

Domestic Violence and Child Welfare

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National statistics suggest that four million American women experience a serious assault by an intimate partner each year¹ and that nearly one in three adult women experience at least one physical assault by a partner in adulthood². Nationally, an estimated 3.6 million children are exposed to violence by family members against their mothers or female caretakers each year.

The Spousal Assault Replication Program (SARP), a research study in five cities, developed a database from carefully selected misdemeanor domestic violence cases. In all five sites, households with children were disproportionately represented in the sample, and children under five were more likely than older children to be present in the homes in which domestic violence occurred. Furthermore, children younger than five were more likely than older children to be exposed to multiple incidents over a 6-month period and were more likely to be exposed to parental substance abuse.

Estimates of an overlap between partner abuse and child abuse range from 30% to 60%.⁶ Families in which women are subjected to violence experience a rate of child abuse that is double that of families in which there is no violence.⁷ Forty-five to seventy percent of battered women in shelters report that their batterers have also committed some form of child abuse.⁸ And, data suggests that in the population of abused and neglected children, eleven to forty-five percent will have mothers who are being abused.⁹ The coexistence of domestic violence and child abuse/maltreatment can be particularly harmful; since statistics suggest that the more types of violence children are exposed to, the more mental health issues they will face.¹⁰ Children who are exposed to the battering of their mothers suffer the same harm and display the same symptoms as children who are actually abused, including the symptoms of post traumatic stress disorder.¹¹

In addition, women who live with domestic violence are twice as likely as other women to abuse a child.¹²

Interventions that have a Reasonable Chance of Supporting Change

What We Know About Treatment Programs for Batterers

The current standard treatment for batterers is gender-based counseling, frequently referred to as batterers education programs (BEP).^{13, 14} Program length may be as long as 52 weeks in a few states, although 12 to 26 weeks is the norm. Research shows no greater benefit to longer programs, although a 26-to-52-week program may provide a longer period of legal accountability and victim safety.¹⁵

BEP programs have four goals:

1. Exposing rationalizations for abuse,
2. Prompting an individual to recognize and take responsibility for his abusive behavior,
3. Teaching batterers to use techniques to avoid abuse, and
4. Teaching individuals to developing alternative behaviors.

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Particular programs may place a different emphasis on each of these goals and may offer different approaches to achieve them. For example, some programs may use psycho-educational and cognitive/behavioral methods for change, while others may believe a more insight-oriented therapeutic approach is needed. There may even be different outcomes for success. No particular program approach has been shown to be superior.

In low-income areas, a significant degree of stigma is attached to programs for men who batter. Because many of the programs for men who batter place emphasis on legal justice, victim safety, and using criminal legal system sanctions to enforce accountability, communities interpret batterer programs as anti-male.¹⁶ These programs may strive to help men stop battering, but may also place additional mandates, such as requiring a participant to be employed, to pay child support, or to stop abusing drugs or alcohol without offering treatment, on participants which they are unable to meet.¹⁶ This can result in their dropping out or being unable to successfully complete the program.

Punitive and directive language (e.g., “You must call the police” or “Your partner must admit he is an abuser”) may further the family and community distrust of the program, so that women may not recognize that parts of the program may help them and their children, such as aiding their partners in regulating their emotions and developing self-control. Some women may not seek help when they are abused because they believe the only options are punitive and intrusive for their families. It may be necessary to restructure batterer intervention programs so that they can be viewed as a community resource that protects young children and serves their families.

What We Know About Batterers as Parents

Little is written in the research or practice literature about the parenting abilities of men who batter. Though in some cases these men will be denied access to their children out of justifiable concern for their safety, in many cases they will continue to see their children. Recognizing the very valid concerns for the safety of mother and children following separation from an abusive male,¹⁸ the benefits for both children and father when contact can be continued safely may also be important to consider. Men who have been previously violent and now want to change their behavior may have a positive impact on their children’s developmental path and lessen the impact of their negative role-modeling and behavior patterns¹⁹. When fathers have a good understanding of appropriate child behavior at different developmental levels, their expectations are more realistic, and family conflicts over children may be reduced. Additionally, positive parenting can (a) help men develop a sense of self while they are in a relationship; (b) lower their reactivity to their partner and children; (c) aid in their development of discomfort tolerance, and (d) assist in the mastery of techniques that help men self-soothe.²⁰

Bancroft and Silverman²¹ suggest that in assessing the risk that a man who batters presents to his child(ren), several aspects of current and past behavior must be evaluated. In relation to the children, these include the abuser's history of:

- a. physical and sexual abuse (and boundary violations) toward the children;
- b. neglectful and under-involved parenting;
- c. psychological cruelty;
- d. willingness to risk physically or emotionally hurting the children incidental to partner abuse;
- e. using the children as weapons, or undermining their mother's authority; and
- f. risk to abduct the children.

In relation to the batterer's current and past behavior toward his partner or ex-partner, factors that must be taken into account include:

- a. physical danger to the partner/former partner;
- b. the level of coercive or manipulative control exercised over the abused partner;
- c. the abuser's level of selfishness, self-centeredness, or feeling of entitlement;
- d. his substance abuse and mental health history;
- e. his refusal to accept the end of a relationship or the beginning of a new one on the part of a former partner; and
- f. his level of refusal to accept responsibility for past violent or abusive acts²²

What is known about the Change Process in Domestic Violence

The effectiveness of BEP programs is very difficult to measure due to differences in individual factors as well as influences of community resources and supports such as women's counseling or men's alcohol treatment, police practice and service availability in the community. Gondolf²⁴ asserts in his multi-site evaluation of batterer intervention programs that, at 30 months, men who completed 3 months or more of the program were significantly less likely to have re-assaulted a female partner (36% of the completers re-assaulted vs. 51% of the dropouts). The vast majority of men eventually were not violent for a sustained period. There was no significant difference in re-assault rates across African American, Latino, and European-American men. Some men also do change their behavior through community cultural interventions and mandates, such as restorative justice, tribal circles, and church and elders' interventions. One of the most under-observed interactions is that of cultural and community sanctions against domestic violence behavior. Sometimes an approach that recognizes the possibility of legal consequences with restorative community practices can be beneficial to families.²⁵

Gondolf's results of interest to child welfare professionals are as follows:

- ❖ Those who are going to change begin to do so within 3 months of counseling.¹⁶
- ❖ Men who stayed in BEP for longer than 2 months did better than men who dropped out before two months. (36% of completers re-assaulted vs. 55% of dropouts). Reductions in re-assault rates were even higher for men still living with their partner.

- ❖ There was no difference in effectiveness among programs of two to three months duration and longer treatment programs.
- ❖ Repeat assaulters did not appear to be a distinct “batterer type.” Past violence, severe psychopathology, and continuous drug or alcohol abuse are significant risk markers, but still have weak predictive power.^{17,18} Risk markers used in “risk assessment instruments” did not substantially improve on the prediction of re-assault or other levels of abuse.
- ❖ The most substantial predictor was the women’s perception of safety, which supports the need for on-going monitoring and management of cases after program intake.¹⁵
- ❖ Two-thirds of the men who re-assaulted their partners did so within nine months of program intake—when the men should have had contact with a batterer counseling program, and again support increased monitoring and management of cases initially.¹⁵
- ❖ Most men relied on behavioral constraint to avoid being violent. Half of the men reportedly relied on interruption techniques to avoid violence and abuse, and only about 20% of the men who avoided violence and abuse changed their attitudes toward women, according to the women’s reports.¹⁵
- ❖ There was a substantial de-escalation of re-assault and other forms of abuse during the first year after program intake which remained at lower levels over the next three years.¹⁵
- ❖ The vast majority of men eventually were not violent for a sustained period. At the 30 month follow-up, over 80% of men had not re-assaulted a partner in the previous year. At the 48 month follow-up, over 90% had not re-assaulted.

BEP Programs are most effective with the following recommendations:

- ❖ Screening for severe psychiatric disorders and alcohol abuse (i.e., other in-depth assessment may not be necessary or effective)
- ❖ Intensive counseling in the first 1-2 months (i.e., 3-4 times per week rather than just weekly sessions) for severely abusive men and those previously arrested for non-domestic violence crimes
- ❖ Gender-based, cognitive-behavioral batterer counseling (i.e., conventional batterer counseling appears appropriate for the majority of men, although effects often take longer than 12 months to show themselves)
- ❖ Pre-trial referral of first-time cases to ensure swift and certain response to first-time arrests (i.e. similar to popular “drug courts”)
- ❖ Periodic court review(or specialized probation) to ensure sure and decisive response to program non-compliance (i.e., no-shows and dropout)
- ❖ Swift and certain response to non-compliance and reassault (i.e., through court supervision or specialized probation units)
- ❖ On-going risk management with men (i.e., case management and monitoring with additional interventions as needed).
- ❖ Follow-up support and safety planning with women (i.e., continued safety planning and support with response to violence cues)
- ❖ Incorporate of education on how responsible fathering can promote resilience in children, and how positive interactions between the father and the child’s mother can support the child’s healthy development.

- ❖ When families do reunite, encourage the perpetrator to seek continued treatment and support—such as individual, family, and couple treatment—where applicable. The continuation of support to adult victims and to children within the family is also essential. It is important that professionals help perpetrators develop skills that reduce the use of high conflict interactions over their children.
- ❖ Conduct regular recidivism checks on men who have battered, not only to identify safety concerns, but to be alert to men and families that may be struggling, so that additional services may be offered.
- ❖ An ongoing dialogue should be supported among intervention programs for men who batter, domestic violence agencies, culturally-based community organizations, child mental health organizations, child witness organizations, and responsible fatherhood programs, to increase understanding, develop a common language among these fields, and promote shared content about responsible parenting.

For Victims and Children

Several programs have been developed to serve the needs of victims and children in families experiencing domestic violence.

The Substance Abuse and Mental Health Services Administration (SAMHSA) website, www.samhsa.gov/, lists the following programs as Model Programs, which have scored at least 4.0 on a 5-point scale on Integrity and Utility, by the National Registry of Evidence-based Programs and Practices (NREPP) for families experiencing Domestic Violence:

- ❖ Children in the Middle
- ❖ Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)
- ❖ Families and Schools Together (FAST)
- ❖ Parenting Wisely
- ❖ Safe Dates

The California Evidence-Based Clearinghouse for Child Welfare evaluates treatment programs on a scientific rating scale (see text box below). Those with the highest evidence-based practice ratings are listed in the following table. Further information can be found at (CEBC), <http://www.cachildwelfareclearinghouse.org/>.

California Evidence-Based Clearinghouse for Child Welfare Scientific Rating Scale:

The classification system uses criteria regarding a practice’s clinical and/or **empirical** support, documentation, acceptance within the field, and potential for harm to assign a summary classification score. A **lower score indicates a greater level of support** for the practice protocol. The summary categories are:

- | | |
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| 1. Well Supported – Effective Practice | 4. Acceptable Emerging Practice-Effectiveness Unknown |
| 2. Supported – Efficacious Practice | 5. Evidence Fails to Demonstrate Effect |
| 3. Promising Practice | 6. Concerning Practice |

	Scientific Rating scale of 1-6	Relevance to Child Welfare Rating scale of 1-3	Brief Description
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	1 - Well Supported - Effective Practice	1 - High	<i>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</i> is a Trauma Treatment for Children program. <i>TF-CBT</i> is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.
Child Parent Psychotherapy for Family Violence (CPP-FV)	3 – Promising Practice	1 - High	<i>CCP-FV</i> is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. Child-parent interactions are the focus of six intervention modalities aimed at restoring a sense of mastery, security, and growth and promoting congruence between bodily sensations, feelings, and thinking on the part of both child and parent and in their relationship with one another. (Description taken from the National Child Traumatic Stress Network website www.nctsn.org , 2006).
Nurturing Parenting Programs	3 - Promising Practice	1 - High	The <i>Nurturing Parenting Programs</i> are family-based programs utilized for the treatment and prevention of child abuse and neglect. Program sessions are offered in group-based and home-based formats ranging from 12 to 48 sessions. Programs are designed for parents with young children birth to five, school-aged children 5 to 11 years old, and teens 12 to 18 years old. Parents and their children meet in separate groups that meet concurrently. Developed from the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are: 1) to teach age-appropriate expectations and neurological development of children; 2) to develop empathy and self worth

			in parents and children; 3) to utilize nurturing, non-violent strategies and techniques in establishing family discipline; 4) to empower parents and children to utilize their personal power to make healthy choices; and 5) to increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships.
Project Connect	3 - Promising Practice	1 - High	Project Connect is a reunification program. Project Connect works with high-risk families who are affected by parental substance abuse and are involved in the child welfare system. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification
1-2-3 Magic: Effective Discipline for Children 2-12	3 – Promising Practice	2 - Medium	1-2-3 Magic is a Parent Training program that divides parenting responsibilities into three straightforward tasks: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking.
Eye Movement Desensitization and Reprocessing (EMDR)	3 – Promising Practice	2 - Medium	EMDR is a Trauma Treatment for Children program. EMDR is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. During EMDR the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used.
Parenting Wisely	3 - Promising Practice	2 - Medium	Parenting Wisely is a self-administered, highly interactive computer-based program that teaches parents and children, ages 9-18, skills to improve their relationships and decrease conflict through support and behavior management. The program utilizes an interactive CD-ROM with nine video scenarios depicting common challenges with adolescents. Parents are provided the choice of three solutions to these challenges and are able to view the scenarios enacted, while receiving feedback about each choice. Parents

			are quizzed periodically throughout the program and receive feedback. The program operates as a supportive tutor pointing out typical errors parents make and highlighting new skills that will help them resolve problems. Computer experience or literacy is not required. Parents and children can use the program together as a family intervention. The <i>Parenting Wisely</i> program uses a risk-focused approach to reduce family conflict and child behavior problems.
Forensically Sensitive Therapy (FST)	4 - Acceptable/ Emerging Practice - Effectiveness is Unknown	1 - High	<i>FST</i> is Trauma Treatment for Children program that was created in response to the need for a therapy model that can be used effectively with child sexual abuse victims when criminal and civil court cases are actively pending. It is employed at the conclusion of the investigative process, when a decision has been made that sexual abuse is likely to have occurred, the case is being sent forward for prosecution, and the child is exhibiting signs of trauma. The <i>FST</i> model is an ecological approach that uses multiple modalities of intervention, including: 1) therapy for the child's sexual abuse trauma that includes both the child and non-offending caregiver, 2) specific intervention and support for the non-offending caregiver pertaining to the multiple losses sustained in the aftermath of sexual abuse discovery, 3) interface with the Criminal Justice System and criminal court, 4) interface with Child Protective Services and civil courts, and 5) interface with schools and other professionals typically involved in child abuse cases.
Michigan Family Reunification Program	4 - Acceptable/ Emerging Practice - Effectiveness is Unknown	1 - High	The <i>Michigan Family Reunification Program</i> is a reunification program. The program is designed to assist in an early return to a permanent family for children in out-of-home foster care placement. In addition, it is designed to reduce repeat placement through a planned process of reunifying children in out-of-home care with their families using a variety of services. It is also designed to provide support in achieving and maintaining permanency in the family home.
Structured Psychotherapy for Adolescents Responding to Chronic Stress	4 - Acceptable/ Emerging Practice - Effectiveness is Unknown	2 - Medium	<i>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</i> is a Trauma Treatment for Children program. <i>SPARCS</i> is a present-focused group intervention for adolescents who have experienced chronic trauma and have developed problems functioning in the following areas: affect regulation and impulsivity; dissociation; self-perception;

(SPARCS			relations with others; somatization (conversion of anxiety to physical symptoms); and systems of meaning (having a purpose and a hopeful future). SPARCS is primarily cognitive-behavioral based and teaches skills to both foster resilience and enhance group members' current strengths. Overall goals of the program are to address the three Cs: enhance the adolescent's ability to Cope more effectively in the moment, Cultivate consciousness, and Create connections and meaning.
Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET)	4 - Acceptable/ Emerging Practice - Effectiveness is Unknown	2 - Medium	Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET) is an educational and therapeutic approach for the prevention and treatment of complex Post-Traumatic Stress Disorder (PTSD). TARGET provides a practical skill-set that can be used by trauma survivors and family members to de-escalate and regulate extreme emotional states, to manage intrusive trauma memories in daily life, and to restore the capacity for information processing and autobiographical memory. TARGET teaches a sequence of seven skills described as the FREEDOM steps. The focus in TARGET is on shifting the way a person processes information and emotions so that s/he is able to live life and make sense of memories they are experiencing.

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