

An MCADSV Report to the Missouri
Children's Services Commission

Supporting
Battered Mothers
Protects Children:
*Reducing the Effects
of Domestic Violence
on Children*

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217 Oscar Drive, Suite A
Jefferson City, MO 65101
(573) 634-4161
(573) 636-3728 Fax
mocadsv@mocadsv.org
www.mocadsv.org

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Supporting Battered Mothers Protects Children: Reducing the Effects of Domestic Violence on Children

This report was created in response to a request from the Chairman of the Missouri Children's Services Commission, Representative Jeff Grisamore. It contains the latest research on the prevalence of child exposure to domestic violence and best practices in addressing this violence. The report also includes recommendations on how the state of Missouri can better meet the needs of children and mothers experiencing violence.

The following individuals participated in the development of this report:

Mary Anne Metheny
CEO
Hope House

Colleen Coble
CEO
*Missouri Coalition Against
Domestic and Sexual Violence
(MCADSV)*

Emily van Schenkhof
Policy Specialist
MCADSV

Mary Ann Allen
Executive Director
Haven House

Robin Winner
Executive Director
Synergy Services

Catherine Vannier
Family Violence
Resource Prosecutor
*Missouri Office on
Prosecution Services*

Jane Geiler
Jefferson County
Court Appointed
Guardian *Ad Litem*

Domestic violence is a serious public health and criminal justice issue that affects about 25 percent of women (1)* at some point in their lives. Unfortunately, women are not the only victims of this crime—children are also exposed to and affected by witnessing this violence. Conservatively, it is estimated that 10 to 20 percent of children (2) or 3.3 million to 15.5 million children (3), are exposed to domestic violence each year in the United States. Studies have also shown that pregnancy can be a time of increased risk for women: a recent 16-state investigation estimates that approximately 8.7 percent of women experience partner violence around the time of pregnancy (4).

Despite children's relatively high exposure to domestic violence, researchers have found no single or uniform pattern of response to this exposure. Children exposed to partner violence have been found to develop behavioral problems such as aggression and conduct problems, emotional problems such as depression and PTSD, and social problems such as difficulties relating to peers. However, research on the long-term effects of exposure to domestic violence are mixed. Some studies suggest minimal impact and others indicate that witnessing domestic violence can contribute to depression, reduced self-esteem and violence from or toward dating partners (2).

Evidence suggests that being a victim of child abuse in combination with witnessing domestic violence affects children more adversely than exposure to domestic violence alone (2). Researchers estimate that child maltreatment occurs in 30 to 60 percent of families who experience domestic violence (5, 6). Other studies indicate that domestic violence is present in 30 to 50 percent of families involved with the child welfare system (5). Men who batter their wives are more likely than non-violent men to also abuse their children. Studies have found that between 23 and 70 percent of men who batter their partners also abuse their children (5), and one study estimated that 50 percent of battered women have been abused while stopping their partner from abusing the children (7). Research also shows that women who are abused by intimate partners are more likely to abuse, neglect or use aggressive disciplinary behaviors (5, 8).

The diverse pattern of outcomes, including children who are seemingly not adversely affected by witnessing violence, suggests that other factors contribute to how children respond to domestic violence. Researchers believe that social support from peers, teachers and other caring adults can help protect children from the adverse affects of exposure to domestic violence. Other protective factors include strong relationships with the child's mother and siblings. Finally, there is evidence that succeeding in school can mitigate the effects of witnessing domestic violence (2).

Research suggests that there are many ways to assist children in healing from witnessing abuse. Individual or group therapy sessions for children are critical. These sessions should focus on helping children to acknowledge and express their feelings about the violence in their families and their lack of responsibility for that violence. The sessions should also be designed to promote healthy coping and problem solving skills (2). Both individual and group sessions benefit from mother participation, and several studies of child treatment suggest that there are improved outcomes for children when the mother is a part of the intervention (9).

Another promising practice is home-based visiting programs that provide social and instrumental support to children and mothers. These programs assist mothers in obtaining material needs and social support. They teach child management and nurturing to help improve mother-child communication (10). These programs can be conducted by nurses, health professionals or therapists who address either domestic violence, child abuse and/or other health issues.

Additionally, it is also extremely important to target services directly to mothers, who are in the best position to help their children recover from the effects of exposure to domestic violence. Targeting advocacy, support and mental-health services to mothers early on to improve their well-

being will ultimately benefit their children. There is strong evidence that abused mothers can benefit from parenting education, especially in learning alternatives to physical discipline and how to talk to their children about domestic violence (2, 10).

Finally, the literature consistently recommends against joint child custody in divorces or separations where there has been significant intimate partner violence (2, 11). For joint custody to be successful, parents need to be able to put aside their own personal differences – largely an impossibility for batterers who use joint custody as an ongoing means to exert power and control over a former partner (11).

**According to the Department of Justice, the majority of domestic violence victims (85 percent) are women and the majority of perpetrators (75 percent) are men. For this reason, female pronouns will be used for victims and male pronouns will be used for perpetrators.*

THE CHILD WELFARE SYSTEM RESPONSE

Because of the high co-occurrence of child maltreatment and domestic violence, children of battered women often become involved in the child welfare system. Sometimes children who have not been abused or neglected, but have witnessed domestic violence, are referred to the child welfare system.

The child protection service response is often ill-equipped to adequately assist children who have been exposed to domestic violence. In general, child protection workers carry high caseloads and are under increasing stress as state resources are cut and open positions are left unfilled. Even in the best economic times, they have limited education and training in domestic violence, and as a result, fail to understand the dynamics of this violence and how to support children and non-offending parents (12).

Without a proper understanding of domestic violence, the child protection system often adopts society's double standard toward parenting, with low standards for fathers and higher standards for mothers. The double standard results in child welfare practices that fail to articulate the relationship between the batterer's abusive behaviors and its adverse impact on the children, focus the neglect petition mostly on the survivor and/or allow the batterer to absent himself from the process. Most importantly, these practices fail to address the person creating the safety and risk concerns for the children (13).

To properly protect children, it is critical that child protection workers have a clear understanding of the nature and dynamics of domestic violence (12). Given that approximately half of all families involved with child welfare services are likely to be experiencing domestic violence, integrating domestic violence expertise and knowledge into the mission and task of child welfare workers is essential to the system's success (13).

As an example, the Connecticut Department of Children and Families implemented the "Safe and Together" model and placed domestic violence consultants in all field offices. These consultants—advocates—helped the state's child protection staff develop needed competencies such as interviewing perpetrators, survivors and children; assessment and documentation; and developing case plans and neglect petitions (13).

The Safe and Together model, developed by David Mandel, recommends five critical components to assist in improving the child welfare system's interviewing and assessment skills, documentation and case planning:

- 1) Focus on identifying batterers' behaviors, particularly related to coercive control and not only physical violence;

- 2) Focus on how the batterer might be using the children as weapons against the other parent, interfering with or undermining her, and abusing and neglecting the child;
- 3) Include a comprehensive assessment of the survivor's efforts to promote the safety and well-being of the child;
- 4) Identify the effect of the batterer's behavior on his child(ren); and
- 5) Integrate an assessment of the role of substance abuse, mental health issues and culture into the understanding of the case (13).

Finally, the evidence is conclusive that it is in the children's best interest to remain safe and together with the non-offending parent. From the point of view of child safety, stability and health, it is in the child welfare system's interest to partner with the parent who is most committed to the safety and well-being of the child. (13)

RECOMMENDATIONS FOR THE MISSOURI CHILDREN'S SERVICES COMMISSION

1. **Prioritize resources to evidence-based programs that help children recover from witnessing domestic violence.**

Research indicates that the more a child is connected to his or her non-offending parent, siblings and community, the less likely he or she is to experience adverse effects from witnessing domestic violence. Interventions that help forge these connections as well as advocacy, support and mental health services for children and mothers should be prioritized for increased funding and resources.

2. **Prioritize resources to prevent violence.**

It is unclear why some children exposed to domestic violence go on to perpetrate or be victimized by violence and why others do not. However, research has shown that increasing protective factors can reduce the risk of future violence perpetration or victimization in a child's life. School-based prevention education has the potential to counter attitudes, beliefs and norms, as well as change behaviors that increase the likelihood of perpetrating violence. An amendment to the Missouri Safe Schools Act, requiring that schools adopt a teen dating violence prevention policy, could encourage schools to increase efforts to address youth violence and develop prevention education programming. Another group that should be targeted for prevention work is new fathers. Interventions that promote the positive involvement of fathers in the lives of their children and intimate partners show promise in reducing domestic violence, child abuse and child exposure to domestic violence. Resources to reach men, youth and children with prevention messages should be prioritized for funding.

3. **Ensure that existing state programs incorporate domestic violence interventions.**

Existing social service and health programs serving children should look for opportunities to include domestic violence screening and intervention. For instance, the Missouri Department of Health and Senior Services has recently been awarded federal funding through the Maternal, Infant and Early Childhood Home Visiting Program to develop evidence-based home visiting programs to promote the health of at-risk pregnant women and caregivers of young children. Given that nearly 9 percent of pregnant women experience abuse, incorporating a domestic violence component to this program will be critical to its goal of improving health outcomes.

4. Increase training for Children’s Division employees on domestic violence.

The research literature consistently found that a lack of understanding of domestic violence inhibits child welfare agencies from effectively assisting children exposed to domestic violence. Paula Neese, the former director of Missouri’s Children’s Division, in August 2010 wrote in a memo to Attorney General Chris Koster’s Domestic Violence Task Force that “increased availability of joint training through the Missouri Coalition Against Domestic and Sexual Violence” would improve how the Division responded to domestic violence. Currently, one eight-hour training on domestic violence is offered but not required for new Children’s Division workers. Additional training on the dynamics of domestic violence and how to work with the families it affects is merited given the high rate of co-occurring adult and child abuse.

5. Promote collaboration between Children’s Division and agencies that serve domestic violence victims.

In addition to fostering connections for children, there is a need for greater connection between the Children’s Division and domestic violence programs. The Safe and Together model promotes cross-system collaboration as a means to improving outcomes for families. Currently, the Safe and Together model is being implemented in Jackson County as a result of a collaborative effort initiated by the Safe Families Coalition. The Safe Families Coalition, a coordinated community response to child abuse and domestic violence in Jackson County, applied for and received funding to have David Mandel train domestic violence advocates, Children’s Division Workers and court personnel on the Safe and Together model. At a minimum, including domestic violence advocates in Family Support Team meetings is necessary to ensure that the needs of families with co-occurring violence are being met.

6. Increase training for Family Court judges on domestic violence and existing statutes.

Current Missouri law 211.037 RSMo. outlines the requirements necessary for Juvenile Courts to return children to the care and custody of a non-offending parent in proceedings and investigations of child abuse and neglect. Unfortunately, some judges do not release children to non-offending parents who meet the statutory qualifications. Additionally, studies have shown that courts rarely identify documented domestic violence, and violent fathers are seldom denied visitation (14). Judicial training on the nature and dynamics of domestic violence and existing statutes could increase understanding and assist in keeping children safe.

7. Sponsor legislation that creates a presumption against joint custody when domestic violence is present.

Currently, Missouri is a “friendly parent” state, meaning that the courts are instructed by statute to presume that joint custody is in the best interest of the child. About half of states operate under “rebuttal presumption” statutes. A rebuttal presumption statute generally states that when domestic violence is present it is against the best interest of the child for the documented perpetrator to be awarded custody. Research has shown that in most jurisdictions where there is a rebuttal presumption, battered women are more likely to receive custody and violent fathers are given restricted visitation (15). Given what is known about batterers’ co-occurring child abuse and the importance of fostering connections between children and non-offending parents, a rebuttal presumption has the potential to not only protect children but also create an environment where they are likely to heal from witnessing violence.

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