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Young Children Living with Domestic Violence: The Role of Early Childhood Programs

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Young Children Living with Domestic Violence:

The Role of Early Childhood Programs

Paper #2 in the Series

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

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The University of Iowa

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

Series Introduction, by Susan Schechter and Jane Knitzer.

Series Paper #1: *Helping Young Children Affected by Domestic Violence: The Role of Pediatric Health Settings,* by Betsy McAlister Groves and Ken Fox.

Series Paper #2: *Young Children Living with Domestic Violence: The Role of Early Childhood Programs*, by Elena Cohen and Jane Knitzer.

Series Paper #3: *Domestic Violence and Family Support Programs: Creating Opportunities to Help Young Children and Their Families*, by Nilofer Ahsan.

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Series Paper #6: *Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention,* by Abigail Gewirtz and Jeffrey L. Edleson.

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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.

Dr. Jane Knitzer is the Acting Director of The National Center for Children in Poverty at the Mailman School of Public Health, Columbia University. She is a psychologist whose career has been spent in policy research and analysis of issues affecting children and families, including mental health, child welfare, and early childhood. She has been on the faculty at Cornell University, New York University, and Bank Street College for Education. Prior to that, she worked for many years at the Children's Defense Fund.

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Young Children Living with Domestic Violence: The Role of Early Childhood Programs

Series Paper #2

Introduction

Children exposed to domestic violence are in our early childhood programs and schools as well as in pediatricians' offices, public health clinics, and child welfare agencies and systems. Although domestic violence cuts across all social and economic groups, low-income families are more likely to be affected. A large proportion of poor families are families of color who also struggle with the negative cumulative effects of racism and other pervasive problems, such as living in unsafe neighborhoods and lack of housing and high-quality childcare.

During the last decade, awareness of the potential harm to children exposed to domestic violence has grown. Studies of children exposed to war and other catastrophic stressors indicate that such events can threaten their emotional, physical, and social development. Children affected by domestic violence develop a range of specific service needs related to their safety and their mental, physical, and cognitive development. Research also indicates a significant overlap between domestic violence and child abuse—in families where one form of violence exists, it is likely that the other does, too (National Council of Juvenile and Family Court Judges, 1999).

Important protection for children who experience violence and other risk factors comes from access to high-quality early care, to education programs with stable caregivers, and from the opportunity to experience a nurturing, stimulating environment. For families, many of these programs can also provide information, connection to other resources, and sometimes direct services, such as legal help, housing assistance, and access to batterer intervention programs.

This paper provides practical information and resources for staff working directly with young children and their families in early childhood programs and domestic violence agencies. It also highlights the role that program administrators and the early childhood community can play in supporting staff and strengthening community and state partnerships and policies on behalf of young children and families affected by domestic violence.

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The Early Childhood Education "System"

Early childhood programs tend to be described as a unified system, but they are, in fact, an array of various programs that differ widely in their funding, goals, service delivery strategies, and the ages of the children that they serve. The most common type of child development settings that target children from birth to age six include childcare (centers and family daycare homes), Early Head Start and Head Start, Even Start, educational home visiting, early intervention, and pre-Kindergarten and Kindergarten (see box: Early Childhood Education Programs). Moreover, childcare is not a single intervention in children's lives. Rather, children—especially infants—move in and out of different childcare arrangements and often experience multiple arrangements simultaneously over the course of their early childhood years. For example, low-income families typically rely on combinations of childcare (e.g., attending part-day Head Start and then using childcare for the rest of the day, or combining relative and family childcare).

Early childhood programs serve many functions. They make it possible for parents to work; provide young children with nurturing, developmentally appropriate early learning experiences; help parents understand what young children are like; and often serve as an early warning system to identify young children who need additional supports. They also play a critical role in providing a stable, non-stigmatizing environment for children at risk for physical, cognitive, and social delays as a result of their home environment or other environmental stressors.

Although the specific goals, staff characteristics, and quality of childcare vary, most programs are based on the principles of providing early care and learning experiences in the context of developmentally, culturally, and linguistically appropriate services. These values are embedded in the requirements and/or guidelines of the National Association for the Education of Young Children Accreditation, Head Start Performance Standards, and State Childcare licensing rules. Some programs, particularly Head Start and Early Head Start, also include staff members who work primarily with parents, providing support, connecting them with resources, and helping them become better parents.

Addressing Issues Related to Domestic Violence

Both research and common sense suggest that early childhood providers can play important roles in helping to prevent or reverse early harm to young children from exposure to domestic violence. From a research perspective, a compelling, cumulative body of research indicates that young children who participate in high quality early childhood experiences show gains in all aspects of development and in school readiness (Gomby, Behrman, Lewis, & Stevenson, 1998). Research on interventions for young children experiencing risk factors, such as domestic violence coupled with poverty, highlights the importance of intentional efforts to promote healthy social and emotional development, to strengthen (or repair) damaged relationships with primary caregivers, and to ensure that there are other caring and stable adults in the child's world (Knitzer, 2000).

Early Childhood Education Programs

Childcare. Childcare programs typically offer group care all day, either in a center or in a caregiver's home, to children from birth to school age. Most of these programs seek to promote healthy child development as well as free parents from their childcare responsibilities so they can work. Many children, especially infants and toddlers, are also in "kith and kin" childcare (i.e., care provided by neighbors and relatives).

Early Head Start. A federal program, Early Head Start serves low-income pregnant women and children under age three in poor families by promoting child development and enhancing family efforts to nurture and educate their children.

Head Start. A federal program for low-income families, Head Start serves children from age three to five by adopting a two-generation strategy that reaches both children and their parents through individualized child development and family support services. Head Start endeavors to promote social competence and ensure that children succeed in school.

Even Start. Serving low-income families with children from birth to age eight, this federal family literacy program combines early childhood and parenting education with adult literacy or adult basic education. In FY 2002, under the Reading First Initiative, states acquired the option to receive funding from a new Early Reading First program to implement research-based pre-reading methods in preschool programs with some of the Even Start goals.

Educational Home Visiting. A number of early childhood programs employ a home visiting strategy with diverse goals, such as promoting healthy child development or school readiness, preventing child abuse, providing parents with information about child development, and enhancing parent-child relationships. These programs share a focus on the importance of children's early years and the sense that one of the best ways to reach families with young children is by bringing services to them rather than expecting them to seek assistance in their communities. Funding for educational home visiting comes from sources as varied as the federal Office of Juvenile Justice and Delinquency Prevention, Head Start and Early Head Start, the Maternal and Child Health Bureau, Title I, state Children's Trust funds, and foundations.

Early Intervention. This federal program is designed to ensure that young children with disabilities, regardless of income, receive a multidisciplinary assessment of their disabilities and referrals to needed occupational, physical, communication, or other therapies. Early intervention requires a "family service plan" that assists parents and other caregivers in learning to deal with the problems the child faces. Preschool Special Education Grants provide an entitlement to special education and related services for children with disabilities from age three to five.

Pre-Kindergarten and Kindergarten. Typically, pre-Kindergarten and Kindergarten are part-day and part-year programs, funded by states and communities, that bring together four- and five-year-olds in centers or school settings. They aim primarily to promote child development and improve children's readiness to succeed in school. Publicly funded preschool programs usually serve children from disadvantaged families, while private preschool programs supported by parent fees serve children from all backgrounds. Efforts are now underway to provide universal access to pre-Kindergarten.

For children exposed to domestic violence and other stressors, both formal early childhood programs (e.g., daycare centers, Head Start, nursery schools, and pre-Kindergarten) as well as care by family daycare providers, neighbors, and relatives, can offer a kind of "safe haven." Through nurturing and caring relationships, which evolve in the course of their daily contacts and through curriculum activities and routines, children can develop new social, emotional, and language skills. Further, staff are in an ideal position to identify when a child might be having difficulties, or, for some, to cushion the child's experience of trauma and promote effective coping that might reduce the need for placement or for more formal mental health interventions or later difficulties.

Early childhood programs (especially Early Head Start and Head Start) that take a holistic approach to serving families and address education, employment, and lack of basic resources, are also in a strong position to help families. Sometimes, because parents trust them, they may be the first to learn about domestic violence—either through children or parents' disclosure. They can help parents understand how to help their children deal with the violence, and support the parents as the nurturers and teachers of their children.

Some have expressed concern that adding a focus on domestic violence to already-burdened early childhood staff, who earn too little money and have too few supports, is not realistic. But staff are already dealing with these children and families. Helping them to do so intentionally and with new competencies can only improve their abilities and job satisfaction, and the quality of the overall program.

Supporting the Needs of Young Children Who Live with Domestic Violence

Young children who witness violence are a heterogeneous group, and responding to their needs requires a range of flexible strategies. Some children need nothing more than a high-quality early childhood setting, either with a family childcare provider, or a center-based program. Others, however, may show warning signs that they are experiencing more distress, and staff need to know how to identify these children and, if necessary, make appropriate referrals for early intervention or mental health supports. Many of the strategies that can help young children exposed to domestic violence are the fundamentals for quality early care and learning programs—for example, a predictable environment with a variety of opportunities to express feelings in verbal and nonverbal ways. Other strategies must be tailored to the particular circumstances of a child and family living with domestic violence.

New Strategies in Early Childhood Programs

In view of the important role that early childhood teachers, family childcare providers, home visitors, and family support workers can play in ameliorating the impact of domestic violence for young children, as well as the large numbers of young children who experience this risk, early childhood programs over the last decade have begun to implement various strategies, as follows:

- *Increase the capacity of all staff to address domestic violence.* Strategies include increasing staff's awareness about domestic violence, training staff to respond to child disclosures, and encouraging staff to identify and support the needs of women living with domestic violence. In the larger early childhood programs, employee assistance programs have supported staff members who live with domestic violence.
- *Educate all parents (including fathers) about the impact on children of exposure to community and domestic violence, and how to help children cope.* In the course of parenting education, Early Head Start and Head Start programs are beginning to pay special attention in their work with all parents to addressing issues related to violence. In addition, programs are reaching out, through male involvement projects, to fathers and other significant men in the lives of the children they serve. Staff provide information to all participating men on the impact of domestic violence on children. They may also participate in assessments of issues such as whether a father or other male in the home poses a physical or psychological risk to a child, the nature of the father's attachment to the children, or assessment of age-appropriate discipline and limit setting.
- *Develop procedures to respond to the special needs of children and families experiencing domestic violence.* Some Head Start programs save a number of slots to serve children in domestic violence shelters or entering the foster care system. Other programs are working with mental health consultants to help staff understand how and when to refer young children to witness-to-violence programs, therapy, and early intervention programs for developmental issues.
- *Become part of a more coordinated response to children and families living with domestic violence.* In some instances, domestic violence and childcare agencies have co-located specialized staff to assist victims of domestic violence (in early childhood programs) or children (in domestic violence programs). Head Start programs also have included domestic violence staff on their Health Services Advisory Committees.

Strategies for Childcare Staff

In spite of these innovative strategies, most early childhood program workers know little about how to offer help to families or to children living with domestic violence. Often, staff members are unclear about their role and afraid they might be prying into private family matters. Cultural differences sometimes increase staff discomfort, discouraging them from exploring sensitive issues. The adult women bringing their children to the center might appear to be strong, and as if they would be easily insulted by an inquiry about their safety. Staff members also feel anxious about their personal safety and inadequate with regard to their intervention skills. Some workers involved with the families are themselves current or former victims of abuse and might be especially reluctant to open these issues.

Similarly, the programs might be unequipped to handle the complex issues surrounding domestic violence. Inadequate policies, weak community partnerships, and lack of legal knowledge can

hinder program efforts to protect children and families in abusive situations. All staff—those who work directly with the children and families, and those who are administrators and supervisors—have a role in helping early childhood programs to better meet the needs of young children and families coping with domestic violence.

Strategies for Staff Who Work Directly With Children

Teachers, home visitors, and other non-familial caregivers within early childhood programs can play a key role in helping children within the classroom and family childcare homes, as well as during home-based visits, by using the following strategies:

- *Create a safe, nurturing environment.* Young children need to be and feel safe, and they feel safe when they know they are loved, respected, and protected. Nurturing environments are created through positive relationships; a curriculum with culturally, linguistically, and age-appropriate experiences that promote learning and self-esteem; predictable routines; clear expectations; and many opportunities for learning to solve problems without aggression and to play in nonviolent ways.
- *Respond to each child's needs.* Just as the intensity and severity of domestic violence varies, so do children's responses. Some children are resilient and show few signs of distress, others experience much more complex and harmful consequences. Staff working directly with young children are in a particularly good position to encourage (without pressuring) a child to talk about the traumatic event in the safety of a relationship; observe warning signs that a child is experiencing difficulties; help a child understand that parents' fighting is not his or her fault, and that he or she is not responsible for managing it; and facilitate positive bonds between a child and the nonviolent caregiver.
- *Build skills for dealing with challenging behavior in young children.* Children who have been traumatized by violence might react by behaving in ways that show their stress and fear. These behaviors might be similar to those demonstrated by children who are dealing with other challenges (see box: Dealing with Difficult Behaviors).
- *Be prepared to deal with complex—including legal—situations.* Become aware of program and state protocols for filing a report or for calling the police in crises. Be prepared to carry out custody orders; to address suspicions and evidence of concurrent abuse of the children by one or both parents (see box: Public Child Welfare Agencies and Early Childhood Programs); to make referrals to domestic violence agencies, or, if necessary, to Child Protective Services; and to be aware of and ready to implement safety plans.
- *Refer children whose problems are clinically significant.* Some children who live with domestic violence might need referral to programs such as child or parent-child therapy, therapeutic childcare, play groups, or child-witness-to-violence programs. These children should be referred to mental health providers who understand trauma, domestic violence, and the developmental needs of low-income, minority children. The caregiver needs information

Dealing with Difficult Behaviors

Regression. Children under stress tend to forget some of the things they have learned and regress to earlier behaviors, such as bedwetting, toilet accidents, and thumb-sucking. Adults can relate to children at the age level they have returned to and try gently to help them regain these skills.

Separation anxiety. Children traumatized by violence might experience difficulty separating from their parents or other early care and education providers and become clingy. Adults should be patient and give children extra time during transition periods in the day—such as being dropped off at childcare or picked up from school, or at bedtime.

Fear. After a traumatic event, fear might be one of the child's strongest emotions. Let children know that it is okay to be scared; they do not have to be brave. Let them know they are not alone and that you are there to protect and love them.

Breaking the rules. Try to maintain the same rules and expectations. Knowing what is expected from them helps children feel safe. Avoid physical punishment, which only shows that it is okay to use violence to solve problems. Learn other methods, through parenting classes or other help, to deal with this behavior.

Anniversary reactions. Children's reactions to violent events can occur after much time has passed. They might begin to show signs of stress around the anniversary of the date when the violent event happened. Anniversaries provide an opportunity to acknowledge the feelings that are still there and also talk about new feelings and thoughts.

Nightmares. Nightmares are common in children who are under stress. Encourage parents to create conditions that promote sound, peaceful sleep, such as establishing nap and bedtime routines, reading a special book, and withholding caffeine and sugar from children before they go to sleep.

Source: Cohen, E., & Walthall, B. (2003). *Silent Realities: Supporting Young Children and Their Families Who ExperienceViolence.* Washington, DC: National Child Welfare Resource Center for Family-Centered Practice.

on how to follow up these interventions in the classroom and how to help the family follow up at home.

- *Know how to respond to disclosures from children.* Children might demonstrate in their play or directly disclose being exposed to domestic violence in their home. It is especially important that teachers, family childcare providers, and home visitors be prepared to respond to these disclosures so that the child feels heard, supported, and safe. Teachers must remain nonjudgmental, calm, and neutral in responding, and must remember that their role is to support the child rather than to gather evidence or investigate the situation (see box: Responding to Disclosures from Children).

- *Consult a supervisor, a mental health worker, or both, when concerns arise.* Caregivers who have no access to these experts should consult their local childcare and referral or domestic violence agency.

Strategies for Staff Supporting Families

Effective interventions for young children exposed to violence (or experiencing other traumas or challenges) must incorporate support for their families. Families who live with domestic violence sometimes dwell in environments where poverty, substance abuse, depression, homelessness, and other stresses have taken a toll, leaving them with little energy or skills to nurture and stimulate their children.

For those working in low-income communities of color, it is important to understand how racism and social oppression may impact family relations. Legal and criminal responses to minority families—for example, to those reporting domestic violence—may be different from responses

Public Child Welfare Agencies and Early Childhood Programs

Many children who witness domestic violence are also at risk of child abuse or neglect. All states currently have child welfare systems that receive and investigate reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home. Some states have implemented (or are considering) legislation to broaden the definitions of child maltreatment to include children exposed to domestic violence. Public child welfare agencies are building partnerships with, and helping direct resources to, community agencies serving families affected by domestic violence—including early childhood programs.

Domestic violence does not equal child abuse or neglect, and therefore not all cases of domestic violence must be reported to Child Protective Services. In most states, reporting should be the "last stop" as an intervention. The primary focus of the early childhood caregiver should be safety and stability for the child, which is often achieved by helping the non-offending parent and working with service providers and law enforcement to help, and hold accountable, the offending parent. Assessing risk to the child and evaluating the dangerousness of the offender, the impact of the violence on the child, and the non-offending parent's help-seeking ability, are critical.

Unfortunately, the early childhood caregiver will sometimes have inadequate time to refer, consult, or assess risk adequately. In these situations, the caregiver should err on the side of caution and call a supervisor or local child protection agency for consultation. If a report to the child welfare agency must be made, he/she should gather as much information as possible and be prepared to tell the child protection agency about the risk to the child, the dangerousness of the offender, and the mother's help-seeking abilities. The caregiver should talk to the mother before filing, unless doing so will compromise the child's safety. It is important to remember that a person's, family's, or social group's experiences with the world-at-large and in the community often affect their interactions with legal resources and law enforcement.

Responding to Disclosures from Children

Programs have different policies; teachers and other staff have varying comfort levels in talking with children or parents about these issues. If a staff member suspects domestic violence, he or she should always talk to other program staff, and/or call for additional resources, to assist in deciding what to do and how to do it. Some general suggestions include the following.

If a child discloses information about domestic violence in the home:

- Consider the child's disclosure within the context of what you know about the child and family.
- If appropriate, take the child aside and ask a few follow-up questions about what happened and about general safety. Possible questions include: "What happened?" "When Mommy and Daddy were fighting, where were you?" "Was anyone hurt?" "Were you worried or scared?" Follow the child's lead.
- Reassure the child by acknowledging his or her feelings, saying, for example, "it sounds like that was very scary for you."
- Let the child know what will happen next and reaffirm your support.
- Do not criticize or speak negatively about the abusive parent.
- When possible, consult with a supervisor, family services worker, or director about next steps. When they are unavailable, consult with a domestic violence program or another source of support.
- Document the disclosure.

Follow-Up:

- Ask the mother if she is concerned about the safety of any member of her family. Ask if she is safe in the home. Depending on her response, reassure her that children sometimes share things in a school setting that worry them and that you know this can be difficult or embarrassing for the parents. Your role is to offer support and access to services, rather than judge, when families are in need.
- Share your concerns from the perspective of the child's adjustment in the childcare program.
- If there is a report of direct injury or possible risk of injury to the child, you might be required to file a report with Child Protective Services. Know well your internal policies and procedures regarding making the report. If you need to contact Child Protective Services, explain to the parent that you have no choice—you are mandated to call.
- Schedule a private meeting with the mother to discuss the child's disclosure. A staff member whom the mother knows and trusts should conduct this meeting. Tell her what the child has said.

to non-minority families. This may have an impact on the way families get referred, accept treatment, and respond to interventions.

Some early childhood programs have access to staff and resources—such as family support workers, social workers, and early childhood mental health consultants—who can play important roles, in accordance with their job description and expertise, in facilitating an informed and supportive response to families. The challenge is greater for those working in family settings (either licensed family child care or informal care arrangements). Establishing linkages with domestic violence shelters, with family support programs, and especially with childcare resource and referral agencies can be helpful.

No matter how much experience someone has, bringing up the topic of domestic violence is always difficult. Women who are victims of domestic violence might feel guilty for failing to protect their children or for remaining in the abusive situation. They might see themselves as incompetent parents. Often abusers justify their actions by criticizing their victims. However, the conversation with early childhood or family support staff might be the "gateway" to begin the healing for the whole family.

In addition to the usual strategies for assisting parents in the context of early childhood programs, family service workers and other staff can play a key helping role.

- *Be respectful.* Acknowledge the uniqueness and complexity of each family and convey that you respect their cultural, racial, and linguistic background. Always take seriously family members' concerns about their safety. Listen to them when they talk about things that have helped and might protect them. Try to talk to—not "interview"—the mother alone. Begin with non-threatening, general, open-ended comments and questions. For example, "All families argue; in fact, disagreements can be healthy as long as people don't feel threatened or intimidated. Tell me about your relationship with your husband/boyfriend." (See box: What *Not* To Say When Talking about Domestic Violence.)
- *Talk to mothers about their child's disclosures.* If a mother denies or minimizes the domestic violence, but the child has made allusions to or described it, consider sharing the child's descriptions with her. Assure her that you are concerned about the child's safety and well-being as well as her own safety. Reassure her that you will refrain from confronting the batterer with the information she reveals. Use your judgment: if you think sharing the child's descriptions could put the child at risk, do not mention them in your discussions with the mother. Help the mother understand—without making her feel guilty—how violence might be affecting her child. Make it clear you understand the domestic violence is not her fault.
- *Ensure that the mother has a safety plan.* For families facing domestic violence, having a safety plan in place is critical. Family support workers can either help families develop such a plan or connect them with those who can, drawing on their knowledge of the

domestic violence agencies in the community. (See box: Domestic Violence Programs and Services.) More specifically, family workers can ask the mother for permission to talk about the situation with her extended family and with domestic violence agencies and, before a domestic crisis occurs, help the mother make a plan that describes ways to keep her and her children out of immediate danger. Emphasize that what to do about the abuse is her decision but that you want to help her ensure the safety and well-being of the children. If the mother is in a dangerous situation, provide support information and assistance.

- *Help parents talk to their children about the violence.* Finding violent events inexplicable and horrifying, most adults are unsure how to explain violence, serious injury, and death to young children. Help parents and other family members respond to children's worries truthfully and with whatever reassurance is possible. Children need to understand that what happened is not their fault and they need to be helped to feel safe as well as to be safe.

What *Not* To Say When Talking about Domestic Violence

When talking about domestic violence, the right words are especially important. Inappropriate verbal interactions—even when they are not intended to be hurtful—can feel like further victimization. Examples of inappropriate questions include the following:

- "Are you sure this happened?" (disbelief)
- "What did you do to set him off?" (blame)
- "Isn't this accepted in your culture?" (cultural insensitivity)
- "How can you stay?" (judgment)
- "The pain will go away. Things will get better." (minimizing)

Source: Ganley, A., & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Children's Protective Services.* San Francisco, CA: The Family Violence Prevention Fund.

Strategies for Administrators and Supervisors

Administrators and supervisors must work to support children, families, and—most importantly—staff. In many respects, the key to responding to young children who witness violence, and to their families, is for administrators to create the policy, fiscal, and organizational environment that will result in high-quality services. Working with traumatized children is stressful and exhausting. Teachers, childcare providers, and others who work with young children and their families in communities plagued by violence often experience burnout and fatigue. They might experience the same feelings as the children and families with whom they work, such as isolation, anger, sadness, and horror. Some of them might experience difficulty sleeping, eating, and concentrating.

Domestic Violence Programs and Services

Domestic Violence Services. Programs for battered women and their children frequently provide shelter, and they offer help to nonresidents, as well. Shelter services might include counseling, a 24-hour hotline, assessments and referrals of resident children, support groups, and advocacy for abused women with the courts, police, welfare offices, and job training programs. Nonresidential services often include support groups, referrals, hotline and crisis counseling, and advocacy for women seeking protection orders and benefits assistance. Domestic violence organizations frequently also offer community education and training.

Children's Advocates. Given that about half of shelter residents are children, and most non-sheltered battered women have children, children's advocates in domestic violence agencies coordinate services for children both onsite and offsite. Children's advocates serve as the link between families and other community systems addressing children's needs, such as childcare, schools, and Child Protective Services. They serve as a resource for other staff at the agency, educating and reminding them about children's needs. In addition, these advocates link children who have been victimized with children's advocacy centers.

Batterer Intervention Programs. These educational programs attended by batterers aim to change the abusive behaviors of domestic violence perpetrators. They hold batterers accountable, teach new skills that will facilitate changes in their behavior, educate them about the effect of domestic violence on partners and child witnesses, collect data on program effectiveness and recidivism, coordinate other required services, and report program compliance and noncompliance to the courts or other referral resources. Most of these programs are court mandated, but many accept voluntary participants.

Child-Witness-to-Violence and Other Treatment Programs for Children. These programs help children deal with the emotions and consequences that follow their exposure to domestic violence. They work to reduce problematic symptoms, strengthen children's relationships with their non-abusive caregivers, and help children and their families create and maintain relationships and living situations free from violence and abuse.

Victim Assistance Staff. These individuals might help victims to obtain injunctions or orders for protection, or to obtain crime victim compensation; help collect evidence; notify victims of hearings and accompany them to court; and provide other legal assistance and referral services.

Administrators and supervisors must be sensitive to the stress which their staff members experience, as well as to that experienced by the families and the children. This stress is usually reflected in the high staff turnover rate, which also results from low salaries, difficult working conditions, and the depth of need that providers see. It is reflected, as well, in the reality that some staff are coping personally with challenges similar to those faced by the parents and children they serve.

Administrators can play a key role in creating a more optimal environment for all children, families, and staff by implementing the following measures:

- *Create a supportive environment.* Build an atmosphere of trust and support among

administrators, consumers, board members, and others. Listen to the needs expressed by staff members. Increase staff comfort level and provide a safe forum for them to share their feelings, concerns, attitudes, and beliefs.

- *Provide training and resources.* Provide specific training to help staff members build their confidence in dealing with the emotional and behavioral challenges of the children in their care. Increase the capacity of staff with ongoing competency-based, culturally sensitive training related to domestic violence issues. Make clinical supervision and onsite mental health consultation available, and create forums for staff problem-solving. Promote staff peer-to-peer support and opportunities for fun and positive experiences.
- *Help staff prepare for emergencies.* Develop policies and procedures for responding to disclosures from children and parents, and for dealing with legal and other emergencies whether in the program, during the weekend, or when taking children on fieldtrips.
- *Help staff cope with stressful situations.* When a crisis occurs, ensure that staff members have the resources and support they need to successfully resolve the conflict and meet the needs of the children and families involved. Make professional help from a mental health specialist available for staff during and after a crisis.
- *Become part of a community response to families.* Join and provide leadership to community partnerships to promote closer collaborations between domestic violence and early childhood agencies. Develop close relations with resource and referral agencies, with child protective services, and with emerging networks of early childhood mental health consultants.

Building a Common Agenda

Many times, domestic violence services and early childhood education programs find themselves sharing the same families. Despite this, however, interaction between these two systems has traditionally been minimal, and mistrust has existed on both sides. There are many reasons for this. Some early childhood education staff members believe that battered women's advocates are exclusively woman-focused and regard the well-being of battered mothers as more important than that of their children. Many battered women's advocates, on the other hand, fear that by emphasizing the impact of domestic violence on young children, early childhood educators are encouraging the charging of women with failure to protect their children from the abuse perpetrated by the batterers.

Skepticism exists, as well, in both the early childhood community and the domestic violence community, about the extent to which mental health professionals can help. Members of the early childhood community worry that children will be needlessly labeled and stigmatized, while members of the domestic violence community doubt that mental health professionals understand how to react to the immediacy and urgency of the situation facing a family. Many are unfamiliar with safety plans and the dynamics of families involved in violence. In addition, efforts to build

collaborative relationships across early childhood and domestic violence agencies must deal with other predictable barriers (e.g., overburdened staff, worker turnover, lack of stable resources, competing goals within and across the agencies, and frustration at lack of services for the children and families).

Notwithstanding these difficulties for both systems, the positive outcomes for children and families are more likely to occur if there is collaboration between and among early childhood programs and domestic violence agencies. Some of the types of collaborations that are possible are highlighted below:

- *Joint Case Planning.* Early childhood and domestic violence staff members communicate about specific children and families, provide complementary services based on what each agency can deliver, advocate for families with the other agency, and do case planning with "dual system" families. At the most basic level, staff in both agencies can communicate informally about specific children and refer children and families to each other. But workers from the two agencies can also coordinate services for the same families and children (for example, doing one assessment) and develop specific policies to avoid duplication of services.

- *Joint Program Development.* Program development includes joint efforts by the early childhood and domestic violence programs to create new services. At the most basic level, agency staff members participate on advisory boards. Another program development strategy would be to have experts from both agencies provide cross-training in their area of expertise. More formal strategies can be to obtain funding to conduct joint projects that benefit both constituencies, co-locate services, and otherwise promote seamless services for young children and families.

- *Community and State Coalitions.* However important collaborations between early childhood and domestic violence agencies are, a need also exists for building coalitions and infrastructure that takes an even broader perspective to support young children and families affected by domestic violence. The many parts of a community that encounter these children and families, and the many state-level agencies whose policies and resources affect what happens to them, must be brought together. An opportunity also exists to expand state coalitions to ensure that they reflect the large numbers of young children and families who experience domestic or other violence.

Policy Recommendations

This paper primarily addresses direct service and collaborative strategies. But because the policy context plays such an important role in setting the framework for what local agencies can do and how much collaboration is possible, the five policy recommendations below should be part of an agenda to improve the lives and circumstances of young children and their families living with domestic violence.

1. ***Increase the resources meant to ensure that all young children (from birth through age six) have access to high-quality early care and education programs.***

   The data are clear that poor-quality early care and education programs are more common than higher-quality ones, especially for low-income children, toddlers, and infants. The need for increased resources to improve the pay and training of childcare providers is a critical issue for all children and holds especially important implications for children whose development is compromised by exposure to domestic violence and other risk factors.

2. ***Target specific resources to ensure that early care and education programs have access to specialized help so they can respond to special needs of young children and families affected by domestic violence and other significant stressors.***

   Targeted resources to support the kinds of strategies highlighted in this paper (e.g., partnerships with domestic violence services and early childhood mental health consultants, to help teachers and family support workers) are essential to overcome the harm of negative early experiences.

3. ***Include competency-based training on domestic violence and related risk factors in pre- and in-service early childhood professional development strategies.***

   In general, early childhood professional development fails to prepare teachers to deal with the risk factors that children bring to early care and education programs. States should review their current plans to ensure adequate attention to these risk factors.

4. ***Provide incentives and resources at the state level for community-based cross-training initiatives and collaboration.***

   Community-based cross-training strategies involving professionals and paraprofessionals with different perspectives as well as families constitute a powerful way to establish new relationships and knowledge that can facilitate effective services and responses to high-risk families. Such training can also be the basis for beginning to develop community planning and collaboration across the multiple systems—health, family support agencies, shelters, mental health, child welfare, TANF, substance abuse, police—that, in addition to early childhood programs, play a role in the lives of families affected by domestic violence.

5. ***Provide incentives to expand the cadre of social workers and psychologists trained to help parents, and of direct service workers trained to deal with domestic violence and other related risk factors.***

   Even when resources to provide consultation and support to the early childhood community exist, finding personnel with the right skills proves especially difficult. A federal workforce development strategy providing incentives to expand the number of clinicians and others with in-depth knowledge of the needed perspectives and

competencies related to domestic violence and young children and families would prove particularly helpful, although individual states can also create policies in this area.

Taken together, these five policy recommendations would greatly strengthen the community-level capacity for staff in both the early childhood and domestic violence communities—staff who work with such commitment to improve the real and hard lives of the young children and families they serve.

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