

Domestic Violence Agencies and Shelters

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Case Scenario and Analysis

María has come to a domestic violence shelter with her two sons, Juan (age 5) and Ralph Junior (age 14). The children fight with each other and yell at their mother when she reprimands them. Juan wakes up crying at night, wets the bed, and does not allow his mother to comfort him. Junior tells his mother what to do and calls her names in Spanish when she does not do what he asks. María alternates between being very affectionate with her children and losing her temper easily and being distant and punitive.

After some time in the shelter, Juan begins responding to staff and making friends with the other children. Junior continues to be sulky, angry, and withdrawn. One night he tells a shelter worker that he misses his home, his school, and his father and pleads to go home for the upcoming holiday. María wonders whether she should let Junior live with Ralph, his father.

Opportunities for interventions. The domestic violence shelter has one children's advocate and a few volunteers that spend time with children informally at the shelter. The only structured activity that the children's program offers is babysitting during the mothers' parenting support group. However, each child is known by the children's advocate, who has been trained in children's advocacy and child development. The children's advocate mostly spends her time matching the needs of children to services in the community and organizing volunteer activities. The children's advocate and the women's advocates meet each week to discuss issues and collaborate toward moving each family's goals forward. Today, they discussed María and her sons, Juan and Junior. María's advocate and the children's advocate discussed María's frustration with Junior. María says she is exhausted and worried about him. She says he is suddenly acting just like his father and has a bad temper. She says he never used to act like this. She feels that it is her fault that she has not spent enough

(continued on page 2)

An electronic version of this publication can be found on the Web at www.safestartcenter.org.



The Safe Start Center Series on Children Exposed to Violence

Each Issue Brief in the series explains the importance of addressing exposure to violence to ensure the well-being of children from birth to age 18 in all systems that interact with vulnerable children and families. Through the use of literature reviews, case scenarios, and analyses of data, the Issue Briefs translate lessons learned from research and program practices into actions that can effectively prevent or reduce the negative impact of exposure to violence.

Issue Brief #5 translates emerging research and program practices into action steps for providers to design and implement programs in domestic violence shelters and agencies. The goal is to build the capacity of domestic violence shelters and agencies to offer sensitive, timely, and appropriate interventions that enhance children's safety, promote their resilience, and ensure their well-being. (For a complete list of Issue Briefs, see the box on page 12.)



time with either of the boys because of having to manage everything. The advocates are able to validate for María that parenting under this kind of stress is hard for everyone, but they too have noticed that Junior seems to be angry at her and Juan seems to be having a particularly hard time controlling his behavior. They explain to her that sometimes children have a strong reaction to living with an abusive father, and they ask her a series of questions about the boys, including what they like, what they are good at, what the relationship was like between the boys and their father, etc. Together, María and the advocates create a short-term plan to reduce stress and promote healing for the family. They plan out each day with a structure

to help the kids have some predictability about what will happen each day. They also plan for María to have some respite and relaxation time for herself, some family activities that promote fun and have cultural value, and some one-on-one time for Junior with one of the male volunteers. The advocates and María agree that they will reassess the situation in a few weeks, and if things haven't stabilized, they will consider an assessment for Juan with one of their community partners and have further discussions about the boys' relationship with their father.

A New Understanding of the Prevalence and Impact of Children's Exposure to Violence

Over the past 20 years, there has been increasing awareness of and substantial training on the issue of children's exposure to home and community violence. New research is further expanding understanding of this issue.

The National Survey of Children's Exposure to Violence (NatSCEV) found that children's exposure to violence, crime, and abuse is pervasive in the United States (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). According to NatSCEV:

- More than 60 percent of the children surveyed were exposed to crime, abuse, and violence within the past year, either directly or indirectly.
- Almost half were assaulted at least once in the past year, and more than 1 in 10 were injured as a result.
- One in 10 respondents were victims of child maltreatment (including physical and emotional abuse, neglect, and family abduction), and 1 in 16 were victimized sexually.

Furthermore, NatSCEV results indicate the following about children's exposure to violence (Hamby, Finkelhor, Turner, & Ormrod, 2011):

- More than 1 in 9 (11 percent) of children surveyed were exposed to some form of family violence in the past year, including 1 in 15 (6.6 percent) who were exposed to intimate partner violence between parents (or between a parent and the parent's partner).
- One in four children (26 percent) were exposed to at least one form of family violence during their

lifetimes. Most youth exposed to family violence, including 90 percent of those exposed to domestic violence, saw the violence, as opposed to hearing or experiencing it through other forms of exposure.

- Males were more likely to perpetrate violent incidents that were witnessed by children; 68 percent of youth witnessed violence committed only by males.
- Father figures were the most common perpetrators of family violence, although assaults by mothers and other caregivers were also common.

NatSCEV also found that children who were exposed to one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence (defined as polyvictimization). Children who experience polyvictimization are at particularly high risk for lasting physical, mental, and emotional harm. Given these staggering statistics, many more children than previously thought are exposed not only to family violence, but also to community and school violence.

How Does Exposure to Violence Affect Children?

The National Scientific Council on the Developing Child (2005) suggests that children respond to stressful circumstances by releasing hormones and activating brain circuits to cope with fear. When the stressful events are over, the physical response decreases and finally disappears. However, some children exposed to violence experience uncontrollable and ongoing stressors—also called toxic stress or complex trauma—and never shut off their stress response. They live in a constant state of alertness and crisis that can produce neurochemical changes and adaptations that impair their coping or functioning abilities. Unable to regulate their heightened levels of arousal and emotional response, some children cannot turn off the survival strategies that their brains have been conditioned to use (Perry, 2006). Cognitive, attention, and emotional resources that are normally devoted to developing and mastering life skills and social competencies are applied instead to coping and survival strategies (Dutra, Bureau, Holmes, Lyubchik, & Lyons-Ruth, 2009).

Identifying symptoms and signs of traumatic stress is most often done by comparing the child's behavior with behavior that is typical for other children of the same age. The child's symptoms depend on the

The Need To Promote Resilience

Not all children exposed to domestic violence or other forms of violence are equally harmed, and specific things can and should be done to promote the resilience and well-being of children, even when their exposure to violence has occurred over time or in multiple settings. Some children benefit from personal protective factors, such as a positive outlook, temperament, or a sense of humor. Others can be supported and nurtured to have fun and/or achieve success in the arts, athletics, or other activities that interest them. These kinds of opportunities can buffer children from the negative impacts of the violence they experience. As a result, they can live through the exposure to violence relatively unscathed (Lapierre, 2010).

A strong cultural identity, spiritual identification, and a supportive community can also bolster children's resilience and coping skills and help them heal. Helping children and their parents get connected to such a community may help as much as, or more than, getting them involved in formal services.

Finally, the most important protective resource to enable children to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent. It is important to help the non-abusive parent and/or other supportive adults understand the potential positive effects of a close relationship and to facilitate that relationship. The more caring relationships, the better—coaches, teachers, advocates, and older teens can all facilitate healing for children exposed to violence.





frequency and severity of the violence; the child's proximity to the violence; the developmental stage at which exposure began; the child's understanding of the violence and relationship to the perpetrator; the child's past experiences with violence and other traumatic events; and other adversities the child faced in the aftermath of the violence. For example:

- Typical developmental tasks for a very young child include walking, talking, and exploring the world. In a traumatized young child, attachment difficulties may be evident, with the child showing extreme fear of strangers and unwillingness to separate from parents. Alternatively, the child might exhibit the opposite behavior, being overly affectionate with strangers and ready to attach to just about anybody.
 - An elementary school age child, for whom play and peer groups are critical, may show extreme anxiety, report nightmares or flashbacks, or avoid certain situations that remind him or her of the traumatic experience. This child may play differently from other children, re-experiencing or attempting to resolve elements of the traumatic event with play activity that is repetitive rather than spontaneous. Repetitive activity is common in children who have experienced traumatic stress, whereas spontaneous activity is the type of play that is typical of developing children.
- A teenager who has been exposed to violence may become distracted at school, may turn away from friends and family, or may get involved with alcohol and drugs.
- In addition, some children exposed to violence develop symptoms of post-traumatic stress disorder. These symptoms include the following (American Psychiatric Association, 2000):
- *Preoccupation/re-experiencing.* Children may think about a traumatic experience over and over again. They may be unable to get the experience out of their minds, making the completion of classroom and homework tasks difficult.
 - *Hyperarousal.* Children exposed to violence may always appear “on guard.” This includes being irritable and easily startled in situations that do not seem to warrant strong reactions. Some of these behaviors may even look like attention deficit hyperactivity disorder (ADHD), but may have a very different origin.
 - *Numbness/avoidance.* To avoid feeling upset, children may stay away from situations, people, or places that remind them of the traumatic event. They may forget parts of what happened or use drugs and alcohol to avoid feelings. If the exposure to violence occurred at school, the school must work hard to overcome the experience. However, if the exposure to violence occurred at home, the school may be a place where the child feels safe.

Addressing Exposure to Violence: From Research-Informed Practices to Evidence-Based Interventions

Throughout history, domestic violence shelters and agencies—as well as State coalitions—have advanced their practice with children by learning from their relationships with women, from other practitioners, and from research in the fields of mental health and other social sciences. Advocates and staff have multiple opportunities in their daily interactions with children and within planned and structured activities—particularly when the program is a residential program—to

help children exposed to violence. Research-informed practices—in a continuum that goes from specific organizational practices (i.e. reducing child/adult ratios in groups) to core elements (i.e. enhancing parent/child relationships) to specific interventions (i.e. cognitive behavioral interventions)—can help agencies get started and inform staff and families about decisions on what strategies to employ that will help children heal. These strategies can range from building resiliency in children and enhancing the protective capacities of mothers to understanding when there is a need for specialized, evidence-based intervention. Research-based practices, core elements, and interventions need to integrate the best available research with clinical expertise in the context of each person’s characteristics, culture, and preferences.

Examples of research-informed practices, elements, and interventions that can be implemented in domestic violence programs include:

Modifying adult-to-child ratios and group sizes

To address the needs of children who have been exposed to violence, increasing the individual attention provided to children is helpful. This can be done by increasing the number of available adults (staff, volunteers, mothers, child advocates) per child, to keep the groups of children at a minimum size. Increasing the number of adults facilitates individual conversations, assists a child during difficult times—especially during outbursts—and provides more choices tailored to children’s needs.

Minimizing daily transitions and emphasizing predictability

Children who have been exposed to violence may show disorganized behavior and have short attention spans. They need agency and home settings that are emotionally and physically safe, stable, and predictable (that is, the routines, expectations, and boundaries are clear). Predictability is important to ensure smooth transitions from one activity to the next during the child’s day.

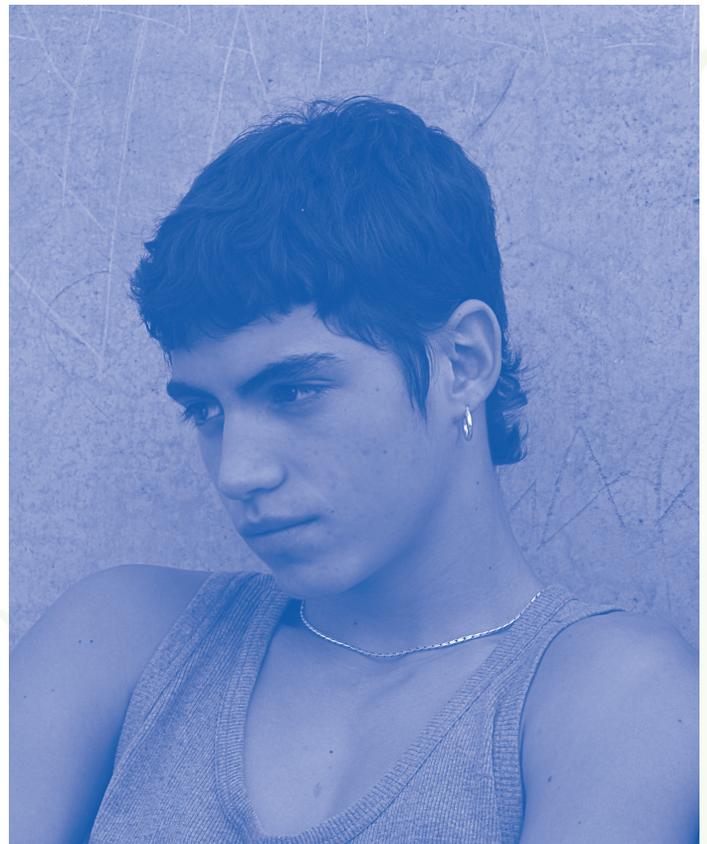
Facilitating children’s experiences with success

Children have a limited number of ways to express inner distress. Their experiences of feeling out of control make them more insecure about their ability to succeed or improve their situation in any way. Sometimes they lack the motivation and persistence to master developmental tasks. In addition, most children

under the age of 11 are unlikely to talk freely or at any length about uncomfortable or painful feelings related to exposure to violence; therefore, these feelings are most likely to be seen as changes in their behavior. The signs of distress will vary according to the child’s age. Make sure that expectations are developmentally appropriate, and provide children with tasks that they are capable of doing so they feel more in control. Help children see that it is all right to ask for and receive help and support from other people. Encourage children to set a doable goal each day.

Identifying current and past exposure to violence

Programs addressing exposure to violence usually limit screening to current or recent victimization and responses to immediate consequences and safety concerns. As discussed on pages 2–3, the greater the number of incidents of exposure, the greater the risk for exposure to other types of violence, which exacerbates trauma symptoms and impacts recovery. NatSCEV data make a compelling case for screening for a child’s history of victimization in the home and community. Children can be assessed at the shelter if it has an onsite mental health professional, or they can be referred to an outside organization for assessment. These assessments





can lead to early intervention and prevention of predictable consequences and future violence.

Responding to children's disclosures

A child can talk about exposure to violence all at once or in bits and pieces as he or she tests the adult's responses. An adult's willingness to listen to a child's story can provide a foundation for resilience and personal strength. It is important that children have an opportunity to talk about what they saw and how they feel with trusted adults who will listen and understand. Experts agree that a child's relationship with a non-abusive adult is critical for developing resilience and the healing process. An important priority is to create an emotionally safe place for all children to be heard. Nevertheless it is important to acknowledge that some children will not want to talk about what is going on in their homes.

Offering trauma-informed parenting support

In many domestic violence situations, the abusive partner undermines the adult victim's parenting power and confidence, creates alliances with children against the victimized parent, and exercises control over childrearing and discipline. These stressors can compromise parenting abilities; for example a mother may be numbed, angry, frightened, or depressed and

unable to be emotionally available for her children in a consistent fashion. Some other caregivers come to shelters and programs feeling insecure and defeated about their parenting. Other times non-offending parents engage in harsh or shaming parenting which adds stress to the child. In addition, parenting in public shelters can result in stigma and discrimination, and in parents feeling that their parenting practices are being monitored closely. They may become targets of scrutiny and scapegoating that other parents do not typically experience. Parents in shelters may feel that they risk losing their children if their parenting skills are viewed as inadequate by the shelter staff. Program staff members who are trained to understand families' stressors and strengths are better able to pre-empt crises, support parents, identify interventions that strengthen parent-child relationships, and react calmly and swiftly as crises arise (Gewirtz, 2010).

Referring the child to specialized, evidence-based interventions

Children exposed to violence may need specialized assessments and interventions that the shelter cannot provide. For this reason, it is important to partner with other community agencies that employ psychologists, social workers, and school or other counselors trained in child trauma. Some shelters and domestic violence agencies have been able to hire specialized clinicians to provide evidence-based interventions (such as the Kids Club program) in the agency.

The agency should provide staff with clear criteria for when to refer a child or parent for specialized services. Not all children need referral for mental health services. In general, children are referred to specialized services under the following circumstances (Groves, 2005):

- The child's symptoms have persisted for more than 3 months.
- The child has witnessed very violent incidents and/or experienced the loss of a parent or caregiver.
- The parent is concerned and asks for a referral.

Evidence-based Interventions for Children Who Have Been Exposed to Violence

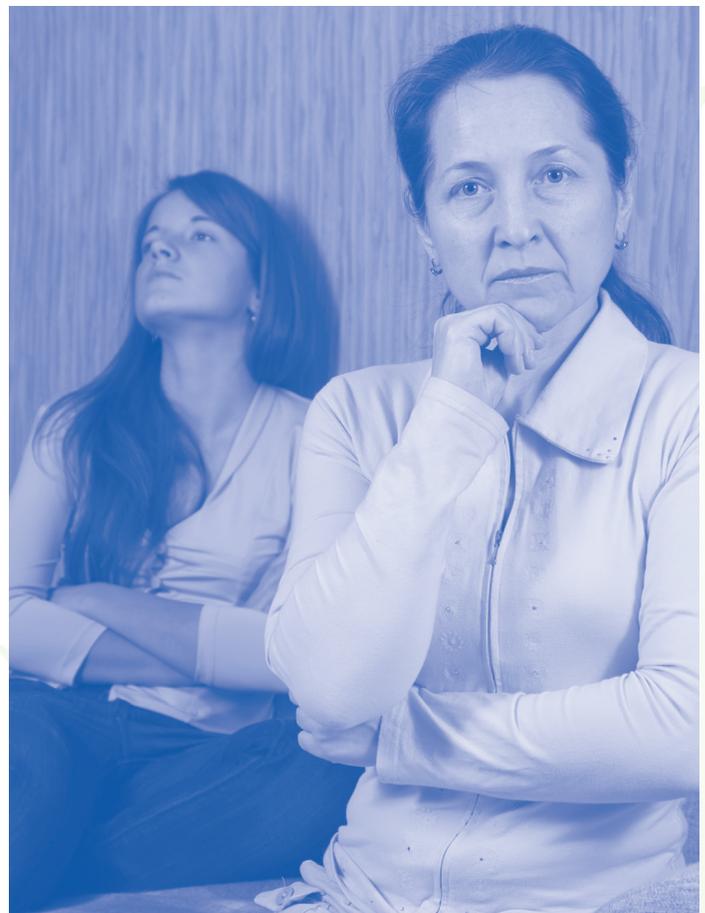
The following interventions have been rigorously tested with families in domestic violence shelters and agencies that have requested services for children and/

or have been successful with at-risk groups that share many of the risks of children exposed to home and community violence. Most of these interventions are provided by specialized mental health professionals.

- *Trauma-focused cognitive-behavioral therapy (TF-CBT) for children* (Cohen, Mannarino, & Deblinger, 2006). This intervention has been evaluated with children living with their mothers in domestic violence shelters. TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. The treatment model incorporates trauma-sensitive interventions with cognitive-behavioral, family, and humanistic principles.
- *Child–parent psychotherapy* (Lieberman & Van Horn, 2008). This dyadic, relationship-based treatment model for parents and young children helps restore normal developmental functioning in the wake of violence and trauma. It focuses on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent–child relationship, and addressing the meaning of the event or trauma shared by the parent and child. Sessions address parent–child interactions to support and foster coping, affect regulation, and appropriate reciprocity between parent and child. The parent receives guidance on development, behavioral management, crisis intervention, and case management.
- *The Kids Club and Moms Empowerment programs* (Graham-Bermann, 2000). Kids Club is a preventive intervention program that targets children’s knowledge about family violence, attitudes and beliefs about families and family violence, emotional adjustment, and social behavior in a small group. The program is phase-based. Early sessions are designed to enhance the child’s sense of safety, develop the therapeutic alliance, and create a common vocabulary of emotions for making sense of violent experiences. Later sessions address responsibility for violence, managing emotions, family relationship paradigms, and conflict and its resolution. Moms Empowerment is a parenting program that empowers mothers to discuss the impact of violence on their children’s development, builds parenting competence, provides a safe place to discuss parenting fears and worries, and builds connections through a supportive group.

This 10-session intervention is aimed at improving mothers’ repertoire of parenting and disciplinary skills and enhancing social and emotional adjustment, thereby reducing children’s behavioral and adjustment difficulties. The two programs are designed to coincide with each other.

- *Project SUPPORT* (Jouriles et al., 2010). This program is a home-based intervention for mothers and children who have left domestic violence shelters. Project SUPPORT was developed to address child conduct problems (i.e., disruptive, oppositional behaviors). The intervention includes two main components: (1) providing support to the mother during her transition from the women’s shelter, and (2) teaching the mother to implement a set of child management and nurturing skills that have been shown to be effective in the treatment of conduct problems.
- *Parenting Through Change* (Forgatch & Patterson, 2010). This 14-week, group-based parent training intervention has been adapted and implemented successfully in domestic violence shelters. Trauma-focused parent coaching provides a parent training



intervention that focuses specifically on bolstering the emotion regulation and parenting skills of traumatized parents of children exposed to violent trauma.

Mandatory Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not necessarily equate to child abuse and neglect. When responding to families affected by domestic violence, it is critically important for practitioners to consider simultaneously the safety of the child and the safety of any adult victim.

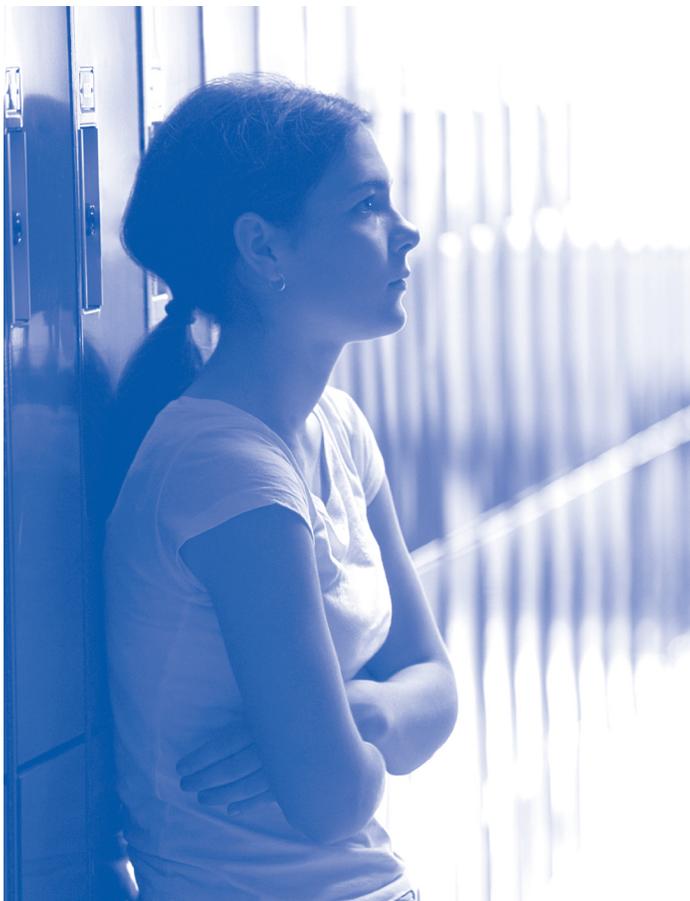
State-by-State information on reporting requirements can be found at http://www.childwelfare.gov/systemwide/laws_policies/state.

Checklist of Policies and Practices To Respond to Children Exposed to Violence

- The organization's mission statement articulates a specific commitment to children and their needs.
- The safety of the non-abusive adult and the children is foremost in all decisions.
- Sufficient resources have been allocated to children's services and go beyond having one child advocate on staff.
- Parents are empowered to care for their children without unnecessary rules or unnatural structures.
- Parents and children have a place to play together, have time alone, and cook and eat together.
- Staff members are available to support parents and children in informal ways (e.g., casual conversations, providing recreation).
- Parents are offered services, resources, and supports to enhance their parenting skills.
- Partnerships have been established with other child-serving agencies.
- All staff members have training and skills to heal/repair/strengthen parent-child relationships.
- CPS and shelter staffs discuss ways to ensure that children are not removed unnecessarily from the non-abusive parent.
- The shelter has established connections with community members to promote children's resilience.
- The program takes into account cultural values and practices related to violence, discipline, and mental health in the families it serves.
- Staff members are available who have been trained to work with children.

Several Web resources also provide information on evidence-based interventions:

- <http://www.safestartcenter.org>. The Safe Start Center is developing a database that describes evidence-based programs for children exposed to violence. The database is powered by Crime Solutions (see below), which includes descriptions of evidence-based programs for victimized children and their families. The site also houses resources to help agencies implement evidence-based practices in community-based settings.



- <http://www.crimesolutions.gov>. This Office of Justice Programs Web site provides research on program effectiveness. The programs are reviewed and rated by experts.
- <http://www.promisingfutureswithoutviolence.org>. The Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence is a resource Website for advocates, domestic violence programs, and others seeking to enhance their services to support healing for children and youth experiencing domestic violence.
- <http://www.nctsn.org>. The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.
- <http://www.promisingpractices.net>. The Promising Practices Network on Children, Families and Communities is a unique resource that offers credible, research-based information on what works to improve the lives of children and families.
- <http://www.nrepp.samhsa.gov>. The Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices is a searchable online registry of more than 220 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

Preparing the Shelter to Address the Needs of Children Exposed to Violence

At the organizational level, domestic violence programs can play a critical role in supporting staff to address children's exposure to violence and in helping mothers access resources and develop systems of support. Families living with domestic violence may lack access to health care, housing, and other needed services, and domestic violence shelters can collaborate or coordinate with other systems on the family's behalf. (Further information about available resources can be found at *Futures Without Violence*, www.promisingfutureswithoutviolence.org.)

Responding to the needs of children and families with histories of violence is a process rather than a single act. Core components of the process include:

Training Resources On Children's Exposure to Violence

The following Web sites and training resources on children exposed to violence can be used by practitioners in different settings:

Adults and Children Together, American Psychological Association: <http://actagainstviolence.apa.org/>

Centre for Children and Families in the Justice System (Canadian): http://www.lfcc.on.ca/children_exposed_to_domestic_violence.html

Center for Early Childhood Mental Health Consultation. Recognizing and Addressing Trauma in Infants, Young Children, and their Families, Tutorial 7: <http://www.ecmhc.org/tutorials/trauma/index.html>

Indian Country Child Trauma Center: <http://www.icctc.org/Resources.htm>

Futures Without Violence: <http://www.promisingfutureswithoutviolence.org>.

MINCAVA *Honor our Voices: Children's Perspectives of Domestic Violence*: <http://www.honourourvoices.org/>

National Center for Family Homelessness, *Understanding Traumatic Stress in Children*: <http://www.familyhomelessness.org/media/91.pdf>

National Child Traumatic Stress Network: <http://www.nctsn.org/>

Safe Start Center: <http://www.safestartcenter.org/>

First Nations Behavioral Health Association: <http://www.fnbha.org/>

Office of Juvenile Justice and Delinquency Prevention, *Safe From the Start: Taking Action on Children Exposed to Violence*: https://ncjrs.gov/html/ojjdp/summary_safe-fromstart/index.html

- Educating staff and parents about the potentially harmful effects of exposure to violence on children and assisting in creating an environment that supports social and emotional development and healing.
- Creating a physical environment for children and teens that is safe for play or socialization. Spending informal time with children and youth can facilitate healing.
- Developing relationships in the community with agencies, schools, and systems that serve youth.
- Providing staff supervision and training to support coordinated and cohesive service delivery

- Hiring diverse staff members, nurturing a self-reflective work environment, setting standards for culturally relevant practice, and working collaboratively with culturally specific agencies to address the needs of families of diverse cultural, ethnic, and religious backgrounds.
- Developing a clear understanding of Child Protective Services (CPS) policies and practices pertaining to children who are exposed to domestic violence.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- Cohen, J., Mannarino, A., & Deblinger, M. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.
- Cohen, E., & Woldegiorgis, I. (2011). Connecting the dots: Children's exposure to violence and home visiting programs. *Family Violence Prevention and Health Practice*, 11. Retrieved March 5, 2012, from <http://futureswithoutviolence.org/health/ejournal>
- Dutra, L., Bureau, J. F., Holmes, B., Lyubchik, A., & Lyons-Ruth, K. (2009). Quality of early care and childhood trauma: A prospective study of developmental pathways to dissociation. *Journal of Nervous Mental Disorders*, 197(6), 383–390.
- Edleson, J. (2004). Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? In P. Jaffe, L. Baker, & A. Cunningham (Eds.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 8–9). New York, NY: Guilford Press.
- Finkelhor, D., Turner, J., Ormrod, R., Hamby, S., & Kracke, K. (2009, October). Children's exposure to violence: A comprehensive national survey (NCJ 227744). *Juvenile Justice Bulletin*. Retrieved March 5, 2012, from <https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>
- Forgatch, M. S., & Patterson, G. R. (2010). Parent management training—Oregon model: An intervention for antisocial behavior in children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 159–178). New York, NY: Guilford Press.
- Gewirtz, A. (2010). *Homeless shelters, permanent/supportive housing, and transitional housing*. Moving From Evidence to Action, Issue Brief #6. Retrieved March 5, 2012, from http://www.safestartcenter.org/pdf/IssueBrief6_homeless.pdf
- Graham-Bermann, S. A. (2000). Evaluating interventions for children exposed to family violence. *Journal of Aggression, Maltreatment & Trauma*, 4(1), 191–216.
- Groves, B. (2002). *Children who see too much: Lessons from the child witness to violence project*. Boston, MA: Beacon Press.
- Groves, B., Van Horn, P., & Lieberman, A. (2006). Relationships between children and fathers after domestic violence: Implications for treatment. In J. L. Edleson & O. J. Williams (Eds.), *Parenting by men who batter: New directions for assessment and intervention*. New York, NY: Oxford University Press.
- Hamby, S., Finkelhor, D., Turner, H., & Omrod, R. (2011, October). Children's exposure to intimate partner violence and other family violence (NCJ 232272). *Juvenile Justice Bulletin*. Retrieved July 10, 2012, from <https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf>
- Horwarth, J., & Morrison, T. (2011). Effective inter-agency collaboration to safeguard children: Rising to the challenge through collective development. *Children and Youth Services Review*, 33, 368–375.
- Jouriles, E. N., McDonald, R., Rosenfield, D., Norwood, W., Spiller, L., Stephens, N., ... & Ehrensaft, M. (2010). Improving parenting in families referred for child maltreatment: A randomized controlled trial examining effects of Project SUPPORT. *Journal of Family Psychology*, 24(3), 328–338.
- Lapierre, S. (2010). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work*, 40, 1434–1451.
- Lieberman, A., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: Guilford Press.
- National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain* (Working Paper No. 3). Retrieved March 5, 2012, from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp3/
- Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N. Boyd Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27–52). New York: Guilford Press.

Moving From Evidence to Action

The Safe Start Center Series on Children Exposed to Violence

Core Concepts

Exposure to violence. The Issue Briefs in this series use the definition of exposure to violence used by the Safe Start initiative: “direct and indirect exposure to violence in [the] home, school, and community.”

Impact of exposure to violence. Children react to exposure to violence in different ways, and many children demonstrate remarkable resilience. However, children’s exposure to violence has been associated with difficulties with attachment, regressive behavior, anxiety and depression, aggression and conduct problems, dating violence, delinquency, and involvement with child welfare and juvenile justice systems. There is also a strong likelihood that exposure to violence will affect children’s capacity for partnering and parenting later in life, continuing the cycle of violence for the next generation.

Risk and protective factors. The impact of a child’s exposure to violence is influenced by both risk factors that increase the likelihood of a disruption in the child’s developmental trajectories and protective factors in the environment. These risk and protective factors depend on the child’s age and developmental level and the type and intensity of challenges present in his or her environment. The presence of supportive adults and/or nurturing environments provides a powerful buffer to children from the more intense stress or anxiety that may occur when children are exposed to violence.

Effective interventions. Research has documented the effectiveness of the following strategies to address the needs of vulnerable children and families—including children exposed to violence:

- Participation in *high-quality early care and education programs* can enhance physical, cognitive, and social development and promote readiness and capacity to succeed in school.
- *Early identification of and intervention with high-risk children* by early education programs and schools, pediatric and mental health programs, child welfare systems, and court and law enforcement professionals can prevent threats to healthy

development by detecting and addressing emerging problems.

- For children and families already exposed to violence, *intensive intervention programs* delivered in the home or in the community can improve outcomes for children well into their adult years and generate benefits to society that far exceed program costs.

Outcomes improve when highly skilled professionals provide *intensive, trauma-focused psychotherapeutic interventions* to stop the negative chain reaction following exposure to traumatic stressors (e.g., child abuse and neglect, homelessness, severe maternal depression, domestic violence). Treatment is an essential component of successful adjustments to exposure to violence, especially for children who have frequent exposure and who have complicated courses of recovery.

Guiding Principles to Support Best Practices

- **Safety** of the non-offending parent and of the children **must be paramount and addressed concurrently** in cases involving domestic violence.
- Children **must be understood in the context** of their individual traits, families, and communities (**a socio-ecological approach**).
- Responsibility for a child’s well-being must be owned by parents, community agencies, and public systems together—**addressing children’s exposure to violence is everyone’s responsibility**.
- Agencies must **work together in a coordinated manner** to expand and enhance service delivery.
- Policies, programs, and services must be **developmentally appropriate and culturally responsive** and offered in the family’s preferred language.
- Programs and services need to be **evaluated rigorously** for effectiveness—efficacy is key. We must continue to **learn what works**.

Available Issue Briefs in the **WORKING TOGETHER TO HELP CHILDREN EXPOSED TO VIOLENCE SERIES**

Each Issue Brief in the series explains the importance of addressing exposure to violence to ensure the well-being of children from birth to age 18 in all systems that interact with vulnerable children and families. Through the use of literature reviews, case scenarios, and analyses of data, the Issue Briefs translate lessons learned from research and program practices into actions that can effectively prevent and reduce the negative impact of exposure to violence.

The goal of the series is to build the capacity of practitioners in a variety of different fields to offer sensitive, timely, and appropriate interventions that enhance children's safety, promote their resilience, and ensure their well-being.

Issue Brief #1: Understanding Children's Exposure to Violence

Issue Brief #2: Pediatric Care Settings

Issue Brief #3: Schools

Issue Brief #4: Child Welfare Systems

Issue Brief #5: Domestic Violence Agencies and Shelters

Issue Brief #6: Homeless Shelters, Permanent/Supportive Housing, and Transitional Housing

Issue Brief #7: Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates

Issue Brief #5 was written by Lonna Davis, Futures Without Violence; Elena Cohen, Safe Start Center; Shellie Taggart, Consultant to Futures Without Violence; Amy Torchia, Vermont Network Against Domestic and Sexual Violence; and Isa Woldegiorguis, Consultant to Futures Without Violence.

Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position of the Office of Juvenile Justice and Delinquency Prevention or the U.S. Department of Justice.

Safe Start Initiative

The Safe Start initiative is funded by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. The goal of the initiative is to increase the knowledge of and promote community investment in evidence-based strategies for preventing and reducing the impact of children's exposure to violence.

Eleven demonstration sites were funded from 2000 to 2006 to create a comprehensive service delivery system to improve the accessibility, delivery, and quality of services for children exposed to violence at any point of entry. A national evaluation broadened understanding of how communities can successfully implement a comprehensive system of care with policy and practice interventions to minimize the negative consequences of exposure to violence. The evaluation findings are presented in *Communities Working Together To Help Children Exposed to Violence*, which is available at http://www.safestartcenter.org/pdf/ssc_findings-brief-1108.pdf.

Fifteen Promising Approaches sites funded from 2005 to 2010 focused on implementing and measuring developmentally appropriate services for children exposed to violence within the context of the systems that serve them. A national evaluation of these sites conducted by the RAND Corporation analyzed the impact of specific intervention strategies on outcomes for children and families. The evaluation findings are presented in *National Evaluation of Safe Start Promising Approaches*, which is available at http://www.rand.org/pubs/technical_reports/2010/RAND_TR750.pdf.

Eight Safe Start Promising Approaches sites will receive funding until 2015 and will provide evidence- or theory-based interventions to prevent and reduce the impact of children's exposure to violence in their homes and communities. Information about these sites is at <http://www.safestartcenter.org/about/communities.php>. These sites will implement interventions that address the needs of children and youth who have been exposed to violence and their families through a comprehensive and collaborative approach that uses the current knowledge base to address children's exposure to violence. A cross-site evaluation is being conducted by the RAND Corporation.

The Safe Start Center is a resource center designed to support the Safe Start initiative on a national level and to broaden the scope of knowledge and resources for responding to the needs of children exposed to violence and their families. For more information on the Safe Start initiative and Safe Start Center, visit <http://www.safestartcenter.org>.

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