

Assessing the Capacity of CPS Workers' Ability to Manage IPV Cases

Kendra Nixon, Tara Black, Lise Milne, and Angelique Jenney



Background

There is some debate in the child welfare literature about how best to respond to situations involving intimate partner violence (IPV). Children exposed to IPV can be at risk for internalizing and externalizing behaviours, including depression, anxiety, aggression, and attachment difficulties (Holt, Buckley, & Whelan, 2008).

Some jurisdictions including Ontario, Minnesota, and New York, have considered child exposure to IPV to be a form of maltreatment, requiring a child protection response. IPV can either be included as its own maltreatment category or subsumed under a different maltreatment category (e.g., neglect). Children's exposure to IPV can also be viewed as a risk factor for the family.

There is evidence that treating exposure to IPV as a form of maltreatment can result in re-victimization of the caregiver experiencing IPV, and that intrusive child welfare interventions may not be as effective as community-based support services (Edleson, et al., 2006).

Responding to reports about IPV is complex; therefore, highly knowledgeable and skilled workers are required. To date, little is known about the skills of child welfare staff with regard to IPV.

Purpose

The province of Ontario, Canada, through its child protection policies, defines children's exposure to IPV as requiring a child protection response; however, little is known about the capacity of CPS workers to respond to such cases. A survey was customized to assess their capacity, and results were used to develop recommendations for policy and practice. The survey is one component of a five-year, pan Canadian study.

Method

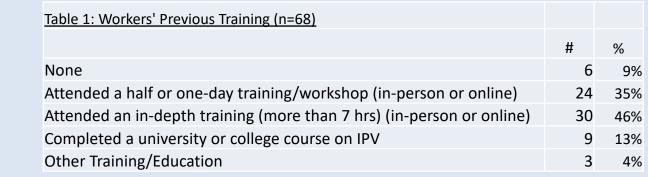
An online survey was customized to understand the capacity of CPS workers in cases of IPV, using a KAP design (Knowledge, Attitudes, and Practices). The 100-item survey was adapted from the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS; Short et al., 2006). The survey was launched in Ontario, Manitoba, Saskatchewan, and Alberta. Three hundred and seventy-seven (377) respondents completed the survey. Results for Ontario (n=68) will be shared.

- 1. Non-random site selection: 7 child welfare organizations were contacted from a provincial list of 38 non-Indigenous agencies
- 2. <u>Purposvie Sample</u>: 6 organizations sent out the survey to their staff
- 3. <u>Responses</u>: 68 survey results received from July to October 2021

Results

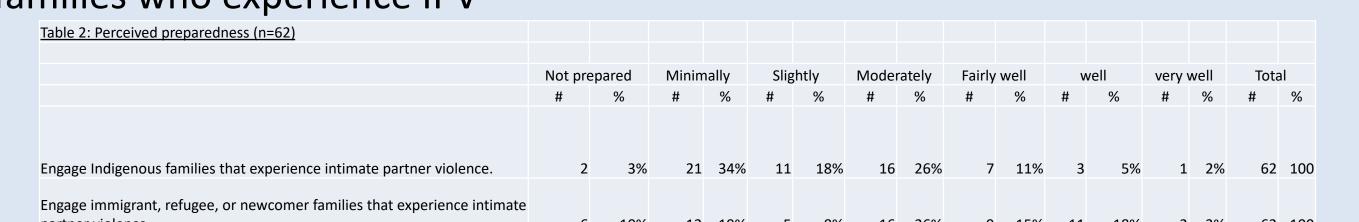
Training:

The vast majority of Ontario participants had attended IPV training.



Preparedness:

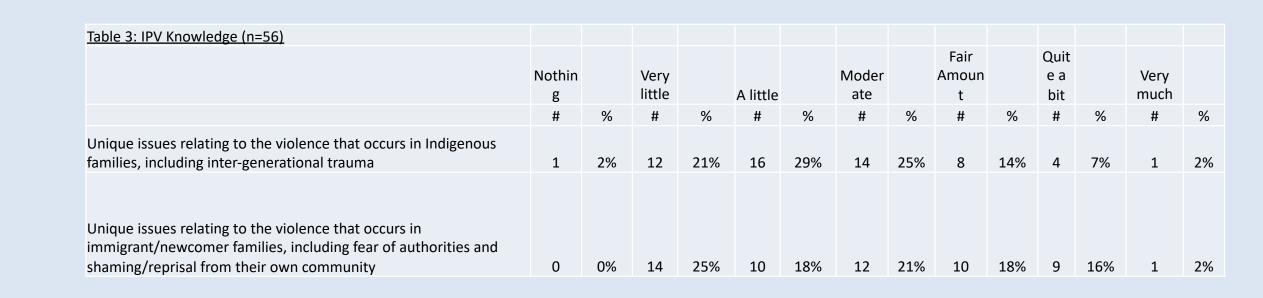
- Most child protection workers felt well prepared to manage cases involving IPV
- However, workers did not feel prepared to engage Indigenous and/or immigrant families who experience IPV



Approximately one third of workers also reported not feeling prepared to deal with perpetrators of IPV

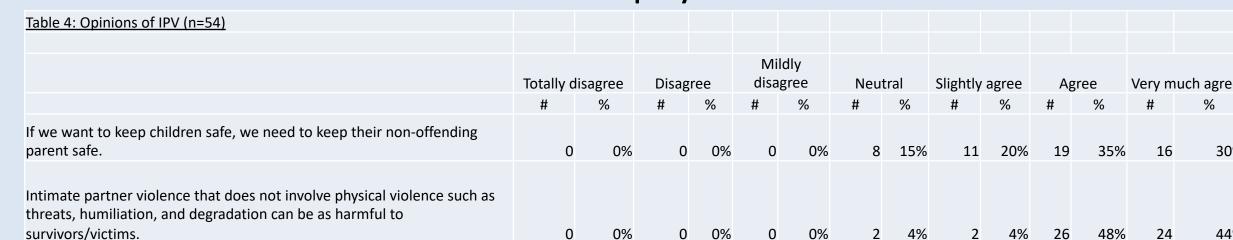
Knowledge:

- Workers reported they had good knowledge of IPV,
- However, approximately half of workers felt they did not have good knowledge of the unique issues relating to violence experienced by Indigenous peoples and/or immigrant families.



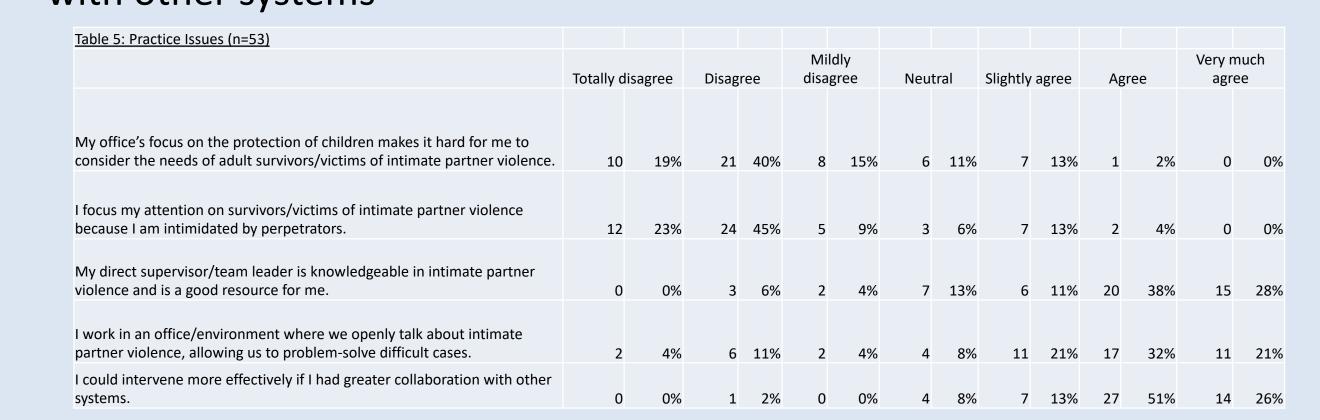
<u>Attitudes</u>

- The vast majority of participants believed that:
 - ✓ in order to keep children safe, we need to keep the non-offending caregiver safe
 - ✓ IPV does not need to be physical to be harmful



Practice Issues

- The vast majority of workers:
 - ✓ Believe the focus on children is not an obstacle for addressing IPV
 - ✓ are not intimidated by perpetrators of IPV
 - ✓ Believe their supervisor is knowledgeable about IPV
- Workers say they could intervene more effectively if they had greater collaboration with other systems



When asked which systems they wanted greater collaboration, themes identified by CPS workers in Ontario included:

- 1. Criminal justice system, specifically police
- 2. Community services for both victims and perpetrators of IPV
- 3. Women's shelters

Workers were asked what they needed in order to better respond to cases on intimate partner violence; themes included:

- 1. More training (signs of IPV, how to work with people who have experienced IPV, how to work with perpetrators of IPV)
- 2. Fewer cases on caseload which allows for more time with clients
- 3. Specific VAW and IPV teams within the agency
- 4. Access to more services for both victims and perpetrators of IPV

Discussion and Conclusions

- Workers in Ontario who participated in this study report being knowledgeable and skilled at dealing with IPV. Some exceptions include addressing the needs of Indigenous and immigrant families.
- The findings support the literature that more collaboration is needed between systems (e.g., child protection, VAW, police, etc.)
- The original PREMIS tool has reliability and validity; however, the revised tool for this current study has not been tested.

References

- Edleson, J. L., Gassman-Pines, J., & Hill, M. B. (2006). Defining child exposure to domestic violence as neglect: Minnesota's difficult experience. *Social Work, 51*(2), 167-174.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797-810. doi:https://doi.org/10.1016/j.chiabu.2008.02.004
- Short, L. M., Jr., Alpert, E., Harris, J. M., & Surprenant, Z. J. (2006). *Physician readiness to manage intimate partner violence survey*doi:https://doi.org/10.1037/t02771-000

Contact Information				
Tara Black, PhD Assistant Professor Factor-Inwentash Faculty of Social Work University of Toronto tara.black@utoronto.ca	Kendra Nixon, PhD Professor Faculty of Social Work University of Manitoba kendra.Nixon@umanitob	Lise Milne, PhD Associate Professor Faculty of Social Work University of Regina a.ca lise.milne@uregina.ca	Angelique Jenney, PhD Associate Professor Faculty of Social Work University of Calgary angelique.jenney@ucalgary.ca	