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# Series Introduction. Early Childhood, Domestic Violence, and Poverty

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# Series Introduction

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

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National Center for
Children in Poverty

Early
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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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**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.

**Series Paper #4**: *Police in the Lives of Young Children Exposed to Domestic Violence*, by Miriam Berkman and Dean Esserman.

**Series Paper #5**: *Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs*, by Abigail Gewirtz and Resmaa Menakem.

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## Susan Schechter

### Editor

**School of Social Work
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Iowa City, Iowa**

**January 2004**

# 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**

## Introduction

This series of papers 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. The challenge is broad and complex. 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 six papers in this series are designed to offer practical guidance to organizations that encounter and help these families. They were specifically developed for community-based agencies working with families that confront family violence along with the multiple difficulties linked to poverty, such as inadequate income for healthcare or childcare, lack of affordable housing, immigration problems, and/or family stress exacerbated by poverty. They recognize that, compounding the stresses and lack of options that poverty imposes, domestic violence adds yet another burden for families.

The series aims to knit together two agendas, addressing domestic violence and promoting healthy development in young children affected by it. The overall goal 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. Early and effective intervention and support may prevent families and children from encounters with more coercive systems, such as child protective services and the courts. 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.

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## Why Focus on Young Children As Part of a Domestic Violence Agenda

Over many years, advocates, researchers, and professionals have raised significant concerns about the impact of poverty on young children and families. Although research suggests that many low-income young children and their families are resilient in the face of economic insecurity and hardship, for substantial numbers the toll is great. For young children, this toll is reflected in social, emotional, behavioral, and cognitive outcomes that put them at a disadvantage in comparison with their more affluent peers. Nine million children—just under 40 percent of all children under six—are growing up in families with incomes under 200 percent of the poverty level; 4 million of these children officially live in poverty and 5 million live in near poverty (Song & Lu, 2002). Children of color and their families bear a disproportionately heavy burden. Their poverty rate is about three times as high as the rate for white children and families. Research is consistent that poverty is the greatest risk factor for children's development: for example, in comparison to their more affluent peers, young children in poverty typically do worse on virtually all indicators of school readiness (Zill & West, 2001).

For those young children who experience economic risks and adverse family circumstances—particularly domestic violence, substance abuse, or maternal depression—the possibility of negative outcomes is heightened. These risk factors, either singly or in combination, disproportionately affect low-income adults, particularly women. A synthesis of research on more vulnerable families finds that although some children do well, many others show some combination of attachment problems (especially for infants and toddlers), developmental delays, learning disabilities, symptoms of post-traumatic stress disorder, difficulty in peer and other caregiver relationships, and later vulnerability to alcohol, tobacco, drugs and substance abuse (Knitzer, 2000).

The literature which specifically focuses on the impact of violence on children begins to tell an even more nuanced story. Although much remains to be learned, it is already clear that many young children live in families where their mothers are abused. For example, in a study of police response to 2,400 adult victims of misdemeanor domestic assault in five U.S. cities, more than 80% of the affected households included children; almost half had children under 5 years old (Fantuzzo et al., 1991). A study of Head Start families found that 17 percent of parents report that their children have been exposed to domestic violence, and 3 percent of their children have been abused (Zill, Reznick, & McKey, 1999). There is also an intergenerational aspect to the problem. In the last 20 years, the majority of studies have found that between 30 and 60 percent of the children of abused women are themselves maltreated, often by the men who are assaulting their mothers (Edleson, 1999). To make matters even more difficult, some of the children who are exposed to violence at home also witness it on the streets of their communities.

Young children respond to this exposure to violence in very diverse ways. In fact, research suggests that the impact is enormously varied. Children who repeatedly witness violence against a parent—and who are themselves abused, as well—seem to bear the worst consequences. Teachers,

for example, see the repetition of traumatic violence in their play, and pediatricians notice their loss of developmental progress. Still other children are repeatedly aggressive with their peers, and sometimes withdrawn and depressed (Osofsky, 1997). While numbers of children show these distressing effects, many others are quite resilient. Much of the research points to the importance of effective and caring parents in alleviating harm (Edleson, Mbilinyi, & Shetty, 2003; Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Levendosky, Lynch, & Graham-Bermann, 2000; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). It also highlights the positive impact of early family and child interventions (Jenkins & Bell, 1997).

Although many interventions have been designed to support families living in poverty, to protect children who are abused and neglected, and to help families affected by domestic violence, these interventions remain basically separate and deeply fragmented. Unfortunately, in many communities parents are still forced to go from one agency to another as they try to meet their material needs and find help for their children or safety for themselves. Families, however, do not experience their needs one at a time. The papers in this series are designed to make it easier for families by offering early childhood community-based providers a common approach to the work and an understanding of the other systems and agencies in their communities that families use as they seek safety and stability. They also send a message that there are alternative, safe ways of helping young children and families without resorting to out-of-home placement, even as there surely are circumstances when such placements are vital.

These papers were drafted by collaborating pairs of practitioners and academics who are experts in domestic violence and early childhood interventions within health, childcare, family support, and law enforcement settings. Each paper was reviewed in May 2002 at a meeting of authors and staff from national early childhood and domestic violence organizations. The meeting stimulated the participants to look beyond their own disciplines and across institutional boundaries. Participants challenged each other to think about how poverty, race, and ethnicity interact to affect communities and individuals experiencing violence. The group returned repeatedly to the theme of the often insurmountable barriers that institutions impose on low-income families. It offered almost unanimous support for early childhood interventions and for breaking down narrowly defined and categorical funding for services. At the programmatic level, participants searched for ways to protect women and children while at the same time reaching men who batter before violence escalates. But they also recognized the need to engage the broader community in helping to protect and ensure the safety of women and children by strengthening not just formal, but also informal, supports.

The papers in this series focus on practice interventions that can be implemented in the context of service delivery, but participants at the meeting repeatedly emphasized the importance of developing a continuum of responses to violence and poverty: they articulated the need for prevention strategies; for early interventions such as home visiting approaches; and for treatment aimed at those already experiencing violence. They also recognized the need for broader change to address social inequalities. During the two-day discussion, participants initiated a cross-

disciplinary dialogue which urgently needs to be mirrored at national, state, and local levels as communities try to overcome fragmented responses to children and families. During the meeting deliberations, the participants also articulated a set of principles for local and national activities developed on behalf of young children and families struggling with domestic violence and poverty. This framework is reviewed below.

## Establishing A Common Practice Framework for Work in Early Childhood, Domestic Violence, and Poverty

Poverty clearly affects the incidence of domestic violence: low-income women are more than 2.5 times more likely to be abused than their higher income counterparts (Jenkins, 2003). Although the recent National Violence Against Women Survey, a representative sample of 8,000 women and 8,000 men, found that rates of violence differ among ethnic groups—for example, 15% of Asian and Pacific Islander women reported physical and sexual assault or stalking during their lifetimes, while 24.8% of white women, 37.5% of Native American and Alaskan Native women, and 29% of African American women did—most studies suggest that these racial/ethnic differences can be largely explained by income. Researchers highlight the fact that low-income men who batter are much more likely to face multiple stressors such as unemployment, racial discrimination, or the loss of status due to immigration.

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 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.

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[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 the series.

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?  Sometimes, however, a second kind of risk threatens her more: how will she provide for her children?  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?  This second set of social and economic risks is central to each battered woman's calculation of her children's safety.  Leaving her relationship does not guarantee the elimination of these risks; in fact, it may make them worse (Davies, Lyon, & Monti-Catania, 1998; National Council of Juvenile and Family Court Judges, 1999).

For women who have immigrated to the United States, these life-generated risks are often further complicated, especially if their families are poor.  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? Will authorities care about them or their children, or will their families experience discriminatory treatment when they seek help? And what will the authorities do to their partners (National Council of Juvenile and Family Court Judges, 1999)? In addition, many immigrant women and women of color fear ostracism from their own communities if they speak up about the violence, seek help to stop it, or expose their partners to potentially damaging interventions by the police or courts.

Many people frequently raise the question, "Why do battered women stay in their relationships when abuse places them and their children in harm's way?"  This question reflects a misunderstanding of the way abused women weigh risks and make decisions.  Battered women's questions are more thoughtful and complete, such as the following: "If I leave, will my partner get so angry that he will kill me and the children?"  "Should I leave and make my kids live in poverty or in a more dangerous neighborhood?" (National Council of Juvenile and Family Court Judges, 1999).  "Will my children ever see their father again if I call the police or go to court for my own protection?" "What should I do if I want them to have a relationship with their father?"

Most battered women care deeply about their children's safety and try to protect them from physical assaults and from poverty (National Council of Juvenile and Family Court Judges, 1999). In the face of ongoing fear and threats, many women try valiantly to shield their children during attacks and to nurture them in their aftermath.  They also plan strategies to help their partner stop the violence—they reason with him, ask family members to talk to him, call the police, request a clergyman's help—yet their strategies are not always successful.  Creating safety requires that communities also try to eliminate the two sets of risks—physical and material—that children and their mothers face.  In fact, children's safety and security are often dependent on making their mother safe.

At the same time, it is also important to recognize the complexity of family relationships, and that in many families the ties to the batterer continue.  Over the last twenty-five years, communities

across the United States have developed a combination of legal sanctions and social services, such as batterer intervention projects, to try to simultaneously insure that men who batter are held responsible for harming family members and that they receive help for stopping the behavior. Increasingly, community providers are being urged to pay attention to the man who batters and to work collaboratively across agencies so that he, and not his partner, is held responsible for the effects of violence on children, and so that he receives timely interventions to change.

**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 provide the "active ingredients" for how children develop emotionally and cognitively (Shonkoff & Phillips, 2000). This report makes it clear that those who provide primary care to young children have an especially potent influence on their early development. Using data about both early brain and psychological development, the research shows how, through these earliest relationships, young children learn to trust others, to manage emotions, and to explore their worlds in positive ways. It also cautions that the early years can be a time of vulnerability, particularly for young children exposed to poverty and other risk factors. For these children, the research is clear that the more demographic and psychosocial risk factors to which they are exposed, the more likely it is that their development will be compromised.

These findings underscore the importance of community providers in supporting a child's primary caregivers, usually the mother and other family members, as they try to build healthy and strong relationships with the child. The people with whom the child has the closest relationships are often, although not always, in the best position to help the child cope with difficult experiences. But those closest to the child are likely to need assistance in knowing how best to do this. 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 and how best to support them. When community providers ensure that parents have access to these supports, they are creating building-blocks for strong and healthy relationships between parents and their young children. Community providers also are key to ensuring that young children have age-appropriate opportunities outside the family. These experiences matter: their impact is obvious in the young child whose vocabulary rapidly expands in the context of a well-run shelter childcare program, or in the infant and parents whose relationship turns a corner and starts to thrive with the support of an Early Head Start program.

**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, as suggested earlier, contributes to a wide range of negative outcomes for children. But research also suggests that the timing and depth of poverty make a difference. Poverty in

early childhood, for example, appears to be more harmful than poverty at other ages, particularly in terms of cognitive development (Duncan, Yeung, Brooks-Dunn, & Smith, 1998). Research is also deepening the understanding about the impact of changes in family income on child development. For example, research suggests that when family income increases, controlling for any other changes, young children's performance on social, emotional, and cognitive indicators improves (Dearing, McCartney, & Taylor, 2001).

In trying to understand the impact of income on developmental outcomes, researchers are focusing on two explanations (Cauthen, 2002). First, poverty limits financial investments that parents can make in their children—both to meet basic needs and to create an enriched learning environment. Second, inadequate material resources may create higher levels of stress and even depression in parents that in turn affect their parenting behaviors in negative ways (Yeung, Linver, & Brooks-Gunn, 2002). 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. In fact, over the last several decades, the United States has become a country with an ever-increasing mix of cultures. The U.S. Census 2000[2] revealed that 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. Obviously, the differences within individual racial and ethnic groups are also many. 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. The differences in income, educational attainment, language proficiency, and immigration status are enormous within this population (Yoshihama, 2003). The same is true for Latinos in the United States, who come from over 20 Latin American, Caribbean, and European countries.

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

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.  The help or services that women prefer may also vary considerably across ethnic and racial groups and even within them.  Because African American women and Latinas understand discrimination first-hand, their explanations and solutions for their partners' violence may include removing structural barriers for the men, such as unemployment and harsh criminal justice responses (Jenkins, 2003; Perilla, 2003).  In this regard, they may be similar to other groups of women of color who, facing family violence, want to protect themselves and their communities from outside criticism and build interventions for the entire family.  For women who are in the United States illegally or whose immigration status depends on a United States citizen, calling the police for protection may lead to loss of their status, deportation, or incarceration.  Hence, helping these women and their children is even more complex than in some other circumstances.

What all women share is that, as they seek assistance, individuals also want to feel respect and support for their ethnic traditions and cultural values as well as for other significant aspects of themselves, such as their sexual orientation.  Interventions need to support and use the cultural framework of clients without unwittingly encouraging women to endure abuse.  For example, some women will seek services only if they know that their children and partner will also receive help.  Other women may prefer that no one in their community or family know about their help seeking.  For still other women the idea of seeking shelter or leaving their partner is an unimaginable proposition, but they do want to be safe.  Yet, for still other women, calling the police to stop an assault or warn an abuser may be exactly what they want.  These differences highlight the need to support a range of responses and individualized solutions to domestic violence, while at the same time understanding larger cultural patterns.

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, 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 early intervention that helps children and families experiencing multiple risk factors. Adults need assistance in meeting safety and basic needs. Some adults may also need help to repair or prevent damaged parent-child relationships and to promote positive parenting. Children need access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (Knitzer, 2000). Recent research findings on specialized interventions for children who have experienced domestic violence are promising. A review of the findings from 15 projects showed that children who participated in groups or in mother-child dyadic interventions showed significant gains: these children reduced their use of aggressive behaviors, experienced a decrease in their anxious and depressive behaviors, and improved their 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. 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.

Although most reports to CPS do not end in removal, reports to protective services have skyrocketed in recent decades, and the number of children in foster care has doubled in the past twenty years. Infants and toddlers now comprise the fastest growing age group in the child welfare population. Fears of CPS involvement are especially pronounced in communities of color. For example, Native American families have a long history of losing their children to boarding schools and to white families. African American children currently make up nearly one-half of the foster care population, although they constitute less than one-fifth of the nation's children. The racial disparity in outcomes—African American children, for example, also spend much more time in foster care than other children—creates great pain for families as well as distrust and suspicion of public agencies (Roberts, 2002). Therefore, responsive early interventions that can prevent unnecessary placement have powerful, long-range, and positive consequences.

Similar fears are voiced about the involvement of the criminal justice system, although many low-income women use this system to protect themselves and their children. A recent review of the issues facing Asian and Pacific Islander battered women points to their reluctance to report their victimization to the authorities because they fear insensitive treatment and because they do not

wish to subject their partners to discrimination by social institutions (Yoshihama, 2003). These concerns about protecting men from systemic discriminatory treatment are similar to those voiced in the African American community, where almost 13 percent of Black men between the ages of 25 and 29 are in prison or jail on any given day (Harrison & Karberg, 2003). Although the police, courts, and child protective services can be life-saving for battered women and their children, many families are also torn about using them. The development of earlier interventions for domestic violence and poverty at various locations within a community, and of a more comprehensive continuum of responses, would create far more safety alternatives for families and help them avoid involvement in more coercive systems.

## Practice Implications

Together, the five principles just highlighted define a common framework for community-based interventions on behalf of families with young children facing poverty and domestic violence. However, making these principles live in the real world is a challenge to those who work directly with families, to community agencies, and to the broader community.

### Recommendations for Those Who Work Directly with Children and Families

The challenge is particularly acute for those who work directly with the children and families. Many community-based providers do not yet know how—or if—to offer help to families experiencing domestic violence. Often providers are unclear about their role and afraid that they may be prying into private and family matters. Cultural differences may increase providers' discomfort and discourage them from exploring sensitive issues. The adult women whom they help may appear strong and easily insulted by an inquiry about their safety. Workers also may feel anxious about their personal safety and feel inadequate about their intervention skills. Some workers involved with the families are themselves current or former victims of abuse, and they may be especially reluctant to open up these issues.

Yet families need agencies with staff willing to talk about and respond to violence. Many abused women will seek out domestic violence services only after assaults have escalated to serious levels, after they have been unsuccessful in getting help from those closest to them. If community providers can intervene earlier, they have the opportunity to avert further violence, disruptive moves, and other major losses for the family. Earlier interventions for men who batter, before violence has escalated, can also lead to better outcomes (Edleson, 2000) and may help those women who want to stay with their partners, free from the fear of assault.

Child development knowledge is also essential for an effective community intervention network. Some staff who come into contact with young children may not know the warning signs that indicate that development is off course. Or, they may not know what kinds of services are available and helpful. Both best-practice knowledge and some research suggest that parenting supports, developmental services for the children, and case management—ensuring that families are receiving all possible benefits—are critical to promoting healthy outcomes for young children.

How then does the provider approach the family with a young child in which domestic violence is suspected? Although each paper in this volume offers additional concrete guidance for specific settings, our expert panel of authors and reviewers developed a consensus about the best ways to reach out to the family in the hope that its members will accept help. The approach includes the following recommendations:

1. *Build a relationship between the provider and the family member as a way to inquire about violence and safety.*

2. *Demonstrate active concern about the adult victim and batterer while always conveying that the abuser is responsible for stopping the violence.*

3. *Be aware that domestic violence encompasses a wide range of behaviors, from pushing and shoving to life-threatening danger, and requires differential interventions by the community.*

4. *Preserve and promote the attachment between the child and the immediate and extended family and other caregivers, whenever possible. Also recognize that some children will have ongoing relationships with fathers who have battered without experiencing further harm. For other children, however, the contact will be too dangerous, and for still others, it will need to be supervised.*

5. *Appreciate that the parent is most often the primary pathway to protecting the child and helping the child successfully deal with trauma. Also be aware, however, that parents need support and help in doing this.*

6. *Use strengths-based approaches to the family that acknowledge the many strategies women use to keep themselves and their children safe.*

7. *Help individual family members to meet a range of material, safety, and emotional needs.*

8. *Help families identify warning signs that development is off track and follow up to ensure that young children get help for any developmental or relationship problems.*

9. *Appreciate and acknowledge the cultural context and values of the family.*

**Recommendations for Interagency Practice**

Because of the complexity of providing help to families with many needs, a consensus among our meeting experts also emerged about the necessity of interagency collaborations. Families' needs will not be met unless community agencies learn to work together, share common goals and practices, and help their workers jointly develop skills to assist those who are struggling with complex issues such as violence, substance abuse, mental illness, and poverty.

Recommendations for interagency practice include the following:

1. *Choose the least coercive interventions to maintain safety, whenever possible, and use those that the family will find most helpful.*

2. *Develop a continuum of community responses to meet safety needs, ranging from the voluntary through the mandatory, such as Child Protective Services. This will require the expansion of a community system of care, with multiple entry points for help to families experiencing domestic violence and poverty (National Council of Juvenile and Family Court Judges, 1999).*

3. *Build the capacity of informal supports and non-stigmatized settings to respond to families experiencing violence. Civic, religious, and spiritual leaders can all play a role.*

4. *Collaborate actively and consistently with other agencies to get help to families experiencing violence, substance abuse, and mental health problems, and with economic, immigration, and other needs.*

5. *Provide or find advocates for families as they work with multiple systems.*

6. *Support the safety and well-being of agency staff and volunteers. Ensure adequate staff pay and benefits, as well as providing supervision, training, and consultation.*

7. *Work collaboratively across agencies to develop prevention strategies, such as public education campaigns and neighborhood forums, to promote community norms that build respectful relationships and challenge family and community violence.*

## Conclusion

This series is a call to action for those who work directly with children and families and for interagency collaboration. But the participants at the meeting also addressed an even greater challenge: building a common vision and engaging leaders from all parts of the community to reduce levels of violence and the isolation of families facing harm from domestic violence. To that end, some of the papers in the series discuss community-wide infrastructure building, strategic planning, and collaborations, as well as the policies necessary to support new practices.

## About the Authors

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