

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report  
Presented to the DVTF May 16, 2006**

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**About the Agencies Interviewed**

**Type of agencies interviewed, target population, and role of interviewee**

A total of 11 community agencies participated in the study out of the 14 agencies who were asked to participate. Three of the agencies identified as focusing services on children, three were police departments or legal agencies, five were focused on domestic violence in general, and four were other types of social service providers. Throughout this report, the number of respondents is indicated in parentheses. If no number is indicated, that means that only one person gave that response.

***Target population served***

- All persons (9)
- Children (4)
- Other agencies (2)
- Men only
- Women only
- GBLTQ only

***Role of interviewee with target population***

- Direct services (8)
- Management, no to little direct service (3)
- Attorney

**Statistical Information on Children**

**Children served who witnessed domestic violence**

Approximately 1400 children were identified as having witnessed domestic violence based on agency records of clients served from 2004-2006 (Table 1). Women Helping Battered Women (WHBW) reported serving the most children with 1011 followed by Legal Aid with 173 children.

**Table 1. Number of children identified as witnessing domestic violence from 2004-2006**

<b>Agency</b>	<b>Number of Children Served 04-06</b>
Women Helping Battered Women (WHBW)	1011
Vermont Legal Aid	173
Burlington Police Department	62
Family Connection Center (FCC)	43
Confidential	88 (1 yr)
SafeSpace	18 (1 yr)
<b>Total</b>	<b>1395</b>
5 agencies	No data collected or available

Number of clients identified specifically as the following (reported by two agencies):

- Physically abused – **132**
- Sexually abused – **9**
- Emotionally abused – **235**
- Other – **185** total children for all three categories, not separated out

**Services for Children Affected by Domestic Violence in Chittenden County  
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**Children served by age and gender**

Three of the 11 agencies surveyed provided the number of children served by age and gender. The majority of the numbers reported in Table 2 come from WHBW. It is important to note that the number of males and females served is roughly equal from birth to age 12, however, after age 13, the number of females served is approximately 3.5 times the number of males served by community agencies.

**Table 2. Number of children served by gender and age range who experienced and/or witnessed domestic violence**

<b>Age Range</b>	<b>Male</b>	<b>Female</b>
Birth to three	113	103
4-5	118	136
6-9	135	143
10-12	67	80
<b>Total birth to 12</b>	<b>440</b>	<b>499</b>
13-18	68	236
<b>Grand total</b>	<b>508</b>	<b>735</b>

**Family income of clients**

Seven of the community agencies surveyed were not able to provide this information. This information may be collected but is not readily available in a database to present the aggregate. The researchers speculate that certain agencies may not collect income information because their services are free and open to the public. Agencies that charge for services were able to provide at least generalizations about their client's income.

***Low income***

Four of the eleven community agencies surveyed indicated that the majority of their clients are low-income and one person indicated that 40% to 50% of their clients are low-income. One agency defined low-income as qualifying for emergency assistance and another uses the HUD qualification for their low-income category. Anecdotally, a few people interviewed mentioned that their service users may have come from a higher income situation but were low-income at the time they sought services, most likely because they fled the situation with minimal resources.

***Medium income***

Two of the eleven agencies indicated that they serve clients that are of medium to high income. One indicated that only 5% are medium income and one indicated that 50% to 60% are medium to high income.

***High income***

None of the agencies specifically indicated that they serve high income families.

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

**Identifying Domestic Violence**

**Agency screening process to identify domestic violence in families**

All participating agencies have a screening process for identifying domestic violence. For several agencies clients self identify. Other agencies ask specific questions to identify domestic violence. Categorized responses include:

- Use an intake tool/checklist regarding history of violent behavior (5)
- Ask client if there is a history of violence (4)
- Domestic violence is identified by another agency or system before the person begins working with them (4)
- Client self-identifies as victim of domestic violence (3)
- Follow protocol or law (3)

**Definition of domestic violence used by agency**

Agencies in the study have similar definitions of domestic violence. Categorized responses include:

- Any type of violence that includes a range of behaviors including physical abuse, emotional abuse, verbal abuse and intimidation in their definition (6)
- Pattern of behavior referencing “power and control” (4)
- Reference department policy (2)
- Violence between intimate partners (2)
- Violence in a home or relational setting (1)

**Definition used of a child who has witnessed or experienced domestic violence**

The responses to this question ranged from “If domestic violence is taking place in a family we assume children have been impacted” to “not really on radar.” Categorized responses include:

- Child is in the house or overhears violence (6)
- Child is present in the room where the violence occurs (5)
- All or most children living in families where domestic violence occurs are impacted in some way (4)
- Do not have a formal definition (2)
- Experienced trauma (1)
- Focus on any type of violence (1)
- Child is affected by the presence of violence in the home (1)

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

**Typical case of domestic violence**

Four common themes emerged in the data when interviewees were asked to describe a typical case of a child who has witnessed or experienced domestic violence.

***1. Emotional/physical impact on child(ren):***

- “One parent is holding the child and they get into a fight over the kid.”
- “Kids who sustain emotional damage from witnessing domestic violence may have out of control behavior, depression, problems in school, post traumatic stress, psychological damage, and difficulty in school. Children’s lives are permanently altered by exposure to violence.”
- “Mother calls the hotline for help. In the course of the discussion she mentions children and that she is concerned about their behavior or about how what is happening is affecting that.”
- “Often upon arrival, we discover a child (school age usually) that has been awakened by the yelling and fighting- They are either hidden under a bed or in a closet and often miss school the next day.”
- “The child either discloses domestic violence or is exhibiting behavior that is concerning.”
- “An older child might come to our attention because he or she is running away. We might later identify domestic violence as one of the reasons for that behavior.”
- “The children were constantly changing schools [and experiencing] turmoil and change because [they] had to move so frequently.”
- “Child(ren) has witnessed name calling, emotional abuse and has seen one or more physically abusive incident (throwing things, hitting, strangling, restraining) by Dad against Mom.”

***2. Descriptions of how the system responds:***

- “The mother attends a mother’s group where she talks about her experiences and receives support and suggestions from other mothers there...The work with the child centers on work in the home and childcare setting to make those setting as responsive to the child as possible.”
- “She would be offered a referral to the children’s program. Then someone from the program would contact her and talk about ways to support her child. This could include play groups, one-on-one mentoring, and referrals to therapists. In some situations we never see the child and would just work with the mother.”
- “Police are called by neighbors due to yelling and excessive noise. Children usually answer the door and let police in. Police determine probable cause for domestic assault arrest, primary aggressor. They offer victim/children transportation to the police department for follow-up (photo/TRO). Children are documented in police affidavit as being present and identified if interviewed.”
- “90% [of cases are] referred to us through the Relief From Abuse Order Process. Usually a court order stipulates supervised visits for a specific length of time.”
- “Mom got a temporary APO and Dad is represented by another attorney for the final APO hearing. Mom wants our help to get the final APO.”

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report  
Presented to the DVTF May 16, 2006**

**3. Domestic violence is not always a presenting factor or immediately revealed:**

- “Mother and child have worked with the program for a number of years. Domestic violence was not initially identified but surfaced about the time the child was transitioning to school aged services.”
- “Usually domestic violence is not the immediate or primary concern. Often we discover domestic violence as we explore the presenting concern further.”

**4. Barriers to family’s safety:**

- “Parents get into a fight and forget about the children being present.”
- “The mother has attempted to leave the relationship several times but then changes her mind. Her partner is intimidating and has used physical abuse as well as economic abuse. The family has been evicted several times and may lose their section 8 voucher.”

**Agency Referrals**

Table 3 depicts the referral sources indicated by agency, according to age range and gender. There were no differences for referrals by gender, so these two categories were merged. There were referral differences by age range, as indicated.

**Table 3. Agency referrals by gender and age range**

Age Range	Males and Females
<b>Birth to three</b>	Specialty family centers (4) WHBW play groups/play therapy (3) Visiting Nurses Assoc (VNA)(2) Dept. for Children and Families (2) Women, Infants and Children (WIC) Family Court (TRO, parentage) FCC None/NA (4)
<b>Ages 3-5</b>	WHBW play groups/play therapy (5) DCF (4) Counseling/private therapy (3) Specialty family centers (3) Child Care Resources (2) FCC (2) Parenting classes CUPS WIC VNA Headstart EEE Kidsafe Collaborative NA (2)

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report  
Presented to the DVTF May 16, 2006**

**Table 3. Agency referrals by gender and age range (Continued)**

Age Range	Males and Females
<b>Ages 5-9</b>	Domestic Violence Groups at School/School Counselors (4) DCF (4) Specialty family centers (3) WHBW/playgroup therapy (3) Juvenile Officer Headstart EEE Counseling WIC VNA Boys and Girls Club Burlington Department of Parks and Recreation Court Childcare Resources NA (3)
<b>Ages 10-12</b>	Domestic Violence Groups at School/School Counselors (3) DCF (4) Specialty family centers (3) Counseling (2) WHBW groups Headstart EEE WIC VNA Boys and Girls Club Burlington Department of Parks and Recreation WRCC Shelter Juvenile Officer Spectrum Youth and Family Services NA (3)
<b>13-18</b>	Domestic Violence Groups at School/School Counselors (4) DCF (3) Spectrum Youth and Family Services (2) Project Safe Choices KidSafe Collaborative Court WHBW (2) Therapy NA (3)

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

**Difference in referrals for children who witness domestic violence and those who both witness domestic violence and are abused themselves**

One person indicated that legally, witnessing domestic violence by a child does not constitute a crime. A crime does occur when a child is abused. One person indicated that philosophically, they consider witnessing domestic violence to be a form of child abuse. Of those who responded, six indicated making different referrals for children who witness domestic violence and those who both witness DV and are abused. Specific responses are categorized below. Five interviewees noted that do not make different referrals or that this questions was not applicable to them.

- Report to Department of Children and Families (4)
- Refer to Victim's Compensation Program
- Report to the police

**Referrals for mothers/stepmothers**

- Refer to WHBW (WLBW was on of the agencies interviewed) (10)
- Department for Children and Families (10)
  - Economic Services (5)
  - Domestic Violence Unit (2)
  - Food Stamps
  - WIC
- Housing (combination of emergency and long term) (6)
- Some type of counseling (4)
- Court (4)
- Family Connection Center (3)
- Legal Aid (3)
- Police (2)
- Other local resources depending on the case (2)
- Safe Space
- Good News Garage
- Lund Family Center
- Visiting Nurses Association

**Referrals for fathers/stepfathers**

- DAEP (6)
- Family Connection Center (3)
- Visiting Nurses Association (2)
- Court (2)
- Department for Children and Families (2)
- Parenting classes (2)
- Treatment/counseling centers (2)
- Housing (2)
- Police
- Anger management

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

- Good News Garage
- Lund Family Center

**Method of referrals**

- In person (9)
- Over the phone (8)
- By mail (2)

**Process for following up with client**

- Regular on going contact (3)
- Determined by victim (3)
- No process (2)
- Two week and then 6 month follow up
- In person or phone, no information provided about frequency

**Other agencies consulted**

- Women Helping Battered Women (8)
- DCF Domestic Violence Unit (5)
- 3 State's attorney's office/SA Victim Advocate (3)
- Women's Rape Crisis Center (3)
- Department of Corrections (2)
- KidSafe/Child Protection Team (2)
- Vermont Refugee Resettlement Program (2)
- CUSI/NUSI (2)
- Howard/Baird Center (2)
- Members of the DVTF
- Agency treatment team
- Probation and parole
- Schools
- Adult Protective Services
- African Association
- Therapists
- RU12
- Outright Vermont
- Mountain Pride Media
- Spectrum Youth and Family Services
- UVM Services/Programs
- Saint Michael's College Women's Center
- Housing agencies

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

**Service Most Helpful to Families**

**Services identified as most helpful to the families**

- Women Helping Battered Women (9)
  - 4 Play groups
  - 3 programs for adults
- Legal services (2)
- DAEP can help some and not others
- IFBS
- Easter Seals
- Individual Counselors
- Daycare Centers
- Summer Camps
- The Echo Center by providing reduced admissions for families
- KidSafe Collaborative
- School counselors
- Family Court (TRO/FRO)
- Victims Compensation (counseling money, emergency housing),
- African Associates (especially to the Banta/Somalians, and other African Refugee Families)
- School Resource Officer
- Lund Family Center
- Housing services
- Spectrum Youth and Family – give older youth support network and social group, outlet for getting kids out of house.
- WRCC
- Outright VT – support groups for LGBTQ

**Barriers, Gaps and Dilemmas Faced by Families and Service Providers**

**Barriers experienced by DV families to access services**

The most commonly listed barrier, indicated by seven agencies, was families having a lack of financial resources. Three other themes emerged when analyzing the data. These include personal barriers, service related barriers, and barriers related to service providers who do not understand the needs or issues of special populations.

***Personal barriers***

- Transportation (3)
- Lack of non-English speaking services/language barriers (3)
- Childcare (3)
- Victims are afraid to access help or make change (3)
- Housing (2)
- Adoption rights of parents with blended families/fear of having children removed from home (2)

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

- Illiteracy
- Drug and alcohol abuse
- Feeling of hopelessness
- Victim has a criminal history
- Stigma/shame

***Service barriers***

- Time delay to get benefits (2)
- Affordable services/limited financial assistance
- Agencies have limited financial resources to provide more services
- Insufficient advocacy for DV victims
- Criminal justice system does not hold batterers accountable
- Limited services and waiting lists
- Limited number of children's groups

***Barriers related to limited understanding of the needs or issues of special populations***

- Lack of understanding for women with disabilities and mental health issues and DV
- GBLT couples are not allowed to marry. A civil union is not recognized by other states and persons have to move back to Vermont for one year to dissolve the CU.
- Limited knowledge that DV exists within GBLT couples
- Silencing of GBLT communities and DV
- Lack of training and DV understanding by DCF case workers
- Judges do not have enough information about DV and the impacts on children
- Not recognizing that children are victims of DV even if they are not directly abused

**Gaps in services for children who experience and/or witness domestic violence?**

- Need for more support services specifically for children (5)
  - Need for more children's playgroups (2)
  - Need for services for teens
  - Need for services for children of same sex or queer relationships
  - Victim's Compensation program does not provide funds for children who have witnessed abuse
  - Lack of services for children who witness DV
- Need to have more community professionals trained in both domestic violence and responding to trauma for specific populations, i.e. mental health (3)
- Lack of court ordered supervision; inappropriate types of supervision supported (2)
- Lack of appropriate programming for abusive men
- Need more parenting and educational classes for both mothers and fathers with children impacted by DV
- Limited awareness and response to children suffering from emotional abuse
- Limited awareness of the impact multiple batterers have on children's lives
- Fragmentation of services – families have to go to multiple agencies for services
- No funds available for long term transportation needs of DV victims
- Lack of adequate housing

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

- Limited support services for the non-violent parent

**Dilemmas agency staff face in responding to children and domestic violence**

Three themes emerged as discussed below.

1. Four agencies identified dilemmas when the **domestic violence is on-going** either because the family remains together, the batterer continues to batter post separation or because children witness domestic violence from multiple batterers
  - [It is difficult to ensure the] sustainability of interventions when children return to an environment that does not support them and where they have continued exposure to the batterer.
  - If there is ongoing violence, even if the mother is a victim, the child is as much or more of a victim.
  - I have already been here long enough to see a child who has witnessed domestic violence and is now on her own and her boyfriend beats her. She thinks this is normal.
  - The hardest situations are those that are repetitive and occur over time such as a child that witnesses the abuse of their mother by multiple batterers.
  
2. Three agencies identified **difficulty balancing the needs of children and the needs of the mothers.**
  - It is hard to balance wanting to empower the mother with wanting to validate the child's experience. The dilemma becomes identifying who the client is. [For us] the client is the child but much of the work is with the parent. This can result in a difficult dialogue with the mother about how her child is being affected without attaching blame to her.
  - Advocating for the mother while advocating for the child at the same time. I want to advocate for the mother but my bottom line responsibility is to the child.
  - We struggle with how to provide an intervention that will enhance the safety of the child or children without compromising the safety of their mothers. Often aren't sure if it is safe to hold a team meeting. If we do have a meeting is it safer to include the batterer or not? This is especially challenging if the family is staying together. There are really four questions when it comes to a team meeting:
    - Hold a meeting or not
    - Include the batterer or not
    - Address the violence or not?
    - If the violence is brought up by either the family or a team member what is the most effective intervention with a focus on child safety?

**Services for Children Affected by Domestic Violence in Chittenden County  
and Gaps in Services: Community Agency Report**  
Presented to the DVTF May 16, 2006

3. Two agencies identified dilemmas related to **children having contact with batterers** after the family has separated
  - Safe visitation. Vermont judges almost always order some type of visitation no matter how much abuse a child has witnessed or personally experienced. There is a presumption in the court system that “maximum” contact with both parents is always best. Abuse alone is not always enough to rebut this presumption. ) It might be interesting for this study to note that the definition of child abuse for the purposes of getting an APO is harder to meet than getting an order against a partner. A partner (ie Mom against Dad) order must have “caused, attempted to cause, put the other in fear of causing serious physical injury” 15 CSA 1103 whereas to get an order on behalf of a child (ie, daughter against father) the daughter (or mother on daughters behalf) must meet the definition of “child abuse” which is found at 15 VSA 4912. This effectively means that a child can experience more abuse than an adult before getting a civil protective order in certain situations.
  - Court orders that require a move to unsupervised visits without enough information about how that will impact the children and their mother. Minimization of the effects of domestic violence on children by the court.

Additional dilemmas were raised by individual organizations. These dilemmas are thought provoking and perhaps indicative of the range of agencies interviewed.

- With the refugee community we find that victim is placed between what the court system deems is right (such as no contact with defendant) and other refugee community members, including elders, who feel the family should remain together. That the deft is a product of the violence they left behind. We also are finding that our refugee victim will not even reach out to other women, not wanting to bring her troubles onto someone else. With the African refugees, they usually have a lot of kids, no transportation or daycare except for maybe another refugee and or the original host family. We are also seeing that what support they have is focused on the deft.
- Dilemma around Dept of Children and Families – reporting abuse. [Staff at our agency] are not mandated reporters but whether or not to report to social services can be a question. If in immediate danger, will make a report. Regarding sexual violence and older teens, don’t want to report it. Talk with the girls to decide whether to report. Can be a trust issue with people. They reach out to get help but don’t want it to be reported. Working to build trust with other agencies.
- Large dilemma-do we provide services for children? Don’t have resources to do this well and right. How do we support the family in its entirety and respond to crisis oriented concerns such as housing, food.
- Difficult to look at domestic violence issues not from a gender perspective.

### **Limitations of the Study**

In some cases the person being interviewed did not have had access to all the statistical information for the agency or department. Some agencies do not collect and track data for the general and specific categories asked in this study.