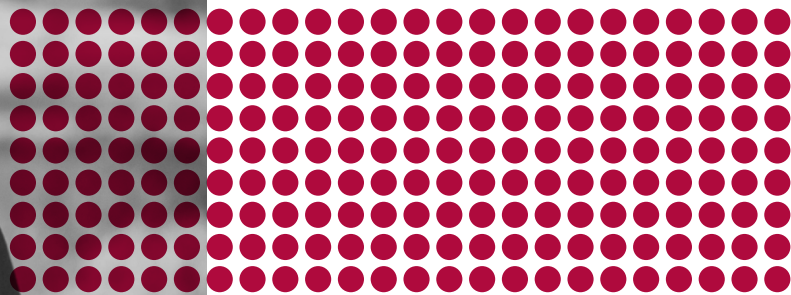




THE HEALTHPATH
FOUNDATION OF OHIO

IMPACT OF DOMESTIC VIOLENCE EXPOSURE:

**Recommendations to Better
Serve Ohio's Children**



June 2017

Impact of Domestic Violence Exposure: Recommendations to Better Serve Ohio's Children

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Executive Summary

Prevalence of Domestic Violence Exposure

Domestic violence is a serious, preventable public health problem, and is defined as physical violence, sexual violence, stalking, and/or psychological aggression by a current or former intimate partner. In Ohio, an estimated 6.4% of all children are exposed to domestic violence each year, and 25% of all children will be exposed before they turn 18 years old. ¹ This translates to an estimated 163,000 children being exposed to domestic violence annually and 657,000 children being exposed before the age of 18. ² Exposure to domestic violence includes watching or hearing the violence, involvement such as trying to intervene or stop the violence, or experiencing the aftermath of the violent event such as seeing bruises. Over half of children exposed to domestic violence are exposed to severe forms such as witnessing one caregiver physically assault the other or use a gun or knife against the other caregiver.¹

Impact of Domestic Violence Exposure on Child Outcomes

Exposure to domestic violence negatively affects children of all ages from infancy to adolescence. Children exposed to domestic violence have a higher risk of developing behavioral, mental health, cognitive, social, physical health, and physiological problems. See the section beginning on page 9 for more information.

Impact of Domestic Violence on Parenting

Domestic violence affects the parenting skills of the non-offending parent, who is statistically most likely to be a woman. Research has shown that mothers who are in a violent relationship report higher perceived parenting stress ³⁻⁷ and less positive regard, warmth, and responsiveness to the emotional needs of their children than women who are not in a violent relationship. ^{6,8} Women in a violent relationship also are more likely to be less attentive to their children's emotional and physical needs. However, once mothers have left a violent relationship, they tend to

show an increase over time in supportive parenting behaviors such as positive discipline, warmth, and consistency. ^{9,10}

Research on the parenting behavior of the violent/offending partners (also known as domestic violence batterers or perpetrators) consistently suggests that offending parents—statistically, most likely to be men—demonstrate significantly higher degrees of authoritative, controlling, angry, and neglectful parenting behaviors and significantly lower levels of empathy and responsiveness to the emotional needs of their children. ¹¹⁻¹⁴ Children are in serious danger of being physically, psychologically, and sexually abused by caregivers who perpetrate domestic violence. ^{11,15}

Protective Factors That Promote Resilience in Children Exposed to Domestic Violence

Although children exposed to domestic violence are at higher risk of developing emotional, behavioral, cognitive, and physical health and mental health problems, not all exposed children have such problems. ^{16,17} In fact, some children are resilient—meaning they thrive and achieve optimal development despite exposure to



domestic violence.¹⁸ Nearly 40% of children exposed to domestic violence fare just as well or better in psychological adjustment than children not exposed.¹⁹ This suggests that protective factors are promoting resilience in children exposed to domestic violence. These protective factors can be internal to the child or external from peers and caregivers.

Impact of Enforcement and Judicial Treatment of Domestic Violence Cases

Children are at serious risk of potential harm when domestic violence is not properly assessed and evaluated by law enforcement or justice system representatives. Individual jurisdictions and the law enforcement, legal, and judicial systems with these jurisdictions have great discretion when making decisions about domestic violence. This leads to a lack of uniformity in the handling of domestic violence cases that directly affects the safety and well-being of children.

Law Enforcement

Police have discretion about whether to arrest either party if the police determine that the violent offender was not the primary physical aggressor. In other words, the police may arrest the victim if the police decide that the offender was acting “under the influence of provocation.” While police discretion is important, there is no further guidance on what constitutes “provocation” or how to determine who is a “primary aggressor.” There is also no requirement that the well-being of any children in the household be considered.

Justice System

Ohio’s statutory language describing domestic violence is broad for both criminal and civil law, giving judges much leeway for interpretation. The vague wording creates a substantial risk to the child’s safety by violating a duty of protection. Failure-to-protect statutes blame the victim for harm she has not caused, fail to hold the violent

Agencies identified the following ways to better serve these children and families.

- Increase coordination between domestic violence agencies and Child Protective Services (CPS)
- Increase coordination between domestic violence agencies and police, medical, school, and substance use treatment systems
- Increase use of evidence-based practices
- Increase prevention-focused interventions in schools to stop the cycle of domestic violence through generations
- Increase the variety of services for children and non-offending parents, such as having child advocacy centers in each county or offering tailored services for children who are deaf, for teenagers, or for other specific populations
- Provide trauma-informed care trainings across child-serving systems
- Increase funding to support services for children
- Increase public knowledge about domestic violence
- Provide training to all educators to identify the symptoms of trauma in children
- Change justice system responses to domestic violence, including an increase in criminal punishment for domestic violence perpetrators and domestic violence training for juvenile and family court judges
- Support and share best practices and research to keep new and cutting-edge information on the effects of child exposure to domestic violence in the forefront of clinicians’ minds as they treat children and families

offender (batterer) accountable, and put the child at greater risk of harm.

Criminal Cases

Prosecutors are more likely to prosecute an alleged abuser if the victim fully cooperates and if there is clear documentation of physical injury. Often, a victim of domestic violence is not cooperative with prosecution because she or he is afraid of retribution. Even if a victim agrees to fully cooperate, prosecutors are unlikely to try the case if there is little corroborative evidence, such as medical records, photographs of injuries, or witness testimony.

Prosecutorial discretion can lead to dangerous results as well. Defendants originally charged with domestic violence are often given the opportunity to plea to lesser offenses of disorderly conduct, criminal mischief, or menacing. These lesser offenses do not necessarily restrict the abuser's access to firearms and do not invoke higher scrutiny in family courts regarding the award of custody of the children to the abuser.

Child Custody

Ohio courts have great discretion in making custody decisions. One of the factors that a judge must consider is domestic violence in the child's history, but there is no guidance as to how much weight to give this factor. If a survivor of domestic violence wishes to gain sole custody, she or he must successfully show separation from any situation that would expose the child to domestic violence, and often the court will require the survivor to complete a domestic violence education program. While some courts require the offender to complete a batterers' intervention or similar program, not all do.

Court Representation

In some instances, a Guardian ad Litem (GAL) is appointed by the court to represent the best interests of a child involved in a court case. GALs have discretion in how they conduct investigations into a child's environment and make recommendations to the court regarding custody or visitation. Courts treat GALs as experts and give deference to their analysis of the parent-child relationships. Often, the GAL is not properly trained in the effects of

domestic violence on a child and on the parent-child relationships. GALs also do not have strict standards about how to conduct investigations into the children's cases, which results in recommendations that may not be in the best interest or safety of the child.

Economic Impact of Domestic Violence Exposure

The effects of exposure to domestic violence carry long-lasting consequences and impose a significant burden on the exposed children and for society as a whole. These consequences include poorer health status, educational outcomes, and workforce productivity; increased use of social and health care services; and higher rates of criminal behavior. By understanding the extent of the costs incurred because of these consequences, policymakers can make informed decisions about preventive and therapeutic interventions.

By the time a child exposed to domestic violence reaches the age of 64, that child's average costs to the national economy over their lifetime will reach nearly \$50,500. This includes at least \$11,042 in increased medical health care costs, \$13,922 in costs associated with violent crimes, and \$25,531 in productivity losses. And that's just for one person. If we consider a cohort of Ohio's young adults—for example, the 172,500 Ohioans who are 20 years old—the aggregate lifetime cost for the estimated 25% who were exposed to domestic violence as children will be nearly \$2.18 billion. That includes \$476 million in increased health care costs, \$600 million in costs associated with violent crimes, and \$1.10 billion in productivity losses.

Interventions for Children Exposed to Domestic Violence

Many interventions and prevention programs for children exposed to domestic violence have been developed and empirically tested, including child psychotherapeutic interventions, parent-child interventions, parent programs, prevention programs, and community-based interventions. For more information on programs shown to be effective, see the section beginning on page 25.

Services in Ohio for Children Exposed to Domestic Violence

Children exposed to domestic violence may receive services from a variety of agencies and systems, including child protective services (CPS), schools, public mental health agencies, and other child-serving systems. For example, in 2010 Ohio began implementing Safe & Together as a differential response child protection model. Safe & Together provides training and systems improvements to help child welfare systems work with families who are experiencing domestic violence.

Of particular interest for this paper was how children were served by other agencies that offer services to families experiencing domestic violence. We surveyed these organizations to learn more. During Ohio's State Fiscal Year (SFY) 2016, a reported 85,312 children received services from these agencies. The services provided to children included child advocacy, case management, counseling, and mental health assessments, among others. Nearly half (48%) of the agencies offered counseling services to children. Over two thirds (67.4%) of the agencies used one or more evidence-based interventions, promising interventions, or prevention programs

for children. Nearly 90% of agencies reported that in addition to offering services for children, they also offered parenting-related services to support the non-offending caregivers. The majority (87.3%) of agencies reported that they would expand their service area or number of clients served if additional funding or resources became available.

Recommendations to Better Serve Ohio's Children

The following recommendations are derived from the issues identified through the analysis of research literature on the effects of domestic violence and interventions developed for children exposed to domestic violence, the statewide survey of domestic violence service providers, the economic impact analysis, and the review of Ohio's enforcement and judicial treatment of domestic violence cases. The recommendations are outlined for policies, system changes, programming, funding streams, and other strategies to help Ohio better serve children exposed to domestic violence. (For a more detailed description of these recommendations, please see page 39 in this report).

Issues	Recommendations
There is a lack of coordination between systems that serve children exposed to domestic violence.	Develop and support a coordinated statewide response among all child-serving systems for addressing childhood exposure to domestic violence • Establish a task force of key stakeholders from all child-serving systems to create a better-coordinated response for children exposed to domestic violence • Integrate data across systems to identify how Ohio can better serve these children • Implement a coordinated, statewide response for children exposed to domestic violence
Exposure to domestic violence is related to violence perpetration and victimization in teen dating relationships.	Provide age-appropriate, targeted teen dating violence prevention programs in grades 5–6 to complement what is being offered in grades 7–12

Issues

Recommendations

Children exposed to domestic violence are experiencing detrimental educational and health outcomes.

Initiate trauma-informed care training for educators and health care professionals and implement assessment and screening standards for domestic violence exposure in health care institutions

- Train education professionals in providing trauma-informed care
- Implement assessment and screening standards for domestic violence exposure experiences in health care settings
- Establish curricula and statewide protocols for training and continued education on trauma and trauma-informed care for health care professionals

There is great disparity among counties in terms of the number of domestic violence incidents occurring and the services offered.

Address barriers to services for children exposed to domestic violence

Exposure to domestic violence is a widespread problem that affects children in the short term and over the full course of their lives.

Promote the use of evidence-based programs that have been shown to be effective in reducing the negative consequences of domestic violence exposure

- Encourage and support service providers to use evidence-based programs and interventions to address the negative effects of exposure to domestic violence
- Ensure that services targeted at children ages 5 and younger are widely available

The Ohio legal system has great discretion when making decisions about domestic violence, which leads to a lack of uniformity in enforcement and treatment of domestic violence cases.

Require training and provide resources to representatives of law enforcement and judicial system to help them make better informed decisions in domestic violence cases

- Require education and training regarding identification of and best practices for responding to domestic violence for the criminal justice and juvenile justice systems, and provide tools to assist in making decisions in these cases
- Revise the Ohio Domestic Violence Benchbook to equip judges with a greater understanding of domestic violence and assist them in making decisions that better address child safety in cases that involve domestic violence
- Develop training and guidelines for Guardians ad Litem on investigating and making custody and visitation recommendations in cases involving domestic violence

Issues

While a large body of research exists about the effects of domestic violence, limited information is available about specific populations and factors.

Recommendations

Build a body of knowledge about the effects of prenatal exposure to domestic violence and the specific protective factors that are most beneficial for children

- Conduct research to add to the preliminary evidence that prenatal exposure to domestic violence is related to long-term negative outcomes in children and the associated risk and protective factors that may influence long-term outcomes
- Conduct research to identify the protective factors that are best at promoting resilience in children exposed to domestic violence and the interventions that help children build these factors

Prevalence of Domestic Violence Exposure

Defined by the Centers for Disease Control (CDC)²⁰ as any physical violence, sexual violence, stalking, and/or psychological aggression perpetrated by a current or former intimate partner, domestic violence (also known as intimate partner violence) is a serious, preventable public health problem. Over 10 million women and men each year in the United States are physically assaulted by their current or former intimate partners.²¹ The CDC's National Intimate Partner and Sexual Violence Survey (NISVS) estimates that more than 1 in 4 women (27.3%), and more than 1 in 10 men (11.5%), have experienced physical violence, sexual violence, or stalking at least once in their lives by an intimate partner.²¹

Married or cohabiting couples who have children experience the highest likelihood of domestic violence; in the United States, it has been estimated that over 15.5 million children each year are exposed to at least one episode of domestic violence.²² Over half of these children are exposed to severe domestic violence such as witnessing one caregiver physically assaulting the other, or using a gun or knife against the other caregiver.²² Furthermore, children who witness domestic violence are more likely to experience higher levels of child maltreatment (i.e., abuse and neglect) and other violent victimization.²³ Recent estimates gauge that nearly 60% of

children in the United States who are exposed to domestic violence are also victims of child maltreatment.²⁴ Recent research has suggested that children exposed to domestic violence have 2 times higher odds of being neglected, 2.6 times higher odds of being physically abused, 4.9 times higher odds of being sexually abused, and 9.6 times higher odds of being psychologically abused than children not exposed to domestic violence.²⁵

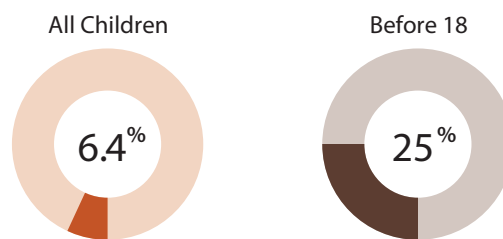
Ohio

In Ohio, an estimated 6.4% of children are exposed to domestic violence each year and 25% of children will be exposed at least once before they turn 18 years old.²⁶ This translates to an estimated 168,000 children being exposed to domestic violence annually and 657,000 before the age of 18.² About 4 in 10 Ohio children exposed to domestic violence also experience maltreatment. The Ohio Department of Job and Family Services (ODJFS) reported that 39,401 cases in State Fiscal Year (SFY) 2014—or 43% of all child maltreatment cases—had a notation of “Concern of Domestic Violence.”²⁷ When considering family law cases, research shows that 80% of cases are resolved without significant court intervention (mediation, custody evaluations, litigation). Of the remaining 20% of cases being litigated, approximately 75% involve reports of domestic violence.¹⁶⁸



Most recent data collected from the CDC's National Intimate Partner and Sexual Violence Survey (NISVS) estimate that more than 1 in 4 women (27.3%), and more than 1 in 10 men (11.5%), have experienced physical violence, sexual violence, or stalking at least once in their lives by an intimate partner.

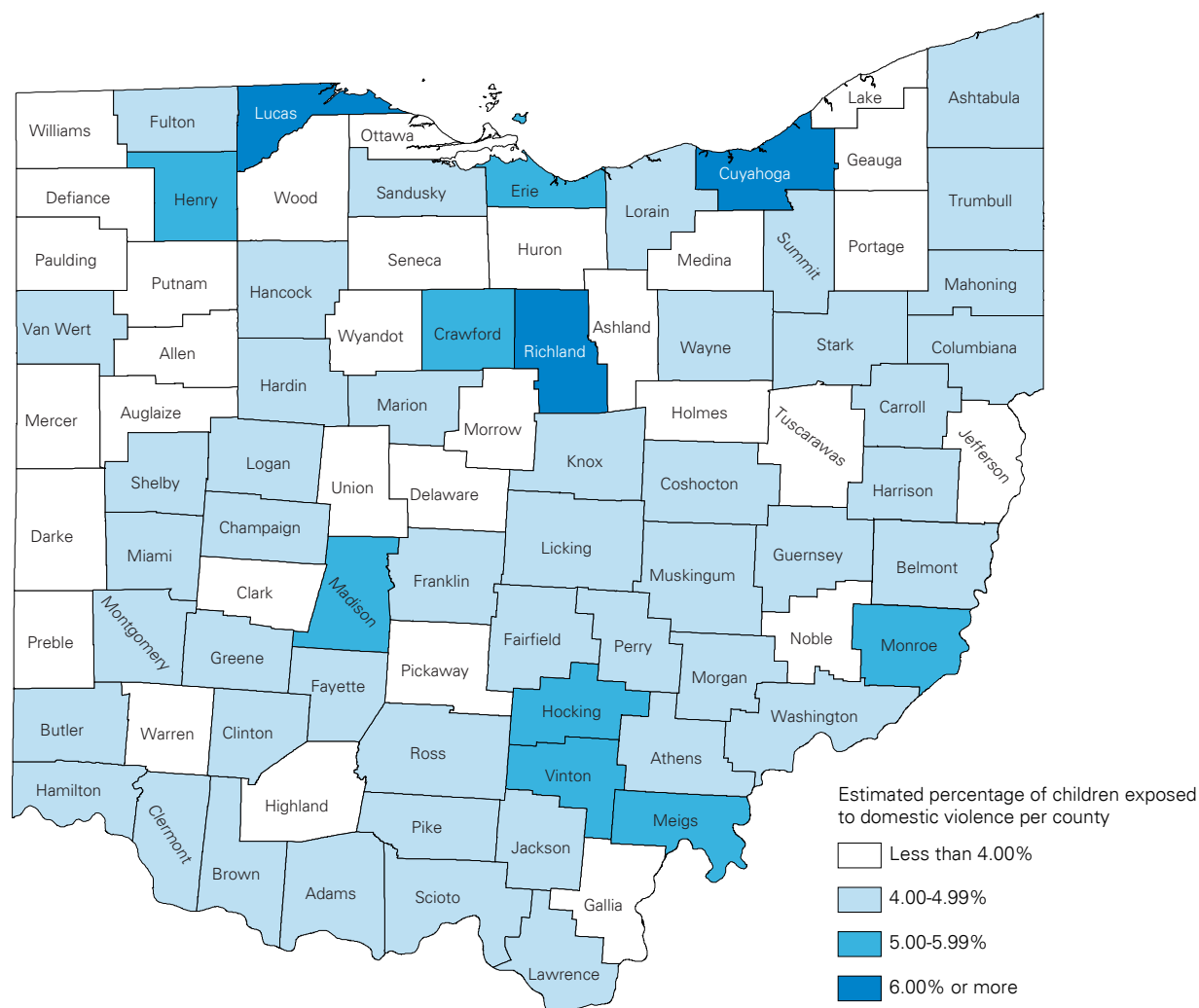
Using multiple sources of domestic violence incidence reporting (see Research Methodology <http://www.healthpathohio.org/dvimpact>), the map below displays the proportion of children estimated to be exposed to domestic violence by county. Darker shades indicate higher rates of estimated exposure. The following counties have been identified to have the highest estimates of domestic violence relative to the child population in the county: Crawford (5.00%), Vinton (5.07%), Henry (5.16%), Monroe (5.17%), Erie (5.29%), Hocking (5.47%), Madison (5.51%), Meigs (5.55%), Cuyahoga (6.02%), Lucas (6.30%), and Richland (7.28%).



Based on national estimates, 6.4% of all Ohio children (or 168,000 children) are exposed to domestic violence each year, and 25% (657,000 children) are exposed before they turn 18.

Map 1

Percentage of children estimated to be exposed to domestic violence, by county. Darker shades indicate higher rates of estimated exposure.



Impact of Domestic Violence Exposure

Impact on Child Outcomes

A systematic literature review was conducted examining the effect of domestic violence exposure on child outcomes (see Research

Methodology <http://www.healthpathohio.org/dvimpact>). Findings are summarized in Table 1, and more information is provided after the table.

Table 1
Outcomes related to domestic violence exposure, by age group

	○ 1 study	⊙ Mixed	● Consistent	
	Infant/ Toddler 0 to 2	Preschool 3 to 5	School Age 6 to 12	Adolescent 13 to 17
Behavior Problems				
More general behavior problems	○	⊙	●	●
More aggressive behavior		●	●	●
More delinquency			⊙	⊙
More antisocial behavior (Fire starting, animal cruelty, harm to others)			●	●
Mental Health Outcomes				
More anxiety and depression		●	●	●
More trauma symptoms	●	●	●	●
More emotional dysregulation		●	●	
More self-blame			●	
More negative affect			○	
Cognitive Outcomes				
Less accurate understanding of conflict		●		
Lower cognitive functioning		●	⊙	⊙
Lower academic functioning		●	●	
Social Outcomes				
Lower social competence/prosocial skills		⊙		
More bullying perpetration and victimization			●	●
More difficulty with peer relationships		●	●	
More teen dating violence perpetration and victimization				●
Health Outcomes				
More general health problems (e.g., colds, flu, headache, stomach ache, aches or pains, or fatigue)			●	
Not meeting infant developmental milestones	○			
Increased risk of asthma		○		
Increased risk of obesity				○
Poorer sleep			●	
Less primary care utilization	○	○	○	
Physiological Outcomes				
Higher cortisol		●	●	●
Lower Respiratory Sinus Arrhythmia (RSA)			●	●

Note: Mixed means some studies found no relationship between domestic violence exposure and the outcome examined, while other studies did find a relationship.

Behavioral Outcomes

General Behavior Problems. A substantial amount of research has examined how domestic violence exposure is related to a combination of physical aggression, disobeying rules, cheating, stealing, or destruction of property (also known as externalizing behavior problems). While some research has linked domestic violence exposure to more behavior problems in toddlers,²⁸ the research is less clear for preschool age children about the effect of domestic violence on behavior problems. For example, some research has indicated no relation for this age group,²⁹ while other research has shown that domestic violence exposure was related to more behavior problems compared with non-exposed preschool age children.³⁰⁻³² For children 5 years and older, the vast majority of research has shown a strong relation between exposure to domestic violence and more behavior problems.^{4,22,33-47} Some studies for this age group have compared children who were exposed to domestic violence with maltreated children and found that youths exposed to domestic violence reported fewer behavior problems compared with youths exposed to child maltreatment, while youths exposed to both domestic violence and maltreatment experienced more behavior problems overall.^{48,49}

Aggression. Most studies have found that exposure to domestic violence was related to more aggressive behavior in preschool children,⁵⁰⁻⁵³ in elementary school age children,^{47,54-56} and in adolescent children.^{57,58} When looking at the relation longitudinally, some research has identified a delayed or long-term effect of exposure to domestic violence on later aggressive behavior.^{50,59,60} Other research found that exposure to domestic violence was associated with positive attitudes toward aggression in adolescents, which was also linked to serious violent offending.⁶¹

Delinquency. The relation between domestic violence exposure and delinquent behavior among elementary and adolescent children is less clear as research findings have not been consistent. For example, both boys and girls exposed to domestic violence have engaged in more delinquency^{47,56,62} and rule-breaking behaviors than non-exposed youths,⁶³ though boys are more likely to have committed violent,

property, or felony crimes.⁶⁴ Other research found that exposure to physical or psychological domestic violence did not predict a higher likelihood of non-violent crimes or violent crimes⁶³ or delinquency for either boys or girls.⁶⁵

In studies that compared domestic violence exposure and maltreatment, researchers found that child maltreatment was more likely than exposure to domestic violence to lead to subsequent delinquency and violence, and that when children are exposed to both domestic violence and maltreatment, behavioral outcomes are especially problematic.⁶⁶ In another study, children exposed to domestic violence and child abuse had the highest rates of felony assault, minor assault, and general delinquency compared with children who experienced no violence and those who experienced a single form of abuse or domestic violence exposure.⁶⁷

Field Notes: A Provider's Concern

As I have worked in this field for almost 24 years, I have seen the true effects of domestic violence on our youth. The young boys who were staying at the shelter years ago are now grown up and repeating the cycle in their adult relationships. I have seen them in court being arrested for the same offenses of the dad. This is why we need to address children more, even at the primary school age.

Antisocial Behavior. Exposure to domestic violence has been linked to children harming people, property, or animals.^{68,69} For example, researchers have found that children who were exposed to domestic violence were more likely to harm animals compared with children who had no exposure.⁷⁰⁻⁷² Children exposed to domestic violence were also more likely to be firesetters than children who lived in homes with no violence.⁷¹ In addition, research has suggested that children who are exposed to domestic violence are more likely to have harmed others compared with non-exposed children^{57,73} and are more likely to develop conduct disorders over time.⁷⁴

Mental Health Outcomes

Anxiety and Depression. Much research has been conducted examining the link between exposure to domestic violence and internalizing symptoms such as anxiety and depression. Researchers have consistently demonstrated that children who have been exposed to domestic violence have higher levels of anxiety and depression symptoms compared with non-exposed children.^{41,42,56,75-80} This relation has been demonstrated with preschool age children,^{29,30,81,82} early school-age children,^{35-37,43,83} and adolescents.^{39,84-88} Long-term and lasting effects of exposure to domestic violence on internalizing symptoms have also been established by longitudinal studies.^{36,44,46,86,89,90} In fact, one study found prenatal exposure to domestic violence to be related to more internalizing symptoms when the child was 10 years old compared with non-exposed children. If the child continued to experience domestic violence exposure throughout his or her lifetime, the child continued to have increased internalizing symptoms.⁴⁶ Additionally, exposure to domestic violence has also been linked to an increased risk of self-harm.⁵⁷

Some research has indicated that the effect of domestic violence exposure on internalizing symptoms was amplified when children had high levels of self-blame,²² attention bias toward threat (i.e., excessive vigilance toward threats),⁸³ had a caregiver with depression,⁹¹ experienced corporal punishment,⁹² or experienced co-occurring maltreatment.^{48,93} Other research has indicated that children exposed to domestic violence had more internalizing symptoms than children who had experienced child abuse.⁴⁹ Some research has suggested that girls, compared with boys, may be more susceptible to experiencing internalizing symptoms following domestic violence exposure,^{85,94} whereas other research has suggested different dynamics depending on the gender of both the adult perpetrator and child witness. For example, compared with girls, boys exposed to female-perpetrated severe domestic violence experienced fewer depressive and anxiety symptoms, whereas higher levels of exposure to perpetration by both male and female caregivers were related to higher levels of aggression in girls.⁹⁵



Trauma Symptoms. Posttraumatic stress symptoms commonly include re-experiencing of the traumatic event, intrusive thoughts, difficulty concentrating, nightmares, numbing, and increased alertness.⁹⁶ Researchers have consistently shown that exposure to domestic violence is related to higher numbers of posttraumatic stress symptoms in children.^{41,83,87,97-104} This relation has been demonstrated in children as young as infants when exposure to domestic violence was related to higher levels of distress, regardless of infant temperament,¹⁰⁵ and more difficulty forming secure attachments to their mothers.¹⁰⁶ Similar attachment difficulties have also been observed in preschool children,¹⁰⁷ and prenatal exposure to domestic violence has been shown to have an effect on infant trauma symptoms. Specifically, women who experienced domestic violence while pregnant have been observed to have more posttraumatic stress symptoms, influencing higher levels of later infant trauma symptoms.¹⁰⁸

Emotional Dysregulation. Emotional regulation can be defined as the ability to effectively respond to different experiences with a range of socially appropriate emotions. Most research has documented that children exposed to domestic violence are more likely to have diminished emotional regulation compared with non-exposed children.¹⁰⁹⁻¹¹⁴ Furthermore, researchers have demonstrated that emotional regulation is an important factor in determining other outcomes linked to domestic violence exposure, such as quality of peer friendships, internalizing symptoms, and externalizing behavior problems.^{109,110,113} In other words, while exposure to domestic violence may not always be linked

directly to poor outcomes, it may be linked to poorer emotional regulation, which then links to more problems in other areas such as difficulty developing and maintaining peer friendships and more mental health and behavior problems.

Self-Blame and Negative Affect. School-age children exposed to domestic violence are more likely than children not exposed to domestic violence to blame themselves for conflict between parents.¹¹⁵⁻¹¹⁸ Gender differences were found in one study in which boys, but not girls, had higher levels of self-blame.¹¹⁶ Another study found that, compared with non-exposed children, children exposed to domestic violence had increased negative affect and were more likely to describe their feelings as negative, such as sadness or anger.¹¹⁸

Cognitive Outcomes

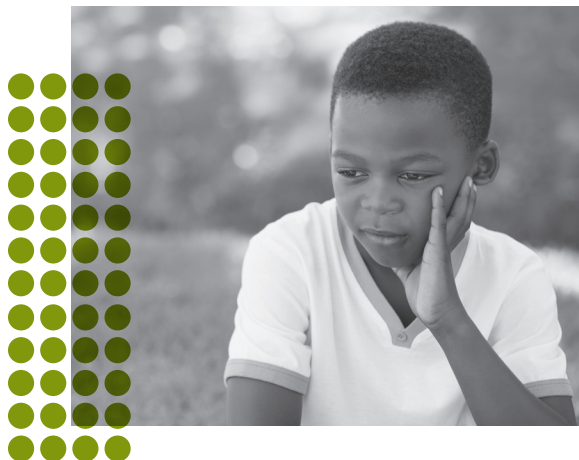
Understanding of Conflict. Exposure to domestic violence affects how children understand and interpret conflict. For example, one study found that preschool-age children exposed to domestic violence were less likely to understand violence in an organized manner (i.e., narrative coherence, understanding of how violence plays out) which led to more behavioral problems compared with their non-exposed peers.¹¹⁹ Similarly, in toddler and preschool children, exposure to domestic violence was related to increased fearful reactions and greater involvement in the conflict, which in turn was related to higher anxiety and depression symptoms.^{120,121} Researchers examining the understanding of conflict for school-age children has found that, when compared with non-exposed children, children who were exposed to

domestic violence perceived simulated conflicts to escalate more¹¹⁸ and tended to remember more aggressive words.¹²² Another study found that higher perceived levels of domestic violence threat were associated with higher levels of mental health, behavior, and physical health problems.¹¹⁷ The implications of these studies are that children's understanding of family conflict, even at a young age, may affect how much they suffer from negative outcomes as a result of domestic violence exposure.

Cognitive Functioning. Although some research has demonstrated that exposure to domestic violence is related to lower levels of executive functioning and poorer short-term and working memory skills during the preschool years,^{123,124} results are not consistent for the effect of domestic violence exposure on cognitive ability or learning difficulties during the early school years and adolescence.^{36,125-127} Researchers have suggested that rather than a direct link from domestic violence exposure to cognitive functioning, there may be an indirect effect of domestic violence exposure on cognitive functioning through the child's sleep quality, as quality of sleep has been shown to be diminished by domestic violence exposure.¹²⁷

Other research has also shown that domestic violence occurring in the year leading up to birth was related to 1.92 higher odds of children at age 1 having autism spectrum disorder (ASD), and 2.2 higher odds of ASD when the mother experienced domestic violence during the two years leading up to birth.¹²⁸ While more research needs to be done in this area, researchers suggest that domestic violence occurring prior to birth may increase psychosocial stressors, which may have an effect during gestation. In other words, there may be long-term effects of domestic violence on children even when it occurs prior to conception, through the physiological effect on the mother.

Academic Functioning. Compared with non-exposed children, children exposed to domestic violence were found to have lower scores on verbal ability tests at preschool age^{81,129,130} and lower math and reading scores on standardized tests of achievement at school age.^{56,131-133} School-age children exposed to domestic violence were also significantly more likely to commit





disciplinary infractions and be suspended from school because of disruptive behavior.^{132,134} Interestingly, researchers also found that children who had been exposed to domestic violence also had a significant impact on the learning and behavior of the other children in the class. Specifically, adding 1 child who had been exposed to domestic violence to a class of 20 was related to 0.7 percentile point decrease in the rest of the class' math and reading test scores and a 17% increase in the amount of disciplinary infractions that peers committed. The association between variables is even stronger among domestic violence witnesses who come from low-income families.¹³²

Exposure to domestic violence has also been linked to other elements of academics. For example, domestic violence exposure during early childhood was related to lower school engagement in later childhood.³⁶ For female adolescents, domestic violence exposure was significantly related to lower student-teacher connectedness.¹³⁵ Exposure to domestic violence has also been linked to high school dropout⁷³ and lower attendance rates compared with non-exposed children or children who had been maltreated.¹³³

Social Outcomes

Social Competence and Prosocial Skills. One of the major developmental tasks for preschool children is prosocial skill development (i.e., being cooperative and responsible, having self-assertion and self-control, and showing empathy). During these early years, children learn to regulate emotions, problem solve, and develop successful social relationships.¹³⁶ Research has indicated that children who are successful at navigating their social relationships and are able to use prosocial skills are better able to avoid negative outcomes in the future.¹³⁷ Specific to domestic violence exposure, researchers have had inconsistent findings. Some research suggests that being exposed to domestic violence while preschool age (i.e., 3 to 5 years) was significantly related to less social competence compared with not being exposed,^{4,30} while other studies found no significant direct link between domestic violence exposure and prosocial skills or social competence.^{102,138} In one study,⁵⁰ researchers found that although domestic violence exposure was not significantly related to decreases in prosocial skills, there was a delayed effect found through aggressive behavior. In other words, exposure to domestic violence was significantly related to more aggressive behavior in preschool, which in turn, was related to decreased prosocial skills in elementary school. This suggests that there may not be a direct connection between domestic violence exposure and prosocial skills, but rather that prosocial skills may be affected indirectly through other domains of behavior that are directly connected to domestic violence exposure.

Bullying and Peer Relationships. Research has indicated that children who are exposed to domestic violence are at an increased risk of bullying perpetration toward their peers¹³⁹⁻¹⁴³ as well as an increased risk of being a victim of bullying.^{140,144} Regarding peer relationships, one study found that compared with non-exposed children, children exposed to domestic violence were more likely to report problems with peer relationships, including reports of loneliness and conflict in friendships.¹⁴⁵ Difficulty with peer relationships is amplified for children who are residing in domestic violence shelters as they are more likely to be socially isolated, less likely to have close friends, and more likely to have

difficulty developing new peer friendships.¹⁴⁶ Some research has indicated that difficulties with peer relationships are not long-lasting and diminish over time.³⁶

Teen Dating Violence. Exposure to domestic violence has been linked to both perpetration and victimization of teen dating violence. For perpetration, adolescents who have been exposed to domestic violence are more likely to engage in physical abuse and relational abuse (i.e., pattern of abusive and coercive behaviors used to maintain power and control over a partner) toward their partner compared with adolescents who have not been exposed to domestic violence.^{58,147-155} One study found that youth sex offenders were exposed to a higher percentage of severe domestic violence than youth violent offenders of nonsexual crimes and youth offenders of noncontact crimes.¹⁵⁶ Other research has found that, compared with having been exposed to domestic violence, youths who have been physically abused by an adult are more likely to perpetrate dating violence.¹⁵⁷

For victimization, adolescents who had been exposed to domestic violence were more likely to experience teen dating violence victimization compared with non-exposed adolescents.^{158,159} However, gender differences emerged from this research. One study¹⁵⁸ found that female adolescents who were exposed to domestic violence during childhood had the highest probability of experiencing physical and psychological teen dating violence compared with males who were exposed to domestic violence during childhood and to males and females who were not exposed. In another study,¹⁵⁹ females who had been exposed to domestic violence were more likely to experience teen dating victimization if they felt dating violence was acceptable.

Health Outcomes

General Health Outcomes. Domestic violence exposure has been linked to a number of poor child health outcomes such as colds, flu, headaches, stomachaches, aches or pains, or fatigue. Most research has shown that domestic violence exposure has a negative effect on general health outcomes in early childhood^{160,161} as well as during early adolescence^{37,141}. However,

one longitudinal study indicated no effects on health problems in later childhood (age 8 to 10 years) when the domestic violence exposure occurred at age 2 to 4 years and not again.³⁶

Specific Health Outcomes. Recent research has been conducted regarding the effect of domestic violence exposure on more specific health outcomes such as infant developmental milestones, asthma, body mass index (BMI), and sleep. Research examining the effect of domestic violence exposure on children obtaining developmental milestones within the first three years of life indicated that domestic violence exposure significantly increases the odds of not meeting language, personal-social, and fine motor-adaptive milestones by age 3 compared with non-exposed children.¹⁶² With regard to asthma, one study¹⁶³ found that domestic violence exposure at 7 months was significantly related to the presence of asthma between 15 to 48 months. Exposure to domestic violence has also been linked to higher BMI scores during adolescence; those exposed had nearly 6 times the odds of being overweight or obese compared with adolescents who had not been exposed.¹⁶⁴ Domestic violence exposure also has a negative effect on children's sleep: children who were exposed to domestic violence got less sleep, had lower quality and less efficiency of sleep, experienced more extended wakeful periods during the night, and had higher levels of sleep fragmentation, resulting in increased subjective sleepiness during the day.^{165,166}

Primary Care Service Utilization. Although research has shown links between domestic violence exposure and poorer health outcomes, research has also indicated that children exposed to domestic violence are less likely to use primary care health services, possibly because of the parents' relationship with providers. For example, women who experienced domestic violence were less likely to have an established pediatrician or well-child provider for their infant or toddler than those who had not experienced domestic violence.¹⁶⁷ Women who experienced domestic violence and who reported having a primary pediatrician for their children said they felt their pediatrician did not know them well and reported less trust, communication, and lower relationship quality between themselves and their doctor than mothers who had not experienced



domestic violence.^{167,169} Results also indicated that pediatricians underestimated the amount of domestic violence and maternal distress among their patients.¹⁶⁹ Furthermore, children who had been exposed to domestic violence were significantly less likely than non-exposed children to have all recommended immunizations and all five of the pediatric-recommended well visits by age 2 but were more likely to have visited an emergency department.^{167,170}

Physiological Outcomes

Although links between exposure to domestic violence and children's well-being have been most often studied in terms of physical, mental, and behavioral health outcomes, a small number of studies have examined effects on the biochemical reactions that underlie children's stress response systems. As children grow physiologically, their developing biologies orchestrate the release of specific stress hormones (e.g., cortisol, adrenaline, etc.) when faced with any number of environmental adversities, triggering the body's fight-or-flight response.¹⁷¹ Learning how to navigate various stressors is a typical and healthy task of childhood. However, children who face chronic or acute toxic stress, such as exposure to domestic violence without reprieve of safe and supportive adult relationships, may develop dysregulated stress response systems that over-activate when the children face even benign adversities such as frustration in learning a new task at school. Over time, this over-activation (i.e., hypersensitivity) of children's stress reactions due to trauma exposure—and the corresponding overload of stress hormones in the body—may damage children's developing

neurological, socioemotional, and/or cognitive paths.¹⁷² Research⁴⁶ also highlights how important it is to assess women for domestic violence victimization while pregnant in order to best lessen—or prevent—the effects of traumatic stress on fetal neurological development.

Cortisol. Often analyzed as an indicator of the intensity of stress response systems, cortisol levels have been frequently measured in children exposed to chronic or acute traumas, including domestic violence. Research has indicated that higher levels of domestic violence exposure were related to higher levels of cortisol in toddlers,¹⁷³ young children,¹⁷⁴ and adolescents, even after accounting for stages of puberty, when hormones are naturally in flux.¹⁷⁵ Greater prenatal exposure to domestic violence has also been linked to high cortisol secretion at the age of 10 when children were tested on a stressful speech and arithmetic task. Those higher cortisol levels were, in turn, related to more internalizing behavior problems among these children at age 10.⁴⁶

Additional Physiological Stress Response

(RSA/SNS/PNS). Physiology research has also examined the link between children's exposure to domestic violence and their respiratory sinus arrhythmia (RSA; i.e., natural heart rate variability), which serves as a measure of vagal tone, itself an indicator of parasympathetic (unconscious) control over the cardiovascular system via the vagus nerve.¹⁷⁶ In other words, RSA and vagal tone indicate the brain's ability to unconsciously synchronize the stress response as well as signal when to run and when to relax. High RSA/vagal tone implies the brain is able to organize, mobilize, and demobilize for stress, whereas low RSA/vagal tone is correlated with less control and less coordination. For example, low RSA in children has been associated with emotional dysregulation, increased stress reactivity, diminished attentional regulation, and more internalizing problems.^{177,178} Building on this research, a cluster of studies have examined children's levels of RSA reactivity as a function of their varying exposure to domestic violence. Researchers¹⁷⁹ have found that some children exposed to domestic violence have lower RSA expression, which suggests that they are more vulnerable to stress compared with children not exposed to domestic violence. Low RSA may

also be related to more externalizing behaviors in children exposed to more domestic violence. One study found that high vagal reactivity—characterized by low RSA and increased heart rate and vigilance paid to perceived threats—when confronted with a staged peer provocation among children exposed to domestic violence was associated with increased conduct problem severity compared with children with higher regulation. Other research¹⁷⁹ has shown that children exposed to more domestic violence exhibited progressively lower RSA (and thus higher reactivity to stress) over the course of one year, and boys with lower initial RSA, compared with their female counterparts, demonstrated significantly higher levels of externalizing behaviors. In an earlier study, children's physiological reactivity explained the link between their exposure to domestic violence and their internalizing, externalizing, and cognitive problems, with boys showing more anger (externalizing) and girls showing more sadness (internalizing). These results suggest that gender may affect the relationship between children's RSA and their vulnerability to psychological distress in times of stress, though an earlier study found no notable gender differences in RSA.¹⁸⁰ As research on children exposed to domestic violence progresses, it may be important to measure children's RSA as a protective factor; one study has documented that children with high RSA may be less vulnerable to the negative effects of domestic violence exposure.^{160,165} In addition to highlighting the effect of environmental stress on young people's developing minds and bodies, this research suggests that knowledge of children's biological stress responses—and the influence of those stress reactions on later health and cognitive development—may be incorporated into prevention and intervention efforts. Such efforts might encompass teaching children how to self-regulate when faced with conflict, and future studies might identify further biological risk factors for psychopathology in youths exposed to domestic violence.

Impact of Domestic Violence on Parenting

The majority of research done to examine the impact of domestic violence on parenting behaviors has examined parenting behaviors in the context of men as perpetrators and women as victims. Though men comprise a proportion of those victimized, women have statistically greater exposure and have been most likely victimized by male partners. The term parent refers to the main caregivers of the child and includes non-biological caregivers.

Field Notes: A Provider's Passion

Many times their moms do not know how to help them because of the complicated feelings they have about their own victimization including guilt, fear, anger, anxiety, depression, etc. Helping moms help their kids heal is one of my favorite things about working as a domestic violence advocate.

Non-Offender Parenting

Some studies have found that female victims parent just as effectively as female non-victims,¹⁸¹ but a number of studies have identified differential effects of domestic violence on the parenting stress and caregiving of female victims. Researchers have suggested mothers' perceived parenting stress to be higher among those victimized by domestic violence compared with their non-victimized counterparts.³⁻⁷ Other research has found that women with greater exposure to domestic violence reported less positive regard, warmth, and attunement (i.e., responsiveness to the emotional needs) to their children than women without victimization.^{6,182} However, research has also shown that although women may show less warmth and responsiveness (i.e., attentiveness to children's emotional and physical needs) to their children while in a domestic violence relationship, mothers who have left a domestic violence relationship tend to show an increase over time

in supportive parenting behaviors such as positive discipline, warmth, consistency.^{9,10}

Offender Parenting

Research on the parenting behavior of the violent/offending partners consistently suggests that offending parents—statistically, most likely to be men—demonstrate significantly higher degrees of authoritative, controlling, angry, and neglectful parenting.¹¹⁻¹³ Children are in serious danger of being physically, psychologically, and sexually abused by a parent who also perpetrates domestic violence.^{11,15} Recent research has suggested that compared with those children not exposed, children exposed to domestic violence have 2 times higher odds of being neglected, 2.6 times higher odds of being physically abused, 4.9 times higher odds of being sexually abused, and 9.6 times higher odds of being psychologically abused.²⁵ A comprehensive review of nearly 40 scholarly articles outlined collective evidence that offending fathers are more likely to use harsh punishment (i.e., physical discipline, strong verbal criticism) and parent with less emotional availability and warmth.¹⁸³ Most recently, a small cluster of studies have assessed perpetrating parents' capacity to comprehend both their own and their child's mental states and adjust parenting behaviors accordingly (i.e., reflective functioning), and found that the perpetrating men demonstrated significantly lower levels of empathy and emotional attunement to their children, compared with their non-perpetrating counterparts.^{184,185}



Protective Factors That Promote Resilience in Children Exposed to Domestic Violence

Although children exposed to domestic violence are at heightened risk of developing emotional, behavioral, cognitive, health, and mental health problems, not all exposed children display such problems.^{17,186} In fact, some children are resilient—meaning they continue to thrive and achieve optimal development despite their early adverse life events.¹⁸⁷ Nearly 40% of children who have been exposed to domestic violence fare just as well, or better, in psychological adjustment than children not exposed.¹⁹ This suggests that protective factors are promoting resilience in children exposed to domestic violence. These protective factors can be internal to the child or external from peers and caregivers. A focus on resilience and the potential protective factors that promote resilience is important; if researchers are able to identify the malleable protective factors (i.e., theoretically sensitive to interventions) that promote resilience and optimal development in children exposed to domestic violence, focused efforts and resources can be directed towards specific programs shown to be effective or promising in promoting these protective factors within children themselves (e.g., coping capacity) and in their various environments (e.g., degree of warmth in parent-child relationships, school resources).^{188,189}

Child Protective Factors

Studies have identified child characteristics including coping ability, self-esteem, temperament, prosocial skills, and physiological reactivity as potential protective factors that seem to shield youths from the negative outcomes associated with exposure to domestic violence. Specifically, researchers have found that children who are able to calm themselves with self-talk (i.e., cognitively self-soothe) during their parents' conflict have a lower risk of experiencing high levels of stress and, ultimately, behavioral problems.¹⁹⁰ Children with easy temperaments marked by approachability, low reactivity, and positivity also showed more positive behavioral adaptation after exposure to domestic violence.¹⁹¹ Adolescents with stronger coping abilities who had been exposed to domestic violence reported fewer physical health (e.g., colds,

flu, stomachaches, aches and pains, etc.) and mental health problems.¹⁴¹ Other research has documented that youths with higher self-esteem and better prosocial skills are more resilient to poor behavioral outcomes despite exposure to domestic violence.^{82,147,192} In examining the effect of children's physiological reactivity (measured by electrodermal activity indicating the child's level of physiological arousal) on their behavioral and cognitive adjustment, researchers found that having been exposed to domestic violence, girls with lower levels of physiological reactivity demonstrated fewer cognitive problems and lower levels of mental health and behavior problems.¹⁹³ These results suggest that a lower physiological reactivity baseline may protect them from the negative effects of acute or chronic stress exposure such as incidents of domestic violence.

Field Notes: A Provider's Passion

Children are extremely resilient. Given the space and encouragement, children are able to mold and learn that it's okay to talk about emotions and thoughts and it's through this that children begin to flourish. This provides such hope to the work we do with children who have experienced a trauma, because some day these children will be adults and if they've learned how to successfully manage their emotions and that there are safe people in the world they can connect to, they're going to have a leg up in leading a healthy life.

Child Protective Factors

- Coping ability
- Self-esteem
- Temperament
- Prosocial skills
- Physiological reactivity

Reduces child's risks of:

- Stress
- Behavior problems
- Physical health problems
- Cognitive problems
- Mental health problems

Peer Protective Factors

- Peer support
- Peer communication

Reduces child's risk of:

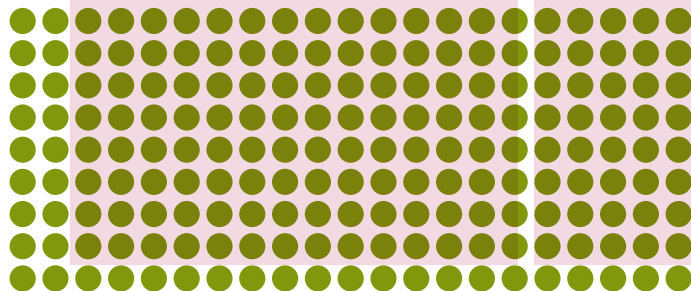
- Running away from home
- Dropping out of high school
- Depression
- Teen dating violence perpetration

Parenting Protective Factors

- Expressed sensitivity
- Positive regard
- Provided emotional & physical care
- Consistency
- Responsiveness
- Control
- Warmth
- Involvement
- Use of appropriate discipline
- Parental acceptance

Reduces child's risk of:

- Low executive functioning
- Behavior problems
- Teen dating violence victimization
- Teen pregnancy
- Running away from home



Peer Protective Factors

Supportive peer relationships have been identified as a protective factor for adolescents exposed to domestic violence. Compared with non-exposed peers, adolescents exposed to domestic violence were more likely to seek out peer support.¹⁹⁴ Those who felt they could talk with friends about difficult situations (i.e., peer communication) resulted in lower risk of running away, dropping out of high school, experiencing depression, and perpetrating teen dating violence.^{73,195,196}

Parenting Protective Factors

Similar to the idea that children's outcomes differ despite being exposed to domestic violence, parenting qualities also vary among women experiencing domestic violence. Some women are able to maintain positive and supportive parenting with their children, which have been linked to better child behavioral and mental health outcomes. For example, researchers have found that victimized mothers' higher levels of expressed sensitivity and positive regard toward their children predicted higher levels of executive functioning such as working memory and attention shifting.¹⁹⁷ Positive parenting practices, such as parents' use of nurturance (i.e., provide emotional and physical care), consistency, responsiveness, and control has been linked to fewer behavioral problems in children exposed to domestic violence.²⁹ For adolescents exposed to domestic violence, mother's warmth, involvement, and use of appropriate discipline with their adolescents has been linked to lower levels of teen dating violence victimization,¹⁴⁷ and parental acceptance and responsiveness have been linked to reduced risk of teen pregnancy and running away from home.⁷³



Other studies have specifically examined the protective relationship between the non-offending caregiver's mental health and children's adjustment following exposure to domestic violence. Research has shown that children who have been exposed to domestic violence exhibit fewer behavioral and mental health problems when they have a mother who is less depressed.¹⁹⁸⁻²⁰¹ Researchers have also often assessed parenting qualities together with maternal mental health and their effects on child outcomes and found that fewer post-traumatic stress symptoms and depressive symptoms, and more positive parenting, involvement, warmth, and consistent discipline, predicted significantly fewer behavioral problems and social problems in children.^{146,200,202}

Impact of Enforcement and Treatment of Domestic Violence Cases

Because children are at serious risk of potential harm when domestic violence is not properly assessed and evaluated by law enforcement or justice system representatives, a review of Ohio enforcement and judicial treatment of domestic violence cases was conducted. The Ohio legal system has great discretion when making decisions about domestic violence, a situation that leads to a lack of uniformity in enforcement and treatment of domestic violence cases that directly affects the safety and well-being of children. The term victim rather than survivor is used in this section to reflect the language used by enforcement and judicial systems.

Police Enforcement

In Ohio, police have discretion when responding to reports of domestic violence. Ohio law requires that police respond to reports of domestic violence "without undue delay," according to Ohio Revised Code §2935.032. Ohio requires that police agencies have written policies that include requiring the police officers to separate the parties and conduct interviews separately and requires that police make written reports of any arrests. However, police have discretion about whether to arrest either party if the police determine that the violent offender

was not the primary physical aggressor. The police may also arrest the victim if the police decide that the offender was acting “under the influence of provocation.” Police discretion is important, but there is no further guidance on what constitutes “provocation” or how to determine who is a “primary aggressor.” Under O.R.C. §2935.032, there is no requirement that the well-being of the children in the household be considered.

Justice System

Ohio’s statutory language describing domestic violence is broad for both criminal and civil law, giving judges much leeway for interpretation. For example, when a person applies for a civil protection order, Ohio law defines “Domestic Violence” to include “committing an act that would result in a child being abused,” according to Ohio Revised Code §3113.31. As defined in O. R. C. § 2151.031, including §2919.22, this includes creating a substantial risk to the child’s safety by violating a duty of protection. The court may, and has, reasoned that a victim parent who is unable or unwilling to protect the child from domestic violence, that parent has committed an act that resulted in the child being abused or neglected. Often, laws that increase the penalties for domestic violence that is committed in the presence of children results in the victim being penalized for neglect, failure to protect, or being an accessory to domestic violence. The failure to protect statute blames the victim for harm

Field Notes: A Provider’s Concern

I have been doing this work for 23 years and I continually say that children have no rights and need more of a say in their own lives. Now, obviously the age of the child needs to be considered. Child counselor’s opinions need to be more explored when talking about kids who have witnessed violence. It seems that if the child was not abused then the court does not consider the fear the child may have of the abuser, even though they were never abused themselves. Just witnessing the violence is detrimental to their futures.

she has not caused, fails to hold the violent offender (batterer) accountable, and puts the child at greater risk of harm. Therefore, a policy of increased education in the legal community is preferable to a policy of increased penalties.

The Ohio Legislature has passed one of the most comprehensive set of statutes authorizing civil protection orders to combat domestic violence. Because the language of the statutes is broad, the response of the Court has a profound impact in protecting victims of domestic violence. The Attorney General’s Task Force on Family Violence urges judges not to underestimate their ability to influence the respondent’s behavior. Judges can communicate a powerful message about the justice system’s view of domestic violence in their own courtrooms (Felton v. Felton, 1997-Ohio-302, 79 Ohio St. 3d 34, 44–45, 679 N.E.2d 672, 680; See also Hershberger v. Hershberger, 2000-Ohio-1716; See also Crawford v. Brandon, 2014-Ohio-3659, ¶ 18).

A comprehensive Benchbook has been written about domestic violence (Mike Brigner, The Ohio Domestic Violence Benchbook: A Practical Guide to Competence for Judges & Magistrates, 2 ed., 2003). This Benchbook is a legal education tool that is intended to be used to assist judges in making decisions in cases that involve domestic violence. The Benchbook explains to magistrates the difference between the civil definition of domestic violence and the criminal definition. Civil domestic violence requires only that the perpetrator make a threat of harm to a victim and that the victim is afraid, while criminal domestic violence requires a prosecutor prove that the perpetrator knew that he was causing a fear of imminent harm. Civil cases involving domestic violence, therefore, emphasize the effect on the victim, while criminal domestic violence charges focus on the mental state of the abuser.

The Benchbook highlights important statistics that are helpful to increase judges’ awareness of their crucial role in addressing domestic violence. Some statistics included are that judges tend to award custody to perpetrating fathers at the same rate as non-violent fathers, Ohio is one of 28 states that require the judge to consider a parent’s willingness to allow visitation in custody matters, and that children are present in 80–90% of domestic violence cases.

More recently, a Benchcard titled “Assessing Allegations of Domestic Violence in Child Abuse Cases” was published on the Supreme Court of Ohio’s website (2016) that identifies potential resources for juvenile and family court judges as well as seven questions that juvenile courts should ask CPS about domestic violence. Another Benchcard titled “Domestic Violence & Allocation of Parental Rights and Responsibilities: Court Guide” was also published by the Supreme Court of Ohio (2016) that reviews lethality factors, how the best interest factors in the statute are impacted by domestic violence, and suggested parenting time schedules based on safety of the children under existing statutes.

Criminal Cases

In criminal cases, prosecutors have discretion about whether to charge an accused domestic violence abuser with a crime. Prosecutors are more likely to prosecute an alleged abuser if the victim fully cooperates and if there is clear documentation of physical injury, such as photographs and medical records. Often a victim of domestic violence is not cooperative with prosecution because she or he is afraid of the abuser’s retribution, leading to a prosecutor failing to prosecute the accused with a crime.

Additionally, perpetrators of domestic violence often injure their victims in ways that do not leave physical evidence, including but not limited to controlling their victims through financial leverage or threats to harm the couple’s children. Domestic violence perpetrated through manipulations of finances is not subject to criminal prosecution under Ohio law. Domestic violence committed through the threats of violence is subject to criminal prosecution only if the perpetrator intends to cause the victim to believe that he or she, or a family or household member, is in imminent danger of being harmed. Additionally, if the abuser threatens to hurt the victim at some future moment, this is also not criminal domestic violence under Ohio law. Finally, prosecutors are not likely to try a case with little corroborative evidence even if a victim agrees to fully cooperate. Therefore, absent clear documentation of physical abuse, it is extremely difficult to convince a prosecutor to charge an accused abuser with domestic violence.

Prosecutorial discretion can lead to dangerous results as well. Defendants originally charged with domestic violence are often given the opportunity to plea to lesser offenses of disorderly conduct, criminal mischief, or menacing. These lesser offenses do not necessarily restrict the abuser’s access to firearms and do not invoke higher scrutiny in family courts regarding the award of custody of the children to the abuser. Judicial discretion in sentencing also creates dangerous results when abusers are not required to attend any treatment specifically related to domestic violence and are terms to stay away or have no contact with the victim are not strictly enforced.

Field Notes: A Provider’s Concern

[Child Protective Services needs to] not close cases as unsubstantiated because the protective parent has left the abuser and the child is now safe—the courts will use that as evidence that no abuse occurred and will order the child to visit the abusive parent.

Child Custody in Child Protective Services Actions

Once the court has confirmed that a child has been abused, neglected, or is dependent due to domestic violence, the custody of children who witness domestic violence often becomes an issue. Just as in decisions regarding charges of domestic violence, Ohio Courts have great discretion in making custody decisions. There is a multi-factored test for determining whether custody of a child may be allocated to an agency, according to Ohio Revised Code §2151.353. One of the factors that a judge must consider includes domestic violence in the child’s history, but there is no guidance as to how much weight to give this factor.

If a child is removed from his or her parents’ custody, Ohio law requires that the Court make a “case plan” for the child that outlines steps that the parents must follow to regain custody, according to Ohio Revised Code §2151.353. A parent wishing to regain custody must show

not that they complied with the case plan, but that he or she has remedied the situation which led to the child's removal (In re Q.M., 2015-Ohio-1315, ¶ 50). This can be difficult to show in cases involving domestic violence. If a victim of domestic violence wishes to gain sole custody, he or she must show that they have successfully separated themselves from any situation which would expose the child to domestic violence and often the court will require the victim to have completed a domestic violence education program. Courts have permanently terminated parental rights of a victim parent because he or she was in an abusive relationship under ORC 2151.414(E)(7)(d)(14) claiming that the victim parent was unwilling to prevent physical, emotional, or sexual abuse or neglect.

Custody and visitation actions in juvenile or domestic relations courts are made pursuant to ORC 3109.04 and 3109.051. Conversely to the requirements in child services involved cases where a victim parent can be penalized for not keeping the child from the abuser, in private custody actions in family court victims are routinely penalized for not facilitating visitation with the abuser under the two best interest factors based on past and prospective future facilitation of visitation with the other parent. (ORC 3109.04(F)(1)(f), (i)). In contrast, the court is only required to consider domestic violence as a factor if there was a conviction 3109.04(F)(1)(h). There is no requirement that this factor be given more weight than another factor when awarding custody. A family can be involved in more than

one case at a time, creating a real dilemma for a victim parent attempting to protect a child and follow the orders in one court, which directly harm the future safety of the child in another action.

Court Representatives

In addition to judges and attorneys, other court representatives have discretion when conducting domestic violence investigations. Guardians Ad Litem and court investigators also have discretion in the way they conduct investigations into a child's environment and make recommendations to the Court. Often the Guardian Ad Litem who is appointed to represent the best interest of the child is not properly trained in domestic violence. Courts treat Guardians Ad Litem as experts and give deference to their analysis of the parent-child relationship. However, Guardians Ad Litem do not have strict standards about how to conduct investigations into the children's cases. In fact, because the rules governing Guardians ad Litem are contained within the Rules of Superintendence, they are not binding. Several cases have confirmed that Superintendence Rule 48 is for guidance only and does not create actionable requirements absent the adoption of a local rule. However, in one instance, in In re M.S., 2015-Ohio-1847, ¶ 41, 34 N.E.3d 420, 433, the Court held that the trial court should not have considered the Guardian's Ad Litem report in its decision because the Guardian Ad Litem failed to personally witness the parent's interaction with their children before writing the report. Such failures can lead to bias and uneducated assumptions about the home life of a child.



Economic Impact of Domestic Violence Exposure

Children's exposure to domestic violence has long-lasting consequences for the exposed children and for society as a whole. Children's exposure to domestic violence imposes a significant burden to localities, states, and society at large, made explicit over the individual's lifetime and over a wide range of behaviors and outcomes, including increased use of social services, healthcare utilization,

educational outcomes, workforce productivity, and criminal behavior. Therefore, an economic impact analysis was conducted to assess the long-term costs associated with exposure to domestic violence (see Research Methodology <http://www.healthpathohio.org/dvimpact>). When they understand the extent of the costs incurred from these consequences, policymakers can make informed decisions about preventive and therapeutic interventions.

By the time a child exposed to domestic violence reaches the age of 64, that child's average costs to the national economy over their lifetime will

reach nearly \$50,500 (see Table 2). This includes at least \$11,042 in increased medical health care costs, \$13,922 in costs associated with violent crimes, and \$25,531 in productivity losses. And that's just for one person. If we consider a cohort of Ohio's young adults—for example, the 172,500 Ohioans who are 20 years old—the aggregate lifetime cost for the estimated 25% who were exposed to domestic violence as children will be nearly \$2.18 billion. That includes \$476 million in increased health care costs, \$600 million in costs associated with violent crimes, and \$1.10 billion in productivity losses.

Table 2
Total lifetime costs of childhood domestic violence exposure in 2016 dollars

	Individual Costs	Population costs	
		Ohio	U.S.
Number of 20-year-olds exposed to domestic violence as children	1	43,125	1,090,860
Health Care			
Hospital care	\$6,642	\$286,436,250	\$7,245,492,120
Clinical/professional services	\$4,401	\$189,793,125	\$4,800,874,860
Total Health Care Costs	\$11,042	\$476,186,250	\$12,045,276,120
Violent Crime			
Murder	\$7,732	\$333,442,500	\$8,434,529,520
Rape/sexual assault	\$1,044	\$45,022,500	\$1,138,857,840
Aggravated assault	\$4,462	\$192,423,750	\$4,867,417,320
Robbery	\$685	\$29,540,625	\$747,239,100
Total Violent Crime Costs	\$13,922	\$600,386,250	\$15,186,952,920
Productivity Loss			
Males	\$24,029	\$1,036,250,625	\$26,212,274,940
Females	\$27,033	\$1,165,798,125	\$29,489,218,380
Average Productivity Losses	\$25,531	\$1,101,024,375	\$27,850,746,660
Total	\$50,495	\$2,177,596,875	\$55,082,975,700

Interventions for Children Exposed to Domestic Violence

Many interventions and prevention programs for children exposed to domestic violence have been developed and empirically tested. The table below lists the interventions by type, format, and age group. More information follows the table, and resources for each intervention are available in Appendix A. The presence or absence of a program on this list does not in any way indicate endorsement or its lack by The HealthPath Foundation of Ohio.

Many interventions and prevention programs for children exposed to domestic violence have been developed and empirically tested. The table below lists the interventions by type, format, and age group. More information follows the table, and resources for each intervention are available in Appendix A. The presence or absence of a program on this list does not in any way indicate endorsement or its lack by The HealthPath Foundation of Ohio.	Format of Intervention						Age Group				See pg. # for description
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler (0 to 2)	Preschool (3 to 5)	School Age (6 to 12)	Adolescent (13 to 17)	
Child Psychotherapeutic Interventions											
Kids’ Club		●		●		●			●		28
Pre-Kids’ Club (PKC)		●		●		●		●			28
Child Witnesses to Violence Program	●	●				●			●	●	28
Storybook Club		●		●					●		28
Superheros Program	●	●		●					●		28
Additional Group Interventions											
Child Witness Program		●		●		●			●		28
Child Witnesses to Wife Abuse Programme		●		●		●			●		29
Parent and Child Training (PACT)		●		●		●			●		29
Domestic Abuse Project by Peled and Davis		●		●		●			●		29
Expressive Therapies											
Art therapy	●	●						●			29
Shelter-based play therapy		●							●		29
Sibling play therapy		●							●		29
Parent-child play therapy; TheraPlay					●			●	●		29
Parent-Child Interventions											
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	●				●				●	●	29
Parent-Child Interaction Therapy (PCIT)					●			●	●		30
Peekaboo Club					●		●				30
Child-Parent Psychotherapy (CPP)					●		●	●			30
Advocacy and Learning Club		●	●			●			●		30
Mothers Overcoming Violence Through Education (MOVE)		●		●		●			●		31

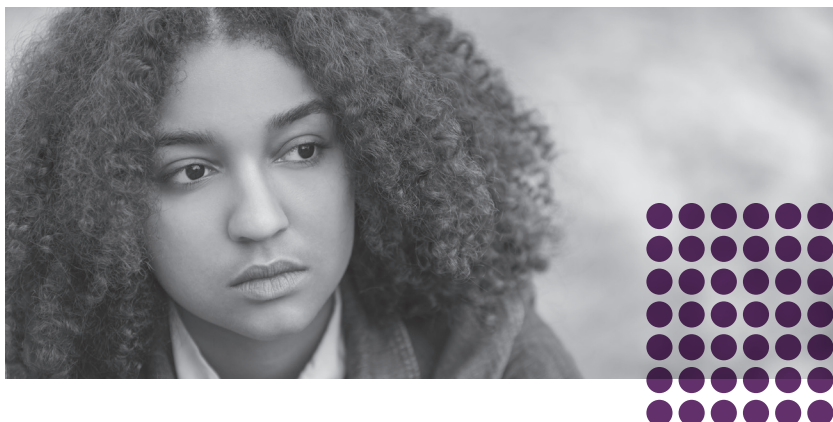
NOTE: See Appendix A for resources for each intervention listed above.

	Format of Intervention						Age Group				
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler (0 to 2)	Preschool (3 to 5)	School Age (6 to 12)	Adolescent (13 to 17)	See pg. # for description
Parent-Child Interventions, continued											
Dyadic Interventions with Children and Perpetrators of Domestic Violence											
Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)	●		●		●				●	●	31
Caring Dads				●		●					31
Other Parent-Child Interventions											
Project FREE		●		●	●	●			●		31
Home-based interventions											31
Promoting Strong African American Families (ProSAAF)							●	●	●		31
ACT Against Violence Parents Raising Safe Kids (ACT-PRSK)							●	●		●	31
Parent Programs											
Project SUPPORT							●				31
Parenting Through Change							●				32
Prevention Programs											
Teen Dating Violence Prevention Programs											
Safe Dates							●			●	32
Dating Matters							●			●	32
Expect Respect							●		●	●	32
Shifting Boundaries							●			●	32
Domestic Violence Perpetration Prevention Programs											
The Youth Relationship Project (YRP)	●					●			●	32	
Positive Adolescent Choice Training	●					●			●	32	

NOTE: See Appendix A for resources for each intervention listed above.

	Format of Intervention						Age Group				See pg. # for description
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler (0 to 2)	Preschool (3 to 5)	School Age (6 to 12)	Adolescent (13 to 17)	
Prevention Programs, continued											
School-Based Prevention Programs											
I Wish the Hitting Would Stop		●				●			●		32
My Family and Me: Violence Free		●				●			●		32
A School-Based Anti-Violence Program (A.S.A.P.)		●				●			●		32
Community-Based Intervention											
Nurse-Family Partnership					●		●				32
Advocacy for Women and Kids in Emergencies (AWAKE)					●						33
Violence Intervention Program					●						33
Child Development-Community Policing Program					●						33
Safe Start Demonstration Project					●						33
Safe and Together Model					●						33
Integrated Domestic Violence Courts					●						33
Family Justice Centers					●						33
Parent Coordination Programs						●					33
Supervised Exchange Programs/Visitation Centers					●						33

NOTE: See Appendix A for resources for each intervention listed above.



Child Psychotherapeutic Interventions

Kids' Club. Kids' Club²⁰³ is a 10-week program developed for school-age children who have been exposed to domestic violence. Drawing from trauma and social learning theory, Kids' Club sessions address the cognitive, social, and emotional needs of children exposed to domestic violence by (1) helping children express a range of feelings about violence, (2) helping children understand that they are not responsible for violence between their caregivers, and (3) fostering the development of healthy coping skills to promote healing.²⁰⁴ A study among elementary and middle school children who participated in Kids' Club found a significant reduction in mental health problems (i.e., internalizing symptoms) and behavior problems (i.e., externalizing behaviors) compared with those children not receiving the intervention.^{205,206} Furthermore, children who participated in Kids' Club and whose mothers also participated in a concurrent support group had the greatest reduction in behavior problems.²⁰⁵

Pre Kids' Club (PKC). Pre Kids' Club (PKC)²⁰⁷ is an adapted version of Kids' Club for children exposed to domestic violence between the ages of 4 and 6. As with Kids' Club, PKC has been studied across diverse populations, indicating its broad utility and efficacy.²⁰⁸ The PKC intervention has two components: the PKC group delivered to children and the Mom's Empowerment Program (MEP) for mothers.^{209,210} The PKC/MEP intervention is delivered in 10 sessions held over five weeks. Each PKC session focuses on topics related to domestic violence exposure, including reasons for violence between parents, concerns about violence between parents, and coping skills and safety planning. The concurrent MEP promotes the strengths and resources of mothers, discusses safety planning for the family, and provides psychoeducation about the effects of domestic violence exposure on children. A study among preschool children exposed to domestic violence found that children participating in a PKC/MEP treatment group had fewer mental health problems (i.e., internalizing symptoms) than children who did not complete the program.²⁰⁷

Child Witness to Violence Program. The Child Witness to Violence Program²¹¹ is a collaborative

intervention delivered by law enforcement, child advocates, and mental health professionals to serve children and adolescents exposed to domestic violence. Child advocates respond with law enforcement to conduct safety planning and offer emotional support and psychoeducation to children following a domestic violence incident. Psychotherapy is then delivered in a weekly group and individual sessions to children exposed to domestic violence. The primary goals of these sessions are to educate children about the causes of violence, promote healthy relationship dynamics and coping skills, and engage in safety planning. The therapeutic approach is strengths focused and incorporates modalities from play and art therapy. The length of the intervention is variable, allowing for adaptation to the presenting needs of children. A study among children and adolescents suggests an increased understanding of the causes of domestic violence and of safety planning strategies following participation in the Child Witness to Violence Program.²¹²

Storybook Club. Storybook Club is a prevention-focused program for school-age children exposed to domestic violence that integrates play and art therapy modalities.²¹³⁻²¹⁵ The 10-session weekly group program focuses on addressing the justifiability of violence, questioning gender roles, developing healthy conflict resolution skills, and promoting safety.²¹³ Child participants learn these objectives through the reading and dramatization of stories, and parents are invited to attend a weekly concurrent support group.²¹³ A study of the Storybook Club found a decrease in parental stress and child anxiety, and an increase in child self-esteem among children who participated in the intervention.²¹⁶

Superheroes Program. The Superheroes Program²¹⁷ is a 10-session weekly program developed specifically for children exposed to domestic violence. Trained clinicians facilitate psychoeducational sessions that focus on fostering self-esteem, reducing self-blame, developing healthy conflict resolution and relationship skills, and safety planning and abuse prevention. Each child participant is matched with a volunteer at every session for additional individual support. Parents are also offered a concurrent support group to promote parenting skills and parental well-being. A study of the

Superheroes Program among school-age children suggests that the intervention may reduce the severity of child depressive symptoms and behavior problems.²¹⁷

Additional Group Interventions. Multiple other group interventions for children exposed to domestic violence draw from and build upon the 10-session group intervention studied at the Domestic Abuse Project in Minneapolis, Minnesota.^{215,218-221} These group interventions have both child and parent program components. Each session in the children's group focuses on a topic related to the overall group goals of promoting safety, improving self-esteem, and encouraging healthy emotional expression. The parent group offers psychoeducation about the effects of domestic violence on children, discusses ways to support children in the aftermath of domestic violence, and encourages positive parenting techniques for exposed children.²²⁰ Three other group interventions with similar formats include *Child Witnesses to Wife Abuse Programme*,^{214,219,222,223} *Child Witness Program*,²²⁴ and *Parent and Child Training Project (PACT)*.²²⁵ All of these group programs serve school-age children and focus on decreasing aggression, preventing future relationship violence, and increasing overall child functioning.²²⁴

Expressive Therapies. Many studies also assess the role of expressive therapies, such as art therapy and play therapy, in treating children exposed to domestic violence.²²⁶⁻²³² One study

found that children who participated in a *shelter-based play therapy* group showed decreased behavior problems after two weeks compared with children who participated in regular shelter activities only.²³³ Another study compared outcomes between children exposed to domestic violence in individual play therapy, group *sibling play therapy*, and those not receiving an intervention. Children in both the individual play therapy and group sibling play therapy showed fewer externalizing behavior problems.²³⁴ Additionally, *filial play therapy* is a versatile intervention due to its focus on strengthening parent-child relationships, addressing the needs of traumatized children with developmental sensitivity, and fostering coping skills among both children and parents.²³⁵ A similar program, *TheraPlay*, focuses on developing the parent-child relationship by applying attachment theory to a play-based intervention and is offered to mothers and children in a domestic violence shelter setting.²³⁶

Additional interventions. Other interventions studied specifically for implementation with children exposed to domestic violence include online support and psychoeducational groups for adolescents,²³⁷ Camp HOPE,²³⁸ digital storytelling narrative intervention,²³⁹ individual psychotherapy,²⁴⁰ and equine-assisted psychotherapy.²⁴¹ General trauma interventions that may benefit children exposed to domestic violence are eye-movement desensitization and reprocessing therapy (EMDR),²⁴² narrative exposure therapy,²⁴³⁻²⁴⁵ and cognitive behavioral therapy.^{246,247} Family therapy interventions, including multisystemic family therapy and multifamily group therapy,^{248,249} may also warrant further study to assess the utility with children exposed to domestic violence and their families.

Parent-Child Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)²⁴⁸ is a parent-child treatment that was initially created to treat traumatic stress in children who had experienced sexual abuse. This intervention has since been applied to children who have been polyvictimized or experienced other forms of trauma, including exposure to domestic violence.²⁵⁰⁻²⁵⁴ TF-CBT addresses both trauma symptoms (e.g.,



depression and anxiety) and trauma-related thought processes (e.g., blame attribution) in children, and offers psychoeducation to parents supporting children exposed to traumatic experiences. This intervention is considered an evidence-based practice due to many studies suggesting the efficacy of the program for children who have experienced trauma.^{250,255,256} TF-CBT has been adapted and successfully implemented with Latino/Hispanic and Indian/Alaskan Native families, indicating efficacy of this intervention across diverse populations.²⁵⁷ In addition, a randomized control trial among school-age children who had been exposed to domestic violence found a reduction in PTSD symptoms and anxiety among the TF-CBT treatment group compared with a control group receiving treatment as usual (i.e., Child-Centered Therapy).²⁵⁸

Parent-Child Interaction Therapy (PCIT).

Parent-Child Interaction Therapy (PCIT)²⁵⁹⁻²⁶¹ is another evidenced-based intervention to promote effective parenting to address a variety of behavior problems among children ages 2 to 7, and improve the overall parent-child relationship. Adaptations to PCIT for diverse cultural populations are also being explored, as evidenced by programs for Latino/Hispanic and Indian/Alaskan Native families.²⁶² The intervention is delivered in a dyadic therapeutic setting, and play therapy and coaching are utilized to facilitate parent-child interaction. The intervention duration can be flexible, depending on the presenting needs of the family. While PCIT has been studied more widely among maltreated children, only exploratory studies have considered the possible utility of PCIT for reducing externalizing and internalizing problems among children exposed to domestic violence.^{259,262,263}

Peekaboo Club. Peekaboo Club²⁶⁴ is a psychoanalytically informed group therapy intervention for mothers and infants who have experienced domestic violence. Mothers and infants attend group sessions in which women are encouraged to share their experiences with one another and have dedicated time to interact with their babies. One study suggests that this program may reduce depression in attending mothers and promote the realization of developmental milestones among infants.²⁶⁴ Another study of Peekaboo Club found increased

infant social competence, reduced infant behavior problems, and increased infant-maternal attachment among participants.²⁶⁶

Child-Parent Psychotherapy (CPP). Child-Parent Psychotherapy (CPP)²⁶⁷⁻²⁷² is a dyadic intervention for infants and young children who have been exposed to various forms of trauma. In CPP, therapists facilitate the observation and understanding of child behaviors within a developmental context and thus the cultivation of cooperative child-parent relationship.²⁶⁷ A study of mothers and young children exposed to domestic violence found a greater reduction in child behavior problems, maternal stress, and mental health symptoms among the families receiving CPP compared with the families receiving individual therapy and case management.²⁷³ CPP is considered an effective, evidence-based intervention for children and their families who have experienced trauma, including domestic violence. Furthermore, studies of CPP have been conducted across diverse populations, suggesting its utility among families of various socioeconomic and ethnic backgrounds.²⁷⁴

The Advocacy and Learning Club. The Advocacy and Learning Club²⁷⁵ is an intervention designed to offer advocacy services to mothers and an educational support group to school-age children who have been exposed to domestic violence. Over the course of 16 weeks, advocates are assigned to work with mothers and their families to connect them to community resources and build their own advocacy skills.^{275,276} The goals of the advocacy component of this program are to improve the quality of



life and promote self-esteem among mothers who have experienced domestic violence. The child psychoeducational support group focuses on building child self-competence and increasing self-worth. Early studies suggest that this intervention may be effective in promoting maternal self-esteem, reducing depression, and increasing self-competence among children exposed to domestic violence compared with a control group.²⁷⁵

Mothers Overcoming Violence Through Education (MOVE). Mothers Overcoming Violence Through Education (MOVE)²⁷⁷ is a 12-week program for mothers and school-age children exposed to domestic violence. Mothers in the program participate in a parenting psychoeducational group, while the children participate in a therapy-based support group. An exploratory qualitative assessment of the MOVE program suggests that children benefited from the interaction with and support from peers and information related to coping and healthy emotional expression.²⁷⁷

Dyadic Interventions with Children and Perpetrators of Domestic Violence. A small body of literature discusses the use of dyadic interventions with children exposed to domestic violence and the perpetrators of domestic violence. Researchers acknowledge the complexities of training clinicians to properly offer these services, assessing safety prior to beginning treatment, and developing and evaluating appropriate programs for exposed children and the offending parent.²⁷⁸ Additional research may consider the efficacy of interventions used for maltreating parents and their children, such as *Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)*,²⁷⁹ as well as the applicability of the previously outlined PCIT and CPP.²⁷⁸ *Caring Dads*²⁸⁰ is one of the few interventions dedicated specifically to perpetrators around parenting and supporting children exposed to domestic violence. *Caring Dads* focuses on promoting healthy parenting strategies and educating fathers on the effects of domestic violence exposure on children over the course of a 17-week group program.

Other Parent-Child Interventions. *Project Family Rejuvenation and Empowerment Education Program (FREE)*²⁸¹ is an intervention

developed exclusively to serve mothers and children affected by domestic violence. The program is delivered through separate psychoeducational groups for mothers and children that focus on prevention of further domestic violence exposure. The program also offers conjoint sessions to practice and reinforce skills developed in the respective mother and child groups. *Home-based interventions*^{214,282,283} focus on promoting parenting skills to effectively and supportively manage child conduct problems in the aftermath of domestic violence. Children in the treatment group showed reduced aggression, and their mothers demonstrated greater parenting skills and less distress, when compared with families not receiving a home-based intervention.^{214,282}

The *Promoting Strong African American Families (ProSAAF)*^{284,285} dual intervention and prevention program focuses on improving the relationship between parents, as well as the parent-child relationships, among African American families with preadolescent and adolescent children. One study found that families in the ProSAAF program experienced a greater reduction in adolescent interparental conflict exposure compared with families receiving no intervention.²⁸⁴

The *ACT Against Violence Parents Raising Safe Kids (ACT-PRSK)*^{286,287} program is dedicated to preventing family violence and child maltreatment by promoting non-violent child discipline strategies, educating parents about the effects of violence exposure on child development, and fostering anger management strategies for both parents and children alike. One study found that ACT-PRSK was effective in reducing physical discipline of children and increasing parental knowledge around the effects of violence exposure on children.²⁸⁶ Finally, a few studies suggest the utility of Restorative Justice programs that serve both the offending and non-offending parent and their children through facilitated family mediation.²⁸⁸⁻²⁹⁰

Parent Programs

Many interventions exclusively serving parents of children exposed to domestic violence have two primary goals of offering psychoeducation and support to caregivers.²⁹¹ *Project SUPPORT*,²⁹²⁻²⁹⁴ for example, assists parents of exposed children

with conduct and externalizing behavior problems through the development of parenting skills and effective behavior management techniques. In randomized trials, children who had been exposed to domestic violence whose families participated in Project SUPPORT demonstrated a reduction in behavior problems compared with the no-treatment or treatment-as-usual control groups.²⁹⁵ *Parenting Through Change*²⁹⁶ is another program that has been studied for use in shelter settings. This group intervention focuses on developing positive parenting strategies in the aftermath of stressful family events, such as domestic violence, to promote healthy child adjustment and development.

Prevention Programs

Teen Dating Violence Prevention Programs.

Multiple programs focus on preventing teen dating violence among adolescents both exposed and not exposed to domestic violence.²⁹⁷ *Safe Dates*^{298,299} is a 10-session program dedicated to developing healthy relationship skills and conflict resolution strategies through interactive and role-playing activities. *Dating Matters* promotes healthy relationship skills for at-risk youths in a psychoeducation group format, and *Expect Respect*²⁹⁹ offers a dating violence prevention-oriented support group for preadolescents and adolescents. Evaluations of these interventions yield mixed results regarding later perpetration and victimization rates among participants.²⁹⁹ Another dating violence prevention program, *Shifting Boundaries*, focuses primarily on preventing sexual dating violence and sexual harassment.³⁰⁰ One study of the Shifting Boundaries program among middle school students assessed the effects of a classroom-based intervention, school-wide intervention, or no intervention on sexual dating violence and sexual harassment perpetration and victimization. Students receiving the school-wide intervention had the greatest reduction in sexual dating violence and sexual harassment perpetration and victimization.³⁰⁰

Domestic Violence Perpetration Prevention Programs. *The Youth Relationships Project (YRP)* strives to prevent later domestic violence perpetration and victimization among adolescents who experience various forms of violence.^{214,280,297} This 18-session program

provides psychoeducation, healthy relationship and coping skills development, and involvement in community anti-violence activities.^{263,280}

A study among maltreated and domestic violence-exposed adolescents found a greater reduction in existing PTSD symptoms and violence victimization and perpetration among participants receiving YRP compared with their peers.³⁰¹ Another program, *Positive Adolescent Choices Training*,³⁰² was developed for African-American adolescents who have experienced or witnessed violence. This psychoeducational group focuses on building social skills, developing anger management strategies, and providing information about violence. One study found that participants exhibited less aggression, better social skills, and less involvement with the juvenile justice system than their peers.³⁰²

School-Based Prevention Programs. Most of the school-based prevention and intervention programs for children exposed to domestic violence are offered in a psychoeducational group format.³⁰³ *I Wish the Hitting Would Stop*³⁰⁴ is a prevention program designed to increase knowledge about domestic violence and safety planning for elementary school children. Earlier versions of similar programs include *My Family and Me: Violence Free*³⁰⁵ and *A School-Based Anti-Violence Program (A.S.A.P.)*.³⁰⁴ Both of these programs also focus on developing awareness about domestic violence and promoting safety in the event of domestic violence exposure.³⁰⁴ Other violence prevention programs that are not geared specifically to children exposed to domestic violence include the following: First Step to Success,³⁰⁶ The Incredible Years,³⁰⁶ Second Step,³⁰⁶ Peacemakers,^{305,306} and Support for Students Exposed to Trauma (SSET).³⁰⁷ Finally, a few studies suggest that Early Head Start programs may also buffer children from some of the negative consequences, particularly aggressive externalizing behaviors, associated with domestic violence exposure.³⁰⁸

Community-Based Interventions

The literature suggests that a range of innovative community-based interventions exist. For example, the *Nurse-Family Partnership*²⁴³ offers prevention services through a home-based nurse visitation program for at-risk mothers and their infants. The *Advocacy for Women*

and Kids in Emergencies (AWAKE)³⁰⁹ program provides both medical treatment for domestic violence–exposed and maltreated children, and a risk assessment, service referral, and advocacy for non-offending parents. Regarding law enforcement services, the *Violence Intervention Program*³¹⁰ trains police officers to initiate a trauma-informed response for children exposed to violence. Additional broad community interventions for children who have been exposed to a range of traumatic, violent events, including domestic violence, are the Violence Intervention Project,³¹¹ SURVIVE Community Project,³¹² Child FIRST,³¹³ Community Outreach Program-Esperanza (COPE),³¹³ Adults and Children Against Violence Prevention Program,³⁰⁶ and Pathways Triple P.^{243,314}

Multiple collaborative initiatives between social workers, child welfare professionals, and law enforcement have also been implemented in communities and are areas for further study.^{309,315} One such intervention, the *Child Development-Community Policing Program (CD-CP)*,^{309,316-319} arranges a coordinated intervention by law enforcement and mental health professionals for child witnesses of violence. Another initiative, the *Safe Start Demonstration Project*, has been implemented and evaluated in cities across the United States.³²⁰⁻³²² This program takes a multidisciplinary, community-based approach to preventing, identifying, and treating children exposed to domestic violence and other forms of violence. One study that consolidated findings from Safe Start sites found that the intervention was associated with reduced parental stress and reduced post-traumatic stress symptoms among violence-exposed children. Furthermore, children in one Safe Start study demonstrated a decrease in trauma event exposure over time, suggesting the prevention potential of this program.³²⁰

Other community-based programs include judicial and child welfare services. One of the few programs that have been evaluated specifically to child welfare professionals is the *Safe and Together* model.³²³ The goals of this program are to increase the capacity of child protective service (CPS) agencies and their staff to engage and intervene with families affected by domestic violence. An evaluation study of the Safe and Together training suggests that the program



may be effective in increasing CPS workers' understanding of the dynamics of domestic violence and in developing workers' awareness and skills around assessing domestic violence for children.³²⁴

Court-based interventions featured in the literature include *Integrated Domestic Violence Courts*, which offer a consolidated response for families affected by domestic violence in the judicial system.³²⁵ Through Integrated Domestic Violence Courts, families with pending family court, criminal cases, and/or civil litigation will appear before one judge to both streamline and improve court-related services. Other consolidated models include *Family Justice Centers* that provide child protection, law enforcement, and domestic violence services within one organization, and may be of particular benefit to families affected by domestic violence.³²⁵

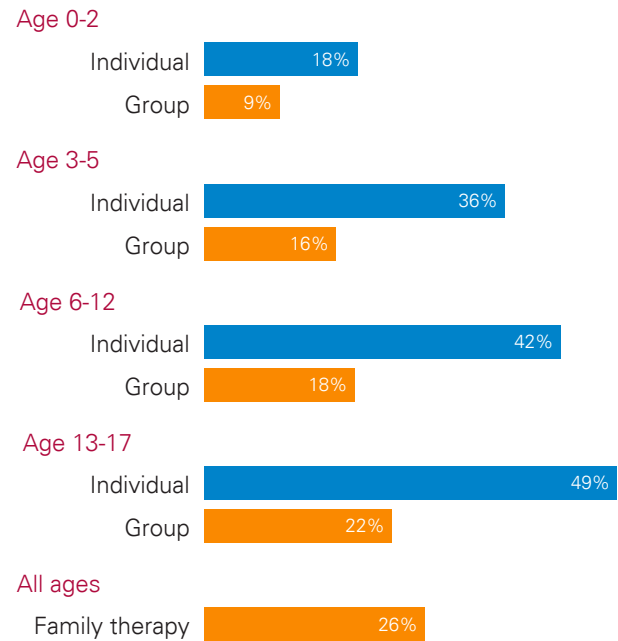
Other studies underscore how court-mandated programs can be important in stabilizing and supporting families in the aftermath of domestic violence. These include the following: *Parent Coordination Programs*³²⁶⁻³³⁰ that facilitate co-parenting plans, Court-Involved Therapy,³³¹⁻³³⁴ Early Intervention Programs,³³⁵ Domestic Violence/Guardian ad Litem Project (DV/GAL) Project,³⁰⁹ and prevention programs for re-litigation like Parents Achieving With Collaborative Teams.³³⁶ Lastly, multiple studies highlight the both the benefits and challenges of *Supervised Exchange Programs and Visitation Centers*³³⁷⁻³³⁹ that offer safe spaces for families to follow custody and co-parenting agreements.

Services in Ohio for Children Exposed to Domestic Violence

Children exposed to domestic violence may receive services from a variety of agencies and systems, including child protective services (CPS), schools, public mental health agencies, and other child-serving systems. For example, in 2010 Ohio began implementing Safe & Together as a differential response child protection model. Safe & Together provides training and systems improvements to help child welfare systems work with families who are experiencing domestic violence.

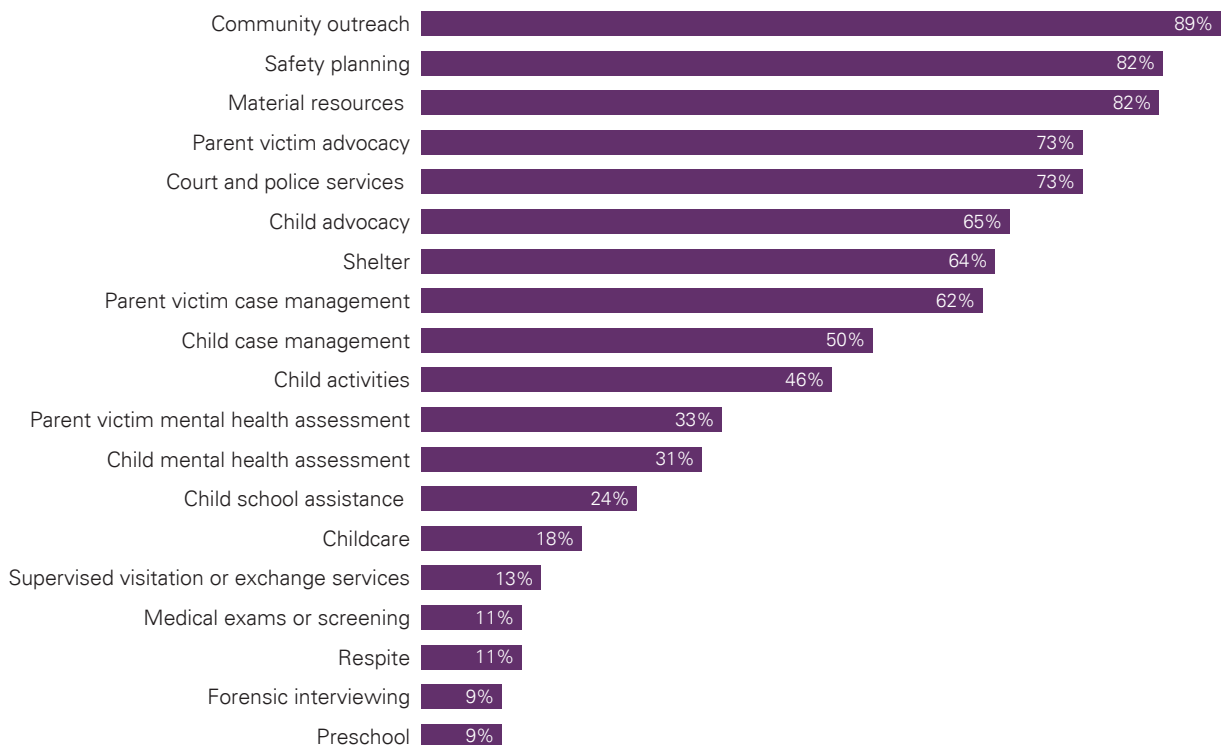
Of particular interest for this paper was how children were served by other agencies that offer services to families experiencing domestic violence. A statewide survey was conducted with agencies that provide services for children who have been exposed to domestic violence (see Research Methodology <http://www.healthpathohio.org/dvimpact>). All available data from fully completed surveys and partially completed surveys (total of 78 surveys) were used for the results presented below.

Figure 1
Ohio agencies offering group or individual child counseling services to children exposed to domestic violence, by age



The number of clients served in the State Fiscal

Figure 2
Types of services offered by Ohio agencies to children exposed to domestic violence



Year 2016 (July 1, 2015–June 30, 2016) by an agency ranged from 41 clients to 75,000 clients with an average of 4,743 clients receiving services per agency. The total number of children reported to have received services in the State Fiscal Year 2016 was 85,312. On average, agencies reported serving approximately 1,376 children during this year, with a range from 1 to 15,000 children. Nearly 90% of agencies reported that in addition to offering services for children, they also offered services to support the non-offending caregivers who are parenting the children. Regarding whether the agency reported that they were able to meet the current demands for children or youths exposed to domestic violence, 60% reported that they could meet the demand to a large or very large extent, whereas 40% indicated they could meet the demand to a moderate, small, or very small extent. The majority (87.27%) of agencies reported they would expand their service area or programs and services offered if additional funding or resources become available. The majority (89.47%) of

agencies reported that they considered their agency to be trauma informed while only 35.19% indicated they were a member of a Trauma-Informed Care (TIC) Regional Collaborative.

Figure 1 displays information about counseling services offered to children exposed to domestic violence. Nearly half (48.9%) of the agencies surveyed offered counseling services to children. Group sessions rather than individual session were the most commonly offered among all age groups. More counseling services were available for older children with infant and toddler children having the fewest available counseling services.

Figure 2 displays the types of services offered by domestic violence agencies to either the child or the non-offending parent. The majority of agencies (80% or more) provided community outreach, safety planning, and material resources such as transportation, baby/child clothing, or food. Two thirds (65%) of agencies provided child advocacy, half (50%) provided child case

Figure 3
Evidence-based or promising programs offered by Ohio agencies to children exposed to domestic violence



management, and one third (31%) provided child mental health assessments.

Figure 3 displays the percentage of programs that reported using either promising or evidence-based programs. Over two thirds (67%) of the agencies surveyed used one or more evidence-based or promising intervention or prevention program. The most commonly used programs for psychotherapeutic interventions were expressive therapies such as art therapy or play therapy (22%), Trauma-Focused Cognitive Behavioral Therapy for parent-child interventions (29%), Safe Dates for teen dating violence prevention (28%), I Wish the Hitting Would Stop or A.S.A.P. for school-based interventions (2%), and Violence Intervention Program for community-based interventions (9%).

Ohio Domestic Violence Agencies' Reported Needs

As part of the statewide agency survey, agencies were asked about where to focus particular attention related to services, policy, and research for children exposed to domestic violence. The results are summarized below by themes.

Increase coordination with child protective services (CPS). Many agencies spoke about the barriers to working with the CPS when families were experiencing domestic violence. For example, one agency spoke about the agency's processes that align with trauma-informed approaches and are from a family advocacy and victim's rights' perspective that create "conflict and barriers" for collaboration with CPS. Another agency indicated that unaccompanied youths who had been exposed to domestic violence and were seeking services including shelter and advocacy were not allowed to remain in services due to CPS's operation of the local Child Advocacy Center. One agency noted that supportive services were often not available to domestic violence victim parents involved with CPS. Other agencies spoke about their concern about CPS's administration and child welfare workers not having an in-depth understanding of domestic violence and its effects on victims and children. Overall, the agencies indicated that domestic violence collaborative approaches were needed to help ensure that victims who are parents maintain their parenting rights, support

their families, protect their children, and reduce risk of child removal.

Increase coordination with other systems.

Several agencies pointed to a need for coordination between domestic violence agencies and systems that involve police, medical, school, and substance use treatment programs. For example, agencies suggested that domestic violence clinicians or advocates need to be stationed within every police district to accompany police to calls involving children exposed to domestic violence. Additionally, more forensic interviewers are needed who are qualified to interview children who have been exposed to domestic violence and may also have additional needs (e.g., developmental disabilities, ASL services). Regarding coordination with the medical system, agencies noted that domestic violence clinicians need to be called to provide services to children who are seen in emergency rooms and who have been exposed to domestic violence. A recommendation was also made to establish Child Advocacy Centers within the medical system to provide a continuation of care. Several agencies indicated that educators in the schools needed to be trained to identify trauma symptoms in their students and how to make referrals to agencies that serve children exposed to domestic violence. A better understanding of trauma for those allied professionals could lead to a more trauma-informed approach in the classroom. Finally, agencies noted that with the rise in substance use among adults in the state of Ohio, there is an increased need of awareness, education, resources, and services for those caregivers who are experiencing domestic violence as well as using substances.

Increase use of evidence-based practices.

Several agencies noted that to their knowledge, there were few evidence-based practices that were specifically for children exposed to domestic violence. There was a general consensus that clinicians need to be providing services that have been shown to be effective in reducing negative outcomes among children and that they needed more age-appropriate counseling/behavior models for children and their parents.

Increase prevention-focused interventions in schools. Many agencies indicated a need for

more prevention-focused interventions. Several agencies suggested schools as a system that could potentially have a strong effect on reducing future domestic violence by implementing interventions in the schools that teach children social and emotional skills, about healthy relationships, and sexual health education. There was a strong consensus that more funding needed to be allocated to prevention services to stop the cycle of domestic violence through generations.

Field Notes: A Provider's Concern

Some of the greatest threats to success for youths in our service area are not receiving trauma informed care by frequently used service providers to children. For instance, local schools, medical care providers, etc. could be much more trauma informed. Since research supports the health risks associated with having a high ACE score, it is vital that children get at least adequate health care, yet financial, emotional, and transportation barriers exist for their parents to get access to said medical care. Similarly, although the McKinney-Vento Act attempts to remove some barriers to getting consistent education, the lack of understanding of and compassion for children who have experienced trauma can lead school staff re-traumatizing children or making school feel unsafe for them.

Increase the variety of services for children and non-offending parents. Most agencies stated that children who are exposed to domestic violence need more services. Services that were identified include counseling for children, child advocacy centers in each county, services for children who are deaf, and services for adolescents. Agencies also identified a need for services for non-offending parents, including support groups and parenting classes, wraparound services, ongoing support in

raising children, affordable childcare, culturally competent services, skills or job training, and respite services.

Provide trauma-informed care trainings across child-serving systems. Most agencies spoke about the need for more trauma-informed care trainings across systems that interact with children. There was a general agreement that within their own agencies they needed more opportunities to learn about trauma-informed care and that every professional who interfaces with children should be required to take CEU's in child trauma related topics annually. For example, one agency stated that they needed "an increase in training offered on trauma-informed interventions and sensory interventions for service providers, educations, and services for children who have experienced trauma." Other agencies spoke about the need for providers in other systems to be trained in trauma-informed care. For example, one agency noted that policies and those who enforce them need to continue to be mindful of how they are engaging the victim of domestic violence and their children to avoid promoting further feelings of victimization and/or blame.

Increase funding to support services for children. Most agencies indicated the high need for increased funding to support services for children. Specifically, agencies noted that if they had additional funding, they would be able to hire case managers to work with children, provide services and programs for children residing in domestic violence shelters, and implement a crisis hotline specifically dedicated for children or youths to call when domestic violence is occurring.

Increase public knowledge about domestic violence. There was a general consensus among agencies that individuals throughout their communities need to have a better understanding of domestic violence. Some agencies suggested the use of public health campaigns to increase knowledge regarding the effects of domestic violence on children, who is affected by domestic violence and trauma, and where victims can go to receive professional services. One agency suggested that a public health campaign is needed that is focused on the impact of domestic violence. This campaign could be comparable to the public health campaigns used in the past on

drugs and smoking . Another agency suggested that more educational materials and videos should be available in the library for public or organizational use.

Provide training to all educators to identify the symptoms of trauma in children. Most agencies indicated that there needed to be interventions within schools. Agencies suggested that all educators and coaches in sports need to be trained to identify the symptoms of trauma in children and in how to interact with children at all developmental stages who are experiencing trauma symptoms. Another agency recommended having a trauma specialist assigned to a school district to be consulted when needed and to provide training to the school staff to better serve the child. In addition, building emotional health and safety planning into school curricula (e.g., meditation and mindfulness for kids, emotional intelligence, safe dating) was recommended. Many agencies indicated that schools need to have a mandatory curriculum about healthy relationships in elementary school and teen dating violence prevention curriculum in middle school.

Change the justice system responses to domestic violence. Some agencies spoke about the need for an increase in criminal punishment

for domestic violence perpetrators. Several agencies spoke about how the judicial system did not tend to help victims and that perpetrators often were not held accountable or were not given consequences for their actions of domestic violence. Other agencies suggested that the state of Ohio needs to increase the enforcement of domestic violence statutes. Some agencies spoke about family courts needing better training regarding domestic violence to protect the victim and the children. Specifically, the judicial system needs to understand how being exposed to domestic violence affects the child and the family, and the court needs to use this information when deciding visitation.

Support and share best practices and research. Agencies indicated that continued research is vital to keeping new and cutting-edge information on the effects of child exposure to domestic violence in the forefront of clinicians' minds as they are treating children and families. One agency suggested further examination into cultural differences among families experiences domestic violence and how cultural aspects could be integrated into interventions. Additionally, agencies suggested that continued research is needed to find and refine the best evidence-based practices to treat and care for those who have experienced domestic violence and trauma.

Recommendations to Better Serve Ohio's Children

The following recommendations are derived from the issues identified through the analysis of research literature on the effects of domestic violence and interventions developed for children exposed to domestic violence, the statewide survey of domestic violence service providers, the economic impact analysis, and the review

of Ohio's enforcement and judicial treatment of domestic violence cases. The recommendations are outlined for policies, system changes, programming, funding streams, and other strategies to help Ohio better serve children exposed to domestic violence.

Issues	Recommendations
There is a lack of coordination between systems that serve children exposed to domestic violence.	Develop and support a coordinated statewide response among all child-serving systems for addressing childhood exposure to domestic violence • Establish a task force of key stakeholders from all child-serving systems to create a better-coordinated response for children exposed to domestic violence • Integrate data across systems to identify how Ohio can better serve these children • Implement a coordinated, statewide response for children exposed to domestic violence
Exposure to domestic violence is related to violence perpetration and victimization in teen dating relationships.	Provide age-appropriate, targeted teen dating violence prevention programs in grades 5–6 to complement what is being offered in grades 7–12
Children exposed to domestic violence are experiencing detrimental educational and health outcomes.	Initiate trauma-informed care training for educators and health care professionals and implement assessment and screening standards for domestic violence exposure in health care institutions • Train education professionals in providing trauma-informed care • Implement assessment and screening standards for domestic violence exposure experiences in health care settings • Establish curricula and statewide protocols for training and continued education on trauma and trauma-informed care for health care professionals
There is great disparity among counties in terms of the number of domestic violence incidents occurring and the services offered.	Address barriers to services for children exposed to domestic violence

Issues	Recommendations
Exposure to domestic violence is a widespread problem that affects children in the short term and over the full course of their lives.	Promote the use of evidence-based programs that have been shown to be effective in reducing the negative consequences of domestic violence exposure • Encourage and support service providers to use evidence-based programs and interventions to address the negative effects of exposure to domestic violence • Ensure that services targeted at children ages 5 and younger are widely available
The Ohio legal system has great discretion when making decisions about domestic violence, which leads to a lack of uniformity in enforcement and treatment of domestic violence cases.	Require training and provide resources to representatives of law enforcement and judicial system to help them make better informed decisions in domestic violence cases • Require education and training regarding identification of and best practices for responding to domestic violence for the criminal justice and juvenile justice systems, and provide tools to assist in making decisions in these cases • Revise the Ohio Domestic Violence Benchbook to equip judges with a greater understanding of domestic violence and assist them in making decisions that better address child safety in cases that involve domestic violence • Develop training and guidelines for Guardians ad Litem on investigating and making custody and visitation recommendations in cases involving domestic violence
While a large body of research exists about the effects of domestic violence, limited information is available about specific populations and factors.	Build a body of knowledge about the effects of prenatal exposure to domestic violence and the specific protective factors that are most beneficial for children • Conduct research to add to the preliminary evidence that prenatal exposure to domestic violence is related to long-term negative outcomes in children and the associated risk and protective factors that may influence long-term outcomes • Conduct research to identify the protective factors that are best at promoting resilience in children exposed to domestic violence and the interventions that help children build these factors

Issue: Lack of coordination between systems that serve children exposed to domestic violence.

Recommendation: Develop and support a coordinated statewide response among all child-serving systems for addressing childhood exposure to domestic violence.

- **Establish a task force of key stakeholders from all child-serving systems to create a better-coordinated response for children exposed to domestic violence.**

The estimated 163,000 Ohio children being exposed to domestic violence and their families are coming in contact with many systems, such as child protective services, law enforcement, juvenile and family courts, health care, schools, and substance use treatment programs. These systems have begun to develop formal and informal procedures for responding to childhood domestic violence exposure, but that response could vary depending on the individual county, agency, or employee that first encounters the child. Some individual systems have developed standards they are applying across jurisdictions and agencies, but they are often limited to that system and its partners. For example, the Department of Job and Family Services' Alternative Response Initiative and the Ohio Intimate Partner Violence Collaborative have developed a coordinated response for the child protective services system. Counties are seeing some positive results, both in family outcomes and in savings to the system.

A cross-sector, statewide task force could compile information about each system's response and examine how such efforts could be coordinated to reduce the negative outcomes associated with domestic violence exposure and increase the resilience and protective factors of children and their caregivers. A coordinated response may also decrease the overall lifetime costs of domestic violence exposure, estimated at over \$2.18 billion for a single cohort of Ohio's young adults. This task force could also establish statewide procedures and standards, select or create training curricula for identifying children exposed to domestic violence and providing

trauma-informed care, develop and implement a domestic violence risk assessment coversheet for all juvenile and family court personnel, develop a public health message to increase knowledge about domestic violence, and ensure access to resources about domestic violence in community settings such as libraries.

- **Integrate data across systems to identify how Ohio can better serve these children.**

The negative outcomes of exposure to domestic violence are interrelated in complex ways and show up in costs to multiple systems. Also, the success of one intervention or service is bound to the success of multiple others. Until data are integrated across the multiple systems that serve children and families (e.g., child protective services, education and special education, mental/behavioral health, physical health, juvenile justice, etc.), we will not know the full extent of the burden to each system, how much redundancy exists, where the gaps are, or how effective service strategies are. An integrated, cross-system data platform would allow researchers to look at the encounters and outcomes of children and families within any system and examine factors that contribute to positive and negative effects. For example, researchers could examine whether interventions at one system prevent the use of future systems (e.g., whether specific types of child protective services interventions prevent children from later becoming involved in the juvenile justice system), or whether cross-system interventions could be used when children or families are engaged in more than one system. The results of this research could then inform how to better serve Ohio's children who have been exposed to domestic violence.

- **Implement a coordinated, statewide response for children exposed to domestic violence.** The work of the task force is only the first step. Once the standards, training curricula, and other resources are developed, they need to be shared with and implemented by child-serving systems across the state. This will require funding to support training and education, collaboration, partnership development, and cross-system coordination.

Funding should be available for efforts at the state, county, and local levels. Patience is also required; it will take time for this coordinated response to become fully functional. However, the improved outcomes for children and families and cost savings will make it worthwhile.

Issue: Exposure to domestic violence is related to violence perpetration and victimization in teen dating relationships.

Recommendation: Provide age-appropriate, targeted teen dating violence prevention programs in grades 5–6 to complement what is being offered in grades 7–12.

Children who are exposed to domestic violence are more likely to be involved in a violent dating relationship as teenagers, both as perpetrators and as victims. Ohio law requires that school districts include dating violence prevention education in their health education curriculum for grades 7–12 (Ohio Revised Code 3313.60). This education focuses on developing healthy relationships and on changing perceptions and attitudes about dating violence. However, research suggests that teen dating violence prevention programs should be implemented as early as grade 5 to prevent the onset of teen dating violence. These programs can help children build interpersonal skills and learn how to develop and maintain friendships and relationships, all of which are important resilience and protective factors for children regardless of their exposure to domestic violence. Some examples of programs that can be implemented within grades 5–8 are Expect Respect, My Family and Me: Violence Free, and A.S.A.P.

Issue: Children exposed to domestic violence are experiencing detrimental educational and health outcomes.

Recommendation: Initiate trauma-informed care training for educators and health care professionals and implement assessment and

screening standards for domestic violence exposure in health care institutions.

- **Train education professionals in providing trauma-informed care.** Teachers' and school staff's regular contact with children in Ohio creates consistent opportunities to identify and take action for children who may be exposed to domestic violence. Through early identification, teachers and school staff may be able to prevent negative educational outcomes linked to domestic violence exposure. Teachers and school staff need to be formally trained in how to identify the symptoms of trauma in children, how to interact with children to prevent further traumatization, and what community services are available to help the children and families. The National Law Enforcement Museum developed a guide that outlines how schools can create a coordinated response to address the effects of exposure and help reduce or eliminate continued exposure to domestic violence.
- **Implement assessment and screening standards for domestic violence exposure experiences in health care settings.** The costs of domestic violence exposure exceed \$2.178 billion, nearly \$476 million dollars of which is for direct medical health care services. Research indicates that pediatric and well-child providers are not consistently screening for domestic violence exposure. Implementing standard procedures for early detection of domestic violence exposure and linkage with domestic violence services may reduce the risk of poor health and other outcomes. These protocols may reduce overall costs associated with health care services for families and children affected by domestic violence.
- **Establish curricula and statewide protocols for training and continued education on trauma and trauma-informed care for health care professionals.** Trauma-informed care involves providers having a basic understanding of trauma and how trauma affects behaviors, and providing services that consciously avoid re-traumatization. Research has shown that nearly 60% of all adults have experienced one or more traumatic events such as domestic violence exposure,

maltreatment, and other household challenges (i.e., adverse childhood events), and these experiences affect the person's health. Furthermore, families experiencing domestic violence are more likely to report less trust, poorer communication, and lower relationship quality with their doctor, all of which affect the quality of care. Health care providers that build trust and offer trauma-informed care to patients experiencing domestic violence can help ensure that these patients receive the same quality medical care as their non-exposed peers. Due to the detrimental effects associated with domestic violence exposure, including poorer health outcomes, health care professionals need to receive training in how to identify trauma symptoms in their patients, how to offer care that is trauma-informed and does no further harm to the patient, and how to effectively refer the patient for other services.

Issue: There is great disparity among counties in terms of the number of domestic violence incidents occurring and the services offered.

Recommendation: Address barriers to services for children exposed to domestic violence.

Several Ohio counties have high rates of children exposed to domestic violence, but have few domestic violence service providers located in the county. Those counties tend to rely on bordering counties to provide services, which means transportation becomes a factor in whether a family can access what they need. While these children and families may be receiving services through other systems, it's important that services are available through every system that comes in contact with these children and families. Stable funding is essential to ensure that domestic violence agencies can deliver prevention and intervention services to families experiencing domestic violence.

Issue: Exposure to domestic violence is a widespread problem that affects children in the short term and over the full course of their lives.

Recommendation: Promote the use of evidence-based programs that have been shown to be effective in reducing the negative consequences of domestic violence exposure.

- **Encourage and support service providers to use evidence-based programs and interventions to address the negative effects of exposure to domestic violence.** Many interventions are effective in reducing the negative behavioral, mental health, cognitive, and social outcomes associated with childhood exposure to domestic violence. Use of these interventions could potentially reduce the need for treatment or other support services over a child's lifetime, thus reducing the overall costs to the state of Ohio. In addition, preventive interventions have the potential to reduce future incidents of domestic violence.
- **Ensure that services targeted at children ages 5 and younger are widely available.** While nearly half of domestic violence agencies reported offering counseling services to children, only 38% reported providing counseling services to children ages 5 and younger, with only 20% providing counseling services for children 2 years and younger. Furthermore, very few domestic violence agencies (13%) reported using evidence-based programs with children ages 5 and younger. Research shows that there are detrimental long-lasting consequences for children exposed at an early age, particularly when considering that key developmental milestones are missed or delayed. This suggests that interventions with younger children are essential to reducing the negative effects of domestic violence exposure. Some examples of interventions specifically designed for children ages 5 and younger are Pre-Kids' Club, TheraPlay, Parent-Child Interaction Therapy, Peekaboo Club, Child-Parent Psychotherapy, and the Nurse-Family Partnership.

Issue: The Ohio legal system has great discretion when making decisions about domestic violence, which leads to a lack of uniformity in enforcement and treatment of domestic violence cases.

Recommendation: Require training and provide resources to representatives of law enforcement and judicial system to help them make better-informed decisions in domestic violence cases.

- **Require education and training regarding identification of and best practices for responding to domestic violence for the criminal justice and juvenile justice systems, and provide tools to assist in making decisions in these cases.** Given the high number of children exposed to domestic violence each year, it is likely that many court cases will involve children when exposure to domestic violence has not been identified. Representatives from the law enforcement and judicial systems should receive mandatory training in how to identify signs of domestic violence and the best ways to investigate and respond to cases that involve children exposed to domestic violence.
- **Revise the Ohio Domestic Violence Benchbook to equip judges with a greater understanding of domestic violence and assist them in making decisions that better address child safety in cases that involve domestic violence.** Although judges have access to a comprehensive Domestic Violence Benchbook, it was published almost 15 years ago. Much research about the risks that domestic violence poses to child safety has been conducted since its publication, and these findings need to be incorporated. Judges need to have the most up-to-date information to better understand how being exposed to domestic violence affects the safety and well-being of children and their families. This revised Benchbook could complement the recently published Benchcard "Assessing Allegations of Domestic Violence in Child Abuse Cases."
- **Develop training and guidelines for Guardians ad Litem on investigating and making custody and visitation**

recommendations in cases involving domestic violence. While training on domestic violence is required in the initial training for Guardians ad Litem (GALs), the statute is vague in terms of how much time is to be spent and what should be covered. Some material being presented has been identified as being dangerous, particularly in domestic violence cases (i.e., Parental Alienation Syndrome or parental alienation) and poses a higher risk of harm to children and victims of domestic violence. The statute is also unclear about topics to be covered in the required continuing education for GALs. Having a standard curriculum and training on domestic violence for GALs would help them make better decisions to ensure child safety and ensure uniformity across the state in how cases are handled. To keep GALs informed of best practices and emerging research, domestic violence training could be added to the continuing education requirements. GALs would also benefit from a domestic violence reference guide or handbook developed specifically for them. This resource would help them understand domestic violence and its effects on children, identify exposure, and identify the key elements to consider to keep the child safe.

Issue: While a large body of research exists about the effects of domestic violence, limited information is available about specific populations and factors

Recommendation: Build a body of knowledge about the effects of prenatal exposure to domestic violence and the specific protective factors that are most beneficial for children.

- **Conduct research to add to the preliminary evidence that prenatal exposure to domestic violence is related to long-term negative outcomes in children and the associated risk and protective factors that may influence long-term outcomes.** Pregnant women are at heightened risk of experiencing domestic violence, which has been linked to negative outcomes for these women, such as inadequate prenatal care, higher incidences of high-risk behaviors, physical trauma, higher stress, and increased risk of having a child preterm or with low

birth weight. However, very little research has been conducted looking at the effects on the child who is exposed prenatally to domestic violence. The few studies that have been conducted show that there are long-term negative effects of domestic violence even if that violence is no longer occurring after the child is born. Researchers think that domestic violence occurring prior to birth may increase psychosocial stressors during gestation, which may result in negative behavioral, mental health, cognitive, and physical health outcomes for the child later in life. Also, we need to look at the interventions for pregnant women experiencing domestic violence and how they influence the positive or negative effects for the child. More research needs to be conducted to examine the physiological effect that prenatal domestic violence exposure has on the child as well as the risk and protective factors that influence whether a child develops positive or negative outcomes.

- **Conduct research to identify the protective factors that are best at promoting resilience in children exposed to domestic violence and the interventions that help children build these factors.** Promoting positive outcomes in children exposed to domestic violence has the potential to affect outcomes over the life course and reduce long-term costs. Since about 40% of children exposed to domestic violence fare just as well as their peers who were not exposed, protective factors are promoting resilience in those children.

While we have some evidence as to which factors can help protect children from a variety of negative outcomes, little is known about which specific factors do best at promoting resilience in children exposed to domestic violence. If researchers were able to identify the specific protective factors that promote optimal outcomes, systems could focus efforts and resources towards developing these factors in children and their families.

Appendix A: Resources for Interventions

Below is a list of resources for each intervention discussed in the report. If you need assistance obtaining any of the resources below, please contact Dr. Megan Holmes (mxh540@case.edu).

Child Psychotherapeutic/Interventions

Kid's Club

- Graham-Bermann, S. A. (2011). Evidence-based practices for school-age children exposed to intimate partner violence and evaluation of the Kids' Club program. In S. A. Graham-Bermann & A. A. Levendosky (Eds.), *How intimate partner violence affects children: Developmental research, case studies, and evidence-based intervention* (pp. 179–205). Washington, DC: American Psychological Association.
- Graham-Bermann, S. A., Howell, K. H., Lilly, M., & DeVoe, E. (2011). Mediators and moderators of change in adjustment following intervention for children exposed to intimate partner violence. *Journal of Interpersonal Violence*, 26(9), 1815–1833.
- Graham-Bermann, S. A., Lynch, S., Banyard, V., DeVoe, E. R., & Halabu, H. (2007). Community-based intervention for children exposed to intimate partner violence: An efficacy trial. *Journal of Consulting and Clinical Psychology*, 75(2), 199–209.
- Additional contact: Sandra Graham-Berman; sandragb@umich.edu or (734) 763-3159

Pre-Kids' Club

- Graham-Bermann, S. A., Miller-Graff, L. E., Howell, K. H., & Grogan-Kaylor, A. (2015). An efficacy trial of an intervention program for children exposed to intimate partner violence. *Child Psychiatry & Human Development*, 46(6), 928–939.
- Howell, K. H., Miller, L. E., Barnes, S. E., & Graham-Bermann, S. A. (2015). Promoting resilience in children exposed to intimate partner violence through a developmentally informed intervention: A case study. *Clinical Case Studies*, 14(1), 31–46.
- Additional contact: Sandra Graham-Berman; sandragb@umich.edu or (734) 763-3159

Child Witnesses to Violence Program

- Ernst, A. A., Weiss, S. J., Enright-Smith, S., & Hansen, J. P. (2008). Positive outcomes from an immediate and ongoing intervention for child witnesses of intimate partner violence. *The American Journal of Emergency Medicine*, 26(4), 389–394.

Storybook Club

- Graham-Bermann, S. A. (2000). Evaluating interventions for children exposed to family violence. *Journal of Aggression, Maltreatment & Trauma*, 4(1), 191–215.
- Tutty, L. M., & Wagar, J. (1994). The evolution of a group for young children who have witnessed family violence. *Social Work with Groups*, 17(1/2), 89–104.

Superheroes Program

- Lee, J., Kolomer, S., & Thomsen, D. (2012). Evaluating the effectiveness of an intervention for children exposed to domestic violence: A preliminary program evaluation. *Child and Adolescent Social Work Journal*, 29(5), 357–372.

Domestic Abuse Project by Peled and Davis

- Peled, E., & Davis, D. (1995). *Groupwork with children of battered women: A practitioner's guide*. Thousand Oaks, CA: Sage Publications.

Child Witness Program

- Jaffe, P., Wilson, S., & Wolfe, D. A. (1986). Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence. *Canadian Journal of Behavioural Science/Revue Canadienne des Sciences du Comportement*, 18(4), 356–366.
- Wagar, J. M., & Rodway, M. R. (1995). An evaluation of a group treatment approach for children who have witnessed wife abuse. *Journal of Family Violence*, 10(3), 295–306.

Child Witnesses to Wife Abuse Programme

- Rivett, M., Howarth, E., & Harold, G. (2006). 'Watching from the stairs': Towards an evidence-based practice in work with child witnesses of domestic violence. *Clinical Child Psychology and Psychiatry*, 11(1), 103–125.

Parent and Child Training Project (PACT)

- Runyon, M. K., Basilio, I., Van Hasselt, V. B., & Hersen, M. (1998). Child witnesses of interparental violence: Child and family treatment. In V. B. Van Hasselt & M. Hersen (Eds.), *Handbook of psychological treatment protocols for children and adolescents* (pp. 224–300). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Art Therapy

- Arrington, D. B. (2007). Art, angst, and trauma: Right brain interventions with developmental issues. Springfield, IL: Charles C. Thomas Publisher.
- Gettins, T. (2014). Therapeutic play as an intervention for children exposed to domestic violence. In E. Prendiville & J. Howard (Eds.), *Play therapy today: Contemporary practice with individuals, groups and carers* (pp. 64–78). London, UK: Routledge.
- Malchiodi, C. A. (2008). A group art therapy and play therapy for children from violent homes. In C. A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 247–263). New York, NY: The Guilford Press.

Shelter-Based Play Therapy

- Kot, S., Landreth, G. L., & Giordano, M. (1998). Intensive child-centered play therapy with child witnesses of domestic violence. *International Journal of Play Therapy*, 7(2), 17–36.

Sibling Play Therapy

- Tyndall-Lind, A. (2010). Intensive sibling group play therapy with child witnesses of domestic violence. In J. N. Baggerly, D. C. Ray, & S. C. Bratton (Eds.), *Child-centered play therapy research: The evidence base for effective practice* (pp. 69–84). Hoboken, NJ: John Wiley & Sons.

Parent-Child Play Therapy; TheraPlay

- VanFleet, R., & Topham, G. (2011). Filial therapy for maltreated and neglected children: Integration of family therapy and play therapy. In A. A. Drewes, S. C. Bratton, & C. E. Schaefer (Eds.), *Integrative play therapy* (pp. 153–175). Hoboken, NJ: John Wiley & Sons.
- Bennett, L. R., Shiner, S. K., & Ryan, S. (2006). Using Theraplay in shelter settings with mothers & children who have experienced violence in the home. *Journal of Psychosocial Nursing & Mental Health Services*, 44(10), 38–48.
- Additional resource: <http://www.theraplay.org/index.php/theraplay>

Parent-Child Interventions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Allen, B., & Armstrong Hoskowitz, N. (2014). Trauma-Focused Cognitive-Behavioral Therapy: An overview. In B. Allen & M. Kronenberg (Eds.), *Treating traumatized children: A casebook of evidence-based therapies*. New York, NY: The Guilford Press.
- Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557–570.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2012). Trauma-focused CBT for children and adolescents: Treatment applications. New York, NY: Guilford Press.
- Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: A randomized controlled trial. *Archives of Pediatrics & Adolescent Medicine*, 165(1), 16–21.
- Additional resource: <https://tfcbt.musc.edu/>

Parent-Child Interaction Therapy (PCIT)

- Borrego, J., Gutow, M. R., Reicher, S., & Barker, C. H. (2008). Parent-child interaction therapy with domestic violence populations. *Journal of Family Violence*, 23(6), 495–505.
- Borrego, J., Klinkebiel, C., & Gibson, A. (2014). Parent-Child Interaction Therapy: An overview. In B. Allen & M. Kronenberg (Eds.), *Treating traumatized children: A casebook of evidence-based therapies*. New York, NY: The Guilford Press.
- Keeshin, B. R., Oxman, A., Schindler, S., & Campbell, K. A. (2015). A domestic violence shelter parent training program for mothers with young children. *Journal of Family Violence*, 30(4), 461–466.
- Timmer, S. G., Ware, L. M., Urquiza, A. J., & Zebell, N. M. (2010). The effectiveness of parent-child interaction therapy for victims of interparental violence. *Violence and Victims*, 25(4), 486–503.
- Additional resource: <http://www.pcit.org/>

Peekaboo Club

- Bunston, W., Eyre, K., Carlsson, A., & Pringle, K. (2016). Evaluating relational repair work with infants and mothers impacted by family violence. *Australian & New Zealand Journal of Criminology*, 49(1), 113–133.
- Campbell, P., & Thomson-Salo, F. (2014). *The baby as subject: Clinical studies in infant-parent therapy*. London, UK: Karnac Books.

Child-Parent Psychotherapy (CPP)

- Busch, A. L., & Lieberman, A. F. (2007). Attachment and trauma. In D. Oppenheim & D. F. Goldsmith (Eds.), *Attachment theory in clinical work with children: Bridging the gap between theory and practice* (pp. 139–171). New York, NY: The Guilford Press.
- Lieberman, A. F., Diaz, M.A., & Van Horn, P. (2011). Perinatal child-parent psychotherapy: Adaptation of an evidence-based treatment for pregnant women and babies exposed to intimate partner violence. In S. A. Graham-Bermann & A. A. Levendosky (Eds.), *How intimate partner violence affects children: Developmental research, case studies, and evidence-based intervention* (pp. 47–66). Washington, DC: American Psychological Association.
- Lieberman, A. F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York, NY: The Guilford Press.
- Van Horn, P., & Lieberman, A. F. (2006). Child-Parent Psychotherapy and the Early Trauma Treatment Network: Collaborating to treat infants, toddlers, and preschoolers. In M. M. Feerick & G. B. Silverman (Eds.), *Children exposed to violence* (pp. 87–105). Baltimore, MD: Paul H. Brookes Publishing.

Advocacy and Learning Club

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