



Child Law Practice

Vol. 21 No. 10

December 2002

Helping Lawyers Help Kids

Intervening in Family Violence Cases (Part I)

Assessing and Treating Child Victims of Domestic Violence

by Leigh Goodmark

Imagine what children exposed to domestic violence must see and hear: fists hitting flesh, screaming, cursing, threatening, crying, objects flying, siblings cowering. All these experiences can have profound consequences for the child's physical, mental, and emotional health.

Ensuring that children exposed to domestic violence are assessed to determine the impact of the violence and receive treatment for any harms they have suffered should be an essential element of the child's service plan. To advocate for the most appropriate assessment and treatment for children exposed to domestic violence, advocates need to understand the available options.

This article provides advocates information on assessment and treatment for children exposed to domestic violence and explains why securing these services is crucial to protect children's well-being and craft strong cases.

How Domestic Violence Can Harm Children

Protecting children is especially important given the harm—physical, emotional, behavioral and cognitive—that they may already have suffered as a result of exposure to violence. Physical, emotional, behavioral and cognitive problems are all associated with childhood exposure to domestic violence.

Physical Problems

Because battering often begins or increases during pregnancy, prenatal injury is common. Battered women are four times more likely to bear low birth weight babies; more babies are born with birth defects because their mothers were battered than because of all of the diseases and illnesses for which pregnant women are immunized.¹ Children exposed to domestic violence present with a number of physical ailments, both real and psychosomatic, including headaches, stomachaches, diarrhea, asthma, and peptic ulcers.² Children are unintentionally injured during violent episodes, as bystanders and when trying to intervene.³

Behavioral and Emotional Problems

Children exposed to domestic violence can suffer a range of behavioral and emotional conditions, including post-traumatic stress disorder; depression; and dissociative, anxiety, and mood disorders.⁴ Children may feel mixed emotions toward their parents: fear for the

mother's safety, guilt at their inability to protect her, anger at her inability to escape the violence, and affection and resentment towards their fathers, coupled with pain about their behavior. Children sometimes identify with the power of the abuser, distancing themselves from the weaker parent.⁵ Violence-exposed children may also have an increased sense of fatalism, pushing them towards risky behavior including drinking, using drugs, using weapons, and suicide.⁶

Cognitive Problems

Cognitive problems associated with exposure to domestic violence include language lag, developmental regression, and increased cognitive confusion.⁷ School problems,

(Continued on page 150)

What's Inside:

- 146 CASE LAW UPDATE
- 154 RESEARCH IN BRIEF
Corporal Punishment: Effects on Children and Links to Physical Abuse
- 158 SKILL SET
Basic Interviewing Principles in Child Sexual Abuse Cases
- 159 WEB LINKS
- 160 IN PRACTICE
Title IV-E: Facts and Tips

(Continued from page 145)

including poor performance, erratic attendance, school phobia, and exhaustion associated with “hyper-alertness,” are also common.⁸

Assessment

Why Assess the Child?

Each child reacts to exposure to domestic violence differently. While some children develop extremely debilitating conditions, others show no short-term negative effects of exposure to violence.⁹ Assessing children to determine the impact of exposure to domestic violence is crucial. Use assessments to:

- determine whether the child needs an immediate intervention and suggest what short and long-term services the child needs.
- clarify whether and what court action on behalf of the child is appropriate. A dependency action for psychological or emotional abuse may not be legally feasible or appropriate, for example, if the child is not suffering psychologically or emotionally as a result of exposure.
- determine whether visitation with the battering parent should be supervised or curtailed (if the assessment indicates that continuing to see the parent endangers the child physically or emotionally).

Assessing the Impact of Exposure to Family Violence

Determining the impact of exposure to violence requires assessing a child in many domains, according to Michelle Acker, Psy.D., of the Boston Child Witness to Violence Project. Dr. Acker stresses the importance of seeing the child as a whole person; the violence in the family is only one influence on the child. The assessment should include information about the level and nature of the exposure to

violence, any trauma-related symptoms the child is experiencing, and the child’s total functioning. To get this information, interviews with the custodial parent and child are crucial. The parent can provide:

- a detailed review of the violent incident from the parent’s point of view, including whether the police were called, whether the parent or child sustained injuries, where the child was during the incident, and what the child experienced;
- observations of the child’s initial response;
- information about the child’s current symptoms;
- the child’s developmental history (assessing for changes in the child’s functioning since the event is especially important, although these changes can be hard to pinpoint in homes where the violence is chronic);
- information about lost skills (such as toilet training) following the violence; and
- the parent’s reaction to the child’s experience and symptoms.

The interview with the child should cover the following topics:

- the child’s story of the event—through play, if not verbally, because some children never discuss their experiences.
- the meaning the child attaches to the event (for example, why it happened, what it made the child think, what was the worst part of the experience for the child);
- how the child is coping with the aftermath;
- the child’s coping style; and
- the child’s strengths—individual, family and community (a piece that is often overlooked, according to Dr. Acker).

A number of tools designed to help clinicians assess the impact of violence on children exist, including the Things I Have Seen and Heard

scale, used with six and seven year olds, and the Conflict Tactics Scale, which can be used with children ages six to twenty. Most of these tools, however, do not focus specifically on exposure to family violence, and separating the effects of family from community violence can be difficult.

Finding tools to assess young children can also be a challenge, according to Dr. Maxine Weinreb of the Child Witness to Violence Project, because most require children to have receptive (comprehension) and expressive (descriptive) language skills. Children exposed to chronic violence may have trouble processing language, which can make using language-based scales difficult. Similarly, there are checklists to help clinicians assess a child’s total functioning, especially for children aged seven and older; the Child Witness to Violence Project is developing a similar checklist to assess developmental, social, emotional, behavioral and cognitive issues for children six and under.

Who Should Conduct an Assessment?

While these tools can guide an assessment, Dr. Acker and Dr. Weinreb stress that there is no substitute for having the child (especially a very young child) meet with a well-trained observer of child behavior. Dr. Weinreb says that although a psychologist or social worker can assess a child, often social workers do better assessments because they cannot conduct formal testing. Instead, they listen very carefully and rely on what they see and hear from the child. Assessment scales, while useful, are just one tool among many and should be used to enhance the clinician’s other observations—but the key to a good assessment is to work with trained professionals who understand how exposure to family violence affects children.

What Do Advocates Need to Know?

Understand the different kinds of assessment tools and methods that are being used in your jurisdiction. Make sure that children are assessed by professionals with appropriate training and experience. Determine whether the assessment used is developmentally suitable for the child involved in the case, and challenge the use of assessment tools that are inappropriate. Ask whether the assessment separates the effects of being exposed to domestic violence from the effects of other forms of violence (like community violence). Understanding the tools used by professionals will help you to prepare a stronger case.

Treatment

Assessments of the impact of violence should guide decisions about treatment. For some children, no treatment will be necessary; for others, intensive interventions may be appropriate. Treatment should not begin, however, until the child's safety (both immediate and long-term) and stability (including the need for housing, income and support services) have been addressed.¹⁰ Address these safety issues by helping parents apply for welfare benefits or public housing or referring parents and children to necessary services. Be prepared to work with clients outside the courtroom on safety issues; inform treatment providers when safety and stability have been established. Treatment should begin promptly; delays in treatment of children exposed to violence have been associated with learning problems, aggression, withdrawal, and significant depression.¹¹

Treatment Options for Children

Appropriate treatment for children exposed to domestic violence depends on several factors including the child's age, the severity of the

trauma, and the range of services available to the child.¹² While individual therapy and psychopharmacological (drug-based) treatment are used with some children, group therapy is used most frequently.¹³ The groups are designed to allow children "to process their experiences of witnessing woman abuse in a supportive environment."¹⁴ The goals of group therapy include:

- providing children with an opportunity to discuss their exposure to violence;
- dispelling myths about family violence;
- safety planning;
- teaching nonviolence;
- practicing respectful ways of interacting with others;
- improving self-esteem;
- learning about helpful community resources;
- preventing sexual abuse and dating violence;
- decreasing emotional and behavioral problems in children; and
- breaking the intergenerational cycle of violence.

Art and play therapy are often used in the groups.¹⁵

Innovative Treatment Programs

Children exposed to domestic violence need treatment that directly responds to their experiences. That treatment can take a variety of forms. Several treatment models for children, described below, have proven effective. Because Canada has been in the forefront of the movement to address childhood exposure to domestic violence, several Canadian models are featured.

Individual Therapy

The Child Witness to Violence Project in Boston, MA, provides individual therapy to children exposed to domestic violence. Referrals to the program come from

numerous sources: doctors at Boston Medical Center, where the program is housed, and other hospitals; police; schools; and mental health centers. Judges and courts also refer children to the program.¹⁶ Counselors often begin by seeing the child and nonabusive parent together. Hearing the parent discuss the violence in the home "gives important messages to children that it is OK to talk about these difficult subjects."¹⁷ Counselors then meet with the child alone, using toys, art materials, books, puppets and dress-up clothes to help children express themselves. Counselors allow children to set the pace for discussing violence; some children open up immediately, while others are reluctant to talk or avoid the subject altogether.¹⁸ Therapy is intended to help children "reestablish psychological equilibrium...."¹⁹

As Betsy McAlister Groves, the director of the project, explains, "For many children, the opportunity to talk with a professional in the context of a safe relationship and therapeutic space is very helpful. This is especially true for children who witness domestic violence....The child may review the violence with the counselor, but doing so in a safe space offers the child a chance to master feelings of terror, guilt, and anxiety."²⁰ Counselors work with nonabusive parents "to discuss the child's progress and strategies to help stabilize the child."²¹ Abusive parents are not included in treatment, but counselors sometimes attempt to help the abusive parent see how his behavior affects the child.²²

Peer Group Counseling Program

Children living in violent homes have limited opportunities to establish relationships with peers. They may be reluctant to bring friends home or develop close friendships for fear of disclosing information about the violence. The batterer may even prevent the child from devel-

oping friendships to exercise control. As a result, these children miss out on the benefits of peer relationships, which become especially important in middle childhood.²³

The Peer Group Counseling Program, offered by a battered women's shelter in Toronto, Canada, gives children exposed to family violence an opportunity to share their experiences with their peers. The program involves both children currently living in violent environments and children who once were exposed to family violence. Group leaders use discussion, role playing and games to address a range of issues including dealing with anger appropriately, self-esteem and self-worth, feeling responsible for the violence in the family, and safety planning. An evaluation of the group found that children reported less depression and anxiety over the course of the program; their mothers saw significant improvement in the children's emotional and hyperactive behavior problems.²⁴

Minneapolis' Domestic Abuse Project Children's Program has provided services to hundreds of children exposed to violence since its inception. The program's goals include "allowing participant children to break the secret of violence...enhancing children's ability to protect themselves ... strengthening participants' self-esteem, and...providing a safe and fun environment in which the children can have positive experiences." Evaluations suggested that the 10-session program met those goals, but also had unintended consequences—for example, children who took the program's confidentiality rules to heart would not discuss their experiences in group with their mothers.²⁵

Mother-Child Group Treatment

Another variation on the group treatment model is the mother-child group, part of the Community Group Treatment Program for

Children Who Have Witnessed Woman Abuse in London (Ontario), Canada. The group has five goals:

- supporting the restructuring of the family with the mother in a leadership position;
- providing a safe space for families to talk about abuse;
- allowing family members to tell their individual and shared stories;
- involving all members of the family in developing a nonabusive foundation for family life;
- creating a nonviolent future.

Group leaders use discussion, creative activities, videos, art, skits and other exercises to help the family realize these goals.²⁶

How Will Treatment Affect Your Case?

Treatment affects family violence cases in several ways:

- A parent's effort to secure treatment for a child before child welfare involvement shows an understanding that violence is hurting the child and a desire to confront the problem.
- Treatment may provide insights about the future service needs of the family and the potential for reunification.
- In treatment, children may disclose information that is relevant to criminal or civil abuse and neglect cases.
- The child's capacity to testify may also be revealed through treatment.
- In some states, the emotional state of the child is relevant in determining whether visitation with an abusive parent should occur; the treatment provider can provide information about how visitation might affect the child.²⁷
- And even if the treatment provider is not called to testify, her

records will frequently become part of the court's record.

What Can Advocates Do?

Ensure that litigation doesn't interfere with the child's treatment. Although fostering the child's health and well-being is ideally the goal of all parties, information revealed in treatment can undermine a party's case. Parents may resist having damaging information revealed to treatment providers. Children's and agency attorneys may learn through treatment providers that the abuse or neglect case is weak at best. The treatment provider might oppose having the child testify. While never forgetting your duty as zealous advocate, think about ways to build your case that don't undermine the progress the child has made in treatment—and don't prevent children from entering treatment.

Encourage parents to become involved in treatment and encourage agencies to refer children for appropriate treatment. Understand that the information unearthed in treatment will give you a clearer picture of your case and of the needs of the child.

Once a case goes to court, the stakes for children exposed to violence can rise dramatically. Stay tuned for Part II—how to protect children involved in family violence litigation—in next month's issue of *CLP*.

Leigh Goodmark, JD, is an assistant staff director at the ABA Center on Children and the Law. She formerly represented battered women and children in Washington, DC.

Funding for this article was provided by the David and Lucile Packard Foundation.

Endnotes

1. Davidson, Howard. *The Impact of Domestic Violence on Children*. Washington, D.C.: American Bar Association, 1994, 1.

2. Ibid.

3. Marilyn Augustyn et al. "Children Who Witness Violence." *Contemporary Pediatrics* 12, 1995, 39.

4. American Psychological Association. *Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family*. Washington, D.C.: American Psychological Association, 1996, 9.

5. Ibid at 25; Jeffrey L. Edleson. "Children's Witnessing of Adult Domestic Violence." *Journal of Interpersonal Violence* 14, 1999, 863; Daniel G. Saunders. *Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Research Findings, and Recommendations*. March 9, 2000. <<http://www.vaw.umn.edu/vawnet.custody.htm>>

6. Augustyn, 1995, 41.

7. Augustyn, 1995, 49; Lynne R. Kurtz. "Protecting New York's Children: An Argument for the Creation of a Rebuttable Presumption Against Awarding a Spouse Custody of a Child." *Albany Law Review* 60, 1997, 1350.

8. Kernic, Mary A. et al. "Academic and School Health Issues Among Children Exposed to Maternal Intimate Partner Abuse." *Archives of Pediatric and Adolescent Medicine* 156, 2002, 549-555; Alan Tomkins et al. "The Plight of Children Who Witness Woman Battering: Psychological Knowledge and Policy Implications." *Law and Psychology Review* 18, 1994, 145.

9. Edleson, Jeffrey L. "Should Childhood Exposure to Adult Domestic Violence be Defined as Maltreatment Under the Law?" In *Ending Domestic Violence in the Lives of Children and Parents: Promising Practices for Safety, Healing, and Prevention*, by P.G. Jaffe et al. Toronto, Ontario: University of Toronto Press (forthcoming).

10. Groves, Betsy McAlister et al.. "Children Exposed to Domestic Violence: The Intersection Between Clinical Symptoms and Legal Remedies." *Children's Legal Rights Journal* 20, Winter 2000-01, 33.

11. Osofsky, Joy D. and Amy Dickson. "Treating Traumatized Children: The Costs of Delay." In *Protecting Young Children in Violent Environments: Building Staff and Community Strengths*. Washington, D.C.: Zero To Three, 2000.

12. Ibid. at 39.

13. Ibid; Sudermann, Marlies et al. "Evaluation of the London (Ontario) Community Group Treatment Programme for Children Who Have Witnessed Woman Abuse." In *Children Exposed to Domestic Violence: Current Issues in Research, Prevention, Intervention and Policy Development*, by Robert A. Geffner et al. New York: The Hawthorn Press, Inc., 2000.

14. Ibid, 129.

15. Ibid.

16. Domestic violence advocates in the

Massachusetts courts often make referrals to the program, but because of the chaos in the victim's life when she is seeking a restraining order, she might not immediately follow through on the referral. In time, though, some of those victims seek the program's services for their children.

17. Groves, Betsy McAlister. *Children Who See Too Much*. Boston: Beacon Press, 2002, 87.

18. Ibid.

19. Ibid, 89.

20. Ibid.

21. Ibid.

22. Telephone interview with Dr. Maxine Weinreb, Boston, MA, May 16, 2002.

23. Pepler, Debra J. et al. "Consider the Children: Research Informing Interventions for Children Exposed to Domestic Violence." In Geffner et. al., *Children Exposed to Domestic Violence: Current Issues in Research, Prevention, Intervention and Policy Development*. New York: The Hawthorn Press,

Inc. 2000.

24. Ibid, 54.

25. Peled, Einat & Jeffrey L. Edleson. "Process and Outcome in Small Groups for Children of Battered Women." In *Ending the Cycle of Violence: Community Responses to Children of Battered Women*. Edited by Einat Peled, Peter G. Jaffe & Jeffrey L. Edleson. Thousand Oaks, California: Sage Publications, 1995.

26. Rabenstein, Stephanie & Peter Lehmann. "Mothers and Children Together: A Family Group Treatment Approach." In Geffner et.al., *Children Exposed to Domestic Violence: Current Issues in Research, Prevention, Intervention and Policy Development*. New York: The Hawthorn Press, Inc. 2000, 190-201.

27. See, e.g., D.C. Code Ann. § 16-914 (a-1) (West 2001) (placing burden on battering parent to show that visitation would not physically endanger the custodial parent or children or be emotionally detrimental to the children).

NEW IN PRINT

Controversies in Constitutional Law: Children and the Law

Edited by Paul Finkelman & Janet Steverson
 Routledge-Taylor & Francis Publishing, Inc., 212/216-7800
www.routledge-ny.com \$375.00 (3-Vol. HB set)

This three-volume book is comprised of articles, court cases, and other documents on constitutional legal issues involving children. Each volume addresses a different topic, allowing the reader to learn about different arguments and standpoints on various constitutional issues. The first volume, "The State as Child Protector," explores how children are treated under the constitution. It focuses on the rights of the parent, state, and the child and the appropriate balance for each. Topics include foster care, custody and adoption, child abuse, and corporal punishment.

The second volume, "The State and the Schooling of Children," covers how to educate children while respecting their rights. Issues include the degree to which the state should control the education of children and the suitable balance between the rights of the state and parents regarding the education of children. Other topics are corporal punishment in schools, freedom of speech for minors, freedom from unreasonable searches and seizures, and the due process clause in relation to suspension from school.

The final volume, "Child vs. State," focuses on protecting the rights of parents while putting the child against the state rather than the parent against the state as the first volume did. It covers medical rights, curfew laws, abortion, and the death penalty.

The three volumes provide an extensive and diverse view of many aspects of children and the law that is useful for all child advocacy professionals.

