



Trauma-Informed Care for Children Exposed to Violence Tips for Engaging Men and Fathers

What happens when children are exposed to violence?

Children are very resilient—but they are not unbreakable. No matter what their age, children are deeply hurt when they are physically, sexually, or emotionally abused or when they see or hear violence in their homes and communities. When children see and hear too much that is frightening, their world feels unsafe and insecure.

Each child and situation is different, but exposure to violence can overwhelm children at any age and lead to problems in their daily lives. Some children may have an emotional or physical reaction. Others may find it harder to recover from a frightening experience. Exposure to violence—especially when it is ongoing and intense—can harm children's natural, healthy development unless they receive support to help them cope and heal.

What are some of the warning signs of exposure to violence?

Children's reactions to exposure to violence can be immediate or appear much later. Reactions differ in severity and cover a range of behaviors. People from different cultures may have their own ways of showing their reactions. How a child responds also varies according to age.

Young Children (5 and younger)

Young children's reactions are strongly influenced by caregivers' reactions. Children in this age range who are exposed to violence may:

- Be irritable or fussy or have difficulty calming down
- Become easily startled
- Resort to behaviors common to being younger (for example, thumb sucking, bed wetting, or fear of the dark)
- Have frequent tantrums
 - Cling to caregivers
 - Experience changes in level of activity
 - Repeat events over and over in play or conversation



Elementary School-Age Children (6–12 years)

Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school

Teenagers (13–18 years)

Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event all the time or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual
- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law

When should fathers be engaged in helping children exposed to violence heal and thrive?

Over the past 3 decades, an expanding body of literature demonstrates that fathers' engagement with their children is associated with positive cognitive, social, and emotional development from infancy to adolescence. The father's role is more than that of economic provider and includes nurturing, caregiving, and emotional support in both obvious and subtle ways.

Historically fathers have been excluded from most programs and agencies. A rule of thumb is that fathers should be engaged whenever a program or agency involves the mother, except in cases where there are safety issues. Providers in all programs play a critical role in engaging fathers. The following are suggestions to engage fathers in interventions to prevent and reduce the impact of exposure to violence on their children:

Develop protocols to respond effectively to men, fathers, and father figures

Programs must have principles and values that clearly engage fathers and men—when safety can be ensured—regardless of the specific issue they are targeting (for example, child protection, education, health, or substance abuse).

In cases of domestic violence, programs and policies regarding engaging fathers must ensure that the strategies do not cause further or undue harm to non-offending caregivers and children. A clear definition of procedures must be developed on the following topics: how to screen and assess for domestic violence and exposure to violence; what to do when there is disclosure of domestic violence; what to do in case of a

crisis or emergency related to domestic violence or other traumatic events; and how to provide appropriate referrals to parents and their families.

In addition, when violence is identified, staff must first talk to non-offending caregivers about whether, when, and how to approach their partners to avoid compromising safety. These conversations should continue throughout the program's involvement, because the non-offending partner's perception of safety or danger may change over time.

Use self-generated cultural values to help men heal, learn parenting skills, and change their behavior

All cultures have attitudes that support responsible fatherhood. It is important to help each father find aspects of his cultural values that support responsible, violence-free, family behavior. The role of practitioners can be to explore the positive values that each man espouses and use those values to support his process of change.

Use fatherhood to motivate men to expand their parenting skills

Most men want to be good fathers. Helping men understand what an invaluable and irreplaceable role they play in the development and lives of their children can lead them to making a deeper commitment and investment in their family.

Fathers are not all the same, and being an effective father takes many different forms. It is important for any caseworker who works with fathers—in other words, every practitioner—to understand what effective fathering is. Understanding what makes for an effective father can help the staff work with a father on setting goals and objectives and assist both the provider and the father in understanding when progress has been made.

Skill-based parenting education and support for fathers can empower fathers in their role as caregiver and build and reinforce healthful connections between fathers and their children. Within their programs, staff can look for opportunities to have open conversations about taking responsibility for routine parenting tasks, emphasizing the protective role that every father and father figure can play in their children's lives, and helping fathers focus on the effects of exposure to violence and explore parenting strategies that may help their children heal.

Provide specialized, trauma-informed interventions to fathers

Unfortunately, some fathers—especially those involved in the child welfare system—have their own histories of childhood and/or adult exposure to violence. If untreated, this exposure can continue to affect fathers' ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability. Fathers' past or present experiences of trauma can affect their ability to work effectively with mental health professionals and/or to respond to outreach from the schools and other systems.

To engage fathers in the work to help children heal and thrive, it is critical to link them with trauma-informed treatment services specifically designed for men.

Offer fathers who have completed batterer intervention programs—and have renounced violence—ongoing support and parenting skills

Some men who use violence in their families can make the choice to change their behavior, sometimes through participation in a batterer intervention program. However, most nonviolence programs for men do not offer adequate followup support for their participants, who sometimes want to continue attending such groups.

It is important to remember that many men who have been violent to their partners continue to have contact with their children. To engage these men, staff must ensure that men have stopped being violent and are willing and able to hear what their children need. Some men are more motivated to make changes in their behavior when they are engaged as fathers or father figures. These men can be helped to achieve constructive and healing relationships with their children.

Establish meaningful relationships with community-based organizations to better serve fathers and their families

To engage fathers, staff should be prepared with appropriate local service referrals, including responsible fatherhood programs, batterer intervention programs, substance abuse services, and supervised visitation. Other important relationships might include those with antipoverty agencies, job readiness and training programs, and educational organizations.

Mandated Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not equal child abuse and neglect, and therefore not all cases of domestic violence must be reported to child protective services. When responding to families affected by domestic violence, it is very important to consider simultaneously the safety of the child and the safety of the adult victim.

State by State information on reporting requirements can be found at http://www.childwelfare.gov/systemwide/laws policies/state.

For more information and resources, please contact the Safe Start Center, a National Resource Center for Children's Exposure to Violence:

http://www.safestartcenter.org 1-800-865-0965 info@safestartcenter.org

Additional Resources

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National Child Traumatic Stress Network. Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. http://www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_fact_sheet_final.pdf