
Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot

Broadside #2 - Snapshot of Provider Approaches to Serving Children

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The providers we interviewed run the gamut, in terms of the kind of child-focused services they offer, and their approach to working with parents and children. The following excerpts from our interviews provide a sense of that range of approaches. Providers' comments also provide stark contrast between the wealth of resources that some programs have been able to marshal, as compared to other more sparsely resourced programs. In particular, the comments illustrate the advantage that full-service agencies have in being able to make shelter-based services available to transitional housing program participants. ***Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach.***

(#01) We've had quite a few families struggling with developmental delays. One mom had two young girls diagnosed with autism, so we helped link her with services in the county for speech and occupational therapy, and helped with the SSI application. Currently we have a family with a three year old with some delays, so I've recommended an assessment through a local children's behavioral health program that provides free screenings, clinical assessments, Early Intervention services, and system navigation support to parents of children with behavioral and mental health issues.

It's basically working with other agencies and the school to get kids the services they need. We have a good relationship with the homeless liaison in our school district, and we talk with her every time we get a new family, so she knows who the kids are and can provide the resources they need at school. We coordinate transportation with our school district. We also provide some direct assistance for after school programs, if needed. If they're getting therapy services through school or another agency we'll leave it, and I'll focus on DV-related matters with them, but if they need more trauma-focused therapy I'll provide it.

We encourage parents to be as involved as possible with the school. If we identify that their kids have issues with attendance and grades we'll talk to mom about options, causes, solutions, and help her advocate for her kids, attend a parent-teacher conference. We offer support with homework, and we try to model behavior for parents. Our agency also has a program that works with young boys to try to ensure that they don't perpetuate the kind of violence they witnessed.

(#02) I've noticed that a lot of our participants' children seem to have speech delays; they're three years and still not very verbal. Quite a few have had behavior issues once they've moved into stable housing, and the moms don't know how to handle it. Maybe because they feel safe enough to express themselves. They know life isn't going back to how they thought it would be. When we see something like that, we refer the child to our agency's children's program or to other community resources, because staff funded under our OVW transitional housing grant are not supposed to provide direct service to children. If the referral doesn't need to come directly from us, if the mom just needs to call the provider, I give them the info and follow up with them to see if they've done it. I empower the mom to make the kid's appointment herself.

The problem is sometimes with participant follow-up. The Health Department has a waiting list that is months long. One client had transportation issues. Some providers don't understand that not everyone has reliable transportation. As far as school-related issues go, the homeless liaison is familiar with our transitional program and emergency shelter. We've worked with him for a long time; he's a good advocate for us....

(#03) We don't do any child-specific assessments. We do have a child advocate in our shelters, but her primary responsibilities are really more around providing respite to mom. She will do an intake with moms, but it's more about, "Tell us about your kids and what we need to know while we help watch them." And we do everything we can to give mom a break and some time off to get stronger so that she can step back in.

We do have, in our shelters, children's therapists that come in and meet with moms and meet with kids; they're catching things that really need to be addressed. And then those services are always in place for any of our transitional housing participants, as well, if they haven't already gotten that started when they were in shelter. Therapy for kids who've experienced domestic violence is free here, so we're able to engage a lot of our women.

(#04) We have a youth advocate, a youth coordinator, and a play therapist on staff. The youth advocate does the children's assessment with parental permission. They also go on the home visits. (Our program advocate does the assessment on the adults.) We work very closely with the school's Title X McKinney program, which serves homeless children. However, we don't play a role in IEPs for children having trouble in school. That's between the parent and the school. We can -- through another grant -- pay for school physicals, tutoring, eyeglasses, and speech therapy. Our youth department is very much on top of things in the community for youth. And we make sure we hand out flyers to the parents, so they know about those things.

The waiting list for subsidized childcare is another barrier, but we have another grant that enables us to pay for emergency childcare services for any of our transitional housing participants or shelter residents.

(#05) Children's services are an integral part of our family support services. When a family gets on our wait list for transitional or permanent housing, they get assessed as to what the family might need; a case manager and clinician work as a team with the families to make sure that the child's needs are taken care of in the classroom as well as at home. They do that with all the homeless families we serve, whether there's been domestic violence or not. And if they're working with a family with school-age children, they visit the school and work with the McKinney Liaison. We have great relationships with some of the public schools; in fact, our clinicians run groups for children in the schools.

Our agency operates an accredited children's center serving infants, toddlers, pre-school-age children, and school-age children up to age 12 from homeless families. Staff at the center provide early education care; before- and after-school care; summer camp; nutritional services (breakfast, lunch, and snacks); and clinical services, including developmental screenings, mental health services, and referral of children with special needs to county programs. We understand that homelessness influences all aspects of child development, and that the stress of transition can impact academic performance as well as social competence; so our children's center works to provide a safe, stable environment for children to develop the skills necessary to succeed in school and with their peers.

(#06) We don't have a child advocate. We do have a children's group that operates at the same time as our women's groups do, and sometimes things come out there, but we do not have funds for a child advocate. If we identify any issues, we can connect the families to the school system, where they assess for special needs, the preschool, where they do their own mandated developmental testing, or the non-profit that administers the Early Intervention program, which does home visits, offers parenting classes, and provides caregiver respite for parents with developmentally disabled children. That agency has been a real valuable partner, because they have several different resources that our participants can tap into, including assistance with childcare costs. And of course, we also have Head Start for schooling issues. For pre-teen/teenage children, there are a handful of very good programs that offer counseling, mentoring, etc.

(#07) If we observe behavioral issues that we associate with witnessing domestic violence, we'll have a therapist come to the transitional shelter. If the mom doesn't want to get the child into therapy, we'll have a therapist come and spend one-on-one time with her and/or the child and provide services that way. Ultimately, though, it's the mom's decision.

(#08) I haven't really encountered an occasion where a mom doesn't want services for her child once a recommendation has been made by the case manager or by one of the art therapists or by a clinical supervisor. In fact, it's the opposite. But we really give them their own time. When they first come into the Safe House, that might not be the first thing they're worried about; they may have just gotten a restraining order, or they're worried about custody, or they just left their home. We try to work with their immediate needs and give them time. If we do make a recommendation, for example, if we see that a child is having a hard time eating or sleeping and we explain our concerns to mom, we would ultimately let mom make the decision about services, unless this is a duty-to-report type of situation.

(#09) We do assessments of the children as part of the intake process, and continue to reassess the needs as they continue throughout the program. It's the same for below school age and school age children for us because we do it on a case-by-case basis. The majority of children receiving counseling in our transitional program are school-aged, but we do have some below-school-age children who are who are also receiving counseling. As part of the intake process we have our children's counselor meet with the children to get to know them and to find out exactly what their needs are. And we work closely with the mother to get her understanding of their needs. That way, we can support the children individually and as a family unit, as well.

We really want to support the mothers, but we sometimes may see signs that the children need extra support, and that may go against what we see the mothers doing. So trying for balance and to be an advocate for the whole family, and not just the mother or just the children is a challenge. But it's ultimately the parent's decision.

(#10) Many of our parents might have an open child protective services (CPS) case, and that's a very frightening thing for a parent. Often, if there's a CPS case open, it's because the child was present during an incident of domestic violence. So the child advocate will help them navigate and support them through that service. It's rare that a parent will turn down an offer of assistance if we say we have services that might be beneficial, or if we tell her the school is not giving her child everything the child is entitled to, and we offer to help her navigate through that. Most parents will appreciate an offer of help, especially an offer to help their child get something that the child is entitled to. They may not approach the school on their own, they may not trust on their own, but with that empowerment and that assistance, most of our moms are pretty receptive. But we don't force anybody into anything; if they don't want it they don't have to take it.

(#11) I think children's services are really important. A lot of programs focus, very understandably, on the head of household as the main victim. But I think the kids in the family are such bellwethers for how it's going – how the day-to-day is really going. It's important to provide support to mom around the kids. We have a lot of kids who don't go to the doctor regularly, or are behind in school. We have an eight-year-old in one of our programs whose mom never sent her to school, because she wasn't allowed to. So not just helping mom figure out how to navigate the school district, but also working with the child, to figure out how it's going to be as an eight-year-old in kindergarten. Trying to give kids a chance to be themselves -- to run around and play, because that's what kids do. It's important to have children's services that can allow for that. And to have a trained professional who can observe what's going on with the kids, and see how that measures up to what's going on with mom.

That's a service that most funders don't want to pay for. How did Johnny do in school this year is not really how we're going to end homelessness or end violence. But how they did in school is going to be a real indicator for the stress level that mom's experiencing -- and her sense of whether she made the right decision in leaving. A lot of our parents take a huge amount of pride when their kids start to thrive again, and you can tell that it's boosting their self-esteem again – that they did the right thing in leaving, or that they made good decisions. As opposed to when their kids are struggling, and they're thinking, "Maybe I should just go back."

(#12) It's absolutely important to have a clinician on staff. We've had an amazing clinician; some of the ladies take advantage of her services and some don't. It's important for not only the moms but for the kids too; the kids have experienced trauma just as the moms have, and they have so many needs. The kids may understand it in a totally different way, or they may not understand it at all, but I think it's important to sit and talk with them about what they've seen, how they feel about what they've seen, and remind them that it isn't their fault -- so they can become healthy young children. The kids have been in the room, seeing that violence, seeing things they should never have to see. They've been in the next room and heard things they should never have to hear. It's important to make sure they get a chance to work through the trauma they've experienced and to deal with the issues and what they're feeling. It's important and it's oftentimes forgotten.

(#13) We offer [Parent Child Interaction Therapy \(PCIT\)](#) for families with children age 2-7, which supports mom in gaining the communication and disciplining skills that will strengthen the parent/child relationship, and increase mom and the child's enjoyment of each other. A huge part of empowering women is helping them understand how their trauma has affected their parenting, so that they don't have to feel like they're bad. Through PCIT, they can learn simple skills that help them connect better with their kids, where connection has been difficult because of the trauma or anxiety or depression. I think it's a huge part of developing their self-esteem too, if they do that PCIT and they improve on their parenting, and they feel stronger as a woman -- which is what we want. We're not huge like New York, but we have more services available than in some other smaller towns. We feel very fortunate to have what we have: especially children's counsellors who have been trained in different therapies to help with children of all ages, and an understanding of domestic violence and trauma.

(#14) We serve families, but we don't offer counseling services to children. Children and other dependents are usually secondary clients, you could say, because they benefit from the rental assistance we provide. But we don't really see them one-on-one. We do, however, partner with other agencies that address children's needs. A lot of clients are either already seeking counseling or may want to get their housing situation under control and then focus on mental health. So if they want their children to receive counseling services, we link them with counseling agencies or domestic violence agencies that offer counseling to children. Although we always encourage counseling services for both the primary participant and their children, it feels like the mothers are more likely to have their children receive services and less likely to focus on the services that they, themselves, need. Mothers usually put their children's needs before their own. One of the barriers for participants accessing counseling for themselves is lack of time: if they work in the day, and then they have to be at home to watch their kids when they come home from school, they won't go to counseling.

(#15) We don't always see the children. If the family is lucky enough to have another source of daycare or a family member to watch their child while they come meet with us, we won't necessarily see the child. If we see something, we'll ask questions: "It looks like your child is struggling, do you need help with this?" But unless the parent indicates the need, we won't intervene. It has to be client initiated. Right now there's a woman who's told us she's got a lot of anger issues with her child, so we're trying to get someone from an external agency to do in-house therapy with her.

With special education, the parent is absolutely the gatekeeper. We'll talk with them and explain the situation as best we can, to help them make an informed decision. We'll encourage them to speak with our child advocate, who is a wiz at these things and is very good at explaining to the parents why services might be a good idea. But at the end of the day, it is totally up to the parent on whether they go with an IEP or refuse it.

When you're struggling with homelessness and domestic violence, the last thing you want to be told is also that your child is not perfect. So we sometimes have parents that resist or are angry when we broach the

subject, and they can be adamant that nothing is wrong. But they're with us for a period of time, and sometimes something changes, and they have to acknowledge it, because things are not progressing well.

Some parents have a lot of shame and disappointment in having a child with special needs. And they may feel guilty about leaving their partner and leaving everything behind. When they find out their child is struggling on top of everything else, they tend to blame themselves for their child's imperfections, and it could be something that really breaks their back because it's like, "Now this on top of everything? I can't take this."

(#16) A lot of our parents have tried very hard to shield their children from knowledge about the abuse that was happening in the home, and they may not realize exactly how much their children know about what was going on. And in addition to any trauma, there's also just the disruption of life-as-usual -- changing living situations, going into a shelter, leaving home. It's not uncommon for kids to be struggling with having accidents -- bed-wetting, delayed potty training -- or different behavioral issues or separation anxiety or other acting out. So parents can find it supportive to speak with somebody who's nonjudgmental, just providing information about the different impacts of trauma and how to heal from trauma and how to support your child's healing from trauma -- and how to gauge your expectations accordingly.

Framing is important. We've found that many parents think that being in counseling means that something is wrong with them. But they're very interested in any type of parent support. If we can offer a parenting class or make available a parent coach, or provide in-home supports that will help their child, or help them help their child, that will often be very welcomed.

We try to have a range of services to maximize our opportunity to have contact with different members of the family. For some people, counseling doesn't feel very culturally relevant, or there's a stigma attached to it, and so some parents don't want you looking at their child. But whereas counseling may seem like a scary thing, afterschool activities may be fine. So our children's advocates do a lot of therapeutic play and afterschool activities and groups with the children, while the parents are attending life-skill classes or other groups. Those are opportunities to have supportive contact and intervention with children in a way that's comfortable for the parent. And we do family nights, group activities with children, and parenting support programming.

(#17) We don't have anyone on staff that focuses on the children, I'm sorry to say, and I think that's a huge gap. We don't have a children's advocate. We receive funds to do teen work because that's the big thing these days. But we don't receive funds to do children's work. We do children's groups -- childcare -- like when we're running dinner meetings; we have lots of play space indoors and outdoors to accommodate children. But at this point, we do very little supportive counseling with children. We used to do that work, but funding trends change. We still do some work with families whose children have been sexually abused, for example, going with moms to court, to forensic interviews and exams, but primarily, our work is with the parent.

(#18) We don't have any services specifically focused on the children. The way that we support children is through supporting mom. If mom was having problems with parenting, we would refer out for help, but we could definitely talk with her about it. When I'm in a participant's home, I don't give my suggestions about disciplining or parenting. I just support them in working through their frustration and then ask them what I can do to help. If a mom says, "I want to learn alternatives to timeouts because my kids are not doing timeouts," I'll research some things and print them out for the mom, but I'm not in the role of telling her how to be a mom. I just try to find out what kind of mom she wants to be and what values she has with her kids, and then try to find a way that works. But I don't work specifically with the kids.

If I noticed a developmental delay, or behavioral issue, or something -- but I don't think I would -- I wouldn't be afraid to communicate that with her, but then ultimately, it would be, "what do you want to do about this," and "how can I help you do this?" I know some moms have been in denial about how it's affected the

kids and I will point that out in a kind way, and try to validate and normalize that, and then we just move on to working with the school district. I've done that before, to try and get an IEP with them, but mom is in the driver's seat; I'm just helping her do some of those things.

(#19) We have an amazing child advocate. The children just love her and look forward to the activities she leads, from the time they are in shelter until the time their families move on from transitional housing. The assessment process happens during the time the children spend with her, and then she can make referrals.

Originally, our children's advocate's services were entirely child-focused, but we realized that it was really important to engage the parents -- giving them the opportunity to take back the decision-making power that they need as parents -- and she invited and encouraged them to participate in and observe those activities, and she really earned their trust and confidence in the program and in our staff. In turn, building that relationship made it possible for her to discuss the kinds of things she might be seeing, and to help parents understand that they were not to blame if their child had a developmental delay or other setbacks due to witnessing or experiencing the violence, that it was the perpetrator, and that by working together now to address those issues, they could prevent more significant problems and setbacks later.

(#20) Technically speaking, the children are not our participants, but if, as part of the assessment process, the parents have identified that their child has special needs -- for example, if they have PTSD or they're struggling in school and will need an IEP -- we'll put it in the service plan, so that we can support them in getting services for the child. Because if their children aren't stable, the parents aren't going to be stable.

(#21) There's a lot of fear, denial, and being in crisis mode that keeps parents from engaging in longer term mental health treatment, but we try to overcome that. Some of it is finding time for a therapeutic appointment doesn't fit into their framework right now. Some of it is the piece about, "I don't understand why my kid is not sleeping at 11:00 at night. I want help at 11:00 at night," instead of understanding that your therapy may prevent some of these behaviors that are so exasperating. Also, we serve a good number of refugees in our program. The therapeutic counseling model is fairly new to them, or has a stigma attached to it, and so they don't really want to take kids to counseling because that's for crazy people.

Again, it takes a lot of education. And that's partly why we started doing these monthly Q&A's with the therapists because we want that to be relationship building for the parents and the therapists, so it's not so scary to walk into a therapist's office to talk about really hard things. But if you just want to talk about my kids not eating very well or fighting with their sister all the time, they can start the conversation there. We found those Q&A's to be very successful, and then the therapist can say, "I'm happy to follow up with you. Do you want to set an appointment?"

It's completely up to the family if they want to all meet together or if they want some separate time. We do have an intake that we do just with the kids that's just questions about what scares them, what they've been through, and what their dreams are; all of those things. The child advocates will usually go over that with a parent, with the child's permission. I think it's about helping mom understand what the child witnessed.

We also do a family safety plan together, so that we're not just doing one with mom and child separately, and that often comes with a conversation about what's not worked in the past, and those are very hard conversations for our families, for our moms especially. Frankly, some are more open to it than others, and we just have to go with where they're at.

Our child advocates weren't necessarily specialists when we hired them; they had experience working with children, and we give them lots of training here. We do a lot of training with the early education center, with our mental health partner, and in other ways, so we turn them into children's specialists or early education specialists. I think the majority of them just have bachelor's degrees in social work-related fields.