



## Acknowledgements

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Sincerely,



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## Background

This paper was developed as part of the [Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#) website. This website was launched in October of 2012 and was developed by Futures Without Violence, formerly Family Violence Prevention Fund. This capacity building website was designed to help domestic violence advocates enhance their programming for children and their abused parents. If advocates are just starting to think about how their program's policies could better reflect an equal commitment to domestic violence survivors and children, or they have been delivering holistic services for all family members for years, the Promising Futures website has information and tools that can help to advance program practice. Additional resources and information related to the recommendations found in this paper can also be found on the website.

[www.promisingfutureswithoutviolence.org](http://www.promisingfutureswithoutviolence.org)

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## Introduction

Futures Without Violence, formerly Family Violence Prevention Fund commissioned a review of evidence-based, therapeutic intervention programs for children exposed to Intimate Partner Violence (IPV) to offer a set of concise and practical recommendations for program staff and advocates working in the field of domestic violence. The recommendations are part of an effort to foster a cycle of learning between research and practice that honors both the importance of evidence-based approaches and wisdom that emanates from implementation.

It has been well documented that exposure to IPV is a potent traumatic stressor for children, often adversely affecting their physical and emotional health. However, caring adults can help children heal and thrive. The recommendations that follow were created to help guide IPV advocates in their daily work with mothers and families. The recommendations are drawn from a review of core components of evidence-based therapeutic intervention models for children exposed to IPV including Child Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, and the Kid's Club. Information about these evidence based models and other research on services for children and youth can be found on the [Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#) website.

There are several ways these recommendations may be useful. Advocates may use them to assess areas in which they already excel, and determine the areas in which they would like to further develop. Program staff may wish to adapt the focus on a single child or family to work with a group of children. For example, recommendation #14 focuses on supporting mothers to help their child express and label emotions. Advocates working individually with children or leading support group activities also can apply this to their work with a group of children, encouraging them all to express their feelings and label their emotions as they engage in the group activity.

## Recommendations

The primary aim of the recommended approaches is to build resilience and competence in children and parents. Children are affected in many different ways by exposure to IPV, and some children are affected more than others. Effective ways to build resilience in children usually begins with focusing on their parents. Strategies such as increasing parenting effectiveness, assisting them in addressing mental health issues, and supporting parents to live in safe and supportive environments are closely connected to children's well-being. (Graham-Bermann, Gruber, Howell & Girz, 2009). Helping children to contribute to their family or community in positive ways; identifying and nurturing areas of competence, skill or talent; connecting them with adults who can mentor or support them are also important elements of building resilience.



**1) Understand that children of all ages, from infancy through adolescence, are vulnerable to the adverse impact of IPV exposure.**

Growing evidence in the fields of neuroendocrinology and developmental science has established that violence exposure can be detrimental to children of **all** ages (Garner, 2012). Although many people assume that infants and young toddlers will not remember or do not understand, and thus will not be damaged by IPV exposure, memories of this experience are imprinted on the brain and profoundly affect neurodevelopment for children of all ages. Thus, infants and very young children can be affected negatively from exposure that may be more difficult to identify.

**2) Establish a respectful and trusting relationship with the child's mother.**

Many mothers who are victims of IPV feel deeply ashamed and guilty about what has happened to their children. They expect to be judged as an inadequate parent. Efforts by mothers to protect their children may be difficult to understand or assess. Their protective actions may be invisible to observers, difficult to understand, or may look like poor parenting. In addition, many mothers may be reluctant to explain themselves to outsiders, fearing that the abuser will retaliate or that others will misunderstand their behavior and take action against them. Let mothers know that you understand her predicament and ask her what she has done to keep her children safe and to be a caring and protective parent. Take advantage of every opportunity to partner with the parent to enable her to better understand and respond to her children, and to regain a sense of competence as a parent (Lieberman & Van Horn, 2005). [Click for more information.](#)

**3) Let mothers and children know that it is OK to talk about what has happened *if the child would like to engage in this type of discussion.***

In homes with IPV, many mothers avoid discussing IPV-related events and emotions around their children, in an effort to shield them from the trauma. Research suggests that many children, though not all, want to talk about their experiences with IPV. Mothers may need sensitive support in deciding how to talk to their children and guidance in reading children's cues for their readiness to talk. They may need assistance describing what they have experienced as well as having a safe place to talk (McGee, 2000). These discussions can be a powerful way to help children heal. Also, remember that a child's age and developmental stage will impact how s/he tells the story. Recognize that younger children may tell their story through play and drawings rather than through one-on-one conversation.



- 4) Tell children that violence is not their fault; if children say that the violence is their fault or that they should have stopped it, tell them directly that they are not responsible for violence and that it is not their job to intervene (or coach their mothers to do so).**

It is developmentally appropriate for children, particularly young children, to view the world “egocentrically”, inferring that they are the direct cause of the events around them. This perspective can be particularly detrimental when children are exposed to violence in their homes, leading to significant guilt and self-blame. Specifically, children who blame themselves for violence have more problems with behavior and mood than those are told that it is not their fault (Grych et al., 2000; Grych & Fincham, 1993).

- 5) Foster children’s self-esteem by showing and telling them that they are lovable, competent and important.**

Encourage mothers to provide physical comfort (hugging, cuddling) to children, following the child’s lead. Being responsive to children’s signs of emotional distress and providing emotional comfort is a way to practice positive parenting and also reduces child adjustment problems (Lieberman et al., 2005; Runyon, Deblinger, & Steer, 2010). Children who live with violence need frequent reminders that they are lovable, competent and important (from [The Child Witness to Violence Project](#) website). Help children identify activities that they enjoy and with which they feel successful. Developing self-esteem and personal skills is tied to resilience in children (Luthar et al., 2000).

- 6) Help children know what to expect.**

Establish a structured and predictable environment for children. This can be provided by having a regular schedule (i.e. regular meal times and bedtimes), clear, consistent expectations (“it is against the rules to hit or hurt anyone”) and regular routines (bed-time routines, reading a book together, check-in time). This helps children feel secure in their environment because they have an idea of what is expected of them and what will happen next. Even small efforts to help children know what to expect is important, such as letting them know when there is a change in staff or encouraging mothers to let them know if she is going out and what time she will return. It is also helpful to work with mothers to plan a routine and structure when they transition out of the shelter (Sytsma, Kelley, Wymer, 2001). [Click for more information.](#)

- 7) Model and encourage good friendship skills.**

By demonstrating appropriate and positive social interactions and providing direct instructions on how to treat their peers with respect and kindness, adults can teach children how to be better friends. Children who have good friend networks are more resilient and have higher self-esteem (Bolger, Patterson, & Kupersmidt, 1998). Similarly, children who



have been exposed to IPV have fewer behavior problems if they feel accepted by their peers (Criss et al., 2002).

**8) Use emotion words to help children understand how others might feel during disagreements.**

Children exposed to IPV often need assistance in describing and identifying both positive and negative emotional states. For example, model statements like 'It looks like Tom feels sad that you didn't share with him;' or 'We do not hit. It hurts when you hit'. This helps children develop perspective taking skills and allows children to understand that their actions can hurt others (Crick & Dodge, 1994).

**9) Recognize that when children are disruptive, they are generally feeling out of control and may not have the ability to use other strategies to express themselves.**

Children who grow up in violent homes may be hyper vigilant, anxious and unsure of whether their environment is safe. In addition, they may have difficulties controlling their behavior and emotions. When children appear "out of control," approach them using a calm and respectful tone. Avoid shaming or humiliating children with reprimands. A calm and supportive approach helps children regulate their emotions. It also helps them learn that their environment is safe and that they can trust the adults around them, establishing the foundation for teaching alternative, pro-social strategies for expressing emotions (Hodas, 2006).

**10) Incorporate the family's culture into interventions, and support mothers and children to explore the values, norms, and cultural meanings that impact their choices and give them strength.**

Culture is a central part of identity that is guided by the values and norms that drive people. Culture affects the way people form networks and the importance assigned to them. Work with the culture, not against it, to mobilize parents to access resources, strengthen mother and child bonds, and identify a broader culturally relevant network of support. Talk to children and mothers about their cultural and religious beliefs and how these may or may not affect their experience with violence and access to support and healing. Cultural factors can be strong predictors of strength and resilience between mothers and children. The religious beliefs and community perceptions of conflict that surround a child as they are growing up can shape perceptions of, and reactions to, violence (Fosco, DeBoard, & Grych, 2007). Similarly, cultural pride and traditions can serve as a tremendous source of strength and resilience within families. [Click for more information.](#)



Culturally Specific Resource Centers:

[Asian & Pacific Islander Institute on Domestic Violence](#)

[Casa de Esperanza: National Latin@ Network of Healthy Families and Communities](#)

[National Indigenous Women's Resource Center](#)

[Institute on Domestic Violence in the African American Community](#)

### 11) **Actively teach and model alternatives to violence.**

Help children learn conflict resolution skills and non-violent ways of playing. If you see children arguing, help them by teaching problem solving skills and how to take someone else's point of view. Research has shown that aggressive children tend to process disagreements by quickly attributing hostile intent to others' actions and evaluating aggression in a positive way. This generates aggressive rather than peaceful solutions (Crick & Dodge, 1994). Problem solving and skills to adopt perspective are linked with better outcomes for children (Luthar et al., 2000; Masten et al., 1999) and may help them view aggression as a less attractive way to handle conflict.

### 12) **Involve mothers in conversations with their children about the children's views of the abuse.**

Children, particularly if they are young, often have mixed feelings about the abusive parent. They may fear him, but also love him and miss him. These contradictory feelings are hard for children and for their mothers. Supporting the mother to understand the perspective of the child is important, while also helping her to name the abuser's reactions as wrong and hurtful. Discussing children's perceptions of the acceptability of violence is also important because children who think violence is okay are more likely to be aggressive themselves (Huesman & Guerra, 1997). These discussions, as well as other discussions about what has happened in the child's life, are most effective when facilitated with their mothers. Interventions such as The Kids Club Program show that when mothers participate with their children in therapy, children have better outcomes. Specifically, children are able to identify feelings and thoughts about witnessing violence, change thoughts about social and gender roles, and develop coping skills (Graham-Bermann & Hughes, 2003; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007)

### 13) **Discuss child development with mothers.**

Mothers in homes with IPV often report significant rates of parenting stress, and frequently describe inappropriate expectations for their young children's behavior. One good resource for basic information about child development is [Bright Futures](#), which has information on development within the context of the child's age and exposure history. For example, a two year old child that says 'no' is not trying to be disrespectful or hurt the mother emotionally; he is learning autonomy and control in a developmentally appropriate way. Child-Parent Psychotherapy is an evidence based treatment that helps parents understand children's behavior/changes at various stages of development. Sharing information between



practitioners and parents has been shown to improve positive parenting and reduce child adjustment problems (Lieberman et al., 2005; Runyon, Deblinger, & Steer, 2010).

**14) Help mothers teach their children how to label their emotions.**

Discuss the use of emotion words with mothers to describe their child's sadness, anger, happiness and worry. For example, a mother might say 'Johnny, you're balling up your fists. I wonder if you're angry;' or 'Crystal, you're looking down at the ground and are talking so softly. Are you feeling worried?' When mothers help their children recognize and cope with strong emotions, children gain a sense of mastery over them. This helps the child develop the skills to manage their behavior and mood. (Katz & Windecker-Nelson, 2006).

**15) Address mothers parenting stress.**

Remind moms that they are the most important person in their child's life and that taking care of themselves is good for them and for their child. Support moms to manage their stress and their child's behavior. When mothers learn effective parenting strategies, are able to discuss parenting issues, and are empowered to talk to their children about IPV, their children have fewer behavior problems (Graham-Bermann et al., 2007). Child Parent Psychotherapy provides direct support to parents focusing on the strong links between maternal health and well-being and child well being. Project Support is another intervention that has shown that enhancing parenting skills helps reduce child behavior problems (Jouriles et al., 2001). [Click for more information.](#)

**16) Work with mothers to help them extend both their own and their child's social support network.**

Discuss social supports with mothers including friends, family and community members, and talk to mothers about mentoring programs (such as Big Brothers/Big Sisters), community centers and aftercare programs, camps, sports teams and other extra curricula activities. Having access to supportive and pro-social outlets contributes to resilience in children and parents and helps them develop supportive relationships in the community (DuBois, Felner, Brand, Adan, & Evan, 1992; DuBois, Felner, Meares, & Krier, 1994; Masten & Coatsworth, 1998).





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