

ABUSED WOMEN'S AND CHILDREN'S PERCEPTIONS OF FAMILY SAFETY  
PLANNING SESSIONS

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## ABSTRACT

### ABUSED WOMEN'S AND CHILDREN'S PERCEPTIONS OF FAMILY SAFETY PLANNING SESSIONS

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Intimate partner violence (IPV) is a widespread epidemic in our culture, which affects millions of women and children each year (Black et al., 2011). Past research has found that not only are children affected by the family violence through witnessing and experiencing it, they can also be used by their mother's abuser as a way to further isolate and control her (Beeble, Bybee, & Sullivan, 2007; Bemiller, 2008; Hardesty, 2002; Hardesty & Ganong, 2006; Harrison, 2008; Kurz, 1996; Mbilinyi, Edleson, Hagemeister, & Beeman, 2007; Moe, 2009; Slote et al., 2005). The dynamics of IPV can have a negative impact on the relationship between women and their children. Historically, domestic violence (DV) agencies have used safety planning as a service to work individually with survivors of abuse. Family safety planning (FSP) is an intervention designed to address some of the consequences of the abuse for both women and children by incorporating elements of traditional safety planning and family counseling. This was a qualitative study based on the narratives of fifteen women and their children to understand the complexities of the FSP sessions. We found that families' sessions were individualized based on both the level of communication women and children had with the batterer and the families' abilities to talk about safety. Additionally, women and children discussed how the session provided an opportunity to have deeper communication about concerns that they may have not felt comfortable to do in the past. Implications for research and practice are discussed.

*Key Words:* Intimate Partner Violence, domestic violence, safety planning, children, family

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## Overview

Intimate partner violence (IPV) is a widespread epidemic in our culture, which affects millions of women and children each year (Black et al., 2011). The term used to identify IPV has evolved over time and, for the purpose of this study, is synonymous with other common terms such as domestic violence, domestic abuse, woman battering, spousal abuse, and wife abuse. IPV refers to the relationship between a batterer and a victim among current or former intimate partners, including current and former marital and non-marital, or dating, partners (Saltzman, Fanslow, McMahon, & Shelley, 2002). The abusive partner, also defined in the literature as the perpetrator, offender, or batterer, creates a pattern of coercive control consisting of psychological abuse, physical abuse, sexual coercion, and/or economic abuse through intimidation, isolation, threats, and the use of children (Pence & Paymar, 1993; Stark, 2007). This pattern of control is typically punctuated by one or more acts of frightening physical violence, credible threats of physical harm, or sexual assault (Bancroft, 2003; Bancroft & Silverman, 2002; Pence & Paymar, 1993; Saltzman et al., 2002). Given that IPV is more prevalent against women, with more serious consequences (Black et al., 2011), for the purpose of this paper IPV will be used with reference to relationships in which the male is the batterer and the woman is the victim or survivor.

Children of intimate partner violence victims also experience IPV in the home in multiple ways. This can include seeing the abusive acts, hearing the abuse, being used as a pawn by the abuser, and/or witnessing the aftermath of a violent event (Beeman & Edleson, 2000; Carter & Schechter, 1997; Mbilinyi et al., 2007). According to Sullivan and colleagues (Sullivan, Juras, Bybee, Nguyen, & Allen, 2000), children whose mothers' batterers were their biological fathers witnessed more violence against their mothers than children whose mothers' batterers were non-father figures or stepfathers. In a qualitative study of children staying in domestic violence

shelters, almost three-quarters of the children (71%) witnessed severe physical violence, reporting that they saw pushing or shoving, kicking, biting, punching, objects being thrown at, or a weapon being used against their mothers (DeBoard-Lucas & Grych, 2011). Observing abuse happens both directly and indirectly, and can include seeing or hearing the abuse or seeing the outcomes of the abuse such as witnessing bruises on their mother, broken furniture in their home, or becoming aware of the violence as a result of a family member telling them about it (Graham-Bermann & Edleson, 2001).

Children who live in households in which IPV occurs are also at a higher risk of being abused themselves (Bancroft, 2003; Kitzmann, Gaylord, Holt, & Kenny, 2003; McCloskey, 2001; McGee, Wolfe, & Wilson, 1997). Many batterers approach their parenting through a traditionally patriarchal lens, and see their children as extensions of themselves or as property with the need to maintain control over them (and their partners), rather than acting as guides and nurturers (Arendell, 1992; Bancroft & Silverman, 2002; McMahon & Pence, 1995). In order to feel more control and keep the secret of the abuse within the family, batterers may also isolate the children within the home by limiting their access to contacts outside the home (Rossman, Hughes, & Rosenberg, 2000).

As a result of experiencing the abuse, women and children are constantly trying to make meaning of the abuse and assessing their own safety. Batterers often use multiple tactics to have coercive control over their partners, causing the survivors to develop strategies and ways to reduce the risks of the violence and control, also known as safety plans (Davies, Lyon, & Monti-Catania, 1998; Davies & Lyon, 2013; Hardesty & Campbell, 2004a; Hardesty, Campbell, Jaffe, Baker, & Cunningham, 2004). These plans take into account several factors, including the risks that are created by the batterers, the barriers caused by societal factors such as access to job

security, and how different strategies might impact the children. Over time, domestic violence programs have recognized the depth of survivors' assessments, as well as the strategies their children have used, and have developed services to further support their clients in safety planning. More recently, domestic violence programs have begun to explore the added benefit of conducting safety planning with mothers and children together as a family. This process enables family members to not only communicate about their individual safety strategies, but also gives them the opportunity to provide feedback and support to each other. An added benefit of family safety planning could also be a strengthening of the bond between the mothers and their children.

Anecdotally, service providers who have facilitated family safety planning sessions with survivors and their children have suggested that the sessions provide ideal situations to allow the family to talk about the abuse, and to help survivors take more of a leadership role with their children, as this has often been weakened by the abuser. The current study is the first to examine the process of family safety planning from the women's and children's perspectives. The data obtained can ultimately influence both practice and research. Service providers will be given insight into what happens during safety planning sessions and how family members interact with each other, how family members are perceived by each other, and how family members think the sessions might impact their safety over time. Researchers will be given a solid stepping-stone for theory development about interventions that promote women's and children's safety.

## **Literature Review**

### **Prevalence of Intimate Partner Violence**

Intimate partner violence is a pervasive social problem against women and children that does not discriminate by age, socioeconomic status, or race/ethnicity. In a national survey funded by the National Center for Injury Prevention and Control within the Centers for Disease Control and Prevention, it was found that more than one in three women (36%) have been raped, physically assaulted, and/or stalked by an intimate partner, including current and former husbands, partners, boyfriends or dates (Black et al., 2011). The same survey also found that an intimate partner has physically assaulted one out of every four women in the United States. Of the one in five women who have been raped, over one-half (51%) were raped by an intimate partner. For the one in six (16%) women who have experienced stalking, two-thirds (66%) were stalked by a current or former intimate partner (Black et al., 2011).

In an analysis of prevalence studies conducted in 1993, Browne and Williams (Browne & Williams, 1993) found that 21% to 34% of women would be physically assaulted by an intimate partner during adulthood. It was also estimated that in a 12-month time period, as many as 4 million women were assaulted by male partners. In a large-scale regional study of 1401 women, Coker and colleagues (2000) found that 55% of the women reported at least one type of violence perpetrated in an intimate partner relationship. Of these women, 77% experienced physical or sexual violence and 23% were psychologically battered or emotionally abused (Coker, Smith, Bethea, King, & McKeown, 2000).

Estimates vary for children ages 3-17 who have witnessed adult IPV, and range from 3.3 million to 17.8 million (Carlson, 2000; Edleson, 1999b; Holden, Geffner, & Jouriles, 1998; Silvern et al., 1995; Strauss & Gelles, 1990; Tjaden & Thoennes, 2000; Tjaden & Thoennes,

1998). Each of the studies that has attempted to estimate the numbers have limitations by their sampling techniques and groups, yet it is still safe to say that the numbers are extremely high. In addition to witnessing IPV in their homes, children are at a higher risk of being abused themselves. According to Edleson (Edleson, 1999a, 1999b) between 30 and 60 percent of children who live in homes in which their fathers are battering their mothers are also likely to be abused. Additionally, Straus and Gelles (1990) found that up to 50% of the fathers who abused their partners three or more times in a 12-month reporting period also abused their children three or more times during that same time period. In a study of 363 women and children, McCloskey (2001) found that woman-battering within the sample increased the likelihood that children would be abused by almost three times.

### **Batterers' Use of Children to Abuse Women**

In addition to the use of physical violence to exert psychological power over their victims, abusers often use emotional and psychological abuse and threats of abuse toward the victim's children to accomplish the same end result of power and control (Beeble et al., 2007; Bemiller, 2008; Hardesty, 2002; Hardesty & Ganong, 2006; Harrison, 2008; Kurz, 1996; Mbilinyi et al., 2007; Moe, 2009; Slote et al., 2005). Batterers use multiple tactics to involve women's children in the abuse, creating a web of deceit that potentially pits family members against each other, which can break down the bond between women and children. These tactics can happen while the woman is still in a relationship with her batterer and can often continue after she attempts to end the relationship, sometimes escalating as a result. These tactics include undermining the woman's authority by stopping her from disciplining the children in order to be the "good parent," interfering with her parenting by preventing her from caring for her children, using the children as tools or pawns to harass women by harming or threatening to harm them, or ruining their

personal items. Batterers also use the children as a way to stay in women's lives, keep track of women, and intimidate women by manipulating children to disclose "guarded information" about their mother's residence, employment, or location of beloved family members or friends (Bancroft, 2003; Bancroft & Silverman, 2002; Beeble et al., 2007; Mbilinyi et al., 2007; Tubbs, Williams, & Edelson, 2007). In one of the few studies which addressed how batterers use children against their mothers, Beeble and colleagues (2007) found that in a sample of 156 women, up to 88% of the participants experienced the batterer using their children in at least one way to coerce or harm them, including 70% stating the batterer used their children to stay in their lives and continue the abuse. Additionally, 44% of the women said that the batterers used the children to frighten them. Mbilinyi and colleagues (2007) found that 79% of their sample of 111 women reported that the batterer used at least one of her children as a tool or pawn against her in order to continue the harassment. In McCloskey's (2001) study of 363 women, 65% of the women who were survivors of IPV also experienced batterers' threats to harm or take the children away, an occurrence that was significantly higher than for women who did not experience IPV.

### **Impact of IPV on Women and Children**

Research has found that IPV leads to a wide range of negative physical outcomes, resulting from women being slapped, punched, kicked, or thrown to being scalded, cut, choked, smothered, or bitten. Injuries range from bruises, cuts, black eyes, concussions, broken bones, and miscarriages to more permanent injuries including scarring, partial loss of hearing or vision, bites, knife wounds, or even death (Browne & Williams, 1993; Sutherland, Bybee, & Sullivan, 2002; Tjaden & Thoennes, 2000; Tolman, 1989). Outcomes include more visits to health providers over the lifetime, more hospital stays, a longer duration of hospital stays, as well as

long term negative health consequences, including neurological issues such as fainting and seizures, more than average gastrointestinal symptoms and disorders, cardiac symptoms, and gynecological problems (Black et al., 2011; Campbell, 2002). Women who are pregnant and involved with an abusive partner are at a heightened risk of severe physical violence, which can result in a risk of especially serious outcomes, including sexually-transmitted diseases, urinary-tract infections, substance abuse, depression, and preterm delivery (Campbell, 2002). The risk of IPV occurrence is heightened at more advanced stages of pregnancy, when women are less able to protect themselves (Browne, 1993; Saltzman, Fanslow, McMahon, & Shelley, 2002).

Short-term and long-term psychological outcomes for women who have been repeatedly assaulted by their partners can be compared to typical reactions of survivors of other traumatic events. Survivors of repeated assaults often have high levels of depression, suicide ideation, and suicide attempts, as well as chronic fatigue and tension, intense startle reactions, disturbed sleeping and eating patterns, and nightmares (Aguilar & Nightingale, 1994; Browne & Williams, 1993; Goodman, Koss, Fitzgerald, Russo, & Keita, 1993; Orava, McLeod, & Sharpe, 1996; Sackett & Saunders, 1999; Vitanza, Vogel, & Marshall, 1995). Many of these outcomes are components of posttraumatic stress disorder (PTSD). A wide range of after-effects can result from the long-term effects of repeated and severe abuse for survivors with PTSD (Golding, 1999). These include survivors responding with fear and terror, experiencing flashbacks to past abusive incidents, denial and avoidance, loss of memory for abusive incidents, constricted affect, psychic numbing, chronic anxiety and hypervigilance, difficulty sleeping, nightmares, and marked physiological reactivity (Browne & Williams, 1993; Campbell, 2002; Dutton, 1992; Vitanza et al., 1995; Woods, Hall, Campbell, & Angott, 2008).

The types of abuse women experience are often intertwined, and typically increase in amount and severity over time (Browne, 1993; Sutherland, Bybee & Sullivan, 2002). As a result, it can be difficult to parse out the different forms of abuse when trying to understand physical and psychological impact. The stress of repeated abuse endangers both a woman's psychological and physical health. This stress, compounded with the ongoing physical and psychological abuse, can result in physiological responses to stress that can ultimately be linked with long-term health problems (Sutherland, Bybee & Sullivan, 2002). According to Sutherland and colleagues, the mediating effects of stress and depression add to women's already long list of physical and mental health problems resulting from the physical abuse (Browne, 1993; Sutherland, Bybee & Sullivan, 2002).

Children who have witnessed IPV have an increased risk for a wide range of outcomes, including psychological, emotional, behavioral, social, and academic problems. (Edleson, 2004; Fantuzzo & Lindquist, 1989; Jaffe, Wolfe, & Wilson, 1990; Jouriles et al., 1998; Kitzmann et al., 2003; Margolin & Gordis, 2000; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). A study conducted by Devoe and Graham-Bermann (Devoe & Graham-Bermann, 1997) suggests that a large number of children who have been "exposed" to IPV may internalize and externalize their feelings, resulting in symptoms similar to PTSD, including anxiety, social disengagement, depression, low self-esteem, and aggressive and disobedient behaviors (Edleson, 2004; Rossman et al., 2000). Witnessing IPV in the home is also correlated to children being at a higher risk of experiencing physical, psychological, and emotional abuse themselves (Bancroft, 2003; Kitzmann et al., 2003; McCloskey, 2001; McGee et al., 1997). Psychological abuse of the children includes name calling, belittling, attacking the child's self-confidence, humiliation, not showing up to special events, or not following through on promises made to do things together.

This type of abuse may have a gendered tone as well, including shaming boys with regard to their masculinity, or insulting or inappropriately complimenting girls on the basis of their physical development and appearance (Bancroft, 2003).

### **Impact of IPV on the Mother-Child Bond**

Witnessing violence in the home is often very confusing for children, especially when the batterer is a father or seen as a father figure. When violence occurs in the home, children seek reasons for why the violence occurs, and may have conflicting feelings toward both parents (Bancroft & Silverman, 2002; DeBoard-Lucas & Grych, 2011). Children may feel a need to find a way to protect their mother when the violence occurs, or they may blame her, thinking that she provoked the batterer, resulting in his violent outburst. When the batterer is a father or a father figure, children often struggle with the feelings of wanting to please someone who may be a role model, while at the same time also wanting to stop them from creating chaos in their lives. Regardless of whom children place blame upon for the violence, their mothers are often at a disadvantage, either for being seen as the cause of the violence, for not being able to stop the violence, or for not standing up to the batterer. When children are put into a position where they may be constantly questioning their mother's ability to make decisions is paired with being in a household where the batterer may also be questioning her ability in front of the children, it is possible for women to gradually lose authority over their children. This can be extremely frustrating for mothers, as they are faced with both making decisions to keep themselves and their children safe, while re-establishing healthy relationships with their children by increasing their trust and faith in her ability to be a leader within the family.

## **IPV After the Relationship Ends**

Compounding the different types of abuse women and children may experience when violence happens within the household is the increased risk families face when women attempt to leave the batterers (Hardesty, 2002; Hardesty & Chung, 2006; Johnson, Saccuzzo, & Koen, 2005; Shalansky, Ericksen, & Henderson, 1999). When children are legally shared between a woman and her batterer, her attempts to leave are often thwarted not only by the batterer's overt threats of harm to her and the children but also by the child welfare, legal and judicial systems that view family preservation as the most desirable outcome for children (Beeman & Edleson, 2000). This systemic belief can result in shared custody and even increased rights given to a batterer, regardless of his history of violence toward the mother (Beeman & Edleson, 2000; Hardesty, 2002). Forcing women who have children to have continued contact with the abuser in turn increases their risk for further assaults and abuse, and opportunities for the batterer to continue to harass, threaten, and control their partners (Shalansky et al., 1999). As a result of the ongoing abuse and harassment that women may experience after the assault, children are also at risk of continued exposure to the violence after the separation (Hardesty, 2002; Shalansky et al., 1999). As batterers feel that they are losing control over their partners, especially as women look for ways to end the relationship, they look for new ways to exert power and control. Batterers are more likely to fight for custody of their children than non-abusive fathers (Taylor, 1993), and go to extensive lengths to avoid paying spousal support (Liss & Stahly, 1993; Peled, 1997; Taylor, 1993).

## **Women's Strategies to Maximize Their and Their Children's Safety**

For the millions of women and children who have experienced and/or have witnessed intimate partner abuse each year, the abuse is manifested in multiple forms, affecting their lives

in complex ways while threatening their ability to live lives free from harm. Batterers' decisions to use abuse as a way to exert power over their partners forces women to make daily assessments about their own safety on multiple levels. Survivors who have experienced physical abuse may notice patterns in the batterer's behavior over time. As those patterns emerge, they may try to avoid the batterer or divert the pattern to decrease the violence. Survivors also often plan for ways to escape should such action be necessary. For example, when a batterer limits a survivor's access to money or her ability to work, she may begin to gradually save small amounts of money to which she has access, without his knowing.

Goodkind and colleagues (2004) conducted a study with 160 women to examine the different strategies they use in order to stay safe when experiences abuse. These strategies including placating the batterer by avoiding him or not resisting him; engaging in active resistance by physically fighting back or using/threatening with a weapon; formally seeking help from local services including the police, dv-specific services, and religious organizations; seeking help from family and friends; having an emergency escape plan by keeping important documents or money from the batterer. Of the 160 women involved in the study, 29% identified creating an escape plan with their children as a strategy they have used in the past.

For those survivors who have children, the issue of safety can become more complex, as the decisions they make involve their children's lives as well. In a small focus group study conducted with African-American women about their experiences of shared parenting with batterers, the concern with safety was woven throughout their conversations and underscored many of the decisions women had to make when interacting with the batterer parent. Additionally it was found that, as parents, women took into account their children's safety over their own when making decisions (Tubbs et al., 2007). Women may try to take steps to ensure

that the children do not witness or hear the physical abuse by making sure that they are not home when the batterer is around, or when she suspects his abuse to escalate. She may sleep in the children's bedroom to reduce the likelihood of them being physically or sexually abused. If the survivor and batterer are divorced, and he is the biological father of the children with court sanctioned visitation, the survivor may ask other family members to be involved in the transfer of the children (Davies & Lyon, 2013).

Children of survivors are also active participants in their own safety and often develop their own tactics to keep themselves and their siblings safe by finding places to hide in the home or by leaving the house when the violence begins. Some children have also tried to intervene on behalf of their mothers in order to reduce the violence (Edleson, Mbilinyi, Beeman, & Hagemester, 2003; Garcia O'Hearn, Margolin, & John, 1997).

### **Women's Use of Domestic Violence Support Services to Maximize Their Safety**

There are many programs that have been developed to help survivors of IPV cope with the violence they have experienced and help address their safety concerns. These programs have traditionally been situated within organizations designed to address domestic violence. Conventional services for survivors of IPV include shelters for women and children, transitional housing, individual counseling, support groups, hotline services, first response teams, programs designed to help survivors file for personal protection orders, and advocacy (Sullivan, 2011). According to the National Network to End Domestic Violence (NNEDV, 2009, 2010), these services also typically include individualized safety planning for women and children. According to Davies and colleagues (Davies et al., 1998), a safety plan is developed by women to reduce the risks of physical violence caused by a batterer that they and their children face, taking into account the need to fulfill their basic human needs. Safety plans vary for survivors of IPV,

depending on their needs as well as the tactics batterers use against the family. Safety planning is often done on a daily basis, whether or not it is being done consciously, but can also happen in a more formalized setting, when receiving services from domestic violence agencies (Campbell et al., 2003; Campbell, Webster, & Glass, 2009; Davies et al., 1998).

Safety planning includes responding to both “batterer-generated” and “life-generated” risks (Davies et al., 1998). According to Davies and colleagues (1998; 2013), batterer-generated risks are those directly perpetrated by the abuser, such as physical, psychological, and financial abuse, threats to harm family and friends, as well as child-related risks. Child-related risks include batterers directing abuse toward the children, the fear survivors have of having to provide for the children on their own, and the threat of having the children removed from the home once the criminal justice and legal systems and child protective services become involved. Life-generated risks would be those over which survivors of IPV have little to no control that contribute to their risk of being re-abused. These risks center around economic, social, and individual circumstances, and the systemic barriers faced due to structural racism, sexism, classism, heterosexism, and other biases (Beeman & Edleson, 2000; Davies et al., 1998). For example, poor women may be faced with heightened debt and poor credit, little to no healthcare for themselves and their children, dangerous neighborhoods, and inadequate school choices for their children. When considering leaving an abusive relationship, women must take these risks into account, including a lack of job security, or loss of health care, lack of money to pay to move one’s own belongings, or the unwillingness of aid systems to help support leaving. Additionally, women may also need to take into account how different systems may or may not support their leaving the abusive relationship both directly (e.g., being able to obtain a protection order) and indirectly (e.g., having a service provider who is willing to support her due to a deeper

understanding of her experience). Although the batterer is not the direct cause of these risks, he may use tactics to make it even more difficult for a survivor to work within these system (Davies et al., 1998; Davies & Lyon, 2013) by running up bills in her name, refusing to help pay bills, and interfering with the government aid she receives. As a result of these batterer- and life-generated risks, survivors of IPV must continuously analyze what is the safest situation for them to be in, which sometimes is staying with the batterer.

All domestic violence victim service programs engage in safety planning with the women who use their services. Some organizations use Campbell's Danger Assessment (Campbell et al., 2003; Campbell et al., 2009) as part of safety planning, which is a list of several items designed "to help women assess their own risk of homicide or serious abuse from a violent relationship," (Hardesty & Campbell, 2004b). According to Radford and Hester (Radford & Hester, 2001):

Safety planning has been developed within an empowerment model of working as a way to acknowledge and build on the protection and survival strategies that women and children develop.

With a focus on empowerment, safety planning with survivors of IPV takes into account what women have experienced in their homes, the tactics they have already used, and the social and institutional barriers they face when living with a batterer and when trying to leave. In the last 14 years, a call has been made for organizations serving the children of survivors of IPV to begin engaging children in safety planning as well. According to Berman, et al. (2011), safety planning can be used to "help minimize risk, but...also can help reduce children's anxiety and fears..." (p. 303). Children have begun to be seen as primary victims of the abuse happening in their homes and active participants in assessing and avoiding danger.

Historically, safety planning has been considered to be a strategy developed on an individual basis, first with survivors of intimate partner violence, and then separately (if at all)

with their children. This has begun to change over the last two decades, as some domestic violence coalitions around the United States have taken notice of the need to include mothers in safety planning with their children, especially when unsupervised visitation occurs with the batterer parent. As a result, manuals have been created to give to survivors of IPV about how to work with their children in planning for safety and for advocates who are working with survivors of IPV who have children (Bitler, Durborow, Nissley, & Sterner, 2008; Hart, 1990; Hobart, 2007; McHardy & Hofford, 1998). Most recently, Kress and colleagues (2012) presented a case example of conducting a safety plan with a child, in order to illuminate the multiple issues counselors must take into account when safety planning with children. Although most manuals are anecdotally viewed as helpful in how to do safety planning with families, there have been no quantitative or qualitative evaluations of how this type of safety planning is perceived, nor whether it is effective.

### **Rationale for Current Study**

The purpose of this study was to develop a deeper understanding of the family safety planning (FSP) intervention and to help further develop the program for agencies providing services to women survivors of intimate partner violence (IPV) and their children. FSP has been developed to bring survivors of IPV and their children together, with the assistance of a therapist who has received extensive training regarding violence against women and children. This therapist (or other trained staff member) can facilitate the FSP session in a variety of ways, depending on the needs and readiness of the family. This one-time session has been designed to allow women and children to come together to discuss multiple issues of safety concerns as well as tactics to stay safe. These sessions are developed to work with the family to cultivate a deeper communication about their concerns and fears, to develop strategies together for staying safe,

and ultimately to have a shared understanding across family members. Additionally, FSP has been designed to help women survivors of IPV rebuild relationships with their children that have been damaged as a result of the batterer's tactics of abuse.

Although Davies, Lyon and Monti-Catania (1998) have written an extensive book in order to assist agencies in the area of safety planning, there is still a dearth of empirical studies designed to understand survivors' safety planning. Additionally, there is very little understanding regarding how children participate in and develop safety strategies within their families. Outside of working with formal organizations, siblings may already have strategies of how to deal with the violence in their home without their mother's knowledge that she may find to be more harmful than helpful, and the survivor parent may have assumptions about what her children are aware of or if they know what to do if something happens. It has been widely accepted that survivors and their children develop many tactics to protect themselves and each other when batterers are a part of their lives, yet there is very little evidence to support this theory. Furthermore, there is no specific description of how family safety planning is conducted nor how it may be facilitated differently depending on context and situation. There is no information beyond anecdotal evidence of how families can work together to address their safety issues and needs.

This study aimed to understand how families develop strategies to address the abuse both while the woman survivor is still in a relationship with a batterer and when the abuse continues after it ends, and how family safety planning can help address those issues. Service providers, especially those working with children or survivors who have children, understand that even though a survivor and batterer may not be in a relationship with each other anymore, the batterer creates multiple opportunities to continue to abuse and terrorize her over time. Having shared

children with batterers only provides them with continued access to the survivor, both with and without the support of the criminal and legal systems. In some instances, the batterers will actually increase or broaden their efforts to abuse their partners who try to end the relationship. This continued access forces women and their children to continuously assess their personal safety as well as the safety of their other family members. They often must anticipate contact with the batterer and the possibility of continued abusive attacks, as well as respond to the abuse in multiple ways.

Although there has been some research on what batterers do to manipulate and use their children in order to damage the bond between women and their children, there is no empirical evidence indicating what types of interventions may serve to repair or improve that bond. The family safety planning intervention has been created in such a way to help repair the bond between woman survivors of IPV and their children.

### **Research Questions**

This study was designed to answer the following questions:

- 1) What factors influence the individualization of the family safety planning session?
- 2) What new pieces of information do women and children learn about each other during the family safety planning intervention?

## **Method**

### **Research Site**

Data were collected at a large domestic violence program in Michigan that offers a wide range of services to survivors and their families, including a 30-day residential shelter, a Personal Protection Order (PPO) office, counseling for adults and youth, a Forensic Nurse Examiner Program, First Response, advocacy services, and a prevention education program. The Youth and Family Program (YFP) includes counseling and advocacy services for the children. In 2011, the YFP served over 650 children, teens, and their parents.

### **Recruitment**

The target sample for the Family Safety Planning Study was adult female survivors of intimate partner violence who 1) were receiving shelter or counseling services, 2) participated in a FSP session, and 3) had at least one child between the ages of 7 of 17 who was also willing to participate in the study. Fifteen families (N=15 women; N=24 children) were recruited into the study. The determination of the sample size was based upon saturation, or the point at which no new information or new themes were introduced into the data.

The families were recruited into the study by the youth and family counselors at the agency, one of whom worked in the Support Services Department and the other who provided services specifically for families staying at the residential shelter. The staff used information sheets designed for both women and children (see Appendices A & B) to help explain the study and introduce the children to the research team. The recruitment process was a multi-phase process based on the family's readiness to meet together as a group, the children's willingness to participate, and the mother's willingness to participate. Families were invited to participate in FSP regardless of whether the parents were or were not still in a relationship. The counselors and

research team agreed to first approach the youth about doing the session together in order to avoid any coercion of the youth by the mother. If the family was identified as ready to participate, the counselors discussed the family session with the youth they were working to see if they would be interested. The entire study was then explained to the youth, including what would happen during the family session and what the study investigators would ask them to do if they decided to participate in the study afterward. If the youth agreed to participate in the study, the process was then explained to their mother, including the session and the optional participation in the research study. The study was presented as an option separate from the FSP session, and the family members were reminded that they could still do a FSP session even if they decided to not participate in the study. Family members were also assured that their participation would not affect any of the services they received from the organization.

## **Consent**

Following this information sharing process done by the counselors, another Michigan State University-Human Research Protection Program (MSU-HRPP) trained staff member from the organization or a research assistant from Michigan State University set up a consent meeting with the family to answer any further questions the family members may have had about the FSP study and to begin the consent process. They met with the family together to further explain the scope of the study and read the consent and assent forms. Participants were reminded that consent to participate was a process that involves written consent for adults, written assent for children ages 13 and older, and verbal assent for children ages 12 and below, and gave them the assurance that they could withdraw from the study at any time without penalty (See Appendices C, D, & E). The consent and assent forms included a description of the study, an explanation of confidentiality, the individuals' rights as research participants, and contact information for the

responsible investigator and the MSU-HRPP. Women and their children were also informed that provisions would be made to ensure confidentiality of their personal information. After the group meeting had been completed, the person consenting the family met with each family member individually to allow each participant to ask any questions they had about the study privately. Children were also assured privately that they did not have to participate in the study, that they would not be in trouble if they did not want to participate in the study and that they could stop the interviews at any time. During the individual meetings, family members were also given the opportunity to consent/assent to be a part of the study and to have their interviews audio recorded. During the parent's individual meeting, the parent was asked to consent for her children as well.

## **Interviews**

All interviews were conducted by highly trained graduate and undergraduate students from Michigan State University. Interviews occurred either at offices provided by the agency or in the family's homes, depending on women's safety needs and comfort levels. Depending on the number of children in the family, two to four interviewers would travel together to meet the family, in order to do each interview separately. It was intentional to have the interviewer who conducted the interview with the woman not do any of her children's interviews, in order to assure children and their mothers that what they said would not be conveyed to the others.

Interviewers completed 20 hours of qualitative and feminist interviewing techniques. The trainings included how intimate partner violence affects both women's and children's lives, how to respond appropriately and empathically when women and children talk about what has happened in their lives, and how to probe during the interviews. Interviewers were also familiar with the FSP intervention manual to help them understand responses they might hear from mothers and their children. Each of the students listened to their own and other's interviews

throughout the recruitment period, were given feedback by supervisors, and gave peer feedback as requested.

Immediately following the interviews, the research team met together for approximately 1.5 hours to discuss the interviews, including any issues that they may have had during the interviews, as well as any themes that they noticed that were different or similar to previous interviews. This was also a time for the research team members to discuss and process any of the stresses they were feeling as a result of interviewing about such a difficult topic. Part of the way through the recruitment period, interviewers were also asked to begin completing debriefing forms, to help organize their thoughts about the interview and record possible themes to be applied to the data at the end of the study (Appendix F). These debriefing forms were also retroactively applied to previous interviews, as students were asked to reflect and listen to their interviews from the beginning of the study.

### **Interview Protocol Development**

Two separate interviews were developed for the study - one for women and one for the youth (Appendix G & H). As a community-based collaborative project, it was important to the research team to work closely with the staff at the collaborating agency to develop the study. As a result, the questions in the interview protocols were based on questions both the research team from MSU and the agency staff had regarding the intervention. These questions included what actually happened during the FSP session as well as several evaluative questions to help the agency staff further develop the intervention to make it as useful to families as possible. During the process of designing the interview, there were multiple iterations of feedback from the staff, the graduate student investigator, and the faculty investigators for the study. When completed, the interviews and all other study materials were submitted for review to MSU's Human

Research Protection Program. The interviews were developed as semi-structured interviews, allowing the interviewers to probe when asking questions, in order to gain a deep understanding of what the participants' experiences were like before, during, and following the FSP session. All women who participated in the study were compensated \$30 as a thank you for their time, and each youth was given the choice among several gifts, each equivalent to \$10. These amounts were determined to be appropriate in order to express appreciation for each participant's time but not so high as to coerce their involvement in the study.

### **Protection of Research Participants**

As approved by the MSU HRPP, all hard copies and audio recordings of the interviews were returned to the locked research team office at MSU immediately following completion of the interview. All audio-recorded files were transcribed to documents, and both types of files were saved onto password-protected computers. All hard copies of the interviews, a backup flash drive with the audio and transcription files, as well as the participant consent and assent forms, and the receipts of payment were also locked in cabinets in the research team office. To further protect the participants' privacy, all hard copy and electronic interview files were given an ID number. This ID number was used to connect family members' interviews together, and no key was made linking women's & children's names to the interviews. The interview transcripts were also de-identified by removing names of people and replaced with their relationship to the participant. An SPSS file was also created based on the basic demographic and custody information that women provided at the end of their interviews.

### **Data Analysis**

**Conventional Content Analysis.** According Hsieh & Shannon (2005), conventional content analysis is one form of qualitative analysis that can be used to create knowledge around

and describe a particular phenomenon, and is “appropriate when existing theory or research literature on a phenomenon is limited,” (Budd, Thorp, & Donohew, 1967; Downe-Wamboldt, 1992; Lindkvist, 1981; McTavish & Pirro, 1990; Tesch, 2013). While similar to grounded theory and phenomenological analysis, conventional content analysis does not seek to define a specific theory. It uses inductive coding in order to help understand the emergence of broad themes and specific codes. These codes and themes lead to the development of a coding scheme to help provide insight into the development and description of categories and sub-categories.

In the case of this study, the following process was used: 1) All of the interviews were read through thoroughly; during the reading, notes were taken regarding potential themes that could be considered in future analysis. 2) Interviews were then read through again in order to identify specific codes and themes. During this phase, notes were taken, and chunks of data (interview quotes) were used to aid in the initial definitions of the codes. 3) Once the initial list of codes was created, it was examined for linkages across codes in order to create larger categories and sub-categories and a coding scheme. This coding scheme helps purposefully organize the codes into clusters in order to make meaning of the data (Coffey & Atkinson, 1996; Hsieh & Shannon, 2005; Patton, 2002). 4) After the creation of the coding scheme, all interviews were read again and the coding scheme was applied. Data chunks (quotes) from the interviews were coded. 5) The coded chunks of data were then reviewed by category and sub-category. 6) Finally, categories and sub-categories were then re-visited and full definitions were established.

**Coding.** Separate coding had initially been completed within 6 months after data collection with three secondary undergraduate student analysts for reporting back to the organization to inform further intervention development. As a research team, interviews were first reviewed and then organized by item analysis (question by question). This exercise helped

aid in the immersion of the data as described in step 1 above, as well as in the development of the initial codes.

In order to help identify emerging patterns as well as variability across the interviews, Miles & Huberman's (1994) data reduction methods were used. Coding was done using both tables created within Microsoft Word, as well as Dedoose, a qualitative analysis program. Codes, themes, categories, and subcategories were reviewed with a secondary faculty analyst (i.e., thesis advisor).

**Data Triangulation.** The use of multiple sources of data can aid in the triangulation of data. Data from the youth interviews were used when possible to help confirm the data from their mother's interviews. Additionally, the initial FSP manual was used to aid in describing the intent of the FSP sessions. Reports made for the organization, and reporting meetings held with counselors helped confirm the initial findings of the study. Finally, the results of this study were shared with the counselor and the Youth and Family director at the organization for validation.

## **Results**

### **Participants**

A total of 16 families were interviewed for this study. One family was omitted from the analysis because the FSP session did not focus on safety strategies and instead focused on the behavioral issues that had come up with the child attending based on the family's immediate needs. Final analyses were conducted on 15 families' interviews. A table providing a breakdown of family information can be found in Appendix I.

Families were recruited from both the organization's shelter and its support services department. Eleven families were recruited from support services and four were recruited from the shelter. Of the women recruited from support services ( $n = 11$ ), one woman was African American, eight women were White, one woman identified as Hispanic, and one as Multiracial. Two African American women, one White woman, and one woman who identified as Multiracial were recruited from and did their FSP sessions at the shelter ( $n = 4$ ). Women's ages ranged from 33 to 49 years old; the average age was 39 years. At the time of their interviews, women's education levels ranged from a high school diploma/GED to a graduate degree. One woman was a high school graduate or had her GED, ten of the women had completed at least some of their college education, two women had their Bachelor's degrees, and two women had completed graduate-level or professional degrees. Also at the time of their interviews, four of the women were renting a house or an apartment, four of the women owned their own homes, four were staying with friends and relatives, and three were staying in the organization's shelter.

All of the women participating in the study had at least one child who participated in the study as well. Women had a range of 2-8 children ( $M = 3.0$ ). The majority of the women ( $n = 8$ )

had two children each; three women had three children each; three of the women had four children each; and one woman had eight children.

The recruitment age range for the study was 7 to 17 years old. It was determined by the research team that an hour commitment for an interview would be too long for the children who fell below the age range. Other children were not interviewed after attending FSP sessions due to their lack of Assent or lack of consent from their mothers', or their inability to do so because of their developmental needs. With their mothers' consent, twenty-four children agreed to be interviewed for the study. Of these children, their ages ranged in from 7 to 17 years old ( $M = 11.13$  years). The majority of the children interviewed fell within the range of 9 to 13 years old ( $n = 15$ ). Two-thirds of the children ( $n = 16$ ) were male; one-third ( $n = 8$ ) were female.

The majority of the children ( $n = 16$ ) were living at home with their mothers, five were living in the shelter with their mothers, while two were living at home with their mother and father, and one child was living with grandparents. For the vast majority of the children ( $n = 20$ ), the batterer was also their biological father. Of the remaining four children, the batterers were their step-father ( $n = 2$ ), father figure ( $n = 1$ ), or was a dating partner of their mother, with no parenting role ( $n = 1$ ).

**Research Question #1: What factors influenced the individualization of the family safety planning session?**

Counselors intentionally asked about the families' contexts during individual counseling sessions and conversations with each family member before the actual family session. After talking to the children to learn about what their perspectives were about what was going on in the family, counselors would then meet with the mothers to discuss what they thought would be appropriate to talk about during the family sessions. These focused discussions accomplished

two things: 1) the counselors were able to respond to each family's contextual needs when talking about safety, and 2) it increased women's agency in making decisions for their families. While the first may seem like an obvious accomplishment, the second is a subtle but intentional act of placing power back into women's hands where it may have been previously taken away by the abuser. Asking women what they need and responding to those needs helps validate their experiences, points of view, and confirms that they are the authority on what their family needs in order to bond and heal.

How counselors guided discussions about safety within the Family Safety Sessions depended on multiple factors, including the batterer's relationship to the children (father, step-father, or their mother's dating partner); how involved the batterer had been with the children; how the children witnessed and/or experienced the abuse; how the children felt about the abuser; the reasons why women and their children decided to do the session; and what the children were developmentally capable of processing.

Some families believed they were unable to talk directly about the abuse without increasing the risk of reabuse against either the mother or children ( $n = 4$ ). However, in some cases ( $n = 4$ ), children still had contact with the batterer and the family spoke directly about the abuse, risks, and potential safety strategies. Finally, in the majority of the cases ( $n = 7$ ), the batterer no longer had contact with the children but children's fears and concerns still needed to be addressed. Table 3.1 highlights: 1) these three categories and the number of families that fall within each, 2) the strategies that families discuss during the sessions, and 3) the number of families who discuss these strategies. It is important to note that some of the strategies are discussed across the three family categories, but not all of the families in each category may discuss said strategies. It was common for families across all three categories to discuss

generalized safety strategies, or what to do in the case of a fire or tornado ( $n = 11$ ), as well as strategies around using a phone (e.g., safe phone numbers to call, when to call the police, how to use an emergency phone) ( $n = 10$ ). The table also illustrates how some strategies may be more appropriate for some families' situations (e.g., strategies if the batterer shows up, or if the batterer becomes violent), and sometimes they must be modified for certain families (e.g., talking about general safety strategies when the children are staying with the batterer).

*Table 3.1 Family Conditions and Strategies Discussed*

	Contact with Batterer, Not Safe to Discuss Abuse ( $n = 4$ )	Contact with Batterer, Safe to Discuss Abuse ( $n = 4$ )	No Contact with Batterer, Still Needing to Discuss Abuse and Concerns ( $n = 7$ )	Total ( $n = 15$ )
General Safety Strategies	4	1	6	11
Phone Strategies	2	4	4	10
Strategies if Batterer shows up		1	4	5
Strategies if Batterer gets violent		2		2
General Safety Strategies when with Batterer	1			1

The three different family conditions and how safety strategies were approached during the FSP sessions are discussed in the sections that follow.

**Contact with Batterer, Not Safe to Discuss Abuse.** Regardless of their contextual situations, all families spent part of their time during the sessions discussing generalized safety strategies (e.g., fire, tornado). Often, counselors would introduce general safety strategies in order to ease the children into some more difficult topics. In sessions with some of the families, the children were asked to identify what might be unsafe or dangerous situations. For other

families, scenarios were introduced to them. The youth were then asked to identify what they might do in these particular situations (e.g., if there were a fire, if a burglar came to their home, if something happened to mom and they needed to find help, etc.). Assessing what children thought they would do in these situations allowed their mothers to understand both their thought processes and to respond by praising viable options and dissuading children from unsafe tactics.

For some of the families ( $n = 4$ ), talking about safety in general terms was the limit to which they could go. This was due to both the women's and counselors' determination that it would be unsafe to address safety in terms of the batterer. This usually happened because mothers feared batterers' manipulation or interrogation of the children, or feared the batterer's attorney would accuse them (the mothers) of alienating the children from him. In other instances, the children were not developmentally old enough to safely strategize and discuss the abuse and/or they were so emotionally close to their fathers that the mothers did not want to talk with them about the abuse. In these instances, sessions would focus on developing general safety strategies together as a family, and on enhancing mother-child communication.

Amy (39 years old), mother of two daughters (13 and 11 years old) and two sons (9 and 6 years old), came to the organization through their Support Services counseling. The batterer was the children's biological father and had visitation with them every week. Amy shared how her children were not able to receive services from the organization while she was going through her divorce working out a custody agreement with her children's father. She had concerns about being charged with parental alienation by the local judge presiding over her divorce hearing, and decided to wait until the divorce was final to start their counseling. Once she decided it was safe to begin counseling, the children's therapist suggested they do a family session to get everyone communicating about safety. Amy said that her two younger sons were still very close with their

father and she did not want to cause further issues with the courts or confuse the boys. As a result, their session was focused on more general issues:

I think she just was asking questions like, um, you know, without really coming out and saying the word safety. I think she just kind of said, you know, "What kind of plans do you have plans for..." I don't know if she actually mentioned the fire safety or if one of the girls spit that out and said, "Oh, yeah, we do fire safety plan" and that's when [son] was like, "What?" (*laughs*) My little youngest one. And I'm like, "Don't you remember? We talked about this." (*laughs*) And then we kinda went from there. I think that that's kinda how it started if I remember correctly.

Amy's daughters both confirmed that they discussed general safety strategies during the session, including how important it was for the kids to stay together; where to go in the home if someone tried to break into their house; what neighbors they should go to if they needed help, and how to escape if there were a fire.

Similar to Amy's situation, some of the women and the therapists had to sensitively strategize doing the sessions with the children who continued to have contact with their fathers in order to not alienate their fathers or make the situation more confusing for youth. For some of the families, the children had a legitimate fear of their fathers, having been the recipient of his abuse, both emotional and sometimes physical. However, the counselors and mothers determined that safety planning might do more harm than good, by increasing risk of future abuse. In these cases, they focused on safety strategies the children may use when they are staying with their fathers but the safety strategies were not specific to his abuse. For example, they might ask the children what they would do if something happened to their father, including asking them where they would go if they needed to get help, and who they would talk to or call. The children's

answers gave women insight into what their children's thought processes were, and gave them the opportunity to respond by helping them explain to their children why particular responses may be unsafe.

Sarah (41 years old), a mother of two boys aged 12 and 8, and another client of Support Services, talked about the concerns she had about her sons going to their father's house every other weekend, as outlined by the custody agreement. While Sarah was aware that her older son had witnessed some of the physical violence and had been the target of verbal abuse from his father, he had never brought up his fears with her. Her younger son had a very different relationship with his father, as Sarah explained, "[he's] gonna tell you, 'He's the best dad in the world.'" But he openly talked to his mom about his concerns regarding the way his father treated his older brother after having come home from their bi-weekly visits stating, "I hate the way dad treats [brother]." During the older son's individual sessions with the counselor he also disclosed he was afraid of his father, prompting the counselor to suggest doing a FSP session. During the session they began by talking about general safety strategies, including what to do when coming in contact with strangers and wearing seatbelts, which helped them transition into what to do to stay safe at dad's house.

And then very subtly, she segued into, "Well, how would," you know, "What would be a good rule for if you were at dad's house and something went wrong?" You know, "Would you just go talk to... would you talk to anybody?" you know. "Would you go to the gas station?" And at first they said yes and I was like, "No!" You know, that's, you're at [unsafe intersection]. No. You know, so it was a good opportunity, um, to bring it up without like, "We need to talk about..." you know what I mean? Like it wasn't like... the purpose wasn't so blatant that it became uncomfortable for either one of 'em. (Sarah)

Having a conversation about what they might do if something happens while at their father's house during the session gave Sarah an indication of what her sons were thinking, as well as the opportunity to address if their actions would possibly put them in further danger. She also learned about gaps in their plans (not having a phone or a way to reach her if something happened) and came up with a way to address those gaps. Finally, Sarah mentioned how the session gave her older son some agency in a situation in which he feels he has no control. She said:

So I thought that was another really, really good thing. Because a lotta times I have to say to him, "Baby, there's nothing mama can do. You have to go." And that's a horrible...horrible feeling. And he leaves just a train wreck. And so now, you know, we can say, "Remember? Remember our plan?" You know, "Remember your phone?" when he goes, he'll feel like he has some power. And I think when he goes, he feels powerless. And that's gonna be huge. So that's a really good thing.

**Contact with Batterer, Safe to Discuss Abuse.** In other families ( $n = 4$ ), the children had continued contact with their father (the batterer), or were preparing to have contact with him after a period of no contact. Family Safety Planning sessions for some of these families dealt directly with safety planning related to the abuse.

At the time of her interview, Angelique (53 years old; mother of a 24-year old daughter, 20-year old son, and 11-year-old and 9-year-old girls), was staying at the organization's shelter with her two youngest daughters. She said the decision to do a FSP session was prompted by her need to discuss with her daughters why she had to stay away from their father and why they had to stay in the shelter. According to Angelique, both of the girls brought up fears about their father hurting her or coming to hurt her, and the possibility of having to go live with him if

something happened to their mom. Her older daughter confirmed talking about those fears; her younger daughter recalled talking about different types of violence in the session and what they would do if something happened.

In addition to talking about why they were staying at the shelter, Angelique was able to explain to her daughters why it was so important for them to not alert their father as to where they might be. During her interview, Angelique talked about the impact of being able to have these conversations with her daughters:

...the sessions they-they really helped me bond with them to a point where now I feel more at ease with talking to them about keeping safe. As to, as to where before I, I didn't 'cause I didn't know how to approach the subject. I didn't know what to say, I didn't know how to be like okay, you know this is what we really need to be talking about and then you feel like, I don't know if I should talk about it but I know I need to talk about it, I don't know how they gonna react to it, ... but now it's made me a lot more comfortable with being able to talk to them... (Angelique)

She went on to give a description of how she and her girls talked about safety in general during the session, and how a particular activity opened the door for them to communicate with each other safely and privately if something were to come up in the future.

We talked about... what we'd do if there was an emergency, we talked about what type of emergencies there would be, you know, what's considered an emergency. Um... Like um, things like fire or um, if somebody was hurting me or somebody was hurting them, um, somebody was trying to break in, um... if something, I think if, what is it... um, and then, and then the planning of what to do. And then we took pieces of paper and quietly, secretly wrote something nice to each other as an exercise you know that even if it's good

things, you can do the same thing with bad things and nobody would know that that's what you're doing cause you can secretly tell somebody that something's happening to you that way as well. So that was something that she told me, that she taught me that I can do with them on a regular basis, you know and I never thought about that before. You know, and it was really nice, it was cool and then we did something fun afterwards...

Jane (49 years old) and her three youngest children (ages 9, 13, and 14) were Support Services clients and had been attending survivor- and youth-group meetings at the dv organization to deal with the abuse they had experienced and witnessed for over a month before Jane decided it was time to discuss what they had been dealing with in a FSP session. Jane had eight children with the batterer (ages 22, 21, 20, 18, 16, 14, 13, and 9). Her four oldest children were no longer living with her permanently but had witnessed the same abuse her younger children had. During her interview, Jane stated that she wanted to provide her children an opportunity to talk about how they felt about not seeing their father (who had been in jail at the time as a result of being arrested for his abusive behavior) and the possibility of seeing him in the future. Her 9-year-old son was very conflicted about seeing his father, both expressing interest in seeing him but at the same time, "he's scared enough that he's running around dead bolting doors." Jane's children had witnessed several of their father's violent episodes and outbursts while he was living at home with them. Additionally, her children had been fearful of calling 911 when their father was violent in the past, due to the possibility of their family being broken up and the children being forced to leave the home. During the session, Jane and the counselor were able to address her son's conflicting feelings about his father, the children's need to feel safe in the home, and specifically their concerns about Child Protective Services getting involved. The youth were given 911 phones (cell phones programmed to only dial emergency

services) and strategized by identifying the locations of all of the phones in the house and the different routes they should use if they needed to leave their home quickly. During their interviews, both youth confirmed receiving the phones, as well as other strategies they might use if something happens, including staying together in a locked room until the police show up if they are at home. In her interview, Jane identified how having the phone has given her son and daughter agency over how they could respond:

...I think its boiling down to if he [batterer] shows up here unannounced or without cause, they know how to dial 911 and um he was thrilled with getting a 911 phone. And he was, he's been very careful with it, and making sure it's plugged in and charged and well should I unplug it mom? Should I ya know whatever, how should I take care of my phone now? And he knows that its only for 911 and um so he's been all over making sure that's right there next to his bed should something happen and same thing with her, she's got hers...

Maria (41 years old) and her 11-year-old son (Support Services clients) also discussed calling 911 as a safety strategy during their FSP session. The counselor worked with Maria during the session to confirm what would be appropriate situations for her sons to call 911 because, as Maria described, "both [her] sons wanted to call it at one point in time on different days. Um, so, [they] needed to be a little bit more clear on that 'cause obviously I don't want [the police] coming for, uh, the wrong reasons I guess you could say."

During the time of their session and in the subsequent interviews, the batterer was still living with Maria and the two boys. She was involved in the process of divorcing him and had several legal setbacks, but held the hope that he would be forced to move out of the house within the month. Her 17-year-old son was diagnosed with autism, and had experienced physical

violence at the hands of his father as well. Her 11-year-old son was favored by the batterer, and knew this, but felt very protective of his older brother. During the session he talked about his fears regarding the batterer, opening up about his concern that his father would never leave their house. Maria talked about how this fear took her off guard but helped her identify with her son as well.

When asked to identify the fears their children brought up during the FSP session, many of the women talked about how their children were specifically afraid for their own safety, as well as their families' safety as a whole. Like Jane's kids, some of the children had not experienced physical violence themselves but had witnessed violence against their mothers. Others, like Maria's son, witnessed physical violence both against their mother as well as a sibling.

Finally, there were some children who had experienced physical violence at the hands of the batterer, similar to the story of Support Services client Amanda (40 years old) and her son (8 years old). Amanda and her batterer were living apart, but he had continued contact with her, as he had been awarded every-other-week visitation with their son. The 8-year-old boy had been already attending individual sessions at the organization, and his counselor approached Amanda about doing the session so they could strategize addressing his fears as well as ways he could stay safe when he had to go to his father's house. Recently, Child Protective Services (CPS) had opened a case against the batterer through the youth's school. The batterer blamed Amanda for the case, and she was concerned that he was going to cut off her ability to contact her son when he was with the batterer, a privilege he had granted her during previous visits. During the session, Amanda learned how aware her son was of the batterer's behavior and how he was planning to try to manage that behavior. As a result of a CPS case being opened against his father, her son

said that the batterer would deny what happened by saying "...you know that's not true what I did." In order to avoid confrontation with his father, Amanda's son said he would simply go along with him. Similar to Jane's and Maria's FSP sessions, Amanda and her son both confirmed in their interviews that they had talked about having a safety phone during their session. This initiated his learning her phone number, their address, as well as two other safe phone numbers.

Numerous women and children talked about how important it was to discuss phone safety during the FSP session, including having an emergency phone, safe numbers the children could call, and when it would be appropriate to dial 911. By having this conversation, they were able to collaborate with their kids about these separate issues, and also identify any faulty thinking their children may have had and address those immediately.

**No Contact with Batterer, But Still Needing to Discuss Abuse and Concerns.** The Family Safety Planning sessions also provided an opportunity for families to address the fears youth continued to have after the batterer was out of their lives. Some of the youth in these families had witnessed and experienced extensive amounts of abuse. A major theme found across all families in this category was the fear the children and sometimes the women had of the possibility of the batterer returning to their lives, or unexpectedly running into the batterer. During most of these family sessions, the counselor encouraged the families to talk about any fears they may have had and then followed up with safety strategies they could follow together as a family. Some of the fears the youth listed were general, such as fires or earthquakes, but many more listed fears they had about the batterer, including him harming them or their mothers and their having to go back and live with him. Similar to the women in the "Contact with Batterer, Safe to Discuss Abuse" category, many women had an idea of their children's fears regarding the batterer, but they were not aware of the *intensity* of those fears.

Both Lisa (40 years old with 12- and 9-year-old sons), and Kari (34 years old with 11- and 9-year-old sons) had similar experiences of having to move across the country to be near family while escaping the abuse. In both families, the batterers were the boys' fathers and were in jail at the time of the interview. The boys in the two families were very scared that their fathers would find out where they were living, and come harm them and their mothers. Lisa's sons were living with their grandparents at the time, and their fears extended to their father coming to harm their grandparents. In Kari's case, her sons expressed their fear of the batterer travelling across several states to show up at their school. These fears caused her younger son to be hyper-vigilant, ensuring the house was secured whenever they were home (e.g., repeatedly checking the locks on the door, getting upset when other family members did not put the barrier in the sliding glass door). Kari talked about how difficult it was to hear her sons talk about their extensive anxieties, and the session helped her communicate her own fears to them and work together to address those fears through safety strategies. She said,

and it's a good thing. They realized I'm a human being too and I'm-I'm not perfect and I forgot all kinds of things I didn't think of, things that we should have been doing and ya know, 'cuz I was like, "Wow. Yeah, oh God. I can't believe I didn't think about that before...

Similar to other families in the study, both Lisa's and Kari's families' strategies included the children learning important phone numbers and addresses, as well as where to go and what to do if something happened at home. As they strategized, the counselor wrote the ideas down in order to give them something to talk about when they left the session. Kari's son was able to take their list home to share with his grandparents. As Kari explained, "...actually my mom has calmed down a little bit, like not getting all stressed out or irritated if he's like walking around

the house and locking the doors and stuff because it's right there so she can see it." Kari's sons confirmed during their interviews that they talked about different strategies to stay safe, including sticking together in an emergency situation, being aware of their surroundings, using the emergency phones if they needed, and locking doors when they were at home. Having the list gave Kari's son a way to explain to other family members how important it was to stay safe, while not having to explain *why* he felt that way. Strategizing with his mom and brother during the session and creating the list together meant that it was just not about him but a shared commitment.

Briana (38 years old) and her two children, ages 15 years old (daughter) and 17 years old (son), were approached by their youth advocate in the shelter who suggested they do a FSP session together. The advocate was aware of the family's situation and had built a relationship with the two youth, and learned that they had never talked about some of the things that they were dealing with, including why they were staying in the shelter. Briana's daughter talked about how her family realized during the FSP session that they "already had a safety plan, but [they] didn't really realize it. So [they] were just going over the basic stuff." By talking about things they had done, or had thought about doing in the past in order to stay safe, Briana and her kids were able to identify where they may have gaps in their plans or even strategies that were unsafe. For example, during the session Briana's son talked about how he might go out to confront the batterer or a stranger if they attempted to break into their home. Both Briana and the youth advocate were then able to work with him on figuring out why it would be unsafe to take that action. As a result they were all able to come to an agreement together that Briana's son would instead try to alert everybody if someone was trying to break into their home, and get everyone together. Briana's daughter also talked about how during the session her family discussed what

they would do to stay safe, especially as they were planning to exit the shelter in the near future, and how during the session they were given emergency phones to be used if their father showed up or if they were in any other unsafe situations.

As highlighted by this study, counselors had to pay close attention to the dynamics of the families in order to personalize the FSP sessions. While some experiences only came up once or twice across families involved the study (e.g., dealing with an open CPS case with the batterer, or the family recently moving across the country to have physical distance from the batterer), they are still common experiences for survivors of abuse. These smaller themes further contextualize the larger themes found and help describe the nature of the contact women and children have with the batterer and their ability to discuss the abuse.

**Research Question #2: What new pieces of information do women and children learn about each other during the family safety planning intervention?**

One of the goals of the sessions was to give family members an opportunity to learn new information about each other. What was uncovered through the interviews was that less than half of the families (n=7) talked about learning completely new information about each other. Instead, women often talked about how they had an idea of how their children felt about specific things (e.g., their feelings about the abuser), but that the session gave the children an opportunity to actually discuss these feelings. This section, then, describes both what families learned about each other during the session and what they were able to discuss further as a result of being in the session.

**Sharing and Learning New Information.** The women who did learn something new about their children talked about how during the sessions their children disclosed specific concerns they had, either (1) as a result of their parents being separated, or (2) related to the

abuse. Youth were also asked what they learned about their siblings during the session (if applicable). Things they learned included what their siblings feared, why they were “stressed,” how their siblings felt about them, their siblings’ feelings about their dad (the batterer), as well as what their siblings’ safety plans were before the session began.

A concern, or “worry,” that two women shared with their children during their FSP sessions was the reality of not having enough money or food in their homes. Alicia (38 years old) was a counseling client at the organization when she decided to do an FSP session with her three sons (ages 11, 13, 16). She decided to do the session because the batterer, biological father to her two younger sons and step-father to the 16 year old, would periodically resurface in their lives and she wanted her sons to be prepared as to what they should do if it happened again. As a part of their session, Alicia and her sons were asked to share their “worries.” Not only did Alicia disclose to her sons her concerns about having enough money and food in their home, but she learned that her 13-year-old son knew she was worried, and would worry about money and food as well. In her interview, Alicia talked about how helpful it was to know what her sons were worried about. She realized that despite her efforts of trying to hide her own concerns of food or money, at least one of her sons knew what was going on. The session gave Alicia’s son the opportunity to bring it up, and it allowed Alicia to confirm the worry.

Amaya (33 years old) and her 13-year-old, 17-month-old, and 8-month-old sons, were all living with her parents while she was in the process of leaving her batterer at the time of the interviews. When asked in the FSP session, Amaya identified her biggest worry to be about money now that they no longer had the batterer’s income to supplement hers. During her 13-year-old son’s interview, he reflected on this: “I learned that she’s struggling with money and

stuff, bills, like she tells me don't worry about it so I thought that everything was ok. But now after all these things happened, I know that she's struggling to get a new job and everything."

By sharing this information during the session, women were able to be honest with their older children about the realities of what they were dealing with, while still trying to put their children more at ease. While the women wanted to guard their children from those worries by not acknowledging money as a concern at home, the session allowed them the space to bring it up and address it head on. Women learned that, although they thought they may have been shielding their children from money concerns, they may not have been as successful. The sessions provided a space for the women to address these issues and for the children to safely bring up their concerns as well. As Amaya's son's quote illustrates above, the session was an occasion to speak honestly about the situation, solidifying women's and children's abilities to connect to each other.

When asked what she learned about her children during the session, Angelique (53 years old), mother of 9- and 11-year-old daughters, discussed how she learned about her oldest daughter's understanding of domestic violence. Angelique's younger daughter, when asked in her interview, confirmed talking about multiple types of abuse and violence during their FSP session. Angelique talked about how surprised she was of her daughter's knowledge regarding something they had never discussed before and how she tried to manage her emotions during the session.

...You know, I did not know that they were as knowledgeable as – about some stuff that they are, cause I was like oh, they don't know nothing about that, you know what I'm saying. But they actually do. You know, I was shocked, I was surprised that they had the answers to some of the questions that [the counselor] was asking them...I was surprised

that they knew, like, I was surprised that my older daughter knew what domestic violence was...I was really shocked because I never said and I never talked to them about stuff like that. So for them to actually be, to know about what it is, I was like wow. You know I was sitting in my chair like “wow” to my self, you know. I didn’t wanna have that look on my face like I was shocked and surprised, so you know I’m like yeah, I know they got this but I was really shocked.

Some women talked about how the session gave them an opportunity to learn about how their children were communicating with each other and with others outside of their family. Two of the women, Amaya (33-years-old) and Kari (34-years old), discussed how they learned with whom their children were communicating and the extent to which they were doing it. Amaya learned during the session that her older brother was pressuring her 13-year-old son to talk about what was going on at home with her and the batterer, just as he had done with her in the past. While having outlets with responsible adults can often be seen as a positive experience for youth, in this instance, there was concern about her son feeling coerced into opening up more than he was comfortable doing. On the other hand, Kari had strong support from her parents as she tried to leave her abuser and get back on her feet. They were responsible for her two boys (11 and 9 years old) when she attended school two nights a week. During the session she learned that while staying with their grandparents and their uncle (her brother), they would discuss safety and issues they were having.

Women also learned about specific ways their children were coping with the turmoil in their homes. While they may have been aware of their children’s behaviors, the session provided a space for women to uncover the reasons *why* their children did some of the things they did. Maria (41-years-old) believed that her son was simply using his gaming system to play games,

although she wondered if he may have used it as an escape. During the session, Maria's son was asked about what he did to escape or cope with what was going on and he brought up the gaming system. Reflecting on this she stated, "I guess it's not so weird, but I don't know, it just surprised me a little bit that he was usin' that as a coping skill."

For Kari, she was already aware of her sons witnessing the abuse in their home when they still lived with their father, the batterer. During the session, though, she learned that in order to feel safe, her two boys "had hidden knives and stolen knives of [the abuser] and hidden knives to protect themselves and also to keep them, so he would have less things to hurt them with. I was blown away," (Kari). She talked extensively about the abuse that she had experienced and her children had witnessed, and how it prompted a move across the country to both evade the abuser and be closer to family. And while she had discussed the abuse with her sons in the past, having the family safety planning session gave them the opportunity to uncover even more.

While the sessions were focused on keeping families safe through both communication and practical skills, there was also an element of supportive communication that occurred during these sessions. When women were asked what they learned about their children, some focused on positive aspects of their relationships. Angelique talked about how she learned that her kids loved her more than she realized, a feeling she didn't realize was possible because of her past relationship with her own mother:

...the most thing that I've learned is that, that they love me more than I thought they did, you know...and parents...we think that, "ok, they kids. They supposed to love you 'cause you they mom." But my kids generally love me and it means a lot to me. It means a lot to me because growing up I loved my mother 'cause she was my mother and I felt like I had to. But I didn't like her. You know what I mean?

Similarly, Denise (38-years-old), mother of a 17-year-old daughter, was currently staying in the organization's shelter with her daughter. She talked of how she learned how much her daughter supported her during the session, and how the counselor validated those feelings:

She was very supportive of me. And I honestly didn't expect that. Not that she's a mean person, it's just she is caught up in her own little world. And you, know, when I was at my worst, it seems like she was at her best. You know, I think [the counselor] said, you know, "Of all the years of doing this, I've never, ever had the child turn to the mom and say, 'I have faith in you.'" That meant a lot.

When attempting to leave abusive men, women are often in a state of turmoil and question their own motivations for leaving without having much external or familial support. During the transition, their children can feel uprooted without a sufficient explanation as to why they had to leave their homes. For Denise, the session provided a space for her and her daughter to communicate those feelings, and ultimately she found out how much her daughter trusted the decisions Denise had made on their behalf.

Finally, women talked about how their own feelings changed about their children during the session, as they learned new things. For example, when Angelique learned that her daughter understood what domestic violence was, and that her youngest (9-year-old) daughter understood what emergencies really were, she realized just how capable her children were in communicating about difficult topics. Additionally, women talked about how smart and involved their children were. Amanda (40-years-old) spoke of how her 8-year-old son was very distracted during the session, but he was also very capable of finding ways to stay safe.

These examples, while different across the varied family contexts, begin to show how the sessions created space for families to work on building communication and mutual respect for

each other. Women learned that their children trusted them more than they may have realized, and they learned that many of their children are capable of communicating their own ideas and feelings about what is happening in their lives. As Angelique stated:

Whether they say it or not, and I see them and I'm – I'm learning that they have, they have different voices, they have different views, you know and, they're very smart.

They're very smart. You know, I did not know that they were as knowledgeable as – about some stuff that they are, cause I was like, "oh, they don't know nothing about that," you know what I'm saying? But they actually really do. You know, and I was shocked. I was surprised that they had the answers to some of the question that [the counselor] was asking them.

**How the Session Opened Up Further Communication for Families.** Although the sessions did not necessarily uncover new knowledge for some of the families, they often created a space for family members to communicate in ways that they had not done previously. Almost all of the women ( $n=12$ ) identified that they addressed ideas, concerns, and safety during the FSP session in ways that they had not done before. Many of the families focused on fears that the children had including those regarding the abuser harming themselves or their mothers. Women also learned about their children's concerns of being separated as a family due to judge's custody decisions, or other system involvement, and about their fears of strangers. Some of the women also talked about how they *thought* their children were acting on or thinking about things specific ways, especially in terms of safety and the abuse, and the sessions gave them an opportunity to confirm this information.

For Lisa (40 years old), talking to her younger son (9 years old) during the session helped her realize how concerned he was about his father, the abuser, harming her and his older brother

(12 years old), and his fear of his father never leaving as they were going through the divorce process:

Well, [son] was...he kinda surprised me. It did, but it didn't. He talked about the fear of his dad hurting any of us. Um, I didn't really think that... 'cause he hasn't seen [his father] at his worst times. I have. So that was more of my fear when he's drinkin'. But that is one of [son]'s fears 'cause he's seen [his father], um hit [older son] with a hanger before. So, and of course, that sticks in the kid's head. You know. So, you know, his fear was...and then his other fear was his dad never leaving. And I was like, "Wow."

When asked in his interview if he told his mom anything she didn't know about before, Lisa's son confirmed what she said happened, saying "I told her...sometimes I'm scared to go...into the living room myself because that I think my dad will end up in the house. And I'm scared."

Two other women, Shawna (33 years old) and Amanda (40 years old), described how their children were concerned specifically about their mothers' welfare regarding the abuser. For Shawna, she recognized that her children were focused on her leaving and getting "out of that situation" because they didn't want her get hurt. Not only did Amanda confirm her son's fears of his dad hurting her but she learned the severity: "...he's used the words 'kill me.'"

Some of the same children who talked about their fears of their mothers being harmed by the abuser also discussed the fear of being harmed themselves. For each of these families, the children had witnessed some sort of abuse in the past, either against their mother, against a sibling, or they had experienced themselves. Jane (49 years old) identified how they talked about her son's conflicting feelings regarding his father:

I know that he has a fear of not seeing his dad, I knew that he's been back and forth. He kinda wants to see him, but...he doesn't want to see him by himself. He wants me to be

there, or somebody to be there that can take care of him in the event that he gets mad.

And um...I knew that... ...That's the thing, ya know, he wants to see his dad, but at the same time he's scared enough that he's running around dead bolting doors.

Sarah was not fully aware of the extent her 8-year-old son's fear of his father, the batterer, until she was approached by his counselor to do the family safety planning session. Although "he said it in lots of other ways, but he'd never verbalized that," she says. So when the counselor approached her to do the FSP session, she saw it as an opportunity to address those fears in a safe place, and to strategize how to be safe when he had to go to his dad's house. Simply thinking about the possibility of having a FSP session helped her realize that she had an opportunity to work with her children in a way that she had not considered in the past. She stated, "But there's things that you overlook. Like I had never thought...although I'm afraid when the kids are there, I had never thought to myself, 'How do I give them a plan?' or 'How do I give them tools?' I never even put those two things together, that I needed to do it or that I *could* do it."

## **Discussion**

This study was designed to help practitioners understand 1) what Family Safety Planning (FSP) is; 2) how family safety planning sessions can be developed to families' individual experiences; and 3) what women's and children's perceptions are of the sessions. Practitioners from a DV organization created the Family Safety Planning intervention as the result of recognizing a need to build communication between women and children on the topic of responding to potentially unsafe situations. They realized that individual safety planning with children, while beneficial, did not provide opportunities for women to give input into what would work. Counselors may have talked with the women before or after their children's individual sessions in order to confirm what was safe for the family, but the counselor missed a key opportunity to have the women and their children work together to identify ways to handle unsafe situations. Having the additional knowledge that batterers may often try to systematically break down the bond between women and their children as a way to emotionally abuse and isolate women (Bancroft & Silverman, 2002), the DV counselors considered FSP a way to repair those bonds and increase communication between women and their children.

This initial study on FSP was developed to help the DV organization understand important elements of the intervention, to help them apply that knowledge to further develop the intervention, and to inform the Domestic Violence field as a whole. The study was designed to document: 1) the factors that need to be considered in deciding how to safely facilitate a FSP session; 2) how FSP sessions can impact women's and children's safety strategies; and 3) how the sessions can influence their relationships with each other. The results of this study provide evidence of the importance of counselors' understanding of families' distinctive circumstances

while developing the FSP sessions, and give insight into what women and children may learn about each other while participating in the FSP sessions.

### **Importance of Individualizing Sessions**

The families in this study were prompted to attend FSP sessions by a wide range of circumstances. Many factors helped shape the individualization of the sessions including the batterers' relationships to the children (father, step-father, or their mother's dating partner); the contact batterers had with the women and children and the nature of that contact; how the children witnessed or experienced the abuse; how the children felt about the abusers; and what the children were able to understand developmentally. Because each family had different experiences, they required different activities and conversations in the session. Counselors used their knowledge of the families' distinct backgrounds and risk factors, and worked with women to identify the most appropriate activities to use to address safety during the sessions.

This study highlights the diversity and complexity of families' needs regarding safety. While some women intentionally discussed the batterer and their children's concerns regarding the abuse, others stated that any discussion about the abuse or the batterer could put themselves and even their children in increased danger from the batterer. Some women wanted to strategize as a family about what to do when the children were with their fathers; others needed to have an opportunity to respond to their children's concerns about the batterer showing up unexpectedly.

Similar to individual safety plans, which vary for survivors depending on their needs as well as the tactics batterers use (Davies et al., 1998; Davies & Lyon, 2013), FSP sessions are best approached with the distinct experiences of the family units in mind. Practitioners must understand that what may work for one family may not be appropriate for another and should be trained to respond appropriately. This study has resulted in the development of an intervention

manual, which is instrumental in helping practitioners individualize sessions by providing age-appropriate and situational-appropriate activities that could be used during the sessions, and explanations of when the sessions might be best done with families.

### **Benefits Beyond the Safety Plan**

This study illuminated how families may talk about safety as a group, and provides information on the considerations practitioners should take when discussing safety with individuals. While some women's ultimate goals for the session were to develop safety strategies that would directly impact how they and their children interacted with the batterer, an underlying goal for many of the women was the sharing of knowledge as a family unit. This knowledge-sharing produced many benefits, depending on the families' situations. For example, women and children were able to come to an agreement on how to respond to unsafe situations, regardless of the batterers' involvement. Women were also able to respond to their children's ideas that may have been unsafe, and strategize with them to come up with a more appropriate response to situations, with the support of a counselor.

This study also supports Graham-Bermann's (1996) past research on the worries children have when living in homes with domestic violence. Graham-Bermann found that children living in homes with domestic violence are more likely to have worries about the behaviors of significant people in their families, especially about their father's harmful behavior. During their interviews nine out of the fifteen women said that they discussed their children's worries about the batterer harming the children, their mothers, or being isolated from their mothers. While women may have been aware of their children's worries, the sessions provided an opportunity for women and children to build a deeper communication while sharing and alleviating worries

that they may not have shared in the past. Finally, some FSP sessions helped women understand what their children's feelings were about themselves and the abuser.

While practitioners played a key role in developing and facilitating the FSP sessions, it should be noted that an underlying but important component was women's and children's individual agency. DV organizations have historically operated under an empowerment model, with the understanding that survivors know what works best in their own lives while providing support for any decisions they make (Sullivan, 2012). The counselors facilitating these sessions also use the empowerment model to help guide their interactions with the youth. Counselors intentionally designed the sessions to facilitate both women's and children's agency, based on both specific activities and interactions.

Another benefit noted from the study data was that FSP sessions helped rebuild the mother-child bond and restore the mother's place as the head of the household. When women and children enter into an FSP session, there can be a dysfunctional dynamic, caused by the batterer and the abuse. Some batterers use specific strategies to undermine the woman's authority (e.g., telling the children they don't have to listen to her, calling her demeaning names in front of the children) and using physical against both her and the children, sending the message to the children that she is not capable of keeping herself and the children safe. When batterer uses these strategies to break down the bond between women and their children, it can result in children questioning their mother's abilities to make decisions and women to gradually lose authority over their children (Bancroft & Silverman, 2002). In order to address these dynamics, counselors intentionally tried to have less of a presence during the sessions, asking women questions in order to open up conversation, but deferring to the women when issues arose, following-up or

supporting women's responses, and modeling for the children how their mothers may be authorities on their families' situations.

Angelique (53), mother of four, ages 24, 20, 11, and 9, talked about how helpful it was for her counselor to take this approach during the session with her and her two youngest children. She said it was helpful

...being able to open up and have a conversation with my children, instead of being afraid to talk to them. It made it easier for me to talk to them, and it made it easier for them to talk to me too. You know, so that help was there, you know. When you don't have the help, you don't know what to do. You know, when you don't have somebody asking you the questions, you don't know what type of answer to give.

Counselors also developed the sessions paying close attention to the accumulation of disempowerment the youth had experienced. They noted that when youth talk about their own ideas, they are often dismissed or ignored, simply because of their age or lack of experience. Adding to that feeling of powerlessness from living with a batterer can further facilitate disempowerment for the youth. During the FSP sessions, counselors attended to these power dynamics by giving all of the family members an opportunity to speak and contribute to the safety planning, as well as respond to each others' ideas. They also sometimes set ground rules with the family members at the beginning of the sessions in order to prepare everyone to have an equal role when communicating with each other.

Again, Angelique (53), spoke about how she witnessed and experienced the power being balanced between her and her two youngest children, who attended the session with her:

I felt like we were all equals sitting at the table. You know, I felt like we all had a voice that had a chance to be heard so it was no "you gonna listen to me more, then I'll listen to

you” or, “you wait and just let me say what I have to say”, nah, no. We all had a voice, we all were able to be heard, you know, the children especially got a chance to say what they felt, you know. And that meant a lot to me. It was not, “ok, no you hush I’m not talking all of none of that”. It was what it was supposed to be.

### **Study Limitations**

Findings need to be considered in light of study limitations. First, there is an issue of selection bias, impacting who was involved in the study and the actual number of families recruited from the shelter ( $n = 4$ ) and those recruited from support services ( $n = 11$ ). Women and children were selected by counselors to participate in the sessions. If families were interested in doing a FSP session, they were then told about the study and given an “Agree to Be Contacted” form to fill out. Due to the participatory nature of the design of the study, counselors had significant input into the recruitment process. Those counselors who facilitated the sessions gave the research team feedback on the importance of having an established relationship with the family in order to do a session specifically tailored to the families’ distinct histories.

Another limitation was the difficulty in incorporating the youth’s interview data. During the design of the study, the expectation was that the data from the youth interviews would be able to stand on its own, and provide additional information to the results. Although counselors had input into the design of the youth interviews, it was determined during data collection that the protocol was problematic, as children often did not elaborate on their experiences. Due to this as well as insufficient interviewer training on interviewing children, the data could not be used as originally intended. Instead, when possible, quotes from youth’s interviews were used to provide texture and further explain what was happening during a session with their mothers. In the future,

this limitation could be addressed with 1) including youth in protocol design and 2) including more extensive training for interviewers.

Another limitation was a lack of triangulation of the findings of the study. The study was designed to understand the experiences of women and children during their FSP session. While women and children were asked about their perceptions and feelings regarding their families' own sessions, we did not have input from the counselors regarding the individual sessions. Again, due to the participatory nature of this study, counselors were included in part of the analysis process for the organization, and were asked to corroborate the themes found across families' experiences.

The fourth limitation was the variation in timing across interviews. The study was designed to interview women and children as soon as possible after their FSP sessions. Due to the time commitment asked of the families in order to complete the interviews (2 hours), scheduling was difficult. Some families were able to complete the interview within a few days of the session, while others could not complete their interviews for up to three weeks. In order to address this limitation, themes were reviewed for divergence based on time points and no significant variation was found. However, there could have been memory loss about sessions for the families interviewed two to three weeks after the FSP session.

A final limitation to this study was the lack of variation in the group both based on demographics and recruitment location (shelter vs. support services). Families recruited from support services were overrepresented ( $n = 11$ ) in the sample as compared to those recruited from the shelter ( $n = 4$ ). Women ages ranged from 33 to 49 years old, with at least one year of college ( $n = 14$ ) completed, representing an older, more educated population. The small sample size of this study, as well as the large difference between department recruitment does not enable

us make significant deductions about possible differences in experiences between families who are doing FSP sessions while staying in a shelter compared to those who are only receiving counseling services. Future studies could address these limitations by using a more purposive sampling strategy in order to get a more balanced representation of women recruited from different departments, as well as a broader experience in terms of age and education.

### **Implications for Practitioners**

The findings of this study have several implications for service providers, including practitioners, counselors, advocates, and agencies who are attempting to provide family safety planning as a service to families who have experienced domestic violence. This section highlights these implications.

FSP sessions are best implemented once service providers have established relationships with the children and the women. Several women in the study discussed how comfortable they and their children were with the counselors during the session. They trusted the counselors because their children knew them and because they realized the counselor valued what each family member said during the session. As a result of establishing these relationships, service providers were able to build a safe space for the children to talk about their feelings and concerns in the family regarding safety. Addressing confidentiality with the children ahead of time and again during the session as a family can create that safe space and encourage an open environment for talking.

While building the relationship with women and discussing the session ahead of time, the practitioner can begin to understand what the family is already doing regarding safety, how they are communicating with each other, and what concerns women may have going into the session about the topic and how to communicate with their children. Service providers must recognize

that women are the experts on their own lives, and are already working very hard to keep their children and themselves safe. Approaching women with this in mind will help the service providers learn what they are most concerned about and work together to develop strategies specific to their families' needs. Additionally, having women help create the format of the session by attending to their concerns and relying on them to help guide the session allows children to again see their mothers in a leadership role.

Service Providers must take into consideration families' multiple contextual factors when conducting a family safety planning session, including the children's knowledge of the abuse as well as the batterer's current relationship with the family. Batterers may have continued contact with the children, and their relationships are often complex. Regardless of their knowledge of the abuse some children may still hold the batterer parent in a favorable light and willingly tell him what they discuss with their mothers and during the session. Alternatively, the batterers may use their own authority to coerce and intimidate their children to provide information about their mothers, and further compromise their safety. Keeping this knowledge in mind, practitioners should build a relationship with women separately from the children and strategize the FSP session in a way that meets the needs of their families and gets them on the same page about staying safe without necessarily talking directly about the abuse or the batterer.

### **Implications for Future Research**

As a small qualitative evaluation project, this study highlights the benefits FSP sessions can provide for families, specifically being a space to help facilitate communication about safety and foster support between women and children. A future study could interview women and children at multiple time points examining the changes of their safety plans before and immediately after the sessions as well as the depreciation of knowledge of the FSP over time.

Future studies could also examine the nature of contact and the type of relationship the batterer has with the children, and how this impacts women's needs to talk about safety.

Although it was not a focal point, this study also illuminates the fear many youth have of their mother's abusive partners, who are often their own fathers. This fear has been characterized by the physical, emotional, and economic abuse the youth have experienced and have witnessed against their mothers. While some of the youth in this study still had contact with the batterers in their own homes, or during visitation, others had no contact at all. What varied across youth's experiences was their fear of the batterers' harming them or their mothers, isolating them from each other, and for those who had no contact, the possibility of the batterer re-entering their lives. Future studies could examine these variations across the batterers' relationships with the youth, and the youth's fears, to help further inform child custody and visitation laws.

In the past, few studies have focused on how batterers use children as a tool to abuse women (Bancroft & Silverman, 2002). Some of the women who participated in this study talked about how they had to be careful talking about safety and the abuse with their children because of their fear of being identified as alienating their children from their fathers. Additionally, some women discussed how the batterers favored particular children and either focused their emotional or physical abuse toward or ignored other children. The women who characterized this specific strategy of isolating family members spoke of the impact it had on both children. This study provides support for future studies to further examine the use of children as a tool to isolate women and children from each other and the impact it has on their relationships.

## **Conclusion**

This study provides support for the benefits of Family Safety Planning sessions for women who have experienced IPV and their children. The field of gender-based violence,

specifically intimate partner violence, has long supported the practice of individual safety planning with survivors of IPV, including their children, while emphasizing the importance of survivors' being the experts on their own lives when discussing these plans. The development of Family Safety Planning by practitioners who have had several years of experience working with survivors and children builds on that knowledge with the awareness of the specific needs women and their children have when the batterer has disrupted their relationships. Currently, few programs around the country use a specific intervention to address those needs. The Family Safety Planning sessions address these issues, repairing a damaged bond, by giving women and children an opportunity to work together to strategize about safety, and enhancing their communication.

## APPENDICES

## Appendix A – Parent Information Sheet

(original not included due to formatting restrictions)

### **Family Session Research Project**

My name is Katie Gregory and I am a graduate student at Michigan State University. I am doing a research project on women's and children's views on family meetings where there is domestic violence. I plan to interview at least 15 parents and their kids from the greater Detroit area to find out their views and experiences of the family meetings. I would like to invite you and your children to take part in this project. This flyer gives some information about the project and participation in the project would involve.

#### **What is the research project about?**

Family meetings are designed to help kids who want to talk to their moms together with their counselors or advocates. When women with children have experienced domestic violence, it can be very difficult to address their children's concerns and their own concerns at the same time. There is very little research on women's and children's experiences of being a part of a family session as a part of the child's counseling. This research is important, as it can affect many women's and children's lives. This research aims to find out how both women and their children feel about the family meetings. It will ask:

- What has it been like for women and children to be a part of a family meeting at Turning Point?
- What kinds of things did kids talk about during the family meeting that they never talked about before?
- What kinds of things do women and children do to stay safe together and separately?

#### **What would taking part involve?**

We would like to interview you and your children that fall between the ages of 7-17, and video record your family session. If possible, I would like to meet with you all first so we can get to know each other and so you can ask me any questions about the research.

If both you and your children want to take part, your interview will take place during the same time. Our interview will last about an hour and a half to two hours. I will ask you some questions about what it was like for you to be a part of the family session and about what you learned about your children as a result of the meeting. We can meet at a place and time that is most convenient for you, which could include at Turning Point. Your children's interviews will last no more than 1 hour. We will provide child care when their interview is over or for any children that do not get interviewed

#### **What will happen to the information that my children and I give?**

The information will be used to write reports for my master's degree at Michigan State University, as well as to help train other children's counselors on how to work with women and their kids during family meetings. The information may also be published in research reports to improve services for families that have been in similar situations. A record of our interview will go into an archive. This will help people in the future understand what it's like for families in similar situations. This record will not identify you or your children.

#### **Will anyone know that we have taken part in the study?**

I will not use your name or your children's names. I will remove any information that could identify either of you. I will not tell anyone that you have been part of the research project. If during our interview I think that someone is not safe, or if you or your children do not think you are safe, I will try to help the person stay safe. I may have to talk to someone else to do this. If this happens I will try to talk to you first.

**Do I have to take part?**

You do not have to take part. It is completely your decision. It won't affect your relationship with Ms. Sara, Ms. Connie, or anyone else at Turning Point. If you decide to do the interview, you can change your mind at anytime. You won't have to answer all of the questions that I ask. I will check with you during our interview to see if you still want to take part.

**Would you like to take part?**

If you are interested, please get in touch with me and we can plan a time to meet. You could also ask Ms. Sara or Ms. Connie to get in touch with me if that is easier. If you have any questions you would like to ask before meeting with me, please feel free to call or email me.

## Appendix B – Youth Information Sheet

(original not included due to formatting restrictions)

### **You and Your Family**

Hello! We are students from Michigan State University!

We want to find out what kids think about their worries and the different things they do to stay safe. I really want to learn more about the family session you had at Turning Point. We'd like to find out:

- What kinds of things did you talk about during your family session?
- How did you feel about talking about the different things during the family session?
- What kinds of worries do you think other kids have?
- What kinds things do you think kids could do to stay safe when they are scared?

Why am I doing this project?

We do not know much about what kids think about doing family sessions with the people that work at Turning Point. This is important because lots of kids have ways to stay safe but don't talk to their families or other adults about it. Learning more about what you think about the sessions will help adults understand what it's like for kids. It will mean that we can help other kids who might want to do family sessions, too.

What's the project for?

I hope to talk to kids and their moms who have done a family session with Ms. Sara or Ms. Connie and who live in the greater Detroit area. I'll write about what I find out in a report for a degree at Michigan State University. I will also write reports and work with Ms. Sara to help teach other people to do family meetings. The reports and classes will help adults understand how families feel about doing family meetings. I will also write a report for all the kids and their moms who helped me with my work.

What would you have to do?

If you want to be a part of the project we will plan a time us to interview you, your mom, and your siblings that were in the family session with you. The person that interviews you will ask you some questions and you can play some games. It will help us learn about your ideas. We want to interview you and your mom separately. This will give both of you a chance to give your thoughts. If you want to you can bring something to our interview to feel more comfortable – like a phone or a stuffed animal. Your interview will last about an hour. The interview your mom will take a little bit longer.

Who will find out what you say?

I will not use your name in my reports. This means that people who read the reports will not know that you have taken part in the project or what you have said to me. A paper record of our interview will go into a file called an archive. This will help people in the future understand what it's like for kids. No one will be able to tell it's your record. It won't have your name on it.

Keeping you safe

If you tell us something that makes us think you or someone else is in danger, we will try to keep you safe. But anything else we won't talk about. We might have to talk to someone like your mom or someone else at Turning Point. If this happens we will try and talk with you about the best thing to do before speaking to someone.

Do I have to take part?

You do not have to take part. It is completely your decision. It won't affect your relationship with Ms. Sara, Ms. Connie, or anyone else at Turning Point. If you decide to do the interview, you can change your mind at anytime. You won't have to answer all of the questions that we ask. We will check with you during our interview to see if you still want to take part.

Would you like to do the interview?

If you want to take part in the project or you have any questions, please talk to Ms. Sara or Ms. Connie. They will tell you more about the study and the family meeting. They will also talk to your mom and will contact us to let us know and we will set up a time to meet before you family session so I can tell you even more about the project.

## Appendix C – Participant Consent Form

### PARTICIPANT CONSENT FORM FAMILY MEETING STUDY

The Family Meeting Study is a research study conducted in collaboration with Michigan State University designed to better understand the experiences of women and their children who have participated in family sessions.

You and your children have been selected as possible participants in this study because you have agreed to receive family services from Turning Point and because you have met the following criteria: (1) you are 18 years of age or older, (2) you have at least one child between the ages of 7 and 13 who has agreed to participate in the study, (3) you and your children are English speaking, and (4) you and your children are participating in a family session with one of the therapists/advocates at Turning Point.

As a result of this study, the researchers hope to gain a deeper understanding of what women's and children's experiences are during and after a family session at Turning Point and what the family session looks like at Turning Point. About 15 families are being asked to participate. Your total participation will include the family session with an option to be video recorded (as explained in a separate section of the consent form), which will last about sixty minutes, and a follow-up interview within one week of the session, which will last about two hours for your interview and about one hour for your children's interview(s).

All participants are being asked to participate in the family session, and a voluntary, one-on-one confidential interview about their experiences during the session at Turning Point. We'll be asking you about what happened during the session, your feelings about what happened, as well as about your relationship with your children and what you talked about during the family session. You will be paid \$30 in cash as our thanks for your time and expertise. We are happy to provide you with a brief report of our findings upon request. Choosing to participate in this study will not affect the current or any future services that you seek from Turning Point.

All information about you and your children will be kept confidential to the maximum extent allowable by law. All identifiable information about you and your children will be assigned numerical codes (identification numbers) to ensure confidentiality. A list of the ID numbers with your and your children's names will be kept in a locked filing cabinet in a locked office available only to the study investigators. This list will be kept separate from the interviews. Once the interview has been completed, audio recordings will be emailed to an outside company to be transcribed. The transcriber will be sent the audio recordings and will not have access to your name or your children's names. The transcriber will sign a confidentiality contract before beginning the transcription process. Once data has been emailed back to the researchers and the transcripts have been fully reviewed, audio recording from the interviews will be destroyed immediately. All names or other identifying personal information such as geographic location (city names), names of family members or friends, personal physical characteristics, and any other information that might be identifiable will be removed from transcripts. The original transcripts will be kept in a locked filing cabinet for five years and will then be destroyed. Only the researchers, research staff and IRB will have access to the transcripts. If applicable, the video recording of your family session will be stored on a password-protected computer located in the same locked office where the interviews will be kept. The results of this study may be published

and presented at professional meetings, but the identities of all research participants will remain anonymous.

To help us protect your and your children's confidential information, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you or your children, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will make no voluntary disclosures of any information you provide during the course of any interview. The researchers will also use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you, your children, or a member of your family from voluntarily releasing information about you or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Finally, you should understand that the researchers are not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others.

Your participation and your children's participation in this project are completely voluntary. You and your children have the right to say no, and you and your children may change your minds at any time and withdraw without any consequences. You and your children may choose not to answer specific questions or to stop participating at any time. Choosing not to participate or withdrawing from this study will not make any differences in the quality of any services you may receive from Turning Point.

If you have any questions or concerns about this study, such as scientific issues, how to do any part of it, or if you believe you have been injured because of the research, please contact the primary researcher Cris Sullivan at 517-353-8867; email: [sulliv22@msu.edu](mailto:sulliv22@msu.edu); or regular mail: 130 Psychology Building, East Lansing, MI 48824.

If you have any questions or concerns about your role and rights as a research participant, would like obtain information or offer input, or would like to register a complaint about this research study, you may contact anonymously if you wish, Michigan State University Human Research Protection Program at 517-355-2180; FAX 517-432-4503; email [irb@msu.edu](mailto:irb@msu.edu); or regular mail at 207 Olds Hall, MSU, East Lansing, MI 48824.

Signing below indicates that your involvement in this research project has been fully explained to you and that you freely consent to participate. No benefits are guaranteed to you because of your involvement with this project and you can end your participation in this project at any time without penalty.

---

Participant Signature

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Date

---

Investigator

---

Date

I agree to allow audio recording of the interview to ensure accuracy of information.

☐ Yes      ☐ No      Initials \_\_\_\_\_

All audio recordings will be stored on a password-protected computer in a locked office at Michigan State University. All recordings will be destroyed once they have been transcribed and the transcriptions have been reviewed.

#### CONSENT FOR CHILDREN

Please list your children and sign/date next to their names if you consent for them to be interviewed for this study as well.

_____ Child's Name	_____ Participant's Signature	_____ Date
_____ Child's Name	_____ Participant's Signature	_____ Date
_____ Child's Name	_____ Participant's Signature	_____ Date
_____ Child's Name	_____ Participant's Signature	_____ Date
_____ Child's Name	_____ Participant's Signature	_____ Date

## VIDEO RECORDING

As stated earlier, there is a separate option of having your family session videotaped. This video recording will allow us to observe your family session so we can fully understand what happens during the session, and will help further develop family session trainings for counselors and advocates. These recordings will be stored on a password-protected computer in the locked research office at Michigan State University. You can be interviewed with or without the video recording - your decision to have your family session video recorded is completely optional.

I agree to allow video recording of the family session. I am aware that by checking the “Yes” box below, I am giving consent for me and my children to be video recorded.

☐ Yes      ☐ No      Initials \_\_\_\_\_

All video recordings will be destroyed at the end of the project.

You will have the option to take a copy of this form to keep if you feel it is safe to do so.

## Appendix D – Youth Assent Form Ages 13 or Older

### PARTICIPANT CONSENT FORM – ASSENT FOR YOUTH AGE 13 or Older FAMILY MEETING STUDY

The Family Meeting Study is a research study conducted in collaboration with Michigan State University designed to better understand the experiences of women and their children who have participated in family safety sessions.

You, your mom, and your sibling(s) have been selected as a possible participant in this study because you have agreed to receive family safety planning services from Turning Point and because the following criteria has been met: (1) your mom is 18 years of age or older, (2) at least you or one of your siblings is between the ages of 7 and 13 and you have agreed to participate in the study, (3) you are English speaking, and (4) you, your mom, and your sibling(s) are participating in a family safety planning session with one of the therapists/advocates at Turning Point.

As a result of this study, the researchers hope to gain a deeper understanding of what women's and children's experiences are during and after a family session at Turning Point and what a family session looks like at Turning Point. About 15 families are being asked to participate. Your total participation will include the family safety planning session with an option to be videotaped (as explained in a separate section of this consent form), which will last about sixty minutes, and a follow-up interview within one week of the session, which will last about one hour.

All participants are being asked to participate in the family safety planning session, and a voluntary, one-on-one confidential interview about their experiences during the session at Turning Point. We'll be asking you about what happened during the session, your feelings about what happened, as well as about your relationship with your mom) and what you talked about during the family session. You will be given a toy, game, or activity as our thanks for your time and expertise. We are happy to provide you with a brief report of our findings upon request. Choosing to participate in this study will not affect the current or any future services that you seek from Turning Point.

All information about you, your mom and sibling(s) will be kept confidential to the maximum extent allowable by law. All identifiable information about you and your family will be decoded to ensure confidentiality. All participants will be assigned an identification number that only the study investigators will be able to link to participants' identifying information. A list of names and other identifiable information will be kept separately from the interviews. All unique identifying information and the list of ID numbers will be kept in locked filing cabinets in a locked office. Once the interview has been completed, audio recordings will be emailed to an outside company to be transcribed. The transcriber will sign a confidentiality contract before beginning the transcription process. Once data has been emailed back to the researchers, audio recording from the interviews will be destroyed immediately. Transcripts will be de-identified of all names or other identifying personal information such as geographic location (city names), names of family members or friends, personal physical characteristics, and any other information that might be identifiable. The original transcripts will be kept in a locked

filing cabinet for five years and will then be destroyed. Only the researchers, research staff and IRB will have access to the transcripts. If applicable, the video recording of your family session will be stored on a password-protected computer located in the same locked office as the interviews. The results of this study may be published and presented at professional meetings, but the identities of all research participants will remain anonymous.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, your mom or sibling(s) even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will make no voluntary disclosures of any information you provide during the course of any interview. The researchers will also use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you, your child(ren), or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Finally, you should understand that the researchers are not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others.

Your participation in this project is completely voluntary. You have the right to say no, and you may change your mind at any time and withdraw without any consequences. You may choose not to answer specific questions or to stop participating at any time. Choosing not to participate or withdrawing from this study will not make any differences in the quality of any services you may receive from Turning Point.

If you have any concerns or questions about this study, such as scientific issues, how to do any part of it, or if you believe you have been injured because of the research, please contact the primary researcher Cris Sullivan at 517-353-8867; email: [sulliv22@msu.edu](mailto:sulliv22@msu.edu); or regular mail: 130 Psychology Building, East Lansing, MI 48824.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact anonymously if you wish, Michigan State University Human Research Protection Program at 517-355-2180; FAX 517-432-4503; email [irb@msu.edu](mailto:irb@msu.edu); or regular mail at 207 Olds Hall, MSU, East Lansing, MI 48824.

Signing below indicates that your involvement in this research project has been fully explained to you and that you freely consent to participate. No benefits are guaranteed to you because of your involvement with this project and you can end your participation in this project at any time without penalty.

**Documentation of Informed Assent for Child – Child Age 13 or Older**

Your signature below means that you voluntarily agree to participate in this research study.

\_\_\_\_\_  
Printed Name of Minor (age 7 – 12)

\_\_\_\_\_  
Signature of Minor (age 7 – 12)

\_\_\_\_\_  
Date

Investigator

Date

The videotaping has been explained to me and I agree to be videotaped.

\_\_\_\_\_  
Printed Name of Minor (age 7 – 12)

\_\_\_\_\_  
Signature of Minor (age 7 – 12)

\_\_\_\_\_  
Date

I certify that I was present for the assent discussion and that the subject had an opportunity to ask questions and appeared to understand the information presented and agreed to participate voluntarily in the research.

\_\_\_\_\_  
Printed Name of Person Obtaining Assent

\_\_\_\_\_  
Signature of Person Obtaining Assent

\_\_\_\_\_  
Date

## Appendix E – Youth Assent Form Ages 7-12

### ASSENT FORM FOR CHILDREN - Ages 7-12 FAMILY MEETING STUDY

**What is the name of the study? What is it for?**

People at Michigan State University developed this research study to learn more about the family session you are going to have at Turning Point and how to make it better.

**Why me?**

You are being asked to be a part of this study because you are going to have a family session with your mom.

**What will I have to do?**

If you agree to participate, you will do the family session at Turning Point and then you will be interviewed by a researcher from Michigan State University. The interview won't have your name on it or anything else that identifies who you are. When it is done we will take it back to Michigan State University and lock it in an office where only researchers can look at it.

**How long will it take?**

The family session should only take one hour. The interview will also last about one hour.

**Will it hurt me?**

No. The interview that will be locked at MSU will not have your name on it or any other personal identifying information. If you feel uncomfortable when answering any questions during the interview, please let the interviewer know right away. She will help you talk about it and help you decide if you need to talk to another person about it. If you don't want to answer any questions during the interview, you don't have to – just let the interviewer know.

**How will this help me? How will this help other kids?**

By learning about your experience with the family session and what you think about it, the study will help the people working at Turning Point decide how it can make family sessions better for other kids and families.

**Will I get anything?**

At the end of the interview you will get to choose a toy, game, or activity from a box that the interviewer brings.

**Is there anything else I can do?**

You can also have your family session video recording. The recording will also help us understand what parts of the session were easy or hard for you. You don't have to be video recorded and we will still interview you want.

**What if I want to stop?**

You do not have to do the interview, or the recording, but if you decide to do the interview, you may stop at any time. You do not have to answer questions you do not want to. No one will be

mad at you if you do not do the interview. Whether you answer or not will have no affect on the services you or your family receive from Turning Point.

**Who can I ask questions?**

If you have a question or are confused, you can ask the project leader from MSU. Her name is Cris Sullivan. Her phone number is 517-353-8867 and her email is [sulliv22@msu.edu](mailto:sulliv22@msu.edu).

**Assent**

Signing here means that you have read this paper or someone read it to you and that you are willing to be in this research study. If you don't want to be in this study, don't sign the form. Remember, being in this study is up to you, and no one will be mad at you if you don't sign this, or even if you change your mind later.

This research has been explained to me and I agree to be interviewed.

\_\_\_\_\_  
Printed Name of Minor (age 7 – 12)

\_\_\_\_\_  
Signature of Minor (age 7 – 12)

\_\_\_\_\_  
Date

I agree to have my interview recorded. I know that the audio recording will be used to help the researchers make sure that they write everything down correctly and they will delete the interview after it is checked.

☐ Yes      ☐ No      Initials \_\_\_\_\_

The videotaping has been explained to me and I agree to be videotaped.

\_\_\_\_\_  
Printed Name of Minor (age 7 – 12)

\_\_\_\_\_  
Signature of Minor (age 7 – 12)

\_\_\_\_\_  
Date

I certify that I was present for the assent discussion and that the subject had an opportunity to ask questions and appeared to understand the information presented and agreed to participate voluntarily in the research.

\_\_\_\_\_  
Printed Name of Person Obtaining Assent

\_\_\_\_\_  
Signature of Person Obtaining Assent

\_\_\_\_\_  
Date

## Appendix F – Interview Debriefing Form

### FSP Interview Debriefing Form

Your Initials:

Interview #:

Interviewer Initials:

Interviewer/Peer Reviewer/Transcription (choose one):

#### Process

1. How did the interview go?
2. What could have been improved?

#### Content

3. What were the main points from the interview?
4. What new information was revealed (that you haven't learned from other interviews)?
5. What should have been followed-up on more?

#### Connections

6. Did any statements connect to the research questions?
7. Did any statements connect to other interviews you have conducted or listened to?
8. Any other reflections on the interview?

## Appendix G – Adult Interview

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Interview Time: \_\_\_\_:\_\_\_\_

ID#: \_\_\_\_\_

### **FAMILY MEETING STUDY**

#### **INTERVIEWS - Women**

**READ:** Thank you so much for taking the time to do this interview today. Just as a reminder, this interview is completely voluntary, please let me know if you do not want to answer any questions or need to take a break. I am going to try to write everything down during the interview, but I may be a little slow sometimes so please be patient. Your answers in this interview are completely confidential and will NOT be shared with anyone at Turning Point. We are interested in finding out what families do and don't like about family sessions, whether the sessions result in any changes within the family, and how they might be improved for the future, so we really appreciate your help.

**READ:** It looks like you agreed to have your interview recorded, are you still okay with that? **(IF YES, go on. If NO, skip to the section marked “Family Meeting Explanation.”)**

**READ:** I'm going to now turn on the recorder. **(TURN RECORDER ON)**

#### **Family Session/Family Meeting Explanation**

**READ:** During most of the interview, I am going to talk to you about your family session that was set up with Ms. Sara/Connie/Angela/Becky **(circle the person who planned their family session and refer to that person throughout the interview)**. When I talk about that meeting, I will refer to it as “the family session you had with \_\_\_\_\_ (TP staff person).”

I will also refer to the term “family meetings” throughout the interview and want to clarify what that means as well. Some families use family meetings for a variety of reasons; some do not have family meetings at all. Family Meetings are a time when you might get together with your children to discuss something that is going on in your lives, school, an issue someone is dealing with, safety, making family plans, etc. This would be when you are just meeting as a family and not with someone else there from Turning Point or any other agency.

1. Have you ever had a family meeting before?
  - a. **(IF YES)** What prompted you to have the family meeting(s)?
  - b. How often do you have family meetings? Are they done on a regular basis? As needed?

2. Did you ever talk about safety or emergencies together as a family before the session with \_\_\_\_? For example, what to do when things feel unsafe?

**(IF YES, GO TO a. b. & c.)**

- a. Have you had conversations about safety with each individual child? What did those conversations look and sound like?
- b. What kinds of situations would you and your kids talk about as being unsafe or where they would be worried?
- c. Where do these conversations tend to happen? Are there any other adults around when you have them?

**(IF NO, ASK d. & e.)**

- d. Have you ever had any concerns about safety and wanted to talk about them?
- e. Are there reasons you haven't talked about them before?

3. Did you already have a family safety plan/emergency plan before your family session with \_\_\_\_? For example, a plan that included your kids.

**(IF YES, ASK a.)**

- a. What did that plan entail?

4. Did you have a safety plan for yourself?

**(IF YES, ASK a.)**

- a. What did your plan consist of?

5. Have you ever done a family session with someone else before, kind of like the one you did with \_\_\_\_\_ at Turning Point, where you would have talked about safety together with your children?

- a. Where did you do the session/ who was involved in the session?
- b. What did you talk about during the session?

**READ:** Now I would like to ask you some questions specifically about the family session that you did with \_\_\_\_\_ at Turning Point.

6. When \_\_\_\_\_ first approached you to do the family session, why did she suggest you all sit down together as a family to do the session?

7. What kinds of concerns or hesitations did you have about the family session, if any, before you did it?

- a. Did you talk to \_\_\_\_\_ or other TP staff about these concerns?
- b. If not, why not? If yes, How did they address these concerns?
- c. Did your kids want to do the session? Did they have any concerns? Please explain.

8. When you went into the family session with \_\_\_\_\_, what things did you talk about?

9. How did your children look/act during the session? Was there any change from how they usually act? Were they more timid or hyper? Did their tone change? What was their body language like?

10. What new things did you learn about your kids and what they were experiencing or doing as a result of being in the family session?

a. For example, did you learn about any safety plans or things that they were doing to stay that you did not know about before? What did those things look like? Were they doing them individually or together?

b. Did they talk about any of the fears that they had regarding domestic violence? What types of fears?

c. Did they know more about the abuse than you realized? How? What types of things did they talk about?

d. Did they talk about any other fears or worries they had been having that you were not aware of? Nightmares?

11. During the session, what kinds of things do you think your kids learned about you as a result of going to the family session together? For example, things that you were doing or decisions that you have made to try to keep them safe, or things that you have been doing to make sure they didn't know about the violence.

a. When your kids learned these things, what were their reactions? What did you talk about as a result?

12. What is your safety plan now that you have had a family session together?

a. What kinds of things did your family talk about or commit to going home and practicing or doing?

b. Were you able to do these things?

13. How easy or hard was it to talk about the things you discussed during the session? How did you feel after it was over?

14. How do you think your kids felt about the session after it was over? Did you feel like they had an easy or difficult time to talk about the things discussed in the session? Why?

15. After the session was over and you went home with your kids, did you continue to talk about the session?

**(IF YES, ASK a. & b.)**

a. What kinds of things did you talk about?

b. When did you talk about these things? How often have you talked about these things? Was it the same day as the session, the next day, later in the week?

**(IF NO, ASK c.)**

c. Are there any reasons that you didn't talk about the session after you met with Miss Sara/Connie?

16. What concerns, if any, do you have now about your own or your children's safety?

17. Thanks so much for telling me about all of this. Now, as a reminder, a main reason we are doing this study is to figure out how to change family sessions to be most helpful to families. With that in mind, what would you say was helpful about the family session overall?

18. Do you feel like Ms. Sara/Connie/Angela/Becky understood you? Your children? **(IF YES)** How?

a. Did you feel like you could ask her questions?

b. Did you feel like you could disagree with her?

c. What kinds of things did she do to make you feel comfortable?

19. What would you suggest they do differently in the future?

a. How did Ms. Sara/Connie/Angela/Becky bring up the idea of having the session? How do you feel about her doing it that way?

b. How do feel with how she facilitated the session? Do you feel like everyone had the opportunity to talk during the session?

c. What about the interview, how did she bring that up?

20. **(ONLY ASK IF HER SESSION WAS VIDEO RECORDED)** When we talked to you about video recording, how did you feel about having it on? Did you have any concerns about it? Why did you decide to do it?

Okay, so I have a few more questions to finish up the interview just so that we can understand what types of things are going on in women's lives .

21. What is your race or ethnic background?

- |  |   |
|--|---|
| BLACK / AFRICAN-AMERICAN.....              | 1 |
| WHITE/CAUCASIAN.....                       | 2 |
| HISPANIC / CHICANA / LATINA / MEXICAN..... | 3 |
| ASIAN-PACIFIC.....                         | 4 |
| NATIVE AMERICAN.....                       | 5 |
| OTHER ( _____ )                            | 6 |

22. How old are you/what is your birth month/year? \_\_\_\_\_
23. How many children do you have? \_\_\_\_\_ (include age ranges)
- a. What are their ages? Are they male or female? Who do they live with? What type of legal custody do you have right now?

- 0 NONE => FOSTER CARE, STATE CUSTODY
- 1 MOTHER FULL PHYSICAL AND FULL
- 2 MOTHER SOLE/FULL PHYSICAL, JOINT
- 3 JOINT: MOTHER PRIMARY PHYSICAL
- 4 JOINT: 50/50 EQUAL PHYSICAL
- 5 JOINT: FATHER PRIMARY PHYSICAL
- 6 FATHER SOLE/FULL PHYSICAL, JOINT
- 7 FATHER FULL PHYSICAL AND FULL

AGE	GENDER : M OR F	LIVES WITH	CUSTODY
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	
	M F	MOM / DAD / OTHER: _____	

24. What is (A) \_\_\_\_\_ 's relationship to each of your children?

AGE	GENDER:  M OR F	RELATIONSHIP
		1 BIOLOGICAL
		2 STEP-FATHER
		3 FATHER FIGURE
		4 NONE
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	

25. What is your current visitation arrangement?

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26. Are the custody or visitation exchanges supervised?

YES..... 1  
NO..... 0

27. Is (A) providing you with child support?

YES..... 1  
NO..... 0

28. What's your educational level now?

LESS THAN HIGH SCHOOL.....	1
HIGH SCHOOL GRAD/GED.....	2
SOME COLLEGE.....	3
ASSOCIATE'S DEGREE (2-year).....	4
BACHELOR'S DEGREE (4-year).....	5
GRADUATE OR PROFESSIONAL DEGREE.....	6

29. Are you employed?

YES.....	1
NO.....	0
(Not Applicable).....	8

30. As far as where you're living right now, do you:

RENT A ROOM/APT.....	1
OWN A HOME.....	2
STAY WITH FRIENDS/RELATIVES.....	3
STAYING IN A SHELTER.....	4
OTHER (_____).	5

Thank you so much for taking the time today to meet with me and for answering all of the questions. Do you have any questions for me or anything else you would like to say before we finish?

**Pay her and have her fill out the receipt of payment. Make sure to give her a business card. Let her know that she can contact us with any questions she may have. Ask her if she would like to see results of the study when it has been completed.**

**SEE RESULTS OF STUDY?    \_\_\_YES    \_\_\_NO**

## Appendix H – Youth Interview

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID#: \_\_\_\_\_

Interview Time: \_\_\_\_:\_\_\_\_

### **FAMILY MEETING STUDY YOUTH INTERVIEW**

**Younger Children READ:** I've never been in a family meeting with Ms. Sara/Ms. Connie, and I really want to know from YOU what your experience was like during the family meeting you had with her. Just remember, none of the answers you say when I ask a question are right or wrong. I just want to you what you think.

Don't forget, you don't have to answer any of the questions you don't want to and we can stop at any time. Do you remember talking about what it means for things to be confidential during your meeting with Ms. Sara/Ms. Connie? Can you tell me what it means? **(Let the child answer, if s/he needs help, READ the next piece):** I won't tell anyone about what we talk about without asking you first.

**Older Children READ:** Thank you so much for talking to me today. I know that Katie already talked to you a little bit about doing the interview but I just want to go over a few things with you again. We're doing this interview because we want to learn more about what it was like for youth to have a family meeting with (Ms. Sara/Connie). We are trying to talk to a lot of kids to see how different and alike their meetings were. We hope that after we are done interviewing we will be able to use the information to help other kids who have different worries and may want to do a family meeting with someone like (Ms. Sara/Connie).

I just want to remind you that everything that we talk about during this interview is just between us. I won't tell anyone about what we talk about without asking you first. When we start doing the interview, you can say you don't want to answer some of the questions or even stop at any time. We just really appreciate you helping us out.

**READ for ALL kids that have indicated that they want their interview recorded (You should have this information before you begin the interview.):** It looks like you and your mom said it was okay to have your interview recorded, are you still okay with that?

**YES** ☐ **NO** ☐

**IF Yes, READ:** I'm now going to turn on the recorder.

**(STATE THE DATE/TIME OF THE INTERVIEW & YOUTH'S AGE)**

**READ:** So I just want to start out by asking you some questions about yourself so we can know more about kids that want to be interviewed. I'm going to write down the answers just so I can keep track of everything and remember it better. I don't always write as fast as you talk so it might take me time to catch up to you or I may have to ask you to repeat something so that I make sure I get it right because what you are telling me is very important.

**(WHEN YOU ARE ASKING THESE QUESTIONS, TELL THE CHILD ABOUT YOURSELF, WHAT YOU LIKE TO DO, IF YOU HAVE SIBLINGS. ALSO, IF THERE IS SOMETHING IN PARTICULAR THAT THEY ARE REALLY INTO, ASK THEM A FEW QUESTIONS ABOUT THAT AS WELL.)**

1. How old are you?
2. What grade are you in right now?
3. Do you have any brothers and sisters?      **YES** ☐      **NO** ☐
- a. **IF YES:** How old are they?
  
4. When you are at school, what are your favorite things to do?
- a. What kind of books do you like to read?
- b. What is your favorite T.V. show?
  
5. What is your favorite thing to do after school?

**READ:** So now I want to ask you some questions about feelings, about things that make you happy...or what makes you angry.

6. When you have worries, or something is on your mind, or you are scared about something, are there certain people you like to talk to? Who are they? **(Write down their first names and the relationship to the child.)**
- a. Are there any adults that you talk to that aren't your parents? **(PROBE)**

7. Kids have lots of reasons for being scared, sometimes it is because of something that happens at school, like being bullied, or sometimes it happens at home because mom and dad are arguing or fighting. A lot of kids do different things when this happens. Can you think of different things that some kids might do when they are scared?  
**(Try not to give too many examples but if necessary, use these possible probes: hide in their bedroom and block their ears so they don't have to hear anything; call another adult to come over and get them.)**

**READ:** Now I want to talk to you for a little bit about when you had the family meeting with (Miss Sara/Miss Connie) and your mom (and brothers/sisters). Do you remember when you were in that meeting?

8. Some kids get nervous or anxious, but for some kids it's no big deal when they meet with (Ms. Sara/Connie) and their moms at the same time. Looking at this piece of paper (**Show the child the feeling chart**), how did you feel before you went in to meet with (Ms. Sara/Connie) and your mom (and brothers/sisters)?

- a. What do you think made you feel that way? (**If they shrug or say they don't know, ask them to take a guess.**)
- b. Did you talk how you were feeling with anyone? Who did you talk to about it?
- c. What made you decide to do the family meeting with everyone?

9. When you were in the family meeting with (Miss Sara/Miss Connie) and your mom (and siblings), what kinds of things did you talk about? \*\* (**PROBE – make sure there is an explanation of what each thing was**)

- a. Did you talk about when different people fight with each other? Like who?
- b. Did you talk about safety and different ways to stay safe? What are the different things you can do to stay safe? What kinds of things did you talk about that you could do so you don't get hurt? (**PROBE**)

10. Some kids say that it is hard to talk about all of the different things in the family meetings but other kids think it is pretty easy. How was it for you?

- a. Did (Miss Sara/Miss Connie) do anything to make it easier for you to talk about those things? (**PROBE**)

11. When you were in the family meeting, was there anything you told your mom that she didn't know about before? \*\*

12. What did you learn about your mom that you didn't know before? \*\*

13. What did you learn about any of your brothers or sisters that you didn't know before?

14. Since you had your meeting, which was \_\_\_\_ days ago, have you talked to anyone about what the meeting was like? Who did you talk to? \*\*

a. What kinds of things did you talk about?

b. Do you feel like you can talk to your mom about safety and other things you couldn't talk about before? (**PROBE**)

15. How did you feel before and after the meeting? How did your body feel? Did you have a headache or stomachache either time? Were your hands sweaty? Did you feel relieved?

**READ:** We really want to know how to make the family meetings better for other moms and kids. So now I want to ask you questions about what you think about the family meeting. You can say anything you want, good or bad.

16. One thing we want to know is if it was helpful for you to talk about the worries you have during the family meeting. Did you feel like you could talk about your worries with everyone during the meeting?

a. What safety concerns or worries do you still have that the meeting wasn't able to help you with? **(If child lists any other worries at this question encourage her/him to talk to the counselor or their own mom more about their worries.)**

b. Were there things you forgot to say during the meeting? **(PROBE)**

17. Did you feel like you could say something when you didn't agree with what Ms. Sara/Connie or your mom was saying during the meeting? **(PROBE)**

18. What kinds of things did you like best about the family meeting? **(PROBE)**

a. What did you like least about it?

19. What was the hardest thing for you to talk about during the family meeting?

20. What kinds of things do you think would be helpful for other kids to know about the family meetings? \*\* **(PROBE)**

a. What about moms? What do you think would be helpful for them to know?

21. If you could change at least one thing about the family meeting, what would it be? \*\*

22. Would you want to do another family meeting with Ms. Sara/Ms. Connie, and your mom (and brothers/sisters) if you could? \*\* **(PROBE – what would you want to do in that meeting?)**

23. **(ASK ONLY IF CHILD WAS VIDEOTAPED DURING THE MEETING)** What was it like for you to be videotaped during the meeting?

So I have one final question for you: What is your favorite thing to do this time of the year?

**READ:** Well, those are all of the questions I have. Thank you so much for meeting with me today and for playing the game. Is there anything else you want to say that I didn't ask about? Do you have any questions you would like to ask me?

**(Once the child doesn't have any more questions, turn the recorder off and let her/him choose a toy and thank her/him again.)**

## Appendix I – Family Descriptions Table

*Table I.1 Family Descriptions*

<b>Name, Age, Race</b>	<b>Dept</b>	<b>Total # of Children &amp; Age Range</b>	<b>Children in Study: Ages, Gender</b>	<b>Batterer's Relationship to Children</b>	<b>Reason to Do the Session</b>
Jane, 49, White	Support Services	8 (9 – 22 yrs)	Daughter, 13	Bio-Dad	Batterer was recently released from jail; still dealing with custody issues. Wanted to give kids opportunity to talk about how they felt about seeing & not seeing their father.
			Son, 9	Bio-Dad	
Lisa, 40, White	Support Services	3 (9 – 18 yrs)	Son, 12	Bio-Dad	Family had recently moved from out of state and had not had the chance to sit down together and talk since their move. Batterer has no contact with the family.
			Son, 9	Bio-Dad	
Angelique, 53, Multi-racial	Shelter	4 (9 – 24 yrs)	Daughter, 11	Bio-Dad	Wanted to be able to talk to the kids about why she had to stay away from their dad, and why they had to stay in the shelter
			Daughter, 9	Bio-Dad	
Maria, 41, White	Support Services	2 (11 – 17 yrs)	Son, 11	Bio-Dad	Batterer was still living with them. She was trying to get divorce finalized. Wanted to prepare for divorce.
Shawna, 33, African American	Shelter	4 (5 – 13 yrs)	Son, 13	Bio-Dad	Batterer did not have contact with children. Wanted to prepare for exiting shelter.
			Son, 11	Bio-Dad	
			Son, 8	Bio-Dad	
Amaya, 33, African American	Support services	3 (8 mo – 14 yrs)	Son, 14	Step-Father	Was in the process of leaving the batterer.
Kari, 34, White	Support Services	2 (9 – 11 yrs)	Son, 11	Bio-Dad	Recently moved from out of state. Boys had witnessed physical abuse and were afraid of their father. Had not talked as much since moving.
			Son, 9	Bio-Dad	

Table I.1 Family Descriptions (cont'd)

<b>Name, Age, Race</b>	<b>Dept</b>	<b>Total # of Children &amp; Age Range</b>	<b>Children in Study: Ages, Gender</b>	<b>Batterer's Relationship to Children</b>	<b>Reason to Do the Session</b>
Catherine , 41, White	Support Services	2 (6 – 7 yrs)	Son, 7	Bio-Dad	Batterer was starting to harm the kids physically and emotionally. Wanted to get on the same page with her children.
Briana, 38, African American	Shelter	2 (15 – 17 yrs)	Son, 17	Bio-Dad	Was approached by Shelter staff to do the session. Her children wanted to do a session.
			Daughter, 15	Step-Father	
Denise, 38, White	Shelter	2 (17 – 19 yrs)	Daughter, 17	Mom's Ex- Boyfriend	Was approached by Shelter staff to do the session. Her daughter wanted to do a session.
Sarah, 41, White	Support Services	2 (8 – 12 yrs)	Son, 8	Bio-Dad	Youth counselor suggested session because of child's feelings about his father. Wanted to be able to talk to her sons about what they could do to stay safe at dad's house during his visitation (while not talking directly about the abuse).
Amanda, 40, White	Support Services	2 (8 – 18 yrs)	Son, 8	Bio-Dad	Youth counselor suggested session because of child's fears regarding his father. Wanted to safety plan for his visitations with dad.
Amy, 39, White	Support Services – kids had seen Sara	4 (6 – 13 yrs)	Daughter, 13	Bio-Dad	Continuing to deal with custody issues & visitation. Wanted to come up with a plan on what to do if something happens during their visits with dad; he was living in a new house & new neighborhood.
			Daughter, 11	Bio-Dad	

*Table I.1 Family Descriptions (cont'd)*

<b>Name, Age, Race</b>	<b>Dept</b>	<b>Total # of Children &amp; Age Range</b>	<b>Children in Study: Ages, Gender</b>	<b>Batterer's Relationship to Children</b>	<b>Reason to Do the Session</b>
Alicia, 38, African American	Support Services	3 (11 – 16 yrs)	Son, 11	Bio-Dad	Youth's father did not have visitation but would resurface periodically. Wanted to work with youth to prepare for those times
			Son, 13	Bio-Dad	
Danae, 33, White	Support services	2 (4 – 7 yrs)	Daughter, 7	Bio dad	Wanted to safety plan and prepare for when her daughters went to stay with their father during his visitation.

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## REFERENCES

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