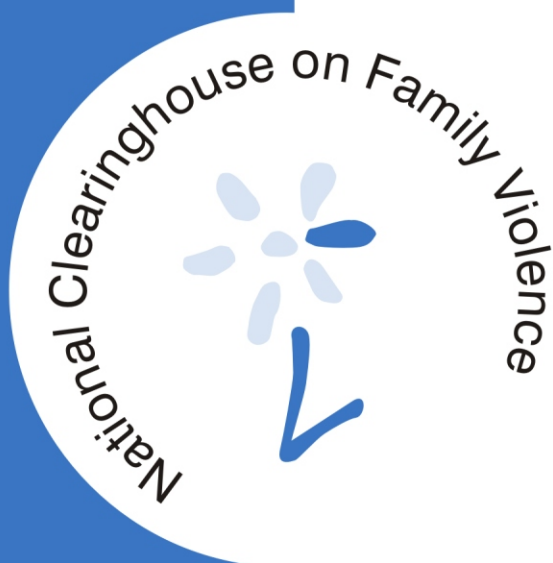




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A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence



**A Handbook for Health and Social
Service Providers and Educators
on Children Exposed to Woman
Abuse/Family Violence**

Our mission is to help the people of Canada
maintain and improve their health

Health Canada

A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence was prepared by **Marlies Sudermann** and **Peter Jaffe** for the Family Violence Prevention Unit, Health Canada.

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For further information on family violence issues, please contact:

The National Clearinghouse on Family Violence

Family Violence Prevention Unit

Health Issues Division

Health Promotion and Programs Branch

Health Canada

Address Locator: 1907D1

7th Floor, Jeanne Mance Bldg., Tunney's Pasture

Ottawa, Ontario, K1A 1B4, CANADA

Telephone: 1-800-267-1291 or (613) 957-2938

Fax: (613) 941-8930

FaxLink: 1-888-267-1233 or (613) 941-7285

TTY: 1-800-561-5643 or (613) 952-6396

Web site: <http://www.hc-sc.gc.ca/nc-cn>

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Introduction

WHO SHOULD READ THIS HANDBOOK?

This handbook was created for health and social service providers and for educators in communities across Canada. Front-line service providers, supervisors and leaders in social service agencies and health care and educational organizations are our intended audience. Those responsible for professional development in service organizations and for professional training of students are encouraged to make use of this information as a training resource.

Children who are exposed to woman abuse experience serious detrimental effects with regard to their health, safety, behaviour, emotional and social development, and educational progress.

This is an issue that is important in the practice of family physicians, children’s mental health workers, psychologists, social workers, child protective service workers, teachers, school administrators, day-care providers, public health nurses, school nurses, midwives, pediatricians, obstetricians, community outreach workers, women’s advocates, professors in professional schools and community colleges, family and marital therapists, child custody and access assessors, and the many others who make up the network of service providers in our communities.

WHAT IS CHILDHOOD EXPOSURE TO WOMAN ABUSE/FAMILY VIOLENCE?

The terms “children exposed to violence” and “child witnesses to violence” are used interchangeably in this handbook. Several authors (e.g., Holden et al., 1998) and ourselves now prefer the word “exposure” because it is more comprehensive in describing the experience of seeing, hearing, and observing the aftermath and living in fear. The word “witness” implies eye witness and is sometimes confused with court witness or preparing children for court testimony.

Children exposed to woman abuse see, hear, and are aware of violence against their mother by their father or their mother’s partner. They may witness the abuse directly, or may be around a corner, up the stairs, or trying to sleep in their beds, or they may see the aftermath of the abuse. They see and

hear scenes that range from verbal abuse to sexual abuse, and physical abuse including slapping and pushing, severe beatings, and assaults with weapons. They almost always hear verbal abuse and insults, which accompany the physical abuse, and which occurs at other times. There is often an atmosphere of severe lack of respect for their mother by the abuser, and their mother is disempowered in many ways. The family environment in which these children live is a “toxic environment” in which the children’s well-being and development are severely compromised in many instances. Even when an incident of physical abuse is not occurring, there is often an atmosphere of fear, anxiety, anger and tension that pervades the family home.

Power and control are at the centre of abusive relationships. The abuser uses abusive tactics to maintain his power and control over the victim. Abusive tactics include:

- Verbal abuse: insults, put-downs, and degrading language.
- Emotional abuse: threats (e.g., threats to take away the children, threats to harm or kill the woman and/or the children, or threats of suicide or murder-suicide).
- Psychological abuse: undermining self-esteem, undermining the woman's parenting decisions, accusing the woman of unfaithfulness and being excessively suspicious of the woman's actions.
- Controlling financial resources of the family to disempower the woman.
- Isolating the victim from extended family, friends, and social connections in the community (e.g., deciding to move to a community where the woman knows no one, refusing to allow the woman to go out with friends, discouraging or forbidding contact with the woman's parents, refusing to allow the woman to attend language or job training).
- Physical abuse: hitting, slapping, pushing, beating, assault with a weapon.

- Sexual abuse: rape, forcing the woman to participate in sexual practices that the woman finds offensive or degrading.

There is often authoritarian rule by the father or male partner, and the mother is not allowed to make decisions in the family. The woman may come to experience low self-esteem, depression, anxiety and feelings of hopelessness and self-blame, which affect her coping skills and her parenting abilities.

A code of secrecy is often enforced, so the abuse is not revealed to those outside the family. Children are taught not to tell about the abuse, and may be threatened with punishment if they do tell. Some families may move frequently whenever detection becomes likely, while other families may live in the same neighbourhood for years, with no one in the community taking action to assist the victims.

In homes where woman abuse is occurring, children are at increased risk of physical and sexual abuse by the abuser of their mother.

Throughout this manual, we will focus on domestic violence with a father as a batterer and a mother as a victim because this scenario represents the majority of cases in the context of the abuse of power and control. We do recognize that there are cases of husbands being abused (and that there are parallel impacts on child witnesses); however, all available evidence indicates that such cases constitute a minority, especially in terms of the qualitative effects on victims.

HOW MANY CHILDREN ARE EXPOSED TO WOMAN ABUSE?

- Twenty-nine percent of Canadian women experience physical violence at the hands of a marital (married or common-law) partner (Rodgers, 1994).
- Thirty-nine percent of Canadian women who experience marital violence report that their children witnessed the violence (Rodgers, 1994). Children in this study were more likely to witness extreme violence than milder forms.

- Other studies estimate that between 60% and 80% of children in families where woman abuse occurs witness the abuse, either by seeing or overhearing it (Jaffe, Wolfe and Wilson, 1990).

This translates into 11% to 23% of all Canadian children witnessing some violence against their mother in the home. A conservative estimate is that between two and six children in each school classroom have witnessed some form of woman abuse in the home in the past year.

HOW ARE CHILDREN AFFECTED BY EXPOSURE TO WOMAN ABUSE: AN OVERVIEW

- Serious emotional and behavioural problems are seen at greatly elevated rates (e.g., between 10 and 17 times greater) than in children from non-violent homes (Jaffe, Wolfe and Wilson, 1990).
- Children exposed to woman abuse often experience symptoms of post-traumatic stress disorder (PTSD), including fear, anxiety, irritability, difficulty concentrating, intrusive memories of the abuse, anger outbursts and hyperarousal (Lehmann, 1997; Graham-Berman and Levendosky, 1998).
- Aggression against peers, teachers, and mothers is increased in children who witness woman abuse, particularly among boys, but also among girls (Jaffe, Wolfe, Wilson and Sluszczyk, 1986; Kerig et al., 1998).
- Emotional problems, such as depression, worry, school refusal, withdrawal from social interactions, and difficulty separating from the mother are frequently seen (Sternberg et al., 1993; Sudermann and Jaffe, 1997).
- School achievement and social development are frequently compromised, as is the development of social competence (Moore and Pepler, 1989).
- Symptoms are dependent on factors such as whether the abuse has stopped, feelings of safety by children and mother, duration and intensity of abuse witnessed, and the child's coping style and other strengths or vulnerabilities.

WHY HASN'T THIS ISSUE BEEN RECOGNIZED IN THE TRAINING OF HEALTH AND SOCIAL SERVICE PROVIDERS AND TEACHERS?

There has been an “omitted reality” (Kincaid, 1985) or a collective denial about this issue. Research on the issue is developing rapidly but is not yet well disseminated among service

providers. No professions that the authors are aware of have included this subject as one for mandatory training for registration or qualification in the profession.

WHAT CAN HEALTH AND SOCIAL SERVICE PROVIDERS AND EDUCATORS DO ABOUT CHILDREN EXPOSED TO WOMAN ABUSE?

Many health and social service providers have not been formally taught about this issue, and therefore consider it peripheral. The attitude that this is a problem to be dealt with by “someone

else” or ignored is prevalent. However, children exposed to woman abuse need to be assisted by those working in the health, mental health, social service, and education sectors.

WHAT CAN I DO, AS A HEALTH OR SOCIAL SERVICE PROVIDER OR EDUCATOR, TO ADDRESS THIS ISSUE?

Here are some steps that service providers in these areas can take to begin to address this issue:

- Educate yourself about the issue and pass the information to colleagues.
- Make contact with other community organizations dealing with woman abuse and participate in forming a coordinated community response.
- Consider ways to include this issue in practice and agency protocols.
- Raise the issue in agency and professional meetings, and plan to include it in professional development sessions and conferences.
- Begin offering services such as children's groups.
- Advocate for effective community and legal responses to woman abuse.
- Engage in prevention efforts.

EFFECTIVE INTERVENTION FOR CHILDREN CANNOT BE SEPARATED FROM EFFECTIVE RESPONSES TO WOMAN ABUSE ITSELF

- Children exposed to woman abuse need the violence to stop.
- Safety for mothers means safety for children.
- Effective community responses to children exposed to woman abuse include:
 1. Police and legal system responses that protect victims of woman abuse (training for police, judges and probation officers; mandatory charging policies; restraining orders; victim witness support services; legal aid in child custody proceedings; effective sentencing of convicted offenders).
 2. Resources for mothers and children who are coping with this problem and who are leaving abusive relationships are key (emergency women's shelters; housing and financial assistance; child-care assistance; advocacy and legal services; supportive counselling; cultural interpretation and assistance with immigration sponsorship issues, where applicable).
 3. Child custody, access and visitation arrangements must reflect safety for the mother and children in abusive situations.
 4. Culturally sensitive and appropriate services must be in place in each of the service areas for abused women and children, as woman abuse occurs across cultural groups. Services such as cultural interpretation, accessibility of information in different languages, and availability of culturally appropriate service providers are of special importance for women and children facing crisis situations.

CHILDREN WHO WITNESS WOMAN ABUSE: WHY TAKE ACTION?

There was a time when the public and various community professionals spoke of child abuse in terms of bruises, broken bones, and sexual exploitation. Recently, we have seen a growing awareness that children are also affected by what they witness in their homes. The most horrific of these experiences is witnessing violence, which most typically involves exposure to their father's abuse of their mother. These experiences do not leave physical scars but create significant trauma in many situations that result in serious emotional, cognitive, and behavioural adjustment difficulties for children and adolescents. The impact of exposure to violence may follow these witnesses into their adult years and shape a number of long-term problems, such as subsequent abusive relationships.

The purpose of this handbook is to help communities and front-line professionals respond more effectively to children who witness violence. By implementing more sensitive and early intervention strategies, communities may be able to reduce the immediate and longer-term impact of such traumatic experiences. The plight of these children deserves special attention because of their pain and suffering alone. Beyond these considerations, the community has an opportunity to target a high-risk group that may represent the next generation of abusive husbands and their partners. In addition, children who witness violence in the home are at a greater risk of perpetrating assaults in the community and continuing to do so as adults. At a time when everything is assessed in terms of dollars and growing debts, it is clear that the billions of dollars attributed to costs of violence against women in their homes needs to be addressed. Perhaps no family violence prevention plan is more imperative than a focused and well-coordinated approach to child witnesses to violence.

Children living with woman abuse is not a new social issue. Although the research and advocacy for this population has emerged only in the past decade, these children have represented a challenge for many social service, health, child care and education service providers. Child

protection workers have increasingly seen the overlap between witnessing violence and other forms of child maltreatment. Some children who have been sexually abused by their stepfather delay disclosure for many years when they also experience the terror of witnessing their mother being physically and verbally abused. Fear reinforces silence. Adolescents who present anxiety, depression, or somatic concerns to their family doctor or school nurse may be living with secrets about the violence in their family. The child who is hyperactive and non-compliant in school and headed for a strong dose of Ritalin may be acting out the scenes from the family battleground and dealing with symptoms of PTSD. The bully in the day-care centre who is the focus of concern by staff and complaints by other parents may be modelling the abuse of power and control that he sees every day in his household.

The need for this handbook is predicated on some of the above examples of child witnesses to violence that are overlooked, misdiagnosed, or, in some cases, receiving the wrong intervention. In many cases, these children are re-victimized when their problems are minimized or compounded by ignorance. For example, the judge who orders joint custody and alternate week access for a father who abused the children's mother but never abused the children *directly* may create a host of new crises for an abused woman and her children. The young offender who is charged with an assault against his girlfriend or male peers, and sent off to a "boot camp" to learn the benefits of strict discipline may be missing the important lessons if he was raised by an abusive father. Unfortunately, there are countless examples like these that suggest that child witnesses to violence are not just a specialized concern for shelter staff and police officers but a fundamental concern for all front-line professionals and community service workers intervening with children and their families. Given the state of clinical and research information now available on this issue, ignorance is no longer a valid defence for a lack of appropriate community responses.

Incidence and Prevalence of Children Exposed to Woman Abuse

Canada has produced the most comprehensive survey about violence against women that includes estimates about the number of children who witness violence at home (Johnson, 1996). This study addressed both the lifetime prevalence and the annual incidence of woman abuse. From the initial survey, it was reported that 29% of all Canadian women experience physical or sexual violence at the hands of a marital partner (common-law unions included) at some time in their life after the age of 18. Almost 4 in 10 women (39%) reported that their children witnessed the violence, which would mean that at least two million children (assuming an average of two children in a family) would have been exposed to violence. More than 1.2 million children would have witnessed extreme forms of violence, including physical injury, and in most of the cases (1,040,000) the mother would have feared for her life (Johnson, 1996). This figure represents an underestimate of the real prevalence, as most researchers in this field agree, that parents tend to underestimate what children have been exposed to in their homes and, even in cases where children may not have been eye witnesses to an assault, they are still affected by the climate of fear in their family and the impact of violence on their mother (e.g., Jaffe, Wolfe and Wilson, 1990).

An extension of asking about the prevalence of children who witness violence is the question of how many adults have witnessed violence as children in their family of origin. According to the Violence Against Women (VAW) Survey, approximately 17% of women over the age of 18 indicate that they witnessed their father assault

their mother (1,785,000 women 18 years of age or older) (Rodgers, 1994). In addition, women reported that 9% of their current partners and 17% of their former partners witnessed violence in their homes. This experience was associated with women facing more severe and repeated violence. For example, if a woman's father-in-law was violent toward her mother-in-law, she was three times more likely to experience physical and sexual abuse in a marriage compared to women who married men with non-violent fathers (12% vs. 36%). These women were more likely to be beaten, choked, threatened with a knife or gun, and to experience physical injuries (Johnson, 1996).

Every year, more children are exposed to woman abuse. The annual incidence of children witnessing violence in any one year in Canada is approximately 160,000, based on a yearly rate of 3% of women (201,000) experiencing abuse in a marriage, 39% witnessing it by children, and an average of two children in a family (Johnson, 1996). Again, this estimate is extremely conservative, given the under-reporting by adults about what children witness. As well, a significant number of women may be abused by other intimate partners (e.g., male dating partners, women in same sex relationships) who are not captured by the VAW Survey category of married/common-law partners. A more accurate number is closer to 500,000 children and adolescents.

In light of the potential short- and long-term impact of witnessing violence, the significant incidence and prevalence of this problem has widespread implications. Given that approximately 60% of child witnesses suffer from PTSD (Lehmann, 1997), which indicates ongoing emotional and behaviour difficulties after the violence is over, the impact on child witnesses is severe. The potential impact on the next generation of marriages is profound.

Although this handbook focuses on children who are exposed to violence, research and experience indicate that there is a great deal of overlap among different forms of violence in a family. For example, in 30% to 40% of families where woman abuse occurs, children may also be physically or sexually abused. A high incidence of sibling abuse has also been reported. In studies that focus on child physical and sexual abuse, about half of the cases involve abuse of the children's mother. When studies have examined the lifetime prevalence of abuse against girls and women, including all forms of intrafamilial and extrafamilial sexual and physical abuse, the vast majority of individuals report a history of violence (Canadian Panel on Violence Against Women, 1993), which speaks volumes about the extensive nature of violence.

Violence in the Lives of Girls and Women

- 54% experienced some form of unwanted or intrusive sexual experience before reaching the age of 16
- 17% had at least one experience of incest before age 16
- 51% have been the victim of rape or attempted rape after age 16
- 27% experienced a physical assault in an intimate relationship
- 9% feared for their lives based on the fury and severity of violence
- 50% of women experiencing physical assault also experienced sexual assault

(From Women's Safety Project in Toronto—420 in-depth interviews with women between the ages of 18 and 64—summarized by Canadian Panel of Violence Against Women)

Effects on Children Exposed to Woman Abuse

Until recently, children who were exposed to family violence were not considered to be children who had special needs or who were in need of protection. Now, there is a strong body of research that indicates the severe psychological and behavioural after-effects of witnessing family violence, and the deleterious effects on children's social and academic development (e.g., Hughes, 1988; Fantuzzo and Lindquist, 1989; Jaffe, Wolfe and Wilson, 1990; Peled, Jaffe and Edleson, 1995; Sudermann and Jaffe, 1995). The effects are

sufficiently serious that these children are now considered in need of protection under child welfare legislation in an increasing number of jurisdictions (Echlin and Marshall, 1995).

There are a number of main effects of witnessing family violence, and some more subtle effects. Among the best documented and most notable effects are increased acting out and aggressive behaviour, as well as depression and anxiety.

A. AGGRESSIVE AND NON-COMPLIANT BEHAVIOUR

Children who witness family violence often become aggressive with siblings, peers, and teachers. They tend to be non-compliant, and may be irritable and easily angered. Children who destroy property and have a tendency to get into

trouble may develop juvenile delinquent behaviour in teen years. The acting out behaviours are more often pronounced in males, but are found in a significant number of females as well.

B. EMOTIONAL AND INTERNALIZING PROBLEMS

Emotional (internalizing) problems such as anxiety, depression, low self-esteem, withdrawal, and lethargy are also noted in children who are exposed to family violence. Other children experience somatic complaints (bodily aches, pains and illness with no known medical cause). These symptoms may result because the children have a lot of internal tension, with no effective

way of altering the problem, expressing the issues or seeking help. Many observers have felt that internalizing problems, along with a need to be perfectly behaved and an exaggerated sense of needing to help their mother, are particularly common in girls who witness family violence (Jaffe, Wolfe and Wilson, 1990; Kerig et al., 1998).

C. EFFECTS ON SOCIAL AND ACADEMIC DEVELOPMENT

Other studies have shown that children who witness woman abuse are frequently hampered in their social and school development (Pepler, Moore, Mae and Kates, 1989; Randolf and Talamo, 1997). Children who are witnessing violence, or who have in the past, may be preoccupied with this issue and have difficulty concentrating on school learning tasks. Their social development may be hampered because they are too sad, anxious, or preoccupied to participate, or their tendency to use aggressive strategies in interpersonal problem-solving may make them unpopular and feel rejected.

Some community workers have noted that some young women from culturally diverse immigrant groups who live in violent homes may hurry through their education, striving for an early but culturally approved means of escape from the family setting, such as an early marriage, or taking a job before they have achieved all they could have in terms of educational level (Kazarian and Kazarian, 1998).

D. POST-TRAUMATIC STRESS DISORDER

Recent studies have shown that many children who witness woman abuse suffer from PTSD. The definition of PTSD, according to the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV), includes the following: the person has been exposed to an event involving actual or threatened death or serious injury, or a threat to the physical integrity of the self or others; and the person's response involved acute fear, helplessness or horror; or in the case of children, agitated or disorganized behaviour. In addition, the event is re-experienced (e.g., through nightmares, intrusive remembering of the event in response to cues that remind the person of the event); there is persistent avoidance of stimuli that remind the person of the event; and there are persistent symptoms of increased arousal, such as difficulty falling asleep, irritability, outbursts of anger, difficulty concentrating, hypervigilance and exaggerated startle response (American Psychiatric Association, 1994). Lehmann (1997)

found that 56% of a sample of children in women's shelters met the full criteria for PTSD, while the majority of the remaining children showed some symptoms associated with this disorder. Both Terr (1991) and the present authors have suggested that while the conceptualization of PTSD has been developed with the concept of persons who experience an overwhelming traumatic event, children who witness violence in the home are often exposed to a more chronic and long-lasting form of violence, which Terr has termed Type II trauma. Many children who are exposed to woman abuse in their homes may never have known a calm, peaceful environment, even from their earliest childhood or infancy, and thus their development and reactions are differently and more chronically affected than those children who experience a single traumatic event in a peaceful and supportive environment.

E. SUBTLE SYMPTOMS

Frequently, there are also more subtle symptoms related to children exposed to violence, such as inappropriate attitudes about the use of violence in resolving conflicts; inappropriate attitudes

about violence against women; condoning violence in intimate and dating relationships; hypersensitivity about problems at home; and a sense that they are to blame for the violence.

Child Symptoms of Exposure to Woman Abuse at Different Developmental Levels

PRENATAL

It is common for abuse to begin or continue during the time a woman is pregnant. The 1993 VAW survey by Statistics Canada found that 21% of women abused by a marital partner were assaulted during pregnancy, and of these, 40% indicated the abuse began during pregnancy (Rodgers, 1994). McFarlane, Parker, Soeken and Bullock (1992) found a significant number of

women in routine prenatal care disclosed abuse once they were asked appropriate screening questions. The full extent of effects of abuse on prenatal development and the intrauterine environment remain to be studied. However, women who are abused and beaten during pregnancy clearly suffer an elevated risk of injury to the fetus.

BIRTH TO TWO

Even very young infants respond to witnessing parental conflict by stress that is measurable through heart rate, galvanic skin response, and overt crying and distress (Cummings, Iannotti and Zahn-Waxler, 1985). It is thought that the effects of witnessing family violence, in addition to the negative effects on the mother's ability to focus on and care sensitively for her infant, can result in severe attachment problems and failure to thrive by the infant. Babies are also especially at physical risk during woman abuse, as they may be hit while in their mother's arms or near their mother, or they may be thrown or hit by the abuser.

The work of Perry (1995) on the effects of violent environments on very young children suggests that permanent negative changes in the child's brain and neural development occur when a child is exposed to woman abuse and other forms of violence at these ages. Perry (1995) states that exposure to traumatic violence will alter the developing CNS (central nervous system), predisposing the individual to more impulsive, reactive, and violent behaviour. Some of the behavioural results at later ages may include hypervigilance to perceived threats, and overresponsivity (aggression) when aggressive acts by others are anticipated. While further research is required in this area, the research does point to the very serious nature of exposure by infants and young children to woman abuse.

PRESCHOOLERS

Preschoolers, like infants, are severely distressed by witnessing abuse and conflict between their parents. Even relatively mild conflict causes toddlers to cease playing and exploring, look distressed, seek proximity to their mother, and become very upset. Another effect is that some toddlers will imitate the behaviour by lashing out at playmates and siblings (Cummings and Davies,

1994). Preschoolers who witness severe violence are often very clingy, have anxious attachments with their mothers, and are difficult to manage and negative in their mood. Younger children are very vulnerable in situations of exposure to woman abuse because of their dependence on parents.

SCHOOL CHILDREN AGED 6 TO 11

Children in the earlier school years often show their distress at witnessing woman abuse in aggressive and/or withdrawn behaviour at school and difficulty in concentrating at school (Jaffe, Wolfe and Wilson, 1990). These are the children who are often labelled with attention deficit disorder, without first being asked questions about what they are witnessing at home. Peer relation difficulties are often apparent, as well as low self-esteem and lack of energy for participation in school (Pepler, Moore, Mae and Kates, 1989).

Boys may begin to be especially defiant with female teachers, mimicking the disrespect for women they see at home. Overall, children in this age group who are exposed to woman abuse tend to show both emotional and behavioural problems (Sternberg et al., 1993), although individual children will vary in their symptom severity because of factors such as frequency, severity and duration of violence witnessed, personality and family characteristics, and strengths and coping abilities.

ADOLESCENTS

Adolescents who witness family violence and who have not had treatment often become truant at school, drop out, and run away from home. Involvement in juvenile delinquency occurs at an elevated rate. A lack of ability to focus on future

plans is often present, together with an avoidant style of coping. Depression and suicide is another possibility at this age. Involvement with a negative peer group is common.

LONG-TERM EFFECTS

Now becoming available are studies that point to the long-term negative effects of exposure to woman abuse. For example, a number of studies have found that exposure to family violence in childhood predicts less positive adult social

adjustment (Henning et al., 1996) and depression in adulthood (Straus, 1992). These associations persist, even after other negative childhood experiences such as child physical abuse and poor care by parents, are taken into account.

Infants	Preschool Children	Latency 5–12 Elementary School Ages	Early Adolescence 12–14 Years	Later Adolescence 15–18 Years
Failure to thrive	Aggressive acts	Bullying	Dating violence	Dating violence
Listlessness	Clinging	General aggression	Bullying	Alcohol/drug abuse
Disruption in eating and sleeping routines	Anxiety	Depression	Poor self-esteem	Running away from home
Developmental delays	Cruelty to animals	Anxiety	Suicide	Sudden decline in school achievement and attendance
	Destruction of property	Withdrawal	PTSD symptoms	
	PTSD symptoms	PTSD symptoms	Truancy	Disrespect for females; sex role stereotyped beliefs
		Oppositional behaviour	Somatic concerns	
		Destruction of property	Disrespect for females; sex role stereotyped beliefs	
		Poor school achievement		
		Disrespect for females; sex role stereotyped beliefs		

Facts About Children Exposed to Woman Abuse

1. Children and adolescents who witness their mother being abused experience emotional and behaviour problems similar to children who are themselves physically abused.
2. Children who witness woman abuse frequently experience PTSD. The symptoms of PTSD include extreme anxiety, fear, irritability, intrusive thoughts and flashbacks about the violence, unpredictable anger outbursts, and avoidance of situations that remind the child of the abuse witnessed.
3. Children and adolescents who witness abuse will frequently experience difficulty concentrating, as well as behaviour and learning problems.
4. Children and adolescents who have witnessed family violence are often misdiagnosed as suffering from attention deficit disorder because questions about witnessing family violence are not asked.
5. Boys who witness their father abusing their mother are at greater risk of becoming an abuser in dating and marital relationships.
6. Children and adolescents who witness family violence are at elevated risk of depression.
7. Truancy, delinquency, and running away from home are common in children who have witnessed woman abuse.
8. Children and adolescents who have witnessed their mother being abused are at significantly high risk of physical and sexual abuse by the perpetrator of the woman abuse.
9. Children and youth who witness woman abuse are in need of specialized intervention.

Overlap Between ADHD and PTSD Symptoms

Children and adolescents who have witnessed woman abuse in the home are frequently misdiagnosed as suffering from attention deficit disorder. This is partly because woman abuse remains hidden when questions about the abuse are not asked, and partly because the symptoms of the two situations are so similar. Here is a comparison taken from the DSM-IV criteria for the two disorders:

(Please note that these by no means constitute all the diagnostic criteria for these two disorders, but have been selected to illustrate the overlap in important dimensions. For a complete list of diagnostic criteria, see the DSM-IV [1994, pp. 83–84 and 427–429].)

Selected Diagnostic Criteria	Selected Diagnostic Criteria
Attention Deficit: Inattentive Type	Post-Traumatic Stress Disorder
<ul style="list-style-type: none"> ■ Often has difficulty sustaining attention in tasks or play activities ■ Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities ■ Often does not follow through on instructions Is often forgetful in daily activities 	<ul style="list-style-type: none"> ■ Difficulty concentrating ■ Markedly diminished interest, or participation, in significant activities ■ Memory gaps around the violence

Screening for Exposure to Woman Abuse

Front-line professionals who come into contact with abused women and their children have a unique opportunity to implement early intervention strategies. In some cases, it may be an opportunity to develop a safety plan when the violence has escalated and when imminent or

ongoing danger of personal harm is apparent. At other times, professionals assisting children and youth may have some indications or concerns that their clients are exposed to woman abuse in the home, but they may not be fully confident of their assessment.

INITIAL SCREENING OF CHILD SYMPTOMS

If a front-line professional suspects that children are exposed to violence in their home, there are a number of approaches to screen for these cases:

- a. for younger children, it would be important to set up an individual interview with the child's mother to offer feedback about the child's behaviour in a supportive and non-judgemental way (e.g., "I'm worried about the way John is bullying other children and I would like to help him change his behaviour. I wonder what you are noticing at home. I wonder if you have any ideas about what seems to be upsetting him?").
- b. for older children and adolescents, it would be appropriate to be more direct about the problem (e.g., "I'm worried about you and other children when you threaten them. I'd like to help you develop better relationships with people. Do you have any ideas about why you behave in this manner?").

Often, children want someone outside the family to find out about the family problems and will

offer any number of clues through their behaviour, or through what they share in their journals or conversations. Mothers as well as their children may not disclose information upon the first request, but helpful seeds are being planted that may lead to delayed disclosure about violence at home.

If your suspicions appear to be well founded and you have other sources of information from third parties (e.g., high school friends expressing concern), you may want to express questions more directly. For example, family doctors (e.g., Brown et al., 1996) and emergency room nurses and doctors (e.g., Wright, Wright and Issac, 1997) have developed tools, standard protocols, and questions that are very direct about violence when the suspicion of abuse is strong. For example, the following questions are suggested.

1. How much tension do you experience in your relationship?
2. How do you work out arguments with your partner?

3. Do arguments ever result in you feeling down or bad about yourself? (Adapted from Woman Abuse Screening Tool [Brown et al., 1996])
4. Do arguments ever result in hitting, kicking, or pushing? These questions are intended for use as an initial screening tool.
5. Do you ever feel frightened by what your partner says or does?

TAKE IMMEDIATE STEPS WHEN DISCLOSURE IS MADE

In many cases of woman abuse, children who are exposed to the abuse remain the ignored victims because the trauma and psychological harm they experience is not understood or is minimized. For example, a family therapist who becomes aware of woman abuse occurring in a client family needs to stop the family mode of intervention, assist the woman in securing safety, and facilitate therapy for the children who are at risk for a host of emotional and behavioural problems. A family doctor who becomes aware that a child is exposed to woman abuse needs to address the safety planning and child therapy issues with the mother. A police officer who intervenes in a family where a mother has been abused needs to, at least, offer

information on community services for the children who have been exposed to the violence. Children are not just background furniture at the scene; they are highly traumatized individuals who are most in need when their principal caretakers are also in crisis.

Awareness about the link between exposure to woman abuse and serious adjustment problems is a starting point. To give an example of how much work is still to be done in this area, two out of three pediatric emergency medicine fellows believed that responding to battered mothers did not belong to the practice of pediatrics (Wright, Wright and Isaac, 1997).

RAISE QUESTIONS ABOUT WITNESSING VIOLENCE WHEN EMOTIONAL AND BEHAVIOURAL SYMPTOMS ARE PRESENT IN CHILDREN

As indicated in the previous section, exposure to woman abuse may exhibit itself in children and adolescents in a variety of ways. When children or adolescents exhibit learning problems,

inattentiveness, aggression and non-compliant behaviour, sleep problems, depression, withdrawal or anxiety, the possibility that they are exposed to woman abuse should be considered.

Interviewing Children Who May Be Exposed to Family Violence

The following questions may be useful in situations where the service provider wishes to screen for exposure to woman abuse. These questions should, of course, be used in conjunction with other techniques and sources of information.

1. Arguments and disagreements happen in all families. What happens in your family when your mom and dad (stepfather, mom's boyfriend) disagree? Do you ever hear yelling or see fighting and hitting? How did this make you feel?
2. Are you ever afraid that your mom will be hurt? Can you remember a time when she was hurt? What happened that time (or the last time that happened)? What was the worst argument/violence you ever saw?
3. What do you do when the violence starts? Have you ever called the police or tried to help? Did you ever get hurt?
4. Have the police been involved? Do you ever try to get help? What do you do?
5. Are there any safe places where you try to go when it looks like there will be trouble?
6. Do you get hit or hurt at home? Do you get threatened? Do other bad things happen to you?
7. Has this been a secret in the family, or do other people know about it? How do you feel about me talking to your mom about this?
8. Let's talk about how you can be safe the next time something like this happens.

Crisis Intervention/Safety Planning

WHAT TO SAY IF A CHILD DISCLOSES WITNESSING WOMAN ABUSE

1. You did the right thing to tell about this problem. No one should be abused.
2. Are you safe? Have you been hit? Do you sometimes try to stop the fights? How do you do this?
3. This is happening to other families in our community, and there are people who can help. (Depending on the age of the child, you may wish to explain community resources or you may want to give the information directly to the child's mother.)
4. Engage in safety planning with the child.

WHAT TO DO WHEN A CHILD DISCLOSES

1. Try to talk to the child's mother in a way that will not endanger her. Try to contact her at a time when the abuser will not be present.
 2. Give the mother information about community resources such as a women's shelter or centre, police response, crisis lines, counselling services.
 3. Do safety planning with the mother, or refer her to another agency that can help her with this.
 4. If there appears to be imminent danger to the child or mother (e.g., death threats, attempts by the man to break into the house, threats to abduct the children), you should encourage the woman to contact police right away, and if she will not, you should do so yourself. In the event of harassment and stalking, the woman should also be encouraged to contact police.
 5. If the child has been physically or sexually abused, you should contact child protective services (Children's Aid Society) immediately.
 6. If there is no positive change in the situation, and the child is showing signs of emotional trauma, encourage the mother to contact child protective services (Children's Aid Society). If there is serious emotional harm to the child from witnessing the abuse, you can contact child protective services yourself. If it is a borderline case, or you are not sure whether you should report, you can do so anonymously or without mentioning names until you get advice on whether the case is reportable.
- After safety planning has been done, refer the child to group or individual therapy to deal with the experience of witnessing abuse, and to engage in secondary prevention for future violent situations.

Safety Planning
(Adapted from: Loosley et al., 1997, p. 103)

1. Find a safe place.
My safe place is: (write or draw a picture of your safe place).

2. Tell a trusted adult.
Name(s) of trusted adult(s): _____

3. Calling for emergency help.
The number is: _____

 What to say on the phone:
My name is: _____

I need help. Someone is hurting my mom.

My address is: _____

My phone number is: _____

Let's Practise!

Note: With children who do not speak English or French, safety planning must be done taking into account that they will not easily be able to call emergency services on their own. It may be important to identify a community member who speaks the child's language and understands the child's culture, and who can be the trusted adult in the safety plan.

For all children, safety planning is best done together with the child's mother, whenever possible.

REFERRAL TO CHILD PROTECTION SERVICES: WHEN TO REPORT CHILDREN'S EXPOSURE TO WOMAN ABUSE

Most health and social service professionals will already know that child abuse must be reported to the legally mandated child protective services in their community, but they may be unsure about whether, and under what circumstances, exposure to woman abuse must be reported to child protective services. Legislation with regard to children exposed to woman abuse (family violence) varies from one province to another. You must be guided in this area by your specific, applicable legislation.

At the time of writing, the following provinces specifically name exposure to family violence in their legislation: Alberta, Yukon, Saskatchewan, Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland. Other provinces include this in practise under psychological or emotional abuse. Some provinces are currently reviewing their legislation with regard to witnessing woman abuse/family violence (e.g., Ontario).

The issue of child protective service involvement with children who witness is a controversial one (Echlin and Marshall, 1995). Most people in this field wish to guard against a situation, such as situations that have arisen in some U.S. jurisdictions, where the mother is held accountable for the violence, even though she is the victim through "failure to protect" charges.

Severe woman abuse may render a mother less able to care for her children. Sometimes, this can endanger the safety and well-being of the children and lead to child neglect. Child neglect, although difficult to define, involves situations where children's basic needs are not being met. This occurs most often in abused women when the mother also has other concurrent problems in addition to woman abuse, such as substance abuse or serious mental illnesses such as schizophrenia. In such cases, child neglect should be reported to child protective services, as children are the most vulnerable victims. Again, you must be guided by your provincial or territorial legislation in each instance.

Often, it is best to consult child protective services for guidance on whether a specific case requires reporting. This consultation can be undertaken without revealing the identity of the woman or family.

Assessment of Children Exposed to Woman Abuse

Formal assessment of children exposed to woman abuse may best be undertaken by children’s mental health professionals. The following section is most relevant to psychologists, psychiatrists and social workers working in settings where formal child assessment is undertaken. Nevertheless, aspects of the assessment process will also be relevant to other professionals. Child custody and access assessors should be aware of the issues outlined here if they are to adequately carry out assessments of children who have been exposed to woman abuse.

Children who are referred to groups for children exposed to woman abuse may require a less extensive assessment, which will be part of the pre-group intake process. However, children who have severe symptoms, or who have been exposed to extreme and repeated violence, should be referred, where possible, for more extensive assessment and therapy.

BUILDING RAPPORT AND BREAKING THE CODE OF SECRECY

The effects of witnessing family violence are broad-ranging and the assessment of children exposed to woman abuse must also be broad-based. Before a good assessment can be accomplished, it is necessary to form a relationship with the child such that the child (or adolescent) feels safe and comfortable talking about the abuse witnessed. Often, children have been influenced by a “code of secrecy” around the violence and have been taught not to reveal any family secrets to outsiders. Also, children and adolescents are often embarrassed about revealing details of the abuse; talking about the scenes they

have witnessed may bring back negative emotions and memories. Therefore, it is important to reassure the child that it is alright to tell about the abuse and that he or she will help the situation by telling. Sometimes, it will take a number of sessions before the child or adolescent will feel comfortable about talking directly about the abuse witnessed. It is helpful to have some other activities and topics to explore while the rapport building occurs. If this step is skipped, then formal assessment procedures may elicit a lot of denial, and “I don’t know” or “I don’t remember” responses.

BE INFORMED ABOUT THE ABUSE WHENEVER POSSIBLE

In terms of interviewing the child, it is good for the assessor to have as much information as possible about the nature and details of the abuse witnessed. This gives the child a sense that the person has taken the time and care to find out this

information. This also assists in understanding what the child is referring to, especially in the case of younger children; it helps the interviewer gauge the level of denial, minimization, or frankness on the part of the child.

USING MULTIPLE ASSESSMENT PERSPECTIVES

Using multiple modalities of assessment and sources of information is important in assessing children who have witnessed violence. Mothers, extended family members, teachers, child advocates in shelters and child-care workers in other settings are all important sources of information, when available. Interviewing the child as well as using paper and pencil self-report questionnaires and behavioural checklists are all appropriate. Assessment of the child's symptoms should be supplemented by assessment of the

child's environment, coping skills at home and at school and assessment of the child's strengths and supports.

(Note: The following instruments would of course be administered by those qualified to interpret and understand the limitations of psychological tests. Cultural sensitivity is also required in using these assessment measures, as children from some cultural groups may not be used to responding to questions about their personal concerns and issues in this way.)

GENERAL ASSESSMENT INSTRUMENTS: EMOTIONAL AND BEHAVIOURAL PROBLEMS

Broad-based assessment measures, such as the Achenbach Child Behaviour Checklist, Achenbach Teacher Report Form, and for adolescents over 12, the Personality Inventory for Youth or Achenbach Youth Self Report, are all useful. These instruments will indicate

difficulties in both behavioural and emotional areas. They will also address such issues as suicidal ideation or intent, conduct disorder, difficulty concentrating, problems with aggression, anger, non-compliance, and anxiety.

SPECIFIC ASSESSMENT TOOLS

Violence witnessed

A number of specific measures have been developed in recent years that are applicable to children who have witnessed woman abuse. Lehmann and Wolfe (1992) developed a 13-item questionnaire called the History of Violence Witnessed by Child Questionnaire. For each item, frequency, duration, and the types of exposure (hearing, seeing, trying to intervene) are measured.

Post-traumatic stress, dissociation

Briere's Trauma Symptom Checklist (1996) is a new measure designed for use with children and adolescents. This instrument comes in two forms, with or without items specific to sexual abuse. This instrument is designed for measuring symptoms pertaining to PTSD, such as over or under arousal, hypervigilance, irritability, flashbacks, intrusive memories, difficulty concentrating, dissociation, anxiety, and depression. The manual includes profiles for young persons who have witnessed woman abuse, and is among the first instruments to include such profiles.

Another instrument geared to post-traumatic stress symptoms is the Child Impact of Traumatic Events Scale-Family Violence Form (CITES-FVF) (Wolfe and Lehmann, 1992). In addition to 25 items addressing trauma symptoms, the CITES-FVF measures attributions of dangerous world, personal vulnerability, and self-blame/guilt.

Depression

In order to follow up on symptoms of depression or suicidal ideation, the Children's Depression Inventory (Kovacs, 1981) is useful and quick to administer.

Witnessing woman abuse, attitudes toward interpersonal violence

Finally, there are some specific areas that standardized instruments have not adequately assessed to date, but that are very relevant to treatment or intervention with children who witness woman abuse. These areas include attitudes toward justifiability of violence in interpersonal conflicts; knowledge of alternatives

to violence in solving interpersonal problems; and understanding of the responsibility for violence and safety skills. These areas are covered in the Child Witness to Violence Pre-Post Questionnaire (Sudermann et al., 1995; Sudermann et al., [in press]). This questionnaire addresses attitudes and beliefs about violence against women, children intervening in woman abuse in the home, the use of violence to resolve interpersonal conflict, non-violent conflict resolution strategies, and safety skills. This questionnaire was developed to assess children's progress in group treatment after witnessing woman abuse.

Another relevant instrument is an interview guide entitled the Child Witness to Violence Interview (Jaffe, Wolfe and Wilson, 1990). This interview format covers attitudes and responses to anger by the child, and safety skills and attitudes around responsibility for violence.

For older teens, a questionnaire entitled the London Family Court Clinic Questionnaire on Violence in Relationships (Jaffe, Sudermann and Reitzel, 1989; Jaffe, Sudermann, Reitzel and Killip, 1992) may be useful with regard to assessing attitudes and beliefs around woman abuse in general, as well as attitudes toward dating violence.

Personal strengths and supports

Extensive research is not yet available on protective factors for children who witness violence. However, both clinical experience and research in other types of child disadvantages point to the importance of a child's compensatory personal strengths and other supports in their environment (Kerig et al., 1998). These include a strong relationship with the mother or other care-giving individuals, and strong teacher and peer support (Rutter, 1979).

Personal characteristics of the child, such as age at onset, current developmental stage and whether the child can remember a time without abuse, are all important. Intelligence, ability to do well in school, athletic and peer relations abilities as well as special talents and interests can all serve as resources and buffers from the

effects of the abuse. School and neighbourhood environments and the availability of therapy, when required, are all very important (Rutter, 1990).

The assessment process can be employed as a treatment readiness intervention to help the child or adolescent feel more comfortable when talking about the violence and to help highlight the availability of group or individual therapy to assist the young person in overcoming the trauma he or she has experienced.

Treatment and Support for Children Exposed to Woman Abuse/Family Violence

Children's Needs

Children and adolescents who have been exposed to woman abuse have a number of needs in common:

- Breaking the silence about the abuse.
- Learning about safety planning in case the abuse recurs.
- Learning that they were not at fault.
- Processing the traumatic memories in a safe and nurturing environment.
- Assistance with coping strategies around trauma symptoms, such as irritability, avoidance of situations that remind them of the abuser, anger outbursts, withdrawal, fearfulness, tension, and intrusive memories.
- Learning that there are alternatives to violence in relationships, and that violence is not acceptable (e.g., sibling violence, child physical abuse, child sexual abuse, verbal abuse, dating violence, peer-to-peer violence).
- Learning about equality in relationships and dispelling myths about woman abuse.

FORMS OF INTERVENTION

Both group and individual modes of intervention have been suggested for child witnesses. Some children can benefit from both types of treatment in succession.

INDICATORS FOR GROUP OR INDIVIDUAL THERAPY

Although the research on this topic is just beginning (Jaffe, Wolfe and Wilson, 1990; Peled and Davies, 1995; Sudermann, in press), clinical experience suggests that group treatment is a very effective treatment modality for many children who have witnessed woman abuse. The group format allows children to learn that this experience happens to others too and assists in breaking the silence. Children can learn from their peers' stories and responses. Also, this form of intervention is similar to other activities, such as school and community activities, that children are familiar with and may not seem as stigmatizing as individual treatment.

However, there are some children who may not be ready for a group intervention. These include:

- a. Young children who cannot separate from their mothers due to severe separation anxiety (which may be partly due to the abuse). These children can be accommodated in mother-child groups.
- b. Children who are so aggressive and active that they cannot participate effectively in a group. These children may be extremely traumatized; if this is the case, individual treatment may ready them for group participation.
- c. Children who have been so severely traumatized multiple times that their experiences would seem extreme in the context of the other children's experiences. These children may do better in individual therapy, which can focus on multiple victimization and give individual attention.

GROUP THERAPY

Group therapy, as described by a number of different authors, usually emphasizes the following features:

- Creating a warm, safe environment where the children have fun as well as deal with their painful experiences.
- Empowering children and assisting them to overcome feelings of helplessness.
- Safety planning: many children find that the abuse may recur in the future due to the reuniting of the family, or due to harassment and stalking or because a different partner abuses their mother. The main messages are not to try to intervene but to find a safe place and to make contact with helping adults and emergency services when possible.
- Breaking the silence and telling others in the group about some of their feelings and experiences.
- Learning to identify and name different forms of abuse such as verbal abuse (threats), physical abuse (hitting, slapping), sexual abuse (unwanted sexual touching), and psychological abuse (destroying valued objects).
- Learning that there are alternative strategies for conflict resolution that are non-violent.
- Learning non-abusive, non-aggressive anger expression and other forms of feeling expression (Peled and Davies, 1995; Loosley, Bentley, Rabenstein and Sudermann, 1997).

AGE GROUPING

Most approaches group together children who are similar in developmental age, such as ages 4 to 6

years, 7 to 9, 10 to 12, and 13 to 16.

GROUP LEADERS

Having co-leaders for a group is usually advised. Having both a male and a female group leader can be beneficial in order to model appropriate behaviour and attitudes by both genders. It is important for group leaders to spend some time

debriefing together, after groups. Because of the volume and nature of abuse they will hear about from the children it is important for group leaders to consider their own well-being and thus continue to be effective leaders.

INVOLVEMENT OF MOTHERS/NON-OFFENDING CAREGIVERS

Involvement of mothers or current caregivers of children is important so that they can understand what children are learning and participate in the process. In child-only groups, the group process is usually explained during a pre-group interview. There may be other information given via handouts.

Other group models have concurrent groups for mothers and children.

Yet another model involves mothers and children jointly in groups of about three mother-child groupings. The goal of these groups includes re-empowering the mother after she has been relegated to a disempowered status during the abuse and re-establishing her as caregiver and leader in the family (Rabenstein and Lehmann, 1997).

INDIVIDUAL THERAPY FOR CHILDREN

Individual therapy for children exposed to woman abuse may take a number of forms, depending on the child and clinician's preference and the child's developmental level. Some clinicians use therapy where the child expresses past and current experiences, worries and concerns, as well as coping strategies. Sometimes systematic desensitization and relaxation therapy are taught.

Other clinicians prefer play therapy, especially for younger children, or art therapy (Malchiodi, 1990). These modalities may be used together with interpretations and discussion.

Supporting Mothers

Both research and clinical findings consistently point to the strong relationship between the adjustment of child witnesses to violence and the adjustment of their abused mothers (e.g., Jaffe, Wolfe and Wilson, 1990; Holden et al., 1998). In general, the more depressed, anxious, isolated and traumatized an abused woman is, the greater the level of her children's emotional and behavioural problems. This finding means that counselling and support for the abused mother offer an indirect benefit to her children.

The issues that an abused mother may face include:

- Developing a safety plan in regard to threats of ongoing violence.
- Recovering from physical and emotional violence in the relationship.
- Obtaining housing and financial support.
- Securing competent advocacy in regard to criminal and family law proceedings (e.g., legal representation in child custody and access proceedings).
- Overcoming disruptions in employment or education.
- Parenting children who may present with significant trauma symptoms themselves as well as ongoing emotional and behavioural problems.

- Feeling undermined as a parent (Blinkoff, 1995).
- Ostracism by her cultural community or extended family for “breaking up the family.” This may be a marked concern for women from some cultural communities where divorce is viewed as a source of family shame (Kazarian and Kazarian, 1998).
- Lack of privacy and anonymity if the mother lives in a small or rural community, where accessing services or leaving a violent partner may result in many people knowing about the situation.
- Isolation can be a special problem in rural areas, where lack of easily accessible social services and slower police response times mean greater danger.

Offering support to an abused mother may include the following:

- Assistance and advocacy around safety and legal proceedings.
- Assistance with practical matters such as housing.
- Parental relief and support to ensure children maintain community ties, school, and activities while the mother is allowed the time and space for physical and emotional healing.
- Parenting support groups to improve coping with the special demands of children after leaving a violent relationship.

- Advocacy to ensure that court decisions do not undermine safety plans (e.g., access exchanges with children by the father in a manner that allows new threats/harassment opportunities).
- Emotional support and connections with peer supports.

Several researchers and clinicians have stressed that abused women are not poor mothers as many stereotypes would suggest (e.g., Blinkoff, 1995;

Holden et al., 1998). The alternative view offered is that for the most part these women are survivors who require community support and resources to manage the trauma of intimate violence. Their children benefit from community efforts that ensure a safety plan, healing and re-establishing a new family system that will not condone violence.

SAMPLE QUESTIONS FOR INTERVIEWING MOTHERS

The following questions may be useful when interviewing mothers when there has been disclosure by a child regarding woman abuse.

1. All families have disagreements and conflicts. What happens in your family if you and your partner (husband) disagree? How do you communicate when you are upset?
2. What happens when you and your partner disagree and he wants to get his own way?
3. Are you ever afraid at these times? Have you been hit or had objects thrown at you?
4. (If physical force or serious threats are revealed.) Tell me about one time when this happened. Tell me about the worst time.
5. At these times, are the children present? Have they ever been? Do they know about the abuse even if they are in their rooms or in another part of the home? How do they react? Have they ever gotten in the middle of the violence?
6. How do you think that being exposed to the violence is affecting your children? Do you notice any effect on their mood and behaviour, school performance, or play with friends or each other?
7. Does your partner (husband) use violence or physical discipline on the children? Are you concerned if you have to leave the children in his care? When does this happen? Can you tell me about it?
8. How often does the violence happen?
9. Have you tried to leave? What would happen (or did happen) when you tried this? Did your partner ever stalk or harass you? (Or if the woman has separated, is he stalking or harassing you now?)

Adapted from Ganley, A. L., and Schechter, S., *Domestic Violence: A National Curriculum for Child Protective Service Workers*, Family Violence Prevention Fund, 1996.

GROUPS FOR ABUSED MOTHERS (ON PARENTING ISSUES)

Mothers who have been abused often face special and severe challenges after they leave an abusive relationship. At a time when their own emotional and practical resources are stretched to the limit and they may be facing serious harassment and/or continued violence, their children are also severely distressed and challenged. The mother may have been undermined in her parenting role by the abuser. Older male children, in particular, may try to abuse her or defy her authority and limits. Children are dealing with changes in their family, and possibly their home, school, neighbourhood, friends, and economic resources. The turmoil and stress can be overwhelming.

To address some of these issues, some organizations offer special parenting support groups for mothers. These include topics such as understanding and defining abuse, noting the effects on children's self-care and self-esteem, re-establishing effective communication with children and promoting non-violent family relationships. Mutual support around custody and access issues and navigating the legal and community service systems may also be included. Making these groups very supportive and nurturing and empowering for the women is a good way to enable women to support and nurture children (Thornton, Bartoletto and Van Dielen, 1996).

Resources for Therapy with Children and Their Mothers

GROUP TREATMENT RESOURCES

B.C./Yukon Society of Interval and Transition Houses (Undated) *Children Who Witness Abuse Group Program*. Lesson plans/activities for preschool-aged children. Compiled by Judy Kerr, John McKenzie-Cooper and Carol Elliot, Vancouver, BC: The Society.
To order: Tel.: 1-800-661-1040.

B.C./Yukon Society of Transition Houses (1996) *Records Management Guidelines Addendum for CWWA Programs*. Gisela Ruebesaat, Sharon White and Greta Smith, Vancouver, BC: The Society.
To order: Tel.: 1-800-661-1040.

B.C./Yukon Society of Transition Houses (1994) *Children's Activities Contributed by Participants in Children Who Witness Abuse Training*. Vancouver, BC: The Society.
To order: Tel.: 1-800-661-1040.

Eriksen, J., Henderson, A., Davidson, M., and Ogden, S. (1997) *Breaking the Cycle: A Parenting Guide for Single Mothers of Children Who Have Witnessed Domestic Violence*. Vancouver, BC. Tel.: (604) 291-5197; Fax: (604) 291-5189; e-mail: freda@sfu.ca.

The Feminist Research, Education, Development and Action Centre, 515 West Hastings, Simon Fraser University Harbour Centre, Vancouver, BC V6B 5K3.
Tel.: (604) 291-5197; Fax: (604) 291-5189; e-mail: freda@sfu.ca.

Ganley, A. L., and Schechter, S. (1996) *Domestic Violence: A National Curriculum for Children's Protective Services*. Family Violence Prevention Fund, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133, U.S.A., Tel.: (415) 252-8900.

Loosley, S., Bentley, L., Rabenstein, S., and Sudermann, M. (1997) *Group Treatment for Children Who Witness Woman Abuse*. London, ON: Community Group Treatment Program. Available from: Children's Aid Society of London and Middlesex, Attention Larry Marshall, P.O. Box 6010, Depot 1, London, ON N5W 5R6, Tel.: (519) 455-9000.

Peled, E., and Edleson, J. L. (1995) *Process and Outcome in Small Groups for Children of Battered Women*. Thousand Oaks, CA: Sage Publications.

Rabenstein, S., and Lehmann, P. (in press) Mothers and children together: a family group treatment approach. In B. Geffner, P. G. Jaffe, and M. Sudermann (eds.), *Children Exposed to Woman Abuse: Current Issues in Research, Interventions, Prevention and Policy Development*. Binghamton, NY: Haworth Press.

Sudermann, M. (1995) Children's Group Questionnaire. A questionnaire designed to evaluate children's responses to group intervention. Available from London Family Court Clinic, 254 Pall Mall St., London, ON N6A 5P6. In E. Peled, P. G. Jaffe, and J. L. Edleson (eds.), *Ending the Cycle of Violence: Community Responses to Children of Battered Women* (Chap. 5). Thousand Oaks, CA: Sage Publications.

Thornton, M., Bartoletto, L., and Van Dietsen, M. (1996) *Women's Group Facilitation Manual: Growing Together: Parenting Children Who Have Survived Violence in the Home*. Ottawa, ON: John Howard Society of Ottawa–Carleton.

Vancouver and Lower Mainland Multicultural Family Support Services Society (1993) *Through the Eyes of a Child: An Introductory Manual on the Impact of Family Violence for Multicultural Home School Workers*. Vancouver, BC: Naomi Straddon.

Za-geh-do-win Information Clearinghouse. Information about health, healing and family violence for Aboriginal communities in Ontario. Za-geh-do-win, P.O. Box 40, Naughton, ON P0M 2M0, Tel.: (705) 692-0420.

INDIVIDUAL TREATMENT RESOURCES

Malchiodi, C. (1990) *Breaking the Silence: Art Therapy with Children from Violent Homes*. New York: Brunner Masel.

Ministry of Women's Equality (draft 1996) "Children Who Witness Abuse Counselling Practice Guidelines." Victoria, BC: B.C./Yukon Society of Transition Houses.

Silvern, L., Karyl, J., and Landis, T. Y. (1995) Individual psychotherapy for the traumatized children of abused women. In E. Peled, P. G. Jaffe and J. Edleson (eds.), *Ending the Cycle of Violence: Community Responses to Children of Battered Women*. Thousand Oaks, CA: Sage Publications.

Child Custody and Access Issues

Many abused women and their children find themselves re-victimized by the justice system after separation. Rather than ending the violence, women face a host of new problems that range from escalating separation violence to efforts to prove them unfit mothers and place the children in the care of the batterer. Underpinning many of these issues is a lack of understanding about the impact of witnessing violence. Many legal and mental health professionals may try to minimize the impact of abuse and suggest that an individual can be an abusive husband but a good father. This belief is inconsistent with our knowledge of the trauma children suffer in these circumstances.

The following chart, reproduced with permission of the Family Violence Prevention Fund in San Francisco, is a synopsis of the unique issues that face women and children in custody and access disputes in a violent relationship rather than a non-violent marriage and separation.

The chart highlights the following points:

- Safety planning has to be a central focus rather than the promotion of the children's relationship with the visiting parent.
- Assessing the lethal nature of the relationship is more important than asking the parents to put the past behind them.
- Assessments have to include measures of the nature and impact of the violence.
- No access or supervised access may be appropriate in cases involving an ongoing risk of violence.
- Specialized services such as supervised visitation centres and staff trained in the area of woman abuse are essential.

Issues	Normal Visitation Dispute	Visitation Dispute with Allegations of Violence
Central issue	Promoting children's relationship with visiting parent	Safety for mother and children
Focus of court hearing	Reducing hostilities	Assessing lethal nature of violence
Planning for future	Visitation schedule that meets needs of children	Consider no (suspended) visitation or supervised visitation.
Assessment issues	Children's stage of development, needs, preferences Parents' abilities	Impact of violence on mother and children Father's level of responsibility Mother's safety plan
Resources required	Mediation services Divorce counselling for parents and children Independent assessment/evaluation	Specialized services with knowledge about domestic violence Supervised visitation centre Coordination of court and community services Well-informed lawyers

Custody and access disputes require a great deal of coordinated effort among legal and mental health/social service professionals as well as women's advocates. Important programs to develop to avoid re-victimizing women and children are:

- education programs for lawyers and judges;
- guidelines for assessors to appropriately deal with cases and demonstrate knowledge of the domestic violence area;
- guidelines for mediators to screen out cases with a history of violence that are not appropriate for mediation;
- the development of a supervised access centre;
- a range of services for women, men, and children in order to develop treatment and safety plans for all family members;
- legislation that makes clear that witnessing violence will be considered strongly in custody and access determinations by the court.

Community Coordination and Accountability

No one agency, institution or care provider can meet all the needs of a child or family suffering from woman abuse. Inter-agency collaboration, coordination and accountability are needed for comprehensive responses to children exposed to woman abuse/family violence. One of the most important avenues for developing an effective community response to children who have witnessed woman abuse is a coordinating committee. Agencies and services that need to be included for effective services include:

- Child serving agencies, child protective services, children’s mental health.
- Woman serving agencies, such as women’s shelters and women’s advocacy services.
- Police and emergency services.
- Health services (e.g., family doctors, nurses, pediatricians).
- Family and individual counselling services for adults, marital therapists, substance abuse counsellors.
- Schools and child-care providers.
- Legal services, including judges, family law lawyers, children’s lawyers, probation services, victim witness assistance, legal aid services.
- Cultural organizations, services for multicultural communities.
- Batterer’s treatment programs.
- Public health services.
- Consumers of services.
- Government and private funding agencies.

Other groups, such as religious community leaders, can be important to include depending on community need.

The roles of a coordinating committee can include discussing community needs and service gaps; planning services; establishing collaborations to provide services; discussing and resolving inter-agency and community problems in service provision; sharing information; and developing inter-agency protocols on meeting the needs of children who have witnessed woman abuse. Undertaking joint special initiatives, such as educating the public about the issue of children who witness woman abuse or sponsoring professional development events on the issue, can also be important.

Policy Considerations for Agencies

Agencies' policies are important to the implementation of services for children who have witnessed woman abuse. For example, child and family mental health centres and marital counsellors need to have policies on screening for family violence/woman abuse, and then not engage in conjoint family or marital treatment if abuse is ongoing or threatened. Policies around interviewing mothers in a safe (separate) manner and not releasing information to a batterer that will harm the children are important.

Schools need to have appropriate policies regarding children who are witnessing woman abuse. For example, information on where a mother has relocated with the children may need to be protected by not revealing the children's new address to the father, even though schools would usually be required to give fathers information in their children's file. Schools may also wish to develop protocols on interviewing mothers, when children have disclosed witnessing woman abuse at home.

Schools may wish to develop policies regarding the release of children to the care of parents when there has been a marital separation. It is recommended that schools

obtain legal advice on these policies in order to draft them properly, taking into account the role of legal orders on child custody and access, as well as the role of restraining orders, which are intended to prevent harassment and stalking of victims of woman abuse. The most difficult and dangerous time for women in this situation is often the time immediately following a separation, when the woman may not yet have been able to obtain legal custody or even legal interim custody of the children. In such situations, coordination between school, police and shelter services may be needed to ensure the safety of children.

Shelters may wish to establish protocols with schools receiving children who are at a shelter so the school can be informed of the children's special needs while protecting their safety. Specific protocols are best developed at the local level, with the assistance of a coordinating committee.

All agencies need to have policies around coordination with other services in the community, and on providing information on safety and emergency services to women who are victims and children who are witnesses in battering situations.

Professional Development Session

Many professionals have not had the opportunity to be trained regarding the issue of children exposed to woman abuse. The following outline offers a plan for a professional development session, which can be adapted for different professions and situations, depending on the material included. This workshop outline is for a full-day format, but may be adapted to a half-day

format by shortening or omitting some of the activities. Participants can be drawn from the same organization or department, or from a cross section of organizations and community agencies that wish to learn about this issue and plan together to improve services.

Agenda

1. **Introduction:** Speaker on effects on children who witness woman abuse.
2. **Video presentation:** (e.g., *The Crown Prince*, *The Ticket Back*, *Break the Cycle*). See the Video Resources section for more details.
3. **Discussion of how children in the video were affected** by exposure to woman abuse.
4. **Discussion of roles** of professionals in the video, and how professionals could have responded to these children and families to be more helpful.
5. **Brainstorming** in small groups around policy and protocol changes at the agency, department or community to better address the needs of child witnesses.
6. Share and record responses and select a committee to **follow up** with implementation and reporting back.

Handouts: It is suggested that participants be given a selection of reading material to further their learning. A combination of material from this handbook and recent articles with regard to children exposed to woman abuse might be used. The National Clearinghouse on Family Violence is also a good source of information and fact sheets.

Prevention

How can we prevent the next generation of men who believe that violence is the key to maintaining respect in their intimate relationships? Part of the answer lies in early intervention strategies with children who grow up witnessing violence. The rest of the answer has to be a fundamental change in our society's silent tolerance of this problem. This change can start in our schools where partnerships with parents and community agencies offer some hope for developing new attitudes and behaviours that promote healthy relationships and non-violent conflict resolution ideals. Violence is everyone's business. Our worry cannot be contained to those students in violent homes but has to be focused on all their friends and neighbours who may have to be the key support system and change agents. To paraphrase an old saying, "it takes a whole village to promote zero tolerance for violence."

Where do we start with such an ambitious program? Every school in Canada is concerned about children's education in a safe and nurturing environment. Learning cannot take place in a climate of fear—either in the hallways and playgrounds or at home the night before the bell rings. More and more parents are concerned about youth violence, especially with the heightened media spotlight on tragic incidents across the country. However, few parents make the connection between what they read in the paper as isolated events and a society that condones violence in many forms, even as a form of entertainment. The time is ripe for a clear commitment by all schools to develop consistent and comprehensive policies and programs to make zero tolerance for violence a reality.

A report card on these initiatives should include the following outcomes:

A. NAMING THE VIOLENCE

Every student should be encouraged to break the silence on all forms of violence. From our research with students, 90% want schools to play an active role in raising awareness about violence and promoting alternative conflict resolution strategies. Most students are not as worried about

strangers as they are about the people they know and trust as well as their peers. The majority of students know someone who is experiencing violence in a family or dating relationship. They want these issues addressed.

B. UNDERSTANDING THE CAUSES OF VIOLENCE

Violence is ultimately an issue that speaks to power and control in relationships and in society itself. Although most adults are comfortable talking about violence in general, students need to make the links between violence and inequality. Why are younger students, girls, visible minorities and students with learning difficulties

more likely to be victimized than other students? Schools need to examine different realities in defining a safe school and understanding diverse perspectives on students' sense of vulnerability and power (or lack thereof) to break the silence on these issues.

C. EFFECTIVE INTERVENTIONS FOR VIOLENCE OR ABUSIVE SITUATIONS AT SCHOOL

When awareness about violence is raised, there needs to be predictable outcomes for disclosures. These outcomes may involve clear consequences that signal that silence is not a solution. As well, there needs to be ongoing learning opportunities that can turn a critical incident into the initiative for more proactive programs. For example, a weekend party that leads to heavy drinking and a

gang rape should trigger more than criminal charges. These incidents reflect a much broader range of attitudes and beliefs than the individual perpetrators and victims involved. What policies and programs are available for these incidents? Was this event nobody's business or responsibility because it happened on the weekend and off school property?

D. INTERVENING ON BEHALF OF CHILDREN WHO WITNESS VIOLENCE AT HOME

What happens to students who disclose that they are witnessing violence at home? If there has been no obvious physical or sexual abuse, does that mean that these children are not in need of

protection and appropriate referrals? Are there policies and protocols for these incidents? Are there resources in the school board or in the community to respond to these referrals?

E. DEVELOPING STRATEGIES TO END VIOLENCE AND OFFERING CHILDREN ALTERNATIVE ATTITUDES AND BEHAVIOURS

Just saying "no" to violence is meaningless unless there are comprehensive programs to offer alternative behaviours and attitudes. Violence prevention cannot be one classroom activity or one violence awareness day. Prevention programs are most effective when they are ongoing and integrated into school climates and curriculum.

There is an abundance of effective school programs and resources across Canada. For example, A School-based Anti-Violence Program (A.S.A.P.), developed in London, but tested in nine centres across Canada, including rural and northern communities, has been documented as a helpful approach to many of these issues.

A.S.A.P.

A School-based Anti-Violence Program is a resource package to get school systems started on violence prevention and to support system-wide implementation. A.S.A.P. is not a curriculum, but rather a road map for anyone—from schools to clinics to community-based agencies.

A.S.A.P. is designed to:

- mobilize support, build enthusiasm from teachers, students, parents, trustees and administration for violence prevention initiatives;
- get started with small steps, such as awareness sessions for students and teachers;
- deal with disclosures;
- develop a comprehensive plan for violence prevention, including policies and curriculum integration;
- access video, theater and curriculum resources by grade level through an extensive list of resources;
- develop proactive, preventive school responses to violence.

A.S.A.P. deals with the following issues:

- non-violent school climate,
- dating violence and sexual harassment,

- bullying,
- children and youth who witness violence at home,
- violence against women,
- media violence,
- conflict resolution,
- roadblocks to violence prevention,
- ethnocultural issues,
- policies and board-wide planning.

There are a number of exciting initiatives across Canada in the area of violence prevention. A.S.A.P. is but one example and our reference section offers many more. At the core of these efforts should be a community report card that assesses a community's progress on the above outlined element: naming the violence; understanding the causes of violence; effective interventions for violence or abusive situations at school; intervening on behalf of children who witness violence at home; and developing strategies to end violence and offering children alternative attitudes and behaviours. It is hoped that your community schools and school system receive a passing grade in violence prevention. A failing grade is not acceptable given the seriousness of these issues and the plight of too many students who see few alternatives to violence.

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Manuals

Ganley, A. L., Schechter, S., and Carter, J. (1996) *Domestic Violence: A National Curriculum for Children's Protective Services*. San Francisco: Family Violence Prevention Fund.

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Video Resources

Break the Cycle (1991) Esprit Films, Ltd.
Tel.: (905) 685-8336.

A video with interviews with an actual victim and perpetrator of woman abuse, along with several interviews with adolescents and youth who witnessed their mother being abused. This video is excellent to illustrate the lasting effects on teens, and makes the connection to dating violence in a powerful manner.

Kidstuff (1990) National Film Board of Canada.
(Also available in French.) 6 minutes.

Deals with the issue of witnessing violence in the eyes of young children.

Make a Difference: How to Respond to Child Witnesses of Woman Abuse (1995) The London Co-ordinating Committee to End Woman Abuse, c/o Children's Aid Society of London and Middlesex. Tel.: (519) 455-9000.

This video, which was initially made for teachers, is a good general introduction to the issue of children who witness violence, and community response.

Not Always Who They Seem (1984) 408 Dundas Street, Toronto, ON M5A 2A5: Kinetic Inc., Tel.: (416) 963-5979; Fax: (416) 925-0653. 54 minutes.

This video deals with the issues of teens who are having behavioural difficulties, and links this with abuse they have suffered or witnessed

as children. Good for children's mental health professionals and child-care workers, as well as health-care workers who deal with this population.

Seen But Not Heard (1993) Friday Street Productions and the B.C./Yukon Society of Transition Houses. Available through the National Film Board of Canada.

Shows the effects of witnessing abuse on children. Illustrates that sometimes older boys begin to abuse their mothers.

The Crown Prince (1989) National Film Board of Canada (Also available in French.) 37 minutes.

A moving drama that shows the reactions of two boys, one a child and one a teenager, to witnessing the abuse of their mother. The struggles the boys face at school, in their self-identity, their relationship with their father, and in the older boy's dating relationship are very well portrayed. Societal influences that support patriarchal notions, which in turn support woman abuse are also well illustrated.

The Ticket Back (1992) National Film Board of Canada.

The Ticket Back is a realistic, provocative drama about a woman's struggle to free herself from her abusive ex-husband, and illustrates the difficulties abused mothers must cope with, even after divorce. The effects on her children, and the role of child protection workers, police and lawyers are also included.

Tulip Doesn't Feel Safe (1993) Kinetic, Inc.
Tel.: (416) 963-5979.

Illustrates the issue of witnessing violence by young children.

What About Us? (1993) The B.C./Yukon Society of Transition Houses. Tel.: (604) 669-6943.

A group counselling tool to help children cope with the experience of having witnessed their mothers being abused.

Books for Children

A Family That Fights (1991) By S. C. Bernstein.
Morton Grove, IL: Albert Whitman.

Hear My Roar: A Story of Family Violence (1994)
By Ty Hochban and Vladyana Krykorka. Toronto,
ON: Annick Press, Ltd.

*I Wish the Hitting Would Stop: A Workbook for
Children Living in Violent Homes* (1987) By
Susan Patterson and Decia Softing Freed. North
Dakota: Crisis Centre of Fargo-Moorhead, Red
Flag, Green Flag Resources.

Never, No Matter What (1988) By M. Otto.
Toronto, ON: Women Press.

Something Is Wrong at My House (1984) By
Diane Davis. Seattle: Parenting Press, Inc.

Clearinghouses

National Clearinghouse on Family Violence,
Family Violence Prevention Unit, Health Canada,
Jeanne Mance Building, Tunney's Pasture,
Address Locator 1907D1, Ottawa, ON K1A 1B4,
Canada, Tel.: (613) 957-2938 or
1-800-267-1291.
Web site: www.hc-sc.gc.ca/nc-cn

Za-geh-do-win. Information about health, healing
and family violence for Aboriginal communities
in Ontario. Za-geh-do-win Information
Clearinghouse, P.O. Box 40, Naughton, ON
P0M 2M0, Canada, Tel.: (705) 692-0420 or
1-800-669-2538;
e-mail: manotnan@cyberbeach.net
Web site: www.anishinabek.ca/zagehdowin

A HANDBOOK FOR HEALTH AND SOCIAL SERVICE PROVIDERS AND EDUCATORS ON CHILDREN EXPOSED TO WOMAN ABUSE/FAMILY VIOLENCE

FEEDBACK FORM

We would very much appreciate your feedback on this resource material. If you can find a few minutes in your busy schedule to complete and return this feedback form, we will use your valuable input to improve future family violence resource materials. Please mail or fax this form to:

National Clearinghouse on Family Violence
Health Promotion and Programs Branch, Health Canada
Jeanne Mance Bldg., 7th Floor, Address Locator: 1907D1
Ottawa, Ontario K1A 1B4
FAX: 613-941-8930

1. Your province/territory:

- Nunavut Northwest Territories Yukon British Columbia Alberta
 Saskatchewan Manitoba Ontario Quebec New Brunswick
 Nova Scotia Prince Edward Island Newfoundland Other: _____

2. Category of your organization:

- Social Services Health Services Professional Non-governmental Organization
 Federal Government Provincial Government Municipal Government Parliament
 Media Criminal Justice Universities – Colleges Schools
 Student Library Corporate Religious/Spiritual Organization
 Public Aboriginal Other: _____

3. Did you find the content of this resource:

- Accurate?* Yes No No opinion *Up-to-date?* Yes No No opinion
Comprehensive? Yes No No opinion *Relevant to your needs?* Yes No No opinion
Balanced in its portrayal of the issues? Yes No No opinion

4. How would you rate this resource (1 = very poor, 5 = very good) in terms of its:

- Style and "voice"* 1 2 3 4 5 *Use of understandable vocabulary and concepts* 1 2 3 4 5
Overall attractiveness 1 2 3 4 5 *Organization (Is it easy to find information?)* 1 2 3 4 5

5. How would you rate the overall usefulness of this resource? (1 = very poor, 5 = very good) 1 2 3 4 5

6. How do you plan to use this resource? (Check as many as required.)

- Education Public Awareness Treatment Training Research Personal
 Reference Prevention Policy/Program Development Other: _____
 Don't plan to use this resource

7. Did this resource influence your thinking and/or practice? Yes No

Please explain:

8. Will you recommend this resource to others? Yes No



9. Will you use information in this handbook to: (Check as many as required.)

- | | |
|--|--|
| <input type="checkbox"/> Raise awareness of the issues among health or social service providers? | <input type="checkbox"/> Develop/modify other resources/materials/tools? |
| <input type="checkbox"/> Train others about the issues? | <input type="checkbox"/> Make changes in your practice/organization? |
| <input type="checkbox"/> Develop/modify policies or programs/intervention strategies? | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Will not use this resource. |

10. How useful did you find the following features? (1 = not useful, 5 = very useful)

- | | |
|--|---|
| <input type="checkbox"/> Sample Tools | <input type="checkbox"/> List of Books for Children |
| <input type="checkbox"/> List of Manuals | <input type="checkbox"/> List of Clearinghouses |
| <input type="checkbox"/> List of Video Resources | <input type="checkbox"/> References and Further Reading |

Which features did you find most useful? _____

Which features did you find least useful? _____

11. How useful did you find the following sections? (1 = not useful, 5 = very useful)

<i>Introduction</i>	1	2	3	4	5
<i>Incidence and Prevalence of Children Exposed to Woman Abuse</i>	1	2	3	4	5
<i>Effects on Children Exposed to Woman Abuse</i>	1	2	3	4	5
<i>Child Symptoms of Exposure to Woman Abuse at Different Developmental Levels</i>	1	2	3	4	5
<i>Screening for Exposure to Woman Abuse</i>	1	2	3	4	5
<i>Interviewing Children Who May Be Exposed to Family Violence</i>	1	2	3	4	5
<i>Crisis Intervention/Safety Planning</i>	1	2	3	4	5
<i>Assessment of Children Exposed to Woman Abuse</i>	1	2	3	4	5
<i>Treatment and Support for Children Exposed to Woman Abuse/Family Violence</i>	1	2	3	4	5
<i>Supporting Mothers</i>	1	2	3	4	5
<i>Resources for Therapy with Children and Their Mothers</i>	1	2	3	4	5
<i>Child Custody and Access Issues</i>	1	2	3	4	5
<i>Community Coordination and Accountability</i>	1	2	3	4	5
<i>Policy Considerations for Agencies</i>	1	2	3	4	5
<i>Professional Development Session</i>	1	2	3	4	5
<i>Prevention</i>	1	2	3	4	5
<i>A Survivor's Story</i>	1	2	3	4	5

12. Does this document raise other issues or knowledge gaps that you think should be addressed?

- Yes No

Please explain:

13. Please use the space below to add any other comments or attach a separate sheet.

Thank you for taking the time to complete and return this feedback form.
National Clearinghouse on Family Violence

