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# **In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies**

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## Author's Notes

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## Introduction

Twice in the last 30 years social reform movements have called public attention to the problem of family violence and initiated a panoply of legislative and public policy changes. Even though programs for the prevention of cruelty to children have existed for over 100 years (see Gordon, 1988 ), it was not until the 1960s when Dr. Henry Kempe "rediscovered" the battered child that a new wave of public concern took hold ( Helfer & Kempe, 1968 ). On the heels of his work came legislation in every state to mandate the reporting of abuse and neglect and the protection of children. Fifteen years later, the resurgent women's movement uncovered yet another hidden form of abuse: wife beating (see Schechter, 1982 ).

This briefing paper is about the overlap between movements to protect children and those advocating the end to violence against women. It is about the sometimes tense relationship between child welfare workers and battered women's advocates. More importantly, however, it is about the great potential for collaboration between child welfare and battered women's services.

To illustrate the overlap, our best starting point is with the families we often serve. The experiences of the two families below highlight the opportunities for cooperation---and the potential for tension---between programs seeking to end violence against women and children.

### **Example 1**

A woman left her extremely violent husband three years ago. She went to a shelter with her children where they received extensive support. They all seemed to do well and she successfully set up a new life for her family apart from her abusive husband. Now, three years later, her 13 year old daughter is repeatedly running away from home. After the daughter became involved with the child protection agency and the court, a family preservation agency was also called in to see if it could prevent the placement of the girl in foster care. As the family preservation worker gained the daughter's trust, she found out that the girl's 14 year old brother was assaulting her. He was also physically attacking his mother and making repeated threats against her, similar to those his father had made. The mother had called the shelter, the local mental health center, and the local hospital requesting help for her violent son. Each agency gave her different advice, but none had any services for him. Since his parent's separation, the boy's performance in school and his social life have fallen apart. The daughter is extremely depressed. No one in the family feels safe. None of the agencies in the community seem to know what to do.

### **Example 2**

Asked to evaluate a family whose children were in foster care and to make custody recommendations to the court, the Family Development Clinic at Children's Hospital in Boston interviewed a mother who treated her children well. The children, in turn, were deeply attached to her. The problem, according to the agencies involved, was that this woman returned repeatedly to a man who beat her and sometimes assaulted the children. Because of the potential danger to the children, the hospital staff felt it impossible to recommend that the children be returned to their parents. With the unsettling feeling that they were punishing a non-abusive mother for a violent father's behavior, the staff prepared its findings for the court. Their report, however, was largely unnecessary. On the day of the custody review, the mother failed to appear in court. Beaten by her husband on the night before the hearing, she was in the hospital. Months later their parental rights were terminated. This case created an upsetting tension between the hospital staff and its domestic violence advocates. "Was it in the best interest of these children to offer so little to their mother? Would the case have had a better outcome if the mother had adequate help?" the advocates asked. Thinking beyond this case, the hospital staff began to reconsider the questions posed to them by the domestic violence advocates and wondered, "Can we really help or protect children if we ignore the abuse of their mothers?"

## **Common Ground**

These two examples suggest a great deal of overlap between the populations served by child welfare agencies and battered women's programs. Several other facts also highlight the link:

1. research suggests that domestic violence and child abuse frequently occur in the same family;

2. children who witness violence by their fathers may be at risk of developing a variety of problems;
3. men who are perpetrating some of the most dangerous abuse against children are also assaulting women; and
4. child welfare and domestic violence programs serve an overlapping population of women and children.

## **Violence against both women and children**

Many studies reveal that men who batter their female partners also abuse their children. Reviewing 200 substantiated child abuse reports, the Massachusetts Department of Social Services found that 30% of the case records mentioned adult domestic violence ( Herskowitz & Seck, 1990 ). Completed before Massachusetts child protective workers were required to ask about domestic violence, the study's findings are likely a substantial underestimate of the actual incidence.

In a national survey of over 6,000 American families ( Straus & Gelles, 1990 ), the researchers found that 50% of the men who frequently assaulted their wives also frequently abused their children. They also found that "the rate of child abuse by those [mothers] who have been beaten is at least double that of mothers whose husbands did not assault them" (p. 409). The findings confirmed those of several previous studies. For example, in the early 1980s Lenore Walker observed the link between domestic violence and child abuse. In interviews with 400 battered women, Walker found that 53% of the fathers and 28% of the mothers abused their children (1984, p. 59).

## **Witnessing violence may put children at risk**

It is estimated that between 3.3 million ( Carlson, 1984 ) and 10 million ( Straus, 1991 ) children in the United States are at risk of witnessing woman abuse each year. Based on the studies reviewed earlier, about half of these children may also be abused.

Studies find child witnesses to exhibit more aggressive and antisocial as well as fearful and inhibited behaviors ( Christopheropoulos et al., 1987 ; Jaffe, et al., 1986 ), and to have lower social competence ( Wolfe et al., 1986 ). Children who witnessed violence were also found to show more anxiety, aggression, depression and temperamental problems ( Christopheropoulos, et al., 1987 ; Forsstrom-Cohn & Rosenbaum, 1985 ; Holden & Ritchie, 1991 ; Hughes, 1988 ; Westra & Martin, 1981 ), less empathy and self-esteem ( Hinchey & Gavelek, 1982 ; Hughes, 1988 ) and lower verbal, cognitive, and motor abilities ( Westra & Martin, 1981 ), than children who did not witness violence at home. There is also some support for the hypothesis that children from violent families of origin carry violent and violence-tolerant roles to their adult intimate relationships ( Cappell & Heiner, 1990 ; Rosenbaum & O'Leary, 1981 ; Widom, 1989 ).

Murray Straus ( 1991 ) recently concluded that witnessing violence in one's family "has a wider variety of adverse outcomes than has heretofore been found. It seems reasonable to conclude that being a witness of violence between parents puts a child at risk of a number of serious mental health and other problems, and that this applies to children of all socioeconomic levels" (p. 5).

Conclusions such as Straus' may be premature based on current research. A number of methodological weaknesses are evident in several of the studies reviewed above, the most serious of which involves the study samples. For example, a number of studies have not differentiated between children who witnessed abuse and those who were also abused. In addition, many studies have drawn samples primarily from children residing in shelters. Shelter residence is a time of severe family crisis and dislocation and may create more extreme findings than actually exist. Many children may also show resilience to the violence by learning to cope with it in a number of constructive ways ( Peled, 1993 ).

Although caution is called for as we interpret the findings about the impact of domestic violence, several of the more carefully constructed studies cited above do raise serious concerns for children and suggest an urgent need for further research.

### **A growing concern about severe and fatal cases**

Child maltreatment studies show that while the majority of perpetrators are women, just under half (44.1%) of the reported child abusers are male even though women in this country provide the overwhelming majority of care to children ( American Humane Association, 1988 ). Looking more closely at these data suggests, however, that men are the perpetrators of the most severe forms of child abuse. Pecora and his colleagues ( 1992 ) have reviewed several sets of data and concluded that "most families involved in child fatalities were two-person caretaker situations where a majority of the perpetrators were the father of the child or the boyfriend of the mother" ( Pecora et al., 1992, p. 110 ).

In a 1993 study, the Oregon Department of Human Resources reported that domestic violence was present in 41% of the families experiencing critical injuries or deaths due to child abuse and neglect. Generally these fatal and severe injuries happened to children who lived with two adult caretakers (Oregon Department of Human Resources, 1993 ). Of the 67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence. The Massachusetts Department of Social Services notes that, "in 20 of these cases, the report of domestic violence was noted in the case record with no further explanation or intervention." In half the domestic violence cases, the mother also was reported to have a substance abuse problem ( Massachusetts Department of Social Services, 1993 ). Although neither the Oregon nor the Massachusetts report explains the relationship between domestic violence and the child fatality or severe injury, both studies indicate a strong need to pay closer attention to the connection. Interviews with practitioners suggest also that the issues are linked. For example, several years ago the Massachusetts Department of Social Services tracked referrals to its high risk assessment unit for several months and found that seventy percent of these cases contained domestic violence (Lonna Davis, personal communication). Unfortunately the intake and investigatory workers had identified battering as a problem in far less than half of those referrals.

### **Serving mothers and children**

Studies have shown that from 43% ( Okun, 1988 ) to 70.5% ( Strube & Barbour, 1984 ) of battered women eventually end their relationships with violent partners. These women and their children

often flee a residence shared by a violent husband and must reconstruct a life for their family as single parents. Moreover, many women who are abused are often single-parents assaulted by an estranged husband or an ex-boyfriend. The Minnesota police reported that almost half (47%) of battered women were victimized by an ex-spouse or friend, exceeding the percent of those married to their partner (44%) ( Minnesota Department of Corrections, 1987 ).

Many of the families receiving child protective and family preservation services are also single-parent, woman-headed households. National data show that almost a third (32.5%) of the families in contact with child protective services are single, female-headed families ( Pecora et al., 1992 ). In family preservation programs the numbers may be even higher. For example, 318 of 441 (72%) families served by Minnesota's Families First Program in 1991 were one-parent families ( Minnesota Department of Human Services, 1993 ).

## **Barriers to Supporting Women with Children**

These case examples, data, and research studies suggest that some of the most difficult cases both child welfare and battered women's programs confront are ones they confront in common. Some are two-parent households where the father is committing severe violence against both the mother and children, others are single-parent households living under a continued threat of violence from estranged husbands or ex-boyfriends, and still others are families in which the perpetrator is absent but where his legacy lives on in the behavior of the mother and children.

So much common ground might lead one to expect wide agreement and cooperation between child protection, family preservation, and domestic violence services. Yet several factors appear to hamper the ability of organizations to cooperate more fully. These include the fact that the respective movements are at different historical points in their development, they abide by different philosophies, sometimes seek different outcomes, use different professional terminologies, and sometimes compete for funding and recognition. Perhaps the most important factor slowing greater cooperation is the way that the two fields think about key issues:

### **Best interests of children**

Child welfare and protection work is commonly focused on the "best interests of children." One of the ways to determine best interest is to ascertain who can keep the child safe. In child abuse investigations, for example, workers must quickly make judgments concerning safety. From this perspective, men who batter and their victims may be equally problematic parents. If a woman is unable to protect herself, the child protective worker asks: "How will she be able to care for this child?" And even though the father may be a batterer, the worker wonders: "Is it not the responsibility of the mother to shield her children from harm?" From this position, it is easy to see why child protection workers are often more angry at abused women than they are at the men who batter them and why battered women frequently are labeled as mothers who fail to protect.

On the other side of this discussion, battered women's advocates argue that concepts like the "best interest of children" are defined too narrowly and that it is in the best interest of children to keep their mothers safe. Data from shelters and projects like AWAKE (Advocacy for Women and Kids

in Emergencies ) at Children's Hospital in Boston suggests that by protecting mothers who are battered, many abused children are also kept safe. At AWAKE, for example, the mother's advocate and the child's advocate work side by side to protect families. As a result, the AWAKE project reports that few abused children have been placed in foster care. At follow-up the overwhelming majority (80%) of battered women report that they and their children are safe ( Schechter with Gary, 1991 ). AWAKE is one model that shows how protecting women also provides protection to children.

Some child protection workers might respond that they - and their child clients - do not have the time to wait for mothers to reorganize their lives so that they can protect their children. The worker's job is to help protect children, not adults. According to interviews conducted for this report, this tension between the way many child protection workers define their mandate and the way that domestic violence advocates frame theirs remains unresolved in many communities. In fact, local and state leaders in child welfare and battered women's issues almost never explore these differing perspectives. One result is that the false but powerful assumption that the needs of women and children are in conflict is rarely challenged.

## **Focus on women**

The language and terms used in the movement to end violence against women often leaves out attention to children. Many shelters provide far more services to women than they do to children although, as domestic violence organizations acquire more public and private funding, resources for children's programs increase, in some programs dramatically. Ironically, most battered women's shelters now provide at least minimal programming for children, and some have extensive support, counseling and prevention efforts under way. Many of these services, however, remain invisible to the child welfare community.

Historically, the goal of battered women's organizations has been to empower their clients. As part of their mission, shelters see their role as protecting women from assaultive men and from community agencies that revictimize them. One result is that battered women's programs often offer blistering critiques of child protection agencies (CPS) in their communities. Domestic violence groups have claimed that CPS agencies often blame women for the violence that men perpetrate against children, and hold men and women to different, gender-biased standards of care for children. Some shelters have defined their mandate as protecting battered women from CPS and refused to cooperate with child welfare agencies except in the most extreme cases of child abuse.

For its part, the child protection system in many communities has accused shelter advocates of being unconcerned about children and blindly loyal to women - even to those who expose their children to serious harm. Child protection workers justly accuse shelters of ignoring or minimizing the abuse perpetrated by women and underestimating the harm to children of repeated exposure to domestic abuse.

Stereotypes between the two fields are only slowly giving way. Although domestic violence programs have created hundreds of projects for children and most of them report child abuse and cooperate with local CPS workers, shelters are still frequently defined as unconcerned about children. In turn,

many battered women's activists still believe that child welfare programs are uninterested in women, though many of these agencies now express keen interest in learning more about domestic violence.

## **Role of the perpetrator**

Child welfare and battered women's programs often see their role vis-a-vis the male perpetrator in a very different light. Many child welfare workers view the cause of abuse as stress within the family and focus on providing additional supportive services to "shore up" the family unit so that it may function in a healthier manner. The male perpetrator, along with other family members, is included in the work to create a healthy, functioning unit. Battered women's advocates most often view the perpetrator as using violence to exert coercive power and control over other family members and frame their work as an effort to provide oppressed family members, particularly women, with greater power and more options for safety. Advocates often view separation from the perpetrator, at least until he has become nonviolent, as a desirable outcome.

Both child welfare and battered women's programs might encourage the perpetrator to seek specialized services to help him change his behavior. Studies, with follow-ups ranging from six to 18 months, have revealed a consistent finding that a large proportion of the men who complete a batterers' program, using a variety of intervention methods, stop their physically abusive behavior, at least for the months during the follow-up (see Edleson & Tolman, 1992 ; Eisikovits & Edleson, 1989 ; Tolman & Bennett, 1990 ). Reports of successful outcomes for men who complete programs range from 53% to 85%.

The apparent success of these programs is significantly tempered, however, by several factors. First, most of the studies track successful completers for a very short time, approximately six months. The only study to do a five-year follow-up found that 40% of the men who had successfully completed treatment were back in the criminal justice system for domestic assaults ( Paymar, 1993 ). Second, while many men may have ended their physically violent behavior, at least temporarily, the majority are usually reported to be continuing their use of threats against the women ( Edleson & Tolman, 1992 ). Third, many batterers' programs experience very high non-completion rates. For example, in Edleson and Syers' ( 1990 , 1991 ) large experimental study, less than a third of those men who originally contacted the batterers' program and only half who started the groups eventually completed them. Feazell, Mayers, and Deschner ( 1984 ) reported similar findings in a survey of 90 batterers' programs - one-third to one-half of assaultive men dropped out after the first session of the program. Similarly, Harrell ( 1991 ) found that "more than a quarter of those [court] ordered to treatment did not complete it...no offenders were penalized for failure to complete the court-ordered treatment" (p. 96). These findings are especially disturbing in light of Gondolf's ( 1988 ) findings that a woman is significantly more likely to return to her partner if he has entered a batterers' program.

When they are part of a coordinated criminal justice response to violence, batterers' programs may provide effective assistance to some of the men who complete them, but it is clear that most men neither go to treatment nor finish their prescribed program once there. From the perspective of battered women's advocates, the safety of women and children must depend on much more than the hope that the perpetrator will finish the program he has started.

Unfortunately, leaders in child welfare and in battered women's organizations have had little opportunity to discuss this key sticking point between the fields: the relative optimism of the child welfare system and the extreme pessimism of battered women's groups about work with perpetrators.

## **Building Cooperation**

In spite of the tensions between child welfare and battered women's programs, the commonalities seem far greater than the differences.

### **Battered women's concerns for their children**

Unfortunately, much of the current literature focuses on the negative effects children experience as a result of witnessing violence, and ignores the concern that most abused women have for their children, a concern they share with advocates and child welfare workers alike.

While most studies show that many battered women leave their violent partners, one of the most frequently asked questions about the woman is still, "Why does she stay?" Along with this statement may come the implicit judgement that the battered woman is inadequately protecting her children. Interestingly, only a few studies have focused on the concerns battered women have for their children's safety. Yet, these few studies show that many battered women take active steps to protect their children despite the unpredictability of the violence and the effects such violence has on them.

In her study of 20 battered women, Hilton ( 1992 ) found many of the women deeply concerned for their children. In fact, a majority of those she interviewed left their abusers for the children's sake. Several women left after their partners carried out life-threatening attacks and others after their children were threatened or abused. As one of Hilton's interviewees stated:

He hit me in the stomach when I was pregnant, then he threatened to beat my daughter, and you don't ever hit my kids . . . . I tried and tried before, but when it comes to my kids, no more. (p. 81)

Others have reported similar results in their interviews of battered women. For example, Henderson's ( 1990 ) study of Canadian women found that battered women clearly recognized the effects of violence on their children. As one battered mother recalled:

It was no good for the kids either, I'd be so bruised and I couldn't walk around or do things. So I thought, this isn't any good. I can't be a proper mum for them. (p. 11)

Ironically, it was concerns for their children that led almost one-third of the women in Hilton's ( 1992 ) study to remain with their abusive partners. Women stayed, despite the violence, in order to ensure necessary financial support for their children or because of threats by their violent partners to harm the children and wage lengthy custody battles if they did leave.

In a study of battered women's decisions to leave their violent partners, Syers-McNairy ( 1990 ) found that women go through a process of re-evaluation before leaving their abusive partners. Over half of the women she interviewed cited concern for their children as the major factor that led to

re-evaluating their relationships. One severely beaten mother recalled the moment she re-evaluated the situation:

It finally started to dawn on me that I was not the only person involved in it was when I left on the ambulance. They were so scared. And I thought, they don't really have a dad...And now they're not going to have a mom? I'm going to die on my kids? This is not fair. I mean it's bad enough everybody has to die anyway, but I'm going to choose to do it this way? And I said that was it. I refused to go back there. ( Syers-McNairy, 1990, p. 118 )

Battered women clearly face great economic, social and safety hurdles when attempting to leave a violent partner. The decision to leave or stay often hinges on the mother's assessment of what will be in the best interests of her children. A sympathetic understanding of her reasoning and the many forces that shape her decision is of critical importance to insuring safety for her and her children.

### **Supporting the mother-child unit**

Family preservation, child welfare, and battered women's programs also find common ground when they agree that preserving the mother-child unit in the aftermath of violence is, in most cases, a desired outcome.

Many battered women and their children face major hurdles as they attempt to create a life that is violence free. As Peled ( 1993 ) has pointed out, these changes often include a move to a shelter, a relatives' home, or even to a new city. A move is often accompanied by multiple other adjustments in a child's life including a disruption in friendship networks, a separation (temporary or permanent) from the child's father, loss of pets or belongings, and entrance into a new school. At the same time children confront these challenges, mothers are often facing their own burdens, adding further to the child's stress.

These changes may create additional physical and emotional problems. Studies have shown that the number and frequency of major life changes usually have a direct effect on a person's emotional and physical health. Moreover, the greater the number and the more frequent the changes, the greater is the likelihood of emotional and physical illness ( Dohrenwend & Dohrenwend, 1974 ; Rabkin & Struening, 1976 ; Vinokur & Selzer, 1975 ). Research studies also show that people with greater social supports adjust better to life changes than do those experiencing the same events but with few such supports ( Antonovsky, 1974 ; Bell et al., 1982 ; Caplan, 1974 ; Habif & Lahey, 1980 ; Roskin & Edleson, 1983 ).

A number of domestic violence studies bear out these earlier findings. For example, a recent study by Sullivan and her colleagues in Michigan ( Tan et al., in press ) found a strong relationship between the mother's social support and her psychological well-being. Similarly, Mitchell and Hodson ( 1983 ) found that battered women with more social support experienced less severe mental health problems in the aftermath of violence.

Tan et al. ( in press ) also found that battered women who received advocacy services expanded their social support networks to a greater degree than did battered women who did not receive ad-

vocacy services. In the same vein, Syers-McNairy's ( 1990 ) study of battered women who had left their abusers found that multiple forms of social support - including financial, social service, legal help, informal social networks, and the woman's own personal skills - played major roles in facilitating women's successful adaptation after leaving a violent partner.

Maintaining social support for the battered woman and her children through such major life changes is, therefore, critical. The need for supporting the remaining family unit - mother and children - in the aftermath of violence is consistent with current thinking in the area of family preservation. For example, Wells and Whittington ( 1993 ) have argued that "stability lies at the heart of the meaning of family preservation" (p. 80).

## Conclusion

The kind of social support that might prove most useful to women and their children is hinted at in the story we reconstruct below:

When I was eight, I hated my mom. She made us leave our house my friends, my school and move to a dumb apartment. I couldn't see my dad for a few months either. My mom kept saying, "I want you and your brother to be safe. It's my responsibility to keep us safe. Your dad has a problem. I need to be safe." Boy, was I mad at her. I hated her for months.

I'm a lot older now. I think my mom did the right thing when she left. My dad was pretty scary for awhile. Not many people understand my mom, and it hurts her. Sometimes she seems real lonely. But I think I understand. Last month in school I wrote a paper about my mom. I called her a brave lady. I wish other people would.

Louise, age 12

The time is right to link and expand the constituency of advocates for women and children. Despite their differences, battered women's advocates and those concerned with child welfare have much in common. We share a common and growing client population. Each field has a pressing need for increased public attention, resources, and for policy reform. As allies, rather than competitors, the fields have an enormous potential to mobilize constituencies for each other. Finally, as more and more communities call for coordinated interventions to stop family violence, agencies will be required to work together. A conceptual and practical linking of the needs of women and children would make these collaborations far more fruitful and change the way that we think about families.

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