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	4. Key Word/Phrase: Domestic Violence; Intimate Partner Violence	

INFORMATION MEMORANDUM

TO: Head Start and Early Head Start Grantees; Child Care and Development Fund (CCDF) Administrators

SUBJECT: Helping Children and Families Experiencing Domestic/Intimate Partner Violence

INFORMATION:

Introduction

October is National Domestic Violence Awareness Month. To emphasize the importance of programs and services focusing on domestic violence, the Administration for Children and Families (ACF) dedicates this month to updating previous Information Memoranda (IM) and other policy issuances related to domestic violence to ensure that health and human services providers supported by ACF have the capacity to recognize the impact of domestic violence, to respond effectively with information and informed strategies, and to safely link families to domestic violence services.

This IM provides Head Start programs and CCDF grantees with updated information about the effects of intimate partner violence on families with very young children and how early childhood education programs, state and local child care agencies, and related systems can help.

Background

Given the magnitude of the problem of children's exposure to violence, including the co-occurrence of domestic violence and child maltreatment, the Office of Child Care and the Office of Head Start are undoubtedly serving children and families impacted by violence. Here are some key facts about domestic violence and intimate partner violence:

1. Intimate partner violence describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Intimate partner violence can vary in frequency and severity. It occurs on a continuum ranging from one hit that may or may not impact the victim to chronic, severe beating.¹
2. Domestic violence is the second leading cause of death for pregnant women, and some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.²

3. Witnessing family assault is among the most common victimizations experienced by toddlers (ages 2 to 5). Other common forms of victimization are assault by a sibling and physical bullying.³
4. In 30 to 60 percent of families where either child abuse or domestic violence is present, child abuse and domestic violence co-occur.⁴

Children may very well experience the violence themselves; however, even when they are not directly injured, exposure to traumatic events can cause social, emotional, and behavioral difficulties.⁵ Children exposed to domestic violence have often been found to develop a wide range of problems, including externalizing behavior problems, interpersonal skill deficits, and psychological and emotional problems such as depression and post-traumatic stress disorder (PTSD).⁶ In addition, a Michigan study of low-income, preschool-aged children found that those exposed to domestic violence at home are more likely to have health problems, including allergies, asthma, frequent headaches and stomach-aches, and generalized lethargy.⁷

What Early Childhood Education (ECE) Programs and Providers Should Do to Help

It is critical that child care workers and Head Start staff be prepared to work with and guide these children and families to needed services. Child care providers and administrators can support the child and family during times of stress by making hotline and other domestic violence information available to parents. Head Start and child care staff can refer to ACF's website for [State and Territorial Domestic Violence Coalitions](http://www.acf.hhs.gov/programs/fysb/resource/dvcoalitions) to identify contact information and links to domestic violence coalitions in each state and territory. Every coalition provides comprehensive training and technical assistance on the multitude of issues that affect victim safety and well-being.
<http://www.acf.hhs.gov/programs/fysb/resource/dvcoalitions>

The early childhood workforce is currently comprised of about 1 million center-based teachers and caregivers, 1 million home-based teachers and caregivers, and an additional 2.7 million unpaid home-based teachers and caregivers.⁸ This workforce consists largely of women, and women are disproportionately affected by domestic violence. Therefore, information about appropriate services and programs should be made available for both staff and families. For example:

- Head Start and Early Head Start programs should share state and local hotline information or numbers for local domestic violence intervention programs, directly or in public spaces where staff and families frequent.
- CCDF state administrators are encouraged to share this information with child care providers and early childhood programs, for example, by distributing to child care resource and referral and agencies so they may share with their child care provider networks.
- CCDF administrators also could incorporate domestic violence awareness into technical assistance and training activities with child care providers.

We encourage key program and administrative staff to establish partnerships with the coalitions and other related human services agencies and organizations to inform local Head Start and child care staff about what they can do to help children and families affected by domestic violence. Head Start, child care administrators, networks, and programs can partner with organizations such as state domestic violence coalitions, local domestic violence and sexual assault service providers, legal advocates, health care providers, shelter programs, transitional and long-term housing assistance providers, mental health services, and/or batterers' intervention programs. These providers may offer direct services to families and children or important in-service trainings that could be tailored to the specific professional roles of Head Start and child care staff. Partnerships with domestic violence programs, in particular, could provide opportunities for joint training, problem-solving challenges, domestic violence assessment, and establishing referral protocols with local domestic violence programs.

Resources

[The National Domestic Violence Hotline](http://www.thehotline.org/)
1-800-799-SAFE (7233)

TTY: 1-800-787-3224

<http://www.thehotline.org/>

Operated 24/7 and available in over 170 different languages through interpreter services, the hotline provides an immediate response to victims of domestic violence in crisis and a seamless referral system to community programs across the country.

HHS Resources Addressing Children, Youth, and Abused Parents

[Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](http://promising.futureswithoutviolence.org)

<http://promising.futureswithoutviolence.org>

This new capacity-building website was developed by Futures without Violence to assist domestic violence programs in enhancing their services for youth (0-18) who have experienced domestic violence and to provide access to a searchable database of evidence-based interventions and promising practices for serving children and youth exposed to domestic violence.

[Children and Domestic Violence Fact Sheet Series](http://nctsn.org/content/resources) by the National Child Traumatic Stress Network, Domestic Violence Collaborative Group (2013)

<http://nctsn.org/content/resources>

This series of 10 fact sheets was created for parents whose children have been affected by domestic violence. The material explores the experiences and needs of these children and families, and offers education in support of their resilience and recovery.

[Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed by Futures Without Violence](http://www.futureswithoutviolence.org/healthy-moms-happy-babies-train-the-trainers-curriculum/)

<http://www.futureswithoutviolence.org/healthy-moms-happy-babies-train-the-trainers-curriculum/>

This curriculum was created to support home visitation programs to be equipped to help women and children living in homes with domestic violence. This research-informed curriculum includes PowerPoint presentations with speaker's notes, discussion questions, video clips, role-plays, and other exercises, and a supporting bibliography.

Resources by and for Culturally-specific Communities

[National Indigenous Women's Resource Center, Inc. \(NIWRC\)](http://www.niwrc.org)

www.niwrc.org

NIWRC enhances the capacity of American Indian and Alaska Native (AIAN) tribes, Native Hawaiians, and Tribal and Native Hawaiian organizations to respond to domestic violence.

[Institute on Domestic Violence in the African American Community \(IDVAAC\)](http://www.idvaac.org/)

<http://www.idvaac.org/>

IDVAAC focuses on the unique circumstances and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their community.

[Asian & Pacific Islander Institute on Domestic Violence \(APIIDV\)](http://www.apiidv.org)

www.apiidv.org

APIIDV provides leadership and training to advocates, evaluators, and mediators on culturally competent and gender-informed efforts.

[Casa de Esperanza and the National Latina Network for Healthy Families and Communities \(NLN\)](http://www.casadeesperanza.org)

www.casadeesperanza.org

Casa de Esperanza/NLN works to advance effective responses to eliminate violence and promote healthy relationships within Latino families and communities. They have produced a variety of tools to improve cultural competency for Latino families impacted by domestic violence.

Please direct any questions on this IM to:

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Thank you for your work on behalf of children and families.

/ Linda Smith /

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¹ Saltzman LE, Fanslow JL, McMahon PM, Shelly GA. Intimate partner violence surveillance: uniform definitions and recommended data elements. Version 1.0 Atlanta (GA): Centers for Disease Control and Prevention. National Center for Injury Prevention and Control: 2002.

² Leiderman, Sally & Cair. Almo, *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*, Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting, and Prevention (2001).

³ Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (October 2009). [Children's exposure to violence: A comprehensive national survey](#). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control and Prevention.

⁴ Edleson, J.L. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5, 134-154.

⁵ Nelson HD, Nygren P, McInerney Y, Klein J. (2004). *Screening women and elderly adults for family and intimate partner violence: a review of the evidence for the U.S. Preventive Services Task Force. Annals of Internal Medicine* 140(5):387-96.

⁶ Carlson. B.E. (2000). Children Exposed to Intimate Partner Violence: Research Findings and Implications for Intervention. *Trauma Violence and Abuse, 1(4), 321-342.*

⁷ Graham-Berman, SA & Seng, J., Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children, *JOURNAL OF PEDIATRICS* 146(3): 309-10 (2005).

⁸ [Targeting Early Childhood and School Age Workforce Investments](#)-2014. National Center on Child Care Professional Development Systems and Workforce Initiatives.