

CHILDREN

The environment and care that children need for healthy development are threatened—and in some circumstances destroyed—by family violence. A violent person in the household disrupts a child’s sense of security. Children see, hear, and feel violence that occurs in their family. They must witness the chaos, dysfunction, and harm when one parent batters another. Without the autonomy or knowledge of an adult, children of all ages are left to try to manage the fear and make sense of strongly conflicted feelings. These experiences can be traumatic. Some children are also hit, hurt, raped, emotionally undermined, or psychologically attacked by a parent or other person in their lives. In all these ways, children are victims of family violence and deserve effective advocacy.

Children need adults to care for them. Advocacy for children will therefore necessarily include these adults, often the children’s parents. Typically, the advocacy partnership would be with the victim–parent and may include intervention and safety strategies directed at the parent who is violent. Whether the advocacy is fully defined by adult caretakers will be determined by the child’s age and maturity, the level of violence, the effects of that violence on both the child and the victim–caretaker, who is causing the harm, who is seeking to prevent or address the harm and the effectiveness of those attempts, and legal standards. Additionally, parenting considerations and children’s needs are central to adult victims’ priorities and plans. With so many factors involved, there is a clear need for advocates to be informed partners in safety planning with adults and for children.

HARM TO CHILDREN

As used in this book, potential harm to children *in the context of domestic violence* is understood broadly. It includes the direct experience of physical and sexual abuse, emotional abuse and neglect directed at them, and the impact of being present in a household where intimate partner violence (IPV) occurs. Although researchers and others often refer to being present as *exposure* or *witnessing*, current evidence indicates that children's involvement in and experience of domestic violence varies widely and is affected by the type and extent of other violence in the household (i.e., battering, nonbattering, and other adult violence) and community, among other things.

Prevalence

It is not easy to determine how often children are hurt physically or sexually in the context of domestic violence. As noted in Chapter 2, early studies found that physical abuse of children in homes where adult partner abuse occurred ranged from 40% to 75% (Bowker, Arbitell, & McFarron, 1988; Gelles & Straus, 1988; Layzer, Goodson, & deLange, 1986; McKibben, DeVos, & Newberger, 1989; Suh & Abel, 1990). These early studies drew evidence from national surveys and studies from shelter and other samples. Other early sources had quite similar findings. For example, a study of child protection records in one state found indications of domestic violence in an average of 48% of them (Hangen, 1994). Stark and Flitcraft (1988) found that in 45% of child abuse and neglect cases seen at a hospital, the mother had been battered as well. In general, researchers maintain that there is extensive overlap between child abuse and domestic violence (Capaldi, Kim, & Pears, 2009); some estimate that in cases where either child maltreatment or woman abuse has been determined, between 30% and 60% actually include both forms of abuse (Edleson, 2011).

These studies have also found that children are more likely to be abused in families where there is battering violence (it is more frequent, more severe, and more frequently includes sexual assault) and when there are more children in the home (Bowker et al., 1988). Coercive IPV has also been found to be significantly related to child neglect (Niklas & Mackenzie, 2013). Some studies have also found that risks of child abuse in the context of domestic violence are greater when a stepparent is involved (Wilson & Daly, 1987).

Studies have also found that abused women sometimes abuse their children as well, although they do so at significantly lower rates than battering men do. For example, Stark and Flitcraft (1988) found that half of the battering men also abused the children, compared to 35% of the battered women. Straus's (1983) first national survey found that batterers were twice as likely as battered women to abuse their children more than two times a year. However, battered women were twice as likely to abuse their children as women who had not been abused (Straus & Gelles, 1990).

A more recent telephone survey in four cities found that nearly 30% of women who had been abused reported they had used "harsh punishment" on their children due to the stress of abuse, but less than 13% said they did so "frequently" or "very frequently" (Mbilinyi, Edleson, Hagemester, & Beeman, 2007). This study also found that 38% of the women reported their abusive partner used excessive punishment on the children and blamed her at least sometimes, and nearly a quarter said their partner did so "frequently" or "very frequently." It is also important to note that 35% of the mothers indicated they had been hurt by their partner at least sometimes when they were trying to protect their children from his abuse (17% reported this happened frequently or very frequently). This study, while limited to 111 women who had sought help from domestic violence programs, is among the few to address parenting behavior in such detail. It illustrates the variability of behavior directed at children in the context of domestic violence. Violence affects parenting. Some adult victims struggle to be there for their children. Yet, despite the interference and harm caused by a violent partner, many victim-parents demonstrate tremendous courage and inner strength as they protect and care for their children. Although abusing a partner can certainly not be called "good parenting," it is important to remember that many abusive partners, including some who engage in battering violence, are loving and supportive in their interactions with their children. These issues will also be addressed in Chapter 8.

Studies to determine the extent to which children live in homes where domestic violence occurs have tended to be more recent. As noted in Chapter 2, Finkelhor, Turner, Ormrod, and Hamby (2009) found that about 20% of a large national sample of children had witnessed violence in their family, and 16% had seen parental violence (including over one third of those ages 14 to 17); over 6% had seen at least one incident in the past year. A study of over 5,000 police reported incidents of domestic violence found that children

were present at the time of the incident in 44% of the cases (Fantuzzo, Fusco, Mohr, & Perry, 2007). Finally, a national survey of over 1,600 people led researchers to estimate that at least 15.5 million children live in households where domestic violence has occurred at least once, and 7 million live in families with severe violence. That translates to more than 29% of all children living in families where the adults are married or cohabiting having exposure to some domestic violence and over 13% exposed to severe violence (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006).

Effects of Family Violence on Children

Researchers have devoted substantial time and energy over many years to investigating the impact of exposure to domestic violence on children, as well as abuse in that context. It is well beyond the scope of this book to review them in detail. Such research is challenging, since many factors (such as extent of exposure; length, frequency, and severity of parental abuse; economic and social resources in the household; experience of physical and/or sexual abuse; support from the nonabusive caretaker; age at which exposure began; relationship with the abusive person; number of other children in the family; gender; race/ethnicity and culture; exposure to other risks; and many others) should be measured and disentangled to determine the impact of the exposure itself. In addition, the impact is likely to vary over time. However, evidence has been accumulating, and some general patterns have emerged.

One of the most influential studies of the impact of negative experiences in childhood involved information collected from 17,421 patients in health maintenance organizations (Dube, Anda, Felitti, Edwards, & Williamson, 2002). These researchers asked about many “adverse childhood experiences” (ACEs) and found, in general, that the more of such experiences the patients had had as children, the more physical and emotional health problems they had as adults. In particular, more exposure to domestic violence in childhood was significantly associated with other problematic experiences—both as children and as adults. In addition, men who had been exposed to physical and sexual abuse and parental domestic violence were nearly four times more likely to have engaged in domestic violence as adults (Whitfield, Anda, Dube, & Felitti, 2003).

Research focused more directly on domestic violence has shown that many—but not all—children experience adverse impacts, as demonstrated in meta-analyses such as that reported in Kitzmann, Gaylord, Holt, and Kenny’s

(2003) review of 118 studies and Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe's (2003) review of 41. In general, reviews have found that children exposed to domestic violence display more aggressive and antisocial ("externalizing") behavior and are more fearful and inhibited ("internalizing") than children who have not been so exposed. They also exhibit lower social competence and have poorer academic performance (see also Osofsky, 2003). Researchers have found different reactions among boys and girls (Buckner, Bearslee, & Bassuk, 2004; McIntosh, 2003) and differences by developmental stage, as would be expected (e.g., Holt, Buckley, & Whelan, 2008). See Appendix for a detailed chart of developmental impacts.

However, even these general findings have generated mixed results: Kitzmann and colleagues' (2003) review reported that exposed and non-exposed children generally had similar scores on measures of emotional health, and 37% of the children who had been exposed were doing as well or better in general as those who had not been exposed. While Wolfe and colleagues (2003) found that there were more emotional and behavioral effects among children who had experienced both physical abuse and exposure to domestic violence than among those who had "only" experienced exposure, Kitzmann and colleagues (2003) did not find a significant difference between those two groups. They did report that there was some evidence of greater risk for preschool children, however.

Some longitudinal and retrospective studies have also found adverse effects. Ehrensaft, Moffitt, and Caspi (2006) followed 543 demographically representative children from two counties in New York and ultimately collected data from them 20 years later, when their average age was 31. The researchers found that about one fifth of them had experienced or engaged in domestic violence as adults. Those who had experienced parental violence and "power assertive" punishment in childhood experienced more "maladjustment" in adolescence (including conduct disorders); these were all significant predictors of domestic violence in adulthood. Silvern and colleagues (1995) surveyed 550 undergraduates and found that the women who reported they had been exposed to domestic violence in childhood were significantly more likely to experience depression, trauma-related symptoms, and low self-esteem (compared to those who did not report such exposure), and the men experienced more trauma-related symptoms as well. Finally, Henning, Leitenberg, Coffey, Turner, and Bennett (1996) found that women who had been exposed to parental violence in childhood experienced more distress

and lower social adjustment as adults, even when child abuse and parental caring were controlled, compared to those who had not been exposed.

Resilience. Although the studies just described provide evidence of increased risks of negative impacts from childhood exposure to domestic violence, it is also important to remember that these effects are not found for all children. In fact, many children who are exposed show no greater problems than children who aren't exposed (e.g., Graham-Bermann, 2001). They display resilience that has been called "ordinary magic" (Masten, 2001). Grych, Jouriles, Swank, McDonald, and Norwood (2000) studied 228 children of domestic violence shelter residents and found that over 31% showed no problems and 18% had mild problems (the other half were assessed as having extensive or multiple problems). Another study that followed children ages 2 to 4 found that, although the children exposed to domestic violence were nearly four times as likely to experience internalizing or externalizing problems as those who were not exposed, 54% showed "positive" adaptation (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). Still another study (Graham-Bermann, Gruber, Howell, & Girz, 2009) found that 20% of the children were resilient, and another 11% experienced depression only. Masten and Reed (2002) found that as children's assets increased, their problems decreased.

Hughes, Graham-Bermann, and Gruber (2001) reported that the data show that protective adults significantly moderate the impact of domestic violence on children. While the experience of abuse can adversely affect some women's ability to provide the child care and support they want to provide (e.g., Mbilinyi et al., 2007; Niklas & Mackenzie, 2013), some have also been found to make efforts to compensate for their children's exposure by becoming better parents (e.g., Levendosky, Huth-Bocks, Shapiro, & Semel, 2003).

In general, researchers have found that secure attachment to a non-violent parent or caretaker is the most important protective factor (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006; Holt et al., 2008). Some have found that other supportive adults, such as grandparents (e.g., Cox, Kotch, & Everson, 2003) or other adult family members (e.g., Levendosky, Huth-Bocks, & Semel, 2002), can serve as vital protective factors as well. A retrospective qualitative study of women who reported they had been able to "move on" from their childhood experiences found that finding a safe place and a supportive relationship outside the family home were major coping strategies (O'Brien, Cohen, Pooley, & Taylor, 2013). In addition, friendships

and supportive relationships with siblings have been found to help foster resilience (Guille, 2004). Finally, children who have more self-esteem and a sense that they have more influence on events in their lives (more “locus of control”) have been found to be more resilient in the face of family violence (e.g., Guille, 2004; Martin, 2002). In a review of the literature that focused partly on resilience among children exposed to violence in their homes, Howell (2011) reinforced these findings on protective factors. All of these patterns highlight the importance of comprehensive advocacy with children and suggest some specific strategies to consider.

Children’s Coping. Several studies have found that the impact of exposure to domestic violence is also affected by children’s interpretations and coping in domestic violence incidents (Hughes et al., 2001). It is important to remember that children may be more directly involved in incidents; they are not only passive “witnesses.” Children are more likely to become actively involved in violent parental conflict than in conflict that remains nonviolent (Adamson & Thompson, 1998). Edleson, Mbilinyi, Beeman, and Hagemester’s (2003) four-city survey of 111 mothers who had experienced domestic violence found that 36% reported their children yelled frequently or very frequently to stop the violence, and nearly 12% reported their children frequently or very frequently called for help.

Whether or not they become physically involved, children actively attempt to make sense of the violence, just as the adults do. Jouriles, Spiller, Stephens, McDonald, and Swank (2000) studied 154 children exposed to domestic violence ages 8 to 12 and found that self-blame for their parents’ conflict was associated with externalizing behavior and that self-blaming, feeling threatened, and having fear of abandonment were associated with anxiety and depression. They also found that the child’s age made a difference: The older children had more adjustment problems. DeBoard-Lucas and Grych (2011a) studied children of mothers at domestic violence agencies ages 7 to 12 and found that, while most thought the abusive partner was primarily responsible for the violence, some also thought their mothers played a role. Their primary reactions were sadness and anger, not self-blame.

Allen, Wolf, Bybee, and Sullivan (2003) studied 80 women and their children, recruited from domestic violence and other services, to learn more about children’s reactions. They found four primary clusters of reactions: (1) aggression directed at the assailant and seeking help, (2) overprotection of the mother, (3) avoidance/ignoring the situation, and (4) little response

at all. Nearly half of the children had actively tried to stop the assailant; this reaction was associated with living with him. Over 70% of these children reported being fearful, confused, and angry about the violence. For these children, the frequency and severity of the violence had more impact on their reactions than did gender.

Much more needs to be learned about children's understanding of domestic violence, their coping strategies, and the short- and long-term effects it has on them. Their agency and resilience must be acknowledged and investigated in particular, along with their vulnerability (Gewirtz & Edleson, 2007). Children have even been found to be active strategists in encounters with child protection workers (Reich, 2010). While they may be at risk for a range of negative impacts stemming from domestic violence, the evidence just reviewed (and much more) indicates that many other factors affect whether children are adversely affected or not, including their relationship with the abusive adult (Sullivan, Juras, Bybee, Nguyen, & Allen, 2000). Studies do suggest, however, that as the woman's abuse becomes more frequent and severe, children are more likely to be abused as well. This means that the worse the woman's abuse, the more concerns and questions the advocates should have about any children in the household.

APPLYING STANDARDS OF SAFETY/SAFER

Children, like adults, are safe when they are free from violence, have basic needs met, and experience social and emotional well-being. Also, like adult victims, they face life-generated risks, along with the harm from a violent family or household member. Children's safety may be affected by poverty, health-related issues, poor educational opportunities, or some family or parental dysfunction other than family violence. Not all children have access to safety but rather something that falls short of that ideal. As for all victims, a realistic goal of advocacy for children is to improve their circumstances, to make them safer. It is hard to think that advocacy for any victim, perhaps especially a child, might lead to anything less than total and immediate safety. Certainly, any compromise on safety is not what advocates want for children or for adult victims. All victims—adults and children—deserve to be safe, and this will remain the overarching goal of advocates while we work to achieve feasible outcomes for each victim.

Setting out idyllic and unrealistic standards of safety can lead to negative consequences. Since such standards make failure inevitable, it can seem futile for advocates, systems, or victims to even try to achieve them, leading to an all-or-nothing mentality that fosters hopelessness. It is important to value the impact of incremental improvements in children's lives. Decreasing the negative effects on child development and increasing the positive ones can provide children with the opportunity to grow into healthy adults. Another consequence of unrealistic outcomes can shift responsibility for the inevitable failure to the parent, even when it is clear the expectations were unachievable. An example might be telling a battered mother with no money or social resources that she must take her children and leave her partner, move into her own home, get her children into therapy, and keep the children's father from seeing them even though a court has ordered him visitation. And then, when she predictably cannot do all those things, saying her children are not okay and that it is her fault.

Safer Enough

If complete safety is commonly unachievable, then what is the standard for those who are not yet adults? Where is the line drawn between not at all safe and not yet safe? There *must* be a line drawn for children. In other words, when is a child *safer enough*? We use this phrase to reflect that even with children, the day-to-day advocacy goal is not perfection (safety) but improvement (safer), although a standard must be met (enough). What factors to consider, who gets to answer that question, and ultimately who has the legal authority to make the final decision all make advocacy defined for children complicated. To be safer enough, there must be an adequate level of all three components of safety: (1) basic human needs, (2) emotional and social well-being, and (3) freedom from violence. For children, the involvement of a capable parent or other caretaker is also necessary. Each child, even if within the same family, faces different risks, experiences violence uniquely, and has her/his own personal resources and ability to cope. Therefore, any assessment of safety must be done individually for each child. The child's perspective is an important factor—and for older children may be a determining one. More likely, however, it will be the parents, as legal guardians, who will make the decision.

Parents are very important sources of information about their children, and their role as parents must be afforded a significant level of deference and respect. But when children are exposed to violence they are not automatically

safer enough just because one or both of their parents says so. The discussion can't end there. For children who are exposed to family violence—and in particular battering IPV—the parents may have conflicting views. One or both parents may also be the cause of the harm, as is the case if a parent is hitting or otherwise abusing a child directly. A battering parent exposes his child to numerous potentially harmful circumstances, including witnessing the violence and control, the disrespect and injury of the child's mother, and perhaps lengthy custody or other court fights as well. Therefore, a battering parent may not be a credible or proper decision maker about the level of a child's safety. A battered parent may clearly see her child's risks and what would make her child safer enough but still lack access to the resources or advocacy necessary to implement that plan. There may be battered parents, particularly if they are still firmly under the control of a partner, who also have *blind spots* when it comes to understanding how their children are doing.

The question of whether a child is safer enough is also affected by the legal commitments and responsibilities of federal and state governments to intervene in families to protect children. The legal standard for such state involvement therefore may become a part of any discussion regarding safety for minors. Generally, a child is not safer enough if she/he is found to be abused or neglected. This finding, in turn, legally justifies the state's involvement with the family, which then may allow the state to become the child's guardian and take over the decision-making authority of the parent(s). Despite legal definitions, the concepts of *abuse* and *neglect* are often applied inconsistently and do not alone answer the question of whether children are safer enough. What happens next, after a finding of abuse and/or neglect, also warrants scrutiny, since some responses may increase risk rather than enhance safety. Careful assessment is required, as it can be difficult to determine when a child is safer enough, to remain under the care of a parent or both parents or when the potential harm caused by removing a child from her/his parent outweighs the harm if the child remains. There is understandably disagreement and differing perspectives regarding child protection involvement in families, including IPV. Advocates, as the voice and support for both adult and child victims, have a lot to offer as legal standards and systemic responses continue to evolve (Schechter & Edleson, 1999). (See also Chapter 10.) In their work with children and the nonviolent parent, advocates will be right in the middle of these discussions about the level of safety and risk and who gets to determine if it is adequate. Of course, advocates will also be focused on making children safer.

What Makes Children Safer

Children coping with family violence need one or more aspects of their lives to change in order to be better off. Figure 6.1 lists core components that support safety for children. Although they are interrelated, with an advance in one area often supporting improvement in another, for discussion purposes they are broken into the categories listed next.

Violence Prevention and Reduction. Violence may be directed at the child and/or the child may be exposed to violence against a parent, family member, or other person in their lives. An obvious step toward increasing safety for children is ending physical, sexual, and emotional violence against them. A child is also safer if there is less violence against her/his battered parent. Less frequent and lower levels of violence against others, in particular a child's parent or immediate family member, might be another aspect of reduction, in part because this would eliminate or decrease children's opportunities to hear, see, and otherwise experience the violence and in part because improved circumstances for a parent are likely to benefit a child.

Economic Stability and Educational Opportunity. For children living at or near poverty, the focus might be on making it possible for them to have what they need most of the time and to have the times they "go without" become more and more rare. Although there are families that have enough financial resources that an increase would make little or no difference for the children, that is not the case for most families. Increased family income, assets, or parents' job security might improve the children's current standard of living and perhaps make their future more secure. A quality education and access to other learning opportunities would support healthy development and resilience, along with increasing economic and other opportunities as an adult.

Strengthened Child Well-Being. If the violence is ongoing, then supporting children's resilience may decrease the negative effects. Even if the children are no longer in danger or exposed to violence, helping them cope with and resolve those effects will support their emotional well-being. Fostering a child's association to her/his family's cultural practices and values is also important. More friends, siblings, nonviolent family members, and other positive people in the child's life will lessen isolation and can foster social and other benefits. Hobbies such as sports, music, or other interests can increase self-confidence, establish

Figure 6.1 What Makes Children Safer

Violence Prevention and Reduction	Economic Stability and Educational Opportunity	Child Well-Being Strengthened	Capable Caretaker(s)	Battering parent less harmful and more helpful
<p><u>Violence against children</u></p> <ul style="list-style-type: none"> • No physical, sexual, emotional violence against children <p><u>Exposure to violence against others</u></p> <ul style="list-style-type: none"> • Lower level and frequency of violence against parent • Less violence against others • Reduced witnessing 	<ul style="list-style-type: none"> • Fewer gaps in meeting basic human needs • Family has increased financial security and resources • Increased learning opportunities and access to quality education 	<ul style="list-style-type: none"> • Increased resilience to effects of violence • Emotional healing • Increased social supports • Cultural values promoted • Increased connection to supportive and loving family members, siblings, adult(s) • Increased access to activities (e.g., sports, art, clubs) • Growth, development nurtured 	<p><u>Battered parent safer and supported</u></p> <p><u>Safer:</u></p> <ul style="list-style-type: none"> • Less violence • Economic stability increased • Well-being strengthened <p><u>Supported:</u></p> <ul style="list-style-type: none"> • Role as parent supported, parenting skills increased • Has enough economic stability and personal well-being to be part of the emotional and financial support to child 	<ul style="list-style-type: none"> • Less/no violence against other parent or child • Less/no harmful parenting, positive parenting skills increased • If still a danger to other parent or child then access and/or opportunity to harm is limited or eliminated, harmful behavior acknowledged • Has enough economic stability and personal well-being to be part of the emotional and financial support to child
Makes Children Safer				

Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

friendships, and offer interactions with positive role models. In particular, stronger and more frequent connections to one or more supportive and loving adults are important. A chance to thrive and grow is central to a child's well-being. Nurturing a child's development is another aspect of enhancing safety.

Capable Caretaker(s). The level and extent of care children need is in part dictated by their age; other factors include a child's developmental stage, cognitive ability, and the extent of health or disability issues. A child is safer if her/his parent(s) provide the level of care needed. The parents in some families will require help in order to make that happen. When a child's family is living in poverty and one of her/his parents is battering the other, then that assistance must deal with both the violence and the family's precarious economic status. A focus and approach to providing that assistance will be different for a battered parent and a parent who batters, even though there may be some overlap in what they need to care for their children capably.

A child will likely be safer when her/his battered parent is safer. If the violence against the parent is reduced or eliminated, the child's environment improves. Similarly, the child benefits from a parent's economic stability and well-being. Like any parent, one who is battered might need support and guidance to be a more capable caretaker, particularly if a tactic of her partner's violence and control is to undermine and demean her parenting ability.

Changing the violent and harmful behavior of a parent who batters is a direct path to safety for a child. Key improvements would include reduced or no violence against the child's other parent, respectful interactions with her as a parent, and positive connections with the child. Some battering parents aren't going to change or won't change enough. If so, limiting access or the opportunity to be harmful will improve security for a child. Whatever the level of violence or interactions between a child and a battering parent, whether extensive or extremely limited, that parent's financial support will help the child. If that parent is also capable of offering a positive emotional connection, that too will aid in the child's development.

ADVOCACY REGARDING CHILDREN—KEY APPLICATION ISSUES

Advocacy for a child might include interactions with the child, the child's parent, or with both the child and parent. The child's age and maturity, level

and source of the danger, advocate role, and whether the parent grants permission for advocacy with her child will determine who advocates work with. The following discussion will focus on advocacy when a child is being cared for by a parent who is battered. In these circumstances, advocacy that is attentive to children's issues enhances safety for both adult and child victims.

Although children's perspectives are important and will inform advocacy, it is the child's parent that will define the advocacy for her child. As the legal guardian and caretaker, she has the legal right and day-to-day responsibility to make such decisions. Generally speaking, children will benefit from having limited, developmentally appropriate, and task specific safety strategies that are a part of their mother's safety plan. For example, a 6-year-old child may know to stay in his room when he hears his father yelling at his mother. There will be occasions when a parent's decisions and circumstances do not make a child safer enough; therefore, enhanced advocacy is necessary. At times, such advocacy will include taking the steps that are necessary for a child to be safer.

Understanding the Perspectives and Priorities of Children and Their Battered Parents

Children's Perspectives and Priorities. Advocates may learn about a child's view directly from the child if she/he is old enough to convey it and the advocate has the opportunity to communicate with the child. The interaction should be developmentally appropriate and should not pressure the child. Just asking questions can put a child in a difficult and painful situation. If there are other sources of information, if you already know what's going on in the home, if there is already an effective safety plan in place, then discussing some topics with a child might be unnecessary. Do, however, interact and support the child and let her/him know you're there to help her/him and her/his family. As for adult victims, developing a rapport or partnership with children will offer support, foster information sharing, and provide more opportunity to identify relevant safety strategies. Additionally, the information gathered from children, either through observation or conversation, must be interpreted in the context of the child's developmental stage and culture. See Appendix for a chart of developmental impacts.

A focus of any interaction with children is to see how they are doing. Are they okay? When warranted, a child-appropriate exploration of risks, life circumstances, and plans will help to inform safety planning for the child with

her/his caretaker. This might be as straightforward as talking about what she/he is worried about or afraid of; about day-to-day life and interests; and what she/he does, thinks, and feels when violence occurs. Advocates might explore these topics if a child is mature enough to discuss them and accurate information is not accessible from the child's caretaker.

Battered Parent's Perspectives and Priorities. With a supportive and respectful approach, advocates can often gather the information they need about the children from the battered parent. One aspect of learning about the children is exploring the parent's risk analysis. Concerns about children typically figure prominently for battered parents because of their concern for and commitment to the children and because partners who batter frequently use threats or actions about the children to continue their control. Keep in mind that in addition to the violence, a battered mother's risk analysis for her children may include a range of concerns. Some mothers worry about the effects of growing up in a "broken home" or without a father in the home. This can be a particular concern for women who grew up without a father and don't want their children to have this same experience. For parents with little or no money, a focus will likely be the harsh limitations and increased vulnerabilities that poverty generates for children. Understanding a victim's risk analysis must include how a parent thinks staying in the relationship, in contact, or leaving will affect the risks to her children. Cultural context and norms will influence or even determine what risks a parent identifies and the weight given to each. Identifying her main concern or concerns for her children is also important. This will help clarify what she is thinking and why.

Children have their own life circumstances, which in large part, but not exclusively, are determined by their parents' circumstances and risks. Therefore, it is important to explore with a battered parent those aspects of her life and those of the children's father that have substantial effects on the child. Consider both the positive and negative effects.

The following are among the topics to consider:

- Parents' behavior
 - Is it loving? Nurturing? Violent? Erratic? Humiliating? Inconsistent in the children's lives? Reliable? Immature? Quirky? Does the parent treat children in the household differently (e.g., more threatening to children that are not "his" biologically)?

- Parents' health
 - Are they mentally and physically healthy? Do health issues or disabilities affect parenting? Substance abuse? Access to physical and mental health care?
- Parents' economic status
 - Do one or both work? Are they financially stable? Well-off? Have relatives that will pay for things for the children?
- Parents' legal issues
 - Do they have criminal legal issues or records? What is their immigration status?
- Parents' culture
 - How does culture impact their parenting? How do cultural norms strengthen the family? Do the parents' cultures conflict on parenting? How might mainstream systems view the parents' culture and how does that affect the family?
- Parents' family issues
 - Are there other children? Who is in their family or circle of friends? How do those people act toward the children? Is the extended family a source of support? Of harm? Did they experience violence as a child? If so, how is that affecting their decision-making about their children (e.g., they want to find a way to keep their children from having to repeat their experience)?

In addition, children have life circumstances independent of their parents. Children, particularly older children, will have their own circle of friends and relationships. A child might be part of a sport or other hobby that includes other children and supportive adults. Each child's intellect, talents, and personality will also be a factor in their access to support, ability to cope, and growth. A family's cultural influences will also be part of a child's world; children will be supported by positive cultural norms and undermined by negative ones, such as those that validate the use of violence. Try to identify those aspects of a child's life that will promote resilience and healthy development. At times, advocacy can get so focused on violence and risks that it fails to identify the resources and strengths available to a child. This will limit options to enhance safety.

Advocates need to know about a battered parent's plans for her child or children. This will include what she's tried, what happened, what she's going to try, and why. As these are discussed, try to set aside judgment and take the time to find out why aspects of the plan were chosen. Battered mothers' plans are often crafted from extremely limited options, resulting in difficult decisions among poor alternatives. Many are constantly balancing concerns regarding violence, money, and their children's future and well-being, along with trying to keep themselves "together" so that they can care for their children. Because children are often the determining factor in a mother's plans regarding the relationship and contact, it is important to understand how concerns about her children are driving those decisions. Is she staying because it is the only way to provide financially for her children? How is she helping her children cope? Is she afraid to leave because she believes her partner when he says he'll take custody away from her or perhaps because then she won't be present to help her children deal with their father's violence? To know how the children are doing and how to make things safer for them, advocates must understand the content and rationale behind battered mothers' plans, while always keeping in mind the perspective of the children. Consider Tyler's perspective and his mother's plan.

Tyler (Eight Years Old)

Tyler hated Ryan, his mother's new boyfriend. Ryan never missed a chance to tell Tyler that his dad "is a loser and you'll probably grow up just like him." He was mean to Tyler's mom too. Tyler would hear them arguing and his mom crying. Sometimes Tyler's little brother, Justin, would start crying too, and that made Ryan really mad. Ryan would come out into the living room where Tyler and Justin were sleeping on a mattress and tell them to "shut up or I'm going to give you away." One night Tyler woke up to a nightmare and couldn't stop crying. When Tyler heard the bedroom door open, he froze, afraid that Ryan was coming to yell at him. But it was his mom who came out to hold him and rock him in her arms. When Tyler felt better, he told his mom he didn't want to live with Ryan anymore. His mom said, "You need to be nice to Ryan. Mommy doesn't have a job, and we don't have anywhere else to go." As Tyler tried to go back to sleep, his mother heard him pray for his dad to get out of jail so he could live with him. She thought, "That's okay. He doesn't need to know what his father is really like until he's older."

Working With the Battered Parent and, When Appropriate, With the Child to Strengthen the Comprehensive Safety Plan

Build a Partnership

With the Child. Advocates who work directly with children will necessarily seek to establish some connection and trust with them. This advocacy rapport should not undermine the relationship between the child and her/his caretaker. With older and more mature children, this partnership may be quite extensive and include all or many of the aspects of a partnership with adult victims. In many circumstances, an advocate will not have the opportunity to establish a direct working connection with a child. This does not mean the child's risks or wishes are ignored but rather that they will be a significant aspect of conversations with the child's parent.

With the Victim as a Parent. When a victim is also a parent, the partnership an advocate seeks to establish should acknowledge both the adult as a victim and the adult victim as a parent. Battered women, like most parents, will be sensitive to perceived criticism of their children or their parenting. A woman's culture will be a central factor influencing her view of raising children and how she thinks about her family; therefore, it is an important way to connect with her as a parent. Unlike other parents, battered mothers will likely have heard a barrage of criticism about their parenting from an abusive partner. They will be raising children who are dealing with the effects of a violent father or perhaps their mother's partner. This context is important. Fostering the connection with battered parents will more likely be successful if advocates begin with a focus on the positive and raise the conversation about the children when the timing seems right. Ask the mother to tell you about her children, what she hopes for them, and how she thinks they are doing. Be supportive. Validate the stresses, challenges, and joys of parenting.

Review Potential Risks, Harm, and Parent's Response. Advocates are responsible for considering whether the victim-parent's plans will take children on a path to safer enough or whether additional risk review, discussions, and planning are necessary. Although exploring child safety will begin with the parent's perspective, victim-defined advocacy requires advocates to use their knowledge and skill to also gauge risks and consider the likely consequences of safety strategies. The focus of this section is on risk review, but advocates should always identify and support the strengths and resilience of children and their mothers. Some advocates will have the time, knowledge, and role responsibility to conduct a thorough and formal assessment of child safety and well-being. Other advocates may have substantially less time, training, or opportunity.

Whatever the time or role, advocates should seek to do enough to consider whether a child is okay (safer enough). If after this consideration it appears a child is not safer enough, enhanced advocacy is required.

An advocate's risk review for children includes some evaluation of both harmful risks and the mother's plan to reduce the exposure and the effects of those risks. As described earlier in this chapter, children face multiple potential risks when their mother is battered. The challenge is figuring out which ones are affecting which children to the extent that they are not safer enough. The broad categories that promote child safety (see Figure 6.1) also frame the areas for considering risk: (1) violence toward the child or the child's mother, (2) economic stability and educational opportunity, (3) social and emotional well-being, and (4) capability of the child's caretaker(s). Some consideration of each of these areas is important. When talking about caretaker capabilities, make sure to consider the strengths and weaknesses of both the abusive parent and the victim-parent.

Review of risks to children requires a thorough understanding of the battered mother's perception of the risks and her main concerns about the children. Keep in mind that a mother may have an accurate view of harmful risks to her children, be unaware of the harm or potential risk, and/or be unwilling to discuss her view with an advocate. There are many reasons why a mother may not want to discuss her children with an advocate, including a lack of trust or partnership, a belief that the advocate will not understand her situation or culture, or perhaps her concern about the consequences for her and/or her partner. This would be likely if her partner threatened her or her children if she disclosed such information. It might also occur if the mother is already involved with child protective services (CPS) and/or is directly abusing the children. With all of these factors influencing what an advocate will hear from a battered mother, it is important that advocates don't jump to conclusions about the safety of the child or the battered mother's parenting. Gathering accurate information will require time, patience, and an openness to seeing the children through a mother's eyes, including her culture and life circumstances. Consider asking open-ended questions, such as the following:

- How are your children doing?¹
- How is your relationship with them? What is good? What is hard? What drives you crazy?

¹Susan Schechter taught Lonna Davis to use this question to begin conversations with mothers. Lonna Davis (personal communication, January 21, 2013) described it as a "special magic question." Susan Schechter, a founder of the battered women's movement, also led the effort to identify children's safety needs and advocate for mother and child safety.

- What is it like in your home when your partner is angry?
- Do you talk to the children about it? What do they say? What do you tell them?
- What do the children do when it happens? Have they tried to help, to intervene? Have they been injured? How?
- What do your children like to do? What interests do they have?
- Do you think they have been affected by your partner's anger? How?
- Have you noticed any change in their behavior, school performance, and the like?
- Tell me about your children's relationship with your partner.
- How can I help you?

As the discussion proceeds, advocates will form their own perspective on the risks each child faces. This might include risks the mother may not identify or a different view regarding the level of potential risk and existing harm. An awareness of factors that might indicate life-threatening danger should always be a part of an advocate's risk review. Some of these "flags" can include sexual violence against the children, believable threat of abduction, chronic and severe neglect, serious physical violence, and threats to kill the mother and/or the children.

In addition to learning about what harm the mother identifies, advocates need also to hear about her plan to reduce that harm. How a battered mother is supporting her child and reacting to harm the child experiences is an essential part of an advocate's respectful review. Some plans are effective and others are not. Some plans fail because an abusive partner sabotages them or escalates the violence in response; others do not reduce risks because a system does not provide what children need to be safer enough. An example might be when a battered mother asks a court for limited or supervised visitation because her child's father often gets drunk and then drives with the child in the car, and the judge then denies that request. There are also plans that lack effective safety strategies because a battered mother does not know about relevant options or how to access them or does not want to use them. A mother may be afraid to go to a domestic violence shelter or call the police; she may not want to violate values of her faith by filing for divorce. When children are being affected by battering IPV, a common belief is that the best plan for the children is for the mother to leave the relationship. This is sometimes—but not always—the case. A mother might leave her child's abusive father only to find the child is ordered by a court to have continued contact with a father whose violence

continues to harm the child. Remember that leaving does not always remove the risks for children and for some children may even increase their risks.

As with risks, sometimes a battered mother won't talk about her plan, in some circumstances, because she really does not know what to do next or where to turn. Understanding what mothers are worried about and what they're trying to do to address those concerns will help determine what resources will be relevant, when enhanced advocacy is necessary, and whether an advocate must take action—with or without the mother's involvement—to reduce harmful risks to the children. Figure 6.2 summarizes some common categories of battered mothers' risk analyses and plans for their children and the suggested advocate next steps in response.

Figure 6.2 Risk Review Regarding Children-Advocacy Response to Battered Mother's Risks and Plans

Battered Mother's Risk Analysis and Plans	Advocate Next Steps
Accurately identifies no harmful risks to children	Focus on advocacy for the battered mother's risks.
<ul style="list-style-type: none"> • Identifies harmful risks to children • Her safety plan adequately reduces those risks 	<ul style="list-style-type: none"> • Focus on advocacy for the battered mother's risks. • Maintain/preserve aspects of plan that reduce risks to children.
<ul style="list-style-type: none"> • Identifies harmful risks to children • Plan does not adequately reduce those risks 	<p>Talk with the mother to determine if . . .</p> <ul style="list-style-type: none"> • There are no relevant options. Advocate for the services and resources she needs to implement a strengthened safety plan. • She is unaware of relevant options. Inform her about the options, and help her access them. • She does not want to use relevant options. Determine why. Try to address concerns, remove barriers, find alternative options that

(Continued)

Figure 6.2 (Continued)

Battered Mother's Risk Analysis and Plans	Advocate Next Steps
	<p>reduce harmful risks, and/or advocate for modified implementation of options that make use of them okay with her.</p>
<p>Does <i>not</i> talk with advocate about harmful risks to children or about plan to reduce them</p>	<p>Talk with the mother to determine if . . .</p> <ul style="list-style-type: none"> • She is unaware of harm and has no plan. Respectfully share advocate perspective on harmful risks. If she then understands the risks, work with her to try to reduce them. If not, provide enhanced advocacy. (Enhanced advocacy might include more time, effort, resources, and in limited circumstances involvement of child protection. Required action to reduce harm is taken with the involvement of the mother if feasible or without her involvement if necessary.) • She is aware of harm but won't talk about it or about any plan to reduce the harm. Determine why mother won't discuss harmful risks or any plan she might have to reduce them. (For example, there is no trust/partnership with advocate, cultural barrier, afraid of consequence for her, and/or her partner. Respond to reason in ways that engages her to work with advocate or others to reduce harm.) Provide enhanced advocacy.

Trey, Linda, and Their Three-Year-Old Son, Devon

Linda knew Devon's father, Trey, had a bad temper. She let Trey move in because he had nowhere else to go, and he agreed to take care of Devon so that Linda could take a job working the third shift. When Trey had money he'd pay some of the rent and buy food. This kept Linda from being evicted. There were sometimes arguments, and Trey would yell at Linda and at

Devon, but it had been 2 years since Trey had hit Linda. Everything changed when Linda started dating someone she met at work. Even though Trey went out with other women, he demanded to know everywhere that Linda went. When she'd get dressed for work, Trey would accuse her of dressing like a slut. He'd scream at Devon that he felt sorry for him because his mother was a whore. Linda broke off the relationship she'd had with a coworker, but Trey didn't believe her. Several times Trey walked out, leaving Linda with no one to watch Devon, so she had to call in sick and lose pay.

Linda's analysis and plan: Devon is having nightmares, and Linda's worried that the arguments with Trey are the cause. Her plan is to spend as much time as possible with Devon to make sure he is okay and only leave him alone with Trey when she has no other choice. She's going to try to find someone to watch Devon during those nights when Trey disappears. In the meantime, she'll try not to do things that set Trey off.

Advocate's review: Among the risks an advocate would explore with Linda are Devon living in a home in which he experiences his mother being yelled at and occasionally hit by his father, Devon's father "running down" and insulting Devon's mother, job and economic stability, Trey's physical violence and emotional abuse toward Linda, unreliable child care, and the effect of Linda living day to day trying to keep a ticking emotional time bomb from exploding.

As Devon's story illustrates, at times advocates will have a different perspective regarding harmful risks to children. It can be difficult to "get on the same page" with a battered mother who may not see the harm or be willing to acknowledge it to an advocate. There may also be times when the advocate's view is that the children are okay, and the mother sees it differently. Approach the discussion with respect and an awareness that the advocate's perspective may be inaccurate (you might be wrong about the children). Demonstrate concern for both the adult and child victims and compassion for their life situation. In these exchanges, advocates will test the depth of the partnership they have built with victims.

Identify Relevant Resources, Options, and Strategies. It is essential that options for a child's battered caretaker parent are part of safety planning for children because strategies that make a child's battered mother safer will

frequently improve safety for the child as well. As relevant options for adults are covered in earlier chapters, this discussion will focus on child-specific options. Strategies directed at changing violent behavior of a battering partner or parent are discussed in Chapter 8.

In general, relevant options for children will be chosen and accessed by a parent. They therefore must be services and strategies that a victim–parent can and will use. This means they need to be affordable, accessible, culturally respectful, and likely to lead to enhanced safety. The first options offered should also match the victim–parent’s perspective on what her child needs most. An advocate may then provide additional information and suggestions the advocate thinks will make the child safer.

Offer strategies that match all the risks a child faces. One child may be abused by her battering father but live in a family with significant financial resources. Another child might live in poverty, attend schools with poor achievement goals, and witness his mother’s boyfriend beating her. Yet another child whose mother fled a violent partner may have a capable caretaker, family resources, and no exposure to violence but need significant intervention to deal with the effects of witnessing past violence. The strategies offered should match the particular type of help that each of these children needs.

Improving children’s circumstances is not just about decreasing risks; it also includes building on the positive. Identify parent strengths and children’s sources of resilience, and offer ways to support and increase them. Teaching help-seeking to both parents and children (if developmentally appropriate) can be immediately beneficial and a lifelong skill. It might be as simple as explaining that everyone from time to time needs some form of assistance—that is, it is all right to ask for help (not a sign of weakness or lack of independence)—and then offer guidance about how to go about finding the right kind of help. Also consider connecting caretakers to parenting resources and reinforcing the things that help them cope, remain healthy, or otherwise allow them to “be there” for their children. Suggested options should ensure that children maintain current support systems, such as siblings and extended families.

Court orders and remedies from the criminal or civil legal system offer important protection and options to enhance child safety. They do not, however, work for every child or for every risk. There are significant limitations in what they can accomplish. A victim “can’t feed her hungry child a protective order,” after all. Judges do not always make orders that will enhance a

child's safety. This can occur, for example, when a judge disregards a battered parent's credible testimony about violence. Some battering parents do not obey court orders, and others use the legal process as an opportunity to gain support and validation for their control.

Court cases about custody and visitation access are particularly fraught with uncertainty and the potential to make things better or worse for children and their battered parents. Many adult and child victims are drawn into these complicated and high stakes systems without the benefit of legal advice or a lawyer to represent them. While involvement with the court system may be unavoidable and for many children necessary for safety, the possibility that pursuit of legal remedies might make things worse must be considered. Legal advice is required to analyze the likely outcomes of legal actions for a particular child and her/his mother.

Implement a Strengthened Comprehensive Safety Plan for Child and Victim-Parent. For the most part, the child's safety plan will be implemented by the victim-parent with agreed upon assistance from the advocate. When the plan includes age-appropriate tasks for a child to complete it is important that the mother knows what they are. Typically, such child-specific roles in the safety plan would be identified with the mother. However, there may be times when an advocate is working directly with the child and makes suggestions regarding what a child might do when violence occurs. To avoid putting the child in the middle of conflicting directives and to ensure the mother can coordinate her safety strategies for her child, advocates should let the mother know what information and suggestions the advocate offered to the child. Also keep in mind that children may disclose aspects of the plan to a violent parent, particularly if that parent is badgering the child to do so. In those limited circumstances when disclosing such information would put the child in danger of serious harm, enhanced advocacy is required.

Provide Enhanced Advocacy When There Is Risk of Serious Harm to Children. Enhanced advocacy is needed any time an advocate knows a child has been seriously harmed or has a good reason to believe the child faces a real possibility that she/he may be seriously harmed. The potential for serious harm need not be assumed in every family that experiences violence. It is a potential factor, not a given. Although a child may experience negative or even harmful effects when she/he lives where violence occurs,

the distinction here is when more time, more effort, more resources are required—that is, “enhanced” advocacy. All children deserve advocacy, and every victim–parent deserves support and assistance; some children require additional attention.

These are challenging situations for advocates. Children may be injured or face grave danger. They are vulnerable and need the adults in their lives to step up, help them to heal, and keep them from getting hurt. Battered mothers are often doing the best they can to keep their children safe, while an abusive partner or ex-partner continues to endanger the child. Yet sometimes the children are still not safer enough. The foundational principles of victim-defined advocacy offer a process for responding.

The reality or potential for serious harm to children does not mean that understanding the mother’s perspective and priorities is abandoned. Check your assessment of her risk analysis and plans for the children. Make sure your view is accurate and not based on a misunderstanding or lack of information. Try to work with the battered mother to adequately strengthen her plan for the child. Take the time to explore all the possible resources and strategies. Among them are family, friends, and other people connected to the battered parent, child, or perhaps even the abusive parent. Consider community and faith-based resources, along with child-focused options that might include schools, sports, hobbies, after-school programs, child advocacy centers, and others. The legal system, particularly if the child and battered parent are represented by effective lawyers, may also offer orders and other remedies that will adequately reduce risks. Work with the victim–parent to engage the resources and connections needed to address harm and reduce the risk of serious harm. As with any safety option, the full consequences for adults and children of a limited or “no contact” strategy must be analyzed. Is it realistic given the family structure and presumption of many courts to maintain a relationship between a child and their parents, even if one or more is violent? Will it make things worse? What impact would a mother leaving a partner have on the child’s economic stability, well-being, connection to supportive adults, or opportunity for a quality education? How will the child’s future be affected? Even when a child faces serious harm, the impact of every strategy must be considered and balanced.

There will be times when these efforts do not make the child safer enough. Unilateral action, with or without the parent’s permission or knowledge, may be necessary. This might include involving a supportive family

member, a counselor, advocate, and/or attorney for the child or making a mandated report to CPS. Each of these has legal, safety, and ethical consequences. Whenever possible, advocates should not make such decisions alone but rather be able to follow a protocol that calls for discussion with colleagues or supervisors, along with the development of a plan for continued support of adults and children. When a mandated report is necessary, offering ongoing advocacy to the parent and child is as well. Advocates can help ensure that both parent and child safety are considered in child protection responses and diminish the possibility of ineffective interventions, such as those that ignore a parent who is violent.

Peled (1996) noted the following:

Child protective services should support and collaborate with the efforts of battered women's advocates to protect battered women and their children from further abuse. The perpetrator of violence must be held accountable not only for the abuse of his partner but also for the emotional abuse of the witnessing children. (p. 135)

Advocacy Challenges: Children

Lack of Options. Many children and their battered mothers find themselves “between a rock and a hard place.” A parent may have limited or no options to make her child safer. For example, she may be complying with court ordered visitation each time she sends her child to a father who is violent and may pose other risks to the child. An undocumented immigrant mother may not reach out for help because she is terrified that if it leads to her deportation she may never see her children again. Or a battered parent may not have the money she needs to leave a partner who is violent, not wanting her child to be homeless or without basic necessities. Other adult victims might find no services or resources available. For a variety of reasons, a battered parent may risk losing custody of her children if she separates from their father. Put this bleak reality together with children getting hurt, and the job of advocate becomes not just difficult to do but stressful to cope with day in and day out. As the effects of this stress build, advocates can become less patient and begin to express their frustration with the situation on those they serve. This is to be avoided.

Legal Issues. As their child's guardians, parents have the legal right to control what children do, what help they receive and from whom, and to have

access to information gathered about their child. This includes both the victim–parent and the parent that batters. A battered parent or a battering parent might have the right to information an advocate working with a child has received, for example. This can make it particularly difficult on an advocate when working with a child who requests that her/his information be kept from one or both parents. A battering and controlling parent might threaten legal action if information is not shared or services to a child are not terminated. Additionally, some victim information that advocates receive is protected by confidentiality laws and some is not. Some victims’ discussions with an advocate are protected by privileged communications statutes, and some victims do not have the benefit of such privacy. All of these legal issues become more complicated when the child is older or determined to be a “mature minor” and then offered some legal rights of her/his own, independent of a parent. This can place advocates and their organizations in difficult circumstances. There are not simple or clear-cut answers or policies on these issues. Regarding record keeping, for example, practices such as not writing down any notes have consequences for ongoing advocacy and may not adequately protect the victim’s privacy or the organization’s interests. It is best to plan for these situations in advance, with the assistance of an attorney who is knowledgeable about the law in the organization’s jurisdiction, practice issues regarding advocacy with child and adult victims, and who will be available to represent the organization when necessary.

Mandated Reporting and Child Protection Responses to Domestic Violence.

The legal requirement that advocates must report certain types of actual or suspected abuse of children hangs over every discussion with a battered parent and most interactions with their children. Knowing that child protection responses vary greatly, may often seem unpredictable, and may lead to the children being taken from a battered mother weigh heavily on every advocate. Yet advocates also know that at times action is necessary because the children are not safer enough. The legal and ethical responsibilities that advocates have to a battered mother and her child may at times conflict. Once again, there is no easy way to avoid these issues. For example, telling a battered mother about the mandated reporting responsibility—to warn her—will diminish the chance for a partnership, reduce the information advocates need to help strengthen a plan, and make it less likely an advocate will know if a child is in danger. This approach might avoid obtaining information that requires a

mandated report but at a potentially high cost. Approaches that respond to, rather than avoid, learning about danger to children, along with protocols that guide advocates' handling of these situations, will do more to make children and their battered parents safer.

CHILDREN: CHAPTER SUMMARY

Key Points

- Children experience violence directly and indirectly. They may feel fear, anger, pain, and/or confusion. Some are hurt physically and/or emotionally.
- Children need adults to care for them; therefore, advocacy for children necessarily includes adults—often the children's parents.
- A significant number of children in households in which there is battering are hurt physically and/or sexually. An even larger number experience the violence indirectly.
- Some children experience adverse impacts of the violence they experience and some do not.
- For children to be safer enough, there must be an adequate level of all three components of safety—(1) reduced violence, (2) basic human needs, and (3) emotional and social well-being. The involvement of a capable parent or other caretaker is also necessary.
- Reduced violence, increased economic stability and educational opportunity, strengthened child well-being, and capable caretakers make children safer.
- Advocacy for a child might include interactions with the child, the child's parent, or with both the child and parent. Although children's perspectives are important and will inform advocacy, it is the child's parent that will define the advocacy for her child. As the legal guardian and caretaker, she has the legal right and day-to-day responsibility to make such decisions. Generally speaking, children will benefit from having limited, developmentally appropriate and task-specific safety strategies that are a part of their mother's safety plan.
- Advocacy requires understanding the child's and battered parent's perspectives as well as working with the battered parent—and when

appropriate with the child—to strengthen the safety plan. Improving children’s circumstances is not just about decreasing risks but also building on parent strengths and children’s sources of resilience, such as social connections and extracurricular activities. Advocates must review potential risks to children, harm, and the battered parent’s response to consider whether the child is safer enough.

- The lack of relevant options and legal issues are among the advocacy challenges.
- Enhanced advocacy is required any time an advocate knows a child has been seriously harmed or has a good reason to believe the child faces a real possibility that she/he may be seriously harmed.
- Sometimes, in addition to advocacy, children will need advocates to take unilateral action to protect them, which may include making a mandated child abuse report.

Discussion Questions

- What are some of the practice issues that make advocacy for children challenging?
- Review Figure 6.1. How do the components interrelate with each other and with safety planning for battered parents? Identify resources for each component of child safety.
- Read Tyler’s story. Discuss Tyler’s perspective and his mother’s safety plan.
- Review Figure 6.2 and discuss. Are there additional advocacy responses you would suggest?