

**State Bar of Michigan Children's Law Section**

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# The Michigan Child Welfare Law Journal



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# Editor's Note

This issue of the *Michigan Child Welfare Law Journal* once again presents a number of diverse topics. In “Resource and Service Needs of Grandparents Raising Grandchildren: A Mixed Methods Survey Study” (Rudder, Whalen, Agyemang, & Lyskawa) the authors note the dramatic rise in the number of grandparents serving as the primary caregivers for their grandchildren. Studies have shown that more than 1 in 10 grandparents will serve as a child’s primary caregiver for at least 6 months before the child reaches age 18. The authors discuss the numerous causes for this trend, which include the crack cocaine epidemic, the shrinking supply of traditional foster homes, and stark increases in incidences of child maltreatment. The authors report the results of a 2007 survey of kinship caregivers throughout Michigan focusing on the needs of grandparent kinship caregivers, the services most utilized by grandparent caregivers, and ways to improve such services.

This issue also includes “Domestic Violence in Child Custody and Parenting Time Disputes – Part II: The Batterer as Parent” and “Part III: Assessing Risk to Children from Men who Batter.” These articles are the second and third in a three-part series designed to promote readers’ understanding of the impact of domestic violence in child custody and parenting time cases. This series has been adapted from the book *The Batterer as Parent* and was originally printed in the *Michigan Family Law Journal*.

I hope you find this issue interesting and useful. As always, the editorial board welcomes your feedback on this and future issues to ensure that the *Michigan Child Welfare Journal* is of value to you.

—Joseph Kozakiewicz

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# Message from the Chair

It has seemed like a very short year, a very fast moving year, but at the same time, a year of growth for the Children's Law Section.

Honorable Donald J. Owens began the year at the annual meeting in Dearborn extolling the virtues of those attorneys who, without much compensation and certainly no glory, represent children or their parents in neglect/abuse cases and delinquency proceedings in Michigan courts. Perhaps his short history of the evolution of children's issues, from the era of *parens patriae* to the modern day of ever-changing statutory and case law, has brought new attention to the need of a greater role played by our section and its members.

In my first "Message from the Chair," I suggested our membership could make better use of the listserv. It was my thought at that time that many counties adjudicate child protective proceedings and delinquency proceedings differently. An open exchange of information would help all of us who practice in those areas with new and perhaps innovative ideas. Within the last month alone we have had extensive conversations regarding mediation and fallout from the *Beck* decision and *Mason* decisions. The listserv is a service provided by the section which is now being utilized effectively.

In May, the 8<sup>th</sup> Annual Spring Conference was held in Frankenmuth. Attendance was beyond all expectation. The Education Committee provided the over 100 attendees with a group of excellent speakers covering a myriad of topics on both delinquency and child protective proceedings. During the opening statement I asked for opinions regarding the use of the child protective order. It seems there are an overwhelming number of us who utilize the bench book on a regular basis. The last printed update was in 2006. Updates are currently online; however, it was suggested a printed version would prove more practical.

The CLS has been working with both the Michigan Judicial Institute and the State Bar of Michigan to grant the request of our members for a printed book. Currently discussions are being conducted to provide the printed version and future updates to our

membership. We have received permission to reprint the book, and the State Bar is now investigating the cost for printing and mailing. Hopefully, it will be made available at a nominal cost for our membership soon.

The CLS is one of the few sections that retain a lobbyist. Both our section and the Family Law Section retain Bill Kindler of Busman, Kindler and Reid. Currently the

CLS, through the Legislative Committee, has presented suggested amendments to pending legislation regarding juvenile competency. While responding to pending legislation is one role of the committee, we are also interested in proposing new legislation. Should our membership have ideas on new legislation, please let us know. Perhaps, for instance, more training for both the public and private social workers might help avoid the necessity for Supreme Court review of cases such as *Mason* and the subsequent eight Court of Appeals reversals.

Over the course of the last year we have been asked to join the Probate Judges Association in addressing questions to the attorney general regarding the settlement in the *Dwayne B v Granola* and its effects on daily practice in our courts. We have also presented our suggestions regarding the 2009 *Federal Child and Family Services Program Improvement Plan Court Advisory Group*. Our voice is being heard.

I have thoroughly enjoyed my year as chair of the CLS. The 15 members of the council and my fellow officers are dedicated to the improvement of child-related proceedings regardless of the role they play in the proceedings. The council has prosecutors, children's attorneys, and parents' attorneys who willingly (most of the time) set aside their personal feelings in favor of the area of law we have elected to practice.

I strongly suggest if you are not already a member, when Bar due notices are sent in November, you consider the minimal \$40 fee and become a member.

—John McKaig, Chair

# Resource and Service Needs of Grandparents Raising Grandchildren: a mixed methods survey study

by Danielle Rudder, LMSW, Margaret H. Whalen, Ph.D., MSW, Ama Agyemang, MSW, and Julia Lyskawa, B.A.

## Introduction

There has been a dramatic rise in the number of grandparents serving as the primary caregivers for their grandchildren. In 1994, there were 2.2 million children residing in grandparent-maintained households (Lugaila, 1998). By 2000, this number had increased to 4.5 million (U.S. Census Bureau, 2000). In 2002, the national Adoption and Foster Care Analysis and Reporting System (AFCARS) revealed 46,000 children in relative foster care, most placed with grandparents. Because some states do not count children in kinship care homes that are not licensed by the state, the actual number is likely higher than reported (Geen & Berrick, 2002). Studies have shown that more than 1 in 10 grandparents will serve as a child's primary caregiver for at least 6 months before the child reaches age 18 (Kelch-Oliver, 2008; Kolomer & McCallion, 2005). The sharp increase in the number of children placed with kinship caregivers can be traced to multiple causes, such as the crack cocaine epidemic, the shrinking supply of traditional foster homes, and stark increases in incidences of child maltreatment (Strozier, & Krisman, 2007; Kelley, Whitley, Sipe, & Yorker, 2000). In addition, the Adoption Assistance and Child Welfare Act of 1980 required states to place children in the least restrictive setting available (Murray and Gesiriech, n.d.). Other contributing factors include increases in single-parent households, women employed outside the home, divorce rates, and costs of child rearing (Berrick, 1998). Presently, almost all states give preference to kinship care placement with an able and willing relative (O'Brien, Massat, & Gleeson, 2001; US. Department of Health and Human Services, 2000).

Use of kinship care placements is valuable to legislators and taxpayers interested in containing costs

and limiting taxes. The U.S. Department of Health makes a distinction between formal kinship care, which entails child welfare involvement, and informal kinship care, in which there is no agency involvement (Schwartz, 2002). Despite the apparent cost-effectiveness of kinship caregiving, the increase in formal and informal kinship care arrangements presents a service challenge for policymakers, legislators, and program managers. Numerous studies have shown that many kinship caregivers have little or no involvement with formal child welfare systems (Sands, Goldberg-Glen, & Thornton, 2005; Ehrle & Geen, 2002; Kelley, et al., 2000). This non-involvement means that family and caregiver needs for services often go unmet (Leder, Grinstead, & Torres, 2007; Henderson & Cook, 2005; Jones, 2000). Because of the increase in kinship care arrangements, advocates and other professionals working with families need current, detailed information. Grandparent kinship caregivers exist at a social intersection between increases in kinship caregiving and demographic and political trends resulting from an aging population, growth in aging services, professional training emphases, policies, and funding for the aged.

## Review of Research

Numerous studies have demonstrated that many grandparent kinship caregivers do not receive needed support services (Ehrle & Geen, 2002; Smith & Dannison, 2001; Christian, 2000; U.S. Department of Health & Human Services, 2000). Other studies comparing relative foster caregivers to foster parents have revealed that kinship caregivers are offered, referred for, and receive fewer services for the children in their care, and even fewer for themselves (Kelch-Oliver, 2008; Ehrle & Geen, 2002). In addition, they are less likely to ask for services or to report barriers

they encounter when seeking services (Gibson, 2002). However, this does not reflect their level of need. One study indicated that among African-American grandparents providing kinship care, 41% live at or below the poverty line, and 58% did not complete high school (Sands, 2000). In addition, these grandparents are more likely to live in subsidized housing, work outside the home, have health problems, and care for large sibling groups as compared to foster parents (O'Brien, et al., 2001). Despite their severe lack of resources, newer federal policies make it more difficult for kinship caregivers to receive financial assistance, and unlicensed kinship caregivers receive less assistance than foster parents (Schwartz, 2002).

Financial support for kinship caregivers is tied directly to their ability to meet state licensing requirements, with many states requiring grandparents to be fully licensed in order to qualify for optimum payment and assistance (Geen, 2000; Boots & Geen, 1996). However, grandparents often become kinship caregivers without advance notice, and therefore are often unprepared for, and unable to meet, the licensing requirements that would enable them to receive a full complement of services (Geen & Berrick, 2002; O'Brien, et al., 2001; U.S. Department of Health & Human Services, 2000). The result is that caregivers with the knowledge and resources necessary to become licensed qualify for a higher level of support than kin with less knowledge and fewer resources (Geen, 2000).

Studies have shown that one of the common needs expressed by grandparent kinship caregivers is increased financial support. Caregiving increases financial demands at a time when their income is dramatically reduced, most often due to retirement, living on fixed incomes, or from having to leave full-time employment to care for their grandchildren (Ross & Aday, 2006; Kelley, et al., 2000). Financial assistance is only one of a variety of needs identified by researchers. Several studies have shown that caregivers' greatest need is legal assistance, followed by concrete services such as assistance with clothing, food, respite care, day care, and transportation (Owens-Kane, 2007; Geen, 2000; McLean & Thomas, 1996). Other research has indicated that a primary need among kinship caregiving grandparents is help securing adequate income, health care, and housing (Ehrle & Geen, 2002). Kinship caregivers, whether they are grandparents or other relatives, are less likely to have the materials or skills that would be necessary in an emergency situation

(Berrick, 1998).

Many children living with grandparents have emotional, behavioral, educational, health, and developmental problems stemming from abuse, loss of a parent, or substance exposure (Smith & Dan-nision, 2001; Kelley et al., 2000; Ingram, 1996). Often, children's greatest needs are for medical care and mental health counseling (McLean & Thomas, 1996). Yet grandparent kinship caregivers frequently possess less knowledge of appropriate expectations for young children or normal child development (Berrick, 1998). They also need assistance with handling school problems, teen culture, and drug-affected children (Strozier & Krisman, 2007; Dowdell, 1995).

A predominant need represented in the literature is the need for information. Grandparent caregivers lack information on available resources, support groups in their communities, how to react to the biological parents intermittently disrupting their homes, and how to handle feelings of grief and anxiety relating to their new roles and financial strains (Strozier & Krisman, 2007). Grandparents encounter obstacles when trying to access services, and need assistance in identifying sources of support (O'Brien et al., 2001). They are often unaware of, or do not utilize, the available services for which they or their grandchildren qualify (Kelley, et al., 2000; Geen, 2000; Christian, 2000). In particular, grandparent caregivers need an understanding of the procedure for accessing the health and education systems as they relate to their grandchild's care (Brown, 2007). Many grandparent caregivers indicate that they are frustrated with the child welfare system, stating that the regulations and policies do not make sense to them or fit their situations (O'Brien et al., 2001). This indicates a profile of social, emotional, health, and economic risk for grandparent kinship caregivers (Harden, Clyman, Kriebal, & Lyons, 2004).

This article reports the results of a 2007 survey of kinship caregivers throughout Michigan. The findings presented are part of a larger survey of kinship caregivers, their characteristics and experiences, service use and needs, resources and supports, and child well-being descriptions. Three research questions guided the analysis of the data provided by grandparent kinship caregivers:

1. What are the needs of grandparent kinship caregivers in Michigan?
2. What services are utilized most by these grandparent caregivers?

3. How can services to the grandparent caregivers be improved?

These questions directed the analysis of service utilization, assessment of service needs, and analysis of narrative data for insight into enhancing and expanding service delivery for grandparents raising grandchildren. Findings about grandparent respondents to the Michigan Kinship Caregiving Survey are offered as a source of researched-based information to inform policy, funding, and program development for kinship caregivers who are grandparents.

## Method

### *Measure*

A survey was developed based on a similar instrument used in a 1999 kinship caregiving survey (Jones, 2000). It was designed to gather current information from kinship caregivers on four topics: 1) social support, 2) community resources, 3) financial resources, and 4) caregiver's perspectives of outcomes for children raised in kinship care. Each section of the survey included open-ended questions inviting participants to elaborate on the answers they gave, share other thoughts, or share ideas about any of the questions. This narrative format yielded very rich qualitative content that substantially refined the closed-ended questions. A total of 350 instruments were distributed to kinship caregivers. The return rate for this project was 64.9% and resulted in the return of 227 surveys. This article summarizes the findings from the 181 surveys received from grandparents and great-grandparents.

### *Procedure*

Mailed questionnaires were distributed directly to kinship caregivers who were listed on the Michigan State University Kinship Care Resource Center newsletter mailing list. Questionnaires were also distributed through kinship care service providers in contact with caregivers who otherwise may not have received the survey. Distributed packets contained a cover letter, informed consent and study disclosure page, and eight-page survey.

### *Participants*

Racial/ethnic self-identification showed limited variation despite the racial/ethnic diversity of Michigan's

population. The majority of grandparent respondents were female, at 90.2%. White/Caucasian respondents also accounted for a sizable majority of survey returns (72.8%). Nearly one-quarter (23.9%) of caregivers identified as Black/African-American. Representations of other racial/ethnic identities proportionately were small, at only 6.1%. Length of caregiving ranged from 1 month to 20 years, with a mean length of 7.2 years (SD = 4.9). Grandparents ranged in age from 37 to 91, with a mean age of 59.7 (SD = 9.2). The mean number of children in the household was 2, with one family having 7 children. The modal number of children was one (48.9%). Formal kinship arrangements were indicated by 87.8% of grandparents, with 18.2% indicating informal arrangements and 7.2% indicating both formal and informal arrangements.

### *Design and Data Analysis*

Data were analyzed using statistical software for quantitative summaries and descriptive statistics. Service-related data were collected using a multi-item question directing respondents to indicate their use of, and/or need for, a list of 13 services and resources. Answer choices were listed as a) *Used to have it, still want or need it*; b) *Need it, don't have it*; and c) *Have it now*. Following this checklist, two open-ended questions yielded rich narratives. Caregiver generosity in sharing personal experiences and thoughts was substantial. Caregivers were asked, "Please list any other services that you need or would like that are not listed above," and, "Please share any other thoughts or comments you have about support, services, and/or resources." Two researchers independently coded the qualitative data generated by these questions. When differences occurred, discrepancies were resolved through discussion until a consensus was reached. Some respondents elected to skip the list of answer options, but provided written narrative indicating that they needed or used various services. In such cases, the quantitative data were revised to reflect these responses.

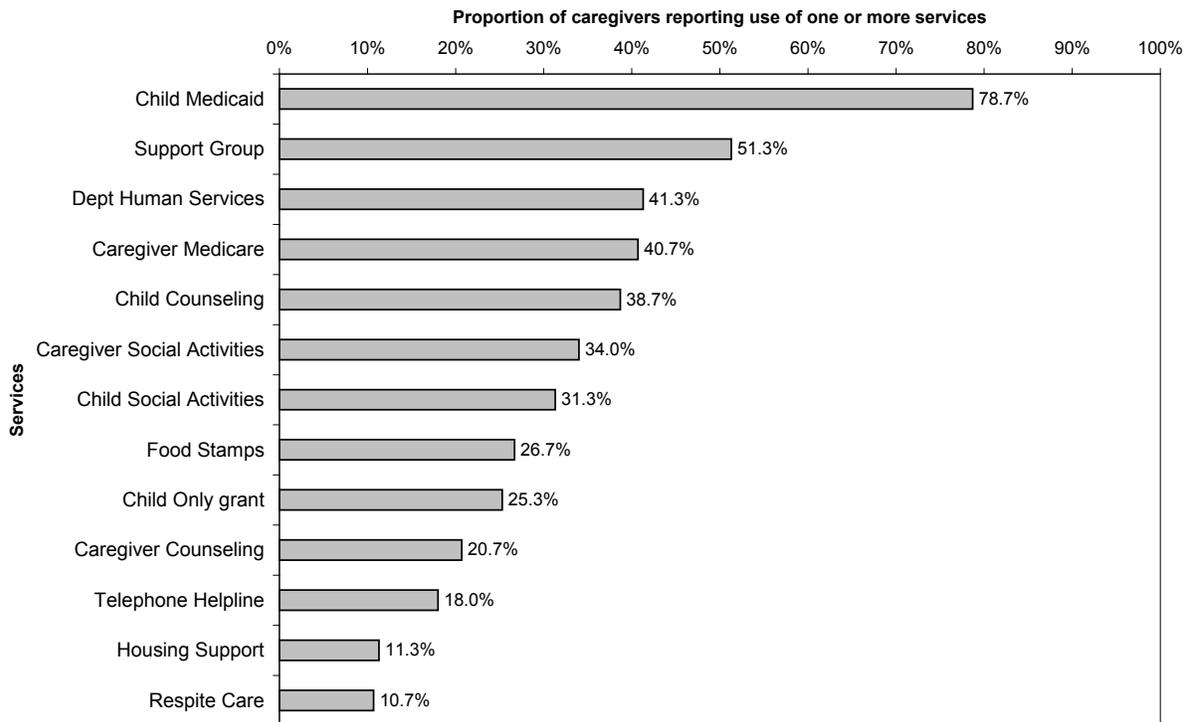
## Results

### *Quantitative Findings*

For the 13 services listed, 19 of the 181 grandparent caregivers (10.5%) reported no unmet needs. Current service use was reported by 150 respondents (82.9%) and ranged from 1 to 11 services. The pattern of service utilization is depicted in Graph 1.

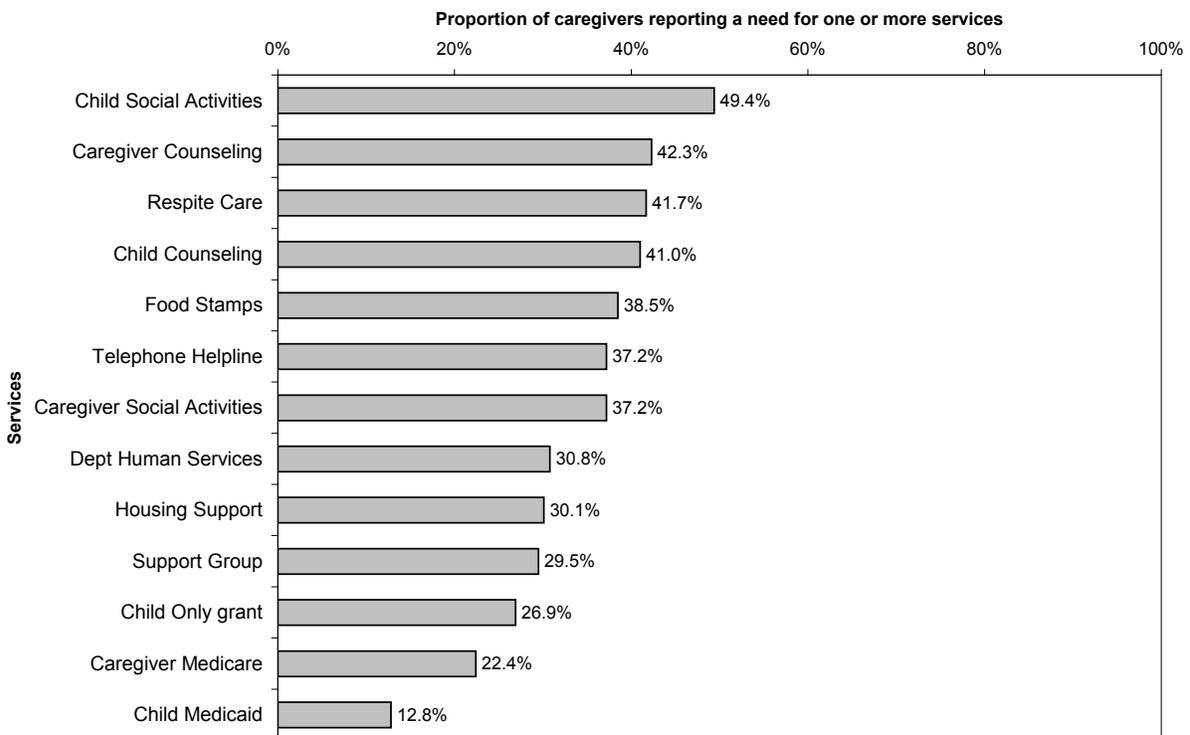
Graph 1

Services Used by Grandparent Caregivers (n=150)



Graph 2

Service Needs of Grandparent Caregivers (n=156)



For the same 13 listed services, 156 of the 181 caregivers (86.2%) indicated needs for 1 or more services. The number of service needs ranged from 1 to 13 services. The pattern of unmet service needs is depicted in Graph 2.

Survey responses for the “Used to have it, still want or need it” and “Need it, don’t have it” choices were collapsed into a single category, entitled “Need.” The results are summarized below in Table 1.

**Table 1—Summary of Service Needs and Service Utilization**

Service Type	Need	Have Now
Social groups/activities for the children in your care	49.4 %	31.3 %
Counseling for yourself as caregiver	42.3 %	20.7 %
Respite care	41.7 %	10.7 %
Counseling for one of more of the children in your care	41.0 %	38.7 %
Food stamps	38.5 %	26.7 %
Social groups/activities for yourself as caregiver	37.2 %	34.0 %
Telephone help lines	37.2 %	18.0 %
Financial help from the FIA or DHS	30.8 %	41.3 %
Housing support	30.1 %	11.3 %
Support groups	29.5 %	51.3 %
Child only grant	26.9 %	25.3 %
Medicare/Medicaid for yourself as caregiver	22.4 %	40.7 %
Medicaid for the children in your care	12.8 %	78.7 %

*Qualitative findings*

The “Services Used or Needed” section of the survey included two open-ended questions inviting respondents to specify other service needs or to elaborate on their need for services. Research has shown that grandparent kinship caregivers seldom voice their need for services or describe barriers to services (Gibson, 2002). Most studies are based on responses to instruments developed by professionals or researchers to measure specific needs or on professional and

researcher perspectives of need (Brown, 2007). The quantitative findings presented the needs and service utilization levels of grandparent caregivers based upon a predetermined list of potential services. The qualitative findings reported here present narrative content written by participants. Many caregivers accepted our invitation to comment on services or resources and provided specific ways in which services to kinship caregivers could be improved. Nearly half of grandparent kinship caregivers (47.5%) shared written comments or thoughts about support, services, or resources they needed. Some of these respondents also offered affirming statements or positive stories about effective service delivery or professional assistance they had received. A few commented bluntly and with strong emotion about services or resource-related experiences that were inadequate or unacceptable. Frequencies for each theme are illustrated in Table 2, and are described in further detail in the following pages.

**Table 2—Frequency of Responses by Theme**

Theme	Percent of responses
Financial Needs	23.8 %
Suggestions for Improving Services	21.8 %
Positive Comments	19.2 %
Activity Needs	11.4 %
Legal Aid Needs	9.3 %
Mental Health Needs	8.8 %
Respite Care Needs	8.3 %
Information Needs	7.8 %
Advocacy Needs	7.8 %
Medical Needs	7.8 %
Support Groups Needs	7.8 %
Housing Needs	6.7 %
Child Care Needs	6.2 %
School-Related Needs	6.2 %
Transportation Needs	5.7 %
Food Needs	5.2 %
Clothing Needs	3.6 %
Child Mentor Needs	2.6 %
Caregiver Employment and Education Needs	2.6 %
Other	1.6 %

### *Legal Assistance, Information, and Advocacy*

A quarter of grandparents (24.9%) expressed needs for legal assistance, information, and advocacy. These needs often overlapped, as caregivers frequently expressed needs for information pertaining to child support, adoption, visitation, or guardianship. Similarly, they often expressed a need for advocates to assist them when interacting with the court system. Legal aid often was cited, such as the grandparent who wrote, “Legal services. When in court, lawyers were furnished for the children, step-mother and biological parents, but none for the custodial grandparents.” Another grandparent stated, “Please assist families that are going through the courts before and during the adoption process. We feel like nobody in court.” Other caregivers expressed concerns regarding their legal obligations to the biological parents, including the grandparent who expressed a need for “legal advice regarding what I can or should be doing about parental visitations.”

Many caregivers articulated a desire for information regarding a variety of topics, including legal rights, eligibility for services, child development, and mental health issues. Statements frequently began with “I would like to know...” or “Would like more information on...” One grandparent wrote, “Would like more information on support services and resources – where do we find it?” Another stated, “Social workers (and others) are seldom aware of available resources for kinship caregivers – or, if they are, they don’t tell you about them.” A similar experience was shared by the caregiver who explained,

*We were not told about kinship care payments, mileage (we took him weekly to visit his father and mother separately and to see his social worker). We received no payments or support during that time. After getting our license we still were not told about mileage or D.O.C. payments.*

Other examples include the grandparent who explained, “Need to know and understand better laws, schools, drugs, problems that are happening now. Not 30 years ago when my girls were young.”

Grandparent caregivers requested advocates to assist them with applying for benefits, locating services, and obtaining child support from the biological parents. One grandparent expressed a need for “Someone who cares, really cares, about these kids

and puts ‘their best interests first,’ wants to help them and really do something for them.” Another caregiver requested “A single contact person to work with and between all agencies on our behalf – someone to act as an advocate for caregivers.” Others requested an advocate to assist with locating daycare, support services, or respite care.

### *Financial Support*

Almost a quarter of grandparents (23.8%) explained that the money they received from their personal income, child support, or public assistance was not sufficient to support themselves and their grandchildren. Caregivers also described their difficulties paying for standard household expenses and bills, such as gas, electricity, and water. One grandparent described her frustration by saying,

*My check just isn’t enough. We barely have enough for food. My bills go up but my check doesn’t...I took one of my grandkid’s father to court for child support and then he quit his job. The only thing that these kids have is me and my income.*

Another grandparent wrote, “The amount received from FIA was not enough. Before my grandson came, I was comfortable financially and now my 401K is gone.”

### *Suggestions for Improving Services to Caregivers*

Suggestions pertaining to the quality, distribution, and type of services offered to relative caregivers through the current public and child welfare systems were described by 21.8% of grandparents. Within this group of responses, themes emerged that reflected commonalities among the thoughts and needs of caregivers.

Many of the responses within this theme communicated that funding for relative caregivers should be increased to the level received by foster parents. This is illustrated in the response of one grandparent, who wrote,

*I think somebody should legislate regarding payment like foster care. If a family should stand up to take the child into their home, the state should pay the same amount as if it were a foster family. The children are the ones that need it most.*

Another caregiver explained,

I know many grandparents are in a financial situation they don't deserve. We as grandparents are saving the state hundreds of dollars because the children aren't in foster care. Many need assistance for prescriptions that are needed. Foster care is not the answer because many are afraid the children could be taken away and placed elsewhere. It isn't asking too much for those who need it to get at least half of what foster parents are paid.

Some suggested that an adjustment of financial guidelines for resources is needed, such as the caregiver who replied, "Higher guidelines. We make too much money to qualify for any help. But with our bills and other expenses we can't afford health and dental insurance for our grandson." Others were deterred by the application process itself, including one grandparent who stated, "The criteria and application process is often too complicated and intimidating."

Grandparents proposed that communication within social service agencies and between differing agencies would improve service delivery. One caregiver explained,

It feels as if we are constantly having to contact either DHS or FIA or Friend of the Court because one agency doesn't know what the other is doing. We are constantly running in circles, and can get no honest answers.

Another stated,

I feel that a 'central' organization dealing only with kinship caregivers and their needs is very important. We aren't foster parents, so that 'avenue' doesn't work and going to each individual agency in trying to decipher what's available and what we qualify for is horrible!

Grandparents often commented that an improved caregiver-caseworker relationship was needed, such as a caregiver who mentioned a need for "help to deal with negative [agency] specialist," or another who simply stated, "they treat you like dirt."

Other suggestions for improvements involved increasing the availability of services. Grandparents stated that it is difficult for them to locate subsidized services for their children and that services need to

be distributed equally around the state of Michigan, especially in northern areas of the state where services are scarce. One grandparent explained, "For psychiatric and counseling services needed by my grandson only two agencies within reasonable driving distance were available."

### *Basic Necessities*

The need for basic necessities, including housing, transportation, food, and clothing, was reflected in 21.2% of the responses. Most prevalent were housing needs. Half of the comments relating to housing needs pertained to household upkeep, such as repairs and daily homemaking activities. Examples include one grandparent who wrote, "I need someone to come over and take care of the things I need done. I can't work very hard and I can't get around very good, so I need someone to clean my house and help me cook!" Another grandparent stated, "House needs work badly. Kitchen, porch, windows, gas bill is \$450.00 in the winter, bathroom tub needs work. House is a mess. I'm so depressed about it." Requests for subsidized housing include the grandparent who wrote, "Would like to get Section 8 for housing to help pay for my rent. If I had that support from anyone, I could make it."

Grandparents often cited transportation as a needed service for taking children to school, medical appointments, and court appearances, and for caregivers to attend support group meetings. One grandparent explained, "Transportation is huge issue as I don't have license due to seizures and rely on others to help with that." Transportation also was identified as problematic because of rising gas prices. One grandparent relayed her concern by writing, "[I need] help in getting my grandchildren back and forth to school. I took them out of a failing school system and now because of high gas prices and low income I don't know what's going to happen." Others cited challenges with car insurance or repairs.

Food, clothing, and household items represent further areas of unmet need for grandparent caregivers. One grandparent wrote, "I need a couch and some mattresses for my babies. They need some clothes." Other grandparents referred to food stamps as a service they currently need, but some caregivers find it difficult to apply for and receive food stamps.

### *Comments Affirming Service Delivery or Fulfillment of Needs and Expectations*

When asked what services, support, or resources were needed, 19.2% of caregivers gave a complimentary or positive response, from which we inferred satisfaction with the services they were receiving. Many grandparents expressed a general sense of satisfaction about the services they were receiving or had received in the past. Caregivers spoke highly of the quality of these services and commented about how necessary such resources and assistance were, both for themselves and for their grandchildren. One grandparent who wrote, "I have no complaints, the system has been very supportive and helpful." Other grandparents expressed an appreciation of support groups, citing the emotional support they provide, the information they receive regarding additional services, and the opportunities for social interaction. One grandparent explained, "The group I am a part of helps me to feel that I am not alone. The events that we have been able to attend we have all enjoyed."

Kinship professionals were acknowledged as being a positive influence in the lives of caregivers, including one grandparent who wrote, "I have found our local Grandparents as Parents coordinator to be invaluable. She's available for consult, seeking resources, and sometimes just listening." Grandparents also cited their involvement with a religious organization or church as an outlet for support, positive relationships, and activities for themselves and their families, as demonstrated by the statement, "The church family and pastor are my support group. The children have a lot offered to them through the church."

The specific service or agency most frequently named in a positive light was DHS, also referred to by some as FIA. Grandparents were grateful to this agency for the assistance they received, offering statements such as, "FIA has been great to us. Thank you very much!" Caregivers found the various programs and activities available to them as relative caregivers beneficial, such as summer activities, nutritional assistance, and mentoring programs. One grandparent wrote, "I want to pay thanks for the Bridge Card. I use it monthly to pay for food as a teenage boy never seems to have an end to eating."

### *Other Noteworthy Areas of Need*

A need for activities was cited by 11.4% of grand-

parents. These included activities for children as well as age-appropriate activities for teenagers. One grandparent provided examples of some needed activities for children: "More sports activities for the boys and girls, like step team or soccer, maybe baseball or football, dance or gymnastics for girls." Many also stated that they wished they could afford to send their grandchildren to summer camp. In addition, grandparents expressed a need for caregiver activities, such as the grandparent who stated, "I'd like to feel that freedom enjoying a week at a resort for a week or two. That would be a wonderful respite at this time."

Difficulties locating nearby, affordable mental health services were cited by 8.8% of grandparents. These included services such as counseling, psychiatric prescriptions, and mental health education pertaining to their grandchildren's diagnoses or special needs. One grandparent wrote, "The mental health care services in Michigan for mentally ill children and their families is a disgrace. There are families in crisis, mental illness affects everyone. Money is the determining factor for help." Still others cited difficulties utilizing Medicaid, including the grandparent who wrote, "Medicaid counseling visits are capped at 20/year. Often more visits are needed." It is worth noting that, of the respondents who provided written narrative pertaining to mental health needs, only 40% of these grandparents checked "Need" for child counseling. Half of them indicated that they utilized this service, and 10% indicated that they neither needed nor used it. One grandparent who indicated that the child in her care was receiving counseling went on to state, "Every childcare that I can afford does not offer help for a child with emotional issues. This child has been kicked out of many daycares because of his issues." Another caregiver whose grandchildren were in counseling wrote that she needed help "dealing with these children with emotional issues."

An unmet need for respite care was cited by 8.3% of grandparents. Many provided narrative reiterating their choice of "Need" from the list of services, such as the grandparent who wrote, "Respite more important." Difficulties encountered due to the cost of respite care frequently were cited. Others reported a lack of access to respite services, including the grandparent who said, "Provider refuses Medicaid, we were dropped from a respite care program, paid for the emotionally disturbed child and two siblings, 60 hours a month, now nothing."

Support groups for caregivers and children were specified in 7.8% of the responses as a desired resource. One caregiver articulated a need for “Grandparents who share the same problems as myself, that could understand the everyday stresses I face with small children.” Others cited a need for groups to support the children in their care, such as the caregiver who requested, “Support groups for the children, to open their eyes and give them understanding that they are not the only ones in this situation.”

Another 7.8% of grandparents specified medical needs, particularly difficulties locating health care providers who accepted Medicaid. One grandparent wrote, “There are no dentists in our town who still take Medicaid. There had been one but he was getting too many Medicaid patients so stopped taking them.” Another caregiver stated, “Would like local doctors and dentists to take Medicaid patients. Perhaps each one could be required to take a certain percentage of their patients as Medicaid patients.”

### Implications

Findings from this mixed methods survey design are clear. Grandparent kinship caregivers need greater financial assistance. Some kinship care advocates believe that the existing foster care regulations, such as a minimum amount of square footage in the home or a minimum number of bedrooms, represent “middle class values” more than actual safety concerns (Geen, 2000). As a result, some grandparents who are able to provide safe, loving homes are excluded from the possibility of becoming licensed foster parents. In Michigan, a licensed foster family receives \$433 per month to raise a two-year-old child; an unlicensed kinship care provider receives as little as \$157 per month from a basic child-only grant (Bridges4Kids, 2008; MDHS, 2007). The federal government estimates that the average cost of raising a two-year-old child in the urban Midwest is roughly \$733 per month (Bridges4Kids, 2008). One study determined that substance-exposed children fared better in foster care than kinship care, due to increased access to services and better funding for foster caregivers. They concluded that kin placements are more effective for non-substance-exposed children (Brooks, 1999). However, children are most often placed in kinship care due to parental substance abuse, whereas they are most often placed in foster care due to parental mental illness (Strozier & Krisman, 2007; Beeman & Bullerdick, 2000). It would be

beneficial to provide even unlicensed kinship caregivers with compensation similar to that granted to foster families, or if policies allowed child welfare staff the flexibility to determine licensure eligibility on a case-by-case basis.

A large number of respondents who checked “*Have Now*” for a particular service went on to explain that the service did not meet their needs adequately, or indicated that the services soon would be discontinued. Elaborations on current service adequacy were most common for comments pertaining to Medicaid. Medicaid recipients subsequently stated that health care providers in their area did not accept Medicaid, or indicated that, even with Medicaid, they still could not afford the cost of office visits and prescriptions. This response pattern also was evident in the comments pertaining to financial assistance. Respondents often specified that the financial support they receive did not come close to meeting their expenses. Similarly, some respondents indicated that they utilized support groups, but went on to say that their support group soon would be shutting down, or indicated that they also needed support groups for the children in their care. These thoughts and experiences convey powerfully the importance of addressing kinship care policy, legislation, services, and community recognition.

There was a striking difference between those grandparents who provided suggestions for improving services and those who described positive experiences regarding service delivery, as only two respondents stated both a positive comment and a suggestion for improving services. This implies stark disparities among the experiences of caregivers interacting with service providers, with some expressing gratitude and satisfaction, and others communicating frustration or a perceived lack of respect. Many commented that a better caseworker-caregiver relationship would improve the efficiency and distribution of services. Research has demonstrated that kinship caregivers frequently articulate a need for respect and recognition (Christian, 2000). Grandparents conveyed this need by indicating that a caseworker-caregiver relationship defined by guidance, support, and respect would improve their understanding of the services for which they are eligible and the application process associated with those services.

It is also clear that grandparent kinship caregivers need access to information regarding the support and services for which they are eligible. Studies show that

child welfare staff provide foster families with more supervision and more services than they provide to kinship care families (Ehrle & Geen, 2002; Berrick, Barth, & Needell, 1994). It is possible that many workers are less knowledgeable about kinship caregiving resources due to the high rate of turnover in the child welfare system (Strozier & Krisman, 2007). From the qualitative responses, it is clear that many grandparents are overwhelmed by the amount of paperwork necessary in order to obtain these services. It is worthwhile to streamline this process so that grandparent caregivers can access services without creating an undue burden. In addition, there is a strong need for the routine provision of a clear, complete list of support services for which kinship care providers are eligible.

Mental health services are an area of obvious need for grandparent caregivers and their grandchildren. For one, the quantitative findings demonstrated that counseling for caregivers and grandchildren were among those services with the highest reported rates of unmet need. In addition, it is evident that the choice of "*Counseling for the children in your care*" did not adequately capture the needs of caregivers with regard to their grandchildren's mental health. A large proportion of grandparents whose grandchildren were receiving counseling went on to explain additional needs pertaining to their grandchildren's mental health. Although a professional might assume that child mental health issues are adequately addressed by counseling alone, this clearly is not the case. Policy reform should strive to address the unmet mental health needs of kinship families, as well as to identify and remedy related needs that are not resolved solely by counseling.

Finally, it is noteworthy that a large proportion of the housing concerns raised by grandparents were attributed to their advanced age and related physical impairments. They frequently noted that maintaining their homes required assistance, citing needs for housework and repairs. Most grandparent caregivers are past retirement age, and many are elderly. The challenges of caring for a grandchild while attending to the demands of extra cleaning, laundry, and cooking can be overwhelming for many caregivers (Gibbons & Jones, 2003). In some cases, grandparents indicated that these chores and repairs simply were not being done, and conveyed that their inability to attend to these issues caused them significant distress.

This pattern of responses demonstrates that services intended to aid young foster parents inadequately address the needs of many grandparent caregivers. Services to aging caregivers should be designed to meet these unique needs; policymakers should not assume a "one size fits all" complement of services for kinship and foster caregivers.

### Limitations

Although the study yielded a wealth of data, it was not without limitations. The survey instrument was distributed to kinship families who voluntarily listed their contact information with the Michigan State University Kinship Care Resource Center or who were in contact with kinship care service providers. Reliance on a group of self-selected individuals can result in a restricted, biased sample. The findings from such a sample cannot be generalized to all kinship families, only to kinship caregivers willing to identify themselves by seeking information or assistance. Limitations also arise from the geographic area included in the sample. Kinship families from rural, northern, and remote areas of the state likely are under-represented in the sample.

### Future Directions

Although the Kinship Caregiving Survey yielded a wealth of data that will be beneficial to practice and research, future investigations should seek to measure the adequacy of the services utilized by kinship caregivers. While it is helpful to know which services are most frequently utilized, a deeper understanding of the extent to which these services meet the needs of kinship caregivers is essential. In addition, future research pertaining to the needs of those kinship caregivers who are less inclined to ask for help would add necessary detail to the current picture of kinship caregiver needs. Furthermore, little is known about informal kinship caregivers. The present study should be replicated using a recruitment method that targets informal kinship caregivers, as they comprise an unrealized and important proportion of the kinship care system. Similarly, seniors who are responsible for the care and supervision of relative children for most waking hours represent an unrecognized kinship caregiving subgroup. These grandparents may experience many of the same challenges, with similar needs for support and resources. Future research would ben-

efit from collaboration with community services and centers to reach out systematically to senior adults. In summary, the present study provides a rich source of research-based information that can be used to guide policy reform and increase the efficacy of services provided by kinship professionals, and points to a need for future research to increase the depth and detail of this knowledge. ©

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# Domestic Violence in Child Custody and Parenting Time Disputes – Part II: the batterer as parent

by Lundy Bancroft

*This article is the second of a three-part series designed to promote readers' understanding of the impact of domestic violence in child custody and parenting time cases. It has been adapted from *The Batterer as a Parent in Synergy*, 6(1), p 6-8 (Newsletter of the National Council of Juvenile and Family Court Judges, Winter 2002) and the book *The Batterer as Parent* by Lundy Bancroft and Jay Silverman (Sage Publications, 2002). The first article in this series described how commonly-observed attitudes and behaviors of domestic violence perpetrators can affect victims and the litigation process. This article describes the parenting of men who batter the mother of their children. Subsequent articles will address:*

- *Assessing the risk that exposure to a domestic violence perpetrator presents to children.*
- *Domestic violence and the Michigan best interest factors.*

Research on children's exposure to domestic violence has tended to focus primarily on two aspects of their experience: the trauma of witnessing physical assaults against their mother, and the tension produced by living with a high level of conflict between their parents.<sup>1</sup> However, these are just two elements of a much deeper problem pervading these children's daily lives, which is that they are living with a batterer. The parenting of men who batter exposes children to multiple potential sources of emotional and physical injury, most of which have not been recognized widely.

This article looks at the characteristics of men who batter and identifies ways in which these characteristics influence their ability to parent appropriately. Additionally, the article will address the implications of such parenting for custody and parenting time determinations.

## Characteristics of Men Who Batter

Most of the characteristics that are typical of men who batter have potential ramifications for children in the home. The effects on the children of these and

other parenting weaknesses may be intensified by the children's prior traumatic experience of witnessing violence.<sup>2</sup> Consider the following selected examples of characteristics of men who batter:

*Control:* Coerciveness is widely recognized as a central quality of battering men<sup>3</sup> and one of the areas of life heavily controlled by many men who batterer is the mother's parenting. A man who batters may cause or forbid his partner to terminate a pregnancy, overrule her parenting decisions, or assault her when he is angry over the children's behavior. Battered women are far more likely than other mothers to feel that they have to alter their parenting styles when their partners are present.<sup>4</sup>

*Entitlement:* A man who batters considers himself entitled to a special status within the family, with the right to use violence when he deems it necessary.<sup>5</sup> This outlook of entitlement can lead to selfish and self-centered behavior on his part. For example, he may become irate or violent when he feels that his partner is paying more attention to the children than to him. It is difficult for children to have their needs met in such an atmosphere and they are vulnerable to role-reversal,

where they are made to feel responsible to take care of the battering parent.

*Possessiveness:* Men who batter often have been observed to perceive their partners as owned objects.<sup>6</sup> This possessive outlook can sometimes extend to their children, partly accounting for the dramatically elevated rates of physical abuse<sup>7</sup> and sexual abuse<sup>8</sup> of children perpetrated by batterers, and for the fact that these men seek custody of their children more often than non-battering fathers do.<sup>9</sup>

Other characteristics that can have an important impact on children include manipulateness, denial and minimization of the abuse, battering in multiple relationships, and resistance to change.

### Influence of Battering on Parenting

The characteristics discussed above influence the parenting of men who batter and have the following negative impacts on the children:

*Creating role models that perpetuate the violence:* Boys who are exposed to domestic violence show dramatically elevated rates of battering their own partners as adolescents or adults.<sup>10</sup> Research suggests that this connection is a product more of the values and attitudes that boys learn from witnessing battering behavior than of the emotional trauma of being exposed to such abuse.<sup>11</sup> Daughters of battered women show increased difficulty in escaping partner abuse in their adult relationships.<sup>12</sup> Both boys and girls have been observed to accept various aspects of the batterer's belief system,<sup>13</sup> including the view that victims of violence are to blame, that women exaggerate hysterically when they report abuse, and that males are superior to females.

*Undermining the mother's authority:* Domestic violence is inherently destructive to maternal authority because the batterer's verbal abuse and violence provide a model for children of contemptuous and aggressive behavior toward their mother. The predictable result, confirmed by many studies, is that children of battered women have increased rates of violence and disobedience toward their mothers.<sup>14</sup> Some battered mothers make reports of being prevented from picking up a crying infant or from assisting a frightened or injured child and of being barred from providing other basic physical, emotional, or even medical care. Interference of this kind can cause the children to feel that their mother does not care about them or is un-

reliable. The batterer may reinforce those feelings by verbally conditioning the children through statements such as, "Your mother doesn't love you," or, "Mommy only cares about herself."

*Retaliating against the mother for her efforts to protect the children:* A mother may find that she is assaulted or intimidated if she attempts to prevent the batterer from mistreating the children, or may find that he harms the children more seriously to punish her for standing up for them. Therefore, she may be forced over time to stop intervening on her children's behalf. This dynamic can lead children to perceive their mother as uncaring about the batterer's mistreatment of them, and can contribute to her being labeled as neglectful for "failing to protect."

*Sowing divisions with the family:* Some batterers use favoritism to build a special relationship with one child in the family. As some researchers have noted, the favored child is particularly likely to be a boy, and the batterer may bond with him partly through encouraging a sense of superiority to females.<sup>15</sup> Batterers also may create or feed familial tensions deliberately. These manipulative behaviors are a likely factor in the high rate of inter-sibling conflict and violence observed in families exposed to battering behavior.<sup>16</sup>

*Using the children as weapons:* Many men who batter use children as a vehicle to harm or control the mother<sup>17</sup> through such tactics as destroying the children's belongings to punish the mother, requiring the children to monitor and report on their mother's activities, or threatening to kidnap or take custody of the children if the mother attempts to end the relationship. These parenting behaviors draw the children into the abuser's behavior pattern. Post-separation, many batterers use the contact required for unsupervised parenting time as an opportunity to further abuse the mother through the children.<sup>18</sup>

*Neglectful or irresponsible parenting:* Batterers often have difficulty focusing on their children's needs, due to their selfish and self-centered tendencies.<sup>19</sup> In post-separation parenting time situations these parenting weaknesses can be accentuated, as batterers may be caring for children for much longer periods of time than they are accustomed to. Additionally, many of our battering clients have used intentionally neglectful parenting as a way to win their children's loyalty and/or to undermine the mothers' authority, for example by not imposing appropriate safety or eating guide-

lines, or by permitting the children to watch inappropriate violence or sexuality in media.

Neglectful parenting commonly takes the form of intermittently showing interest in their children and then ignoring them for extended periods. Post-separation, batterers of this parenting style tend to drop in and out of contact with their children, which can be emotionally injurious to their children and disruptive to life in the custodial home.

*Rigid, authoritarian parenting:* Recovery in traumatized children is best facilitated by a nurturing, loving environment that also includes appropriate structure, limits, and predictability. A batterer may be severely controlling toward children<sup>20</sup> and is likely to use a harsh, rigid disciplinary style,<sup>21</sup> which can intimidate children who have been exposed to his violence and can cause the reawakening of traumatic memories, setting back post-separation healing.

*Psychologically abusive and manipulative parenting:* Batterers have been observed to tend towards verbally abusive parenting styles.<sup>22</sup> They also tend to manipulate the children as a way to control the mother, a risk that appears to increase post-separation,<sup>23</sup> through the abuser's unmonitored contact with the children in parenting time or shared custody.<sup>24</sup>

### Implications for Child Custody and Parenting Time Determinations

Determinations regarding child custody and parenting time in the context of domestic violence need to be informed by an awareness of the destructive parenting behaviors exhibited by many men who batter, and their effects on children and their mothers. These behaviors have especially important implications for children who are struggling with two sets of psychological injuries, one from exposure to the battering behavior and the other from their parents' divorce or separation. It is also critically important to be aware that children exposed to battering experience a continuum of effects from the trauma it causes. Some develop serious or multiple physical or psychological difficulties, while others exhibit mild distress or none at all.<sup>25</sup> The effects of exposure to battering can be exacerbated or moderated by various factors, including inherent traits of the child, the family environment, and the response and resources offered by the community.<sup>26</sup> Accordingly, some elements to examine closely when crafting interventions for families include:

*Addressing the healing needs of children:* There is a wide consensus that children's recovery from exposure to domestic violence (and from divorce) depends largely on the quality of their relationship with the non-battering parent and with their siblings.<sup>27</sup> Therefore, in addition to safety consideration, court determinations should take into account whether the batterer is likely, based on his past and current behavior, to continue to undermine the mother's authority, interfere with mother-child relationships, or cause tensions between siblings. Because children need a sense of safety in order to heal,<sup>28</sup> juvenile and family court decisions may not want to include leaving the children in the unsupervised care of a man whose violent tendencies they have witnessed, even if they feel a strong bond of affection for him.

*Safely fostering father-child relationships:* Except in cases where the children are terrified of the battering parent or have been abused by him directly, children tend to desire some degree of ongoing contact with their fathers. Such contact can be beneficial as long as adequate safety measures are provided for the mother and children and the abuser is not given the opportunity to cause set-backs to the children's emotional recovery. These goals can be fostered through custody and parenting time arrangements that take into full consideration the violence in the home caused by the battering parent and through the use of professionally supervised parenting time, ideally based in a parenting time center. Where unsupervised parenting time is found to be safe, the use of relatively short visits that do not include overnight visits can reduce the batterer's ability to damage mother-child relationship, limit his negative influence on the children's behavior and value-systems, and ensure that the children feel safe and secure—while still allowing them to feel a continued connection to their father.

*Making appropriate assessments, especially in custody and parenting time determinations:* A batterer's history of abusive behavior, and how such abuse reflects on his parenting, needs to be investigated carefully, assessing for the presence of any of the common problems described above and paying particular attention to the possibility that children may become a vehicle for continued abuse of the mother.<sup>29</sup> Custody evaluators need to have extensive training on the multiple sources of risk to children from custody or unsupervised contact with the abusive parent. The third article in this series

will explore in more depth the factors to consider in assessing risk to children from batterers. ©

### About the Author

Lundy Bancroft has twenty years of experience specializing in interventions for abusive men and the children that are exposed to them. He has presented to over 300 audiences across the US and Canada, and appears frequently as a trainer for judges, probation officers, attorneys, and other professionals in the legal system. Lundy was featured in the PBS documentary "Breaking the Silence." He has worked as counselor and clinical supervisor on 2000 domestic violence cases. He is the author of two books in the field, including *Why Does He Do That?, When Dad Hurts Mom*, and co-author with Jay Silverman of the national prize-winner *The Batterer as Parent*.

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## *The Michigan Child Welfare Law Journal* Call for Papers

The editorial board of *The Michigan Child Welfare Law Journal* invites manuscripts regarding current issues in the field of child welfare. The *Journal* takes an interdisciplinary approach to child welfare, as broadly defined to encompass those areas of law that directly affect the interests of children. The editorial board's goal is to ensure that the *Journal* is of interest and value to all professionals working in the field of child welfare, including social workers, attorneys, psychologists, and medical professionals. The *Journal's* content focuses on practice issues and the editorial board especially encourages contributions from active practitioners in the field of child welfare. All submissions must include a discussion of practice implications for legal practitioners.

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# Domestic Violence in Child Custody and Parenting Time Disputes – Part III: assessing risk to children from men who batter

by Lundy Bancroft

*This article is the third of a three-part series designed to promote readers' understanding of the impact of domestic violence in child custody and parenting time cases. Its content has been adapted from the book *The Batterer as Parent* by Lundy Bancroft and Jay Silverman, Sage Publications, 2002. The first article in this series described how commonly-observed attitudes and behaviors of domestic violence perpetrators affect victims and the litigation process. The second article described the parenting of men who batter the mother of their children. This article discusses how practitioners can assess the risk that exposure to a domestic violence perpetrator presents to children. The fourth and final article will address domestic violence and the Michigan best interest factors.*

The mounting social and professional awareness of the negative effects on children of exposure to the behavior of batterers has drawn attention to the need for effective tools for assessing risk to children from batterers as parents or guardians.<sup>1</sup> The model presented here is particularly suited to assessment of post-separation risk to children from batterers. I commonly encounter the mistaken assumption among professionals that children are in less danger from a batterer once a couple is no longer living together, when the reality is often the opposite.<sup>2</sup> Assessment of risk to children post-separation should be carried out with as much caution as would be called for in intervening with an intact family, because batterers often increase their levels of intimidation and manipulation after separation in an effort to punish or regain control over their former partners and children. Moreover, while couples are still living together, a batterer's danger to children can be mediated to some extent by their mother's protective presence; separation from the batterer may diminish a mother's ability to shield her children from exposure to battering behavior.

Before describing the elements of a proper risk assessment, this article reviews the most serious physical, sexual, and psychological risks that batterers can pose to children, and describes the elements necessary

for children's emotional recovery from exposure to battering behavior. Many of the errors currently made by professionals in assessing children's safety with a batterer are a product of the lack of clear delineation of what the central risks are, including the important possibility that a batterer's conduct with children may interfere with their emotional healing from traumatic experiences they have already undergone. This article concludes with assessment guidelines that professionals can apply in cases where a batterer admits to a history of abusiveness but asserts that he has changed. I include this section because batterers sometimes succeed in using unfounded claims of change to circumvent proper evaluation of risk.

## Risks Posed to Children by Exposure to Batterers

Some of the potential sources of physical and psychological injury to children from contact with men who batter emanates from common characteristics of their parenting, which were described in the second article of this series, "The Batterer as Parent." Additional sources of risk are as follows:

*Exposure to threats or acts of violence towards their mother or towards a new partner. Children of bat-*

tered women witness a large percentage of the batterer's physical assaults<sup>3</sup> and sexual assaults,<sup>4</sup> and the potential traumatic effects of these events are well-established.<sup>5</sup> Children also may be physically injured during such assaults, either by accident or because they attempt to intervene.<sup>6</sup>

A high rate of serious assaults by batterers occur postseparation,<sup>7</sup> and children are likely to witness these incidents.<sup>8</sup> The risk that the batterer will assault the mother sexually also increases during and after separation.<sup>9</sup> When a batterer kills his former partner, children commonly witness the homicide or its aftermath, or are murdered themselves.<sup>10</sup> Many perpetrators of domestic violence homicides have little or no criminal record involving violence,<sup>11</sup> complicating the assessment process.

Post-separation, children run the risk that their father will abuse a new partner, as it is common for batterers to abuse women serially.<sup>12</sup>

*Physical or sexual abuse.* Multiple studies have demonstrated the dramatically elevated rate of child physical abuse<sup>13</sup> and child sexual abuse<sup>14</sup> by batterers. This risk may increase post-separation from the mother's inability to monitor the batterer's parenting and from the retaliatory tendencies of many batterers.

*Abduction.* A majority of parental abductions take place in the context of domestic violence, and are mostly carried out by batterers or their agents.<sup>15</sup> Post-separation parental abductions happen most commonly two or more years subsequent to the separation, and about half occur during an authorized visit.<sup>16</sup>

### Promoting Children's Healing and Recovery After Exposure to Battering Behavior

As noted in the second article in this series, the effects of exposure to battering on individual children vary depending on a range of personal characteristics, family dynamics, and community resources that may moderate or exacerbate the harm they suffer. Post-separation efforts to promote healing and resiliency must account for these variables, which will be unique for each child. Generally, however, when a batterer is no longer present in a home, the possibility exists that healing and recovery can begin, as has been demonstrated by many studies on children's resilience.<sup>17</sup> Child custody and parenting time arrangements must be thoughtfully crafted to create an environment that promotes recovery; care must be taken that children's

continued contact with the batterer does not interfere with the creation of a healing context, the critical elements of which include:

*A sense of physical and emotional safety in their current surroundings.* The establishment of safety, and of the feeling of safety, is a first and indispensable step towards any process of emotional healing from trauma,<sup>18</sup> and in particular for children whose experience has included fear, danger, and insecurity at home as children of battered women.<sup>19</sup> Where children are aware of the batterer's capacity for violence, unsupervised contact with him may cause them to feel insecure or anxious. An important component of safety is a constructive, coordinated justice system response that holds batterers fully accountable for their actions and offers support to help mothers and children safely stay close to each other.

*Structure, limits and predictability.* Domestic violence can create a sense of chaos and lack of predictability in children's environment. The parenting patterns that accompany battering can aggravate this problem, as batterers tend to alternate between harshness and leniency with children<sup>20</sup> and battered mothers often experience erosion of their authority.<sup>21</sup> Children's healing therefore depends on the development of structure, limits, and predictability in their home life to counteract the previous experiences of fear and turmoil. Good support from friends, relatives, religious organizations, and other community resources can help to foster an ordered, predictable environment and so contribute to the maintenance of healthier family dynamics.

*A strong bond to the non-battering parent.* Children who have experienced profound emotional distress or trauma are largely dependent for their recovery on the quality of their relationship with their caretaking parent.<sup>22</sup> Assisting battered mothers and their children to heal their relationships is one of the most important aspects of promoting recovery.<sup>23</sup> Progress towards this goal may be eroded if the batterer uses visitation as a time to encourage the children to disrespect their mother, to feel ashamed of being close to her, or to defy her authority.

*Not to feel responsible to take care of adults.* Children who are exposed to battering behavior may believe that they must protect their mother, father, or siblings. To relieve this stress, adults need to avoid burdening the children with adult concerns. The self-centered-

ness common in batterers leads to a substantial risk that the father may demand emotional caretaking from his children, particularly in the painful aftermath of parental separation.

*A strong bond to their siblings.* Overall level of family support is important in fostering resilience.<sup>24</sup> Children exposed to batterers often have unusually high levels of tension in their sibling relationships,<sup>25</sup> and so may need assistance to address the divisions that have occurred. Batterers often foment tensions between siblings through favoritism and other tactics,<sup>26</sup> undercutting their recovery.

*Contact with the battering parent with strong protection for children's physical and emotional safety.* Except in those cases involving the most terrifying batterers or those who have abused the children physically or sexually, children's recovery may be furthered by having an ongoing opportunity to express their love for their father, to have a sense that he knows them, and to be able to tell him about key events in their lives. They may also crave reassurance that he is not in overwhelming distress. However, such contact is counterproductive when it interferes with the creation of a healing context.

It should be noted that a large proportion of batterers are unable to create or support most of the critical healing elements just listed, so that placing children in a batterer's custody or in unsupervised visitation with him will often impede their recovery.

### Assessing Risk to Children from Contact with Batterers

Given the range of sources of psychological and physical injury to children from batterers and the many elements necessary for children's recovery, assessing risk to children from batterers is a complex process. Information about a batterer's history of behavior and attitudes has to be gathered from multiple sources, as his own reporting is not likely to be reliable.<sup>27</sup> Sources should include the mother, the children, past partners of the batterer, court and police records, child protective records, medical records, school personnel, and anyone who has witnessed relevant events. The facts gathered should then be applied to evaluate each of the following 13 points:

*Level of physical danger to the mother.* The higher the severity or frequency of a batterer's level of violence, the greater the risk that he will physically abuse

children.<sup>28</sup> Level of violence is also an indicator of a batterer's likelihood to attempt to kill the mother,<sup>29</sup> or to carry out other continued assaults against her.<sup>30</sup> His history of sexually assaulting the mother is correlated to overall level of physical danger<sup>31</sup> and specifically to his likelihood of physically abusing children.<sup>32</sup> Threats of abuse are highly correlated with future physical violence<sup>33</sup> including post-separation violence.<sup>34</sup> Any history of violence to the mother during her pregnancies also indicates an increased risk to commit frequent or severe violence.<sup>35</sup> Both threatened and actual homicide attempts may take place in cases where the batterer's previous history of violence had not been severe,<sup>36</sup> since a batterer's former partner will know him best, her own assessment of the likelihood of future violence may be more accurate than any other predictor.<sup>37</sup>

Additional relevant questions include: Has the batterer ever choked the mother? What types of injuries has he caused? Has he ever violated a restraining order? Has he made lethal threats against her or the children? Has he killed or attacked pets? Is he extremely jealous or possessive? Does he have access to weapons? Is he depressed, despondent, or paranoid? Does he stalk her? Is he escalating? What is his criminal record? Does he chronically abuse substances? Has he been violent towards the children, or towards nonfamily members? Does he use pornography?<sup>38</sup>

*History of physical abuse towards the children.* As discussed above, batterers are more likely than non-battering men to physically abuse children and this risk may increase postseparation. It thus is important to evaluate a man's historical approach to discipline, including his reactions when angry at the children. Additional relevant questions include: Does he spank the children? Has he ever left marks? Does he ever grab the children roughly? Has he been involved in fights (including any that appeared mutual) with his older children? Does he minimize or justify physically abusive behaviors he has used in the past?

*History of sexual abuse or boundary violations towards the children.* As discussed above, there is a substantial overlap between battering and incest perpetration. Evidence of sexual abuse should therefore be treated with particular care in domestic violence cases. Subtler boundary violations can also be psychologically destructive, and can create a context for future sexual abuse or be signs of current undisclosed sexual abuse.<sup>39</sup> Questions to explore include: Does

the batterer respect his children's right to privacy, and maintain proper privacy himself? Does he expose the children to pornography? Does he pressure the children for unwanted physical affection or engage them in inappropriate sexual conversation? Does he make inappropriate comments about the children's bodies or physical development? Are there indications of secret-keeping?

*Level of psychological cruelty to the mother or the children.* Our clinical experience indicates that a batterer's history of mental cruelty towards the mother or the children is an important indicator of how his conscience operates, and in turn of how safe children will be in his care. We also observe that the most psychologically abusive batterers may be especially determined to gain revenge against the mother, using the children as weapons if necessary. Research indicates that the degree of emotional abuse in the home is an important determinant of the severity of difficulties developed by children exposed to domestic violence.<sup>40</sup> A history of cruelty is overlooked in many evaluations, despite the fact that a majority of battered women report that the batterer's psychological abuse is even more destructive than his physical violence.<sup>41</sup> Questions to explore include: What have been his most emotionally hurtful acts towards the mother? What behaviors of his have caused the greatest distress to the children? Has he ever deliberately harmed the children emotionally?

*Level of coercive or manipulative control exercised during the relationship.* We find that the more severely controlling our clients are towards their partners the more likely they are to draw the children in as weapons of the abuse, and the more likely they are to be authoritarian fathers. Additionally, a dictatorial level of control over children has been associated with increased risk of both physical abuse<sup>42</sup> and sexual abuse.<sup>43</sup> Relevant questions include: Has he interfered with her social or professional contacts? Is he economically coercive? Does he dictate major decisions, showing contempt or disregard for her opinions? Does he monitor her movements? Is he dictatorial or minutely controlling towards the children?

Manipulation as a form of control can be examined through such questions as: Does he play the role of victim in the relationship? Does he abruptly switch to kind and loving behavior when he wishes to achieve certain goals? Has he sown divisions within the fam-

ily? Is there evidence that he is frequently dishonest? Is he described by his partner, children, or other witnesses as "crazy-making"?

In cases where the batterer has a severe or chronic problem with lying, children's safety can be compromised by his ability to cover up the realities of his parenting behavior. Such a batterer may also lie directly to the children about their mothers, which can create confusion for them or foster tensions in their relationships with their mothers. Evaluators should thus always examine evidence of a batterer's credibility.

*Level of entitlement and self-centeredness.* "Entitlement" refers to a batterer's perception of himself as deserving of special rights and privileges within the family.<sup>44</sup> It can be manifested through a selfish focus on his own needs, the enforcement of double standards, a view of family members as personal possessions, or self-centered grandiosity regarding his qualities as a partner or as a parent that contrasts with evidence of his abusiveness.

Self-centeredness has been shown to increase the chance of violent reoffending in batterers.<sup>45</sup> Furthermore, our clinical experience is that the batterer who is particularly high in entitlement tends to chronically exercise poor parenting judgment and to expect children to take care of his needs. These observations are also consistent with indications that propensity to perpetrate incest is linked to self-centeredness,<sup>46</sup> a view of the children as owned objects,<sup>47</sup> and attitudes of paternal entitlement.<sup>48</sup>

Relevant questions in this area include: Is the batterer frequently and unreasonably demanding, becoming enraged or retaliatory when he is not catered to? Does he define the victim's attempts to defend herself as abuse of him? Does he have double standards regarding his conduct and that of other family members? Does he appear to view the children as owned objects?

*History of using the children as weapons, and of undermining the mother's parenting.* We have observed that batterers who have histories of chronically using children as weapons against their mother, or of deliberately undermining her parenting, usually continue or intensify those behaviors after the relationship breaks up; post-separation improvement in this regard is rare. Change is more common in the other direction, unfortunately, where some batterers who did not use the children as weapons while the couple was together may begin to do so post-separation in

response to losing other avenues to control or harass the mother.

Questions to pursue include: Has the batterer mistreated the children out of anger at the mother? Has he taught them negative beliefs about her? Has he ever prevented her from caring for a child? Has he ever threatened to harm, kidnap, or take custody of the children? Has he used the children to frighten her, such as by driving recklessly with them in the car? Has he threatened to quit his job in order to avoid paying child support? Does he involve the children in activities that he knows the mother does not permit, or undermine her authority in other ways?

*History of placing children at physical or emotional risk while abusing their mother.* We find that a batterer's behaviors that have the effect of harming or endangering children during partner abuse, even if the children were not intended targets, can demonstrate that his determination to abuse the mother sometimes overrides his use of safe parenting judgment. This type of reckless insistence on gaining retribution against the mother increases post-separation in some cases, with attendant augmented risk to children. Batterers who are violent in the presence of children have also been found to be more physically dangerous.<sup>49</sup>

Relevant questions include: Has the batterer been violent or mentally cruel during any of the mother's pregnancies? Has he been violent in the presence of the children, assaulted her while a child was in her arms, or pushed a child out of his way to get at her? Has he ever thrown objects in a way that has risked hitting the children? Has he verbally abused or humiliated the mother in the children's presence? Has he neglected the children when angry at her?

*History of neglectful or severely underinvolved parenting.* A batterer's history of lack of proper attention to his children's needs is particularly relevant in the post-separation context. In our clinical experience and current research, we observe that a batterer who has shown little interest in his children may do poorly at protecting their health and safety during parenting time, and may fail to meet even their basic emotional needs. In addition, studies indicate that fathers' very low involvement in parenting during their children's early years increases the statistical risk of perpetrating incest.<sup>50</sup>

Relevant questions include: Does the batterer have a history of disappearing for hours, days or weeks at a

time? Has he ever refused to attend to children's medical needs? Has his lack of attentiveness ever put the children in danger? Has he shown an abrupt interest in the children, perhaps including seeking custody, in response to the dissolution of the parental relationship?

The batterer's own knowledge and compassion regarding children should be tested with such questions as: Can you tell me the names of your children's current and past teachers? Could you describe each child's infancy? What are each child's particular interests, likes, and dislikes? What struggles is each child currently encountering? What kind of involvement do you maintain with any children you have from past relationships?

*Refusal to accept the end of the relationship, or to accept the mother's decision to begin a new relationship.* A batterer's refusal to accept his partner's decision to leave him, which often is accompanied by severe jealousy and possessiveness, has been linked to increased dangerousness in batterers,<sup>51</sup> including danger of homicide,<sup>52</sup> putting children at increased risk. We have observed clinically that those batterers who have high levels of these tendencies often also show increased use of children as tools of abuse or control post-separation. They may perceive the children as owned objects and therefore become intimidating if they learn that there is a new man in their children's lives. Finally, even those batterers who welcome the end of a relationship should be evaluated for their level of desire to punish the mother for perceived transgressions from the past, or to establish paternal dominion over the children.

Relevant questions include: Is the batterer depressed or panicked about the break-up, or insisting that the relationship is not over? Is he stalking her? Did he abruptly demand custody or expanded parenting time upon learning that the mother had decided definitively not to go back to him, or when she began a new romantic involvement? Has he ever threatened or assaulted a new partner of hers, or warned her not to let any man other than him be around the children? Has he attempted to frighten the children about the mother's new partner, or to induce guilt in them for developing an attachment to him?

*Level of risk to abduct the children.* The elevated risk of abduction by a batterer, particularly in cases where he has made related threats, is described earlier. Even in the absence of threats, evaluators should investigate indications such as abrupt passport renewals or efforts

to get the children's passports away from the mother, surprise appearances at the children's schools, job-seeking in other states or countries, or unexplained travel plans.

*Substance abuse history.* Batterers who abuse substances are at increased risk to physically abuse children,<sup>53</sup> to reoffend violently against the mother,<sup>54</sup> and to commit homicide.<sup>55</sup> Substance abuse has also been linked to increased risk to perpetrate sexual abuse.<sup>56</sup> Even in cases where the batterer states that he has overcome substance abuse, evaluators need to carefully examine the length and depth of the batterer's recovery, including his level of insight regarding the addiction, and should make sure that proper ongoing treatment and self-help are in place. Additionally, any tendency on the batterer's part to blame his violence on the addiction should be treated as a sign of risk for the future even if he is in recovery.

*Mental health history.* Although mental illness is found in only a minority of batterers,<sup>57</sup> even among those who kill,<sup>58</sup> such problems when present can increase a batterer's dangerousness<sup>59</sup> and resistance to change.<sup>60</sup> Certain diagnoses, such as anti-social personality disorder, obsessive/compulsive disorder, major depression, and borderline personality disorder have been important contributors to danger in some of our cases. A mentally ill batterer needs proper separate interventions for his abusiveness and for his psychological difficulties.

The absence of mental illness or personality disorder, however, reveals little about a batterer's likelihood to be a safe or responsible parent. Psychological tests and evaluations do not predict parenting capacity well even in the absence of domestic violence.<sup>61</sup> Furthermore, mental health testing cannot distinguish a batterer from a non-batterer,<sup>62</sup> assess dangerousness in batterers,<sup>63</sup> or measure propensity to perpetrate incest.<sup>64</sup> Psychological evaluation with batterers is therefore useful only for ruling out psychiatric concerns.

In collecting and evaluating evidence regarding these indicators of risk, it is important to pay particularly close attention to the knowledge and perceptions of the battered mother; I find that failure to do so is one of the most common weaknesses in risk assessments in domestic violence cases, particularly in custody and parenting time evaluations. Additionally, care must be taken to avoid making assumptions about level of risk to children based on the economic

class, race, or level of education of the batterer. I repeatedly encounter cases where courts and child protective services have underestimated the physical, sexual, or psychological danger to children from batterers who are well-educated and professionally successful. I also observe cases where risk from minority batterers has been exaggerated, particularly if they are also low-income.

The complexity involved in assessing the range of relevant issues does not lend itself to a formulaic approach to categorizing level of risk to children from batterers. Thus, each batterer's parenting should be conceptualized as falling on a continuum, and multiple sources of information should be used to evaluate where on that continuum he appears to fall. It can be helpful to think of three separate dimensions of risk, as a batterer may be found to have one level of physical danger to his children, another level of sexual danger, and yet another of psychological danger.

The physical and emotional safety of both mothers and children needs to be paramount in plans for custody and parenting time, along with the need to create a healing context that can support children's resilience (as discussed earlier). Where children's experiences during parenting time cause harm to the strength and security of their relationships with their mothers or with each other, or cause setbacks to their emotional healing from the trauma of exposure to domestic violence, the costs of supporting their relationships with their battering father can outweigh the benefits.

### Assessing Change in Batterers

Batterers' claims to have overcome problems with abusiveness cannot be assessed without a clear understanding of the nature of the battering problem. Domestic violence perpetration has its roots in a definable set of attitudes, beliefs, and behavioral patterns. These characteristics include among others the man's belief in his right to use violence against a partner to impose his will,<sup>65</sup> his sense of entitlement within the family,<sup>66</sup> his patterns of controlling and manipulative behaviors,<sup>67</sup> disrespect for his partner and lack of empathy for her feelings,<sup>68</sup> and his externalizing of responsibility for his actions.<sup>69</sup> Assessment of change in a batterer should draw on multiple sources of information (not just the batterer's self-report), and include attention to the following issues at a minimum:

*Has he made full disclosure of his history of physical and psychological abuse?* A batterer must overcome de-

nial and minimization in order to confront his abusive behavior meaningfully.<sup>70</sup> It is common for abusers to claim to have changed while simultaneously denying most of the history of violence, and a skeptical view should be taken of such assertions.

*Has he recognized that abusive behavior is unacceptable?* We find that some batterers who claim to have changed continue to justify their past violent or abusive behavior, usually through blaming the victim, thereby leaving an opening for using such justifications for future abuse. One indication of an abuser who may be making serious progress is his unqualified statements that his behavior was wrong.

*Has he recognized that abusive behavior is a choice?* Some batterers may acknowledge that abuse is wrong but make the excuse that they lost control, were intoxicated, or were in emotional distress. Acceptance of full responsibility is indispensable for change,<sup>71</sup> and needs to include recognition that abuse is intentional and instrumental.<sup>72</sup>

*Does he show empathy for the effects of his actions on his partner and children?* As evidence of change, a batterer should be able to identify in detail the destructive impact his abuse has had<sup>73</sup> and demonstrate that he feels empathy for his victims,<sup>74</sup> without shifting attention back to his own emotional injuries, grievances, or excuses.

*Can he identify what his pattern of controlling behaviors and entitled attitudes has been?* In order to change, a batterer has to see that his violence grows out of a surrounding context of abusive behaviors and attitudes,<sup>75</sup> and be able to name the specific forms of abuse he has relied on<sup>76</sup> and the entitled beliefs that have driven those behaviors.

*Has he replaced abuse with respectful behaviors and attitudes?* A changing batterer responds respectfully to his ex-partner's grievances, meets his responsibilities, and stops focusing exclusively on his own needs. He develops non-abusive attitudes, including accepting his ex-partner's right to be angry<sup>77</sup> and reevaluating his distortedly negative view of her as a person. Attitudinal changes are important predictors of behavioral improvement in batterers.<sup>78</sup>

*Is he willing to make amends in a meaningful way?* I have observed that batterers who are making genuine change develop a sense of long-term indebtedness towards their victims. This sense includes feeling

responsible to lay their own grievances aside because of the extent of injury that the abuse has caused.

*Does he accept the consequences of his actions?* My clients who have made substantial progress come to recognize that abusive behavior rightly carries consequences with it, which may include the woman's decision to end the relationship or the placement of restrictions on the abuser's access to his children. On the other hand, continued anger or externalizing of responsibility regarding such consequences tends to portend a return to abusive behavior.

## Summary

Children exposed to battering behavior can benefit tremendously when professionals have knowledge of the range of risks that batterers present to children, and when a systematic risk assessment tool is applied by family courts. It is my hope that the model presented here can serve as a launching point for the development of increasingly sophisticated approaches to promoting healing and protection for children exposed to men who batter. ©

## About the Author

Lundy Bancroft has twenty years of experience specializing in interventions for abusive men and the children that are exposed to them. He has presented to over 300 audiences across the US and Canada, and appears frequently as a trainer for judges, probation officers, attorneys, and other professionals in the legal system. Lundy was featured in the PBS documentary "Breaking the Silence." He has worked as counselor and clinical supervisor on 2000 domestic violence cases. He is the author of two books in the field, including *Why Does He Do That?*, *When Dad Hurts Mom*, and co-author with Jay Silverman of the national prize-winner *The Batterer as Parent*.

## Endnotes

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