

Guide for Engaging & Supporting Parents Affected by Domestic Violence

Enhancing Parenting Capacity & Strengthening Parent-Child Bonds

**Written by Susan Blumenfeld, MSW, LCSW
National Center on Domestic Violence, Trauma & Mental Health**

Acknowledgements

The inspiration for this guide came from talking with many domestic violence advocates across the country who freely shared their experiences of supporting parents affected by domestic violence.

The guide reflects our tremendous regard for the heartfelt investment, perseverance, and grace with which frontline staff forge meaningful connections to support families affected by domestic violence, and this is dedicated to you. We hope that this guide provides practical strategies to deepen engagement, ways to hold sensitive conversations with parents in the context of our relationships, and space to reflect on our work.

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About the National Center on Domestic Violence, Trauma & Mental Health

The National Center on Domestic Violence, Trauma & Mental Health was established in 2005 with funding from the Family Violence Prevention and Services Program, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. Our mission is to develop and promote accessible, culturally relevant, and trauma-informed responses to domestic violence and other lifetime trauma so that survivors and their children can access the resources that are essential to their safety and well-being. Our work is survivor defined and rooted in principles of social justice.

We provide training and support to advocates, mental health and substance abuse providers, legal professionals, policymakers, and government officials as they work to improve the ways that services and systems respond to the complex needs of survivors and their children.

For more information and resources, visit our website:
www.nationalcenterdvtraumamh.org

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This guide is designed for staff in domestic violence programs and provides practical guidance for supporting parents affected by domestic violence in their parenting.

We offer core principles and strategies for supportive engagement with parents and ways to enhance parenting capacities, while working through issues and concerns. All of these strategies are designed to strengthen the relationships we have with parents. In turn, these strategies may also be useful for parents as they respond to their children's needs and help support healing and resilience for their children and themselves.

We also include suggestions about how to work with strong feelings and reactions that might arise for parents and children and ourselves that could be barriers to addressing concerns.

**by Susan Blumenfeld, MSW, LCSW, Child Trauma Training Director,
National Center on Domestic Violence, Trauma & Mental Health**

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Parents' and children's well-being and resilience are interwoven with each other and with our families, cultures, and communities.

As parents and caregivers, we bring gifts, resources, and vulnerabilities from our own past and current experiences. Parenting can be deeply satisfying and challenging at the same time, especially when we are experiencing stress in our lives.

Parenting in the context of domestic violence varies for each family, but we know from many first hand accounts that abusive partners often undermine survivors' parenting role through harsh criticism, put downs, and blocking their partners from carrying out nurturing and protective responses (e.g., stopping them from comforting a crying toddler) or other aspects of their role as parents.¹

This undermining and abuse can leave survivors feeling inadequate, uncertain about their capacity to parent, and guilty about not being able to protect their children from exposure to violence in their homes.

At the same time, we know that parents experiencing violence often find ways to protect their children and themselves from graver harm or abuse. For example, a survivor may agree or comply with demands, "take the blame," or discipline their children harshly to try to avoid further or more severe violence from the abusive partner.² Our ability to hold this complexity is intrinsic to supporting parents and children affected by domestic

¹ Bancroft, L. & Silverman, J. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks CA: Sage Publications, Inc.

² Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Children's Protective Services*. Family Violence Prevention Fund.

violence. The cumulative effects of domestic violence can erode a survivor's sense of confidence, energy, and capacities, and alter their view of themselves, which includes being a competent, effective parent.

Knowing this, we can offer our presence, compassion and sense of perspective in supporting parents to strengthen their relationships with their children in ways that are personally meaningful and helpful to them. The well-being of survivors is intertwined with that of their children and by strengthening their relationships, both will benefit and thrive.

New and experienced advocates working in domestic violence service settings across the United States have asked us for practical guidance about how to open up dialogues with parents around sensitive topics related to their parenting. Most advocates have not had any formal on-the-job training in how to do this. Many of us have life experiences as survivors and as parents that can be a helpful bridge. Whatever our life experiences may be, we might find ourselves feeling a bit unprepared for the situations we face with parents and their children.

Within these pages, you will find a relationship-based, family-centered, strengths-oriented, and trauma-informed approach to engaging and supporting parents. This guide is not meant to be prescriptive; instead, it offers ideas and suggested language for working with parents. Our hope is that you might use or adapt what resonates with you and best fits your daily work with families. We have also included many opportunities to pause and reflect on your work.

You will find guiding questions in blue boxes throughout the guide.

We can begin by asking ourselves:

How can we help support parents and children to strengthen their bonds with each other?

We may also wonder:

How can we help families repair relationship difficulties that have emerged as both parent and child have been affected by their experiences of domestic violence?



We know that a consistently loving, nurturing relationship with a parent or other caregiving person who is involved in a child's life over time is the single greatest resource for a child's healthy development and recovery from exposure to family violence and other trauma.³

In thinking about how we can best support parents and strengthen the bonds between parents and their children, we start with a framework for engaging and supporting parents and families affected by domestic violence that is built on four core elements.

These four elements form the basis of our approach to this work:

1. Relationship-Based
2. Family-Centered
3. Strengths-Oriented
4. Trauma-Informed

³ Lieberman, A. & Van Horn, P. (2005). *Don't hit my mommy!: A manual for child-parent psychotherapy with young witnesses of family violence*. Washington, D.C.: Zero to Three Press; Marans, S. & Adelman, A. (1997). Experiencing violence in a developmental context. In Osofsky, J. (Ed.) *Children in a violent society*. New York: Guilford Press; Masten, A. (March 2001). Ordinary Magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.

Let's talk briefly about what we mean when we use these terms.

1. Relationship-Based: The relationships we form are at the heart of our work.

“How you are...is as important as what you do.”⁴

As advocates, we are often focused on providing referrals for permanent housing, child care, employment, and other resources, such as mental health care or community-based activities. We are skilled at helping families navigate through complex systems, such as the legal system, and our efforts are geared towards helping survivors and their children regain safety and stability in their lives. In the midst of this press to get resources, meet deadlines, respond to crises, and make progress towards mutually established goals, this first core element reminds us to “pause” and be aware of the importance of the relationship and being emotionally present.

Think about your own style of advocacy.

Ask yourself:

How task-focused am I?

How aware am I of the relational aspect of my role?

You may find that in focusing on the relationship, listening attentively, and being attuned to what's front and center for this parent, at this moment, you will progress with greater ease than if your approach is primarily task-oriented.

2. Family-Centered: Our mindset and actions embrace the whole family, as defined by each person for themselves.

Ann Brickson, formerly with End Domestic Abuse Wisconsin, invites advocates to examine their daily tasks and responsibilities, and to ask themselves:

“How can I use this task to better support the parent-child relationship?”⁵

⁴ Pawl, J. & St. John, M. (1998).

⁵ Brickson, A., End Domestic Abuse Wisconsin (<http://www.endabusewi.org>).

When we shift to a family-centered approach, we bring the parent-child relationship into focus in our daily practice. For example, instead of being solely focused on obtaining a permanent order of protection for the adult survivor, we can ask how obtaining the order may affect her children and whether she would like our help in figuring out how to talk to her children about what is happening.

This element assumes that all advocates, whether your role is defined as adult survivor-centered or child- and youth-focused, are able to think about and support parent-child relationships and help foster the family's resilience.

Take a moment to think about some of your routine tasks such as taking crisis calls, preparing a survivor for court, or helping her transition to permanent housing.

Engage in a discussion with colleagues about how you could make these tasks more family focused.

What further tools, training, or information would be helpful to you and your program to make this happen?

3. Strengths-Oriented: We believe in our potential as human beings to change and grow within the context of supportive relationships and communities. We are able to see the strengths and resilience in each of us, including our ways of coping and surviving.

This element invites us to take a closer look at the parent's own experiences, strengths, resources (both internal and external), and their capacity for adaptive coping, creativity, and perseverance in the face of past and ongoing struggles and trauma.

For those of us who are parents, we know that when we are overwhelmed emotionally or physically exhausted we are not at our best in how we relate to our children. As Siegel and Hartzell say, "we take the emotional low road" and are more prone to react.⁶ With a strengths-oriented perspective, we maintain the belief that adult survivors of DV hold positive intentionality for the well-being of their children, even if they experience struggles or shortcomings in carrying out their parenting role in the present moment. Of course, this does not mean that we ignore concerns and fail to address difficulties within the parent-child relationship.

⁶ Siegel, D. & Hartzell, M. (2004). *Parenting from the Inside Out*. Penguin: New York.

Using a strengths-oriented approach helps us find a place to begin in our relationship with a parent. We can recognize, honor, and promote what's already working well within the parent-child relationship.

For any of us, it's easier to come to a new understanding about ourselves and to add to our repertoire as parents, or as advocates, when we can build on what we already know and do well.

Take a moment to bring to mind several of the parents and families you are currently working with.

- Do I routinely observe parenting strengths?
- What do I identify as positive, or think is working well, in the parent-child relationships I see?
- Am I able to share my observations directly with parents? How often?
- When I do share my observations about strengths with parents, what effect does this have on them?

4. Trauma-Informed: We understand how traumatic experiences affect us and what might be helpful in supporting our natural resilience and healing.

We understand trauma-informed to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma as well as a commitment to developing the knowledge and skills necessary to minimize retraumatization, support healing and resiliency, and address the root causes of violence.⁷

When our work with parents and children is trauma-informed, we recognize that experiencing domestic violence may have traumatic effects on the adult survivor, the child, and their relationship. Experiencing domestic violence can also pose risks for children's ongoing, healthy development, especially when these experiences are not moderated by protective factors, such as a strong attachment relationship with the non-abusive parent. In being trauma-informed, we are able to provide information about the potentially traumatic effects of domestic violence on how children are faring at home and in child care or school, with peers, and with other family

⁷ The term trauma-informed was first introduced by Harris and Fallot (2001). This definition of the term was developed by NCDVTMH (2013).

members. We can provide parents with developmentally sensitive information about how to understand their child's behavior (e.g., difficulty concentrating in school, feeling anxious or depressed, getting into fights, having trouble sleeping at nap time or at bedtime) in the context of those experiences.

Being trauma-informed as an advocate means knowing how to support parents to:

- Work with their own and their children's trauma reminders
- Regulate their own and their children's strong emotions and stress responses
- Build or rebuild stronger bonds with their children to foster their children's resilience and healing within a nurturing and responsive parent-child relationship.

Being trauma-informed also involves our awareness about the potential impact of our work on ourselves. When we have experienced domestic violence as children or are adult survivors of childhood trauma, we may experience both empathy and challenges in working with families.

We may find that we have strong responses, including trauma reminders, particularly when we see how domestic violence and abuse affects the safety and well-being of children. Given the nature of our work, all of us need organizational supports, such as consistent supervision or consultation, to attend to ourselves while helping others.

If you're interested in learning more about building trauma-informed parent-child practices within your program and organization, these resources may be of interest:

Building Trauma-Informed Services for Children, Youth, and Parents Impacted by Domestic Violence, 10-part webinar series

www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2014-10-part-series-building-trauma-informed-services-for-children-youth-and-parents-impacted-by-domestic-violence

Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do

www.nationalcenterdvtraumamh.org

Supporting Children, Parents & Caregivers Impacted by DV Collection

www.nationalcenterdvtraumamh.org/trainingta/supporting-children-parents-caregivers-impacted-by-dv

Promising Futures: Best Practices for Serving Children, Youth and Parents Experiencing Domestic Violence

<http://promising.futureswithoutviolence.org>

National Child Traumatic Stress Network: Resources on children exposed to DV, including fact sheets for parents

www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf



In this section, we offer guiding principles for strengthening engagement with parents and creating opportunities for opening up dialogues on sensitive or difficult topics.

Before you read on, it is important to reaffirm the belief that each individual is unique, as is the relationship we form with each parent, child, or family that we encounter through our program. No single strategy or practice will be helpful for everyone.

We have identified a central, guiding principle related to our work with parents and a parallel or companion principle that relates to understanding, holding, and processing our own reactions and responses to the work so that we can be most effective and supportive.

Guiding Principle:

“Start with Where the Parent is At”

Companion Principle:

“Start with Where We, Ourselves, are At”

The guiding principle comes from the field of social work and aligns well with what advocates do! In forming collaborative relationships, we listen and make sure that the parent has the ability to express her immediate needs and concerns and is supported in defining goals for herself and her children when she’s ready.

This seems simple on the surface...but it's not always that easy, especially when there are setbacks, crises, or when we have an urgent concern related to a child or the parent-child relationship, but the parent is not bringing it to us.

The parallel or companion principle reminds us to “pause” and be aware of our own feelings and responses when we’re relating to parents. This pause can put on a brake when we find ourselves feeling judgmental, frustrated, or overwhelmed. We can remind ourselves that we can’t fix everything in the moment, and that we’ll hopefully have other opportunities to be supportive and make a difference as time goes on. Sometimes, we plant a seed through our interactions and are unable to know how it will grow in the future. Of course, there may be situations in which we may have to intervene immediately if the parent can’t respond and a child is in imminent danger.

How do we start with where the parent is at?

In applying the guiding principle of starting with where the parent is at, we begin by being attuned to the parent in the present moment.

We can ask ourselves:

“What might be going on for the parent right now (thoughts, feelings, energy level)?”

We can listen for and elicit their concerns and needs at this time. We can pay attention to words, accompanying feeling, tone, body language, and behavior.

1. Be attuned to non-verbal cues.

When you ask:

“I was wondering how you’re doing today?”

You can also notice how the parent seems to be responding to your inquiry, what their body posture or facial expressions are like, and check that out with them.

You might also say:

“You seem a bit tired [or distressed or distracted] right now. Is that how you’re feeling?”

You can provide an opening for the parent to share how they’re feeling or what’s on their mind.

2. Ask open-ended questions.

Instead of posing questions that the parent might answer with a yes or no:

You might ask:

“Can you tell me more about that?”

“What was that like for you?”

“How is [your child] doing?”

“How does [your child] respond to you when that happens?”

“What have you tried so far?”

3. Follow the parent's lead.

Listen to what's on their mind and then summarize what they are telling you.⁸

You might say:

“From what you're saying, it sounds like you're concerned about [child's name]'s melt downs and that it's been frustrating and confusing. How has it been for you?”

By checking out your perception, you are not assuming or labeling feelings for the parent.

Ask yourself:

- How well established is your relationship with this parent and their family?
- How would you characterize the relationship (e.g., easy, warm, connected, “on and off again,” difficult to gauge, strained, distant, etc.)?
- If the parent is not using the services your program is offering, what might be stopping them?
- Are there barriers to accomplishing the goals the parent has set for themselves and their family?

How do we start with where we are at?

In our role as advocates, we believe in establishing collaborative relationships that are empathic and empowering. We may feel cautious or uncertain about how to best support survivors in their parenting.

⁸ Heffron, M.C. & Milburn, L. *Finding the Words, Finding the Ways* (retrieved from at <http://www.illinoiseitraining.org>).

Our caution often comes from a place of heartfelt, positive intention. We don't want to judge or say something that will be further damaging to a parent's sense of competence. We don't want what we say or do within our relationships to remind survivors of the blame and shame they may have experienced with an abusive partner or as a child, if they are also survivors of childhood abuse.⁹

In applying the companion principle of starting with where we are at, it can be helpful to reflect on the quality of your relationship and how the process of providing support, information, and resources has been going. It can be helpful to remind ourselves that relationships are dynamic and have the potential to shift and change over time.

It's harder for any of us to listen to and take in concerns voiced by someone, however well meaning they might be, when we don't know them well or we have not connected with them or we don't trust them yet.

It can also be useful to reflect on what feelings and thoughts come up for us in relation to this parent specifically, and their child or children, before trying to open up a dialogue around a sensitive topic.

As we contemplate opening up difficult topics and having dialogues with parents, it's important to have examined our own feelings first. This can help us figure out if there are "internal barriers" that make it more difficult to raise sensitive topics and to have a conversation. Sometimes, when we make a small shift internally, we can feel more empathy toward the parent, no matter what the situation. We are then in a better position to reconnect with the parent emotionally and reengage in the advocacy work. This includes honestly acknowledging and addressing difficult or sensitive topics.

The difference is that we are ready to approach the topic or begin the conversation with a non-blaming, open, and curious mindset.

⁹ Many survivors of domestic violence have experienced multiple types of trauma, abuse, or violence in their lives.

You might find these questions as a helpful way to begin:

- Are you experiencing strong feelings related to this parent or another member of the family? If so, give yourself a moment to explore where these feelings might be coming from (e.g., you feel angry, or impatient, or a sense of urgency to take action)?
- Do you find yourself harboring judgment or feeling disconnected or ineffective in your efforts to be helpful and supportive?
- As you interact with this parent, who in the family are you most identified with?
- Do you feel yourself more sympathetic towards the parent or one of the children or teens? If so, spend a minute thinking about what might be contributing to that identification. It's perfectly natural to have strong feelings and to be "pulled" in this way.

Regular supervision, consultation with our peers, and outside consultation provided to your agency from trusted, knowledgeable folks can all be important in helping us sort through our own responses so that we can build strong alliances with parents. Reflective supervision or consultation provides us with a safe space to process our responses and to get a perspective on our work.

Challenges in opening up dialogues

Challenges are inevitably part of doing this important and rewarding work. They may arise when we, as advocates, have a concern that is neither acknowledged nor expressed by the parent. Or they may come up at those times when the parent's actions or statements reflect beliefs or opinions that are different than our own beliefs or cultural expectations about parenting. We may also observe strains or difficulties in the parent-child relationship that the parent does not perceive or does not think have any impact on the child.

If the parent seems non-responsive to prior attempts to broach sensitive topics, it might be helpful to remember that the parent's response to our efforts may be affected by their past or ongoing traumatic experiences.

In applying a trauma-informed lens, we recognize that when we've been hurt in our intimate relationships, or by our parents or caregivers growing up, we may understandably try to protect ourselves from further harm by not trusting others. It can take a while to develop a trusting relationship, and as advocates, we can offer reassurance that we're not going to judge her or her decisions. We can also acknowledge their strengths and courage in surviving and seeking support. It can be helpful when we reframe "resistance" as the parent's way of protecting herself against harm and trying to keep herself and her children emotionally safe.

Sometimes adult survivors of DV and other trauma may initially share a great deal about their life story, especially if no one has truly listened and been present in that process before. However, after we have been there to bear witness to their stories, survivors may "retreat" and feel ashamed about what they shared or that they've shared too much and are too vulnerable. Or they may be experiencing trauma reminders in the present that make it difficult to concentrate and to relate to us. There are many possibilities, and it helps when we can be open to this understanding, and when we don't take their responses quite so personally.

Take a moment to reflect on your own thoughts and feelings about engaging parents around difficult topics or concerns.

If you find this helpful, take a minute to explore this further by writing out what situations or topics are particularly hard for you.

You can think about a parent and family whom you are currently working with, or one that you have worked with in the past.

You might also want to include a reflection about what might stop you from directly addressing the issue or intervening in the moment.



This section will focus on 6 strategies for deepening engagement with parents and supporting responsive parenting:¹⁰

1. Use empathic inquiry
2. Practice mindful awareness and self-regulation
3. “Be with” the parent: holding and containing strong feelings
4. Engage in collaborative exploration
5. Strengthen attunement and responsive parenting
6. Enhance capacity for reflective parenting

¹⁰ This section draws on materials initially developed by Linda Gilkerson, Erikson Institute, Fussy Baby Network, Chicago, IL, and the work of Mary Claire Heffron, Children’s Hospital, Oakland, CA..

Strategy 1: Use Empathic Inquiry

What do we mean by empathic inquiry? Empathic inquiry is a way of gently exploring where the parent is at in the moment. This is a strategy both for “following the parent’s lead” and for deepening conversation. You can ask directly about what the parent is experiencing when you sense from what she is saying or showing non-verbally (through her facial expressions or body language) that she may be feeling something intensely, or when she shows an absence of feeling around a topic that is important. The topic may evoke strong feelings of shame or blame and relate to how she sees herself as a parent.

Empathic inquiry helps us answer the question:

“What is the parent’s state of mind?”

In empathic inquiry, our tone conveys acceptance. The message we convey is, **“Where you are is okay to be.”**¹¹ Empathic inquiry helps to deepen our connection through an accepting stance that also allows us to support the parent in voicing and exploring her feelings and thoughts. Empathic inquiry, like active listening, is a

fluid process that can help us find a path in and out of discussing a sensitive topic. The pace is determined by the parent. We remain open, present, and accepting, and also mindful of our own responses.

Strategy 2: Practice Mindful Awareness and Self-Regulation

One of the most challenging aspects of our work can be figuring out how to support parents when they are experiencing intense feelings or are completely “shut down” and not grounded in the here and now. An example of this is when we see parents “losing it” with their children. We may feel an urge to take action and protect the child. We may identify with the parent, or we may feel so conflicted about interfering and undermining her parenting authority that we are unsure about what to say or do in the moment.

When these situations occur, they can stir strong feelings in us. At those times, we may be conveying a lot non-verbally through our own body language and the tone of our voice that parents pick up on, which can lead to disconnection in our relationship. We find

¹¹ Gilkerson, L. (2010). Erikson Institute, Fussy Baby Network.

ourselves feeling a lot of strong emotions or upset in response to what we've just observed. A helpful strategy is to check in with ourselves first, using mindful awareness, and then to find ways to self-soothe and re-regulate our own strong feelings.

When we can do so, then we can regain a sense of calm composure and maintain presence and engagement with the parent.

We can ask ourselves:

- What do I do to calm down, self-soothe, or re-regulate in these situations?
- Would any of these strategies be helpful for the parents we work with?

Using a trauma-informed lens, we know that our stress response system becomes sensitized through repeated exposure to trauma. Our bodies are on high alert, and it can take less to get us upset. We know that parenting is challenging for everyone at times, regardless of our exposure to trauma. When we have to adapt to and cope with ongoing levels of stress, *and* we are trying to protect our children too, it can deplete

our reserves of patience, tolerance, and good humor.

Advocates have found that when they are calm, they, in turn, are able to help parents and children return to a state of calm. Many parents benefit from learning and practicing ways of calming, self-soothing, and grounding (if they are not fully present in their bodies or minds). Advocates can teach both relaxation skills and grounding techniques to parents and also support them to use and practice these with their children. As we support parents to use mindful self-awareness and ways of reregulating, they can begin to help their children develop the capacity for self-soothing and grounding.

These practices can be fun, and can also be incorporated into family routines (see appendix *Resources for Grounding, Emotional Regulation & Relaxation*). This is an example of the **parallel process** between how we respond to parents and how parents respond to their children. It is like a ripple effect.

As advocates, when we are calm, we can help parents reregulate and return to a state of calm. Parents, in turn, can teach and support their children to regulate strong feelings or to be grounded in the present.

Strategy 3: “Be With” the Parent: Holding and Containing Strong Feelings

We often feel most competent when we are actively helping parents and families in concrete ways, and of course, when they are responsive to what we offer. But sometimes our most important tool is just **“being with” the parent**. This can mean offering a quiet presence, sitting with a parent, or listening without judgment or immediate expectations for following through on tasks. We don’t have to find the right words or offer advice or try to fix or resolve the issue, we just need to be emotionally present.

When parents are feeling emotionally flooded, upset, or angry, it is sometimes difficult for us to stay present. We may find ourselves wanting to make her feel better, or to change the subject to a less loaded one. But try to “stay the course!”

A helpful saying is:

“Don’t just DO something...SIT THERE!”

Although this may seem like a passive stance, it actually requires a great deal of self-awareness and skill. What you may have found is that when you “sit there” without

being goal-directed, you are offering something that can be transformative. When we are in the presence of someone who is “with us” in that way, we can feel accepted for who we are and understood.

Our interactions are fluid, and once parents have an opportunity to express themselves and truly feel listened to, their state of mind may shift, and you may use gentle humor or acknowledgement at times. Mostly, you are continuing to stay attuned in the moment to the parent’s needs and state of mind and to monitor your own state of mind and capacity to remain present during this interaction.

It’s always important to remind ourselves that we don’t have to be perfectly attuned to be present.

In “being with” the parent, you can support the parent to “hold and contain” feelings that seem overwhelming, frightening, or unbearable. Your presence and ability to stay present gives the message that these feelings can be safely expressed, held, and contained. These moments can increase connection, strengthen engagement, offer hope, and may become the basis for entering into dialogues around difficult and sensitive topics.

If you wish, take a moment to think about a time that you were able to “be with” a parent or child.

- What was that like for you?
- Were there aspects that were hard for you?
- How do you think your ability to “be with” impacted your advocacy relationship?

Imagine “being with” one of the parents you are working with currently.

- How would that be for you?
- Do you think you may struggle with “holding” the feelings?
- How do you think taking this approach might benefit your relationship?

Strategy 4: Engage In Collaborative Exploration

Having assessed where the parent is at, our own state of mind, and the state of our relationship, we may both be ready to engage in a conversation about a difficult topic. As advocates, our stance is one of joining the parent in mutual exploration. We are thinking together and trying to understand the child’s needs and the parent’s concerns. This is not “advice giving” but an opportunity to share perceptions, perspectives, and beliefs.

If we’re discussing a sensitive topic, then we continue to be curious, empathetic, and open to understanding the parent’s perspective. Hopefully this will lead to new insights on our part that can also be incorporated into what we share with the parent about our own observations and perspectives. We may not see eye to eye on the topic, and we may have differing views.

Take a moment.

Think about a situation with a parent and family you are working with now or have worked with in the past where you had very different ideas and found yourself at odds with the parent's beliefs and perceptions.

As an example, consider a situation where you and a parent held different views about corporal punishment and discipline.

- What came up for you?
- If you raised concerns, what did you observe in the parent's response?
- How did you leave the conversation?

When we hold different perspectives, it can be helpful to learn more about the parent's own childhood, and what their family was like when they were growing up. We can respectfully explore their family and cultural beliefs and practices about how best to raise children. For example, they may feel that it's not right for a child to express opinions that are different than her elders, and that children need to follow their parent's lead to show respect and obedience.

If there has been an intergenerational history of trauma, hardship, racial and ethnic discrimination, immigration and refugee experiences, or other adversities in their lives, these too may shape their beliefs and actions related to safety, protection, and how to best care for their children. Having a more inclusive view can help us enter into a deeper dialogue with parents. It gives us some insight about where we might get stymied or stuck as we continue to explore our different perspectives.

Our stance is conveyed through how we approach the conversation. When the parent expresses concerns about their child, the following questions may be helpful starters in promoting a dialogue:

- What do you think might have led up to this or be causing your child to behave like this?
- What have you tried?
- How has that worked?
- How often does this happen? Are there times in the day that are more difficult than others? Have you noticed a pattern (for example, after she gets home from school, or after a visit with his father over the weekend)?

**Here are some other points
to keep in mind when you are
introducing a subject that is
sensitive:**

**1) Be transparent about your own worries
or anxiety in talking about the subject.**

You might say:

"I've been a little worried about how to bring this topic up with you, but I know how much you want the best for your child [using the child's name]."

As an example, if you're with a parent whose child is almost 3 years old and does not talk, but uses gestures to get her needs met: *"I've been concerned about how Ellie isn't using words to communicate."*

Then you can begin by asking if the parent shares this concern. You can introduce more information about typical language development in children and explore the possibility of a referral to Early Intervention services (for children birth to age 3).

2) Elicit interest first, don't just tell.

You might say:

"I have some information about how children [your child's age] can react to seeing their parents fight at home [or other descriptors

based on what the parent has already shared related to domestic violence]. Would you be interested in looking at this tip sheet together? Some of it might fit for your child and some may not."

**3) Be tentative when sharing observations
or making suggestions.**

Here's an example of how this might come up: A parent talks about her child refusing to fall asleep at night, getting up and down repeatedly, and calling out for Mom to come in and settle the child down. You can begin by empathizing with the parent's frustration. You might also provide some information about difficulties that children exposed to family violence have in making that transition at night.

After you've explored what the parent typically does in this situation, what works and what doesn't, then you can offer suggestions:

You might say:

"I'm not sure if this would be helpful or not, but something other parents have told me works for their children is if you can establish a bedtime routine where you could read a story, say a prayer or poem, or use positive visualizations. Is that something you'd be interested in trying?"

4) Normalize and then explore.

When you have a concern about how a parent may be responding to their child, it can be helpful to first normalize the behavior and response and then explore. You can think about how the parent may be feeling herself in that moment, and you start from a place that makes it okay to have those feelings. By normalizing the parent's response, you offer the parent a space to explore without fear of judgment.

You might say:

"A lot of mothers have told me that when they see their child crying, swearing, hitting that they shut down, feel helpless, get so angry that they lose control themselves and they just want to go away or hide, or they think they would be better off with the abusive parent, etc. I wonder if you have ever felt this way? What helps you at those times?"

5) Join with parent in encouraging a new approach.

For example, you learn that a parent is frustrated about her toddler, who fusses at bedtime and seems to have trouble falling asleep. After some discussion, you learn that she props up the bottle in her crib and leaves the room.

You might say:

"I wonder how it might be if you held her in your arms while she took the bottle at night?"

Another example might be a parent's frustration and embarrassment with her child who has "melt downs" in the grocery store and other public places. After validating her feelings,

You might say:

"I wonder if you might be interested in trying something different and seeing if this helps. You could take a deep breath, and then kneel down to her level, put an arm around her if that's comforting, and talk in a quiet, soothing tone, helping her take a few breaths."

6) Tactfully introduce another perspective.

Sometimes the best we can do is to acknowledge the parent's positive intentions for their child, reflect back and honor their beliefs, and ask permission to revisit the topic in the future.

You might say:

"I hear what you're saying about him being a bad kid just like his father, but do you think that he may be acting this way because he's feeling scared or worried about you getting back together with his Dad and you getting hurt again?"

Although entering into a conversation may sound pre-planned from the description above, we can look for spontaneous ways to engage around topics and concerns that come up in the present moment. When the parent expresses a concern or you observe something about the way the parent and child are interacting with each other that you are concerned about, those can be the best times to talk.

Strategy 5: Strengthen Attunement and Responsive Parenting

By giving specific feedback, you can help to encourage and reinforce positive parent-child interactions. For example, you may notice how a parent is able to comfort and soothe her toddler who has fallen and scraped his hand. You can use that as an opportunity to talk about their relationship, her attunement to his needs, and point out how effective she was in helping her child feel better when he was upset. You can build on these small moments of connection to address situations that are more challenging for the parent, such as when her child has a tantrum or hits her, and she may find herself feeling upset and overwhelmed.

With some parents, we see their strengths and competencies quite clearly. This may be consistently evident in how they respond to their children's needs and in how they offer nurturance, routines, and limits. They might still appreciate some positive reflection from us, as we convey a different message than their abusive partner (who, for example, may have frequently criticized their parenting as part of a pattern of coercive control and abuse).

In the process of getting free of the abuse, parents may also welcome some support in reestablishing or building their parental authority with their children. With older children, the family patterns may be more entrenched and it can be more difficult to assert and regain their rightful position within the family.

In some situations, parents may not have a good "internal map" for how to build close and nurturing bonds with their children. They may find themselves repeating what they learned from their parents in ways that are not optimal for their children's growth and development, especially after exposure to domestic violence.

In the midst of helping parents to enhance their responsiveness to their children's needs,

it's always important to dialogue about how their beliefs about raising children and parenting guide their actions. Otherwise, we may be providing suggestions that don't fit or feel right.

1) Begin with what the parent does well.

No matter the challenges we may observe in parents' capacity to tune into their children's needs and to respond sensitively, it is helpful to begin from a place of strength as we engage with parents. By showing warm attention and standing with the parent, we give the message of, *"You can do it."*

2) Highlight the parent's positive efforts.

We notice what is going well and can reflect on positive changes in their parenting to support a growing sense of competence and confidence in their role. We take pleasure in their accomplishments. Within this atmosphere of support and confidence, parents may spontaneously ask us for information about their child's development and the effects of experiencing domestic violence.

This may be the time when parents are receptive to trying something new or incorporating a different way of relating to their children. It makes sense to them and gets integrated in their own way!

3) Resist the urge to "do for" the parent.

As advocates, we sometimes need to check our own impulses to act and do things for parents, so that we can avoid taking over their role.

Think about the following scenario:

An 18-month-old toddler is seated in a high chair and begins banging on the table, crying for water. The toddler's mother is ignoring her cries as she tries to make lunch for herself and her three children in the common eating area. The toddler escalates her crying, and her mother shushes her, then gets increasingly agitated when she doesn't stop.

The mother then turns the high chair around, facing away from her, and says, "No water," in a harsh voice. "You need to wait until I have your lunch ready. You are so spoiled." The family advocate has also learned that this woman has an upcoming job interview scheduled for this afternoon.

- What would be your first instinct as the family's advocate in this situation?
- How would you intervene?
- What do you think the consequences of that intervention might be?

Discussion points about the scenario:

The dilemma presented in this scenario is that we are trying to hold both the toddler's needs in the moment (she's thirsty and may want some attention from her mother) and the mother's needs (she's got limited time to get lunch prepared before leaving for a job interview). If we intervene directly with the toddler, then we run the risk of undermining the parent's authority. One alternative is to ask permission or be invited to help or intervene in some way that is supportive to the parent.

You might say:

"I see how hassled you are right now by her crying, and how much you have on your mind. It's hard to get lunch ready in a short time and give your child attention. How would you feel about my getting her a cup of water and we can see if that settles things down for now?"

Later on, when the parent is less pressured, we might revisit this issue and share some of what we know about the developmental needs and capacities of toddlers and how they pick up on their parent's emotional state of mind (in this case, the parent's stress about her job interview).

Strategy 6: Enhance Capacity for Reflective Parenting

When parents are reflective, they can step back and reflect on the needs of their children. They recognize that their children are separate from themselves, with their own needs, thoughts, and wishes, which may be different than the parent's own needs in any given moment. Parents recognize that their children have their own state of mind and they can hold that understanding in their own minds.

When doing this, parents can better support children to regulate their own strong feelings and responses through the parent's own calming and reassuring presence. This is especially important for children who have experienced domestic violence in the home. They have felt scared and alone, without a parent to turn to in the midst of frightening experiences (for example, because the victimized parent is under siege and may be unable to comfort and help regulate her child in the moment).

When parents build their capacity for reflective parenting, it allows their children to feel known, understood, appreciated, and "held" in their parent's mind.

Here are some ways to enhance reflective parenting:

1) Maintain a thread of conversation from the most recent or past contacts.

Parents' reflective capacity can be enhanced by sensitively timed questions that encourage parents to reflect on their child's behavior (week-to-week, and over time) and to expand their observational skills about their children.

When you've previously discussed a concern that a parent has voiced about their child:

You might ask:

"How did it go this week with getting him/her ready for bed?" "Were you able to establish the routine we talked about?" or "If she/he had a 'melt down' this week, were you able to remain as calm as you hoped to be?"

When you and the parent are together with the child, you can ask about preferences that the child might have in toys, foods, etc., and ask the parent how she can tell that the child prefers this or that. This helps to enhance the parent's observational skills about their child or children. It allows them to see in an organic way their child's wishes, needs, and preferences as unique. They can also see themselves as capable of discerning these needs and responding with sensitivity and attunement.

2) Frame open-ended questions.

We briefly discussed the value of asking open-ended questions that can't be answered with yes or no. See the text box below for some additional questions that may lead to enhanced reflective capacity.

Here are some examples of how to frame open-ended questions, when you're working with a parent.

These questions can facilitate exploring and reflecting on a child's behavior and help the parent build their observational skills with their child.

- How does he usually...
- What do you think it felt like for...
- How does she let you know...
- Help me understand...
- Tell me more about...
- When has he been like this before...
- What do you think she is telling us...
- What seems to work best...
- Describe some of the times when you and she seem to be really in tune with each other? What helped make that happen?
- When he starts to "lose it," what is it like for you? What do you do? How does he respond?

3) Encourage positive interactions by sharing observations and feedback.

You can also build on positive interactions by observing them with the parent. This positive mirroring helps to reinforce the parent's behavior.

You might say:

"I notice that when you read to your child, he snuggles into you and seems to enjoy the close contact and is so engaged in what you're sharing together."

Or you could say:

"I see she calmed down so quickly once you picked her up and held her in your arms for a minute."

4) You can also support the parent to attune to a child's needs in the moment.

As an example, a young child approaches his mother after a big kid at the childcare center accidentally knocked over the play house that the child was enjoying.

The child approaches his parent and sidles up close to her, seeming to want some comfort or support, but the mother doesn't seem to notice and just sits there.

You might say:

"I am wondering if your child might feel better if you could hold him right now? He seems a little sad and got upset with what happened while he was playing. I think he might feel safer in your lap for a while. Then he might be ready to return to playing again."

When we have grown up without caregiving adults and others who have been consistently invested in our well-being over time, we may have a harder time as parents knowing how to respond to our children in this way. When we work with parents who struggle with becoming more reflective, it's helpful to use the third strategy of engagement: "being with" the parent. We can support parents' reflective capacity through our relationships with them.

Over time, in the context of a safe and trustworthy relationship, we can help parents feel known and appreciated, understood, and "held" in our minds. This can become another way of building reflective parenting capacity.

A Note for Advocates: Understanding Our Own Responses

As advocates, we hope to help parents build reflective capacity and understand their child's state of mind and needs, especially when they differ from the parent's own wishes, state of mind, and needs in that moment. When we become aware that a child's needs are being unmet and the parent is seemingly unaware, this can evoke strong feelings in us. We may need to take a step back ourselves and use mindful self-awareness to understand our own responses to the situation before taking action.

When we have the opportunity to separate out our own feelings, we may find that we are identifying with the child or feeling judgmental towards the parent, or feeling defeated or helpless in our efforts to make a difference with this parent and family.

Once we re-regulate, we are available to be present for the parent again. (See Section 4 "How Do We Start Where We Are At?").

Additionally, when we are truly available to help parents process their own feelings and step back from the situation and reflect on their children's needs, then we as advocates can serve as a supportive presence for the parent, without being an expert or imposing our viewpoint.

A Final Word on Strategies for Engaging Parents

Having sensitive conversations is a dynamic process! It is often not linear. You may find yourself engaging in different ways with the parent, based on attunement to their state of mind, sensitivity to pacing, and continuous monitoring of your own reactions, responses, and state of mind.

Use the following handout on the next page, "Tool for Self-Reflection" as an exercise to do when you are feeling stuck or frustrated in establishing a helpful alliance with a parent. Insights from this self-guided exercise might also be shared in supervision.

Tool for Self Reflection

Take a moment to bring to mind a parent you are currently supporting with whom you feel a sense of strain or difficulty in the relationship, or ineffectiveness in helping them see and sensitively respond to their child's needs. If you wish, write down your responses to the questions that follow:

- 1. What are your feelings about this parent and your relationship?**
- 2. As you bring this situation to mind, do you notice any physical reactions that you might have (e.g., headache, muscle tension, etc.)?**
- 3. How do you feel about yourself in the relationship?**
- 4. What do you find most difficult or challenging about the relationship?**
- 5. In what ways are you alike or different than this person?**
- 6. If you had one wish for this parent, what would it be?**

- 7. If you could change an aspect of your advocacy relationship, what would it be?**

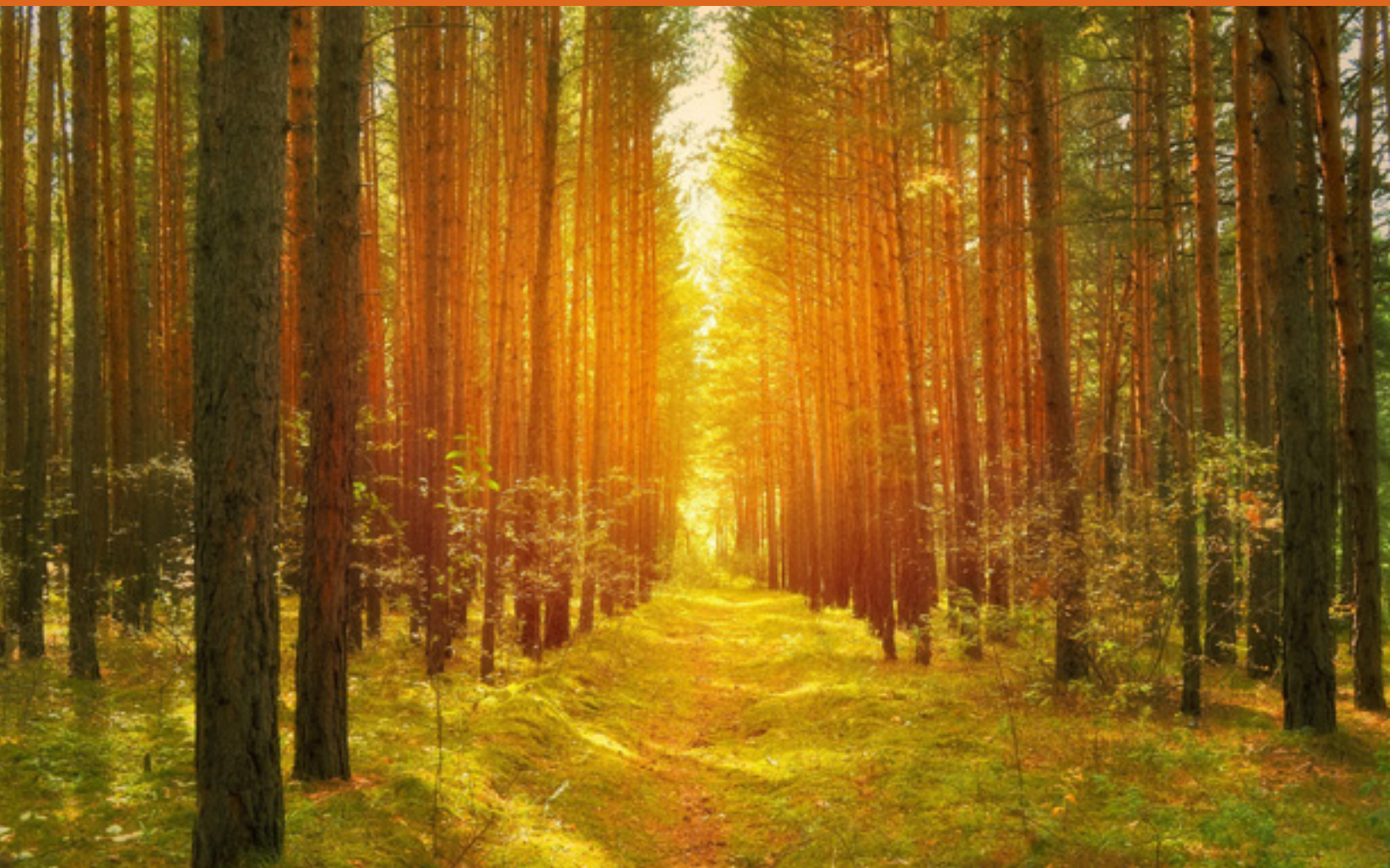
- 8. Check any or all of the areas in which you feel challenged by this parent and your relationship:**

- ☐ Your sense of safety
- ☐ Your sense of trust
- ☐ Your self-esteem and sense of competence
- ☐ Your beliefs
- ☐ Your world-view
- ☐ Your regulation of your own feelings
- ☐ Your need for control
- ☐ Your freedom to be yourself
- ☐ Your spirituality
- ☐ Other areas

- 9. What have you learned from this reflective process about the parent, your relationship, and yourself?**

How might this be beneficial to your advocacy work with this parent and family?

Adapted from Saakvitne, Gamble, Pearlman & Tabor Lev (2000). *Risking Connection*, Sidran Press.



In applying what we’ve learned about principles and strategies for engaging parents, we are going to turn now to a vignette.¹²

We’ve chosen a real-life situation that comes up often in the lives of parents and children affected by domestic violence: handling feelings, concerns, and reactions that arise when children have overnight stays with their non-custodial parents, who are the former abusive partners of survivors.

¹² This vignette is adapted from Van Horn, P. (2008). *Children Exposed to Domestic Violence: A Curriculum for DV Advocates*. DVMHPI/NCDVTMH.

Vignette about Brenda, age 29, and her son, Eddie, age 8

Brenda and her family have received services from a DV program for over a year. An advocate helped Brenda find an attorney to file for a restraining order, custody of Eddie, and child support. Brenda and Eddie stayed in the shelter program, and then the advocate helped refer them to the transitional housing program. Brenda regularly attends a weekly support group that the program offers, with other DV survivors. Today, Brenda wants the advocate to meet with Eddie.

The advocate asks Brenda what her concerns are. She says that Eddie had a visit with his father over the weekend after nearly two months without contact. She tells the advocate that when Eddie came home on Sunday night he was moody and angry. He refused to talk about the visit. She says, “When I asked him if he had a good time, he called me a ‘nosy bitch.’ He then pushed me out of the way and ran to his room. Later that night, he cried and came into my bed saying that he was having nightmares. On Monday, he was clingy and he didn’t want to go to school, but I made him. I don’t know what to expect of him! One minute he’s mad at me and treating me poorly, or he can’t get close enough! Will you talk to him and help us understand what’s going on?”

Imagine that you are the advocate in this situation:

1. What would you do next? Continue to explore further with Brenda? See Eddie alone now, or see Eddie and his mother together?
2. How will your actions potentially affect your relationship with Brenda and her relationship with Eddie?

Using The Framework for Supporting Parents Affected by Domestic Violence

(See Section 3)

To guide our choice of action in this situation, we may want to ask ourselves, *“How can I think about this mother’s request and this situation in a family-centered way?”* *“How will my actions support the parent-child relationship?”*

In keeping with this approach, it might make sense to have individual contacts with Brenda and Eddie and then see them together. But it also might be helpful to work individually with Brenda first, and then to facilitate a conversation between Brenda and Eddie. In either case, it probably makes sense to explore this more fully with Brenda before seeing Eddie. In this way, Brenda will feel supported by you and can gain some understanding and insight about Eddie’s responses and feelings after visiting with his father. Part of what will guide our decision-making is Eddie’s age and developmental capacities, and Brenda’s state of mind in this moment.

Ask yourself: *Would you handle this differently if Eddie were 13 years old? If so, why?*

Applying the Guiding Principles: “Start with Where the Parent Is At” and “Start With Where We, Ourselves, Are At”

(See Section 4)

To begin, we would want to gauge Brenda’s state of mind right now. The advocate has asked Brenda an open-ended question, *“What are your concerns?”* which has helped to elicit her story. As she talks, what can we tell from her body language? Does she seem tense, distressed, or flooded? Is she numbed out as she is talking to us? Does she seem angry, helpless, or confused right now?

We can also do a “self-check” and observe how we’re feeling ourselves as we listen to Brenda’s story about what happened when Eddie returned from seeing his father. Do we find ourselves feeling identified with Eddie, with Brenda, or with both of them at once? Does this situation remind us of our own experiences with custody arrangements for our children, post-separation or following a divorce or domestic violence? Do we have strong feelings about how Eddie spoke with his mother and how he seems to be affected by the overnight visit with his father?

What's been helpful to parents that we've worked with in the past in these situations? Where do we falter?

We can also reflect on, *"How solid is our relationship with Brenda right now?"* From the vignette, Brenda seems comfortable sharing what happened and is asking for a specific kind of help for her son. We can expand the request by exploring Brenda's feelings and reactions first and then by supporting her to support her son.

Applying Strategies for Supportive Engagement with Parents

(See Section 5)

We can use the first strategy of **empathic inquiry** to validate and support Brenda's feelings. You might want to begin by validating Brenda's feelings and reinforcing that she does not deserve to be called names or pushed by her son. This may help Brenda to further explore her thoughts and feelings within the context of an accepting relationship with you, her advocate.

You might say:

"You seem confused about Eddie's behavior after his visit with his father, and you sound

scared by the way he acted too. One minute he is cursing at you and acting up, and the next, he wants to sleep in bed with you and gets all clingy."

Throughout the exploration, you can utilize the second strategy to **practice mindful awareness and self-regulation**. You can be aware of how you're feeling during this process and monitor how Brenda is doing too. This strategy fits with the third strategy of **"being with" the parent and helping to hold and contain strong feelings** that arise. In the process, Brenda will feel heard and supported. She will have a chance to calm down when or if she becomes distressed, and re-grounded in the present if she becomes "checked out" during the conversation. You are being present with her, establishing a sense of calm, and conveying empathy and support through your voice and posture. In the process, you are validating what she is thinking and feeling. This may lead Brenda to re-regulate herself in the moment. Or you might also introduce some deep breathing or grounding exercises, if that's something you've used earlier in your work with the family, and she seems quite distressed or checked out, as another way of re-regulating.

After that, Brenda might be more ready to reflect on Eddie's needs. You can use the fourth strategy of **engaging in collaborative exploration** to think together about how Eddie might be feeling before, during, and after his visits with his father, and what his mother can do to support the transitions to and from home.

Here are some questions that might be helpful to ask Brenda as you explore this situation further:

“How did the two of you talk about this visit before he went to see his father?”

If you learn they haven't prepared, then this becomes a way to help both of them to anticipate his needs in the future.

In reference to Eddie's using rough language and aggressive behavior towards his mother:

“I wonder if you may worry that Eddie will become just like his father?”

If she says, “Yes,” then you can ask her to “tell you more” about that.

This discussion may also lead to further exploring what happens for Brenda when Eddie acts this way. In keeping with a trauma-

informed framework, you can inquire about what this is like for her. *“Does she find herself having traumatic reminders, thoughts or memories about Eddie's father and his violence towards her?”*

As the discussion unfolds,

You might say:

“Children do sometimes imitate the behavior they've seen. It's important to find a way to help Eddie understand that his father's use of violence is wrong. It hurts your feelings, and it's not safe or okay for Eddie to call you names and push you around.”

In applying the fifth and sixth strategies of **strengthening attunement and responsive parenting and enhancing capacity for more reflective parenting**, you can begin to explore how this last time when Eddie returned from his father's house was the same or different than other times. So, *“How does he usually act after visiting with his father?”* *“Is this typical behavior or did he seem more aggressive, clingy, etc., than in the past?”* *“What do you make of that?”* *“What might be going on for Eddie when he gets like this?”*

You might say:

“Some children in Eddie's situation are confused. They don't know if it's okay with

their mothers for them to love and want to spend time with their fathers. Or they might be feeling afraid, not having seen their fathers for so long and acting aggressively to hide their fear."

This remark on the advocate's part can lead to a different understanding about children's mixed loyalties to their parents and to exploring how Brenda feels about this. The advocate can support Brenda to reassure her child that it's okay to love your father, but how he treated her was not okay. Brenda and the advocate can have a conversation together with Eddie that gives permission for him to share the full range of his feelings. They can also help him name what he admires in his father that he can identify with positively, rather than using rough language or acting aggressively towards his mother or others.

In going back to the strategy of **collaborative exploration**, Brenda and the advocate can talk about what would be helpful to Eddie as he anticipates visits with his father. If it's been a while between visits (such as in this vignette) or if his father didn't show up the last time when he said he would, the advocate

can support Brenda to create open communication with her child about this. She can ask Eddie what he's thinking and anticipating with the upcoming visit. They can talk about what he's looking forward to and whether or not he has some hesitation about being with his father.

Additional points for consideration and reflection on this situation:

In some situations, the non-custodial parent acts in ways that may be frightening for the child. In some cases, the child's non-custodial parent has another partner now and the child is exposed to violence in that relationship during overnight visits. In addition to being terrifying in the moment, this may also be a traumatic reminder to the child, who recalls other times when his or her parents were fighting and when the mother or the victimized partner was hurt. If the child is feeling somewhat scared, his or her custodial parent can make a safety plan with the child. If the child is experiencing physical abuse, sexual abuse, or neglect during visits, then we would work differently with the parent, and involve child protective services to put a plan in place to protect the child's safety.

Brenda can ask Eddie, “What would help remind you of me and home, and what might help you to feel safer when you stay with your father?” Some children are allowed to call home during the visit. If not, it can be comforting to have a small object that the child can keep in their pocket or overnight bag. The advocate and parent can also work on positive visualizations that the child can call to mind if she or he is scared.

The transition home from overnight visits is typically a difficult time for both child and parent. Routines that the custodial parent has worked hard to maintain get disrupted and need to be reintroduced. If Brenda can practice mindful self-awareness, she may be more able to recognize the feelings she has, pause to calm herself, and then be present and available for Eddie when he comes home. This is especially helpful if he starts to “act up.” It might be helpful for Brenda to understand that in the midst of her son’s acting up, he also needs her greatly to be a calming and regulating presence for him!

Some parents have found it helpful to introduce a ritual for returning home, particularly with younger children.

This could be sitting down for a snack, playing some favorite music, singing a song, dancing, or finding other ways to “get the energy out” that are more active and fun. It might also involve relaxing routines that are quiet but that help to reestablish the bond between the custodial parent and child. These might be drawing or playing together, reading a book, or watching a television show. The advocate can explore what Brenda has done in the past, what’s worked, and ask if she might be interested in hearing what others have found helpful. They can think together about what Eddie is like and what is calming and reassuring for him.



We hope this guide has helped to stimulate your thinking about ways to engage and support parents in your daily practice.

Our basic premise has been that relationships are key assets in fostering resilience, more adaptive coping, and healing after experiencing domestic violence.

The relationships that survivors who are parenting have with their children can be the single most important resource for healing and for supporting children's well-being and healthy development over time. In a parallel way, the relationships that we form with parents can be enormously supportive and helpful in rebuilding their parenting role within the family and in strengthening the bonds between parents and children.

One of the themes that we have emphasized throughout is the importance of mindful self-awareness (checking in with ourselves when

we're relating to parents) as a means of regulating our own responses. This allows us to be more present and effective within the advocacy relationship. Remember to be kind and compassionate with yourself! This means trusting the process and accepting that you may not be able to fix or change all of the pressing concerns you may carry about a parent and child and their relationship. What you can offer is a genuine presence and connection through your relationship when you are "being with" parents in a way that leads to feeling understood and cared for in the midst of strong feelings and responses. These experiences with you can help support parents to become more present and responsive to their children.

By opening up dialogues and deepening your relationship through advocacy work with parents, you will help parents enhance their own reflective parenting capacity. Parents will become more attuned to their children's needs in the wake of exposure to domestic violence. By reinforcing what's working well and offering a new understanding and new approaches, you will be able to help parents grow in their own abilities and also offer more adaptive coping strategies for their children.

All of us have the innate capacity to move towards resilience and healing in our lives, and supportive relationships are key assets for both children and parents in this journey.

We welcome your feedback on this guide. Tell us what you found helpful, what might need more clarification, what was missing, and in what areas you'd like more information as you work with children, parents, and families affected by domestic violence and other trauma.

Contact:

Susan Blumenfeld, MSW, LCSW, Child Trauma Training Director
National Center on Domestic Violence, Trauma & Mental Health
sblumenfeld@ncdvtmh.org

Resources for Grounding, Emotional Regulation & Relaxation For Children and Parents

Draw a Safe Place

Purpose:

This activity is designed to create a personally meaningful, visual representation of a safe place that the child can “go to” in their mind when they feel stressed. This activity promotes self-soothing—both in making the drawing and in using the image in the future.

Recommended age range:

4 years and older

Instructions:

Invite the child to draw a real or imaginary place that feels safe. Note that some children may not be able to think of a real place that is safe, because of their traumatic experiences. Sometimes older children, teens, or adults may feel self-conscious about their drawing abilities. Reassure the participant(s) that “this is not a drawing contest” or about artistic ability, and gently encourage them to re-enter the experience. This activity can be done individually or in a small group. Some children may need prompts from the activity leader to help create this place

(e.g., elaborating on details that the child is able to articulate, such as “Grandma’s blanket is soft,” “breeze in the air,” “smell of cookies baking,” to give specific sights, sounds, smells, textures). After the drawing is complete, invite the child to talk about the picture. Explain to the child that they can “go to” this space in their mind when they are feeling stressed. This can lead to a discussion about times that are stressful when going to this place in their minds might be comforting.

Materials:

paper, crayons, markers, or paints

Bedtime Beads¹³

from Natalie Caufield

Purpose:

This activity incorporates relaxation skills for self-regulation. The beads incorporate both deep breathing skills that have previously been learned and practiced by the child/ family and positive self-affirmations, images, and memories. In creating the beads, the parent (or activity leader) and child can talk

¹³ Lowenstein, L. (Ed.). (2008). *Assessment and Treatment Activities for Children, Adolescents and Families*. Toronto: Canada: Champion Press.

about what images the child is selecting and why they are meaningful. If done with the parent, this activity can promote increased communication and closeness.

As with the “Draw a Safe Place” activity, some children may need help in thinking about what images, words, or memories to include on the beads. Once the beads are completed, they can be carried with the child to school and to visitation with the non-custodial parent, as well as used as a bedtime ritual at home. For many children, the transition to bedtime is particularly difficult, and if this becomes part of the family routine, it can help ease this transition to sleep.

Recommended age range:

3 years – 16 years old

Instructions:

The participant will be constructing a necklace from large and small beads and using a sturdy string that can be knotted. The small beads can be all the same color (or plain wooden beads) that represent the “breath beads.” These are alternated with the larger beads that are decorated with positive images (e.g., people, places, objects, animals, such as family pet, beach), inspirational words (e.g., love, hope, gratitude), or an

image that represents a positive memory (e.g., family trip, kicking a winning goal in soccer, etc.). For younger children, stickers may be used, and they may also need some assistance from a parent or the activity leaders in making the image(s) that they select.

Materials:

string, small beads, larger beads, paints, markers, stickers

Deep Breathing

This is a technique that can be taught to children of all ages and is beneficial by encouraging the child to focus, calm down, and relax. It is particularly helpful in that it is easy to learn, can be practiced at home, and is easy to use in any situation. Deep breathing involves teaching the child to take air in and exhale air out in a measured way while associating each “in breath” with becoming calm and each “out breath” feeling relaxed. Younger children may need props and visual cues to bring attention to their breathing and to control their breath. For example: (1) Children can watch their belly expand as they breathe in and “getting smaller” when they breathe out. (2) Children can lie down and place a stuffed animal on their bellies to bring attention to their belly breaths as the animal goes up and down.

Personal Thermometer

This is a technique developed by Julian Ford (1999), an expert in the field of trauma and recovery, that helps children and teens build awareness about how distressed or calm they are feeling “in the moment” and how in control or “dysregulated” they are feeling on a scale of 1-10.

Used as a visual cue, the thermometer can build emotional awareness and help teens scale the intensity of their emotions. This technique is often paired with SOS below.

SOS

This technique, also developed by Julian Ford (1999), can help children and adolescents feel more in control in the moment. The technique involves three steps that can help the individual focus and achieve clarity about their situation, what they are feeling, and what to do next.

S: Slow down

O: Orient

S: Self check

There are three steps:

- **S**low down (sit back, relax, take a deep breath, pay attention to breathing, one thought at a time)
- **O**rient (pay attention to where you are, what you are doing, who you are with)
- **S**elf check (ask yourself how you are feeling and rate yourself on a scale of 1-10 for how stressed and in control you feel using the Personal Thermometer)

Progressive Muscle Relaxation

This is a systematic procedure for relaxing muscle groups. The counselor helps the child experience the difference between the sensations of tense muscles versus relaxed muscles.

This helps the child to get in touch with his or her body and develops a conscious awareness of muscle tension. Counselors can instruct children with simple visual or guided imagery cues to keep them focused and engaged. For example, children can be coached to tense and relax muscles using visual imagery such as imagining that she has two lemon slices in each hand to make lemonade—first, squeezing to get the juice out and then letting go and relaxing her hands.

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**National Center on Domestic Violence, Trauma & Mental Health
29 E. Madison, Suite 800, Chicago, IL 60602**

P: 312-726-7020

TTY: 312-726-4110

**For more information and resources, visit our website:
www.nationalcenterdvtraumamh.org**