

# Children Who Witness Intimate Partner Violence & the Child Welfare System:

## *Cross-Systems Collaborations for Supporting Children & the Non-abusive Parent*

### **Introduction**

Intimate partner violence is a serious and preventable public health problem that impacts millions of women, men and children every year. Families who experience intimate partner violence (IPV) often come to the attention of the child welfare system. Despite involvement with many of the same clients, child welfare and intimate partner violence advocacy agencies often operate in isolation from each other. Best practice recommendations published in “the Greenbook” by U.S. Department of Health and Human Services highlight the importance of collaborative efforts across advocacy and child welfare systems to best meet the needs of families impacted by IPV. Since its 1999 publication, many towns have developed systems for cooperation between child welfare, domestic violence and court agencies and have provided important lessons learned from cross-systems collaboration. For families with co-occurring child maltreatment and IPV, collaboration across systems has been shown to result in enhanced screening, assessment, advocacy and case planning.<sup>1,2</sup>

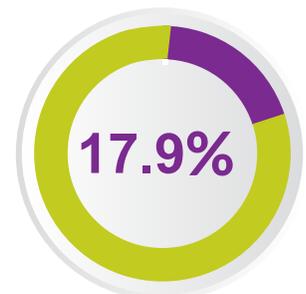
This policy brief discusses the impact of witnessing intimate partner violence on children, the involvement of such children and their parents with the child welfare system, and policy considerations for strengthening cross-systems collaborations to meet the needs of these families.

### **Intimate Partner Violence and Its Impact on Children**

Intimate partner violence is a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse between two intimate partners – individuals who are currently or have previously dated, who are or were married, or who have a child in common.<sup>3</sup> Women who experience IPV have higher rates of many health problems including frequent headaches, chronic pain, unintended pregnancy and overall more physical and mental health problems than women without a history of IPV.<sup>4,5</sup> For victims with children, their concerns are inextricably linked to the well-being of their children and the safety decisions they make are typically guided by the needs of their children.<sup>6</sup>

Intimate partner violence, whether physical, sexual or emotional, cannot be hidden from children. Children often know what is happening even when parents think they are asleep in another room. There are many different ways in which children may be exposed to intimate partner violence including seeing physical abuse as it occurs or seeing injuries after it has occurred, seeing damage to the home, hearing it as it happens, or experiencing the aftermath. A child does not have to see the violence first hand to be affected by it.

A recent national study indicates that 17.9% of children of all ages have been exposed to physical intimate partner violence in their lifetime, or about 13.6 million children.<sup>7</sup> In Connecticut, an average of 1,000 children stay in domestic violence shelters with an abused parent annually; the majority of those children are 6 years old or younger.<sup>8</sup> According to the CT Department of Emergency Services and Public Protection, children under 18 years of age were present at 3,495 family violence incidents where an arrest was made in 2016. Children exposed to domestic violence often face life-long negative consequences, including a host of physical and psychological health impairments that compromise healthy child development and constitute a serious public health issue. This includes increased aggression, persistent sleep problems, increased anxiety, difficulty with peer relationships and diminished capacity to concentrate in school. Witnessing domestic violence can create deep feelings of helplessness, guilt and shame for the child when they cannot make the violence stop or protect the non-offending parent.<sup>9</sup>



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It is important to keep in mind that every child's experience is different. Most children have the capacity to be resilient given the proper supports following a traumatic event,<sup>10</sup> and many children do well in spite of being exposed to intimate partner violence.<sup>11,12</sup> Crucial to a child's resiliency is the presence of a positive, caring, and protective adult.<sup>10</sup> Strategies such as increasing parenting effectiveness, assisting parents in addressing mental health issues, and supporting parents to live in safe and supportive environments are closely connected to children's well-being.<sup>13</sup> Effective, coordinated responses for children who witness intimate partner violence must prioritize supporting the relationship between the child and the non-abusive parent while holding the abusive parent responsible for ending violent, abusive behaviors.

## ***Involvement with the Child Welfare System***

Cases involving children who witness intimate partner violence often come to the attention of the child welfare system. Intimate partner violence is an issue for the majority of families involved with child welfare services.<sup>14,15</sup> Historically, child welfare systems and other community response systems viewed victims of IPV from a 'deficit model,' where victims of violence are seen as suffering from an inherent problem or deficit that compromises their ability to parent effectively.<sup>16,17</sup> Recent research has demonstrated that while some victims of IPV may develop compromised parenting, others respond with increased sensitivity and attentiveness to their children.<sup>23,18</sup> The practices outlined in The Greenbook have been adopted by many child welfare agencies across the country, including Connecticut, to improve the response to IPV and move away from the deficit model towards a strengths based model. However, research has shown that despite efforts to shift from a child protection framework to a child welfare framework at the policy level, changes are slow to permeate into practice.<sup>19</sup>

It is well established that a victim/non-abusive parent may be reluctant to seek help for abuse because of the fear that the child welfare system will become involved and remove the children from the home.<sup>23</sup> Leaving is the most dangerous time for a victim of domestic violence<sup>20</sup> and this fact must be kept at the forefront of all safety planning efforts. When IPV is identified in a family involved with child protective services, the most common recommendation is for the victim to leave the abusive partner.<sup>21, 22</sup> In a review of intimate partner homicides in Connecticut, the Connecticut Coalition Against Domestic Violence found that most victims had not been in contact with or received services from a domestic violence service provider prior to their death. Collaboration between child welfare personnel and domestic violence advocates has been shown to improve training and communication, which may help to discourage CPS workers from asking a victim to leave an abusive partner, and may facilitate CPS workers connecting victims to domestic violence services.

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Victims of IPV engage in multiple strategies to protect their children from their abusive partner and to mitigate the harms of exposure to IPV. Victims identify informal supports (e.g. providing emotional support, reaching out to family and friends) as the most effective at increasing the safety of their children, rather than formal supports (e.g. accessing police or filing for a restraining order). Professionals must give victims credit for how they utilize their informal supports and empower them to engage in these informal strategies. Unfortunately, professionals often view formal supports as more "legitimate",<sup>23</sup> and may be more likely to recommend formal behaviors (such as applying for a restraining order or calling the police). Interestingly, in a study of the protective strategies of mothers in abusive relationships, leaving the abusive partner was only viewed as helpful by two-thirds of the sample.<sup>23</sup> It is important that service providers are able to recognize and appreciate the strategies that victims use to protect themselves and their children, some of which could be more nuanced and less obvious, such as putting off arguments and/or keeping certain information from their abuser.<sup>23</sup> Any interventions must be planned with the full cooperation of victims and must take into consideration their strengths and realities, and recognize that their strategies may be effective even if they don't conform to the professionals' expectations.

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Research overwhelmingly demonstrates that effective responses to children who witness intimate partner violence prioritize supporting the relationship between the child and the non-abusive parent and holding the abusive parent accountable for his or her behavior. Children do best when their parents are supported in their parenting roles.<sup>24</sup> Punitive attitudes and practices towards the non-abusive parent have shown little success for achieving these goals. Cross-systems collaborations between child welfare agencies and community-based domestic violence providers are critical to ensuring the safety and well-being of the child and non-abusive parent.

## ***Policy Considerations***

It is important for child welfare agencies, state domestic violence coalitions and local domestic violence organizations to work together to ensure an understanding of the dynamics of IPV, how exposure to IPV affects children, how to hold offenders accountable for their actions, and how to support the safety of both children and non-abusive parents. The following are several policy considerations that can assist systems in collaboratively and effectively responding to children who witness intimate partner violence in a manner that builds resiliency for those children.

### ***Strengthen partnerships between domestic violence advocates and child welfare workers***

A strong, collaborative partnership between domestic violence advocates and child welfare workers is necessary to best meet the needs of children who witness intimate partner violence. Despite their differences, domestic violence advocates and child welfare workers share significant goals that can bridge the gap between them, including:

- Ending violence against adults and children
- Ensuring children's safety
- Protecting adults so that their children are not harmed by violence
- Promoting parents' strengths

Both the child welfare system and domestic violence advocates want to protect children and families from violence and abuse. There is significant opportunity for both service systems to learn from each other about their roles, including each system's strengths and challenges and how they can support each other to sustain positive outcomes for children who witness intimate partner violence and the non-abusive parent. Doing so may also enable domestic violence advocates and child welfare to develop and implement a shared set of guiding principles for responding to children who witness intimate partner violence. Agreed upon guiding principles will result in a more efficient, effective response.

### ***Provide comprehensive cross-systems training that ensures a trauma-informed approach***

Comprehensive training is critical to improving the safety of children and families who become involved in the child welfare system. This is particularly true when considering that many states' child welfare agencies have removed punitive concepts from their written policies but still struggle with their regular application by front-line workers. Cross-systems training between domestic violence advocates and child welfare workers will allow them to utilize each other's strengths and expertise.

Child welfare workers are not intended to be experts on domestic violence and domestic violence advocates are not intended to be experts on protecting children from all types of abuse and neglect. Comprehensive training will provide child welfare workers with an important base of knowledge about how the non-abusive parent assesses her or his options to achieve safety, including whether to stay or leave the abusive relationship. Domestic violence advocates can benefit from understanding the support services available to families from child welfare agencies and the agency's decision-making process to meet its statutorily required mandates. Cross-systems trainings can also help to build the personal relationships between the agencies that are necessary for effective functioning on difficult cases.

Key to these efforts is to ensure that the end result is a collaborative, trauma-informed approach to serving families. A trauma-informed approach means that all service providers share values and goals, focus on promoting health and preventing further trauma, and work to identify and eliminate the abuse or violence that caused the trauma.<sup>25</sup> This includes recognizing and understanding the impact of trauma on the non-abusive parent and her or his actions and decisions. Traumatized mothers may appear depressed, self-medicate or appear neglectful if caring for children is difficult because of the abuse.<sup>26</sup> Training can address how this might change if the non-abusive parent is given the proper supports and the abusive parent is held accountable for ending abusive, violent behaviors.

### ***Highlight and support the role of victims as parents***

Victims of IPV engage in a wide range of behaviors designed to protect themselves and their children from the impact of IPV. Children play a key role in the decisions that victims make about their relationships, particularly in the decisions they make about leaving, staying in, or returning to abusive partners.<sup>27</sup> Child protection and domestic violence services must support the victim's role as a parent in order to provide the best possible care to victims and their children. Education that specifically highlights how IPV can affect their parenting would be more appropriate than general parenting classes.<sup>22</sup> A victim's level of parenting stress is related to his or her children's functioning.<sup>28</sup> Both child protection and domestic violence agencies must continue to provide opportunities for victims to participate in supportive parenting programs. Additionally, professionals must ask victims about how they are protecting their children and position themselves to support those efforts.

## Hold abusive parents accountable and increase access to domestic violence offender programs

By focusing on the accountability of abusive parents, systems are less likely to blame non-abusive parents for their children witnessing intimate partner violence.<sup>6</sup> It is a common myth that the abuse will end if the victim simply leaves the relationship. In fact, abuse can continue after the end of the relationship and abusive partners often use children to sustain control over a former partner. And even if the abusive relationship ends, often these couples will need to co-parent their children. Only the abuser can take the actions necessary to end the abuse. Abusive parents must be held accountable for their behaviors and given access to services that eliminate violence and that appropriately and safely support their role as a parent.<sup>6</sup>

Increasing accessibility for abusive parents to learn about the impact of their chosen behaviors is a key component of increasing the safety of the child and non-abusive parent. While not all abusive parents will change, they all have the capacity to do so given the appropriate supports and education. In Connecticut, there are a number of nonprofit violence prevention organizations that work with individuals who perpetrate domestic violence. Several of these organizations have been approved by Connecticut's Domestic Violence Offender Program Standards Advisory Council. Additionally, the CT DCF offers programs for families impacted by intimate partner violence that work to engage the whole family, including their IPV Family Assessment Intervention Response (IPV-FAIR), and Intimate Partner Violence Multi-systemic Therapy (IPV-MST). Requiring the abusive parent to successfully complete such a program increase the likelihood of positive results for the family.

## LEARN MORE AT [www.ctccfv.org](http://www.ctccfv.org)

### NEED HELP?

Professionals or parents looking for help can call the statewide domestic violence hotline. Counselors are available 24 hours per day, 7 days per week. All services are confidential, safe and free.

**888.774.2900**  
ENGLISH

**844.831.9200**  
ESPAÑOL

*The Children's Center on Family Violence is a partnership between Connecticut Children's Medical Center and Connecticut Coalition Against Domestic Violence. It was established in 2016 to respond to and reduce the number of children impacted by family violence through a trauma-informed, multidisciplinary, multiagency approach. Learn more about The Center and our work at [www.ctccfv.org](http://www.ctccfv.org).*

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