

Working with Young Children and Their Families:

Recommendations for Domestic Violence Agencies and Batterer Intervention Programs

Paper #5 in the Series

*Early Childhood, Domestic Violence, and Poverty:
Helping Young Children and Their Families*



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Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families

Series Introduction, by Susan Schechter and Jane Knitzer.

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Susan Schechter

Editor

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Dedication

This series is dedicated to the memory of Susan Schechter (1946-2004).

Susan Schechter was a visionary leader in the movement to end violence against women and children. Her work and influence were national in scope, though her home base in recent years was Iowa City, Iowa, where she served as Clinical Professor at The University of Iowa School of Social Work. Susan was a founder of the battered women's movement, and throughout her career was a respected leader and thinker in the field. She was the author or co-author of several pioneering books and monographs, including the widely cited *Women and Male Violence*, which was an early history of the battered women's movement, and the *Greenbook* that is currently the guide for many reform efforts around the country.

Perhaps Susan's most significant and enduring contribution was her path breaking and persistent effort to help the children of battered women. This work began in 1986, when Susan developed AWAKE, (Advocacy for Women and Kids in Emergencies) at Children's Hospital, Boston, which was the first program in a pediatric hospital for battered women with abused children. She also served as a consultant to several national domestic violence and child welfare initiatives and as a member of the National Advisory Council on Violence Against Women. Her analysis, writing, advocacy, and speeches played a major role in shaping current policy and practice regarding family violence and children. On a less public but no less significant stage, the positive way in which Susan touched the lives of those around her was among her greatest gifts. Susan was a remarkable person, thoughtful and good-hearted; many individuals from diverse fields were fortunate to call her a mentor and friend. Her leadership, warmth, humor, wisdom, and passionate advocacy will be missed.

This series of papers reflects the integrity of Susan's work and is a fitting tribute to her intellect and her unique skills, which bridged the fields of child advocacy and domestic violence in ways that encouraged multi-disciplinary approaches to evolve. It was her hope that this series would be a catalyst for change that would bring safety and stability to young children and families affected by domestic violence, racism and poverty.



Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families



Series Introduction

This paper is part of a series that addresses a widespread but often hidden challenge: how to mobilize community and programmatic resources to provide responsive help to young children and families affected by both domestic violence and poverty. Although these children and families come into contact with many helping systems, their problems with violence are often invisible, and the assistance that they need is therefore unavailable, uncoordinated, or unresponsive to specific family or cultural contexts.

The series aims to knit together two agendas, addressing domestic violence and promoting healthy development in young children affected by it. The aim is to offer practical guidance to community-based agencies that work with families confronting multiple difficulties linked to poverty. It proposes a common practice framework for the multiple agencies and systems—health clinics, early childhood programs, family support programs, police, and domestic violence services—that families use as they seek safety and stability. It also sends a message that, in many instances, there are alternative, safe ways of helping young children and families without resorting to out-of-home placement or the involvement of more coercive systems.

Establishing a Common Practice Framework

All low-income families struggle with limited material resources and related hardships. But families struggling with domestic violence and poverty are likely to have more needs than other families: battered women and their children may require protection; men who batter may find themselves facing legal and social service interventions; families will need increased economic resources to survive, and children will require financial stability and emotional comfort. All those who work directly with children and families affected by poverty and domestic violence need to be responsive to these circumstances as well as to the cultural ways in which family members define and most comfortably solve problems. Further, although no single community agency can provide

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a comprehensive array of the needed responses, collectively, communities can embrace a common vision and work together, across institutional boundaries, to implement this vision as fully as possible. This vision includes the following five elements of a common practice framework.

1. Young children and their caregivers need to be safe.

Domestic violence is a pattern of assaultive and coercive behaviors—including physical, sexual, and psychological attacks, and economic coercion—that an adult uses against an intimate partner. This pattern of serious assault is most typically exercised by men against a female partner and sometimes against their children.¹ These assaults are often repetitive and continuous and may leave women and children feeling dazed and bereft.

In the face of abuse and assaults, a battered woman with children often confronts two kinds of difficult decisions. First, how will she protect herself and her children from the physical dangers posed by her partner? Second, how will she provide for her children? This second set of social and economic risks are central in each battered woman's calculation of her children's safety. If, for example, a woman decides to leave her partner to protect herself and her children, where will she find housing and money to feed her family? Who will take care of the children if she must work and her partner is no longer there (Davies, Lyon, & Monti-Catania, 1998)? How will she manage the complex, and for many families enduring relationship with the batterer over time? For women who have immigrated to the United States, these risks are often further complicated. What will they do if they have no access to governmental benefits such as welfare or food stamps? What if they cannot speak English, are without money, and in physical danger (National Council of Juvenile and Family Court Judges, 1999)? Creating safety requires that communities also try to eliminate the two sets of risks—physical and material—that children and their mothers face.

2. Young children need to experience warm, supportive, nurturing relationships with their parents and with other caregivers.

According to a recent and remarkable synthesis of developmental and neuroscientific literature, the earliest relationships between young children and those who are closest to them have an especially potent influence on their early development (Shonkoff & Phillips, 2000). Childcare providers, pediatricians, family workers, and children's advocates are all in a position to help parents and others understand how important they are to their children, how best to support them, and how to help parents build healthy relationships with their young children. Community providers also are key to ensuring that young children have age-appropriate opportunities outside the family. Research suggests that quality early care and learning experiences can help all low-income children succeed in school. For young

¹ Because the most serious forms of adult domestic violence are carried out by husbands and male partners, the term “battered woman” is used in this series to refer to the adult victim. However, lesbians and heterosexual and homosexual males are also victims of the kind of abuse described in this series.

children exposed to domestic violence, such experiences can provide a safe haven through which they can thrive.

3. Young children and their families need to have their basic needs met.

Common sense tells us that poverty and economic hardship (e.g., being hungry or homeless) are not good for people in general and children in particular. Research tells an even more compelling story. Poverty in early childhood appears to be more harmful than poverty at other ages, particularly in terms of cognitive development (Duncan, Yeung, Brooks-Dunn, & Smith, 1998), while increases in income seem to be associated with improvements in indicators of cognitive, social, and emotional competencies (Dearing, McCartney, & Taylor, 2001). Those working with young children and families cannot solve the problems of poverty, but they are in a position to ensure that both caregiving and non-caregiving parents have access to all benefits to which they are entitled, as well as to local opportunities that will promote their economic security. Focusing on financial strategies can help ensure that women and children are not trapped in violence because of their economic circumstances. Similarly, focusing on economic issues with men who batter may also have a positive impact, particularly on domestic violence recidivism rates, which are highest among those who are unemployed.

4. Young children and families need to encounter service systems that are welcoming and culturally respectful, and service providers with the cultural knowledge, skills, and attitudes to help them.

Although the majority of poor families in the United States are white, the United States is now a country with many diverse communities of color. According to the U.S. Census 2000,² more than 12% of respondents reported their race as Black or African American; an additional 12% reported themselves as Hispanic; 1% described themselves as American Indian or Alaskan Native; and almost 4% categorized themselves as Asian or Pacific Islander. Over 40 ethnic groups are represented in the Asian and Pacific Islander population with, many of them—Chinese, Japanese, and Filipino populations, for example—having lived in this country for generations, and others, such as the Hmong, Laotian, and Vietnamese, arriving more recently and bearing burdens due to displacement and war (Yoshihama, 2003). Although the psychological consequences of domestic violence seem to be similar for all women (Jenkins, 2003), victims from different races and ethnic groups may explain and experience battering in very different ways. For example, some Southeast Asian women may be abused not only by their husbands but also by their in-laws and other extended family members. These women may need help to deal with multiple abusers.

From a community provider perspective, the ethnic and cultural diversity of families facing poverty and domestic violence poses significant challenges. Staff that look like the families,

² The U.S. Census 2000 used revised standards for collecting data on race and ethnicity wherein respondents could record more than one race.

speak their language, understand their spiritual and cultural background, and can talk about safety with an appreciation for the complexities of those conversations can make a big difference, but even agencies that do not have this can become more responsive. However, it requires a commitment. To do this multicultural work well, agencies must carry out a careful assessment of their mission, policies, hiring procedures, services, staff supervision, budgets, and resources that are provided for training in cultural competence. Above all, they must be prepared to learn from their resourceful clients.

5. Young children and their families should be able to receive early, strengths-based interventions to help them avoid the harmful consequences of domestic violence and to reduce the likelihood of entry into the child protection and, ultimately, juvenile court systems.

Emerging developmental knowledge makes a strong case for targeting intentional supports, services, and specialized early interventions to young children and families experiencing multiple risk factors. For parents, this may mean not just attention to safety and basic needs, but help to repair or prevent damaged parent-child relationships and to promote positive parenting. For children, it means ensuring they have access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (Knitzer, 2000). A review of findings from 15 projects which focused on children experiencing domestic violence, for example, suggested that participating in either groups or in mother-child dyadic interventions resulted in reduced aggression, decreased anxious and depressive behaviors, and improved social relationships with peers (Graham-Bermann, 2001).

Strengthening the focus on early intervention for young vulnerable children and their families is especially critical because, in the absence of specific attention to early intervention services, community providers are more likely to believe that their only alternative, and/or obligation, is to refer a family experiencing domestic violence to Child Protective Services (CPS) or to the police. Indeed, rates of foster care placement, especially for young children, are escalating. Such referrals become the default option. CPS certainly has an important role to play for those children at serious risk of harm. If Child Protective Services, however, is the only assistance available, many families will avoid seeking services, fearful that their disclosure of violence will lead to removal of their children.

Summary

The papers in this series were designed to offer practical guidance to organizations that encounter and help low-income families. Their vision is to engage the intervention network of pediatric health care professionals, childcare providers, family support workers, community police officers, and domestic violence advocates, in order to help families find safety and stability before repeated trauma takes its toll. By effectively mobilizing the resources of community agencies, concerned neighbors, and kin, and by building on

the strengths and carefully crafted survival strategies of battered women, this intervention network can promote children's healthy development and literally save lives.

About the Authors

Susan Schechter is a Clinical Professor at The University of Iowa School of Social Work and the author or co-author of several books and monographs about domestic violence, including *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*; *When Love Goes Wrong: Domestic Violence: A National Curriculum for Children's Protective Services*; and *Domestic Violence and Children: Creating a Public Response*. She has also directed or founded several clinical and advocacy programs, including AWAKE (Advocacy for Women and Kids in Emergencies), at Children's Hospital, Boston, which is the first program in a pediatric hospital for battered women with abused children. She also has served as a member of the National Advisory Council on Violence Against Women.

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Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs



Series Paper #5

Introduction

The battered women’s movement began with a strong insistence on the woman’s right to safety and freedom from violence and threats. As this movement opened shelters and other services, it maintained a commitment to a practice of empowerment by restoring control, dignity, and choice to the women who used its services. From the beginning it has been a central tenet of shelters that battered women are to keep decision making about their lives in their own hands.

It was soon obvious, however, that half of all shelter residents were children. Some of these children came to programs having witnessed terrifying assaults against their mothers. Many of them were very young. What was the best way to help them within a shelter setting while continuing to respect their mother’s autonomy? Still other children—fewer in number—arrived neglected or abused, sometimes by the batterer of their mother and less frequently by their mother herself. In still other circumstances, women returned home to their partners, and shelter staff worried about the possible danger that the women and their children faced. What was the role of the domestic violence program in these sets of circumstances?

As domestic violence programs explore these complicated realities, they face the question, “How does the program offer support and safety to children and maintain the basic principles of safety, autonomy, and choice for the battered woman? What is the proper, respectful spirit in which to approach mothers about the needs of their children?” In Part I of this paper, Gewirtz discusses these two questions—the approach to mothers and the content of programming for young children.

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Equally difficult dilemmas confront programs for men who batter, as these services accept and integrate the reality that many of their clients are fathers. The principal goal for many batterer intervention projects is to promote safety for women. To this end, programs for batterers work toward holding men accountable, monitoring their violent and threatening behavior, and working closely with the police and courts to try to ensure victim safety.

Effective batterer intervention programs are well aware of the danger some men pose as they try to gain unsupervised visits and custody of their children. These programs work closely with women who face extreme danger and want to avoid any future contact with the person who harmed them and their children. However, batterer intervention programs also talk to women who want their partners to have ongoing contact with their children. Some battered women may not consider the violence their most pressing problem and may want to remain in their relationships—and may look to these programs for help to make things better for their families. Batterer intervention programs also know that many men will have ongoing contact with children, sometimes within multiple families.

These issues raise many questions for programs serving men who batter: What is their role for fathers who seek their services? What content about the impact of violence on children and fathering should be integrated into the sometimes brief interventions with men who batter? How can programs avoid, on the one hand, the potentially manipulative use of this content in ways that might hurt women and children, and, on the other, help fathers and families that sincerely want to stay together and improve upon the ways in which they raise their children together. A discussion of the issues related to programs for men who batter—commonly known as batterer intervention programs—is found in Part II of this paper, authored by Menakem.

Part I.

Programs Serving Adult Victims of Domestic Violence and Their Children

Overview

In 1999, over 2,000 programs existed nationwide serving battered women and their families (National Coalition Against Domestic Violence, 2000). Most of these were shelter-based, and a small minority offered services to batterers also. No existing comprehensive source of national data reveals types of services provided or individuals served by community domestic violence agencies. Programs for adult domestic abuse victims vary widely; they may include safe homes, shelters, transitional living programs, legal advocacy, support groups, faith-based programs, and counseling and psychotherapy services. In larger urban areas, culturally-specific domestic violence programs may exist, including culturally-specific shelter programs. Within shelters there exists a similarly wide variety of assistance, from basic shelter and food to support groups, counseling, jobs and education referrals, and health and legal services. Whether, and to what degree, services for children are available is highly dependent on the size and resources of the agency, the priorities attached to working with children, and the existence of funding at state and local levels.

National statistics indicate that between 3.3 and 10 million children witness family violence each year (Gallup, Moor, & Schussel, 1997; Straus, 1992; U.S. Department of Justice, 1998). Although exposure to domestic violence constitutes a risk factor for negative developmental and behavioral outcomes in children of all ages, young children are particularly vulnerable: they are almost totally dependent on their caregivers for the daily necessities of life and require more

physical care than their older siblings, their escape repertoire in instances of violence is narrower than that of older children, and opportunities to spend time outside the home (e.g., in daycare, Early Head Start) are limited.

Women living in households with incomes below the poverty line are disproportionately represented among reported victims of domestic violence—for example, estimates from the National Crime Victimization survey indicate that women in the lowest income brackets are 7 times more likely to be victims of domestic abuse than those with the highest annual household income (Rennison & Welchans, 2000). Not surprisingly, they are also disproportionately represented among occupants of battered women's shelters. While there may be racial differences among women seeking shelter (e.g., disproportionately higher numbers of women of color), when controlling for poverty, racial differences are diminished (Tjaden & Thoennes, 2000). In addition, rates of domestic abuse tend to be highest for women in the 20-24 age group—an age when many women are having children (Rennison & Welchans, 2000). Indeed, on average, children seem to equal or even outnumber women in battered women's shelters. Young children, in particular, seem to be disproportionately represented. For example, in the Harriet Tubman Women's Shelter in Minnesota, 60% of the families with children included children under 6, with these young children accounting for 54% of the total number of children sheltered in 2001 (Tubman Family Alliance, 2002).

For low-income families with young children who may already be at high-risk for developmentally poor outcomes by virtue of their economic circumstances, seeking shelter for domestic violence may be their first effort at seeking help for any of the stressors in their lives. This offers agencies a critical opportunity to both intervene and prevent harm—to offer services to children that promote resilience, and to reduce the chances of future violence (National Advisory Council on Violence Against Women, 2001; Widom & Maxfield, 2001).

The following sections of this paper lay out an approach to working with battered mothers and their children that is predicated upon two basic assumptions. The first assumption is that the needs of mothers often overlap with those of their children, and thus advocating for mothers also means accessing resources and advocating for their children (e.g., school registration, health insurance, medical care when needed). The second assumption is that a basic understanding of children's development (and taking a developmental perspective) is critical to advocating for children and mothers. Taking a developmental perspective simply means understanding how a child's needs and behaviors vary according to the age and developmental stage of the child. For example, while a 9-year-old's tantrums and screaming fits are not appropriate, and should be of concern, these behaviors are perfectly appropriate for a 2-year-old (occurring as they do within a developmental context of increasing independence and the related struggles of the toddler). Taking a developmental perspective also has the benefit of enabling advocates to empathize with the pressures of parenting young children, particularly under the extremely stressful circumstances of shelter residence.

While this approach does not require much extra in the way of training, it does involve asking about what children need and what mothers need for their children. Though many advocates already do this, this may not necessarily be foremost on the minds of advocates who see women in contexts where children may not be present (e.g., legal advocates, women's support groups). In addition to asking about children and children's needs in the context of, for example, legal advocacy, offering basic resources for parents—such as a brief handout that offers guidelines for understanding children's behavior in stressful circumstances, age-appropriate behaviors, and when to seek help—can be informative for both mothers and advocates.

Resources for Children Within Local Domestic Violence Agencies

Despite the historically few funding resources available to domestic violence agencies for child-specific services, agencies have long seen children as an integral part of their clients' lives, and have done their utmost to offer support to battered mothers for their children. Indeed, advocacy agencies raised awareness of the needs of children of battered women, and the urgency of providing resources for programming, at a time when few outside funding agencies recognized the necessity of offering dedicated services for children.

Agencies differ in the way they approach services for children. While some agencies have delineated advocates who primarily serve women as *women's advocates*, distinct from those serving children (*child advocates*), other agencies term all advocates *family advocates* and yet others simply call all such staff *advocates*. The differences in terminology may reflect philosophical differences; they may also reflect the economic realities of limited resources. In this paper, the term *child advocate* refers to all staff members who provide services primarily for children. This does not imply that delineating some staff as child advocates is better than having advocates who serve all members of the family, but rather that, whatever the job title that is used, agencies serving battered women and their children should have staff members who possess some expertise in child development and resources/programming for children.

The core resource for many agencies is the child advocate, who may function variously as counselor, ad hoc babysitter, educational advocate, and case manager (A. Brickson, personal communication, January 20, 2002). Within larger agencies, dedicated teams of child advocates may organize and provide children's intake and assessment, support groups, recreational activities, educational advocacy, parenting support, legal advocacy for parents regarding their children (e.g. custody issues), and therapeutic interventions (including play and art therapy). However, many shelters and domestic violence agencies are small and may not have the staff, volunteers, or space to offer much formal support for young children.

Child-Focused Training Within Domestic Violence Agencies

In larger agencies where funding is available, child development experts may be brought in to consult and offer training. Typically, however, it appears that basic training around child issues for residential staff is incorporated into the overall training hours that staff are expected to

complete to fulfill program and state standards.¹ Such training may focus on mandated reporting laws about child maltreatment, and may include a short section on the impact of exposure to violence on children. Child development training does not appear to be a core part of staff training nationwide. Similarly, training in cultural competence, and particularly in understanding children, families, and childrearing within a cultural context, does not appear to be a core part of training.

State-Level Resources and Standards for Children's Programming

Depending upon the state, guidelines may be in place which represent minimum mandated service standards for agencies and programs serving domestic violence victims and their children. Again, the dearth of national data severely limits any generalizations regarding state standards or resources. Where these do exist, state standards for children's services vary significantly, and, as noted previously, vary partly as a function of whether or not state funding exists for children in domestic violence programs.²

Ultimately, these differences have resulted in a wide range of programming for and perspectives on the provision of children's services. State-level agencies and individual programs report the need to maintain a sometimes delicate balance between asserting the needs of children affected by domestic violence (and allocating resources to meet those needs) and taking care not to withdraw sometimes scarce resources from the adult victims, usually the mothers of those children.

It appears, however, that state domestic violence coalitions are increasing their focus on children. Data from an incomplete survey of state coalitions across the nation in 2001-2002 indicate that approximately two-thirds of states have a staff person or a working committee whose tasks include addressing the needs of children affected by domestic violence.³ In addition, many coalitions are in agreement about the services that constitute *minimal standards* for children in domestic violence agencies (A. Brickson, personal communication, January 21, 2002). These include (a) a separate intake process for or regarding children, (b) an orientation of each child to the shelter or program, and an opportunity for children to talk about their experiences with domestic violence, if they wish, (c) age-appropriate support groups for children, (d) primary prevention programming in schools, and, (e) work with local child welfare/child protection agencies.

¹ A review of program training standards for 7 states revealed that training specific to children's issues (including mandated reporting requirements) never constituted more than 15% of the curriculum (on average 3 hours per 20 hours of training).

² For example, in Iowa, state standards (developed by the Iowa Coalition Against Domestic Violence) mandate that all programs have at least one staff position designed to address children's issues. State funding is available to support children's programming.

³ In a survey to ascertain the proportion of agencies with specific child advocacy positions, respondents at the state level (representing 8 states) reported that 45-90% of the programs in their state had at least one part-time funded child advocacy position (A. Brickson, Wisconsin Coalition Against Domestic Violence, personal communication, January 21, 2002). However, this may be an overestimation for the nation as a whole, since states without state-level child representation were not included in the survey.

Defining Good Practice with Young Children and Their Families

Although relatively little is known about effective research-based interventions with children exposed to family violence, much is known about the developmental needs of young children, and about the factors that promote their competence, as well as those that enhance risk (Cicchetti & Cohen, 1995; Masten & Coatsworth, 1998). Hence, good practice should encompass developmentally sound approaches to working with young children in the context of family, culture, and community. All advocates should have a basic knowledge of child development to help them support battered mothers and their children. Cultural competence is also crucial to communicating with children and their mothers and to understanding the cultural backdrop of a child's needs. Children's needs vary as a function of their developmental stage, as well as their individual, family, and community risk and protective factors. However, for all children who have experienced domestic violence and who are in residential programs, the challenges of separation and loss are salient: loss of home and belongings, and loss of or separation from at least one caregiver.

A sensitive approach to the family tries to acknowledge several realities. First, parenting under any kind of pressure is stressful, and it is particularly so when (as is the case in battered women's shelters) a single parent is caring for her children alone in a public place where she is essentially observed all the time. Respecting and supporting the role of the mother as primary caregiver is a critical staff task. This is particularly important given that a mother's parenting authority of her children may already have been undermined by the batterer (e.g., Bancroft & Silverman, 2002). Supporting mothers may involve anything from offering an empathic listening ear to accessing parenting resources and support groups.

Second, although many children "bounce back," with supportive parenting, from stressful and traumatic situations such as domestic violence, and/or the loss of home and school (due to a move to shelter), some children need individual help (via early intervention, counseling, or therapy) to do so. Partnering with the mother to support her in her role of parent, and, where appropriate, helping to access individual help for the child(ren), offer advocates an important role in strengthening a battered mother's parenting self-efficacy and in helping to promote resilience in her children.

Determining Children's Needs

A basic intake or screening (i.e., a structured introductory meeting) with all children and their mothers, including observations of pre-verbal children and interviews with children who are verbal, offers a solid basis for subsequent referral for services for children.⁴ An intake gives mothers the opportunity to discuss how their children are doing, to share concerns, and to receive

⁴ A screening tool is usually a brief procedure involving a questionnaire or structured interview format, with rapid turnaround time for results. It ascertains immediate risk and identifies problem areas warranting further investigation. An assessment usually involves further investigation of discrete problem areas.

feedback on their children's behavior and development. It gives staff the opportunity to gauge what services can best be offered to the child. Finally, in the minority of cases where children do require more intensive specialized help, it offers a first step toward accessing that assistance. For agencies which lack resources or manpower to implement a child intake or screening, partnering with local early childhood agencies for consultation and training can be extremely helpful. Screening achieves two broad objectives: (a) it identifies major areas of child need, including those that are unrelated to the domestic violence but that must be addressed, and (b) it enables planning of appropriate short- and longer-term interventions for the child and the family (Stephens, McDonald, & Jouriles, 2000). Except in cases of suspected abuse or neglect, screening should be entirely voluntary and conducted in a spirit of collaboration between shelter staff and mother. The intake process is an opportunity to build rapport with mothers, who often have not had the opportunity to talk about their children's and family's needs in a safe and confidential environment. Ideally, offering a window of time within which screening can be completed (e.g., within a week of entering shelter) provides mothers with control over its timing.

An intake or screening of every young child should cover his/her needs in the following core areas: physical safety, physical health and development/medical needs, social development, community and cultural links and supports, mental health, and (for preschoolers) school readiness. For immigrant families, or those from non-majority cultures, understanding the child's and family's level of acculturation, as well as ensuring that they have someone at the shelter with whom they can communicate, is critical.

Ideally, an intake should incorporate a standardized tool for which individual results can be compared with a comparable group of same-age children. For example, several domestic violence programs use the Ages and Stages Questionnaire (Bricker & Squires, 2001), which is completed by the mother (or by shelter staff, with the mother's help) in less than a half hour, and which gives valuable information to parents and staff about young children's development across various domains. Both the tool and the process used must be culturally valid and relevant in order to be appropriate for use with diverse groups. In some cultures, and for some families, quantitative screening tools are seen as intrusive, and in these cases a more individualized, qualitative assessment is appropriate.

Without a screening, child advocates often lack specific directions for their work beyond basic safety planning; the burden of the time such a screening takes can be more than outweighed by the hours saved in subsequent case management. However, if a program lacks the resources to conduct an intake or screening, or to use standardized tools, it is useful to connect families with local early childhood agencies that offer educational, developmental, and socio-emotional assessments of young children. Often these agencies require a referral from a service provider (such as a domestic violence agency), or that parents have significant, specific concerns about their children.

At the Harriet Tubman Women's Shelter, a 64-bed shelter serving the Minneapolis/St. Paul metropolitan area, a family resiliency team member meets with every child and mother entering shelter to undertake a basic screening and to complete a child and family safety plan. The shelter offers residents on-site daycare, and advocates encourage mothers to bring their children regularly. Children's presence at the daycare affords staff further opportunity to assess young children's development. When indicated, trained daycare staff members screen for developmental lags. Based on the results of the Denver Development Screening Test,⁵ children may be referred as eligible for Zero to Three and/or other prevention and intervention services (Frankenburg, Goldstein, & Camp, 1971).

Assessing Women's Safety, Support, and Human Needs

The core work of domestic violence programs—safety planning and advocacy with battered women—is also essential to meeting children's needs. If battered mothers are safe from physical violence and have access to resources such as food, shelter, permanent housing, and income, their children will benefit significantly. As advocates work with adult victims, they should define women's safety needs broadly, and assess with each battered woman her physical safety, parenting support, and material needs. Through intake interviews and meetings with shelter residents, advocates can inquire about the following issues: Do women have access to income, job training, child support, and healthcare? Are they aware of disability or other benefits to which they or their children may be entitled? Are they interested in childcare resources and family support programs? Shelter training and intake procedures should reflect the importance of these areas of inquiry and assistance to families.

Offering Effective Intervention

The varying needs that may be presented by young children and their mothers, in families struggling with domestic violence and poverty, are illustrated in the following case example:

Ben was 30 months old when he arrived at the shelter with his mother following several dangerous assaults against her by his father. Ben aroused the concerns of the shelter staff, as he did not seem able to do the things that other toddlers his age could do: he walked awkwardly and tripped often, and his speech was monosyllabic and often incomprehensible. Socially isolated, though loving and nurturing, Ben's mother did not know other children his age with whom she could compare him. Based on the results of an initial screening conducted in the shelter, during which Ben's mother complained that he liked to play with peeling paint in their apartment, Ben was referred to a local clinic for a developmental assessment and lead evaluation, and was found to be suffering from lead poisoning. Medical and psychosocial interventions reduced the lead level. Psychosocial interventions helped Ben. A parenting support group in the shelter enabled Ben's mother to establish contact with other mothers of toddlers

⁵ The Denver Development Screening Test is a developmental assessment for use with children aged 0 to 4 years. It may be administered by a trained paraprofessional and takes about 40 minutes.

who were able to share their insights and concerns with her. When the mother requested child development resources, the group facilitator was able to access them (through a healthcare professional volunteer network).

Promising interventions meet the needs of both children and their mothers. For the children they address issues of health, safety, trauma, loss, and separation in a developmentally and culturally appropriate fashion and take into account that children are often viewing events through a different lens from their parents. For mothers, such interventions are culturally competent and support nurturing, authoritative parenting. One aspect of parenting—disciplining children—can raise difficult practice and ethical challenges for advocates as the following scenario illustrates.

During a parenting support group in a battered women's shelter, participating mothers repeatedly talked about the stress of parenting in a "public space" 24 hours a day. One of the most significant sources of stress was the concern that if a mother spanked her child (a culturally-sanctioned and appropriate method of discipline for several of the group members), then maybe an advocate would ask her to leave the shelter or might even report her to the Child Protective Services for abuse. These mothers felt strongly that they knew what was best for their children and knew how to help their children comply with shelter rules. In that same shelter, advocates spoke of their confusion around what to do if they saw a mother spank her child. Agency policies clearly prohibited hitting a child, yet advocates understood that asking a woman to leave shelter or calling CPS could just make things worse for the child and the mother.

The dilemma that this vignette raises is a very common one, not only within domestic violence agencies, but across many childhood contexts. However, the significant overlap between child abuse and domestic violence, coupled with the violent behavior that is modeled by the batterer, means that the tensions around this issue are often heightened within domestic violence agencies, and particularly in shelters. Some domestic violence agencies have successfully addressed this issue by promoting non-physical methods of discipline and offering mothers information and strategies (within an individual or group format) to promote positive, non-coercive parenting.

Meeting the Emotional Needs of Young Children

Staff within domestic violence programs who possess knowledge of child development can help mothers respond to the emotional needs of their children. For example, the natural reactions of young children to the stress of domestic violence and to leaving home for shelter might include clinginess, a greater than usual dependence on the mother, or nighttime fears. Staff can reassure mothers that these reactions are to be expected, and provide advice to them about ways to reassure young children (for example, by offering children extra attention). Pamphlets that describe common behaviors in children exposed to domestic violence can be very reassuring for parents and can also offer them guidelines for when to seek help from an outside professional.

In some cases, the intensity of children's reactions to domestic violence may require the intervention of mental health professionals. The degree to which mental health services can be useful for a child depends not only on the nature of the child's difficulties, but also on the degree of comfort and familiarity of the battered mother with such services. Here again, the cultural context of the family is important. For families (particularly those from non-majority cultures) who are unfamiliar or uncomfortable with mental health services, advocates trusted by the family may serve as a bridge to services, offering transportation or introducing the mother to other families who have received similar services. For distressed young children, early intervention opportunities, or intervention through pediatric care (i.e., developmental and behavioral pediatrics), may be viable alternatives where mental health professionals cannot be accessed.

In-house provision of mental health and crisis treatment services by domestic violence agencies has historically been a point of contention among providers. However, several shelters have successfully provided mental health or crisis treatment as needed to resident children, and have found ways to avoid the diagnostic labels that are necessary for insurance reimbursement. For example, the Pro Bono Children's Mental Health Project at Women's Center and Shelter of Greater Pittsburgh offers individual therapy for children from the time they are in shelter at least through their transition to permanent housing. The mental health project utilizes the expertise of in-house therapists as well as volunteer mental health professionals from the community (S. Regan, personal communication, February 6, 2002).

For those domestic violence agencies that do not offer in-house mental health services, children who need such help are usually referred to local clinics or practitioners specializing in domestic violence. The Homeless Children's Network (HCN) in San Francisco offers no-cost mental health services to any child in any shelter in the city. Funded largely through a grant from the mayor's office, HCN offers individual and family therapy without preset time limits to battered mothers and their children. Mental health professionals continue working with children through their transition to a stable living environment, and act as mental health case managers for children with more complex problems. Therapists conduct both office- and home-based treatment, and consult with childcare providers and schools (A. Silas, personal communication, February 13, 2002).

Support groups for children of battered women are arguably the most documented interventions for these children (Marshall, Miller, Miller-Hewitt, Sudermann, & Watson, 1995; Peled, & Davis, 1995). Several non-residential family violence agencies provide well-established support groups for children. For example, the Domestic Abuse Project in Minneapolis runs concurrent children's support groups and parenting groups, so that mothers can feel comfortable, knowing that their children are well cared for and engaging in parallel activities (Peled & Davis, 1995). Despite the well-established use of support groups for children of battered women, groups have not been specifically developed and evaluated for preschool children.

Meeting the Educational Needs of Young Children

Healthy development is at least in part predicated upon the stability of caregiving and daily life that is often lost as the result of moving to a shelter. Hence, helping the primary caregiver to provide and maintain as much of the prior routine as possible (remaining at the same school or childcare provider, where possible) is essential, unless it compromises the child's physical safety.

Shelters are best placed to provide for the educational needs of young children, with the role of non-residential domestic violence programs primarily being referral to programs such as Early/Head Start and Zero to Three. Although most shelters do not possess either the financial resources or the capacity to house a daycare, having an on-site daycare is far preferable to placing children in ad-hoc babysitting with different staff members, or to finding a temporary daycare arrangement.

Meeting Security and Attachment Needs: Supporting Families

Taking a family-centered approach, particularly in residential services, recognizes the critical importance of supporting the mother-child relationship (Saathoff & Stoffel, 1999). At the Women's Center and Shelter of Greater Pittsburgh, for example, a weekly "moms and kids" night affords mothers the opportunity to play in structured activities with their children, with parenting support available from facilitators. At the Harriet Tubman Women's Shelter in Minneapolis, family resiliency team members (similar to child advocates in other agencies) offer structured recreational family activities 1-2 nights a week and on weekends, as well as individual parenting guidance where requested. Recreational activities include cultural and religious heritage celebrations (e.g., for Cinco de Mayo, Kwanzaa, Chinese New Year). In addition, mothers have the opportunity sometimes to cook communal meals for shelter residents that celebrate their cultural traditions.⁶ Parenting support groups are also frequently offered by domestic violence agencies, and are most useful when they are completely voluntary and when facilitators with expertise in child development are available to offer help.

Advocates can also provide individual support for families. For example:

While meeting with an advocate to discuss safety planning for herself and her son, Jane, age 24 and the mother of a 3-year-old boy, raised concerns about her son. "Instead of listening to me and staying in his room when I asked him to—when my husband was being abusive—he would yell at my husband and sometimes run to try and "protect" me. Now he is sometimes totally out of control; he yells and screams, kicking and hitting, and using the bad words that he has heard his dad use. I'm worried that he's going to be abusive, like his dad." The advocate responded that she felt it must be very stressful to worry both about her son's safety, and also about the behaviors that she thought he was learning. "It sounds like you love and care so much for your son, and you know where this behavior comes from, but you aren't sure how to deal

⁶ Mothers report that the inability to cook for themselves and their children (and to eat what they usually eat at home) is a particularly stressful aspect of life in a shelter.

with it.” The advocate referred Jane to a local early childhood agency, while reassuring her that, developmentally, tantrums are not unusual for a three-year old.

The early childhood specialists were able to help Jane understand the developmental and environmental context of her son’s behavior, and find effective ways to deal with it.

Providing for Physical Safety

While safety planning has always been a core aspect of domestic violence programs, children have not always been included in the process of developing a safety plan together with their mother. Increasingly, however, children are actively participating in safety planning, either by doing their own safety plans directly with children’s advocates, or participating with their mothers in family safety plans. The latter type of safety planning recognizes the mother as the primary protective figure, allowing for all family members to have the same plan and to know what to do in case of emergencies. Although young children need to be of an age where they can understand what safety planning involves, children as young as 3 can participate.

Offering Transitions to Permanent Housing and Longer-Term Interventions

Home-based services can provide valuable support in the transition from shelter to permanent housing. In Michigan, the Families First program has successfully offered in-home help for families at risk for homelessness or from an assailant, and for those making the transition from shelter to permanent housing. Advocates, funded through Families First and working out of domestic violence shelters, visit the home from 5 to 20 hours a week, and are available 24 hours a day to help parents with safety and concrete needs, advocacy, and parenting. Funded by TANF (Temporary Assistance to Needy Families) dollars, the program has successfully demonstrated a decreased involvement with child protective services by participating families. In addition, empirically-validated programs in Michigan (Sullivan & Bybee, 1999) and Texas (Jouriles et al., 2001) provide home-based advocacy and/or parenting support for battered mothers. It is important to recognize that, just as leaving an abuser is not usually a single-event phenomenon, intervening to help families in their transition to new lives may take time.

Maintaining Confidentiality and Sharing Information

Advocacy with battered women and screening/assessment of young children raise issues regarding confidentiality and mandated reporting. For example, conversations with battered mothers, or the screening of children, may uncover information that would hinder a woman’s pursuit of custody or require a report to child protection. Additionally, some referral agencies may misinterpret information shared by a domestic violence program and generate additional risks for the woman or child. Domestic violence agencies will need to review confidentiality policies and plan for the education and training of new referral agencies.

Practice and Policy Recommendations

- 1. Domestic violence organizations should establish minimum competency standards for working with young children and should train staff to meet those standards. Job requirements should include prior work experience with young children. Training should incorporate content on child development, assessing children's exposure to violence and child abuse and neglect, supportive interactions with parents, building relationships with local early childhood resources, and procedures for reporting child maltreatment and advocating for mothers and children within CPS. All training, supervision, and consultation should be culturally competent and relevant, but this is particularly important in discussing and appreciating cultural differences in childrearing and discipline.*
- 2. Domestic violence organizations should assess the emotional, physical, and educational needs of young children, with the permission of their mothers. Domestic violence organizations should also assess women's safety, parenting support, and material needs (e.g., securing a job, benefits, child support) in order to provide meaningful help to families.*
- 3. Child advocates within domestic violence organizations should be equal members of advocacy teams whose goal is to foster the health and well-being of the woman and her children.*
- 4. Domestic violence organizations should establish meaningful collaborative relationships with a broad spectrum of agencies that work with young children and their families. For example, shelters that collaborate with medical providers (either through visiting nursing services, volunteer healthcare professionals, or residency programs) help their clients receive healthcare that may not otherwise be accessible, particularly for low-income clients. In addition, checking that children are up-to-date on their immunizations, and ensuring that each family has a primary medical provider (and that all children have health insurance) should be key health outcomes for domestic violence agencies. Similarly, connections with early childhood systems within the community (such as Birth to Three and Head Start) offer those agencies an opportunity to learn about the developmental effects of family violence and offer children of battered women a chance to receive educational advocacy and services for high-risk children. Finally, connections with culturally-specific resources, as well as faith community resources, can lead to greater access to language/translation resources for clients, facilitate clients' support within their own communities, and enhance the awareness and sensitivity of faith and cultural leaders to domestic violence issues.*
- 5. Because of the significant overlap of domestic violence and child maltreatment, advocacy must include strategies to protect abused women and maltreated children in collaboration with child protective services. Each organization should establish procedures and training*

that provide meaningful guidance to staff about when a mandated report of child abuse or neglect is necessary and what process to use when making such a report. Support and advocacy for battered mothers and their children should continue throughout the entire CPS process. Advocates should also work collaboratively with community, court, and/or social service agencies to establish interventions with domestic violence perpetrators that protect children and battered women.

6. *Policies should be implemented at state and local levels enabling battered women's shelters with licensed childcare to access funding for early childhood and preschool programs.*
7. *Home-based family support initiatives should be available to battered women and their children through a portal other than the mandated Child Protection System.*
8. *State coalitions should encourage the development of guidelines for the screening of children's physical, emotional, and educational needs while they are residents in domestic violence programs.*
9. *Minimum competency guidelines should be established for child advocates working with young children.⁷*
10. *Blended funding streams should be used to provide children exposed to domestic violence with the mental health services they need—without requiring a diagnosis. Mental health dollars, as well as victim assistance dollars, should be allocated towards providing crisis mental health services where the referral criterion is the incident rather than the child's diagnosis.*
11. *Staff in domestic violence agencies are often faced with clients and their children who come for help with issues related to domestic violence that may include multiple traumatic stressors. Advocates are sometimes faced with stories of intergenerational abuse and trauma for which they can offer little more than empathic listening, but which can be profoundly difficult to hear. Offering regular consultation to staff on client-related issues, as well as emotional support, is important to preventing burnout and to enabling them to continue to help battered women and their children. In addition, maintaining a predictable, supportive environment which offers safety, structure, and nurturance, and which meets the needs of children and their battered mothers, can help support both clients and staff.*

⁷ See, for example, guidelines developed in Wisconsin (Wisconsin Coalition Against Domestic Violence, early 1990's).

Part II. Batterer Intervention Programs

*My Daddy is a Monster
He hurts my mommy
He hurts me too
Sometimes he hits
Sometimes he says things
That scare me and
Make my mommy cry
After he leaves
Sometimes I wish he
Won't come back – ever. I love my daddy.*

Source: National Coalition Against Domestic Violence,
author and date unknown.

Abusive Men as Parents

Children are affected in dramatic ways by the violent behavior of the father or father⁸ figure in their lives. The preceding poem illustrates what Peled (2000) suggests—the internal struggles and the split between mother and father that children often face when witnessing or directly experiencing family violence. Additionally, according to Peled (2000), children develop an image of their father not only from their personal experiences but also from the reactions of social systems and agents that may or may not intervene when violence occurs in the home. Thus police visits to the home, shelter stays, and participation in domestic violence programming all play a role in the way a child perceives his father. In addition, interactions between the mother's family and the man who batters will also have an impact on the children's perception of their father.

Bancroft and Silverman (2002) define a man who batters as one “who exercises a pattern of coercive control in a partner relationship...” (p. 7). While actual physical violence may not take place, the threat of such violence is made clear through coercive actions and threats. The spectrum of abuse is wide. Bancroft (2002) suggests that the key characteristics of men who batter also have profound implications for their parenting and their children. For example, a man who batters may exercise control to undermine the woman's parenting, or assault her when angry over his children's behavior. His sense of entitlement may lead him to assault his partner because he believes that she is paying more attention to the children than to him; his possessiveness may lead him to see his children as objects for his own use (or abuse), rather than as individuals in their own right. These characteristics can lead to parenting that creates family divisions and pits children against their mother (Bancroft, 2002).

⁸ This paper uses the word *father* to refer to an adult male engaged in a significant relationship with a battered woman with children, or living in the same household.

Men who abuse their partners may also be maltreating their children psychologically by exposing them to terroristic, self-destructive, and rigidly controlling behavior. A high percentage of men who assault women also physically abuse and neglect children (Carter & Schechter, 1997). In addition, men who batter are modeling violent behavior to their children, and may be contributing to long-term psychological and behavioral effects. Often these men do not examine the harmful impact that their use of violence has on the children who are exposed to it (Brassard, Germain, & Hart, 1987; Garbarino, Guttman, & Seeley, 1986; Maddock & Larson, 1995; Peled, 2000). Researchers have identified other ways in which domestic violence can negatively affect children, and these include forcing children to keep the “secret” of family violence, increasing the family’s stress and instability, and creating transient living situations and economic difficulties (Blanchard, Molloy, & Brown, 1992; Maxwell, 1994; Peled, 2000).

Populations and Offered Services

A wide variety of programs provide intervention for men who batter. However, most programs are designed for men who are arrested or would be arrested if their violent behavior were public (Bennett & Williams, 2001). Some programs are offered through private, non-profit agencies; others, through public agencies such as probation departments; and still others are organized by domestic violence services. Eighty percent of men in these intervention programs are referred by the court, following an arrest (Bennett & Williams, 2001).

Guidelines or standards for intervention programs also vary. Some programs have a goal of ending criminally violent behavior; others focus more broadly on ending coercion and violence; most teach alternatives to violence. Program length may be as long as 52 weeks in a few states, although in many localities 12 to 26 weeks is the norm. As far as we know, no statewide standards exist that mandate the inclusion of parenting or child development information in intervention programs for men who batter. In some states, standards do require the inclusion of information on the impact of domestic violence on children (A. Ganley, personal communication, 2002). There is no information as to the number of programs for men who batter that explicitly include parenting, child development, and the importance of the father-child relationship as key content in their intervention services.

Programs that work with men who batter are charged with four goals: legal justice and accountability (Healy, Smith, & O’Sullivan, 1998), victim safety, emotional development, and change in attitude and behavior (Austin & Dankwort, 1997; 1999). Particular programs may place a different emphasis on each of these goals and may offer different approaches to achieve them. For example, some programs may use psycho-educational and cognitive/behavioral methods for change, while others may believe a more insight-oriented therapeutic approach is needed. There may even be different outcomes for success. A 26-to-52-week program that may not be more effective than a shorter term program in rehabilitating men who batter, may be seen as successful because it provides a longer period of legal accountability and victim safety (Bennett & Williams, 2001). No particular program approach has been shown to be superior. Therefore,

program experimentation that does not jeopardize the safety of adult or child victims must be supported. Safe program development can be accomplished by working collaboratively with victim advocates; victim service agencies; family, marital, and individual therapists; and criminal justice authorities (Bennett & Williams, 2001).

In some low-income areas and communities of color, a significant degree of stigma is attached to programs for men who batter. Because many of the programs for men who batter place paramount emphasis on legal justice, victim safety, and using criminal legal system sanctions to enforce accountability, some communities interpret batterer programs as anti-male. These programs may strive to help men stop battering, but may also place additional mandates⁹ on participants which they are unable to meet. This can result in their dropping out or being unable to successfully complete the program. This dynamic also furthers the perception that the program's function is solely legalistic and punitive.

Some women of color or women in poverty are particularly affected when punitive language is used to explain programs for their partners. Punitive and directive language (e.g., "You must call the police" or "Your partner must admit he is an abuser") may further the fear and community distrust of programs for men who batter, particularly within communities of color. As a result, women may not recognize that parts of the program may help them and their children, such as aiding their partners in regulating their emotions and developing self-control. Some women may not seek help when they are abused because they believe the only options are punitive and intrusive for their families. Programs that serve men who batter must balance the important social and legal considerations with therapeutic skill and technique. It may be necessary to restructure batterer intervention programs so that they can be viewed as a community resource that protects young children and serves their families.

It is difficult to make generalizations about men who abuse their partners. However, it is widely known that men of color are referred to court-ordered treatment programs at a disproportionate rate relative to the overall population of men who batter, possibly because these men represent a large proportion of the lower socio-economic population, and men at higher income levels may find other ways of satisfying treatment requirements. This knowledge should limit generalizations from studies that utilize information from court-ordered programs.

Ed Gondolf (1995) investigated some of the characteristics of men who were court-referred to programs for men who batter. The majority of participants were men of color, in their early 30s, of lower socio-economic status, with a problematic family background that included childhood exposure to violence and/or substance abuse. Many men studied had behavioral problems that went beyond their domestic violence, and some of these men had diagnosed personality or major mental disorders. Yet another common finding in Gondolf's study was that men who batter often minimized the severity of the abuse they committed. This last finding highlights the importance

⁹ For example, programs might require a participant to be employed, to pay a level of child support that is beyond the participant's means, or to stop abusing drugs or alcohol without offering treatment.

of both evaluating a man's parenting "risk" status, and intervening to address parenting issues in programs for men who batter (Gondolf, 1995).

Gondolf also asserts in his multi-site evaluation of batterer intervention programs that,

At 30 months, men who completed 3 months or more of the programs for men who batter were significantly less likely to have re-assaulted a female partner (36% of the completers re-assaulted vs. 51% of the dropouts). The vast majority of men eventually were not violent for a sustained period. There was no significant difference in re-assault rates across African American, Latino, and European-American men. (p. 12)

Some men do change their behavior through community cultural interventions and mandates, such as restorative justice, tribal circles, and church and elders' interventions. One of the most under-observed interactions is that of cultural and community sanctions against domestic violence behavior. Sometimes an approach that recognizes the possibility of legal consequences with restorative community practices can be beneficial to families. The following paragraph is an example of a cultural intervention.

Jefferson is a 42-year-old Native American man who, during the first 7 of his 10 years of married life, used physical force against his wife. None of the elders in his community who knew of the abuse chastised his behavior or suggested sanctions against it, thereby reinforcing his violence. Two years ago however, as the community became stronger, and the elders became more knowledgeable regarding domestic violence, they began to bring him into tribal circles and weekly elders' meetings to caution him about his behavior and the impact of it on his community and his children.

Resources Addressing Parenting in Programs for Men Who Batter

Little exists in the research or practice literature that addresses the parenting capacity of men who batter. Though in some cases these men will be denied access to their children out of justifiable concern for their safety, in many cases they will continue to see their children. Concerns for the safety of mother and children following separation from an abusive male are important. This is particularly pertinent given the evidence that harassment and abuse often increase following separation (Schnarch, 1997; Sev'er, 1997). However, the benefits for both children and father, when contact can be continued safely, are important to consider. Men who have been previously violent in their families and now want to change their behavior may have an opportunity to have a positive impact on their children's developmental path and lessen the impact of their negative role-modeling and behavior patterns (Perry, 1996; Perry, Pollard, Blakely, Baker, & Vigilante, 1995). Additionally, when fathers have a good understanding of appropriate child behavior at different developmental levels, their expectations are more realistic, and family conflicts over children may be reduced.

Many programs for men who batter seek to hold men legally accountable for their abusive behavior. However, many programs may miss the opportunity to (a) help men develop a sense

of self while they are in a relationship; (b) lower their reactivity to their partner and children; (c) aid in their development of discomfort tolerance, for the possibility of growth; and (d) assist in the mastery of techniques that help men self-soothe their own hurts and pains (Schnarch, 1997). Program aims should be to help men develop the capacity to hold themselves accountable for their behavior toward their children and partner.

Many programs conduct their interventions as if all men who batter are the same. This does not take into account the reality that men come from different backgrounds and cultures, commit different levels of violence, and have very different capacities for change.

Programs for men who batter also should serve as a conduit for other programs that provide for the material needs of men struggling with poverty, substance abuse, and mental health issues.

Assessing Men Who Batter as Parents: Considering Safety and Risk

Bancroft and Silverman (2002) suggest that in assessing the risk that a man who batters presents to his child(ren), several aspects of current and past behavior must be evaluated. In relation to the children, these include the abuser's history of

- a. physical and sexual abuse (and boundary violations) toward the children;
- b. neglectful and under-involved parenting;
- c. psychological cruelty;
- d. willingness to risk physically or emotionally hurting the children incidental to partner abuse;
- e. using the children as weapons, or undermining their mother's authority; and
- f. risk to abduct the children.

In relation to the batterer's current and past behavior toward his partner or ex-partner, factors that must be taken into account include

- a. physical danger to the partner/former partner;
- b. the level of coercive or manipulative control exercised over the abused partner;
- c. the abuser's level of selfishness, self-centeredness, or feeling of entitlement;
- d. his substance abuse and mental health history;
- e. his refusal to accept the end of a relationship or the beginning of a new one on the part of a former partner; and
- f. his level of refusal to accept responsibility for past violent or abusive acts (Bancroft & Silverman, 2002).

No known national study describes the questions about children that appear on intake forms for men who are entering batterer intervention programs. Nor is there a literature on the interview questions typically used, in programs for men who batter, about their children's exposure to

violence. Although some batterer intervention programs probably ask about Child Protective Services investigations and about court orders for custody and visitation, many programs conduct only minimal reviews of the risks to children and their needs (J. L. Edleson, personal communication, 2002).

Several variables must be taken into account when considering parenting issues in the context of interventions with men who batter. Mederos and his colleagues suggest that three factors about the men who batter are important with regard to the safety of children (Mederos, 2000). The first is parenting capacity. Does the abuser have the capacity to be a responsible caretaker? Is there a method developed that can both systemically and culturally evaluate parenting responsibility and the care-taking ability of men who batter? Will the father neglect the child? Some men dealing with poverty may be unable to access the “responsible care-taking opportunities” of other men (e.g., day care, parenting classes). Secondly, there should be a concern about danger. Does the abuser pose a threat to the mother or child, and are there safety concerns regarding ongoing contact? Is there a history of violent behavior towards the children and the mother? Is there a history of obsessive or threatening conduct? Will the father be abusive toward the child? Finally, intervention programs for men who batter should take into account the man’s parenting style. What is his behavior with the children? What role did he play in the raising of the children? What is the nature of the relationship between father and child?

Additionally, attention must be paid to the manipulative factors that some batterers employ to gain access to children and partners. Service providers should be aware that some men might use the area of parenting as a tool of collusion. Sometimes a manipulative man will convince the service provider to write letters to the court suggesting a high level of parenting capacity, or to support child visitation.

When assessing other types of violent behavior, standardized risk assessment tools have been shown to be more reliable and valid than clinical evaluations based on risk markers (Dutton & Kropp, 2000). While such standardized tools are commonly used with sex offenders and violent offenders in general, no such tool exists to evaluate the men who batter—their violent behavior toward their children, and/or the risk level a batterer presents to his children (Bancroft & Silverman, 2002). Also, there are no scientifically tested methods of predicting future risk to a batterer’s children or adult victims.

The next step in the field is to develop an evaluative instrument that balances the legal, therapeutic, and cultural issues. There is clearly a need for an instrument sensitive to culture and poverty, given what is at stake for women and young victims and witnesses of domestic violence.

Effective Parenting Interventions in Programs for Men Who Batter

When provided by a trained facilitator, the introduction of information on child development, the effect of exposure to violence, and the role of fathering can be an important tool that serves a number of purposes:

1. It gives the father a greater sense of understanding about children's experiences. Many men have little information on how a child develops or the effects of exposure to violence.
2. It gives fathers an opportunity to see how their behavior impacts their children, and offers them alternative ways to parent and to interact with their child's mother.
3. It encourages men to examine the impact of their fathers on their own lives. It provides the abusive man an opportunity to deal with family-of-origin issues and connect the meaning of their children's needs to the realities of his past.
4. It can encourage men to explore the use of non-abusive behaviors for the sake of their children. It can motivate the men to change.

The following example from Tubman Family Alliance in the Twin Cities Metro Area in Minnesota illustrates the importance of addressing child issues within treatment for men who batter.

Delvon, a 21-year-old African American man, was convicted of assault on his partner. He and his partner have a 4-year-old son together. During a session in which Delvon was discussing the conflicts between him and his partner, a clinically trained African American professional asked Delvon if he had ever seen that behavior before. Delvon stated that he had seen his uncle deal with his aunt that way. The aunt and Delvon were very close to each other. Delvon was then asked what he did when his uncle hurt his aunt, and how he felt about it. Delvon was also asked about how these interactions had an impact on him in relationships with other Black men and women. He was asked what it was like to be in their home when the conflicts occurred. How did he express himself, and with whom did he talk about his feelings? Then the therapist asked Delvon, "What do you think your child thinks when you act like your uncle? And what does your child do when you act like your uncle?" These exchanges integrated the past with the present to explain and confront existing patterns. Delvon had never thought about how his child was coping, and was able to do so only when he connected to his experience and past victimization. Exploration of thoughts, feelings, and culture can be an effective way to get men who batter to self-confront, and to change their behavior over time.

Promising interventions for men who batter include information about parenting, as well as the effects of violence on children, as part of their core programming. This information can be introduced in groups for men who are abusive or in groups that specialize and focus on parenting. One such program is the Men's Parenting Program at the Wilder Foundation Community Assistance Program in St. Paul, Minnesota. Program interventions include helping abusive fathers confront themselves about the effects of their behaviors on their children, giving fathers the opportunity to understand their children's developmental stages, helping men face their violent behavior, and assisting them in developing new parenting practices (Mathews, 1995). The Wilder Foundation has also developed groups specifically for African American men, with a culturally competent African American facilitator.

Mathews (1995) suggests that men who batter face significant challenges when learning how to parent more appropriately. These include (a) their limited knowledge of child development; (b) their shame, and a lack of empathy for their children's experience of their violence; (c) their ignorance about step-parenting; and (d) their unwillingness to make a commitment to non-violent parenting.

The Evolve Program, an intervention curriculum developed in Connecticut for men who batter, devotes six sessions to domestic violence and fatherhood (Donnelly, Norquist, Williams, & Wilson, 2000). Participating men are expected to create a plan to address their abuse with their children; improve their fathering if they have ongoing contact with their children; and learn how to be supportive and respectful of partners or ex-partners, regardless of their relationship status. Evolve requires men to comply with all court-mandated orders and with the wishes of partners/ex-partners regarding family safety and ongoing contact.

The Evolve curriculum provides the opportunity for men to make amends to children for their past or current destructive behavior, assuming that their former partner and the court allow the contact (Donnelly et al., 2000). The curriculum is designed so that men without ongoing contact with their own children can learn to behave in healthier ways in the future with the children of their relatives or new partners. The program does not distinguish between biologically- and non-biologically-related male caregivers when assessing the impact abusers have on victims, or in its requirements for positive change.

Haddix has suggested that an abusive father who is trying to lead a non-violent life and reconcile with his children should also consider successfully completing a time-limited treatment program for men who batter (1996). This program should include a separate parenting component. Fathers should also consider ongoing individual treatment. The abusive father should commit himself not only to ceasing violent behavior, but to desisting from any behavior that may endanger his children (e.g., alcohol/drug abuse).

Practice Recommendations for Batterer Intervention Programs

- 1. Design intake procedures, in intervention programs for men who batter, which include gathering information about (a) protection, custody, and support orders; (b) Child Protective Services investigations and juvenile court involvement; (c) the client's abuse and neglect of children; (d) the client's ongoing involvement with his children and their mother; and (e) what the client needs in order to be a responsible parent. Intake procedures in programs for men who batter should take into account specific cultural information, material needs, and culturally competent responsible fathering.*
- 2. Prepare intervention/prevention curricula for men who batter which incorporate content on (a) child development, (b) the impact of domestic violence and coercion on children, (c) healthy and non-abusive parenting, (d) responsible fathering, and (e) the individualized nature and context of each situation and the various environmental dynamics in which*

battering can occur—all while taking care not to support interactions that are dangerous or manipulative to mothers or children.

3. *Incorporate education on how responsible fathering can promote resilience in children, and how positive interactions between the father and the child's mother can support the child's healthy development.*
4. *Require that clients comply with court orders and have respectful, non-violent interactions with their child's mother.*
5. *When families do reunite, encourage the perpetrator to seek continued treatment and support—such as individual, family, and couple treatment—where applicable. The continuation of support to adult victims and to children within the family is also essential. It is important that professionals help perpetrators develop skills that reduce the use of high conflict interactions over their children.*
6. *Explicitly support ongoing programming, in addition to incarceration, for men who have completed interventions for men who batter, and who have subsequently re-offended.*
7. *Develop programming that is flexible enough to deal with differences—in their psychological frameworks, as well as their cultural backgrounds—in the men who batter and seek treatment.*
8. *Conduct regular recidivism checks on men who have battered, not only to identify safety concerns, but to be alert to men and families that may be struggling, so that additional services may be offered.*

Policy and Research Recommendations for Batterer Intervention Programs

1. *Support should be provided to conduct a national review of standards and promising practices for parenting interventions within intervention programs for men who batter.*
2. *An ongoing dialogue should be supported among intervention programs for men who batter, domestic violence agencies, culturally-based community organizations, child mental health organizations, child witness organizations, and responsible fatherhood programs, to increase understanding, develop a common language among these fields, and promote shared content about responsible parenting.*
3. *Research must be supported to clarify the nature of the risks to children from men who batter.*
4. *Funding should be provided to support the development of assessment tools about batterer risks to children experiencing domestic violence, and interventions to reduce them.*
5. *New and innovative ways of working with men who batter, with an emphasis on practitioner skill development, should be encouraged.*

About the Authors

Abigail Gewirtz, Ph.D., is a child psychologist and Clinical Assistant Professor at the University of Minnesota where she teaches and conducts research in the Psychology Department, and at the Institute for Child Development. She is Director of Research at Tubman Family Alliance, one of the largest family violence resource agencies in the US, where she coordinates the Minnesota Child Response Initiative, a multi-system, multi-agency collaborative to address children's exposure to violence. Formerly Director of Operations for the National Center for Children Exposed to Violence at Yale Child Study Center, Dr. Gewirtz has worked clinically with children and families exposed to violence, and has provided training and technical assistance to communities across the nation implementing multi-system efforts to intervene with children exposed to violence.

Resmaa Menakem, M.S.W., has more than 13 years experience working with families and individuals facing complex life situations, particularly with people of color, and currently serves as Director of Therapeutic Services at Tubman Family Alliance in Minneapolis. This innovative program, which Mr. Menakem helped to develop and implement, addresses the intrapersonal process used to heal men and women with abuse behaviors. He is also responsible for the development and management of a curriculum that addresses core structural issues including violence, racism, and oppression. He has previous experience at many social service organizations and is a founding member of the Stay Alive Project, a multi-agency collaborative focused on ending violence among male youth of African descent.

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