



The presence of IPV in foster care cases: Examining referrals for services, reunification goals, and system responsibility

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ABSTRACT

The co-occurrence of child maltreatment and intimate partner violence (IPV) is estimated to range from 30 to 60% and IPV can negatively affect reunification for children in foster care. The purpose of this descriptive study is to assess the co-occurrence, reunification goals, and referrals for services related to IPV by foster care case managers. The study relies on survey data from 165 case managers in three geographic areas of one Midwestern state. Data from focus groups of case managers and supervisors ($n = 64$) are also used to uncover any barriers related to IPV services and reunification. The results indicate that overall, few referrals for IPV services are made by foster care case managers for children and adult perpetrators, although more referrals are made for adult victims and perpetrators when reunification is the goal. Focus group results reveal that a lack of available, affordable, and beneficial services were among the barriers cited for the low number of referrals for IPV services. Building resources and IPV services that are viewed as necessary and beneficial to children and families is essential to increasing a family's safety and improving the well-being of all members.

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1. Introduction

Empirical research studies estimate 15.5 million children live in families in which intimate partner violence (IPV) occurred at least once in the previous year, with 7 million children living in families in which severe IPV had occurred (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). A national study on victimization estimates 16.3% of children ages 0–17 witness an assault between their parents in their lifetime (Finkelhor, Turner, Ormrod, & Hamby, 2009). Exposure to IPV contributes to a wide range of behavioral, emotional, academic, psychological, and social problems among children and adolescents (see reviews by Evans, Davies, & DiLillo, 2008; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003), and the compounding effect of both childhood maltreatment and exposure to IPV has resulted in worse outcomes for children than either alone (see reviews in Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Wolfe et al., 2003). Despite research on the negative consequences associated with children's exposure to IPV, however, "considerable disagreement exists about whether children's exposure to domestic violence should be considered a form of child maltreatment, thus requiring involvement from the child protection system" (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007, p. 1482).

Whether or not exposure to IPV is classified as a type of child maltreatment, the presence of IPV in the family can be a significant

challenge for the child welfare system. The overlap between child maltreatment and adult intimate partner violence (IPV) is estimated to range from 30 to 60% (Edleson, 1999; Appel & Holden, 1998). The co-occurrence of severe child abuse and domestic violence ranges from 11 to 67%, with more liberally defined child abuse ranging from 40 to 97% (see review by Jouriles, McDonald, Slep, Heyman, & Garrido, 2008). In light of the evidence for co-occurrence, nearly half of U.S. states have legislation addressing aspects of children's exposure to IPV in their home (Children's Bureau, 2009). Estimates of exposure to IPV are particularly high among children involved in the public child welfare system, and this poses a threat to achieving family permanence (NCJFCJ, 1999). Consequently, service providers feel the need to increase their knowledge on the link between child maltreatment and IPV (English, Marshall, & Stewart, 2003), including foster care case managers.

An estimated 463,000 children were in foster care as of September 2008 (Children's Bureau, 2010). Of these children, 49% had a goal of reunification with parents(s) or primary caregiver(s) and 52% of children left the system to be reunited with their families (Children's Bureau, 2010); yet the presence of IPV in the home can disrupt the reunification process. Because reunification is one of the primary objectives of the child welfare system, it is important to understand how the presence of IPV affects reunification. It is also important to determine which system is responsible for providing children and families with necessary services to improve opportunities for successful reunification.

The purpose of this study is to assess the co-occurrence of child maltreatment and IPV in the caseloads of foster care case managers

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(i.e., frontline child welfare employees primarily working with children in foster care/out-of-home placements) and examine how frequently they refer children and adults for IPV services, especially when family reunification is the goal. In addition, foster care case managers and supervisors provided feedback regarding the barriers to making IPV referrals and utilizing IPV services. Finally, this study explores whether or not foster care case managers and supervisors view exposure to IPV as a form of child maltreatment and captures their perceptions of which service system is most responsible for working with families that experience IPV.

2. Literature review

2.1. Combining efforts in the child welfare and domestic violence systems

Stopping violence in the family is a primary goal for both child welfare and domestic violence agencies; however, because IPV and child maltreatment are often addressed by separate social service systems, the goals and strategies for intervening with families served in each system may not be congruent (Beeman, Hagemester, & Edleson, 1999; Cowan & Schwartz, 2004; Edleson, 1999). Over the past decade, several national organizations and authors have put forth practice and policy recommendations to build and strengthen collaborative efforts between child welfare and domestic violence agencies (Child Welfare League of America (CWLA), 1999; National Association of Public Child Welfare Administrators (NAPCWA), 2001; Spears, 2000). Most notably, the National Council of Juvenile and Family Court Judges (NCJFCJ) published its “Greenbook” in 1999. The authors of this publication recommend that every community cross-train its child welfare, domestic violence, and juvenile court personnel and provide them materials on identification, assessment, referral, and safety interventions with families experiencing child maltreatment and adult IPV (NCJFCJ, 1999). In light of these recommendations, some successful collaborative efforts have been made by state and local child protective and IPV systems (Findlater & Kelly, 1999a,b; Lecklitner, Malik, Aaron, & Lederman, 1999; Whitney & Davis, 1999; see examples in Bragg, 2003 and Spears, 2000) yet more wide-spread efforts are needed to better serve all members of a family in the child welfare system — from assessment to permanence.

Families involved in the child welfare system are at an increased risk for experiencing multiple types of family violence. When one type of family violence is known, the presence of other types should be investigated (Kelly, 1996). Guidelines from national organizations recommend that screening or assessment of IPV should occur at all stages of child protection, but a study of 72 state and local child welfare agencies across the United States revealed that only 43% of agencies reported that all families referred to the child welfare system were assessed for IPV and only 53% of agencies had a written policy pertaining to the screening and assessment of IPV (Hazen et al., 2007). Without specific training on the identification and dynamics of IPV and services available for children and adults, child welfare workers may not be sufficiently prepared to address IPV in their caseload. The commitment to increasing IPV training for child welfare employees would require ongoing involvement by personnel at every level (Mills et al., 2000) and may require a shift in agency culture.

2.2. The effect of IPV training on child welfare employees

Research documenting the high co-occurrence between child maltreatment and IPV has resulted in increased efforts to cross-train employees in both systems. Efforts to provide IPV training to child welfare employees can result in new knowledge and an increased understanding of how IPV affects the family. For example, following training on IPV, children's services workers were more likely to consider assessing for IPV as one of their first tasks, more confident in their ability to respond to cases involving IPV, and more likely to

support an expanded role for children's services workers in IPV cases (Mills & Yoshihama, 2002). Magen and Conroy (1998) found that after receiving training on IPV, child welfare workers reported benefits in their attitudes toward domestic violence and their ability to identify IPV and take appropriate actions. Magen, Conroy, Hess, Panciera, and Simon (2001) found that child welfare workers reported it was their role to address adult IPV but that their primary responsibility was to assess the safety of children and to remove them from their parents if there was imminent danger. Button and Payne (2009) found that supervisors viewed child protective service workers as knowledgeable on the majority of domestic violence issues; however, they believed the workers did not possess enough knowledge on intervening with perpetrators, the mental health complications of IPV, and warning signs of abuser lethality. Along with efforts to increase child welfare employee's knowledge on IPV, it is essential that this translate into better efforts to provide children and adults with referrals for services.

2.3. Family reunification and IPV

Family reunification is the primary choice for permanence under Public Law 105-89, the Adoption and Safe Families Act of 1997, and case managers are required to make “reasonable efforts” to reunify children who have been removed and placed into foster care (U.S. Congress, 1997). Child welfare agencies are also mandated to assure that children are safe and “anecdotal evidence suggests that child welfare workers and supervisors view children exposed to domestic violence as needing protection from their families and intervention from the system” (Postmus & Ortega, 2005, p. 484).

The presence of IPV is not always a driving influence of worker decision-making; yet it reduces the likelihood that children will return home (Farmer, Southerland, Mustillo, & Burns, 2009) and is a significant factor in unsuccessful attempts at reunification. For example, a study of child welfare families experiencing co-occurring problems (such as substance abuse, domestic violence, and mental health) found that families unable to make satisfactory progress in relation to domestic violence are significantly less likely to achieve reunification (Marsh, Ryan, Choi, & Testa, 2006). Hess, Folaron, and Jefferson (1992) found that 56% of the 62 cases reviewed involved unsuccessful reunification due to IPV; however, the authors stated that IPV wasn't routinely identified by child welfare professionals and inadequate referrals for IPV services were provided to families. Kohl, Edleson, English, and Barth (2005) also found that IPV increased the likelihood of children entering foster care instead of receiving in-home services.

When reunification is a goal for children in foster care, specialized IPV services and resources for families are essential and it is important to examine the role that foster care case managers play in making referrals for these services. Child welfare workers are more likely to refer adult caregivers for IPV services in the presence of active IPV and when the family is viewed as having trouble meeting their basic needs (Kohl, Barth, Hazen, & Landsverk, 2005); however, the needs of other family members may remain unmet. Beeman, Hagemester, and Edleson (2001) found that families experiencing child maltreatment and IPV received fewer services than families with child maltreatment reports and no IPV. A study by Cole and Caron (2010) revealed that successful reunification was supported by participation in individual counseling, batterer or victim intervention classes, family team meetings, and parenting classes and these four types of services included perpetrators-only, victims-only, or both.

3. Present study

As empirical research continues to focus on the co-occurrence of child maltreatment and IPV and its effect on families, it is increasingly imperative that child welfare workers identify and provide

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