

Key Issues in Child Welfare: Intimate Partner Violence (abridged eLearning Storyboard)



Intimate Partner Violence can happen between people, in a family, or to youth who experience dating violence.

While we cover these issues separately, it is important to note that intimate partner violence often co-occurs with substance use disorders and behavioral health concerns.

Please download the document: *Domestic Violence and the Child Welfare System*. This resource will be used throughout this module.

Intimate Partner Violence: the law

IPV is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical and sexual violence, stalking and psychological aggression by a current or former intimate partner.

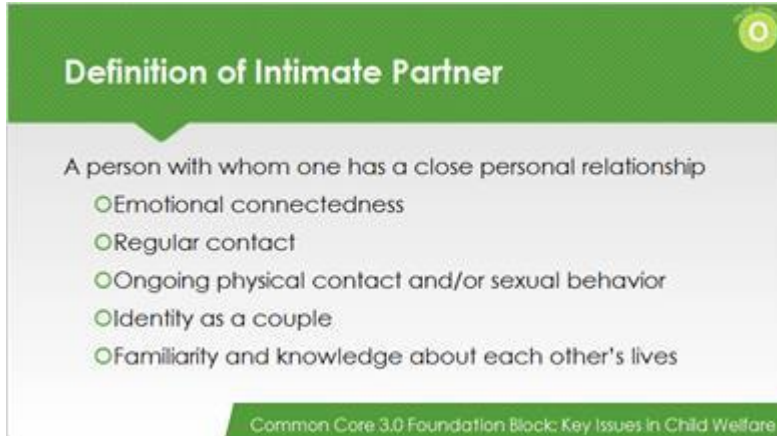
According to California Penal code section 13700, Intimate partner violence is defined legally as a recurring and escalating pattern of behaviors that are focused on maintaining control of or restricting the independence of an individual in a domestic relationship.

Further, California Assembly Bill 2647, implemented in 1997, requires Child Welfare Services Emergency Response Protocols to include assessment of IPV in the home, so we must look for and identify evidence of intimate partner violence during our contacts with families.

Moreover, when a case is petitioned before the Juvenile Court, the court is required to give preference for placement of a child with the adult IPV survivor if he or she can provide a plan that will protect the child.

All domestic violence incidents require a written report by law enforcement and if sufficient evidence exists, an automatic arrest is required.

Definition of Intimate Partner



Definition of Intimate Partner

A person with whom one has a close personal relationship

- Emotional connectedness
- Regular contact
- Ongoing physical contact and/or sexual behavior
- Identity as a couple
- Familiarity and knowledge about each other's lives

Common Core 3.0 Foundation Block: Key Issues in Child Welfare

Definition of the term intimate partner.

An intimate partner is a person with whom one has a close personal relationship that can be characterized by at least one of the following:

- Emotional connectedness
- Regular contact
- Ongoing physical contact or sexual behavior
- Identity as a couple
- Familiarity and knowledge about each other's lives

Examples of intimate partners include current or former spouses, boyfriends or girlfriends, dating partners, or sexual partners. IPV can occur between heterosexual or same-sex couples and does not require sexual intimacy. Ongoing intimate partners may or may not be cohabiting.

If the survivor and the person who batters have a child in common and a previous relationship but no current relationship, then by definition they fit into the category of former intimate partner

Prevalence of Intimate Partner Violence

The video player interface features a green header with the title "Prevalence of Intimate Partner Violence" and a play button icon. Below the header, on the left, is a text box with the following information: "10 Shocking domestic violence statistics on children and mothers [Video file]. (2011, May/June). In 10 Shocking Domestic Violence Statistics on Children and Mothers. Retrieved from <https://www.youtube.com/watch?v=paGDMvX8g1s> Duration: 2 minutes 51 seconds". In the center is a large video thumbnail with the text "10 SHOCKING FACTS" and a yellow play button. To the right of the thumbnail is a green button that says "Click the yellow play button to begin the video." At the bottom of the player is a green bar with the text "Common Core 3.0 Foundation Block: Key Issues in Child Welfare".

It is hard to know the true prevalence of intimate partner violence and the number of children who have been exposed. Research suggests that nearly 30 million children in the United States will be exposed to some type of family violence before the age of 17. Read about the scope of the problem on page 3 of your downloadable resource Domestic Violence and the Child Welfare System.

Power and Control Wheel



In order to understand the dynamics of intimate partner violence we are going to explore how power and control are exhibited in relationships where intimate partner violence occurs.

The Power and Control Wheel developed in 1984 by the Domestic Abuse Intervention Project (DAIP) can help us explore the most common abusive behaviors or tactics used in violent relationships.

Looking at the Power and Control wheel we can see that perpetrators of IPV use . Review each spoke of the wheel:

- Intimidation

- Emotional abuse
- Isolation
- Minimizing, denying and blaming
- Control of children
- Male privilege
- Economic abuse and
- Coercion and threats

Intimate partner violence can affect all types of partners, not just heterosexual couples. Battering in same-sex intimate relationships has many of the same characteristics of battering in heterosexual relationships, but happens within the context of the larger societal oppression of same-sex couples.

Abusive partners in LGBTQ relationships use all the same tactics to gain power and control as abusive partners in heterosexual relationships - physical, sexual or emotional abuse, financial control, isolation and more. But abusive partners in LGBTQ relationships also reinforce the tactics that maintain power and control with social factors that compound the complexity a survivor faces in leaving or getting safe in an LGBTQ relationship.

This additional layer of power and control tactics includes:

- “Outing” a partner’s sexual orientation or gender identity. Abusive partners in LGBTQ relationships may threaten to ‘out’ victims to family members, employers, community members and others.
- Saying that no one will help the victim because she or he is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.
- Justifying the abuse with the notion that a partner is not “really” lesbian, gay, bisexual or transgender. This can be used both as a tool in verbal and emotional abuse as well as to further isolate the survivor from the community.
- Monopolizing support resources through an abusive partner’s manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the victim. This is a particular issue to members of the LGBTQ community where there may be fewer specific resources, neighborhoods or social outlets.
- Portraying the violence as mutual and even consensual, or as an expression of masculinity or some other “desirable” trait.

Power and Control Wheel for Equality



Intimate partner violence can affect all types of partners, not just heterosexual couples. Battering in same-sex intimate relationships has many of the same characteristics of battering in heterosexual relationships, but happens within the context of the larger societal oppression of same-sex couples.

Abusive partners in LGBTQ relationships use all the same tactics to gain power and control as abusive partners in heterosexual relationships - physical, sexual or emotional abuse, financial control, isolation and more. But abusive partners in LGBTQ relationships also reinforce the tactics that maintain power and control with social factors that compound the complexity a survivor faces in leaving or getting safe in an LGBTQ relationship.

This additional layer of power and control tactics includes:

- “Outing” a partner’s sexual orientation or gender identity. Abusive partners in LGBTQ relationships may threaten to ‘out’ victims to family members, employers, community members and others.
- Saying that no one will help the victim because she or he is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.
- Justifying the abuse with the notion that a partner is not “really” lesbian, gay, bisexual or transgender. This can be used both as a tool in verbal and emotional abuse as well as to further isolate the survivor from the community.
- Monopolizing support resources through an abusive partner’s manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the victim. This is a particular issue to members of the LGBTQ community where there may be fewer specific resources, neighborhoods or social outlets.
- Portraying the violence as mutual and even consensual, or as an expression of masculinity or some other “desirable” trait.

What are the behavioral indicators social workers may see?



Now let's talk about what you may see in situations involving IPV.

It is difficult to predict who may batter and who may become a victim of intimate partner violence. There are no typical characteristics or profiles of abusers or victims. Those who batter may appear very charming or may seem like angry, explosive individuals. Survivors may seem passive or extremely frightened or they may be very angry about what is happening.

The most obvious signs of IPV will be evidence of severe, recurring, or life-threatening abuse such as broken bones, repeated bruises, threats with weapons, sexual abuse or partner rape.

Intimate partner violence may also be emotional or psychological abuse where one partner continually degrades, criticizes, or belittles the other.

Those who batter may try to control the other person through control of their children, through the legal system, or by using issues arising from custody and visitation cases to try to re-establish control over their partners. They may control the finances and convince the survivor that they are dependent on the person who batters.

Batterers may isolate or refuse to leave the victim alone and may try to speak for the victim in order to control the information the victim shares.

Those who batter may threaten, harass, stalk and keep tabs on their victims in order to intimidate them.

Teen Dating Violence



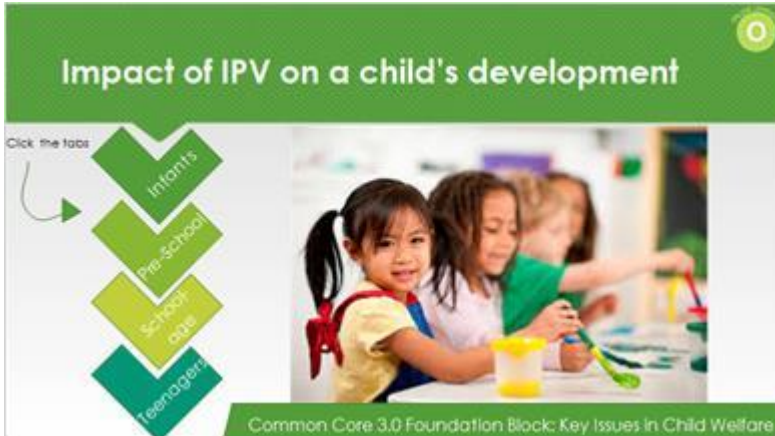
You will be working with youth and young adults who may be experiencing intimate partner violence in their relationships. The dynamics and behaviors are parallel to what we have learned about in adult relationships. Specific warning signs for teens include:

- Checking cell phones, emails or social networks obsessively and perhaps in violation of house rules for social media
- Extreme jealousy or insecurity
- Constant belittling or put-downs
- Explosive temper
- Isolation from family and friends
- Making false accusations
- Mood swings
- Physically inflicting pain or hurt in any way on a partner
- Possessiveness
- Telling their partner what to do
- Repeatedly pressuring their partner to have sex

It is important to be clear that teen dating violence isn't just between a young woman and young man. One in three young people experience some form of dating abuse and that includes people of all sexual orientations and gender identities.

In fact, LGBTQ youth experience dating abuse at the same rates and in similar ways as heterosexual couples do.

Impact of IPV on a child's development



According to the Domestic Abuse Round Table, studies show that 3-4 million children between the ages of 3-17 are at risk of exposure to intimate partner violence each year and exposure to violence can negatively impact child development. In addition to the traumatic impact of violence, children are often expected to keep the abuse secret which in turns leaves them feeling vulnerable and isolated.

Exposure to violence causes Trauma

Exposure to violence causes trauma in children. Children's responses to intimate partner violence vary with age and developmental stage and depends on the severity of the violence, their proximity to the violent events, and the responses of their caregivers. Long-term effects, especially from chronic exposure to IPV, may include:

- Physical health problems such as obesity and sleeping problems

- Behavior problems in adolescence such as criminal activity, delinquency, alcohol or other substance abuse

- Emotional difficulties that can last into adulthood such as depression, anxiety, or PTSD)

Many children experience post-traumatic stress disorder as a result of exposure to violence. Post-traumatic stress disorder or PTSD is a severe anxiety disorder that is brought on by exposure to extreme physical harm or danger. Near-death experiences, torture or extreme bodily harm, disaster, physical or sexual assault, or psychological damage and affliction can all lead to PTSD and PTSD can impact people who directly experience trauma or who are witness to traumatic events.

PTSD symptoms include hyperarousal, flashbacks of the traumatic event, and numbing or avoidance behaviors.

Intervention in Families experiencing Intimate Partner Violence

Effective intervention with families who have experienced intimate partner violence involves a set of strengths-based and family-centered principles that focus on safety of family members and appropriate

accountability from the person who batters.

Safety is the highest priority for survivors and their children. Intervention should strive to identify a safety plan for all adult and child victims to keep them safe from harm while making every effort to maintain or restore the family. When the family cannot safely remain together, efforts should be made to have the non-offending (victim) parent maintain care and custody of the children.

As mentioned, it is also important to hold the person who batters accountable. Batterer treatment plans must place the burden of responsibility on the abusive partner. Interventions should be based upon holding aggressors responsible for their violent and threatening behaviors and focus efforts on monitoring accountability and rehabilitation while maintaining safety for the survivor and children.

Another key aspect of intervention is recognizing that witnessing intimate partner violence is a traumatic event for children. Witnessing of these events can have a profound effect on the neuro-developmental template formed for all relationships.

It is important to be sure that partners who have experienced violence have a right to self-determination. Partners must be allowed to choose their own path in addressing intimate partner violence issues, including making their own decisions about whether to remain with or leave an abusive partner. In response to this right of self-determination, Child Welfare professionals should focus efforts on the least intrusive intervention needed to protect children and keep them safe.

Finally, social workers should advocate for adult survivors and child rights across systems. Child Welfare professionals should promote awareness, communication and information sharing between family serving systems while maintaining the family's right to privacy.

Assessment of Intimate partner violence



Assessment should consider the nature, severity and chronicity of the violence, the impact of the violence on the children and the adult who has been abused in the home, protective factors of the survivor, patterns of help-seeking and survival strategies of the survivor, the presence of substance use or behavioral health concerns and the practical availability of resources and services.

The primary focus of the assessment is the determination of whether or not the child is safe in the home. As a child welfare worker, you will need to determine if any safety threats are present. Using the SDM Assessment tool ensures you are reviewing the safety threats, risks, family strengths and needs, and reassessment factors comprehensively.

Once you have worked to identify safety threats, you must address the threats in a safety plan. As you develop safety plans, you may need to consider removal of the child and will need to consult your supervisor and follow county protocols during all safety assessments.

The assessment must consider the imminence of peril to the victimized partner and children and make concrete identification of specific intimate partner violence-related safety threats.

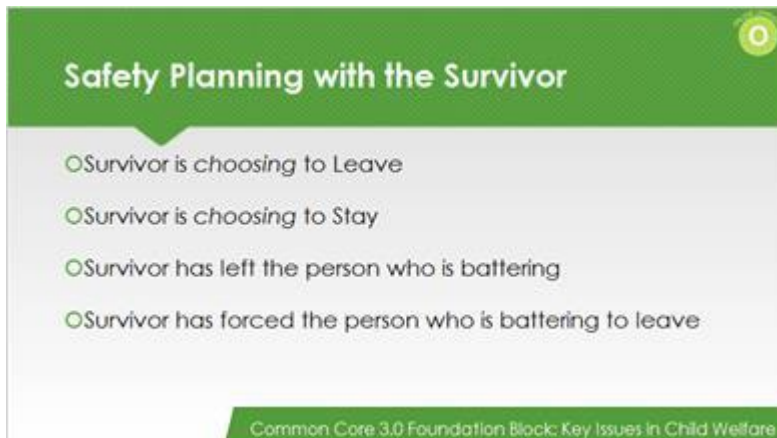
o Factors that would indicate that the child can safely remain in the home with a supported plan of safety include:

- Proactive efforts by the partner who was victimized to seek and maintain protection,
- Batterer acknowledgment of responsibility and active participation in services,
- A minimal level of behavioral and emotional trauma for the child,
- A supportive adult who can maintain contact with the child,
- A history indicating that the violence is not escalating and a prior history that does not include serious episodes,
- Meaningful links to support system and safety network,
- A situation that is free from other safety threats.

o On the other hand, factors that would indicate that children are in need of out-of-home placement include:

- Other types of child abuse in the home that pose safety threats,
- Adult substance use or behavioral health concerns that pose safety threats,
- Ongoing unauthorized contact between the batterer and the children that may pose safety threats,
- A history of serious violence involving the batterer,
- Children in the home who have increased vulnerability and are unable to seek help.

Safety Planning with the Survivor



Your safety planning will be impacted by survivor readiness for change. Survivors may choose to leave or choose to stay, or they may have already left the person who is battering them, or may have forced the person who batters them to leave.

Often what's most challenging for social workers is when survivors choose to stay with the person who is abusing them.

Based on what you have learned so far, take a moment and write down your thoughts about why some survivors may stay in abusive relationships.

One example of why people stay is that undocumented immigrants may feel trapped in abusive relationships because of immigration laws, language barriers, social isolation, and lack of financial resources.

Team Meetings

Safety planning often occurs in team meetings and IPV can make team meetings challenging.

The quality of the decision that comes out of a team meeting is directly related to how safely the meeting is conducted.

Prior to coordinating a team meeting, it is important to find out if there is an emergency protective order in place. No team meeting should ever violate any court order, written or verbal, or any condition of probation or parole that restricts contact or communication between the survivor and the person who batters. You may need to hold separate meetings, and will need to determine the order of the separate meetings, whether to have the person who batters participate by phone in selected portions of the meeting, or whether or not to employ some other means to ensure a safe meeting. It is important to note that separate meetings should be held for the person who batters and the non-offending parent (victim) when the decision about removal depends, in whole or in part, on the non-offending parent's (victim's) safety plan. In this situation the first meeting should be scheduled with the non-offending parent (victim). The meeting with the person who batters should be seen as an opportunity for engagement rather than a means for developing an alternate plan.

Remember, the team meeting should focus on establishing safety for the survivor and child together, whenever possible. By increasing safety for the survivor, you are increasing safety for the child.

It should be noted that when a child has to be removed because no safety plan can be put in place, you must also be sure to do safety planning with the survivor, as their own safety may be in jeopardy.

Meetings should be conducted at the agency office or public location and as necessary, assistance should be sought from law enforcement to assure the safety of all attendees.

Ad finally, avoid verbal confrontations or debates with the person who batters as these behaviors may escalate the possibility of violence.

Case Planning

The primary focus of case planning should be about enhancing the child and survivor parent's safety and creating appropriate boundaries to protect them from the person who batters.

Service planning should include cross-system consultation and collaboration with intimate partner violence experts and community partners.

Service planning should be approached in manner that maintains boundaries and separation between the person who batters and their partner and children.

Services must be planned around family-centered goals that establish a route to developing safety and stability.

Joint or family services are not appropriate for many families who have experienced intimate partner violence until sufficient progress by both the person who batters and their partner have been made and the trauma symptoms of the children have been addressed.

Services should be specifically relevant to addressing the safety efforts of the parent who was abused and the children

Use the SDM Family Strengths and Needs Assessment for case planning.

Placement decisions

When making placement decisions about children who have experienced or witnessed IPV, care should be taken to assure confidentiality of placement. Children and youth in care should be counseled regarding the importance of maintaining a safe location.

When considering relative placement, think about whether the relatives have sufficient distance and security to assure their safety and the safety of the children from the aggressor.

School, medical, dental and community service providers should be advised of the need to limit information

being provided to the abuser that may jeopardize the safety of the children, care provider or parent who was abused.

Efforts should be made to maintain close but safe proximity to the victimized parent so that regular contact and services can be maintained.

Visitation

Consideration should be given to creating a safe location for visitation between parent who was abused and children and details of the visitation times and locations should be kept strictly confidential.

Before considering if and how visitation with the parent who batters is appropriate, conduct an assessment of the trauma response of the children.

Any visitation with the aggressor parent should be initially supervised and the aggressor parent should be actively participating in intimate partner violence treatment programs and making adequate progress.

Visitation plans should follow any existing protective orders. Additionally, even if a protective order is not in place, the social worker must determine the appropriateness and safety of including the aggressor in visitation with the non-offending parent (victim) while still following any visitation orders that exist.

The person who batters may be very adept at manipulating and persuading others through charm and behaviors of remorse and care needs to be taken to assure proper precautions are in place for visitation.

Always consult with your supervisor if you have concerns about child safety during visits.

Decisions to reunify

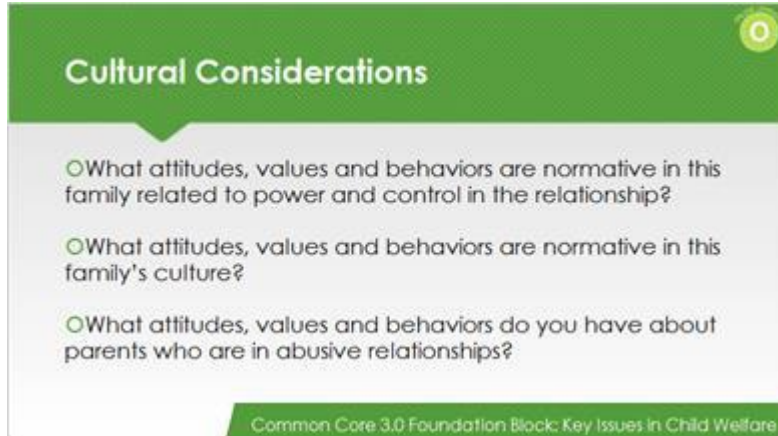
Let's look at factors to consider when making a decision about whether or not to reunify when IPV has been a problem for the family.

The SDM Reunification Reassessment Tool will help at this decision point.

In addition to successful completion of any treatment programs, the following factors should be in place prior to any reunification:

- The survivor and the batterer should be able to identify, recognize and respond to the effects that intimate partner violence has had on the children,
- Visitation with the children should be progressive leading up to a decision to reunify and the children should be able to describe that they feel safer and explain what accounts for this feeling,
- The survivor should demonstrate a pattern of accessing relevant support services, information and safety options,
- There should be no new substantiated or inconclusive child maltreatment reports,
- The survivor and children should have a continuing connection with intimate partner violence services and those professionals should be in support the plan of reunification, and
- The survivor and children should have reasonable safety plans and know how to practically implement them.

Cultural Considerations



Cultural Considerations

- What attitudes, values and behaviors are normative in this family related to power and control in the relationship?
- What attitudes, values and behaviors are normative in this family's culture?
- What attitudes, values and behaviors do you have about parents who are in abusive relationships?

Common Core 3.0 Foundation Block: Key Issues in Child Welfare

There are many cultural, class and race issues to consider in working with families who have experienced intimate partner violence. Intimate partner violence occurs within all races, ethnicities, neighborhoods, and across all socioeconomic boundaries; however, rates of violence do vary based upon specific demographics:

- Living in poverty raises the risk of family violence. Families living at and below the poverty level experience higher rates of violence, regardless of their race or ethnicity. When individuals living in poverty are faced with making the choice of leaving the relationship to create safety for themselves and their children, they may find themselves homeless and without a way to meet basic needs. Although rates of violence are statistically consistent across races and ethnic groups, people of color are more likely to experience poverty, which then leaves them more at greater risk of exposure to violence and trauma
- Family violence in gay, lesbian and transgender relationship under-addressed. Women are overwhelmingly identified as the victims of male aggressors in intimate partner relationships; however, intimate partner violence occurs proportionately in gay and lesbian partnerships as well.
- Language barriers impact access to services.
- Victims with disabilities are at higher risk. Individuals with special developmental and physical challenges, as well as mentally ill persons, are more vulnerable to intimate partner violence and more easily isolated from protective services.

Immigration status can be used to keep survivors trapped. Individuals who are undocumented immigrants or non-English speaking refugees face barriers to accessing protective and support services. Immigrant women suffer higher rates of battering than U.S. citizens due to these factors.

What will your role be?

You are not expected to be an expert in addiction science, violence prevention or psychology, but you need to be able to identify the signs of substance use disorders in parents and the foster youth with whom you work. It will be important to identify the signs of neglect as a result of these issues if they happen in isolation from each other or if they co-exist, and understand that these can be an underlying symptom of trauma.

You'll need to determine if the child is safe to remain in the home, when it's safe to return a child, link families to trauma informed, culturally relevant services to address the key issues. And finally, your role includes educating families, collaterals, service providers, and colleagues about common misperceptions associated with substance use disorders, intimate partner violence and/or behavioral health. All interactions with the family and interventions should be trauma informed.

Determining child safety

It's very important to determine if a child is safe in their home. As a child welfare worker, you will need to determine if any safety threats are present. Using the SDM Safety tool ensures you are reviewing the safety threats comprehensively. And if you see a threat, you address it in a safety plan. You may need to consider potential removal of the child and will need to consult with your supervisor during all safety assessments.

Procedures Manual. SDM 3.0