



PRACTICE NOTES

INTIMATE PARTNER VIOLENCE IN CHILD WELFARE

An estimated 7 million children live in families in which severe intimate partner violence (IPV) occurred in the past year¹ and one-third of all families involved with Child Protection Services (CPS) experienced IPV in the year preceding their involvement in the child welfare system.² Considering the pronounced co-occurrence, it is important that child welfare workers have knowledge and awareness of children's exposure to IPV.

Understanding IPV Exposure

Exposure to IPV includes a variety of experiences such as observing, hearing, and/or being told about the violence, or seeing the aftermath of the violence³ and has negative

impacts at various stages of a child's development. In general, earlier and longer duration of exposure can have a greater impact on development.⁴

Infants.



IPV exposure in infancy has been associated with eating problems, sleep disturbances⁵, lack of typical responses to adults and loss of previously acquired developmental skills⁶. Exposure may also lead to insecure attachment^{6,7}. Without a secure attachment to a comforting caregiver, the infant may become increasingly emotionally dysregulated and unable to manage the stress they experience^{6,7}.

Pre-School (3 to 6 years)



Preschool children may demonstrate increased internalizing and externalizing behavior problems⁸, including excessive irritability, regressed behavior (language and toilet training), and PTSD symptoms⁷ including sleep disruptions, emotional distress and fear of being alone⁴. Exposure has also been associated with asthma, allergies, gastrointestinal issues⁸ and an increased risk of early onset obesity⁷.

School-aged Children (6 to 12 years)



School-aged children may exhibit externalizing (e.g., aggression and disobedience) and internalizing (e.g., fear, anxiety, depression, low self-esteem and shame) behaviors^{9,7}. They may be prone to more interpersonal conflict with peers and express more lonely feelings than peers⁷. Distracted thoughts, strained peer relationships, and physical/ emotional exhaustion can challenge academic success.

Adolescents (13 to 18 years)



Adolescents are at risk of experiencing emotional problems related to depression, PTSD and increased aggression⁷, in addition to suicidal thoughts and behaviors, substance abuse and running away from home.¹ Challenges in the home can lead to decreased school performance through failing grades and poor attendance⁷.

IPV and Child Maltreatment

Compounding the experience of exposure to IPV is the heightened risk of direct child maltreatment. Children exposed to IPV are 15 times more likely to be abused themselves than peers who are not exposed to IPV^{10,5}. Polyvictimization is associated with negative outcomes beyond those attributed to a single type of victimization^{11, 12, 13}.

Practice Considerations

Let's consider the role of a social worker or supervisor and how to apply the knowledge of this *Practice Note* to families and children who have experienced IPV and physical abuse. UNICEF (2006) outlines six key needs for children exposed to IPV. Ideas for practice that align with those key needs include:

Children need a safe and secure home environment: they need the violence to stop.

It is important to understand the complex dynamic of IPV for both parents and children involved. You can find domestic violence resources and services geared towards families and children at: z.umn.edu/domesticviolencesupport.

Children need trusting and supportive adults who will listen to them, believe them and shelter them.

When working with children exposed to IPV you can help them feel heard by checking in with them and asking questions about how they are feeling and about their safety in their home or foster home. Respond with empathy, care and support.

Children need a sense of routine and normalcy.

Children exposed to IPV and children who are victims of direct abuse experience trauma. Trauma is compounded

for these children if they are removed from their homes. Routine and normalcy has been shown to help children during this time. Read more on how to create normalcy and routines with the children you work with at z.umn.edu/kidscope.

Children need support services that address the impact violence in the home has on children.

Service provision including individual therapeutic interventions and family centered interventions are available and of crucial importance for children and families' experiencing violence and abuse. Read more at z.umn.edu/physicalabuse.

Children need to learn that domestic violence is never ok and taught appropriate non-violent problem solving methods.

It is important to have age appropriate conversations with children about healthy relationships. Conversations should encourage children to ask questions and share concerns they have about things happening at home, at school, and in the community. Read more about how to listen and talk to children about violence and healthy relationships. z.umn.edu/talkingaboutviolence

Children need adults to advocate not only for their safety but raise awareness of the impact of domestic violence on children.

IPV is complex and can be especially confusing and difficult for children to understand and manage. It is important that all adults in the child's life advocate for the child's best interests. You can find more tools and resources here about IPV and the impact of violence exposure on children. z.umn.edu/ipvchildwelfare



CASE EXAMPLE

A 4-year-old girl named Lily was removed from her mother's home and placed into foster care due to physical abuse. Lily's mother, Mary, had a long history of experiencing domestic violence. Mary explained that she herself had been exposed to violence since she was a young child. When Lily started her first year of school, her teacher was concerned that Lily lacked verbal expression appropriate for her age. It was difficult for Lily to play with the other children and she would often become upset. Her teacher was also concerned that Lily was not potty-trained and often would go to the bathroom on herself. Lily came to school with bruises on her arm and her teacher called child protection. It was later discovered that Lily

was being physically abused by her mother's boyfriend. Once child protective services intervened, Mary reported that Lily often witnessed her mother being beaten by her boyfriend. Mary was very remorseful and explained often times she would be abused and threatened if she told anyone about the abuse of herself and her daughter. Mary explained that she tried to leave her boyfriend many times, however she feared for her life and did not have the financial means to leave.

Using this case example and the information you have learned in this issue of Practice Notes, consider the questions below. If you are able to, share this issue with colleagues and discuss the questions for further collaborative learning.

- » What would your next steps be in working with Lily and Mary?
- » What were some possible reasons for Lily's behavior and struggles at school?
- » How might the research you've read about in this issue of Practice Notes apply to this case? Does the case demonstrate any "red flags" that could lead to early-identification of risk at home and intervention?
- » For what kind of services might you refer Lily? For what kind of services might you refer Mary?
- » In supporting Lily during this tough transition, how can you ensure you foster supports to meet Lily's needs?

Summary

As practitioners, we can take the research knowledge found in this issue of *Practice Notes* and share it with others we work with, integrate it into our own practice with children and families, and look for creative

solutions for assisting children in their relationships and environments. Below you will find questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How do you assess for children's exposure to IPV in your day to day practice?
2. What interventions do you use at your agency when children exhibit problem behaviors that inhibit them from meeting key developmental stages?
3. In what ways do you see children being impacted by violence, both exposure and direct abuse? Do you see differences in outcomes for different children? If so, what do you observe to be different?
4. What could you do to share this information with the collaborative professionals working with the children on your case-load (school social worker, children's mental health worker, resource family, kinship family, guardian ad litem, etc.?)

References

1. Millett, S., Seay, K., & Kohl, P. (2015). National study of intimate partner violence risk among female caregivers involved in the child welfare system: The role of nativity, acculturation and legal status. *Children and youth services review*, 48, p.60-69
2. McDonald, R., Jouriles, E.N., Ramisetty- Mikler, S., Caetano, R., and Green, C.E. 2006. Estimating the number of children living in partner-violent families. *Journal of Family Psychology* 20(1):137-142.
3. Cunningham, A. & Baker, L. (2007). Little eyes, little ears: How violence against a mother shapes children as they grow. Retrieved from: http://publications.gc.ca/collections/collection_2007/phac-aspc/HP20-5-2007E.pdf
4. Holt, S., Buckley, H. & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse and neglect*, 32 (8), 797-810. Doi: 10.1016/j.chiabu.2008.02.004
5. Graham-Bermann, S. (2011). Child maltreatment in the context of intimate partner violence. *The APSAC handbook on child maltreatment*, 167-180.
6. Carpenter, G. & Stacks, A. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and youth services review*. 31, 831-839.
7. Howell, K., Barnes, S., Miller, L. & Graham-Bermann, S. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury and Violence Research*. 8 (1), p.43-57. Doi: 10.5249/jivr.v8i1.663
8. Howell, K. (2011). Resilience and psychopathology in children exposed to family violence. *Aggression and behavior*. 16: 562-569.
9. Carlson, B. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, violence & abuse*, 1, 321-342. Doi: 10.1177/1524838000001004002
10. Unicef. (2006). Behind closed doors: The impact of domestic violence on children. United Kingdom: The Body Shop International plc Retrieved from <http://www.unicef.org/media/files/BehindClosedDoors.pdf>
11. Felitti, V., Anda, R., Nordenber, D., Williamson, D., Spitz, A., Edwards, V. et al (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Child Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14(4), 245-258.
12. Graham-Bermann, S. & Seng, J. (2005). Violence exposure and traumatic stress symptoms as additional predictors of health problems in high-risk children. *Journal of Pediatrics*, 146(3), 349-354.
13. Herrenkohl, T., Sousa, C., Tajima, E., Herrenkohl, R., & Moylan, C. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, violence and abuse*, 9 (2), 84-99.

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