



**COLLEGE OF EDUCATION** + HUMAN DEVELOPMENT

Issue Nº 30 • Summer 2017



# **PRACTICE** NOTES

**RISK AND RESILIENCE: INTIMATE PARTNER VIOLENCE (IPV) EXPOSURE** 

Child Welfare professionals are generally well-informed of the co-occurrence between Intimate Partner Violence (IPV) and child maltreatment (Graham-Bermann, 2011). Yet, only about half report that they perform systematic screenings for IPV in all cases of child maltreatment (Graham-Bermann, 2011). In this issue we will present tips for assessing and discussing factors of risk and resilience when interacting with individuals. families and communities affected by IPV.

#### Assessing and Screening for IPV

Various obstacles can prevent IPV detection in child welfare, including an adult victim's lack of disclosure about the abuse, a lack of evidence, large caseload sizes, and the lack of cooperation between service providers and adult victims (Graham-Bermann, 2011). However, assessing for IPV by child welfare professionals is crucial for ensuring the safety of children, and also for improving the safety of all family members. It is important to ask questions about IPV at every meeting with a client. It is equally important to ask each member of the family about IPV individually. Asking questions about safety in the presence of other family members (some of whom may be potential perpetrators of IPV) is discouraged and may put family members at risk for further abuse (Wathen & MacMillian, 2013). Assessments focused on children's exposure to IPV should focus on identifying risks and protective factors at the individual, household, and community levels.

#### **Practice Considerations**

Conversations around IPV can be difficult for everyone involved. Futures Without Violence developed a practical guide for fostering safe conversations around IPV. The guide includes sixteen steps to help practitioners and parents engage children in conversation about the abuse.

Figure 1 condenses these steps with further detail and action tips that child welfare workers may use to foster supportive conversations with children exposed to IPV.

When talking with children about IPV, there are important messages that should be emphasized during the conversation. Children should know that you are there to listen to them; that they are important and that you care about their well-being; that violence is not okay; that talking about how they feel is important; that the violence is not their fault; and that it is the job of adults to help keep children safe and you are there to help them make a plan about what to do to keep them safe if any violence happens again (National Child Traumatic Stress Network, 2010). It is important that this conversation takes place and that information provided is appropriate to each child's developmental stage. It is also important that children are encouraged to participate in the conversation (National

# **Figure 1**: Six Steps for Fostering Supportive Conversations



Child Traumatic Stress Network, 2010). Table 1 on the following page presents some key risk and resilience factors associated with exposure to IPV and includes suggestions for assessment/discussion questions to include in conversations with children and families.

#### Table 1: Key Risk and Resilience Factors for Fostering Conversations around IPV

	<b>Risk Factors</b>	Potential Resilience Factors	Assessment/Discussion Questions
Individual Household	<ul> <li>» Limited social supports</li> <li>» Frequent moves</li> <li>» Poverty/financial</li> </ul>	<ul> <li>» Positive self-image and self-esteem</li> <li>» Strong commitment to school / educational aspirations</li> <li>» Determination to be different from a parent or adult who exhibits abusive behavior</li> <li>» Engagement in positive social activities that foster talents/interests</li> <li>» Pro-social skills: ability to attend to social cues and meet societal expectations</li> <li>» Emotional regulation: high intelligence and internal locus of control</li> <li>» At least one stable/supportive caregiver</li> </ul>	<ul> <li>» Who are some safe people in your life that you trust?</li> <li>» What do you like most about yourself? What do you do particularly well?</li> <li>» What do you enjoy doing outside of school? Are you involved in any activities?</li> <li>» What interests you the most?</li> <li>» What does your parent(s) do to</li> </ul>
nousenota	<ul> <li>stress/ parental unemployment</li> <li>» Presence of drugs and/or weapons</li> <li>» Mental and/or physical illness</li> <li>» Crime/gang involvement</li> </ul>	<ul> <li>» Positive parenting characteristics including firm boundaries/limits</li> <li>» Socioeconomic advantage</li> <li>» Mothers with strong mental health and ability to provide child with coping mechanisms</li> <li>» Parental social competence</li> </ul>	<ul> <li>what does you parently are to let you know they support you and care about you?</li> <li>What do you do to feel better when things at home feel out of control?</li> </ul>
Community/ Environmental	<ul> <li>» Poverty/ neighborhood disadvantage</li> <li>» Community violence exposure</li> </ul>	<ul> <li>» Positive relationship with a caring adult</li> <li>» Parents/peers who disapprove of antisocial behavior</li> <li>» Peer support</li> <li>» Involvement with religious community</li> </ul>	<ul> <li>» What do the most important people in your life say about what's happening at home?</li> <li>» Who, outside of your family, do you feel safe talking to about the big things in your life?</li> <li>» What places in your community do you regularly go to?</li> </ul>

Sources: Herrenkohl et al, 2008; Howell, 2011; Wathen & MacMillian, 2013

#### CASE EXAMPLE

Police were called to a home due to domestic disturbance. When the police arrived to the home, Ashley, a mother of two, answered the door with clear injuries to her face. Ashley's children, Toby (8) and Alyssa (5), were sitting on the couch in the living room. Alyssa explained that she and the father of her children got into a mutual fight and that the children were not at home. She reported that Toby and Alyssa had just been dropped off by a cousin. Ashley did not want to press charges. The police attempted to speak with the children about what happened at the house, and they both said they were not home at the time and remained pretty quiet. Without proof that the children were in immediate danger or whether they were home at the time of the incident, the police left the home and made a report to child protection to investigate further and provide the family with resources. Sam, a child protection investigator, came out to the house later that week to speak with Ashley and her children.

- » In an effort to foster supportive conversations around IPV, how should Sam begin his interactions with Ashley and her children?
- » How can Sam help this family identify both their risk and resilient factors? What questions should he ask the children? What should he ask the mother?

#### Summary

Research has helped us understand how to engage children and families in conversations about IPV. As practitioners, you can use the research knowledge found in this issue of Practice Notes by sharing it with coworkers, integrating it into your own practice, and looking for creative solutions for supporting safer environments for children and families. Additionally, you can visit the National Child Traumatic Stress Network for more resources on supporting children and families affected by IPV/domestic violence. Review the following questions for reflection as you take this research knowledge into your daily child welfare practice.

## Reflection Questions

- **1.** Establishing safety is the foundation of safe conversations around IPV. What techniques can you use to ensure clients feel safe to disclose and discuss IPV?
- 2. How can you work with clients to identify and develop their own characteristics that support resilience?
- **3.** What kinds of additional resources might you use to inform clients about IPV and the corresponding risk and resilience factors?
- 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.)?

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### Resources for Clients on IPV and DV

- » The National Child Traumatic Stress Network: http://www.doj.state.or.us/victims/pdf/domestic\_violence\_ and\_children.pdf
- » 16 Trauma Informed Evidence-Based Recommendations for Advocates: <u>http://ocadvsa.org/wp-content/uploads/2014/04/16-</u> <u>Trauma-Informed-Evidence-Based-Recommendations-for-</u> <u>Advocates.pdf</u>

Suggested citation: Renner, L.M., Anderson, L., & Barry, K. (2017, Summer). Risk and Resilience: Intimate Partner Violence Exposure (IPV). *Practice Notes* Issue no. 30. Editor: Traci. L. LaLiberte. Available at <a href="http://zumn.edu/pn30">http://zumn.edu/pn30</a>

Funding for this project: Practice Notes is published by the Center for Advanced Studies in Child Welfare (CASCW), School of Social Work, College of Education and Human Development, University of Minnesota. This issue was supported, in part, by grant #GRK%80888 from Minnesota Department of Human Service, Children and Family Services Division. This work is/was supported by the USDA National Institute of Food and Agriculture, Hatch project MIN-55-030. The opinions expressed are those of the authors and do not necessarily reflect the views of the Center, School, College, University or their funding source.