curriculum, helping mothers with child proofing their home, using parent and child timeouts, and other issues.

The Experience

K.I.S.S. Curriculum and Congreso De Latinos

The fourth Pennsylvania pilot site was Congreso De Latinos Unidos (Congreso) in Philadelphia, PA. Project objectives were implemented through Congreso's Latina Domestic Violence Program (LDVP). The LDVP is committed to victim empowerment through counseling and advocacy, and works to educate the community about domestic violence. Honoring "la familia" and concentrating on Latino strengths is a vital component in the success of culturally appropriate and effective intervention. Because the vast majority of Congreso's clients—including children and youth—are monolingual Spanish or are much more comfortable receiving services in their first language, Congreso staff provided the K.I.S.S. curriculum in Spanish.

Congreso De Latinos LDVP was the only pilot program in Pennsylvania that included fathers in family intervention. For twenty-five percent of the families served, the abusing parent was involved in the intervention. Staff combined K.I.S.S. lessons with components of the Parenting After Violence curriculum to more effectively work with these families. The Philadelphia Department of Human Services and the Institute for Safe Families developed the Parenting After Violence Curriculum for Safe Families as a resource for child welfare and other providers.²⁸

Service to families focused on exploring the level of violence within the family, enhancing the safety of all parties, and developing approaches that best served the needs of the family as a unit. To assure maximum safety for participants, Congreso worked closely with

²⁸ Parenting After Violence is a new national concept, which explores ways that both mothers and fathers can restore family safety and help their children to heal when there has been trauma, conflict, and family violence within the home. For more information about the *Parenting After Violence Curriculum*, please go to http://www.instituteforsafefamilies.org/parenting_after_violence.php.

Menergy, a batterer intervention program in Philadelphia, to assess the offenders' ability to engage safely in the families' therapeutic process. The K.I.S.S. curriculum was successfully integrated into the home-based parenting component of the Latina Domestic Violence Program. Through home-based service provision, families focused on the ways that each family worked as a system and each member's role and purpose in that system. The K.I.S.S. intervention model served to define healthy parental roles and responses to children's needs, clarifying children's experiences, suggesting effective approaches to rebuilding parent-child relationships, and enhancing children's resilience.

Seventy-three percent of families reported improved familial relationships and less violence. Eighty-nine percent improved communication and for seventy-four percent of the youth, mental health symptoms lessened. Congreso staff reported that this project really brought the needs of their families' to light and

encouraged staff to move forward with models of service that involved all members of the family – including offending parents, when safety could be assured. Staff established the need for more trauma-informed therapy, which is especially helpful in addressing the issues of offenders, and for services available in the native languages of program participants.

Trauma-informed therapy integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices and traditional cultural values. It focuses on safety, regulation of affect, improving the child-caregiver relationship, normalization of trauma related response, joint construction of a trauma narrative with the goal of returning the child to a normal developmental trajectory.²⁹

²⁹ de Arellano, M. A., Ko, S. J., Danielson, C. K. & Sprague, C. M. (2008). *Trauma-informed interventions: Clinical and research evidence and culture-specific information project*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Findings of Interest

The K.I.S.S. curriculum was implemented through in-home services, either in shelter, transitional housing units or in the community. According to victim advocates at all of the pilot sites, home-based services really showed them what it meant to “meet families where they are.” When victim advocates met with women in their homes, in the midst of their complicated lives, it became evident that addressing domestic violence was not always their first priority. Appointments often had to be rescheduled, or sometimes missed altogether, because of housing, transportation, legal, childcare or other pressing issues that took precedence over the project's two-hour weekly appointments. Each woman was clear about her most immediate needs, and service provision had to be adjusted to honor those needs. Meetings might take place while dinner was being prepared, or clothes were being washed at a local laundromat. At times sessions had to be cancelled at the last minute because the abuser was creating safety issues.

For example, one family had to relocate quickly and was thrown back into crisis because the abuser had located them and was threatening to harm them. Women also made last minute calls asking that the victim advocate come as soon as possible, because the abuser had gone out or was called to work at the last minute. This meant the victim advocate would need to leave her work in that moment and go: “You do whatever [you have to] to give her what she needs. When you do in-home services you are truly meeting them where they are.” Victim advocates engaged in home-based work experienced and engaged with mothers and their children on a deeper and more intimate level than those who saw clients in other structured program environments.

Lessons Learned

Inclusion of supervisory and other domestic violence program staff in project activities is crucial.

- As adjustments in approaches to intervention were made, victim advocates and executive directors relied on the supportive training, technical assistance, resources and materials provided by PCADV staff and consultants.
- Although, the executive directors of the pilot programs had interactions with project staff and consultants, supervisors of the victim advocates doing the home visitations were not included in training, technical assistance and case management activities. This created communication difficulties and sometimes barriers to the provision of in-home services.
- Other domestic violence program staff had mixed feelings about the project, including negative responses to the victim advocates providing home visitation services being gone from the shelter, often for a number of hours at a time, particularly when the shelters were full.
- A presentation or orientation about project goals and activities may have alleviated the frustration of other staff in feeling that they were being asked to shoulder additional responsibilities during the victim advocate's absence from the program.

A Survivor's Story

One K.I.S.S. Project mother was from the Middle East. In home-based meetings with victim advocates, cultural expression was very important to her. She would greet the victim advocate in formal, cultural attire and provide a food spread for the meetings. In this comfortable setting, she shared openly with the victim advocate about her experiences and through their work together, began to believe she could survive and thrive on her own. During home visits, victim advocates were able to explore a full range of issues. Over time, she was able to finish her education and recognize the positive changes in her life.

- Additionally, it would have been beneficial to meet regularly with pilot program supervisors and other direct service staff to obtain full agency buy-in and support.

In conjunction with including supervisory staff, victim advocates engaging in strengths-focused, home-based services need ongoing supportive supervision.

- The telephone case management consultation with Child Witness to Violence consultants and project staff did not seem

as effective as it could be, as victim advocates generally did not share case specifics in enough detail.

- In the future, project staff would recommend that victim advocates receive in-person supervision focusing on accountability and support and that training on case management supervision be offered to domestic violence program supervisors.

In-home services can be provided even when the abuser still resides in or has access to the home, when safety planning is addressed.

- A decision was made early during the project period that in-home domestic violence visitation services would be offered to all victims leaving shelter, including when abusers may be present in the home.
- Many victim advocates had serious safety concerns, however over time, victim advocates fears decreased significantly and there were no instances through-

out the pilot where any victim advocate was endangered. Family safety planning training and technical assistance were essential in helping victim advocates work through their apprehensions and address the safety of the victim advocate, the victim and her children.

Victim advocates have reported that they realize that they really must “take their cues” from the survivor when the service is in her home or community.

- Although domestic violence services in Pennsylvania are based on an empowerment model, it became much more apparent to victim advocates that in shelter, the survivor is “living within our system and adjusting to our practices” compared to when the victim receives services at home.
- Through the provision of home-based services, victim advocates felt invited into the survivors’ day-to-day life and were better able to recognize the strengths of both the mothers and children in a way that was not as apparent in the shelter setting, in a time of crisis.

- Victim advocates reported feeling that they interacted and provided assistance in a deeper and more thorough level than when seeing survivors in structured program environments.

Child Welfare Service Providers recognized the K.I.S.S. curriculum as a viable parenting curriculum.

- In focus groups held, prior to undertaking this project, with survivors involved with the child welfare system, mothers uniformly reported that they were required to attend “parenting classes” but none of the programs understood domestic violence and were not relevant or helpful to their situation. A meeting was held with the PA Children and Youth Administrator’s Association to review the curriculum and copies were distributed throughout PA.
- As a result, county children and youth agencies agreed to offer families experiencing domestic violence a referral to local domestic violence programs that use the K.I.S.S. curriculum as a means to satisfy the parenting requirements of the child welfare family service plan.

Promising Practices – A Showcase of 9 Demonstration Projects

The Virginia Demonstration Project: *The Advisory Council*

The Virginia Sexual and Domestic Violence Action Alliance (the Action Alliance) is the state coalition of domestic violence programs, which served as lead organization for this demonstration project.

- For 25 years, through provision of resources, training and technical assistance, the Action Alliance has educated professionals, advocated for people affected by sexual and domestic violence, and worked to enhance the delivery of effective services to victims and their children.
- Collaborative partners included the Office of Family Violence, the Department of Health and Human Services, the Office of Chief Medical Examiner of the Virginia Department of Health, and representatives from child protective services, mental health systems, medical communities and legal services.
- The pilot sites selected had at least one full-time staff person dedicated to serving children and youth, and provided services to children, youth and non-abusing parents both in the shelter and in the community:
 - ***Samaritan House***, located in Virginia Beach, is one of the state's largest domestic violence programs and includes a group of emergency shelters, transitional housing, and a community outreach center where advocacy, clinical and legal services are provided to victims and their children.
 - ***ACTS/Turning Points*** is a program located in a once rural Northern Virginia community that has become a suburb of Washington, DC. The program operates two residential shelters, provides a wide variety of community-based services, and offers one of the most stable and effective batterer intervention programs in Virginia.
 - ***Family Resource Center*** serves a five county rural area in southwest Virginia, and has been very successful in the overcoming barriers to service that are inherent in rural settings.

The pilot sites provided new and enhanced services to 1,141 individuals (1,012 children and 129 non-abusing parents), exceeding the project goals by more than 100%. Additionally, approximately 300 public school personnel received comprehensive training on the impact of exposure to violence and children and youth and how to effectively respond to their individual circumstances.

Goals of the Collaboration

- The goal of the Virginia project was to affect significant improvement in statewide services to children and youth and their parents who had been exposed to domestic violence.
- Build the capacity to professionals who provide critical safety and support services to survivors and their children. The demonstration project allowed Virginia to:
 - Assess current needs;
 - Test service and support strategies;
 - Create new standards of service;
 - Train providers to meet new standards of service; and
 - Identify resources to support the statewide implementation of enhanced services to children and youth.

The Virginia project began with the formation of the Advisory Council. Clarification of roles was paramount to the success of the Council. Members understood and agreed that it was not the function of the demonstration project to improve any one organization's response to the needs of children, youth and non-offending parents, but rather to improve overall systemic response to families. Much of the success of the Virginia project was the result of the stable, consistent participation and the informed decision-making of Advisory Council members.

The Experience

The Advisory Council

Partnering with Child Protective Services (CPS) included reiteration of a common vision for children's safety and a commitment to honor CPS statutes with regard to child maltreatment and neglect. The Department of Health and Human Services, in collaboration with VSDVAA, developed a curriculum for training CPS workers on the dynamics of domestic violence, the impact of the abusers behavior on children and youth and trauma-informed intervention.

Additionally, early in the process, the assessment of domestic violence programs in Virginia, conducted by the Advisory Council, revealed that staff training on advocacy for children, youth and parents was inconsistent across the state. As a result, training of ALL domestic violence program staff became a project priority. Two new training mechanisms for victim advocates and community partners were offered: the Basic Child and Youth Advocacy Training Curriculum (70 training participants) and the Annual Conference of the Child Advocacy Task Force (80 training participants). The Basic Child and Youth Advocacy Training was offered free of charge, in each of the four regions of the state. Further training opportunities were offered through the Child Advocacy Task Force Annual Conference.

Learning objectives included: creating an environment that values children, is non-judgmental and offers safety for exploring child and youth issues; enhancing victim advocates' understanding of the effects of sexual and domestic violence within a developmental framework; applying a developmental framework to advocacy with children and youth; and identifying unique services and resources for risk reduction and protective strategies. More than 95% of the training participants reported that the training increased their understanding of how to use basic information about child development as a victim advocate for children.

Project partners also developed guidelines for defining and enhancing comprehensive services to children and youth. Program guidelines acknowledged varied program capacities and allowed for three levels of service provision.

- **Level I** guidelines were developed for agencies that did not have staff dedicated to providing services for children and youth.
- **Level II** was designed for agencies with at least a part-time staff person dedicated to working with children and youth.
- **Level III** offered guidance to organizations that had a team of staff focused on services to children and youth.

In addition to service guidelines, project partners and local program staff from across the state developed basic requirements for Virginia's Accreditation Criteria, which mandates that every program provide time-sensitive and age-appropriate crisis response to children and youth impacted by domestic violence or sexual assault, and that residential shelters provide age-appropriate shelter orientation and safety planning for children and youth who reside in shelter for more than 24 hours.

Virginia's statewide data collection system was also enhanced to capture data that indicated the number of children and youth who were impacted by domestic and sexual violence, the number and nature of services provided to survivors, and an overview of services accessed or needed, but not currently offered consistently across the state.

The overarching message from Virginia's victim advocates is that children are our clients too. Attention to children's needs should be a priority. What is needed to continue this important work is consistent, stable funding specific to the needs of children and youth.

The Experience

Samaritan House

Samaritan House developed and implemented staff guidelines for providing interactive, age-appropriate safety planning and education to middle school youth who had been exposed to domestic violence in their school settings and for implementing a mini-mentoring program for children and youth in transitional housing to promote strength and resiliency. Training was also provided to middle school staff on how to identify, safety plan and respond effectively to children exposed to domestic violence.

A local middle school provided space for meetings after school, guidance counselors screened and selected students for the program and training for school personnel was offered each year on a quarterly basis. Weekly sessions lasting 1.5 hours were offered to five to eight middle-school youth four times a year from September to May. The information offered to students was adapted from the Teens Building Violence Free Relationships curriculum and the Teen Relationship Workbook. Samaritan House is now recognized as

Findings of Interest

An informal Samaritan House needs assessment identified a service gap in the lack of support from domestic violence programs after families have exited emergency shelter. In response, Samaritan House worked within their transitional housing program to provide mentors for 15 children and youth each quarter. Mentors were screened and trained in issues that helped them to develop supportive relationships with high-risk children and youth. Participants met bi-weekly at the Samaritan House outreach office. The group began each meeting together in a large training room, and then broke into smaller groups to enjoy activities in the Children's Program room, and on the outdoor playground and basketball court.

Mentors described nearly three quarters of young program participants as interactive, positive in attitude and increasingly communicative. One hundred percent of children and youth participated in program activities and cooperated with peers and mentors throughout the process. Mentoring helped young participants improve social skills and identify and actively engage in healthy interpersonal relationships. The program also served to break the isolation of young survivors and promoted their resiliency.

a partner with the local school system and has been increasingly contacted for outreach and support services. Middle school youth who participated in a support and education group completed pre and post risk inventories, and one hundred percent of the youth demonstrated an increase in their personal perceptions of their strength to face challenges in life.

Lessons Learned

Competition with other after school enrichment programs and the inability to gain commitment from the youth and parents for a weekly group are significant issues.

- Therefore, consideration should be given to monthly evening sessions or special events for youths exposed to domestic violence in order to provide education and support.

The time and effort to adapt curricula and to print materials related particularly to educators is well worth it.

- School personnel generally appreciate information they can use or display with their students.

Parent involvement is an integral part of mentoring efforts, and therefore mentoring projects must be designed to seek and encourage parental involvement.

- There is also a need for an orientation night for the whole family to hear about the program and meeting the assigned mentor.

Anticipate that large families exiting from transitional housing can have a significant impact on the program.

- Therefore, before assigning a mentor, assess how long the child is likely to be in transitional housing and/or whether the mentoring might continue after the child leaves transitional housing.

The Experience

ACTS/Turning Point

ACTS/Turning Point staff and administrators were particularly aware of gaps in program services for children and adults from the Latino community. During the period from approximately 2000 to 2005, the number of non-English speaking Hispanic individuals increased three fold in the county. Over 27% of the population is of Hispanic origin. Resources for Spanish only speaking individuals within the community have not increased during that same time period.

Through the project's collaborative process, new approaches emerged for reaching unserved and underserved populations including Latina women and their children, pregnant and parenting teens, and middle school youth. Focus groups with Latina women in one community led to the development of a Spanish language group for women, as well as a group for children on the same night and in the same location as a Spanish language, court-ordered intervention group for abusers, with coordinated and complementary content in each group. Members of the Latina women's group demonstrated increased understanding of the impact of domestic violence on their children, reported an increase in positive communication with their children, and substantially increased their communication with their children's schools.

Challenges

While ACTS was able to increase services to Latino/a children, meeting their needs regarding language wasn't always possible. Initially, monolingual Spanish-speaking children were mainstreamed into English language children's groups, where bi-lingual children spontaneously assisted and tutored them. ACTS was eventually able to develop a group for monolingual, Spanish speaking children. Focus on violence-related issues expanded to include services that better met the families' comprehensive needs, such as assistance with homework or education-related advocacy within the school system.

In working with children, youth and non-offending parents, ACTS victim advocates coordinated Latina victim services with batterer intervention services offered within their organization. When victims disclosed concerning behaviors on the part of offenders, their victim advocate would consult with the offenders' interventionist to have issues addressed during group or individual sessions, with careful attention to confidentiality. Through this confidential mechanism, children's needs could be addressed with their offending parents.

Successes

The second objective addressed by ACTS/Turning Points was development of an educational support group for teen mothers who were exposed to domestic violence as children and/or who experienced sexual or domestic violence in their teen relationships. In the schools, ACTS staff collaborated with the Bridges program, a project for parenting and pregnant teens housed in four local high schools. Victim advocates rotated to different schools, visiting each site once or twice per month. Group facilitators (who listened and responded, but did not lecture) became the people with whom teen mothers could discuss dating abuse, parental interactions and healthy and unhealthy interpersonal relationships. Evaluation of the teen support and educational group offered encouraging results. Participants reported that their knowledge of the dynamics of domestic violence had improved by 95 percent, and their understanding of healthy versus unhealthy relationships had improved by 90 percent.

Lessons Learned

Cultural and linguistic considerations are extensive and program services must be adapted accordingly.

- Language and cultural barriers, in a culturally diverse community, make it difficult to explain the program and its benefits. However, this project increased awareness about the specialized services needed for this population due to the probability that these families remain intact.

- Offering groups at the same location and time as the Hispanic Batterer's Intervention Group may raise safety concerns for victims and their children, but it may also raise participation of family members.
- Due to language barriers, many non-abusing parents are unable to assist their children with homework assignments or contact teachers. Therefore, many children arrive at group needing homework assistance because their parent is unable to help.
- Further, requests for support services from this population increased because new laws in the region limited the ability for immigrants and those without legal status to receive emergency services. Law enforcement, emergency medical personnel and fire fighters are being required to provide services and then ask for legal documents whenever they suspect that the persons involved may have questionable presence in the country.

Adolescent mothers present unique concerns, including fear of repercussions from the "safe" parent that must be addressed for service delivery to be effective.

- Adolescent mothers in homes where there is domestic violence may be reluctant to seek parental permission to attend group; they may be hiding their pregnancy for fear of personal abuse or abuse of the "safe" parent.
- Parents of the adolescent mother may be unwilling to sign insurance paperwork so that the teen can receive medical (prenatal) service; limiting teens access to the healthy relationship program.

Each partnering agencies presents its own set of limitations to ongoing service provision.

- Funding cuts for partnering agencies can adversely affect the ability to provide consistent services and/or partner on project activities.
- Partnering agencies (schools) that provide group and individual services may only be available during the school year.

Transportation can be a barrier for participants.

Resources Developed: *Enhancing Services to Children and Youth in Virginia Exposed to Violence: A Report on a Demonstration Project Funded by the US Department of Health and Human Services, Family Violence Prevention and Services Program, 2006-2008.*

The Alliance set out to substantially improve the response to children and youth who have been exposed to domestic violence as well as services and support to their non-abusing parents. Strategies were pursued to address the impact of domestic violence in the lives of children and youth – as well as strategies to build the “assets” of individuals, families, and communities. As a result of this three-year demonstration project, a number of affordable intervention and support strategies were successfully developed, tested, and evaluated. This Report details the project design, activities, outcomes, and provides resources for replication or adaptation. The five strategies that were chosen, implemented and evaluated for the project included:

- 1 – Developing domestic violence program staff guidelines for providing interactive, age-appropriate safety planning and education with middle school youth who have been exposed to domestic violence, based on their individual circumstances and abilities;
- 2 – Developing and implementing a mini-mentoring program for children and youth in a transitional housing program to promote strength and resiliency amongst children and youth who have been exposed to domestic violence;
- 3 – Developing a support and educational support group for teen mothers who have been exposed to domestic violence as children and/or in their teen relationships focused on safety, building relationships skills and activities that teach how to nurture their children;
- 4 – Developing a support and educational support group for parents and children/youth for an underserved population that promotes positive interactions and an understanding of how domestic violence impacts the parent-child relationship, and;

- 5 – Developing a model of trauma-informed advocacy services for children and youth based on an empowerment approach to services that recognize how trauma affects an individual’s interactions with the world around them.

Appendices in the report include:

- Statistical data on the Impact of Domestic Violence on Children in Virginia
- Details on the Needs Assessment completed by all of the domestic violence programs in Virginia to assess the capacity of local programs to offer comprehensive services to children, youth and their non-abusing parents whose lives have been impacted by domestic violence
- Information on Training for Domestic Violence Program Advocates and the Improvement of Statewide Data Collection System to Include Services to Children and Youth
- Outlines of the Guidelines for Enhancing Services to Children and Youth Statewide
- Materials for Service Enhancement Strategies Developed, Implemented, and Evaluated by the Partnering Domestic Violence Programs
- Samples and resource materials for Sustaining a Community of Practice, including site specific worksheets, handouts, advocacy tools, participant applications, brochures, certificates, etc.
- Basic Child and Youth Advocacy Training Curriculum developed to offer consistent training for all new domestic and sexual violence program advocates (those working in a program for less than one year)
- Domestic Violence Program Accreditation Criteria for Enhancing Services to Children and Youth Statewide

The Experience

The Family Resource Center

In rural areas of Virginia, the Family Resource Center (FRC) has been successful in reaching out to a growing migrant Latino population, developing unique community partnerships to support and enhance shelter services, and offering effective advocacy on behalf of children and youth. Through this pilot project, all FRC staff was trained on the delivery of a trauma-informed model of advocacy for children to achieve significant reduction in trauma-related symptoms and behaviors. Victim advocates had been doing trauma-informed work with adult women for years; FRC modified the adult model for use with children and youth. Victim advocates identified trauma symptoms in children, measured the reduction in symptoms during intervention, and documented the efficacy of trauma-informed intervention approaches. One victim advocate was assigned to work with the child and one to work with the parent.

Mothers provided feedback regarding children's responses, which was especially important when assessing the reactions and behaviors of nonverbal children. There were some drawbacks to working in residential shelter settings, however, as short shelter stays impaired children's progress. Victim advocates maintained that shelter stays of three to six months would be ideal with service provision for up to two years in transitional housing or follow-up case management in community living situations.

Initially there was some concern over the use of trauma informed therapeutic tools by unlicensed victim advocates. Many FRC staff held Bachelor and Masters level degrees, but none were licensed clinicians. In response to those concerns, victim advocates at the Family Resource Center did their research, continued to use empirically sound tools to identify and measure trauma symptoms in children and youth, and documented the reduction in trauma symptoms as a result of intervention. Participation in the pilot study and utilization of empirically proven intervention methods resulted in

increases in referrals from the Virginia Department of Social Services, the courts, and county and municipal police departments.

At the end of the three-year project, the FRC was asked to develop an intervention model and training curriculum for replicating trauma-informed advocacy statewide. The training curriculum incorporated information on crisis intervention, hotline response, and a continuum of services from initial treatment through aftercare in residential or community settings. Initial training in the use of the assessment and evaluation tools was included along with continued technical assistance. Structures for providing individual supervision to discuss cases, regular debriefing and group supervision, and peer support for victim advocates were stressed as these had been identified as important to effectively implement the trauma-informed approach. Attention to integrating culturally appropriate responses was also addressed.

Lessons Learned

Building the capacity of professionals who provide critical safety and support services to victims and their children, whether licensed or not, can be achieved and results in significant improvement in statewide services to children, youth and their parents who have been exposed to domestic violence.

- This model is heavily dependent on staff teamwork, intensive staff training and supervision, and long-term relationships with the children and youth. It is most appropriate for agencies with adequate staff resources.
- Regular and effective communication was key to the success of the model; staff must feel supported in the use of the model.
- Evaluation of the efficacy of this model is not totally dependent on scales or pre and posttests. The program values supervisory assessment of staff and client feedback.

Demonstration Projects: Lessons Learned

Demonstration Projects: *Lessons Learned*

Overview

Project directors and victim advocates who contributed their knowledge and experience to the content of this publication spoke with pride of the accomplishments made possible through this funding opportunity. They shared stories of children, youth and parents whose lives and futures were moved in positive, productive and violence-free directions. They shared ways in which their projects built and fine-tuned their collaboration, service provision, curricula design and training to meet the needs of those being served, the obstacles encountered and lessons learned along the way.

The collaborative process at the center of each project was described as both rewarding and challenging. Partnering organizations described having to simultaneously advocate for their perspectives while striving to understand their partnering organization's position on various issues, in some cases having to develop a common language to facilitate communication. Through commitment and dedication to the collaborative process, multi-disciplinary and cross-community partnerships strengthened and grew to provide expert guidance to each pilot project. What follows is a synopsis of those lessons learned and recommendations from the demonstration sites.

Collaboration

The unique perspectives and philosophies of project partners enriched any collaboration and defined its challenges.

Development or enhancement of safe shelter and community-based services for children and youth was the goal of collaboration for all of the demonstration projects. Knowing that many young victims may never receive services from domestic violence programs, the

importance of inter-agency collaboration in establishing effective identification, assessment, and service provision for children and youth becomes even more critical. Domestic violence was often not discussed when parents investigated community services such as housing, Temporary Assistance to Needy Families, mental health services, substance abuse treatment, child protective and/or supervised visitation services. With appropriate training and service provision facilitated by domestic violence experts, community responses can more effectively identify and address the safety needs of both protective parents and their children and promote resiliency in children and youth exposed to abuser behavior.

Project partners learned that, for collaboration to succeed, it was necessary to:

- Focus on the needs of the individuals being served as defined by those individuals.
- Provide meaningful assistance to adult and child victims by considering at every step of the collaborative process, the complex and changing dynamics of domestic violence in victims' lives.
- Gain the absolute buy-in and commitment of all community partners.
- Clarify, understand and accept the differences in philosophies, language, missions, and statutory responsibilities of partnering organizations.
- Enhance overall system response, understanding that the intent was not to focus on the "repair" of any single system or organization.
- Develop and coordinate referral protocol that facilitates victim access to shelter and support services.
- Work together to develop local, county or statewide protocols and practices that can be implemented by staff in all partnering organizations.

Provision Of Direct Services

Children, youth and their non-offending parents are intervention teammates. To best serve children and youth, project partners viewed domestic violence through the lens of “family” rather than separating adult victim services from services for their children.

Historically, when receiving services from domestic violence programs, mothers met with “women’s victim advocates” while their children met with “children’s victim advocates.” Though adult and child victim advocates worked together to coordinate family services, separation remained a factor in service provision. The demonstration sites showcased here shared the belief that the most valuable and lasting positive change takes place when non-offending parents are included as an integral part of their children’s intervention. The paradigm shift from separate to integrated services offered demonstration site programs a number of valuable lessons.

For ALL staff to effectively serve children, youth and non-offending parents, they must be:

- Knowledgeable about issues related to the experiences, responses and effects of child and youth exposure to abuser behavior.
- Knowledgeable about the experience of parents in the context of domestic violence and the complex needs of parents trying to support their children while dealing with their own trauma and the life-generated challenges.

Meeting clients “where they are” enhances the ability to observe and understand the complex ways in which domestic violence impacts families’ lives—whether or not the offending parent is living in the home. Client-centered services require workers to:

- Provide services where client lives are based—in shelters and hotels, clinics, schools, youth centers, shopping malls and other public gathering places, and in their homes.

- Scrutinize and amend service provision that is based in classist, racist, sexist, heterosexist, and ageist perspectives.
- Utilize comprehensive, wrap-around service approaches, using the services of community partners to best meet complex family needs.
- Network with diverse communities to learn the needs of individual families and build culturally appropriate programs, which may involve working with offending parents.
- Think “out of the box” and literally move services “out of the (office) box”.
- When it is safe, take families out of the environment that is draining them to build trust and explore possibilities.
- Assist children, youth and parents in actually experiencing change—not simply discussing it.
- Be flexible with regard to participant schedules, attendance and ability to be fully engaged.
- Allow for the possibility that ongoing crisis may redirect the focus of service provision.
- Utilize intervention “in the moment,” as well as in scheduled or structured sessions.
- Remain open to change.

Change for families happens over time – lots of time. Providing meaningful, comprehensive and continued services, which allow participants to make significant changes in their lives and the lives of their children, may require:

- Extended time frames for service provision for adults, youth and children—in some cases for years.
- Affording children and youth the time and support necessary, throughout their development, to become more emotionally, behaviorally, and cognitively stable as they transition into community life that is free of violence, intimidation and fear.

Support, education and resources must be offered to non-offending and, when possible, to offending parents. To assure effective intervention with parents, it is important that all project partners understand that:

- Children are most successful when family relationships are positively rebuilt and non-offending parent-child attachment is strengthened.
- Parents' relationships with their children are enhanced through understanding the impact of domestic violence on children's behavior and development.
- Intervention tailored to meet the needs of older children and youth should include addressing the possibility that they may imitate the negative power and control dynamics they have witnessed.
- Behavior of children and youth may transition from victim to perpetrator behavior and services can redirect them toward healthy behavior.
- Offending parents may need to get substantive treatment in order to establish healthy relationships with their families—whether or not the family lives together.

Evaluation is important in determining treatment viability and efficacy. Evaluation processes are most useful when:

- Assessment is performed pre-intervention, during intervention and post-intervention.
- Evidence-based and empirically sound assessment tools are employed to inform and guide work with parents and children.
- Collected data is used to track, record and analyze the success of intervention approaches.
- Data is used to develop a blue print for successful intervention approaches.
- Evaluation and assessment approaches are used in such a way that they serve to normalize the feelings and stressors being experienced by participants.
- Evaluation is used to develop program guidelines that acknowledge varied program capacities and allow for appropriate approaches with diverse populations.

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- Evaluation and assessment approaches are used in such a way that they serve to normalize the feelings and stressors being experienced by participants.
- Evaluation is used to develop program guidelines that acknowledge varied program capacities and allow for appropriate approaches with diverse populations.

The creation of successful project goals and objectives is best accomplished when ALL who are expected to participate in the project are included and invested in setting and implementing those goals and objectives.

Having all project staff on-board from the onset of proposal development increases the level of cooperation and investment among staff and collaborative partners as a project moves forward. Victims and survivors, and victim advocates best able to represent their interests and needs, should inform and drive project goals, objectives, and activities. To limit proposal development to input from administrative or upper level staff is to miss the opportunity to benefit from the rich and diverse experiences of those who work most closely with victims.

Encouraging paradigm shifts in approaches to service provision and/or creating systemic change requires:

- Direct input from domestic violence victims and survivors about the kinds of services they find most beneficial, ways in which domestic violence has impacted their ability to parent, and where and how they want parenting support.
- Direct input from victim advocates about the most effective ways to incorporate services into the diverse settings in which they work.
- Mechanisms, such as focus groups or involvement of survivors on project advisory panels, through which the voices of victims and their advocates can be heard.
- Facilitation of networking opportunities for staff so that they can support one another, brainstorm innovative service approaches and learn from shared successes and challenges.
- Project partners to have knowledge and understanding of the scope, role and services offered by each partnering organizations.

Training

Cross-training and referral mechanisms facilitate the identification of children and youth who might never access services from a domestic violence program and increase the likelihood that victims will receive appropriate services.

Several demonstration sites developed comprehensive training for domestic violence program staff and community allies—some with the far-reaching goal of creating children’s program standards, as well as community and/or statewide standards for intervention with children, youth and their families.

In designing training approaches that significantly enhance awareness and the quality of service delivery, consideration is given to:

- Conducting intra-agency and community needs assessments to determine substantive and relevant training topics.
- Implementation of staff development mechanisms that assure continued training on emerging issues.
- Development of training material that supports the successful delivery of newly created approaches to services provision.

Sustainability

Sustainable funding continues to be identified as the principle barrier to the effective provision of comprehensive services to children, youth and non-offending parents.

All demonstration sites called for a funding mechanism that supports the continuation of services that thoroughly address the complex needs of individual children and their families. Increased, non-restricted funding would allow programs to enhance services to

meet participants' evolving needs. The important accomplishments of the projects described in this publication illustrate the importance of continuing this work and the urgent need to create funding streams to support it.

Increased funding would allow program development, growth and enhancement by enabling programs to:

- Increase shelter and transitional living space to accommodate the needs of families for longer stays, which would enhance safety, stability, and self-sufficiency for many families.
- Hire additional victim advocates and/or peer mentors to provide in-home services.
- Create and replicate new strategies and service models.
- Produce intervention tools to meet the needs of diverse populations and programs.
- Increase salaries and provide adequate benefits for staff, thereby avoiding the detrimental effects of high turnover on program stability and quality of service.

- Hire program staff and create physical space dedicated to serving children and youth.
- Underwrite travel costs, including staff time direct transportation costs for workers and program participants when time and distance present barriers to service access, particularly in rural areas.

The recommendations listed above represent responses to the challenges and barriers faced by children, youth and adult victims of domestic violence—and those who are committed to provide quality services for them. Program participants, administrators, victim advocates and community allies are calling for continued support in moving forward with the valuable work begun with funding from the Enhanced Services to Children and Youth Exposed to Domestic Violence demonstration sites.

Funding For Demonstration Sites

The Family Violence Semi-postal Stamp



The demonstration projects showcased in this publication received funding through the **“Stamp Out Family Violence Act of 2001.”** This Act directed the United States Postal Service (USPS) to issue a semi-postal stamp to provide the public a direct and tangible way to contribute to funding for domestic violence programs; this stamp

was released in 2003. Proceeds from stamp sales were transferred to the Department of Health and Human Services (HHS) to carry out the purposes of the Act. The Administration for Children and Families (ACF), a division of the Department of Health and Human Services administered Stamp Act funds through a grant that supported services to children and youth affected by domestic violence.

In 2005, ACF published a funding opportunity announcement entitled, *Demonstration of Enhanced Services to Children and Youth Exposed to Domestic Violence*. Nine applicants were selected to receive three-year grant awards. Demonstration sites were chosen in California, Colorado, the District of Columbia, Michigan, New York, Oklahoma, Oregon, Pennsylvania and Virginia. Eligible project activities included:

- Providing specialized age and culturally appropriate services and support services for child and adult shelter residents and adult services focused on parenting issues;
- Designing and implementing collaborative prevention/intervention services for children who have been exposed to domestic violence;
- Providing training to service providers to enhance efficacy of service provision to adult and child survivors of domestic violence;
- Developing processes to ensure the confidentiality of information shared by adult victims of domestic violence and their children;
- Designing and providing specific services to include respite care, mental health care, counseling, child care, transportation, education, legal advocacy, and supervised visitation;
- Providing necessary linkages and cooperation with other helping systems and agencies to promote services and safety for children and the adult victim; and
- Developing and providing age appropriate educational materials for intervention and prevention services for children who have been exposed to domestic violence.

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BACK
COVER**

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**National Resource Center
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3605 Vartan Way | Suite 101 | Harrisburg, PA 17110
Phone: 800-537-2238 | TTY: 800-553-2508 | Fax: 717-545-9456
Email: nrcdv@nrcdv.org | www.nrcdv.org