Mothers’ Strategies for Protecting Children from Batterers: The Perspectives of Battered Women Involved in Child Protective Services

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During in-depth, individual interviews, seventeen battered women involved in the public child welfare system discussed the effects of domestic violence on their children, and their strategies for protecting and supporting them. Most mothers articulated the detrimental effects of domestic violence on their children and coherent strategies to protect them physically, but described difficulties supporting young children psychologically. Collectively, mothers reported a number of apparently useful strategies for supporting children’s psychological resilience. Implications for intervention are discussed.
In this paper, we explore the problem of domestic violence and parenting from the perspectives of battered women involved with child protective services. Domestic violence — abuse within romantic relationships (Walker, 1994) — is witnessed by an estimated 3.3 to 10 million children annually in the United States (see Stephens, 1999). Although national data is lacking, existing evidence indicates that rates of exposure to domestic violence are particularly high among children involved in the public child welfare system with estimates up to 50% (for example, Beeman, Hagemeister, & Edleson, 2001; see Magen, Conroy, Hess, Panciera, & Simon, 2001). As “Kathy,” a battered women whose children are in foster care, described:

“They experienced a lot of violence. They witnessed more than anything, but it was constant, everyday. We were very afraid of him. When it came time for him to be home from work, we were very nervous, very edgy, very little conversation went on at home. ... I knew he was trying to kill me. I could see it in his eyes. And they (children) were crying and screaming. And he was coming at me, he didn’t care that the kids were there. He just wouldn’t stop and he was swinging and he was so drunk. And I can’t remember but he got on top of me and was straddling me, choking me again, and I took a screwdriver and stabbed him and it got him off me. And my two girls (aged 1 and 4 years) were trying to climb out a bedroom window. It (the domestic violence) had a profound effect on them. More than I could ever have imagined.”

Witnessing domestic violence is a form of traumatic stress that may place children at psychological risk (for example, March, Amaya-Jackson, & Pynoos, 1996; Pynoos, Steinberg, & Goenjian, 1996). According to the DSM-IV, traumatic stress involves experiencing or witnessing actual or threatened physical injury to the
self or other person, especially a family member, accompanied by fear, helplessness, horror, and, in children, disorganized or agitated behavior (American Psychiatric Association, 1994). Empirical evidence is extensive in showing that witnessing violent exchanges between adults has detrimental psychological effects on children, even if they themselves are not the targets of abuse (see Holden, Geffner, & Jouriles, 1998). Decades of research testify to the relations between family discord and children’s maladjustment (for example, Baruch & Wilcox, 1944; Cummings, Vogel, Cummings, & El-Sheikh, 1989; Maughan & Cicchetti, 2002). Clear associations have been found between exposure to violence and posttraumatic symptoms and disorders even in infants and toddlers (see Osofsky, 1995). Children exposed to domestic violence may show a variety of internalizing and externalizing behaviors (see Stephens, 1999), and chronic fear response (Perry, 1997). In addition, traumatic stress may disturb children’s emerging concepts of self and other, safety, and protection (Pynoos et al., 1996), and interfere with the development of affect regulation (Parens, 1991). The effects of domestic violence may be particularly devastating to children in foster care given the multiple other environmental, biological, and relationship-related risk factors to which they are regularly exposed. Indeed, young children in foster care have three to seven times more chronic emotional disorders and chronic medical conditions than children of similar socioeconomic backgrounds (Blatt & Simms, 1997) and also experience disproportionate rates of developmental delays (Cicchetti & Toth, 1995).

Evidence from the trauma literature, however, suggests that children exposed to domestic violence may vary in whether they experience mental health and developmental problems. Indeed, some children show relatively normal patterns of development despite profound and ongoing stress (for example, Garmezy, 1985). The relationship between exposure to trauma and the sub-

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sequent development of a psychiatric disorder is not simple (Yehuda, McFarlane, & Shalev, 1998).

The quality of children's relationships and communications with parents may be one of several important mediating factors in children's responses to traumatic stress (for example, Bowlby, 1988; Garmezy, 1985; Pynoos et al., 1996). Children may rely on parents for interpreting trauma because they have fewer and less developed psychological resources to respond to trauma than do adults (Marands & Adelman, 1997; Pynoos & Eth, 1985). Following exposure to trauma, parents may begin to scaffold children's emerging interpretation of the event, for example, through comfort, emotional security, and explanations. Indeed, children's resilient responses to traumatic stress are associated with such calm, comprehensible communication with parents (for example, Bat-Zion & Levy-Shiff, 1993). The crucial role of parents as mediators may be one reason why children often are especially stressed when parents are physically or emotionally unavailable to them in times of trauma, for example, during war or maternal rape (Punamaki, 1987).

Relatively little research, however, has described the parenting beliefs and practices of battered mothers. Yet, understanding the various beliefs of such mothers is a necessary first step to developing interventions for supporting them in protecting their children and promoting their children's resilient responses. Belief systems are taken-for-granted ideas about the nature of reality that provide a frame of reference within which individuals interpret experience and formulate goals and strategies for parenting within the constraints of culture (for example, Harkness & Super, 1996). Evidence shows that many battered women have distorted beliefs about domestic violence. Defense mechanisms such as denial and minimization may allow women to function in dangerous environments (for example, Walker, 1994), but also may block positive change and active support of children's psychological recovery. The extent to which any distortion in battered women's belief systems extends to parenting is unclear. Some battered women reportedly project negative characteristics of the batterer or themselves onto their children (Stephens, 1999), or deny that children are affected by the abuse.
(Stephens, 1999; Magen et al., 2001). Other research, however, sug-
gests that, in general, the parenting beliefs and practices of battered
mothers are similar to those of other nonbattered mothers in their
communities (Holden, Stein, Ritchie, Harris, & Jouriles, 1998).

Even less information is available concerning battered women’s
socialization beliefs and practices related to violent events per se. In a
survey of battered women, Holden and colleagues (1998) posed an
open-ended question: “What do you say to your child after he/she
becomes aware of a violent conflict?” The two most common respons-
es from mothers were to tell their children that their father was angry
with the mother and not the child, or to explain to their children that
their father was sick and needed help. Some mothers indicated that
after a violent incident they would reassure their children that they
were okay. In contrast to these explanations, a few mothers wrote that
they would threaten their children (“You better behave before he hits
you too”) or excuse the fathers’ violent behavior (“It’s not his fault”).
Although this question was only a single survey item, it suggests that
some important differences exist in how mothers interpret domestic
violence with their children, and hence in how mothers support or
compromise their children’s resilient responses to domestic violence.

This project explores through semi-structured, individual inter-
views the beliefs of battered women involved in the child welfare
system. Mothers first described the contexts of their parenting
including their perceptions of the severity and frequency of the
domestic violence, their children’s involvement in and awareness
of the violence, and the effects of the violence on their children.
Then, mothers described their beliefs about effective strategies for
promoting their children’s physical safety and psychological recov-
ery following exposure to domestic violence.

Method

Participants

Participants were 17 lower-income to working-class battered
women with young children involved with the public child protec-
tive services (CPS) in a medium-sized, midwestern city. All moth-
ers with a child between the ages of 1 and 5 identified as victims of
domestic violence by CPS professionals were invited to participate.
In this study we have chosen to focus on younger children because
the effects of domestic violence vary with children's development
with the most devastating effects seen in younger children (Hugh-
es, 1988). Mothers were contacted through their CPS caseworkers,
who secured their permission for us to contact them about partici-
pating in an interview. Forty-four percent of eligible mothers par-
ticipated. Mothers were given $20.00 for their participation.

Six mothers were African American and 11 were white. The mean
age of mothers was 30, ranging from 19-42 years. The mean years of
education was 12 ranging from 11-16. Six mothers reported recent or
ongoing problems with substance abuse, and seven mothers report-
ed significant mental health issues primarily stress-related and reac-
tive depression. At the time of the interview, 13 women were no
longer living with their abusers. Eleven mothers had children in fos-
ter care, and six were caring for their children while being monitored
by CPS. Mothers had a mean of 3 children ranging from 1-6. The
mean age of the target children was 2.9 years ranging from 1-5 years.

In describing their own childhood, eleven mothers reported
domestic violence between their caregivers. Eight even described
their own traumatized responses to this domestic violence as chil-
dren. Five also reported childhood physical or sexual abuse by
family members, and one reported neglect. Seven reported that
their caregivers abused substances.

Procedures

Each mother participated in an in-depth, semi-structured individ-
ual interview with one of three female interviewers. All inter-
viewers had MSW degrees and professional experience interview-
ing battered women. They met with mothers prior to the inter-
views to explain the study, obtain consent, and establish rapport.
Mothers were invited to choose from a variety of places for the
actual interview: a comfortable office at the university, a study
room in their public library, or their own homes. An effort was made to keep the interviews conversational. Interviews were audiotaped and lasted approximately 2 to 3 hours.

Mothers addressed several content areas, each of which began with an open-ended invitation to comment on the general topic followed by more specific probes inserted at appropriate places in the conversation, and concluding with another invitation to comment on any other aspect of the general topic:

1. The nature, frequency, duration, and intensity of domestic violence between themselves and their male partners. These questions were modeled from those used by Walker (1994) and included extensive probes for psychological, physical, and sexual abuse. For example, “Tell me about the first argument or fight you remember with (partner).” “Tell me about your most recent argument or fight.” “Tell me about the worst fight.” “Have your arguments or fights ever gotten physical, for example, pushing, shoving, slapping, hitting, punching?”

2. Their beliefs about the effects of domestic violence on their children. For example, “Tell me about (target child’s) reaction to the arguments/fights between you and (partner).” “How do you think arguments/fights between you and (partner) affect (child)?” (Probes included behavior changes at home, school, or with friends, as well as indicators of stress or trauma).

3. Strategies for protecting children’s physical well being during domestic violence. For example, “What have you done to keep (target child) safe during arguments/fights between you and (partner)?

4. Strategies for supporting their children’s psychological recovery from domestic violence, in particular, helping them to interpret or make sense of the domestic violence. For example, “What kinds of questions or comments has (target child) made concerning arguments/fights between you and (partner)?” “What have you told your child about
the arguments/fights between you and (partner)?” “What are some of the things you’ve found to be most useful in helping your child to understand (partner’s) violence towards you?”

Upon concluding the interview, interviewers offered mothers a list of referrals for help with domestic violence. A copy of the complete interview protocol is available from the authors on request.

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**Analysis**

Interviews were transcribed verbatim. Then, the first author read all interviews and generated a list of coding categories for mothers’ responses to questions about the nature, frequency, intensity, and duration of domestic violence; and for themes derived from the mothers’ narrative responses describing the effects of domestic violence on their children, their various strategies for protecting their children and promoting their psychological recovery, etc. Descriptions of the themes were further refined and elaborated through multiple rereadings of the transcribed interviews and discussions by the first author and by the interviewers (the three co-authors). Themes are described in the results section. Note that this paper focuses on themes articulated by four or more mothers.

Following a period of training, two raters independently coded the themes present in all of the transcribed interviews. Disagreements were resolved through discussion. Adequate interrater agreement on the presence or absence of particular themes within each transcript was obtained on all codes including those pertaining to the effect of domestic violence on children (percentage agreement range = 77-100%), strategies for helping children to interpret domestic violence (range = 88-100%), strategies for keeping children physically safe during domestic violence (range = 82-100%), and changes in mothers’ perspectives over time (94-100%). Interrater agreement on coding categories for the nature, frequency, intensity, and duration of the domestic violence also was adequate with percentage agreement ranging from 75-100%. Details are available from authors upon request.
Results

Parenting Context

Nature, frequency, severity, and duration of domestic violence. All mothers reported domestic violence, defined as abuse within their romantic relationships (Walker, 1994). Fifteen mothers described physical violence ranging from slapping and shoving to kicking, punching, strangling, and using weapons. Five mothers described forced sexual activities. Eight mothers described interference with personal liberty including the intentional restriction of everyday activities such as going to work or to visit relatives, financial restriction, and imprisonment. Fifteen mothers reported psychological abuse including ridiculing, threats, and humiliation. Many abuse types overlapped or cooccurred. One mother reported physical abuse only, eight mothers reported psychological and physical abuse, and eight mothers reported three or more types of abuse.

Fifteen women reported severe abuse. Abuse was considered to be “severe” if: 1) the woman reported harm for which most professionals would recommend medical intervention (for example, burns, lacerations, rape, broken bones, concussion) or mental health intervention (for example, severe anxiety or depression related to the abuse); 2) the woman or someone else (for example, a neighbor) called the police or another third party for help; or 3) the woman left home to seek safety (for example, at a shelter). Two mothers reported less severe, but significant physical abuse (for example, slapping or punching that resulted in bruises).

Thirteen mothers reported regular abuse. Regular abuse refers to a predictable pattern of abuse, for example, after a stressful day at work or a visit to in-laws, occurring from one episode per week to daily. Three mothers reported occasional abuse—occurring once or twice in the relationship, for example, during an intense argument surrounding divorce. One mother’s report was unclear about the frequency of abuse.

Fourteen mothers reported involvement in violent relationships for a mean of 5 years ranging from 8 months to 11 years. Three mothers did not report on the length of their violent relationship.
Children's involvement/awareness of domestic violence. Ten mothers reported that their children were not physically present during the domestic violence, but were aware of the abuse, for example, they overheard the violence or witnessed its aftermath. One mother reported that her child observed the violence. Six mothers reported that their children were actively involved in the violence, most typically in trying to protect them (n = 4). Four mothers reported that her partner’s abusive behavior towards her extended to the child whom he physically assaulted during episodes of domestic violence.

The effects of domestic violence on children. Thirteen mothers detailed negative effects of domestic violence on their children’s well-being and development. Of the four mothers who believed that the domestic violence had not affected their children, two reported less severe and frequent abuse and two argued that their children were too young to comprehend. Note that one mother who explicitly denied that domestic violence affected her child also described specific effects, and so she is included in the following analyses.

Family constellation. Fourteen mothers described concrete changes in the family constellation and living arrangements as a result of the domestic violence. Most typically, mothers (n = 11) described that their children no longer lived with their fathers, for example, the child’s father was sentenced to prison or the parents divorced. Ten mothers also identified domestic violence as a primary reason for CPS’s involvement in their families, for example, the child was placed in foster care because of risk of harm, or the child was kept in care longer because of ongoing, unresolved domestic violence. Eight mothers described changes in their children’s housing (other than placement in foster care) as a result of domestic violence, for example, the mother sent the child to stay with relatives or moved with the child to a shelter to escape the violence.

Family relationships. Fourteen mothers also described specific changes in family relationships as a result of domestic violence. Ten mothers described that their parenting was compromised as a
result of domestic violence; for example, during stressful times with their partners they yelled at or hit their children. Eight mothers also mentioned negative changes in their relationships with their children, for example, the child blamed the mother for the father's abandonment of the family, or the child took on an adult role during domestic violence to intervene on behalf of the mother.

Ten mothers also described how their children's relationships with their fathers were affected negatively by domestic violence; for example, the child became fearful, angry, or distrustful towards the father. Four mothers also described that the domestic violence negatively affected the father's parenting, for example, when angry with the mother, he would slap, yell, or otherwise mistreat the child. Six mothers described the child as negatively affected by observing the reactions of authority figures to their fathers' violence. For example, a young boy was frightened and confused when watching his father being handcuffed and driven away by the police like a "bad guy."

Four mothers also discussed the problematic consequences of domestic violence on sibling relationships. For example, the siblings fought with each other physically as they had observed their parents fight, or one child assumed a parental role to protect younger siblings.

*Psychological well-being.* Fourteen mothers described specific psychological effects of domestic violence on their children. Nine mothers described their children's immediate traumatized reactions upon observing violent episodes including screaming and crying hysterically, and attempting to flee through an upstairs window. Six mothers described behaviors indicative of posttraumatic stress, for example, children had nightmares or exhibited wariness when their father was in the home. Six mothers described behavior suggestive of externalized distress, for example, the child became aggressive with others, began acting out in school, or began throwing tantrums. Five mothers described behavior suggestive of internalized distress; for example, the child became sad and withdrawn. Four mothers also were concerned that their children were learning antisocial beliefs and behaviors as a result of
exposure to domestic violence, for example, violence is normal, and hitting is acceptable when one is angry.

Changes over time. We did not probe how mothers’ understanding of the effects of domestic violence on their children changed over time. Yet, five mothers initiated discussing this topic. At the time of the study, all of these five mothers had left their violent partners and viewed domestic violence as having had a profound effect on their children’s development and well-being. These mothers also described, however, that when they were involved in the violent relationships, they simply were not aware of, or minimized, the effects of the domestic violence on their children.

Protecting children’s physical well-being during episodes of domestic violence. Fourteen mothers described specific strategies that they used to help keep their children physically safe during domestic violence. Most commonly, mothers (n = 11) described physically separating their children from the violence by, for example, moving away from them or putting them in their bedrooms. Nine mothers mentioned calling a third party, for example a relative, friend, or the police for help when their partners’ violence threatened to encompass (or did encompass) abuse of the children. Seven mothers also described specific signals they developed with their children to warn them away from impending violence, for example, verbal instructions such as “back off,” “go to your room,” or “don’t referee.” Four mothers also described trying with varying degrees of success to affect their partner’s violent behavior, for example, calming him, or restraining themselves from arguing.

A number of mothers described longer-term strategies for keeping their children physically safe. Five mothers described their increasing realization that their partners were dangerous and their plans to place their children out of harms way, for example, by sending them to live with relatives. Only three mothers sought the help of the legal system with court orders of protection.

Promoting children’s psychological recovery from domestic violence. Twelve mothers described specific strategies they used to promote their children’s psychological recovery from domestic violence.
Reassuring and supporting. Eight mothers described the importance of providing their children with emotional support, including reassuring them that they are loved, they will be taken care of, they are safe now, the fighting was not their fault, and leaving was a good decision. As one mother explained, "They need to know that they are still loved and they are not the ones causing the argument. Let them know they are loved always and especially."

Limited truth-telling. Seven mothers emphasized the importance of providing children with factual information, but doing so in a way that does not further traumatize them. Mothers stressed, "Don’t lie to them about it," and, "Answer their questions." The challenge is to provide enough information to honestly address the child’s concerns without causing additional distress. As one mother explained, she would, "answer the best that I could, you know, without actually making them frightened." Indeed, some details may need to be held back. Another mother explained, "I don’t tell them all the issues because it’s so harsh for their little minds to grasp."

Instilling hope. Four mothers also discussed the importance of instilling hope in their children by directing their attention to the future or, if the abuse had ended, the present. Mothers spoke of the importance of helping children to “move on” and not “dwell” on the trauma, and of letting the child know that “things will get better.” For example, one mother explained, "I would try to talk to them and tell them that things are going to get better and we don’t have to live like this." Another mother reflected, "She saw this everyday, all her life, so she remembers everything. She sees some violence on TV and, 'Oh, Mom, remember Daddy hitting you like that?' I say, 'We don’t do that anymore. That was old, this is new. That’s how it used to be, but this is how we are gonna be, and go on from here.' Just get her mind off that, cause that’s not where I want her. I don’t want her spending all the time thinking about that. So I say something, and then we go on."
Prevention education. Four mothers also described ways in which they have attempted to socialize their children to avoid violence in their own futures. Mothers stressed to their children that violence is wrong, taught alternative responses to interpersonal conflict, and provided substance abuse education. For example, one mother explained, “I always tell my daughter, you don’t let a man hit you. The first time he hits you, you get out and you don’t never go back. I stayed until it got so bad, and now I don’t have my kids. So I tell her—the first time, you get away.” Another mother emphasized, “I work with my daughter. Hitting is not a good thing. I told her before you go anywhere, you go, you meet his mother, his father, his sisters, brothers—everybody. And if they are the least bit screwed up, run the other way.”

Separating spousal and parental roles. Four mothers described the difficulties of discussing with their children the violence of men their children loved as their fathers. To relieve children of the burden of feeling caught between their parents, they tried to separate the father-child relationship from the spousal relationship. They avoided speaking ill of the father to the children, gave them explicit permission to love their father, and discouraged their involvement in “adult problems.” One mother explained, “He was ‘Daddy.’ I explained to them that it was the best decision I could have made to leave their father and I told them it was okay if you love your dad... Even though it was painful—to tell my children it was okay to love the same man that I could not.”

Normalizing abuse. Four mothers described justifying the violence and thereby making it less frightening to their children. These mothers described providing excuses or explanations for the violence, for example, “Dad is mad,” “Sam’s just tired,” or, “Fighting is a sign that we are ready to live apart.”

Challenges. We did not probe challenges faced by mothers in helping their young children to interpret the violence in a way that allowed for their psychological recovery. Yet, 12 mothers initiated discussing this topic. Most commonly, mothers (n=10) described
the child as too young to fully understand the violence or participate in its interpretation. One mother lamented, “They were so little I never told them anything or explained to them.”

Four mothers went on to explain that since they didn’t know how to help a young child understand violence, they did nothing. One mother commented, “They’d ask where Daddy was and why Daddy hit Mommy and the only thing I could say is, ‘Mom’s not sure.’ I didn’t know how (to) put it without making them feel fearful for their lives, making them feel they couldn’t trust anybody. You know, everybody’s not like that which I kind of learned through the hard way.”

Other mothers (n = 2) described themselves as too traumatized by the violence to discuss it with their children. As one mother explained, “I didn’t even know (how to interpret the violence). I was in shock. I couldn’t explain nothing to her. But to this day, if someone yells at me, she’ll cry.” Even after leaving her abusive partner, another mother explained, “I won’t talk about it with them. It’s hard on my spirit, and soul, to be grieving for him all the time.”

Four mothers admitted that, at the time, they simply didn’t know that discussing the violence with their children was important. “I didn’t know about doing that (talking to her child). I just knew that she got up and I was sober in the morning and he was sober, she was still happy and playing, everything’s fine. I didn’t know. I didn’t know to talk to her.”

Conclusion

In this study, we described the problem of domestic violence and parenting from the perspectives of battered women. The mothers participating in this study all reported significant histories of domestic violence, which they typically viewed as harmful to their children. Mothers attributed changes in their children’s family constellation, typically the loss of their father and entry into foster care, to domestic violence. Consistent with other empirical research, they also recognized harmful effects on children’s relationships with family members, their own compromised parent-
ing due to the stress and trauma of the abuse (Levendosky & Graham-Bermann, 2001; Levendosky, Lynch, & Graham-Bermann, 2000; Ritchie & Holden 1998), and disturbed parent-child relationships (Pynoos et al., 1996) with both the abuser and victim. Mothers also described children’s traumatized reactions at the time of the abuse as well as enduring behavioral changes suggestive of externalized or internalized distress and chronic fear response (for example, see Holden, Geffner, & Jourilies, 1998; Stephens, 1999; Perry, 1997). Consistent with evidence that children in homes with domestic violence are at increased risk for physical abuse by the batterer (Ross, 1996; Straus & Gelles, 1990), several mothers reported that their partners also physically abused their children.

In discussing strategies for protecting children from domestic violence, the vast majority of mothers articulated well-organized strategies for protecting children’s physical well-being. At the same time, most mothers also emphasized the challenges and complexities of protecting children’s psychological well-being and recovery. Helping a young child to develop a coherent interpretation of domestic violence that allows for psychological recovery clearly is a complex task. Yet, most mothers were able to articulate some specific strategies. As a group, they generated a number of apparently supportive strategies. They emphasized the importance of providing children with emotional support and reassurance that they are loved, providing clear and appropriate information, instilling hope, educating children to prevent violence in their own futures, and allowing children the freedom to love their fathers.

There was, however, individual variation in mothers’ beliefs about effective strategies for supporting children’s psychological recovery from exposure to domestic violence. A minority of mothers described strategies that seemed to normalize or justify the abuse. Their explanations suggested that violence was a legitimate response to anger, frustration, and interpersonal conflict. An important question for future research is how mothers’ beliefs and socialization strategies relate to children’s responses to domestic violence, especially those associated with more resilient recoveries.
A second question for further research concerns how mothers construct their parenting beliefs and practices around domestic violence. All of the mothers in this study had contact with child welfare and mental health professionals. A few mothers reported conversations with professionals about the effects of domestic violence on children and strategies for supporting children's recovery. Most mothers also had ongoing contact with family and friends with particular folk beliefs about children's development, well-being, and domestic violence. Mothers also had complex personal histories. Indeed, most mothers witnessed domestic violence in their families of origins. Understanding the sources from which individual mothers construct parenting beliefs and strategies about domestic violence could lead to the development of powerful intervention tools.

Future research also is needed to develop and evaluate interventions for supporting battered mothers in promoting their children's psychological recovery. Evidence from North American families suggests that socialization beliefs and practices for helping children through traumatic events vary across communities in relation to culturally specific belief systems. For example, many working-class mothers tell stories involving traumatic stress including domestic violence in the presence of, and with, their young children while middle-class mothers typically censor such talk (Burger & Miller, 1999). In addition, working-class mothers generally view such exposure as protective because children need to know about predictable dangers so that they may avoid or effectively manage them in the future. In contrast, middle-class mothers generally believe that shielding children is protective because children are psychologically vulnerable and exposure to topics such as domestic violence can be harmful (Cho & Miller, 2004). Given the diversity of clients served by CPS, these data underscore the importance of attending to the child rearing beliefs and practices of mothers, and building upon apparently supportive strategies that they themselves describe.

In interpreting the findings of this study, it is important to note that slightly less than one-half of the eligible mothers agreed to participate in this study. It is possible that these mothers differed
in systematic ways from mothers who chose not to participate, for example, their sensitivity to the harmful effects of domestic violence on children. In addition, this study was cross-sectional in design. Mothers’ perspectives on how to support children’s resilient responses may change in relation to their own recovery and life circumstances. Although domestic violence was a relatively recent occurrence in the lives of the participants, most of the mothers were no longer living with their violent partners. As mothers’ own danger and stress decrease, they may be better able to consider and respond to their children’s psychological needs.

Practice Implications
Domestic violence has been widely recognized as a significant impediment to family reunification. A number of states and counties (for example, Maine, Massachusetts, Ohio, Michigan, and San Diego County) have developed practice protocols for child welfare professionals stressing the importance of systematically screening for domestic violence, and referring mothers to appropriate services. These protocols provide guidelines that help child protection workers identify domestic violence, assess its severity, and assess its effects on children. Given the high levels of domestic violence in families involved with child protective services, implementing such screening protocols is vital. The present study, in conjunction with the trauma literature, suggests several additional practice implications:

First, educate child welfare professionals—from investigators to family reunification and family preservation staff—to respond to traumatized clients. When mothers do report domestic violence, child welfare professionals should employ clinical skills appropriate to work with trauma survivors such as empathy and a non-judgmental stance. Mothers in this study reported significant ongoing stress and trauma, as well as histories of loss and trauma. Many also reported poor relationships with child welfare professionals (Shim, 2004). Maintaining empathetic and nonjudgmental attitudes may be especially challenging for some child welfare professionals not trained as clinicians. Some child welfare protocols appropriately emphasize that workers should assure the battered woman that
they are concerned about her safety as well as her children's safety, assure her that they will not confront the abuser with information she has shared about abuse in the family without first discussing it with her (for example, Maine and Massachusetts), and exercise patience with initially uncooperative or resistant adult victims (for example, Massachusetts). Child welfare professionals should not be expected to act as therapists; but with training, they may acquire the clinical skills necessary to avoid causing further stress to traumatized women, and to refer them in appropriate services.

Second, implement or refer mothers to interventions for domestic violence that support their reflection on the impact of violence on their children, and development of strategies for facilitating children's psychological recovery. Most of the mothers in the current study described coherent, organized strategies to protect their children from physical harm, such as removing them from the room or signaling them to leave. At the same time, most mothers described significant difficulties in helping their young children to interpret the violence in a way that allowed for their psychological recovery. Given support and coaching, however, many mothers may ultimately be the individuals most capable of helping their children to interpret and develop resilient responses to domestic violence.

Third, provide a supportive context for parent-child discussions of domestic violence. Even mothers who have well-articulated strategies and plans for helping their children to interpret domestic violence may benefit, at least initially, from a supportive social context. For example, several sessions with experienced family therapists may facilitate mothers' attempts to discuss domestic violence with their children.

Fourth, consider referring mothers for mental health services to aid in their own recovery from trauma. High levels of ongoing stress and trauma history may compromise mothers' abilities to support their children's recovery from domestic violence. Considerable research also suggests that parents' own unresolved trauma history might negatively impact their interactions and relationships with their own children (for example, Hess, 1999). Thus, mothers' recovery from domestic violence and other trauma may facilitate their abilities to develop a coherent interpretation of the violence with their children.
Finally, consider children’s independent needs for mental health care. Mothers in this study reported children’s symptoms of trauma that may respond best to professional intervention. In addition, mothers reported that, over time, children experienced inconsistent or contradictory interpretations of domestic violence from them that may lead to confusion. For example, consistent with the trauma literature (Pynoos & Eth, 1985), mothers reported that they themselves were too confused and traumatized initially to respond effectively to their children. Consistent with discussions of battered women’s defense mechanisms (Walker, 1994), mothers described that even though they were now aware of the negative effects of domestic violence on their children, at the time of the domestic violence, they denied or minimized its effects on their children’s well-being. Thus, professional intervention also may be indicated if mothers, for example, those early in their own recovery process, are unable to support their children’s emerging interpretations of the domestic violence, or to resolve any lingering confusion on the part of the child.

References


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