Domestic Violence and Family Support Programs: Creating Opportunities to Help Young Children and Their Families

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Domestic Violence and Family Support Programs:

Creating Opportunities To Help Young Children and Their Families

Paper #3 in the Series

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


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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
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

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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 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, 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,

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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.
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.

**References**


Domestic Violence and Family Support Programs: Creating Opportunities To Help Young Children and Their Families

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Introduction

Domestic violence affects families from every occupational, cultural and ethnic background. Because at least two million American families annually experience domestic abuse, most family support programs will encounter adults and children who live in daily pain or fear; in fact, most programs have probably already encountered these families, sometimes without knowing it.\(^1\) Low-income families with young children appear to be at particularly high risk for such assaults.

Although domestic violence affects families across the economic spectrum and across cultures and communities, poor women and children are often the most vulnerable to its impact. Poverty can serve as a significant barrier for women who are in abusive situations—they may be economically dependent on the batterer; they may find the cost of setting up a new home and leaving the abusive situation prohibitive; they may not have friends and relatives with the economic resources to support them. They may feel that they must choose between leaving an abusive situation and feeding and sheltering their children.

Low-income immigrant victims may also face the possibility of losing their immigration status, or even deportation. If their legal status is derived through their partner they need to be able to demonstrate not only that abuse has occurred, but that deportation would result in extreme hardship (in order to get permanent residency status). The fear of deportation, either for themselves or their partners, is even greater for those who are undocumented.

For women seeking protection from an abusive partner the stakes are high. Women and men in minority communities may fear involvement in systems that their communities have historically mistrusted or viewed

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\(^1\)This paper is based in part on conversations with family support programs across the country. These dialogues included informal conversations, visits to programs, focus groups with multiple programs, and telephone interviews. Thirty programs participated, and they represent a small slice of family support programs across the country. While the information is not intended to be representative of the state of family support programs’ work in domestic violence, it does provide a snapshot of the themes and issues that came up in these conversations.

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as racist—law enforcement, social services, child welfare, and immigration. Victims from these communities may feel caught between the desire to ensure their own and their children’s safety, and their fear that by exposing the violence they risk being seen as not only betraying their partner but the larger community. The Illegal Immigration Reform and Immigrant Responsibility Act of 1996\(^2\) made conviction of domestic violence or stalking grounds for deportation, meaning that a woman’s report of domestic violence may result in her husband’s being deported.

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.\(^3\) These assaults are often repetitive and continuous and may leave women and children feeling dazed and bereft (Schechter & Knitzer, 2004, p. 4).

Although the level of risk in each family varies, domestic violence can have multiple and complicated effects on adults and children. It often impacts how parents care for their children, and how children respond to their caregivers. It affects the choices that family members are able to make, and the ways that they think about themselves. Domestic violence can increase children’s risks for developmental difficulties and set them back. It sometimes leads to physical injuries and almost always to emotional anguish. Yet while the impact of domestic violence on children, whether or not they themselves are victims of violence, is real and often palpable, a surprising number of children show significant resiliency in the face of this violence. One of the factors that seems to determine a child’s resilience is the existence of a secure attachment to a caregiver (Gewirtz & Edleson, 2003). This points to the importance of supports and strategies that help to maintain and even strengthen the connection between children and their caregivers in the face of violence or while violence is being addressed. Low-income and vulnerable families may find a family support program particularly helpful as they deal with domestic violence, because it can offer them access to resources and responses to the violence that are seen as less intrusive and remedial.

This paper offers recommendations to family support staff and administrators. It is particularly designed for programs that are beginning to work on domestic violence. It includes the following:

- Specific ways to prepare staff to address domestic violence
- Suggestions for supporting families
- Policy and programmatic recommendations


\(^3\)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 document to refer to the adult victim. However, lesbians and heterosexual and homosexual males are also victims of the kind of abuse described in this document.
Family Support Programs

Family support programs share a common approach to their work: they are community-based and strive to be flexible and responsive to the needs of the specific families and communities they serve. Each program varies from the others in the kinds of services offered, and in its structure and setting. Most share the following characteristics:

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<thead>
<tr>
<th>Services</th>
<th>Philosophy</th>
<th>Focus</th>
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<td>• Parenting education</td>
<td>• Strengths-based as opposed to problem-oriented</td>
<td>• Support parents in the job of parenting</td>
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<td>• Child development activities</td>
<td>• Peer-to-peer support</td>
<td>• Strengthen families</td>
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<td>• Parent-child activities</td>
<td>• Non-stigmatizing</td>
<td>• Promote positive child development</td>
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<tr>
<td>• Peer support</td>
<td>• Community-based</td>
<td>• Help connect family members to larger</td>
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<td>• Access to social services</td>
<td>• Prevention vs. crisis oriented</td>
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<td></td>
<td>• Work with the whole family</td>
<td>• Meet needs</td>
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<td></td>
<td>• Focus on families’ and communities’ cultural strengths</td>
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Family Support in Child Welfare and Other Settings

Over the last 15 years there has been a movement at both state and federal levels to infuse family support practices and philosophy into other programs—child protective services, alcohol and substance abuse treatment, juvenile justice, and welfare. While these programs may be different from traditional family support agencies—some work with mandated families; some are not peer-based—they generally share a strengths-based perspective and commitment to developing a respectful and supportive relationship with the family.

Family Support Programs:
Responding to Families Experiencing Domestic Violence

Family support programs possess unique strengths and also face challenges in designing interventions for domestic abuse. Their key strength is the strong and trusting relationships that are built between families and program staff. Because of their peer-to-peer emphasis and their strengths-based perspective, family support programs tend to engender strong, supportive ties among families using their services. These relationships open the door for program participants to disclose details about domestic violence and to seek assistance.

Another strength of family support programs is the broad array of services they make available to families. People tend to think of domestic violence response in terms of intensive services such as shelter, legal assistance, and police and court advocacy. Many families need other kinds of
help—for example, peer support, such as groups and buddy programs; income and employment advocacy; housing and medical assistance; and child care and other parenting supports—sometimes before they are willing or able to access more intensive domestic violence services, and sometimes instead of them. Strong family support programs not only provide a number of these services but also have experienced staff who can advocate for families with more intensive service systems. This type of advocacy may be especially important for those families who feel that there are barriers to accessing these service systems—either because of language issues, or because of historic mistrust between their communities of identity (or of place) and these service systems.

Because family support programs focus so much attention on family life, they bring another key asset to the arena of domestic violence: their commitment to strengthening parents. Domestic violence can fundamentally erode positive family interactions. Adult victims may experience depression, stress, isolation, and loss of self-confidence, which, in turn, may affect the ways in which they care for their children. Abusers sometimes inflict violence on their children as well as on their partner, and they create a tone of anxiety within the household that impacts not only victims but also children. Children who have witnessed domestic violence often experience anxiety, guilt, anger (at one or both parents), and emotional distress that affect their school behavior and their social relationships. For young children, there may be developmental regression, such as problems with speech or bedwetting. Exposure to violence may also contribute to problems with attachment that impact a host of developmental outcomes, including emotional development and readiness for school. While parenting support by itself will not solve the problem of domestic violence, it can be an important part of keeping family members strong and stable as they try to end the violence and minimize its impact on children.

Finally, the family support program’s strong connection to the community in which it is located is a key asset when addressing issues of domestic violence. Relationships with community institutions and resources mean that staff can draw together a comprehensive array of supports to wrap around a family experiencing violence. They can also serve as a host and convener for conversations and dialogues about the issue of domestic violence and the task of building community norms and values that address the issue.

Like many other crisis issues, domestic violence presents challenges to family support programs. Many family support programs provide informal peer-based help rather than intensive intervention services. Responding to a domestic violence crisis may require the family support program to work in new partnerships with a host of other services. The family, however, may not be ready or willing to use these other services or to deal with the violence directly. As a result, family support programs will face the challenge of juggling a number of competing priorities:

- Maintaining a strong, supportive, and respectful relationship with the family.
- Encouraging family members to recognize that they may need outside supports to address the issue of violence.
• Helping family members to negotiate systems that may not be family supportive in their orientation.
• Addressing the safety of all family members even if the family avoids the issue.
• Recognizing that the needs of family members may be different and competing, and that there may be a need to “choose” between these competing needs.

Dealing with domestic violence can bring up philosophical tensions for family support workers who view families, and parents in particular, as the experts in defining their families’ needs. The strong relationship between the worker and family is, in part, forged through a commitment to uphold the family’s wishes. Yet in the case of domestic violence, the worker may feel a strong conflict between honoring the family’s desires and trusting his personal assessment of what the family needs. This conflict is strongest when the worker is worried about safety.

Philosophical tensions may also come into play when workers interact with an abusive family member. Batterer interventions in the domestic violence field are largely predicated on the assumption that batterers will not change without some sort of coercive mandate—whether that is court-mandated services, or a partner who threatens to end the relationship unless the abuser seeks help. Additionally, many batterer programs confront the abusive person about the violence as a way of motivating a change in behavior. Family support programs generally operate under a different theory of change in which voluntary participation in a program is essential for success, and all approaches to change are strengths-based.

Family support’s theory of change also focuses on working with the entire family; in fact, the family support field criticizes other models of change for ignoring the reality that the individual exists within a family and community system. Within this framework, working with an abusive partner is an important part of effectively helping the family. Yet, this work is difficult, delicate, and fraught with uncertainty. Workers do not want to make the situation worse or more dangerous—yet the appropriate course of action to best ensure safety is not always clear. In some cases it may mean involving the abusive partner as an active player in family decision making, thereby reducing any sense that his needs and desires are being ignored. In other cases, this type of direct engagement with the batterer may cause him to feel that his control in the family is being challenged. In some families, outside pressure from the extended family or friends can help to stop or mitigate abuse. In others, it can exacerbate the situation and increase danger. Navigating these situations is a challenge that requires collaboration with experts in domestic violence and batterer intervention, fields that may view the goal of work with batterers as changing the individual, not engaging the family.

Preparing the Family Support Program To Address Domestic Violence

Addressing domestic violence effectively requires preparation. Too often, programs wait until they are faced with a family in crisis. This lack of preparation can waste time, lead to poor referrals, and fail families.
Step 1: Assess the prevalence of and attitudes toward domestic violence in the community and among the families served.

Most family support programs confirm that they encounter domestic violence, although it is most commonly reported by those agencies working with high-risk families. For example, Cornerstone, a family support and job-training program for families on TANF in Cedar Rapids, Iowa, reports that 84% of those served are past or current victims of domestic violence (G. Hemmingson, personal communication, February, 2002). Asian Perinatal Advocates in San Francisco, which provides family support to Asian families with newborn children, estimates that approximately one quarter of all families they serve—and about 50% of the Filipino families—experience domestic violence (M. Ho, personal communication, November, 2001).

Understanding the prevalence of domestic violence will help to guide the response that each family support agency designs. While staff in all programs should have the capacity to recognize and respond to a domestic violence crisis, programs that are working in communities with a high incidence rate may want to increase the types of interventions that they offer.

Identifying community and cultural norms about violence, male and female roles, parenting, and separation and divorce is also crucial. These norms not only influence the rates of domestic violence, but they also help to determine the interventions that families will accept and community groups will offer. It is important to note that within communities these norms vary and differ, and it is important not to take the point of view or perspective of one particular community informant or institution as indicative of the values and attitudes held throughout the community.

Also, assess the community's readiness to discuss the issue of domestic violence. Talk to community leaders and key informants. Find out which institutions and individuals are already

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**Defining Community**

Most family support programs serve a discrete physical community where they are located—yet defining the community they serve is often much more complex. Within the physical community they serve there may be a number of existing ethnic and cultural communities with distinctly different norms, values, and experiences. For programs that serve particular ethnic and cultural communities, while they may be located in a geographic community where there is a high concentration of the population they serve, program participants may come from well outside of the geographic area to receive culturally relevant services. Finally, there is the reality that different ethnic groups and cultural norms exist within communities. So, for example, in the South Asian community there are significant cultural differences based on country and region of origin, age, assimilation level, religion, politics, and a score of other factors. Any family support program working with a community needs to be mindful of these complexities and explore the many different communities encompassed in the community they serve.

*Source: M. Ho, personal communication, November, 2001*
addressing issues of violence and which are not. Learn more about how violence is currently being addressed in the community. What are the barriers to discussing violence within the community? What are the ways in which violence is discussed?

**Strategies for your program:**

- Find statistics on the prevalence of domestic violence either in your geographic community or in population groups (racial, ethnic, income, etc.) similar to those who live within your community.
- Recruit a group of community residents to survey their neighbors about their experiences with violence and with seeking help.
- Hold focus groups with diverse groups of community members about community and cultural norms about domestic violence—include some specific focus groups with populations experiencing high rates of violence.
- Convene a dialogue with religious, ethnic, community, and political leaders.
- Conduct key informant interviews with those who represent different points of view within the community.

**Step 2: Get to know the domestic violence network in your community.**

Ideally, staff should have an opportunity to visit local domestic violence agencies, get to know front line workers, and learn how the referral process works for families.

Staff may need to be creative in their approach to identifying resources for families. This is especially true in rural communities where there are often no domestic violence services. In contrast, in large urban communities there are often domestic violence programs that are designed to address domestic violence in specific cultural communities. As programs develop their resource list, they might consider identifying the following forms of assistance for families:

- Resources to help deal with the violence and to provide immediate safety—domestic violence programs, law enforcement agencies, legal aid offices—and medical assistance, and batterer intervention programs.
- Resources for emotional stability—counseling programs provided by staff who are trained to help trauma survivors; domestic violence support groups; child-witness-to-violence programs.
- Resources to maintain financial stability—housing supports, job training, and employment assistance.
- Resources for specific ethnic or cultural communities—these may be domestic violence-specific programs, or other culturally specific programs in the community.
Questions to ask about domestic violence services:

- What supports are available for families?
- Does the organization provide advocacy for court, housing, and for TANF and other financial services?
- What services are available for children?
- Are there multicultural and multilingual staff available?

For residential services:

- Can victims bring their children, and are there any restrictions on this? (Many shelters do not allow teenage boys.)
- What is the maximum stay?
- How easy is it to get a bed? (Is there a waiting list?)
- What are the rules for residents?
- Are there multicultural and multilingual staff available?
- What services exist for families and children in the residential program?

Strategies for your program:

- Create a book for your staff on domestic violence resources in your community. It should contain information on hours, services, referral protocols, and contacts.
- Use focus groups and conversations with families to assess how these resources are perceived within the community and whether families experience them as welcoming and supportive.
- Provide staff members opportunities to visit these programs so they have a chance to observe the environment into which they are referring families.
- Invite staff members from the programs to provide brief in-service education for your staff.
- Offer information about the family support program to the domestic violence agency.
- Make information on domestic violence resources available to program participants.
- Identify possible partnerships—domestic violence services, like many others, are underfunded, and client needs far outstrip resources. Partnering with domestic violence programs to provide parent education, support groups, or children's activities can bring family support services to a population that could benefit from them.

Step 3: Decide what your agency’s role and approach will be.

Once the family support agency has conducted a needs assessment and identified domestic violence resources in the community, it faces two key questions: what role does it want to play, and what resources does it have available? Some family support agencies may decide that their role is to inform families about existing domestic violence services in the community and facilitate
their access to help. Other programs may want to add staff training and services specific to supporting families and young children who are experiencing domestic violence. Still others may find that the local domestic violence program wants to build a partnership around a specific initiative. At a minimum, every family support program should expect its staff to respond to adult victims and children in ways that foster safety, provide support, feel culturally supportive and respectful, and make appropriate referrals.

Cornerstone, Cedar Rapids, Iowa

Cornerstone, funded through a Family Development Self-Sufficiency grant (FaDSS), is designed to provide intensive, in-home family support services to help high-risk welfare recipients work toward self-sufficiency. Cornerstone family support workers make home visits to assist families in overcoming barriers to entering the workplace. Recognizing the pressure that domestic abuse puts on participants, Cornerstone staff place domestic violence work front and center. Initially, the program expected that its family support workers would refer families to domestic violence services within the community. Workers were provided in-service training to help them recognize signs of domestic violence and make appropriate referrals. Cornerstone staff found, however, that families were reluctant to accept referrals and preferred to seek help from their existing family support worker. Workers realized that they needed more tools and skills to provide the in-depth support that these families were requesting. Through the Cedar Rapids domestic violence agency, Waypoint, Cornerstone family support workers and Waypoint domestic violence advocates receive the same training. Training gives the family support worker the capacity to do the following:

- Assess the violence and its impact on family and individual functioning.
- Develop a safety plan with the victim.
- Learn supportive ways to talk to the victims without blaming them, telling families what they should do, or giving the impression that the violence is condoned.
- Connect families to concrete resources to end the violence—housing, social services, mental health counseling, employment, and informal supports.


Strategies for your program:

- Convene a meeting with staff, board members, and program participants to review the results of the needs assessment.
- Brainstorm possible programmatic directions, and envision the role with regard to domestic violence that the family support program wants to take in the community.
- Meet with the local domestic violence programs and other community partners to share your ideas.
**Step 4: Train staff.**

No matter what role the program chooses to play, every staff member should have some basic knowledge about domestic violence. While programs may offer more intensive training to staff members who provide one-on-one intervention with families, every staff member—from the receptionist to the child care worker—should be able to respond appropriately when confronted with the issue.

The following basic training topics should be covered:

- Identification of domestic violence
- Supportive questions to ask if you suspect abuse
- Effective ways to talk to batterers
- What to do if someone discloses abuse
- Effective ways to offer support and safety to adults and to children
- Domestic violence in a cultural context

Staff who work one-on-one with families will benefit from more in-depth training. Ideally, this training will help them to build the strong and supportive relationship that can be used to encourage the family to connect to domestic violence resources in the community. This can be a long-term task, as families experiencing domestic violence are often extremely isolated and wary of new individuals and organizations that might make an already fragile situation worse.

The following topics should be covered in in-depth training:

- State domestic violence laws and how they are interpreted and applied by police, the court system, and child welfare agencies in the community.
- Assessing domestic violence and its emotional and material consequences.
- Understanding patterns in response to violence—why women stay, leave, and return.
- Working with victims over time—developing a safety plan and understanding family support needs.
- Working with the family when the batterer is involved.
- Engaging with batterers during home visits and family meetings without endangering victims.
- Working with children who have witnessed violence: what family support programs can do.
- Understanding and responding to the needs of young children.
- Advocating for families and for children in multiple systems: court, welfare, housing, mental health, and child welfare.
- Maintaining the worker’s own safety.
• Working with the intersection of domestic violence and other family needs—especially poverty, homelessness, child abuse and neglect, substance abuse, and mental illness.

• Helping clients explore culturally appropriate responses and resources.

• Cultural issues as they impact domestic violence—and how to use cultural tradition as a tool for addressing and healing from violence.

• Working with families over time to overcome the barriers that may keep victims from leaving an abusive relationship—including helping victims to overcome the material hardships that may be caused by leaving (loss of housing, loss of income from the abusing partner, loss of insurance and other benefits, etc.).

**Strategies for your program:**

• Review existing training. Is domestic violence covered?

• If training needs to be supplemented in the area of domestic violence, identify a partner organization in your locality that can help. Your state domestic violence network can give you information about programs in your area that provide training. The National Resource Center on Domestic Violence also offers many training resources. See http://www.nrcdv.org/

• Assess the proposed training curriculum—does it provide staff with the concrete skills they need? Is it family supportive in its nature and orientation? Is it culturally sensitive and appropriate to the population your program is serving? Does it include training on understanding culture, cultural self-awareness, and culturally sensitive assessment, as well as culturally appropriate responses on all of the topics covered? Does it give staff concrete skills for supporting families from different backgrounds?

• Support staff with case consultation and supervision to follow up on the training and to determine behavioral change. Within the supervisory relationship, staff can explore topics of race, culture, and acculturation in order for the staff to reach a common understanding of key concepts of providing culturally competent services.

**Supporting Families**

**Raising Community Awareness About Violence**

Preventing domestic violence means going beyond work with individuals. Using its role as a convener within the community, the family support program can create a broad awareness of violence—and a broad ownership for disavowing it. To do this, the family support program must first communicate its stand that violence is unacceptable. Conversations within the community about abuse and its impacts aid the following purposes:

• Encourage an examination of attitudes which serve to condone violence.

• Send messages to perpetrators that violence is unacceptable.
• Help victims to feel that support is available.
• Encourage local actions around violence.
• Build support for responses to violence.
• Explore issues of how racism, oppression, and societal violence contribute to domestic violence.
• Build support with community-based groups which provide support for different minorities.

**Círculo de Liderazgo Familiar**

On December 7, 2001, an abused woman was stabbed to death by her husband in front of their 11-year-old daughter in Pilsen/Little Village, a primarily Latino community in Chicago. Outraged, the women in the neighborhood sought the support of several groups, including Círculo de Liderazgo Familiar, Saint Pius Church, Chicago Connections, and the Chicago Abused Women Coalition. The women organized a march to “break the silence” about violence against women and to increase community involvement in domestic violence prevention. Since then, a group of Círculo’s Leadership Program graduates have conducted a series of meetings to find new ways to intervene in and prevent domestic violence in their neighborhood.

Círculo is a popular education model that fosters a continuous dialogue to promote critical thinking and consciousness-raising. Twenty program graduates and community members form a volunteer base to facilitate parenting courses, leadership development trainings, and domestic violence self-help groups. Using popular education methods and participants’ experiences, they explore issues such as gender bias, racism, violence, and power. Participants are encouraged to analyze these issues with the goal of developing strategies for community change. Counseling is also offered for families and individuals, and child care is provided to them. Services are delivered at three local parishes.

Círculo is now seeking funding to

• build a grassroots network of women who will respond to domestic violence survivors in their homes,
• develop women leaders who advocate for domestic violence services and systems that are responsive and accountable to the community, and
• raise awareness in the community about the social and political aspects of violence prevention for Latino families.


**Strategies for your program:**

• **Start with a conversation among staff**—staff should be cognizant of their own attitudes and biases about domestic violence before they work on this issue.

• **Review existing programming.** Are there places where discussions of domestic and community violence can be woven into existing content? Programs might incorporate conversations about violence and power as a standard topic in parenting classes, or consider integrating
domestic violence into life skills courses on conflict resolution, anger management, stress, and interpersonal relationships.

- **Create an environment where domestic violence can safely be discussed within existing support groups.**
- **Invite staff from the domestic violence program to be guest speakers for support groups and parenting classes.**
- **Use examples of violence by media figures or from television shows, pop songs, or movies as opportunities to initiate conversations about how violence is woven into the fabric of our society.**
- **Convene community dialogues around domestic violence—invite service programs, local leaders, and neighborhood residents.** Depending on the community you serve, you may also want to convene individual dialogue sessions for specific ethnic or cultural groups within the community, or other specialized groups—for example a dialogue just for teens, or for those in same-sex relationships.
- **Encourage children to speak out and examine societal attitudes about violence.** Organize discussion groups, theater presentations, and other educational events.

| Creating Space for Cultural and Ethnic Communities  
To Discuss Issues of Domestic Violence |
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Violence against and control of women is embedded into the cultural history of most cultures and religions. Similarly, in every culture there are progressive movements trying to change these attitudes. In many communities there can be a perceived tension between the need to address these issues and to change values, on the one hand, and, on the other hand, the need to maintain cultural continuity, especially among cultures that are facing histories of colonization and displacement. This tension can be exacerbated in communities which face stereotyping around this issue—the Muslim community, for example. Activists from within the community who are concerned with the rights and treatment of women may be silenced because they do not want to appear to contribute to the demonization of the community. Activists from outside the community can be perceived as “missionaries” seeking to attack the community’s structure and values in their zeal to address the issue of violence.

A safe space needs to be created for those within a community to discuss and address the issue of violence. Whenever possible, conversations about the issue should be convened and led by members of the ethnic or cultural community. Efforts should focus not only on a critique of cultural practices that contribute to violence, but also on the positive cultural traditions that are a foundation for addressing violence.

Creating a Safe Space for Victims Within Family Support Programs

Victims often need a space in which they can explore the possibility of getting help. Initially victims may be reluctant to talk to anyone about the violence. Access to a safe and comfortable setting—without pressure to disclose—may be an important first step in help-seeking.
Strategies for your program:

• Provide information on domestic violence services in a place where a person can pick it up without being observed—many programs keep brochures for domestic violence programs in the restroom.

• Make sure that books and resources on domestic violence, for adults and for children, are available in the center’s library or resource room.

• Allow victims to call domestic violence programs from a private phone within your center, or to meet with domestic violence advocates at your program site.

• Create an open door policy—set times when parents know they can speak with a staff member privately, without having to set up an appointment or compete with other families for attention.

• Make materials available in the languages of the populations being served.

Responding to Families Experiencing Domestic Violence

This section offers suggestions to family support workers as they try to assist families who are dealing with domestic violence. As with all family support practice, there is a need for a strengths-based and culturally respectful approach that works on several levels to respond to a family’s experiences, needs, goals, values, and beliefs, and to encourage families to take the lead in defining their needs.

The first step is to be proactive. Workers should be alert to signs of domestic violence and prepared to inquire about violence. Although asking about violence may be uncomfortable for the worker, and the victim may be unwilling to disclose what is going on, the very act of asking sends the message that someone is concerned, and that the violence can be addressed.

The worker should keep these points in mind:

• Speak to the victim privately. Asking about domestic violence in the presence of the perpetrator—or in a way that alerts the perpetrator to the conversation—can put the victim at risk.

• Voice concern for the victim. Tell her that you are there to listen and support her, whatever she ultimately decides to do.

• Explore the nature of the violence and the level of threat and danger which the victim and her children face (Appendix A includes a set of assessment questions).

• Assure the victim that any information she divulges will be considered confidential—with the exception of information that indicates that a child or another family member is at serious risk of harm.
• Explain that you are required by law to make a child protective service report in cases of serious risk (see Appendix B).

• Try to determine whether the abusive partner has ever harmed or threatened to harm the children. If he has, inquire about the frequency and extent of these incidents. Explain to the victim that you need to work together to ensure the safety of the children.

• Explain the impacts that domestic violence can have on children. Ask about effects on the child, and offer help for the child in the context of building upon the parent’s strengths and concerns.

• Help the victim to think through her existing support system. To whom can she turn? Whose response would she be afraid of? Are there issues of disloyalty to family and community that may make her reluctant to address the violence?

• Encourage the victim to connect with a domestic violence program or with an agency that specializes in counseling and advocacy for survivors. Offer to accompany her if she wishes, while being sensitive to local protocols and the confidential location of some shelters.

• Provide her with a written list of resources in the community—for safety, for meeting basic human needs, for accessing benefits.

• Help her develop a safety plan that she can follow if the violence escalates or if she is afraid for herself or her children.

• Encourage her to get involved in support groups and other activities that will reduce her isolation.

• Connect her with parenting support. (See box on next page.)

• Make sure the victim is connected to resources that can help her to process her own feelings of shame, fear, disloyalty, and other emotional responses both to the violence and to taking action to end it. Such resources might be the family support workers themselves, a member of the victim’s own social support network, a domestic violence support group, a religious or community leader, or mental health or counseling resources.

• Make sure that those resources have a clear enough understanding of and experience with her cultural context to be able to provide support in a sensitive and appropriate way that expresses respect and support for her values and traditions, as well as a clear understanding of domestic violence and the context of domestic violence.

Remember that when victims first disclose domestic violence they are often not prepared to leave—and many victims never choose to leave. Staff should be prepared to support families in whatever choice they make. It is particularly important to avoid isolating and undermining the victim further, blaming her, or getting angry with her. The most important service that family support programs can provide to victims of domestic violence is to increase their sense of autonomy and to restore the control that violence strips from them.
Working with children affected by domestic violence

Domestic violence can have a significant impact on children. Studies show that children are often far more aware of the extent of the violence than their parents realize. Exposure to violence can raise children’s anxiety and disrupt their sense of safety and stability. Children exposed to violence may be more aggressive and more likely to see violence as an appropriate means of resolving conflicts with others (Edleson, 1999). Children who are exposed to violence often have special emotional and developmental needs to which programs must attend.

Additionally, there is a high correlation between domestic violence and child abuse and neglect (National Clearinghouse on Child Abuse and Neglect, 2001). Violence from the perpetrator is sometimes directed at his children as well as his partner. Some victims of domestic violence experience extreme stress and significant depression, which may impact their ability to parent effectively and contribute to abuse and neglect. In fact, 37% of battered women have symptoms of depression, and 45% experience post-traumatic stress disorder (Housekamp & Foy, 1991). Many children and parents are resilient and able to adjust to the violence in ways that permit them to develop healthily and maintain strong parent-child relationships. Still, it is important to be aware of the danger of violence to the child, and to reach out and provide extra support for child and parent.
When working with young children, keep in mind the following:

- **Make sure that there is a single adult in the program that connects with the child on a regular basis and encourages the child. Make sure the child knows that he can come to that individual if he is scared or needs help.**

- **Work with the parent to make sure that a young child can understand any safety plans that have been developed. With very young children, help the victim to think through how she can quickly and safely leave with the child if need be.**

- **Make sure to create a secure and nurturing environment for the child within the family support center. Give the child ways to express emotions related to the violence; this can be through art, writing, play, or conversations with an adult. For young children, make sure that they are connected to an adult who can provide warm and nurturing care.**

- **Connect the child to supportive mental health services such as play therapy or mental health counseling if your staff or the parents have concerns about symptoms of distress that persist for more than a couple of months. Note that for many poor families, affording access to mental health services is difficult. Building relationships with local providers who are willing to provide services for free or reduced rates may be helpful.**

- **Provide extra support and structure for the child when he is participating in programmatic activities.**

- **Be mindful that there are a variety of ways in which children who are exposed to violence can behave. These can include increased aggression against other children and animals, withdrawal from activities, increased irritability, and developmental regression.**

- **Interaction with children must also include sensitivity to linguistic and cultural differences in children’s programs. Also, where assessment tools are used, they should help staff to see the child from different angles, including that of his or her cultural and familial background.**

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**Jewish Children and Family Services (JCFS)—San Francisco**

JCFS has created a model of mental health consultation for low-income child care and family support centers in San Francisco’s Bay Area. The mental health consultant provides clinical services to the referred child and/or family, such as on-site therapeutic groups, neuro-developmental assessment, and on-site or at-home dyadic child-parent psychotherapy. Mental health consultants are available on site to child care staff, if they have a concern about a particular child or family. The mental health consultant offers the staff advice about how to respond to the individual child and family’s mental health needs and about ways to better integrate mental health concerns for all families. The result is that staff have more confidence and better skills in recognizing and responding to distressed children and their families.

important issue with children showing atypical behavior—in order to be able to distinguish between developmental delay and a cultural difference.

• In some cases there may be a conflict between the mother’s opinion and desires and what the worker thinks that the child needs. Watch for impacts on the child’s development, and help the mother to understand these signs. Where staff have concerns that the violence is significantly impacting a child’s development, they will need to raise those concerns strongly to the victim. If the concerns are not addressed, or there are signs that the child himself is being abused, a child welfare report may be warranted (see Appendix B).

Working with the person who batters

In some cases, a victim or a batterer may ask program staff to intervene to stop the violence. Two questions need to be answered by the program before this work begins. First, should family support staff intervene in this way? And second, if there is to be an intervention, what work should be done, by what staff, and with what training?

Before attempting to do any work with a batterer, the worker always needs to talk openly and frankly with the victim, in private, about the possible impact that this will have on her and her children’s safety. If the victim considers this idea to be dangerous, it should be abandoned, and other avenues for helping family members should be explored. Program staff should also make sure to check in with the victim regularly about the impact of any interventions on the level of violence in the home. If there are any concerns that the violence is escalating and/or the victim and their children are not safe, program staff should work with the victim to develop a plan that will ensure her safety. This may mean ceasing work with the batterer, connecting them to a different type of interventive service, or another response.

In considering interventive work with batterers, it is important that family support staff are in dialogue with both domestic violence programs and batterer programs. The family support program might convene a multidisciplinary planning group in its community, consisting of other service providers, including the batterer intervention, domestic violence, and fatherhood programs, if they exist. Some states have set guidelines for providing intervention services for abusive partners, and the local program needs to be aware of them. A committee might help the family support program spell out its role—and understand better the other community supports that the family can draw on. For instance, a family support worker might play a very important part in talking to a batterer about his abuse, its impact on his children and partner, and encouraging him to join a batterer intervention group or to go to treatment for contributing problems, such as substance abuse. The family support worker can also assist the batterer by helping him to meet his basic needs for housing or job training.

Local domestic violence experts might also offer the family support workers training so they feel more comfortable as they talk with an abusive person or encourage him to get more specialized help. Consultants and key informants from the ethnic and cultural communities the program
serves can provide important information for understanding the context within which the violence is occurring and offer strategies used within the community for addressing violence.

In considering work with batterers, the family support program is trying to balance two concerns. On the one hand, the agency wants to avoid making the violence worse, and on the other, it needs to acknowledge the seriousness of assaults and threats against family members. Each program will have to assess each family’s circumstance—the level of risk and protective factors—in order to make good intervention decisions.

When working with batterers, keep in mind the following:

- **Support the batterer’s effort to get help**—while sending a strong and clear message that violent and controlling behavior is never acceptable.
- **Connect the batterer to a batterer intervention program in your area.** (See box with criteria for evaluating batterer programs. The quality of programs varies widely.)
- **Refer the batterer to programs and services that can help him deal with other issues**—for example, substance abuse, unemployment, or mental health concerns—that may be affecting the violence.
- **Continue to work with the victim on safety planning**—even if the batterer has entered treatment.
- **Connect the batterer to other men from his cultural background who can help him to explore non-violent and non-controlling ways of being in a relationship.**

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### Criteria for Evaluating Batterer Programs

- The primary goal is to end the violent, abusive, and controlling behavior.
- Abusers are held accountable for their behavior.
- Provisions are made for the safety of battered women and their children.
- The batterer program collaborates with other agencies in the community to stop the violence.
- Clients of the program are treated respectfully.
- Multicultural and multilingual staff are available.

http://www.nmsvdv.org/batterer.html
Working with a victim who wants to leave a violent situation

If the victim indicates that she wants to leave her partner, help her make a plan to accomplish this. Most often victims leaving an abusive situation turn first to their informal network—family members, friends, and church groups. In many ways these informal resources can provide the emotional support and continuity that is crucial at such a difficult time.

Staff should confer with the victim, keeping in mind the following points:

- Help the victim think through who is in her network and how they would respond if she came to them for support. Would they be able to provide her with money, shelter, child care, emotional support? Would they be willing to withhold information about her whereabouts from her partner?

- If there is no one in her network to turn to, or if she faces serious danger, help her to identify possible shelter and legal options. For some women, leaving is a very dangerous prospect, and a very dangerous moment, and careful planning is required.

- Ask her how and when she can most safely leave. Does she have transportation and money? Provide her with resources, if possible.

- When needed, program staff should serve as “cultural brokers” with other services. For example, non-English-speaking children and families may need access to translators, non-verbal and culturally appropriate assessment tools, and printed materials in the family’s own language.

Once the crisis of leaving is managed, it is important to work with the victim on a long-term plan for weathering the profound disruptions in her life. These tasks for staff may include the following:

- Help the woman file for divorce or get a protective order against the abuser. In many cases, completely cutting off the relationship is impossible because of court-ordered child visitation and other issues that necessitate contact. Domestic violence services and family support programs can help the woman develop safety plans for these continuing contacts with the batterer.

- Help her to achieve economic self-sufficiency. Helping the abused person to develop a long-term plan for financial stability is an important part of building her confidence that she can make it on her own. This assistance can include credit counseling, job training, or access to public benefits.

- Arrange for emotional support for her and her children. Leaving an abusive partnership is traumatic, both for the abused spouse and for the children. It is important to help the victim think through her sources of emotional support. Connecting her to services that can help her to make the transition is also important—counseling, support groups, social activities, parents’ groups, and services for children.

- Think through the protocols if both the victim and the batterer want to continue using the program. If the batterer is dangerous, the center may need to consider getting a protective order
that requests that he stay away from the program. In other cases, staff might simply negotiate with both so that victim and batterer use the program on alternate days.

Supporting program staff

Domestic violence is also difficult for workers. Their close relationship with the family may lead them to feel emotionally vulnerable, anxious, frightened, and angry about the violence. Workers may be perceived as a threat by the perpetrator, and therefore become a target of his rage. Workers also may be invested in convincing a victim to leave her abuser only to become angry or upset if she refuses or later returns to the perpetrator. Family support workers will need good colleagues and supervisors to help them in these moments.

Keep in mind these strategies for your program:

- Provide extra supervision and support to a worker who is helping victims of abuse. Make sure that the worker can talk to someone who is knowledgeable about domestic violence.
- Make sure that the worker is safe—this is particularly important for home visitors.
- Make sure you are attuned to your staff. Be sure that the climate for revealing issues related to violence in their personal lives is as non-judgmental and supportive for staff as it is for families.

Recommendations for Policy and Practice in the Field

The following section looks beyond individual programmatic practices and makes recommendations for how the family support field can develop infrastructure to support programs working in this area.

Practice

1. Incorporate violence-free principles and activities as part of the core mission of family support programs. Family support programs should build their capacity to prevent family violence and respond to child and adult victims through staff training, incorporation of new program activities, and community linkages.

2. Provide funds to family support programs, to domestic violence programs, or to the two types of programs jointly, to explore collaborative, community-based activities to prevent family violence and to respond to child and adult victims as well as to batterers. Collaboration could bring needed new resources to families with young children in the shelter system, such as providing parenting education, parent-child activities, and other services to strengthen the parenting skills of victims.

3. Provide resources to explore how to work effectively with batterers in family support programs.
During interviews conducted for this paper, family support staff reported that they felt most uncomfortable—and had the least guidance—about work with batterers. It was also the area in which family support practice seems to be most in conflict with standard practice in the domestic violence field. The knowledge base about working with batterers needs to be built and applied to a family support context. Basic guidelines for interacting with batterers in ways that are least likely to exacerbate the violence also would be useful.

Training

1. Ensure that staff of family support programs are included in training about domestic violence, its impact on children and adults, and appropriate responses for both victims and batterers.

2. Ensure that training funds for family support programs allow for reimbursement for consultation with experts trained in domestic violence, its impact on children, appropriate responses for both victims and batterers, and culturally responsive practice in the area.

3. Provide incentives to states to conduct joint training of family support and domestic violence programs. This might include family support training for domestic violence program staff.

4. Develop domestic violence intervention tools for family support programs.

Family support programs are requesting training materials that go beyond a conceptual understanding of domestic violence and provide workers with practical skills to assist a family.

Community Needs Assessment

1. Ensure that any community needs assessments that are required in relation to family support address gaps in resources to prevent and respond to family violence.

2. Offer fiscal incentives to family support, domestic violence, and child welfare programs and others to partner to develop a plan for promoting a violence-free community and one that responds appropriately to child and adult victims and to batterers when violence occurs.

Policy

1. Funds to enhance the quality of family support programs should state explicitly that they can be used to prevent family violence and to respond to both adult and child victims of such violence.

2. Include explicit language in the reauthorization of Head Start and Early Head Start that supports violence prevention and the establishment of responses to child and adult victims of abuse as part of family support activities.

3. Federal guidance to states for the implementation of the Promoting Safe and Stable Families Program should make clear that preventing domestic violence and responding
to the child and adult victims and to the batterers in situations of domestic violence is an eligible activity in three of the four core activities designated in the program (i.e., family support, family preservation, and time-limited reunification).

4. Additional resources are needed to support added services for children and families experiencing domestic violence.

Research

1. Invest in research to identify and evaluate effective approaches for family support programs to respond to child and adult victims and to batterers, and to identify and evaluate how domestic violence programs might use family support programs as part of the community support and safety system.

2. Develop appropriate parenting education and child development curricula and strategies for family support programs working with parents who are victims and with their children.

About the Author

Nilofer Ahsan, M.P.P., is an Associate at The Center for the Study of Social Policy. She has worked with practitioners and those using services to develop materials and tools to shape policy and program development in children and family services for fifteen years. Nilofer has worked with family support initiatives in over 20 states to improve programmatic practice and develop evaluation and assessment strategies. She is currently involved in a number of new efforts to develop innovative practice models in the following areas: early care and education, domestic violence, child abuse and neglect prevention, and parent and resident leadership.

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References


Bibliography


Appendix A

Domestic Violence Assessment Questions

Questions to identify if violence is occurring in the relationship

• I’m worried about you. Is everything okay at home?
• Do you ever feel afraid? Do you ever feel afraid at home? What makes you feel afraid?
• I noticed (an injury). How did it happen?
• I noticed you seem jumpy/nervous around your partner—what is it like between the two of you? What happens when your partner gets angry or you have conflicts or differences of opinion?

Questions to ask to understand the dynamics and severity of violence in the relationship

• What is the relationship like when things are good?
• What is the relationship like when things are bad?
• What types of things make your partner angry or mad?
• How often does your partner get violent or angry with you? Have the violent incidents been increasing or decreasing over the past six months? Have they become more severe or scarier?
• Describe the worst time.
• Does your partner use drugs or alcohol? Do you use drugs or alcohol? How does alcohol/drug use affect the violence?
• Have you ever spoken to your partner about the violence? How has he reacted?
• Has anyone else ever spoken to him about it? How has he reacted?
• Have you ever thought of leaving? How do you think your partner would respond?
• Have you ever attempted to leave? How did your partner respond? What made you return?

Questions to ask to understand the impact of the violence on children

• How does your partner treat your children?
• How do your children respond to your partner?
• Has your partner ever injured or threatened your children? If so, how often do these incidents occur?
• Do you think your children are aware of your partner’s violence or anger toward you?
• Have your children ever tried to intervene between you and your partner? What happened?
• Do you ever feel that the violence in the relationship makes it hard for you to be a good parent? In what ways?
• Do your children exhibit any signs that the violence may be affecting them?
Appendix B

Addressing Child Abuse and Neglect

**Steps to take if you suspect that child abuse or neglect is occurring in conjunction with the domestic violence**

- Find out more—try to determine the nature of the abuse or neglect, its frequency, and intensity.

- If the abuser is the domestic violence perpetrator: Talk to the victim, express your concern for her and her children, explore the impact that the abuse is having on her children. Ask about ways she keeps the children safe. If the children are at risk of serious harm, tell her that you are required by law to make a child protective services (CPS) report but that you can help her. Ask if she would prefer to make the report herself with your assistance.

- If the victim of domestic violence is herself the perpetrator of child abuse or neglect: Tell her that you are obligated to make a CPS report. Explore whether the domestic violence is affecting her ability to parent and is hurting her children. Tell her that you will work with her to help her.

- When making a CPS report, be sure to specify the actions that the adult victim has taken to protect her children and what she needs to protect them.

- Try to advocate for the victim with the CPS system. Unnecessary placement of children in foster care can add to the trauma of domestic violence, both for victims and children. At other times, child placement may be critically important to insure safety. Advocacy can include attending meetings with victims, helping them explain their circumstances, and advising CPS workers about safe times and places to conduct interviews and visit the home.
Appendix C

Signs That Young Children Are Being Affected by Exposure to Violence

Es 

• Worries about being safe
• Feels jumpy and scared
• Nightmares
• Feels unprotected
• Worries about mother or caretaker
• Anxiety, clinging, or crying
• Fearful of exploring on own

Behav 

• Problems with or regressions in development
• Bed wetting
• Fears and increased separation anxiety
• Increased fighting or violent behavior with other children

Thou 

• Concerns about death, dying, and grieving
• Believes that there is no one to depend on
• Unable to concentrate in school or at home
• Unable to remember
• Easily distracted

—From Joy D. Osofsky, Ph.D., Keeping Your Children Safe, a publication of The Violence Intervention Program for Children and Families, LSU Medical Center, Department of Psychiatry, September, 1997.
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☐ Series Introduction, by Susan Schechter and Jane Knitzer. (An abbreviated version of this introduction is included at the beginning of each of the individual papers below.)


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


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