

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

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## 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. **Purposive Sample:** 6 organizations sent out the survey to their staff

3. **Responses:** 68 survey results received from July to October 2021

## Results

### Training:

- The vast majority of Ontario participants had attended IPV training.

	#	%
None	6	9%
Attended a half or one-day training/workshop (in-person or online)	24	35%
Attended an in-depth training (more than 7 hrs) (in-person or online)	30	46%
Completed a university or college course on IPV	9	13%
Other Training/Education	3	4%

### 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

	Not prepared		Minimally		Slightly		Moderately		Fairly well		well		very well		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Engage Indigenous families that experience intimate partner violence.	2	3%	21	34%	11	18%	16	26%	7	11%	3	5%	1	2%	62	100%
Engage immigrant, refugee, or newcomer families that experience intimate partner violence.	6	10%	12	19%	5	8%	16	26%	9	15%	11	18%	2	3%	62	100%

- 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.

	Nothing		Very little		A little		Moderate		Fair amount		Quite a bit		Very much	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Unique issues relating to the violence that occurs in Indigenous families, including inter-generational trauma	1	2%	12	21%	16	29%	14	25%	8	14%	4	7%	1	2%
Unique issues relating to the violence that occurs in immigrant/newcomer families, including fear of authorities and shaming/regret from their own community	0	0%	14	25%	10	18%	12	21%	10	18%	9	16%	1	2%

### Attitudes

- 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

	Totally disagree		Disagree		Mildly disagree		Neutral		Slightly agree		Agree		Very much agree	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
If we want to keep children safe, we need to keep their non-offending parent safe.	0	0%	0	0%	0	0%	8	15%	11	20%	19	35%	16	30%
Intimate partner violence that does not involve physical violence such as threats, humiliation, and degradation can be as harmful to survivors/victims.	0	0%	0	0%	0	0%	2	4%	2	4%	26	48%	24	44%

### 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

	Totally disagree		Disagree		Mildly disagree		Neutral		Slightly agree		Agree		Very much agree	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
My office's focus on the protection of children makes it hard for me to consider the needs of adult survivors/victims of intimate partner violence.	10	19%	21	40%	8	15%	6	11%	7	13%	1	2%	0	0%
I focus my attention on survivors/victims of intimate partner violence because I am intimidated by perpetrators.	12	23%	24	45%	5	9%	3	6%	7	13%	2	4%	0	0%
My direct supervisor/team leader is knowledgeable in intimate partner violence and is a good resource for me.	0	0%	3	6%	2	4%	7	13%	6	11%	20	38%	15	28%
I work in an office/environment where we openly talk about intimate partner violence, allowing us to problem-solve difficult cases.	2	4%	6	11%	2	4%	4	8%	11	21%	17	32%	11	21%
I could intervene more effectively if I had greater collaboration with other systems.	0	0%	1	2%	0	0%	4	8%	7	13%	27	51%	14	26%

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

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

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

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