

Child Advocacy Services Enhancement (CASE) Project

Serving Children Exposed to Domestic Violence: Summative Report #1 December 2012

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INTRODUCTION

As part of the Child Advocacy Services Enhancement Project (CASE), The North Carolina Coalition Against Domestic Violence conducted focus groups with nine different domestic violence service providers (DVSP's) throughout North Carolina. NCCADV conducted a total of five focus groups, from August-October, 2012. The goal of the focus groups was to collect information about the services and programs currently available for children and youth exposed to domestic violence, as well as the challenges and barriers of serving children and youth in domestic violence agencies. The findings and analysis in this report are based on data obtained from these five focus groups, which represent different regions throughout North Carolina: Western, Eastern, Coastal, the Piedmont region, and Central North Carolina.

All of the participants in the focus groups were staff members at community-based domestic violence programs (See table 1 for focus group sample), and had a wealth of advocacy and programming experience among them. The focus groups generated rich discussion among participants about their experiences working with survivors of domestic violence and their children. Most notably, participants expressed a profound concern for the well-being of children and youth exposed to domestic violence and felt strongly that the services currently available require enhancement and expansion. Out of the focus groups came the collective recognition that enhancing services for children and youth exposed to domestic violence must be a priority in North Carolina— to help children and youth heal from the trauma of domestic violence, and to prevent the intergenerational transmission of violence later in life.

Table 1
Focus Group Sample

Participant	Role at Agency	Location of agency
Linda	Executive Director of dual agency	Franklin County
Debbie	Director of counseling services at local university; runs support group for adult survivors	Franklin County
Ruth	Shelter manager at dual agency	Franklin County
Kendra	Child advocate and sexual assault advocate at dual agency	Franklin County
Betty	Program manager at dual agency	Franklin County
Loretta	Shelter manager	Vance County
Tom	Case management at shelter	Polk County
Rochelle	Director of Domestic violence agency	Polk County
Linda	Shelter assistant, former children's program director	Polk County
Ryan	Youth advocate services coordinator	Macon County
Shirley	Director of hotline	Dare County

Angella	Outreach Coordinator	Dare County
Tamara	Hotline coordinator	Dare County
Michelle	Director of client services; co-facilitates survivor support group	Watauga County
Lorraine	Shelter manager	Watauga County
Cheryl	Shelter case manager	Watauga County
Jamie	Court advocate; legal coordinator, volunteer coordinator	Watauga County
Tanya	Administrator of Agency Services	Rockingham County
Jessica	Victim service coordinator	Wilkes County
Cheryl	Shelter manager	Wilkes County
Giana	Child victim advocate with Family Services (not a DVSP)	Guilford County

OVERVIEW

Focus group participants were especially concerned with the significant emotional and psychological toll that witnessing domestic violence has on children. Although participants noted that children react differently to witnessing domestic violence, they identified important patterned responses. An analysis of these responses likely point to markers of post-traumatic stress disorder, including: 1) intense feelings of fear and helplessness; 2) erratic and aggressive behavior; 4) emotional instability; 5) difficulty focusing; and 6) difficulty communicating, among others. Another common effect that participants described is parentalization, or “when children become the caretaker of the parent.” These observations are consistent with current research on the impact of trauma on children (Edleson 1999; Holt, Buckley, and Whelan 2008; Kitzman, Holt, and Kenny 2003).

The focus groups were designed to generate dialogue about the services currently available in domestic violence agencies for children and youth exposed to domestic violence. The groups were also designed to find out what those who work directly with survivors of domestic violence identified as the most critical services for the children and youth they serve. The key questions that the focus groups explored included:

- 1) What services and programs do domestic violence service providers currently provide for children and youth exposed to domestic violence? What is the nature of these services? (Staffing, funding and other resources)
- 2) What challenges and obstacles do domestic violence service providers face when providing services to children and youth?
- 3) What do DVSP’s identify as the most critical services and/or resources for children and youth exposed to domestic violence?

- 4) What kind of cross-agency collaborations facilitate services for children and youth?
- 5) What are some of the issues affecting the children you currently work with? (What are the behavioral, emotional, and psychological outcomes of childhood DV exposure that DVSP's are seeing?)
- 6) What are the successes of DVSP's work with children and youth?

The remainder of this report provides an analysis of the data collected from each of these key questions.

What services and programs do local domestic service providers currently provide for children and youth exposed to domestic violence?

The nine agencies represented in the focus groups varied considerably in the nature of services available for children and youth exposed to domestic violence and in the staffing for their work with children. Four of the agencies had full-time staff designated to work with children. In four agencies there were no staff designated to work directly with children; in these agencies participants noted how “everyone kind of pitches in, helps out with kids.” For the four agencies who did not have any designated staff working directly with children, two of those them employed full-time outreach educators who did healthy relationship education with children in local schools. In one agency, there was a part-time child advocate who was also the sexual assault advocate.

Range of Services: Formal vs. Informal Services

Services tended to fall into one or two categories: formal and informal services. “Formal” services refer to such things as:

1. A weekly support group for children exposed to DV
2. A summer camp for children exposed to domestic violence.
3. An on-site therapist in a shelter
4. Making referrals to outside agencies, such as counselors

“Informal” services refer to activities such as:

- 1) Taking the boys and getting them a YMCA membership
- 2) Attending to the children’s needs during mom’s weekly case management
- 3) Taking the children to the movies and other fun places

Whereas formal services are structured and built into the organizations of the agency, informal services are less structured and more fluid.

School Educators

When asked about services for children and youth exposed to domestic violence, participants often mentioned the outreach education work that their community educator does in local schools. Although school educators do not work directly with children and youth exposed to domestic violence in the same way that shelter workers do, participants saw this work as an important piece of services and programming targeting children.

Staffing

It is likely that the degree of structure of children's services is related to whether or not there is a staff person designated to work with children. Agencies with a Children and Youth position tended to be the ones that had more structured programming. It is likely that agencies that lack designated child advocates are less equipped to provide more formal, structured services.¹ Out of the nine agencies in the focus groups, five did not have a full time staff person who was designated to work with children.

DVSP as a bridge to referrals

Whether an agency provided weekly support groups for children, or if their children's services involved "keeping kids busy when mom is away," they all shared the common experiences of **referring** their clients to external agencies to assist the children. In fact, when participants were asked to talk about their successes working with children, many of them mentioned that they made referrals to other agencies that are equipped to help children, such as counseling agencies and other mental health providers. Overall, from DVSP's point of view, an important role in responding to the needs of children and youth exposed to domestic violence is to serve as a bridge for referrals to services and resources outside their agency. (See Table 2 for the services provided by all nine agencies).

¹ There was one exception, where an agency employed a full-time child advocate, yet the current activities included: "activities for children while mom is away," and "take the children out of shelter to do fun things."

Table 2. Services for Children and Youth Exposed to Domestic Violence

Agency Name	Children's services provided	Staffing	Age group targeted
Agency 1	<ul style="list-style-type: none"> • Children support group • Children's summer camp • Education in schools • Activities for children in shelter 	One part time advocate, who is also the sexual assault advocate.	School aged children
Agency 2	<ul style="list-style-type: none"> • Activities for children while mom is away • Takes children out of shelter 	Full time Child advocate	School aged
Agency 3	<ul style="list-style-type: none"> • Education in middle schools • Young girls group in school • 12 week parenting classes 	Full-time outreach educator	Middle School age only
Agency 4	<ul style="list-style-type: none"> • Education in middle schools • Recently hired someone to do children's programming 	Full-time youth advocacy specialist	Middle school aged children only
Agency 5	<ul style="list-style-type: none"> • Education in schools • Children's weekly play group 	Outreach educator	6-12
Agency 6	None	None	None
Agency 7	<ul style="list-style-type: none"> • Welcome handbook for younger children; questionnaires for younger children; • Maintains relationship with school counselor 	No designated staff. Shelter manager tends to children's needs when mom is unavailable.	Not specified
Agency 8	<ul style="list-style-type: none"> • Child Advocacy Center, which includes: children's advocacy, forensic interviews and assessments, therapy, court support, weekly 	Three designated staff people	Not specified

	child's group; parenting classes		
Agency 9	<ul style="list-style-type: none"> • Voluntary children's support group • Referrals • Education in schools • Activities for children and youth (got teen boys membership to YMCA). 	No full-time staff designated for children	School aged
Family Services (not a DVSP)	<ul style="list-style-type: none"> • Interviews with children to assess for trauma • Court advocate for children • Counseling for children 	Full-time child victim advocate	Not specified

What challenges and obstacles do domestic violence service providers confront when serving children and youth exposed to domestic violence?

There are several challenges and obstacles to providing services to children and youth identified by focus group participants. Some challenges were unique to particular agencies, while others ran across all nine agencies. Some of the challenges participants identified reflect broad, structural barriers, such as poverty and lack of mental health resources in their communities. Other challenges reflect program level constraints, such as uncertainty about the length of time clients will be at their agency. Other challenges reflect interpersonal-level dynamics, such as different parenting styles on part of the mothers, and the children's relationship with the abuser.

Structural challenges

Insufficient Funding

Overwhelmingly, participants identified economic barriers that constrained their services for children exposed to domestic violence, such as: funding, staffing and capacity, transportation, and space. Woven throughout all of the focus groups was the shared experience of “doing as much as we can with very little.” One of the agencies recently lost funding for their children’s programming, so in order to fill the gap, staff are overextending their workload. As the executive director said, “Now that we don’t have a child advocate anymore, everyone is kind of doing more so that that part of our programming remains intact. Hopefully we’ll get that funding back so we can have a designated staff person again because it’s been really difficult.”

Several programs identified that they did not have a designated staff person to work with children. It was common for people who work with children to also fill other roles at the agency. As one participant said, “I wish we had a specific person dedicated to children’s case management, who wasn’t also the weekend shelter manager responding to crisis throughout the weekend.” Overall, it seems that children’s services are considered “add-ons” at agencies, instead of as a necessary or core part of the DVSP programming and services.

Broader emphasis on adult women as victims, not their children

Participants explained that the broader response to domestic violence still focuses primarily on adult women as victims. As one participant said, “We’re still working with

the mindset that the mother is the main victim. And, people don't often see how children who witness domestic violence are victims too. In different ways than their mothers, of course, but still victims." Another participant noted, "We still don't tie domestic violence to children. We tie it to adults. We direct attention to the parents and often don't think about how the children are affected." Overall, there was consensus that there needs to be a broader cultural shift that places children at the center of the analysis, instead of focusing only on adult women as victims.

Lack of mental health services in local communities

Another consistent challenge participants identified was the lack of mental health services available in their communities. This was especially true for rural communities, where qualified mental health professionals are scant. One advocate who works in a rural community said, "We have basically nothing. No mental health providers. Not one psychiatrist. It's really bad and trying to get children services is really difficult." Similarly, in another focus group, an advocate said, "We have no mental health providers in our community. None. When we refer people out, they have to drive 40 miles. They can't do that if they don't have a car. They need to be able to get their kids help near where they live." Although DVSP's can refer clients to counselors who can help their children, when there are no mental health providers located nearby, and the client is financially limited, accessing services is close to impossible.

Socio-economic status of families

Another consistent challenge of providing services for children is the economic vulnerability of many women survivors. From lack of transportation, to child care, to limited time, many women are unable to take time out of work to take their children to a counselor. As one advocate said, “Many of our clients are in poverty. We can make referrals all day long, but it’s up to the moms to follow through with that. Finding the time to take the child to a counseling appointment many not be their top priority, especially if they don’t have a job, or transportation. Several participants recommended that there be on-site therapists for children in shelters, so that the mothers didn’t have to take them of shelter for appointments. There was one shelter program who did have an on-site therapist, but she was a volunteer, not paid staff. Others recommended that mental health providers should be centrally located and more accessible.

Children’s needs vary by age

Another difficult challenge is that children’s needs vary by age. The needs of a 3 year old are much different than the needs of a 9 year old, which are much different from the needs of a 15 year old. DVSP’s have a difficult time meeting the needs of the broad range of children and youth that come into their programs. Most DVSP’s had programs that targeted specific ages. Only one program, which was connected to a Child Advocacy Center, was able to provide a broad range of services for children ages 0-17. One advocate noted how small children are left out of their programming. She said, “We go into the schools and teach about healthy relationships, but that’s not for the little ones. That’s for

kids in schools. We have no programming for small children.” With limited resources, it will be difficult for DVSP’s to provide comprehensive services to a broad range of children and youth.

Working against culture of sexism, violence and aggression, especially for boys

Another broader challenge that confronts DVSP’s (and most likely anyone working with children exposed to domestic violence) is children’s socialization within a culture of aggression and violence. The normalization of violence makes building healthy, non-violence behaviors difficult. Advocates were especially concerned about how young boys were learning to disrespect women (especially their mothers) and to talk despairingly to their mothers. One advocate shared this story:

We had this one little boy. He was four years old. The first thing I heard him say to his mother was “What in the hell do you think you’re doing woman?” He was four. That just crushed my heart. He learned to disrespect women, his mother, and has already learned about power and control at the age of four. He would talk to us like that too. He would say, “Forget you woman.”

Other advocates shared similar stories how young boys were hostile to their mothers and to other DVSP staff. One participant noted, “For a lot of these kids, violence is the only thing they know. They don’t know any different. I’ve worked with children whose fathers encouraged them to use violence towards their mothers.” Thus, staff that are providing programming for children must recognize

the broader culture in which many children have been socialized. To counter this socialization, participants stressed the importance of teaching children what healthy families look like. When identifying critical services for children, several advocates stressed how important it was for children exposed to domestic violence to spend time in environments that promoted respect and non-violence.

Program level challenges

Uncertainty about clients' length of stay

In three out of the five focus groups, advocates explained how difficult it was to address the needs of children within the shelter environment because clients' length of stay is uncertain and unpredictable. Advocates were in agreement that children needed sustained, consistent services and that the shelter environment is temporary and often uncertain. Therefore, shelter programs are limited with what they can do. One participant said, "With children you have to sow the seeds of continuance. Sometimes they are with us for a few months. Sometimes a few days. How do you get the child what they need in three days? You can't." Limited time is indeed an important barrier to working with children, especially when children are only in shelter for a few days. The power of the agency, then, is in their referral process.

Unable to identify children's needs

Another problem operating at the program level is the inability on the part of DVSP staff to determine children's needs. The focus groups generated dialogue about how children respond to domestic violence in different ways and it's difficult to know

how a child has been impacted and what would be helpful. One program uses a trauma screening tool during intake (that the mother fills out) to determine if the child has symptoms of trauma. One advocate said, “Sometimes I think it is ADD, or ADHD, or something like that. But, the more I learned about PTSD, the more I think that’s what a lot of these kids have. But, I’m not a clinician, so I don’t know.” For the one program that had an on-site therapist, she is not only able to identify children’s needs, but she can help them right there on site. Other advocates acknowledged how helpful it would be to have an on-site therapist to help determine what kinds of services would be most helpful for children and youth.

Interpersonal level challenges

Mothers unaware of the detrimental impacts of domestic violence on children

Several participants throughout the five focus groups discussed how common it was for mothers to deny that the abuse she experienced affected her children. As one participant noted, “Sometimes they say “Oh, the children don’t really know what’s happening. But, they always know. They always do.” According to the advocates, some mothers are unaware of the impacts of domestic violence on children. Others are too overwhelmed, distracted, or scared to recognize how DV has impacted the children. One participant commented, “A lot of times, the mothers are so preoccupied with their own situation, many of them don’t realize how it’s affected the children.” In another focus group, one advocate said,

There was this one woman who swore that her boys didn't know it was happening. And she had a horrible black eye. And one of our advocates asked said, "When the kids see your black eye, don't they question it?" And she said, "Oh, no they don't notice it. And the advocate said to her, "Of course they notice it. They're so used to it they're afraid to ask, or afraid to comment."

Since the burden to connect children with services lies mostly with the mother, it is imperative that she be aware about the impact of domestic violence on children. If she doesn't think her children have suffered any negative consequences, she may be less inclined to initiate services for them. For women who grew up in violent homes as children, and who later partnered with abusive men, it is likely that she had normalized the violence and isn't aware of the affects it is having on her children.

Serving teen male youth

Another challenge that confronted DVSP's was identifying how to adequately respond to the needs of teen males. Advocates in different focus groups agreed that teen males often do not want to stay in the shelter with their mother, and their mother finds them alternative residency. Sometimes they are embarrassed by living with other women they do not know, and sharing spaces like bathrooms and communal living space. In one focus group, however, the conversation revolved around how to handle the co-habitation of teen males with females. The implication was that having teen males around puts younger girls at risk for being sexually preyed upon. When advocates were asked to

describe a particular instance when a teen male youth caused problems at the shelter, no one could provide an example. Then one advocate said:

It's more about the mothers who have girls with them who feel uncomfortable with an older teenage boy living in the house with their daughter. You know, like if he's 16, and there are girls there who are 10 and 11. We haven't actually had any problems, but that might be because the moms usually find another place for the older boys to stay."

A conversation soon followed about the difficulty of serving children of all different ages. Since most shelters are communal living spaces, different aged kids share the same living spaces. Advocates mentioned how this was a barrier to providing individual children with what they might need. One advocate added, "One time we had an older teenage girl who was the one that needed to be kept away from young boys. There are kids of all ages living in the same space and things like that are going to happen, from time to time." One advocate felt strongly that the shelter model needed to move away from communal living to "more of a motel style, where each family has their own space. Sometimes there are some teenage boys who are really hyper, or if they're ADHD, or if they're really mature for their age and we have younger girls, it makes us uncomfortable to even go there. So we try and find another place for them to live." Consequently, when teenage boys are shunned from the shelter, they are receiving the message that they can't live at home because their father is hurting them, and now they

can't live with their mother in a shelter because other people are afraid they might hurt the girls there.

See table 3 for all of the challenges identified by focus groups participants.

Table 3. Obstacles and Challenges to Serving Children Exposed to Domestic Violence

Obstacle/Challenge	Number of focus groups that identified the challenge
Limited funding, which equals limited capacity, staffing, and services	5
Lack of mental health services in communities, particularly rural communities	4
Denial of the impact of DV on children, on part of mother; mother too overwhelmed to recognize effects on children	3
Uncertainty about length of time in shelter makes programming difficult; limited time	3
Focus on adults women as survivors	3
Working against culture of aggression and violence children have been taught, especially boys	3
Parenting skills of non-abusing parent; parents can be unstable	3
Lack of programming for small children	2
Transportation to services	2
Childcare	2
Not knowing what child's diagnosis is; ADD, or PTSD.	2
Clients in poverty	2
The different age range of services needed	1
Mother's limited schedule	1

What are some of the issues affecting the children you currently work with? (What are the behavioral, emotional, and psychological outcomes of childhood DV exposure that DVSP's are observing in the children they work with?)

Of all the questions participants were asked, this question elicited the most consistent information across the five focus groups. Although participants identified how children react differently to domestic violence—even siblings within the same family—there were profound similarities in how participants described how children and youth responded to the violence in their lives. Advocates' accounts reflect how the behavioral, emotional, and psychological outcomes of childhood exposure to domestic violence are patterned.

In each of the five focus groups, advocates identified the different behavioral displays of the children and youth in their programs. Often times they shared stories about **boys who “acted out.”** Acting out includes things like “throwing chairs” “throwing the plants outside,” “hitting their mothers and siblings,” and “being totally unpredictable” among others. One advocate described a family of kids who she referred to as “raised by Satan.” Advocates also had the collective experience of observing how young boys acted like men and mimicked the abusers hostility and aggression.

Advocates also talked about the obvious signs of children's **low self-esteem**. One advocate said,

When I was doing the support group with children, there was this one little boy in particular who just believed that there was nothing good about him.

Like zero. And even when we told him he was good and there he had good qualities, he just couldn't believe it. He couldn't accept, even when brought to his attention, anything that was positive about him.

Other advocates mentioned how there are generally two reactions, "turning out, and turning inward." As one advocate noted, "There is the kid hiding in the corner and the kid making outbursts. Both are signs of trauma, but they look different."

Other issues DVSP staff identified are **children who are angry with their mothers**. One participant noted, "Boys especially, when they first get into the shelter, are sometimes angry with their mother for leaving their father." Another advocate added, "When I think about the way domestic violence affects kids, I think about the additional pressures the child places on the mother, to either return to their father, or to make things better than they are right now."

Another consistent behavioral outcome was when **children felt responsible for taking care of their mothers**. One advocate shared this: "I had this one little girl, and I had just taken her mother to the emergency room. And she was laying on the couch, and her daughter, a little five year old girl came in with a little wash cloth and she put it on her head and she said, "Don't worry Mommy, I'll take care of you." This sentiment resonated with others in the focus groups who shared similar stories about how the oldest child often ends up taking care of the mother, and siblings when the mother is unable to do so.

Lastly, advocates also emphasized how important it was for children exposed to domestic violence to be in healthy environments where they could just

be themselves. One advocate poignantly said, “In the midst of all the chaos with their parents, **they lose their youth.**” Others, too, noted how children who see too much abuse and violence at an early age are robbed of their innocence and their childhood. Participants were especially concerned about how “normal” domestic violence becomes to children who frequently witness it. One advocate shared a poignant account of how children who often responded emotionally to witnessing abuse had, overtime, become **desensitized to violence.** She said,

[We had this one survivor who] had come to us many times. And then she finally got away and left for good. And after all the broken bones and going back, and leaving and going back, we asked her what it was this time that made it different. She said, “The last time he beat me, the children didn’t cry.” Usually the children are screaming, ‘No, Daddy, Please, Daddy stop.’ But they didn’t cry. That is how conditioned they were.”

Although the CASE Project is not designed to measure the impacts of domestic violence on children (but rather to assess the services currently available), it is important to be mindful of how the children are responding to the violence in their lives. The preceding section is not an exhaustive list of the impacts of domestic violence on children, since the effects of domestic violence on children are multi-faceted and far reaching. However, the five focus groups highlight the many ways that the trauma associated with witnessing domestic violence had impacted North Carolina children.

What kind of cross-agency collaborations do DVSP's engage in when serving children and youth? Are there any partners currently missing that they think need to be involved?

Participants identified several different external agencies they collaborate with in their work with children & youth. A list of these agencies includes:

- 1) Department of Social Services
- 2) Local Health Department
- 3) Youth Services
- 4) Local school systems, including social workers
- 5) Local churches
- 6) The YMCA
- 7) Child Advocacy Centers
- 8) Guardian ad litem
- 9) Mental health agencies
- 10) Children's Development Services Agency (ages 0-3)
- 11) Homebound teachers, for cases where it's dangerous for the children to go to school.

Sometimes DVSP's involvement with these external partners was well-integrated into their children's programming. For example, one DVSP explained how they had built a strong relationship with a school social worker. This was helpful because it created open communication about the child who was in their shelter. The school knew what was going on at the shelter, and the shelter was updated about how the child was doing in school. The only involvement another DVSP had with external partners were as referrals, such as the case with mental health agencies.

When participants were asked if there were external partners who they did not

currently collaborate with, but who they thought would be helpful, they identified the following:

- 1) Day care centers “so that mom can go out and apply for jobs, go to their mental health appointments, or apply for a loan at the bank”)
- 2) Community youth centers, so that children in shelter had a place to go to be with other kids.
- 3) A mentoring program, so that kids from violent homes would have an older mentor to model healthy behavior and respect.
- 4) Mental health professionals, which are scarce in rural communities.
- 5) Better relationship building with school counselors, so that there is effective communication between shelter workers and school counselors.

What do domestic violence service providers identify at the most critical services and/or resources for children and youth exposed to domestic violence?

At the end of the focus groups, participants were asked to identify 1-2 critical services for children and youth exposed to domestic violence. Participants identified a wide range of services, however, out of five focus groups, three of them identified the same two services: 1) counseling services for children, and 2) healthy relationship education in schools. There were a total of nine different services identified. See Table 3 for the results.

Critical Services for Children & Youth Exposed to Domestic Violence

Service	Number of focus groups that identified this critical service
Trauma-informed counseling services for children with someone specialized in domestic violence	3
Healthy relationships education in school (so that children learn alternatives to violence)	3
Parenting Classes	1
Public awareness campaign	1
Better assistance from CPS	1
Healthy environments with positive role models	1
Better training to those working in courts to recognize the significant impacts of DV on children when granting protective orders and emergency custody to mothers	1
Full-time staff designated to work with children	1
Child advocacy centers, where law enforcement, DVSP's and mental health professionals work together	1

What successes do DVSP's observe regarding their work with children and youth?

The focus groups were designed to end with a positive and encouraging dialogue. This was accomplished by asking participants to discuss the “successes” and/or signs of effectiveness in their work with children and youth exposed to domestic violence.

The list that was generated from the focus groups includes:

- 1) Making sure children's needs are met, and they are safe
- 2) Modeling healthy adult relationships, and healthy adult-child relationships
- 3) Education in local schools
- 4) Referrals to good counselors
- 5) Seeing an improvement in children's coping skills

- 6) Working with Child Advocacy Services, which integrates DVSP's, law enforcement, and child advocacy specialists.
- 7) Collaboration among community partners

Overall, there was consensus that DVSP's were doing the best they could with limited resources. Participants were confident that the services and resources they provide have positive impacts of children and youth. Participants did note, however, that for children residing in shelters, the longer they resided at the shelter, the greater the impact on children.

CONCLUSION

The focus groups provided great insight into the range of services available at local DVSP's for children exposed to domestic violence. Although the nine agencies included here are not representative of all DVSP's in North Carolina, this part of the CASE Project is an important catalyst for future efforts to, first, assess the services available to children exposed to domestic violence, and, second, expand and enhance these services. The data collected from these focus groups produced a foundational body of knowledge necessary to develop a graduated system of support throughout North Carolina so that children and youth exposed to domestic violence have evidence-based practices accessible to them. In concluding this report, we summarize the identified strengths in services provided by DVPS's, as well as the identified challenges and gaps in services. We end with a list of recommendations for future efforts to enhance services to children and youth exposed to domestic violence.

Identified Strengths

- 1) Widespread commitment to expanding and enhancing services for children; identifying children as primary victims
- 2) Referral process serves as bridge for continued help (i.e. counseling services for children)
- 3) Outreach education in local schools provides much needed healthy relationship education that is critical for children exposed to domestic violence
- 4) Collaborations between DVSP's, mental health agencies, and child advocacy centers provide a comprehensive network of intervention that is not possible independently
- 5) Strong relationships with external partners, such as school social workers, teachers, local counselors)
- 6) Ensuring children's physical needs are met; children's safety is prioritized.

Identified Challenges and Gaps in Services

- 1) Insufficient funding and capacity to expand children's services and programs
- 2) Lack of mental health services, especially in rural communities
- 3) Financial support to help survivors access services for children;
- 4) Lack of transportation is major constraint
- 5) Lack of awareness by survivors of the impacts of domestic violence on children
- 6) Lack of age-specific programming
- 7) Lack of services for teen males (stigma of male teens as potentially aggressive and/or predatory)
- 8) Strained relationship with Department of Social Services

Recommendations

- 1) Increase availability *and accessibility* of mental health services for children exposed to domestic violence
- 2) Maintain and expand healthy relationship education in local schools
- 3) Provide healthy environments for children with positive role models (i.e. mentoring programs)
- 4) Increased training for members of criminal justice system, including law enforcement, magistrates, and judges.
- 5) Full-time Child Advocate in each DVSP that is devoted entirely to children's services

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APPENDIX

Focus Groups with Domestic Violence Service Providers

Introduction: Thank you everyone for coming to our focus group today. We appreciate the time you have taken to be with us and to share your insights and experiences. We are here today to learn from your experiences working with children and youth exposed to domestic violence. The insights and experiences you share with us today will be used to enhance programs and services for children and youth throughout NC. Also, please know that everything shared today will be held confidential. Any quotes used in reports will not be identified with any individuals.

Also, we just want to say that there are no wrong answers to any questions we ask today. We want to hear from everyone. We don't all have to agree about the issues discussed today. In fact, sometimes we learn more when there are differences of opinion.

Opening Question

1. One by one, please tell us who you are, where you work , what you most enjoy doing when you're not working.

Introductory Questions

2. What is the first thing that comes to mind when you think about childhood exposure to domestic violence?

Transition Questions

3. Can you briefly describe the services and/or programs your agency provides to children? (Begin with volunteer)
4. Are there specific curricula or programming that you use?
Prompt: If so, which ones?
Prompt: Do you find them helpful?
Prompt: Is finding curricula a challenge?
Prompt: Does your curricula address prevention?
5. Some survivors might not be aware of the impacts of exposure to domestic violence on their children. Does your programming include education for mothers about the impacts of domestic violence on children?

- a. If so, can you describe how that happens?

Key Questions

About the Needs of Children

6. What are the needs of the children you currently work with?
Prompt: Different needs for different age groups? (Might be good to make list on easel)
Prompt: 0-3 age range?
Prompt: 4-8 range?
Prompt: 9-13 range?
Prompt: 14-17 range?
Prompt: From your experiences, do the needs of male and female youth differ? If so, how?
7. What are your thoughts about policies that prohibit male teenagers from residing in shelters?
Prompt: [If relevant, can you give an example of something that happened?]
8. What are the roles of parents in your children's programming?
Prompt: What challenges have you experienced involving parents?
9. How does your program screen or assess children and youth for trauma related to domestic violence, child abuse, and/or child maltreatment? [Give an example]
Prompt: If so, can you tell us about your screening process?
Prompt: What screening tool(s) or measures are you using?
10. What issues, if any, come up with the children you work with that you feel are outside the scope of your services?
Prompt: When this comes up, what do you do?
Prompt: How does your referral process work?

About Programming and Services

11. We're trying to get a sense for what kind of cross-agency collaborations exist in the work that you do. Thinking about your services and programming for children, what other agencies do you collaborate (or interact with) when serving children?

Prompt: What other agencies or systems you think are important to partner with that you currently don't?

An Activity: Listmaking. We're going to spend some time making lists about children's services. We're going to make three different lists.

12. List of Successes

First, we want to know, what do you see as the major successes of your children's programming?

Prompt: What do you know is working well?

Prompt: How do you know?

13. List of Challenges

Now, we want to create a list of the challenges, or obstacles that you face in your work/programming with children and youth. What would you like to add to the list?

Some prompts: Other than funding what do you see as standing in the way of doing effective programming with children and youth?

Prompt: What do you think more funding could get you right now?

[If mentioned] Prompt: Can you elaborate on how parents are sometimes an obstacle?

Looking to the Future

Looking to the Future, we want you to create a list of what you think would help overcome the challenges and obstacles you just identified.

14. What are some things that would help improve your children's services?

Closing Questions

15. If you could identify 1-2 critical services for children exposed to DV, what would it be?

16. Is there anything we didn't ask you, or talk about, that you think is important to mention?

We have now come to the end of our focus group. Thank you again for sharing your experiences and insights. Your contributions are valuable to us. If you have any questions about the focus group, please contact me as stated in your copy of the consent form. Please make sure you have filled out your mileage reimbursement form and you will receive your compensation within 60 days.