

SECTION: SHELTER

TOPIC TITLE: Supervision of Children



Importance of Topic:

During their time in shelter services, survivors of domestic violence often have many levels of decision making and planning that may be on their mind. For those that are able to bring their children into shelter, prioritizing the needs of their family may be front and center. Some parents may need additional support in assessing the needs of their children and with parenting needs. At all times, but especially in a shelter setting, children are to be provided a safe and supportive environment. Recognizing that there may be differences in parenting styles and cultural differences concerning family dynamics, domestic violence advocates can work with the parent to support the needs of their children. This entry affirms parenting in the scope of all parental figures, whether biological parent, family kin, and/or legal guardian.

Statutes/Professional Standards:

- Code of Virginia Reference: None
- [Professional Standards Reference](#): None

Terms Used or Needed to Understand this Topic:

Discipline: The practice of teaching positive behavior. Purpose is to encourage healthy development and foster a sense of responsibility in children.

Age groups of 'children': ([Source](#))

Baby: 0-12 months

Toddler: 1-3 years

Preschooler: 3-5 years

Grade Schoolers: 5-12 years

Teen: 12-18 years

Young adult: 18-21 years

Did You Know?

Visual access throughout the shelter allows parents to maintain lines of sight with children while engaging in various activities and supports choice when individuals are deciding whether or not to enter a particular space.

Racial/Social Justice Focus:

Parent survivors may bring a variety of family practices that may be specific to their lived experiences. Recognizing cultural differences of parenting styles may look differently from one another, it is important to approach any child supervision concern with a strength-based and social-justice focus. For those that may speak primary languages other than English, language access - such as an interpreter or language line, is important to communicate child supervision guidelines and policies. For those that may have a history of drug use or mental health, stigmas of their lived experiences can impact society's perceptions of their ability to parent successfully, which could contribute to a level of mistrust from the parent to community systems.

Scenario 1: As an advocate concludes a hotline call, they hear a child crying down the hallway. The advocate goes into the communal kitchen, where a resident is preparing a meal while their two children are seated at a nearby table. One child is watching a video on a tablet, while the other in a high chair is reaching for their parent and crying. The advocate greets the resident and asks how their day is going. The resident sighs and says "It's been a morning", sharing that they had a stressful incident at court. Their abuser is using custody as a manipulation tactic against them and that they're exhausted from being the sole caregiver of their children while in shelter. The resident also shared that they are struggling with comforting the child who is crying, as there are some issues with separation anxiety when a parent is not able to hold the child. The advocate listens and asks if the resident is familiar with the services available to children in shelter. The advocate shares about children's groups that occur in shelter that provide parents a few hours to take care of themselves, and also offers to connect them to the Children's Advocate to discuss needs for parenting strategies and possible activities to support the child's healing. The resident is open to the conversation and shares that they will contact the Children's Advocate in the morning for an advocacy meeting.

- The advocate chose to engage the parent by asking about their day rather than addressing the crying child. How could approaching a parent about a child in distress create barriers of trust and rapport with the advocate?
- Parenting looks differently for each individual. How could an advocate support a parent who needs additional support with a child that struggles with separation from the parent for basic needs like preparing food, showering, etc.?

Scenario 2: Neil is a 16 year old teen boy who lives in the shelter with his parent and 6 year old twin brothers, Michael and Jarelle. His parent's energy is often focused on supervising the twins and Neil is beginning to display frustration that he can never have 'alone time' due to the nature of the shelter space and guidelines of child supervision. During an advocacy meeting with the Children's Coordinator, Neil expresses that he doesn't like the weekly children's groups, since oftentimes he is one of the few teenagers in the shelter and he would rather play video games in his room to relax.

- How can shelter staff re-visit the guidelines related to child supervision to support teen needs?
- Can staff connect with Neil's parent to discuss a game plan of what alone time could look like for Neil? What could that look like?
- Are there additional youth services in the community that could benefit Neil during his stay in shelter?

Trauma-informed Focus:

Being a trauma-informed advocate shifts a question like "Why isn't this person 'taking care' of their kid?" into "What's going on for the parent who appears to be ignoring their kids?". Recognizing that families that experience trauma need various types of support, it is important to consider how to support survivors' parental needs (ability to accomplish cooking, laundry, personal advocacy meetings) while ensuring kids are being supervised safely? Promoting safety in shelter must be a high priority, while recognizing that children exposed to trauma may exhibit unique behaviors. Helping parents understand what this may look like, and how to support their child, can be a trauma-informed approach.

Promising Practices:

Overview of General Characteristics:

- Agency provides transparent guidance and language concerning supervision of children, with emphasis on non-violence policy at shelter.
- Parent survivors have voice and choice in how support can be provided concerning parenting within shelter.
- Survivor parents are validated about the challenges of parenting and healing their families in shelter/post-DV.
- Children are provided with safe and age-appropriate play spaces. Children who need additional resources or support to complete schooling/homework can be supported by staff.
- Services specifically for children are available in both child-only and child-parent capacity to support their needs while in shelter.

Example:

The **Haven Shelter and Services** in Warsaw seeks to lead all programming from a prevention mindset informed by [Virginia's Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence](#) and the [CDC's Strategic Vision for Connecting the Dots](#). The Haven has been working to reduce policing and surveillance in shelter spaces and moving away from a safety first approach to a power sharing/[Dignity of Risk](#) framework. The Dignity of Risk framework comes from the Disability community and basically means that every person, including those with a disability, has the right to make choices and take risks in order to learn, grow and have a better quality of life. Dignity of Risk is in alignment with SAMHSA's 6 Principles of Trauma Informed Care, primarily highlighting Empowerment, Voice, and Choice. The Haven strives to always build programs founded in trauma-responsive principles and informed by the Social-Ecological Model with attention to risk and protective factors.

In discussing child supervision in the shelter setting, Haven staff believe parents are the experts of their families and if they need resources, tools, and support then that is where Haven staff focus their efforts, instead of on punishments and exiting people from shelter. The Haven received a Trauma Informed Community Network (TICN) grant to create low barrier financial support for therapy, childcare, and other related family needs and they are exploring possibilities to cultivate a local Mutual Aid fund to provide mini-grants to survivors with low-barrier access and limited restrictions on use. These financial support tools are in line with the evidence related to risk and protective factors that demonstrate when people have resources and their basic needs are met, they are less likely to abuse others. Some concrete strategies employed at the Haven include:

- eliminating the requirement that children must be supervised at all times as a condition of stay,
- cameras have been removed from inside the shelter,
- there is no written contract required for childcare arrangements (but they are available if a survivor wishes to use one),
- child services is integrated throughout advocacy work, and
- all policies are revised through an evidence-informed lens.

Staff have witnessed that parents tend to work better together with fewer restrictions and staff are able to help parents problem-solve by validating and offering support instead of leading with a punitive approach. Additionally, the child advocate facilitates a needs assessment for children after their first week in shelter and with parental consent to help identify their needs, triggers, and how to best offer support to the child and the family unit. The Haven uses [Circle of Security](#) strategies to promote healthy attachment within shelter families. Staff are working to ensure they remain solutions-oriented by focusing on communication and conflict-resolution while promoting the self-determination of parents and children during their stay at the shelter. Additional resources related to these concepts are in the resource section at the end of this entry.

Program Focus:

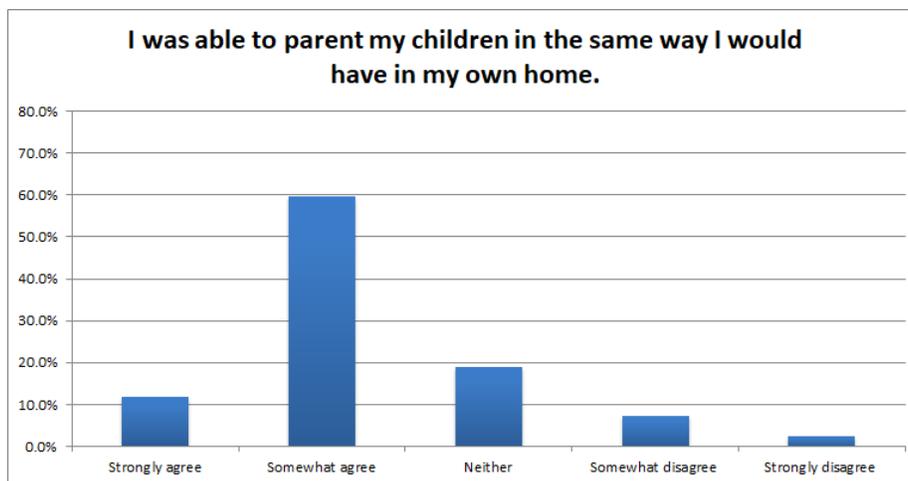
- How can survivor parents in shelter strengthen and maintain their children's trust and respect? How can staff support them in doing so?
- What services are available to children in shelter that may support parenting strategies, while also providing their parents support and supervision relief? Can groups be scheduled during meal cooking times?
- Some parents do not use nonviolent discipline. How can staff support survivor parents with examples of nonviolent options?
- Are there staff in your agency that specifically support shelter children's needs?
- Does your organization's supervision guidelines provide flexibility depending on the age group of children? Are teens provided with the choice of quiet/private time without immediate supervision of their parents?
- Are staff trained in conflict resolution strategies to aid shelter residents who may have different parenting techniques from one another and may be drawn to intervene in another parent's interactions with their own children?

Survivor voice:

Documenting Our Work Evidence

- "Not have as strict childcare rules and be more open to moms needs"
- "I could have used more help communicating with legal authorities I needed to talk to and didn't understand. The only difficulties were my own with my children and adapting them into the situation all together...and also having to pick up and clean up after a select couple people leaving knives and dirt dishes, etc. around."
- "The only concerns I have is that mothers should watch their children more, especially the small children that can put small objects in their mouth that can get choked on."

- “I was concerned about children being yelled at by parents when staff was not there.”
- “There is no difficulties. It is comfortable for me and my children.”



Data from Survivor Voice Survey, 2021

COVID-19 Focus:

Children face a variety of challenges within shelter during the COVID-19 pandemic. Children are still able to be housed in shelter locations with their family members but face unique challenges to adapting to the environment, especially when considering virtual school. The compound stress of living within a shelter and not being able to attend schooling in-person will be difficult for children with a lack of routines. Shelters may have a need for increased technology and internet access to maintain children’s education within a shelter environment which will require creative solutions engaging both new funding sources and existing community connections.

During COVID-19:

- How might your agency assist working parents during the virtual school semester/year?
- How can your agency assist in providing electronic equipment or spaces for children to attend virtual schooling? (desks, hotels with wifi, etc.)

Additional Resources + Links:

Publications:

- [Supporting Parenting of Children Residing in DV Shelters](#): a 10-page technical assistance guide (May 2015).
- [Tips for Supporting Children and Youth Exposed to DV](#): What you might see and do, from the National Center on Domestic Violence, Trauma and Mental Health, 3 pages (May 2012).
- [Parenting After DV](#): a one page document with concrete suggestions.
- [Family Centered Toolkit for Domestic Violence](#): step by step guide offering knowledge, best practices, and accessible resources for DV advocates, program staff, and supervisors to enhance and sustain family-centered services within DV programs (from the National Center on Domestic Violence, Trauma, and Mental Health)
- [Quick Look at Risk and Protective Factors Across the Social-Ecological Model](#): by the National Sexual Violence Resource Center
- [Guide for Engaging & Supporting Parents Affected by Domestic Violence](#): tools for relationship based, family-centered, strengths-oriented, and trauma-informed approach to engaging and supporting parents (from the National Center on Domestic Violence, Trauma, and Mental Health)