

Additional Supports in Kamloops

PEACE (Prevention, Education, Advocacy, Counselling and Empowerment) Programs

400 Battle Street
Kamloops, BC V2C 2L7

Kids Help Phone: 1-800-668-6868

Online Parenting Courses

<https://www.bccf.ca/program/online-parenting-programs/>

Y Woman's Emergency Shelter

<https://find.healthlinkbc.ca/ResourceView2.aspx?org=53965&agencynum=17640948>

Nobody's Perfect Parenting Program

150 Wood Street
Kamloops, BC V2B 2R9
250-376-4771

Victim Link BC

<https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/victimlinkbc>

BC Housing for Women Fleeing Violence

<https://www.bchousing.org/housing-assistance/women-fleeing-violence>

First Nation Child & Family Services

<https://secwepemcfamilies.org/intake-services/>

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CHILD WELFARE IN THE CONTEXT OF **INTIMATE PARTNER VIOLENCE (IPV)**

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SOCW 3760
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AN ANTI-OPPRESSIVE SOCIAL WORKER'S QUICK PRACTICE GUIDE TO IPV & CHILD WELFARE

What is IPV in the Child Welfare Context?

DEFINITION & CONDITIONS OF IPV

- Of the five types of child maltreatment, IPV falls under Exposure to Family Violence: Circumstances that allow a child to be aware of violence occurring between a caregiver and his/her partner or between other family members; to see, hear or otherwise be exposed to signs of the violence (e.g. to see bruises or physical injuries on the caregiver, to overhear violent episodes or to see the "aftermath" such as broken furniture).
- Direct Exposure: the child is physically present and witnesses the violence between intimate partners.
- Indirect Exposure: the child overhears but does not see the violence between intimate partners; or sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.
- There is no common definition for IPV in Canada, each province & territory will have their own legislation regarding IPV

STATISTICS & FACTS

- IPV is covered under legislation in BC requiring that anyone who suspects that a child is in danger must notify child protection authorities.
- Approximately one in every four children is exposed to IPV.
- Child protection interventions in BC are extended to children aged 0-19 (an older eligibility than any other province or territory in Canada).
- Violence against women exceeds that of violence against men: women make up 80% of police-reported IPV cases, and 80% of the victims of partner homicide.
- IPV exposure is now the most common form of maltreatment substantiated in Canadian children at 68% (exceeding rates for neglect, physical abuse, other forms of emotional abuse & sexual abuse).
- Children's IPV exposure is also closely linked to another important form of adversity: socio-economic disadvantage (as well as structural and individual factors like racism, colonialism & substance misuse).
- Violence has been found to continue after separation, may actually increase in severity and lethality.

IPV & the Child

- The child's welfare is paramount and in many situations is intrinsically aligned to the protection and empowerment of their mother.
- Exposure to IPV should not be classified as a form of maltreatment that automatically triggers child protective response.
- Given the central importance of parenting to child wellness, helping children exposed to IPV means also helping their abused caregivers (the first step in this process usually involves securing needed resources, such as housing, to ensure safety).
- Children can "witness" in ways that go beyond direct observation.
- Children may be abused as part of the abuse of their mother & vice versa.
- Children exposed to IPV often experience other serious adversities at the same time outside of the family: being bullied, witnessing community violence & experiencing property crime.
- Living with the abuse of their mother can be considered a form of emotional abuse, with negative implications for children's emotional & mental health and future relationships.
- Adverse outcomes that result from exposure to IPV can include: an increased risk of psychological, social, emotional & behavioural problems (mood and anxiety disorders, PTSD, substance abuse and school-related problems in children and adolescents).
- IPV impacts negatively on the woman's ability to develop authority and control over her children, culminating in some cases in physical aggression by adolescents towards their parents (this aggression increases with the child's age and is 18 times more frequent in families in which the mother is abused).
- The effects of IPV are amplified for young pre-school-aged children (0-5), who are completely dependent on parents for all aspects of their care & may witness greater amounts of violence than older children.
- School-age children (6-12 years) are involved in developing a more sophisticated emotional awareness of themselves and others (eg. how the abuse is affecting their mothers, which they may blame themselves for).
- Adolescence may mark the point when the impact of domestic violence extends beyond the boundary of the family, with difficulty forming healthy intimate relationships with peers due to the models they experienced in their family.
- As children get older, they may become more active and focused in trying to prevent or intervene in the abuse, or providing emotional or practical support to their mother.
- Not all children show maladjustment from exposure to IPV: each child is unique and their reaction will vary according to age, gender, personality, socio-economic status, role within the family, the frequency, nature and length of exposure to violence & other considerations (relationship with parents & siblings and available supports).

ANTI-OPPRESSIVE PRACTICE (AOP)

- There is an inherent systemic bias of seeing mothers as being mainly responsible for the protection of their children: recognize that engaging fathers is critical to ensuring the safety of children.
- Referral to voluntary services is a more appropriate route, one that the victimized parent is more likely to see as supportive. However, the proportion of cases referred to these family support remains relatively low (less than 8% in BC).
- Recognize that many people who have risk factors for maltreatment do not go on to maltreat children.
- Focus on strengths of the individuals & families.
- Engage with the abuser and discuss the violence open, honestly, and respectfully.
- Inclusion, where appropriate, of the child in this process: research with children highlights their need to be listened to & included in the decisions affecting their lives.
- Any intervention strategy needs to be individualistically responsive to the child's familial context: focused on stabilizing the home environment & minimizing disruption.

IPV & the Social Worker IN PRACTICE

1. **Collaboration:** cross-sector collaboration is critical to ensuring information sharing is comprehensive & communicated to address safety concerns (collaborations are improved when stakeholders use common frameworks, tools, and language).
2. **Building trusting relationships:** with the client as well as with the professional community (probation officers, shelter staff, police officers). Mothers and children know and trust professionals who are non-judgmental and non-threatening, have good communication skills, can ensure confidentiality and can offer practical help & support if needed.
3. **Protocols:** know & understand the protocols of your job for engaging families and generating community support (and without losing site of the fact that in some of these cases, a traditional protection response is required).
4. **Training:** in professional resources continuing education, & awareness, skills and confidence (reflexivity) can lead to more satisfactory identification and responses in practice (attend CASW Webinars or free online trainings).
5. **Clinical supervision & self-care:** do not be afraid to review cases with the supervisor, express concerns or misunderstandings, or ask for feedback & guidance. Identifying and responding to children's exposure to IPV can have negative psychological impact on service providers (eg, disempowerment, compassion fatigue & vicarious trauma).
6. **Paradigm shift in the child protection response to AOP:** use differential response in cases of IPV to make more appropriate referrals to community-based agencies rather than relying on traditional child welfare interventions that are intrusive or that can revictimize the abused parent.

AOP TIPS

- Interview the father: help fathers see their relationship with their children is not independent of the relationship they have with the child's mother. Explore his experience of being fathered, his supports and needs & remember there are different ways to be a father.
- Keep the central focus in the interview on the best interest of the child.
- Ask for specific, concrete information about the types and extent of violence to gather information that is accurate and fulsome. Thoroughly assess the risk men pose to children and mothers
- The couple involved in IPV should not be presumed cisgender/heterosexual.
- Always consider the contributing societal & structural factors of the individuals involved.
- Practice non-judgmental responses and confidentiality (or being clear when reports must be made).
- Have cultural humility: acknowledge past histories of Indigenous Peoples & overrepresentation of children in Child Welfare.
- Remember the victimized parent is not responsible for the child's exposure to IPV, although they may feel that way.
- This is not a "lifestyle" choice for many women: IPV is also a housing issue, and without adequate housing it is unrealistic to expect women to leave an abusive partner who they may be financially dependent upon.
- Educate the mother about the impact of IPV on children, as well as the roles and duties of IPV local services: helps to relieve mothers' fears and increase their readiness to engage with services & the approach to the mothers' education should not jeopardize their safety (eg. sending materials home, leaving detailed messages, or stating you are their social worker).
- Recognize potential triggers: authority can be perceived by the mother as coercively controlling, and mirror the dynamics experienced in the intimate partner relationship. For some mothers, discussing specific dynamics in the family brings with it the fear that child protection interventions will be imposed on them.