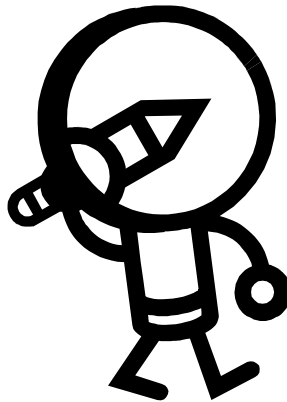


Assessing the Impact of Domestic Violence on Children's Safety

**By Margaret Hobart for
The Washington State Coalition Against Domestic Violence
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Inside Scoop

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Does this **respect** the survivor's decisions?

Does this advance the **accountability** of individuals and groups to stop domestic violence?

Does this **change** the conditions that allow domestic violence to happen in our communities?

ABC

Advocacy-based counseling means the involvement of a client with an advocate counselor in an individual, family, or group session with the primary focus on **safety planning** and on **empowerment** of the client through reinforcing the client's **autonomy** and **self-determination**. Advocacy-based counseling uses **non-victim-blaming problem-solving methods** that include: (1) Identifying the barriers to safety; (2) Developing safety checking and planning skills; (3) Clarifying issues; (4) Providing options; (5) Solving problems; (6) Increasing self-esteem and self-awareness; and (7) Improving and implementing skills in decision making, parenting, self-help, and self-care.

-Washington Administrative Code 388-61A-0145

A great deal of research has been published in the last 20 years indicating that exposure to domestic violence can negatively affect children emotionally, socially and intellectually.¹ As a result, some mandated child abuse reporters and child protection agencies have had to define when exposure to domestic violence constitutes child abuse. Child protection agencies have to determine when children's safety and well-being are so threatened by domestic violence that the agency needs to act, including when to consider removing children into foster care.

During the past 10 to 15 years, various communities across the nation and within Washington State have declared that exposure to domestic violence in and of itself constitutes child abuse or neglect. For instance, the Minnesota legislature went so far as to define exposure to domestic violence as child maltreatment per se in 1999 (with disastrous results).² Some communities have instituted

¹ See, for example, a summary of research up to 1999, in Jeffrey Edleson, "Children's Witnessing of Adult Domestic Violence," *Journal of Interpersonal Violence*, Vol. 14, No. 8, August 1999, pp. 839-870.

² Jeffrey L. Edleson, Jenny Gassman-Pines, and Marissa B. Hill, "Defining Child Exposure to Domestic Violence as Neglect: Minnesota's Difficult Experience," *Social Work*, Vol. 51, No. 2, April 2006, pp. 167-174.

cross-reporting practices requiring law enforcement to report to child protective services (CPS) whenever they respond to a domestic violence crime where children are present in the home. This approach has not benefited children or battered women. Instead, it has overwhelmed the child protection system and catalyzed unhelpful institutional interventions that do not accurately address children's needs and inadvertently increase danger to domestic violence victims and their children. Partly in response to concerns about the negative consequences of equating exposure to domestic violence with child maltreatment, the Washington legislature clarified last year that exposure to domestic violence *by itself* does *not* constitute neglect.³ This leaves our CPS collaborative partners with the task of determining when a child's exposure to domestic violence is so serious that they are obligated to act and, when obligated, what the best course of action is to protect the child's safety.

Children's safety and resilience and battered mothers' strengths

Removing children from battered women primarily because those women are being abused by their male partners is not preferable, particularly when the victims have the capacity to engage in appropriate parenting, which many or most do. Best practices indicate keeping children with their mothers and increasing children's safety by increasing their mothers' safety.

A study by researcher Cris Sullivan in which both mothers and children were interviewed and surveyed regarding discipline techniques, including corporal punishment, revealed "battered mothers' considerable nurturance toward their children."⁴ According to the study, "The vast majority of mothers and children agreed that the mothers were available to their children, closely supervised their children, and enjoyed being parents."⁵ Additionally, this study found that the behavior problems exhibited by children and associated with "exposure" to domestic violence were most strongly associated with levels and frequency of violence perpetrated by men in the home. This is an important distinction, because it makes clear that children's behavior problems were linked not to deficits in battered women's mothering, but to behavior choices of abusive men.

Sullivan's research supports the best practice principle that CPS workers and others seeking to create greater safety for children should try to keep children and their mothers together, and increase children's safety by increasing the safety of their battered mothers. When considering CPS interventions and weighing the negative impact of domestic violence on kids, advocates and caseworkers must keep in mind that placement in a foster home may also have a negative

³ Revised Code of Washington 26.44.020. The clarification appears in the definitions section (15) of negligent treatment or maltreatment: "Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself."

⁴ Cris Sullivan et al., "Beyond Searching for Deficits: Evidence that Physically and Emotionally Abused Women Are Nurturing Parents," *Journal of Emotional Abuse*, Vol. 2, No. 1, 2000, pp. 51–71.

⁵ *Ibid.*



impact on kids. Children placed in foster care are at risk of trauma from the removal process and abuse in the foster care setting.⁶

Children's resilience is strengthened by having strong relationships with a non-abusing caregiver. If that caregiver can create a plan to keep the kids safe and maintain a level of parenting that supports the children's emotional and physical well-being, then the best outcomes for children can be achieved by creating a plan of action in partnership with the domestic violence victim. This plan should seek to weaken the abuser's opportunities to abuse the mother and children, build on the mother's and children's strengths, and strengthen the mother-child bond. Child welfare workers have the greatest chance of achieving these goals if they start their interventions not simply by identifying domestic violence, but also by carefully assessing its impact on children's safety and well-being.

Best practices for assessing the safety of children exposed to domestic violence

As advocates, we can and should support our CPS collaborators in using a nuanced set of questions to assess the impact of domestic violence on children's safety and well-being. Quite a few communities around the state are having this conversation in the context of their Coordinated Response Protocol Project groups,⁷ and some have adopted assessment questions that reflect current best practices.

However, it can sometimes be hard for people not familiar with domestic violence and batterers' coercive tactics to remember why domestic violence is not just a yes/no question. Our collaborators may not be clear about why they need to know more detail about how abuse and coercion work in a particular family in order to help the children. They also may need help thinking through how to ask questions in such a way as to elicit the most information and what to do to help battered women and their children once they start getting answers. For that reason, it is important for battered women's advocates to be very clear about the difference between identification and assessment and the best practices for assessing children's safety in the context of domestic violence.

As part of their work supporting reform within the child protection system, Anne Ganley and Susan Schechter developed a set of questions for assessing domestic violence and guidelines for

⁶ Mary I. Benedict and Susan Zuravin, *Factors Associated with Child Maltreatment by Family Foster Care Providers*, Baltimore: Johns Hopkins University School of Hygiene and Public Health, 1992; and Peter J. Pecora et al., *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*, Seattle: Casey Family Programs, 2005.

⁷ For more information on the Washington State Coordinated Response Protocol Project, see www.courts.wa.gov/committee/docs/protocolTemplate.doc.



interviewing families affected by domestic violence.⁸ Originally published in 1996 as part of a model domestic violence curriculum for child protection workers,⁹ this assessment tool also appears in the *Domestic Violence Manual for Judges*, a Washington State Gender and Justice Commission publication intended to help judges understand what they should be looking for in dependency hearings involving domestic violence. Many child protection agencies across the country have adopted this assessment format. The questions, process and guiding principles articulated by Ganley and Schechter more than a decade ago have proven practical to implement in the field and valuable for gathering good information.¹⁰

Ganley and Schechter argued that in order to assess the impact of domestic violence on kids and plan effectively for their safety and resilience, it is necessary to explore (at minimum):

- The nature of the abuse
- The impact of the abuse on the adult victim
- The impact of the abuse on the children
- The protective factors for the adult victim and the children
- The lethality risks for the adult victim and the children

Additionally, in order to do realistic safety planning, provide quality advocacy and work effectively with the domestic violence victim, it is also helpful to find out about the outcomes of any prior help-seeking efforts.

Ganley and Schechter advise that when assessing the impact of domestic violence on children, child protection workers should interview the adult victim first. When CPS workers or others in a helping or advocacy role begin by focusing on the adult victim and her safety concerns, they may be able to build an alliance with her that will facilitate gathering accurate information about the impact of the domestic violence on the children.

Best practice for child protection workers includes interviews with the adult victim, the children *and* the domestic violence perpetrator. If interviewing the adult victim first poses some risk to the children, interviewers should begin with the children. Interviews with the perpetrator should take place last.

⁸ This article draws heavily upon the work of Ganley and Schechter, who pioneered efforts to improve child protection responses to domestic violence and to bring child protection workers and battered women's advocates into collaboration.

⁹ Anne L. Ganley and Susan Schechter, *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco, CA: Family Violence Prevention Fund, 1996.

¹⁰ The full text of these questions can be found in the Resources section of the WSCADV website. Look for "Assessing the Impact of Abuse on Children."



Nature of the abuse

Assessing the impact of domestic violence should include a careful examination of all the abuser's tactics, including physical, sexual and emotional abuse, economic coercion, and control of the victim by using the children in the course of the abuse. In order to make a plan that is responsive to the specific dangers and difficulties faced by a particular family, child welfare workers must understand in some detail how the abuse manifests.

Possible questions from this part of the interview include:

- What is the worst/scariest/most violent thing your partner has ever done?
- Does he shove you? Hit you with an open or closed hand? Strangle you?
- Does he humiliate you?
- Has he threatened or used violence against the children?
- How do you and your partner handle finances?
- Does your partner control your time, activities or friends?
- Does he sabotage your parenting? If so, how?
- Has he made the children participate or watch the abuse?

During an interview with a domestic violence victim that explores the various mechanisms the batterer uses to abuse and control the victim, child protection workers should take the time to tell the victim that she does not deserve the abuse. CPS workers should also express concern about the danger the victim and her children are in and assure the victim that they are committed to working with her to help her protect herself and her kids.

Impact on the adult victim

Abuse affects women very differently. When working toward a plan to help a domestic violence victim protect herself and her children, it is helpful to understand how her health and emotional well-being have been impacted. A battered woman may experience chronic pain, sleep disturbances, difficulty concentrating, depression, anxiety or suicidal thoughts. She may self-medicate with drugs or alcohol, or she may constantly modify her behavior in an attempt to avoid conflict around what clothes she wears, who she sees, how money is spent, and how the children are disciplined and parented. Interventions should seek to minimize negative impacts on the adult victim and build on her strengths.



Impact on the children

Our CPS colleagues are charged with the task of distinguishing between negative events in children's lives that may be difficult and traumatic and those events that place children's physical and emotional well-being in significant danger. We all agree that children are better off in peaceful, loving families than in families in which one partner controls and brutalizes the other. However, we must acknowledge that the impact of domestic violence on children's emotional well-being and physical safety varies greatly from family to family. For example, when an abuser uses physical violence infrequently, and instead employs economic coercion and emotional abuse to control his partner, young children in the family may not notice what is happening and may therefore be minimally impacted. Or a domestic violence victim may minimize children's direct exposure to abusive behavior by sending them to stay with close relatives on the weekends because she knows her abuser is most dangerous after drinking, which he does only on the weekends.

On the other hand, when an abuser does not allow the domestic violence victim to touch or comfort her young children, insists on using physical discipline or otherwise controls parenting decisions, children can be harmed. When an abuser engages in frequent episodes of physical abuse and emotional cruelty in the children's presence, it may have a very negative effect on their emotional well-being. And of course, the children who are most negatively impacted by domestic violence—in terms of both their emotional well-being and their physical safety—are those who are also physically abused themselves.¹¹

When assessing the impact of domestic violence on children's safety, child protection workers should start by evaluating the children's physical safety, including their histories of physical injuries. They should also attend to the psychological, behavioral and social impacts on the children. Such effects might include depression, nightmares, anxiety, social disruption from moving, isolation from friends and loss of family members.

Finally, they need to explore both the victim's and the perpetrator's parenting abilities. For instance, how is the adult victim's parenting affected, particularly with regard to keeping the children safe and making choices based on the children's best interests? And can the perpetrator consistently consider the children's best interests, care appropriately for the children and support the adult victim in her parenting?

Protective factors

Protective factors are aspects of or resources within a family and its surrounding community that strengthen an adult's or child's resistance and resilience to domestic violence. Ideally, assessing a family's protective factors includes talking to multiple sources of information, includ-

11 Jeffrey Edleson, "Children's Witnessing of Adult Domestic Violence," *Journal of Interpersonal Violence*, Vol. 14, No. 8, August 1999, pp. 839–870.



ing daycare providers, teachers, grandparents and others with knowledge of the family's connection to community.

It is important to identify protective factors so that these strengths can be supported. Protective factors include the victim's personal resources, such as work and parenting skills, physical and emotional health, safety and resistance strategies, and willingness to seek help. Protective factors also include the children's resources, such as the capacity to take steps to keep themselves safe and positive relationships with the adult victim, extended family members, neighbors and other adults in their community. At the community level, protective factors include support and assistance for the victim and community efforts to hold the perpetrator accountable. Protective factors may also include the perpetrator's willingness to acknowledge the abuse and his responsibility for stopping the abuse, his respect for limits set by authority figures such as the police, courts or CPS, and the degree to which he desires to be a positive part of the children's lives.

Lethality risks

In order to fully understand the impact of domestic violence on children's safety, child protection workers need to be able to recognize indicators of high lethality risk for the adult victim and her children. Such indicators include a perpetrator's threats to kill himself, the victim or the children, particularly when these threats are combined with mental illness, substance abuse issues and/or access to guns. Very controlling and jealous perpetrators also present increased risk of lethality, particularly when their control is being challenged. Actions indicating a sense that the perpetrator has "nothing left to lose" also point to increased risk. Victims and their children are at greater risk of lethal violence when leaving, discussing leaving or during the first several months after leaving.

When lethality risks are very high, it is critical to explain to the domestic violence victim why the situation goes beyond "typical" intimate partner violence and is very high risk, and to plan carefully for what steps can be taken to reduce risk to both the children and the adult victim. In these situations in particular, collaborations between child protection caseworkers and battered women's advocates can be particularly fruitful. Both caseworkers and advocates want the best possible outcomes for children—including a mother who is alive and able to care for them. Thus planning for the domestic violence victim's safety should be an integral part of any plan for keeping children safe. As advocates, we can bring important skills and experience to the task of working with a battered woman to increase her safety.



Adding it all up

When helping professionals such as CPS workers have a more accurate picture of the impact of domestic violence on children's safety and well-being, they can work more effectively to ensure the best possible outcome for children. One way to do so is to create service plans that are directly responsive to the particular manifestations of abuse and control in the family.

Sociologist Evan Stark argues, "If battering has taken the form of coercive control [meaning that it has gone beyond physical violence to include enforced isolation, economic control and other forms of control over the victim's behavior], identifying which feature is most prominent becomes critical to designing an appropriate service plan.¹² Thus, caseworkers should provide empowerment resources where control is dominant, facilitate police and court intervention where violence or threats are critical, and help reconstruct support networks in response to isolation."¹³ Similarly, if the economic impacts of abuse are what most significantly affect a domestic violence victim's ability to care for her children, caseworkers should assist with alleviating those effects. Stark also argues that intervening institutions, such as law enforcement and child protective services, should seek to redress power imbalances between battered women and their abusers in order to expand the range of safe, viable options for the victims.

What advocates can do

Support your CPS collaborators' use of model assessment tools. Help them think through how to create genuinely useful service plans, given the information revealed through the assessment.

Help battered women involved in the child protection system to recognize their parenting strengths, name what they have done in the past to protect their kids and identify what they need in order to strengthen their ability to resist abuse and keep their kids safe.

Help all battered women build and strengthen their relationships with their kids. In shelter and community programs, create contexts and events where moms and kids can be at their best with each other—for example, picnics, potlucks, game nights or joint art projects.

Conclusion

When children's safety in the context of domestic violence is a concern, strategizing for the best possible outcome for kids starts with carefully assessing the impact of the domestic violence on the children. We can support our CPS colleagues in their work by encouraging them

¹² For a discussion of these issues, see "Discharge Planning With Battered Women," in *Women at Risk: Domestic Violence and Women's Health*, by Evan Stark and Anne Flitcraft. Thousand Oaks, CA: Sage Publications, 1996, pp. 201–208.

¹³ Evan Stark, "The Battered Mother in the Child Protective Service Caseload: Developing an Appropriate Response." Originally developed for *Nicholson v. Williams et al.* Later published in *Women's Rights Law Reporter*, Vol. 23, No. 2, Spring 2002.

to conduct a thorough and thoughtful assessment of the abuser's tactics, the impacts on the children and the domestic violence victim, the protective factors and the lethality indicators. Interventions and plans formed with this information in mind, along with the goal of keeping children with their protective parent, will be most effective in protecting kids' physical and emotional well-being.

