



“I'm wondering if I am completely missing that”: Foster care case managers and supervisors report on their IPV training

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ABSTRACT

The co-occurrence between child maltreatment and adult intimate partner violence (IPV) is estimated to range from 30% to 60%, and child welfare workers have tremendous potential to identify IPV when they are adequately trained. The purpose of this descriptive study is to assess whether any training on IPV is received by child welfare employees in three large geographic areas of one Midwestern state. The study includes survey data from 237 ($n = 133$ public, $n = 104$ private) foster care case managers and supervisors. Data from three focus groups of case managers and supervisors are also used to uncover what topics should be included in IPV training provided to child welfare employees. Results revealed that 49% of the respondents received no training on IPV as part of their initial agency training and 32% have received no training on IPV during their current employment, although public employees reported IPV training more often than private employees. Fifty-eight percent of survey respondents report they are not sufficiently trained to address IPV in their caseload, and public employees discuss aspects of IPV with their supervisors more often than private employees. Focus group results show a wide range of IPV training received by the state's child welfare workers and highlight the need for collaborative training and coordinated service provision with domestic violence agencies.

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1. Introduction

The overlap between child maltreatment and adult intimate partner violence (IPV) is estimated to range from 30% to 60% (Edleson, 1999b). In clinical samples, the rate of co-occurrence has been found to exceed 50% (O'Leary, Slep, & O'Leary, 2000). Appel and Holden (1998) cite an overlap ranging from 10% to 100% in studies using data from women who experienced IPV victimization and an overlap of 26–59% in studies using data based on reports of child physical abuse.

Exposure to IPV is associated with a wide range of behavioral, emotional, academic, psychological, and social problems among children (see reviews by Carlson, 2000; Edleson, 1999a; Evans, Davies, & DiLillo, 2008; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). In addition, children who are both directly maltreated and exposed to IPV may have worse outcomes than children who experience one of these forms of family violence (Bourassa, 2007; also see reviews in Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Wolfe et al., 2003).

Despite the strong evidence of co-occurrence between child maltreatment and IPV and the negative consequences of both child maltreatment and exposure to IPV, child welfare and domestic violence

agencies often operate as somewhat separate social service systems. Historically, these two systems had little collaboration and shared a great deal of tension and distrust (Findlater & Kelly, 1999b; Fleck-Henderson, 2000; Schechter & Edleson, 1994). For years, the two systems have upheld different values, missions and philosophies, with child welfare agencies focusing on the protection and needs of children and domestic violence agencies focusing on the protection and needs of women. However, with strong empirical evidence on the co-occurrence of these forms of family violence, both child welfare and domestic violence service agencies need to come together and focus on the best interests of the entire family. Some efforts have been made by state and local child protective and IPV systems to comprehensively address the needs of the family (Findlater & Kelly, 1999a,b; Lecklitner, Malik, Aaron, & Lederman, 1999; Whitney & Davis, 1999) but more substantial progress is needed to better serve all members.

Within the child welfare system, there is a need for knowledge about how to most effectively work with families reported for child maltreatment when IPV is also present. With the potential for child welfare workers to identify IPV in families and provide an array of referrals and services, it is important to first gather information regarding the IPV training received by child welfare workers. The purpose of this study is to assess whether or not foster care case managers and supervisors (employees primarily working with children in foster care/out-of-home placements) have received training on IPV and to explore what training topics related to IPV are needed for them to better serve children and families.

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2. Literature review

2.1. The importance of cross-training

Stopping violence in the family is a primary goal for both child welfare and domestic violence agencies. However, there has been disagreement over how to intervene and who should be the focus of the intervention. Child protection agencies are mandated to assure that children are safe. At times this requires children to be removed from a home where IPV is occurring, although domestic violence advocates argue that children should not be separated from the nonabusing parent (Fleck-Henderson, 2000). Domestic violence victim advocates may support a woman's decision to either remain in or leave an abusive relationship, while child welfare professionals may require a mother to leave an abusive relationship or face legal consequences, such as failure to protect her children¹ (Beeman, Hagemester, & Edleson, 1999). Reunification is often a goal for children in the child welfare system, and this too may become problematic in the presence of IPV.

Because IPV and child maltreatment are commonly addressed by separate social service systems, the goals and strategies for intervening with families served in each system may not be congruent (Beeman et al., 1999; Cowan & Schwartz, 2004; Edleson, 1999b). Although professionals who provide domestic violence services and child protective services are finding common ground and working in partnership in some areas of the country (see examples of "model initiatives" in Bragg, 2003), differences in practice philosophies, resources, and goals can give rise to counterproductive efforts and even conflicts between the two systems (Beeman et al., 1999).

In an effort to address the issue of co-occurrence and to cut across the philosophical differences between the child welfare and domestic violence systems, the National Council of Juvenile and Family Court Judges (NCJFCJ) published its *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* in 1999. This publication, known simply as the 'Greenbook,' recommends 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; see also Banks, Dutch, & Wang, 2008). Other national organizations and authors have written in support of such collaborative and cooperative efforts (Carter & Schechter, 1997; Child Welfare League of America, 1999; Mills et al., 2000; National Association of Public Child Welfare Administrators, 2001; Spears, 2000). Yet, despite the many publications devoted to the importance of cross-training, research on the occurrence and quality of training and cross-training is still limited.

2.2. The occurrence and effect of IPV training

A study by Nuskowski et al. (2007) using a national sample of 73 child welfare and 76 domestic violence agencies found that 75% of child welfare agencies mandated IPV training for at least some of its staff and 88% of domestic violence agencies mandated training on child maltreatment for some of its employees. This study found that although some sites reported strong training, cross-training and co-training, approximately two thirds of the child welfare agencies and half of the domestic violence agencies scored less than 50% of the possible total training score. 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. In a study by Magen,

Conroy, Hess, Panciera, and Simon (2001), child welfare caseworkers reported that 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.

Following a 2-day domestic violence training, Saunders and Anderson (2000) evaluated responses to two case descriptions by 225 child protection workers and supervisors. Overall, the results indicated positive gains, with respondents more likely to provide assessment and brief interventions, substantiate emotional abuse of the child, and empathize with the victim of IPV; however, the authors were concerned about the likelihood that workers would hold the woman responsible for neglecting or failing to protect her children. A study on the effectiveness of two training programs found that, after the training, children's services workers were less likely to tolerate domestic violence, more likely to consider assessing for IPV as one of their first tasks, more confident in their ability to respond to cases involving IPV, more likely to support an expanded role for children's service workers in IPV cases, and less likely to view battered women as incapable of protecting their children (Mills & Yoshihama, 2002).

Using a survey of 187 social service supervisors in Virginia, Button and Payne (2009) found that child protective service workers were knowledgeable on the majority of domestic violence issues included in the study, but their supervisors believed the workers did not possess enough knowledge on intervening with perpetrators, the mental health complications of IPV, and warning signs of abuser lethality. Supervisors in the study also felt that child protective workers needed more information on theories of domestic violence, interacting with families, legal options, and personal safety issues. Guidelines from national organizations recommend that screening or assessment of IPV should occur at all stages of child protection – from intake to case closure, 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).

3. Current study

This descriptive study has two primary aims: (1) to assess whether or not any training in IPV is received by foster care case managers and supervisors in three heavily populated geographic areas of one Midwestern state, and (2) to uncover topics that should be included in IPV training provided to child welfare employees. This study is conducted using survey and focus group data and it includes two stages. First, foster care case managers and supervisors from across one Midwestern state are asked survey questions about their IPV training (Aim #1). Next, the survey results are used to guide the development of focus group questions which, in turn, are used to gather additional information regarding needed IPV training (Aim #2). The focus group data are then used to enhance the results of the survey data.

4. Methods

4.1. Data sources

Data for this study are taken from surveys and focus groups that were part of a larger project focused on the use of performance-based contracting (PBC) for foster care case management in one Midwestern state. The PBC project was a multiyear study that focused on public-private child welfare partnerships and practices within three geographic regions of the state and was funded as one of three demonstration sites by the National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW; see Collins-Camargo, Ensign, & Flaherty, 2008 for details). The PBC project's three regions included 12 counties that consist of urban, suburban, and rural

¹ In *Nicholson v. Scopetta* (820 N.E.2d 840 (N.Y. 2004)), the New York Court of Appeals ruled that children's exposure to IPV is not automatically grounds for neglect or removal.

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