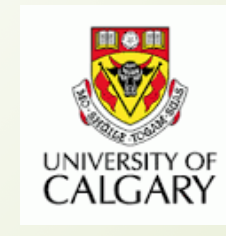




In Search of Promising Approaches: Child Protection Responses to Cases of Intimate Partner Violence (Preliminary Findings from Interviews with Supervisors and Managers)

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Children's Exposure to Intimate Partner Violence (CEDV): the Canadian Context

- Between 2009-2014, 4% of Canadians (approx. 760,000) reported being physically or sexually victimized by a spouse (Statistics Canada, 2016)
- In 2017, police-reported IPV revealed 80% of victims were women
- Rates of IPV are highest in Canadian Prairie Provinces (SK, MB, AB)
- Indigenous women were 3X more likely to experience IPV (Statistics Canada, 2016)
 - Prairie Provinces are home to a large Indigenous population
- Approximately 52% of spousal violence cases were witnessed/heard by children (Sinha, 2012)

CPS and Intimate Partner Violence

- Within the 10-15 years, IPV has been central focus of Canadian CPS
 - Most frequently substantiated report of child maltreatment

TABLE 4-1: Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

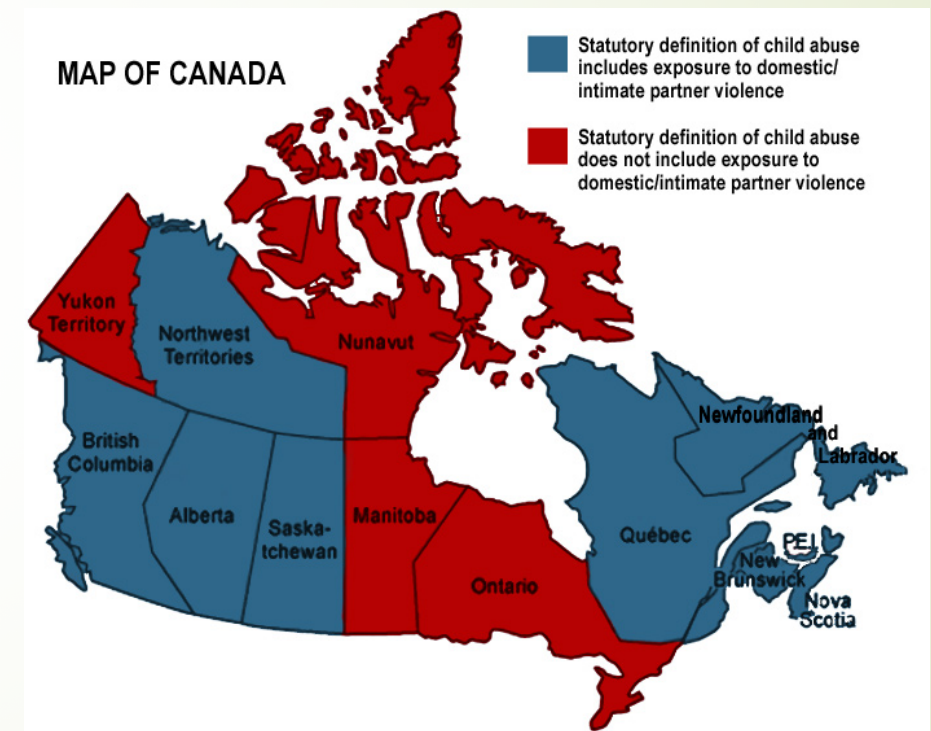
Primary category of maltreatment	Number of investigations	Rate per 1,000 children	%
Physical abuse	17,212	2.86	20%
Sexual abuse	2,607	0.43	3%
Neglect	28,939	4.81	34%
Emotional maltreatment	7,423	1.23	9%
Exposure to intimate partner violence	29,259	4.86	34%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated investigations. Percentages are column percentages.

Canadian CPS Response to IPV

- Substantial changes to CPS policy and practice
 - Considerable variation among the provinces/territories
- Broadening of child maltreatment in legislation (to include CEDV)
- Adoption of practice models
- Inclusion in risk assessment tools
- Organizational protocols
- Specialized staffing (in-house)
- Specialized, mandatory training



Our Study: In Search of Promising Approaches: Canadian Child Protection Responses to Cases of Intimate Partner Violence

- Purpose: to develop a better understanding of new policies and practices that have been implemented by Canadian CPS authorities in response to children exposed to violence in the home, as well as to identify policy and practice gaps. (Manitoba, Ontario, Alberta, and Saskatchewan)

Key Activities	
Year 1	<ul style="list-style-type: none">• Conduct national scan of CPS policies• Interviews with CPS managers and supervisors
Year 2	<ul style="list-style-type: none">• IPV survey with frontline CPS workers and follow-up focus groups• Interviews with collateral agency
Year 3	<ul style="list-style-type: none">• Interviews with victims/families
Year 4	<ul style="list-style-type: none">• Development and dissemination of policy/practice frameworks

Year 1: Qualitative Interviews with CPS Managers and Supervisors (2018-2019)

Purpose: to determine how Canadian CPS authorities (ON, MB, SK, AB) respond to situations of domestic violence (i.e., policy and practice), the strengths/limitations of their approaches, and the major issues that families experience.

- Interviews followed a semi-structured interview guide, focusing on:
 - Policy
 - Practice
 - Staffing/personnel
 - Resourcing
 - Inter-agency Collaboration
- University ethics approval received from U of Toronto and U of Manitoba (AB and SK are underway)
- Interviews transcribed verbatim and analyzed using generic analytic methods

Provincial Contexts - Manitoba

- Four CFS Authorities that provide oversight for direct service
 - First Nations of Northern Manitoba Child and Family Services Authority
 - Southern First Nations Network of Care
 - Métis Authority
 - **General Child and Family Services Authority (GA)**
- Approx. 90% of children in care are Indigenous
- CFS agencies serve mix of urban, rural, and northern populations
 - Many CFS offices work in areas with limited services and community supports
- High concentration of immigrant/newcomer populations across MB

Provincial Contexts - Manitoba

- Manitoba CFSA (2019) defines a “child in need of protection”

17(1) For purposes of this Act, a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person.

Illustrations of child in need

17(2) Without restricting the generality of subsection (1), a child is in need of protection where the child

(e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;

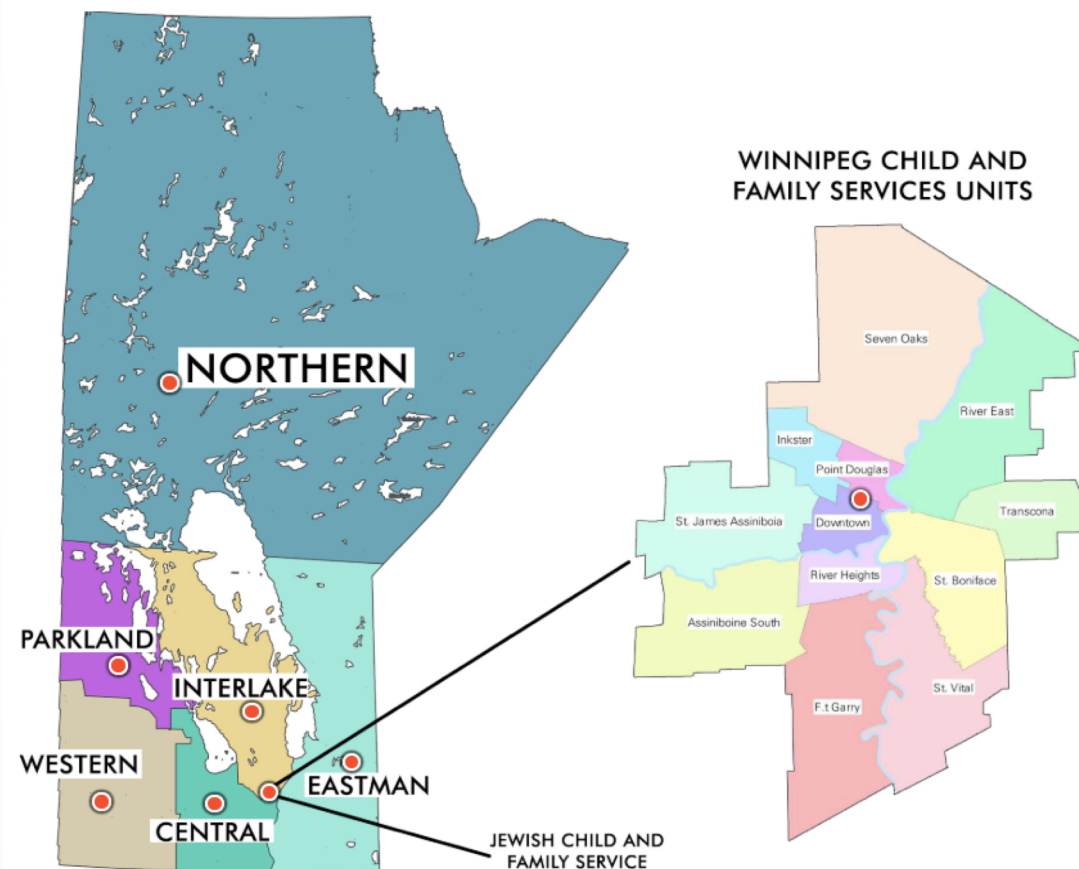
- No one unified or provincial CPS policy/regulation regarding CEDV
- Regions within General Authority have their own written procedures re: IPV (aligned with S&T™ model)
 - i.e., Rural and Northern CFS written procedure working with perpetrators and expectations around using S&T™ model

Manitoba Site

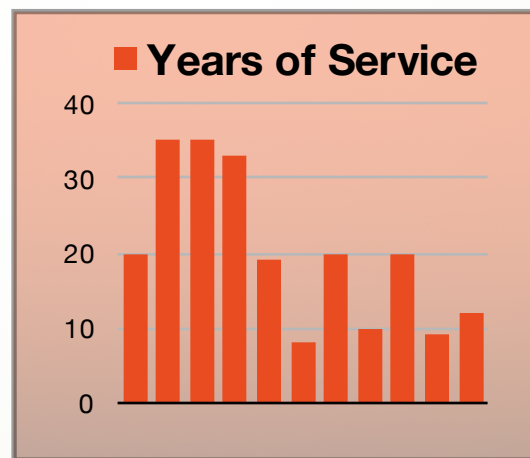
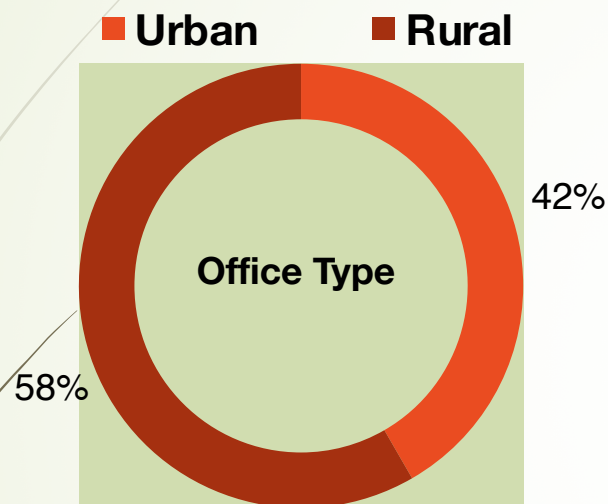


General Child
and Family Services
Authority

- General Authority is responsible for oversight of ongoing casework/service delivery (for the majority of the GA, external organizations conduct initial intake and screening)
- Services are provided by:
 - Three private, not-for-profit agencies
 - Jewish Child and Family Service
 - Child and Family Services of Western Manitoba,
 - Child and Family Services of Central Manitoba
 - Department of Families
 - Winnipeg Child and Family Services
 - Four rural and northern service regions (Interlake Region, Eastman Region, Parkland Region, and Northern Region).



MB Participant Demographics (N=12)

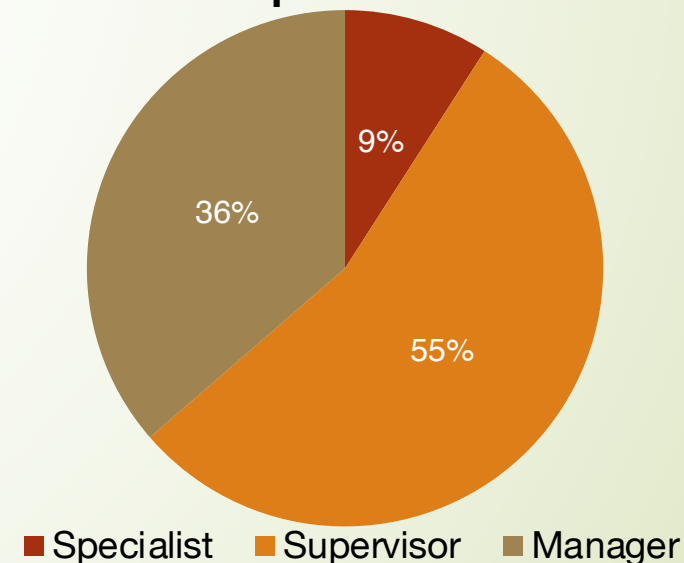


Mean Years of Service = 20

Participant Sex



Participant Position



Paradigm Shift in CPS Response

- All 12 participants stated that CEDV is now recognized as a major protection concern and is taken seriously (last two years)
- Newly adopted practice model (S & T™) has produced a “paradigm shift” in thinking and in practice

- IPV in the home is a serious issue and the impacts of children are harmful

Equating domestic violence to child abuse, I think that has been one of the greatest improvements in our approach to practice.

We really did look at it [before S & T™] as kind of, “if the family was no longer living in the same house, that the kids were no longer impacted by the violence”.

- Conceptualization of intimate partner violence has changed
 - Coercive control, dynamics of power

Has helped in understanding that domestic violence is a relationship with power imbalance and control. And understanding that has allowed our practice to change... You have a woman who is going back and forth to that relationship, and those cases before were narrated as blaming to the victim without understanding the power and control that perpetrator had over the victim.

Paradigm Shift (cont'd)

➤ Perpetrator-focused

To make our practice shift, we started opening files under the perpetrator's name, and if we were really involved with the victim, which most of the time we are still, in a supportive role, if we are opening the file on the victim, it's usually a voluntary family service file. And again, in our world, that's just kind of reflecting that the protection concerns are actually with the perpetrator and not with the victim.

➤ Changed the relationship with survivors/mothers

We put a lot of expectations on her leaving the relationship and we put them all on the victim, and it's crazy how we did that as social workers. Now, we are engaging with victims in a much different way, we are spending a lot more time understanding the situation that they're in, understanding there's reasons why people stay...I think that's how we've shifted, the biggest shift.

I particularly like the shift in focus, from understanding women, the change from a victim to a survivor.

➤ Improved workers' documentation (e.g., case notes, court documents)

We are not using words like, "Johnny and Jenny were involved in domestic violence" or "there was a domestic violence incident." But instead, putting the responsibility on the perpetrator.

Significant Barriers to Practice

- Not all CFS authorities and sectors (outside of CFS) in Manitoba have adopted a shared approach (i.e., S&T™), therefore, concerned about lack of consistency (and impact on families)

Not all CFS authorities use the model, so that's a challenge when we have cases where there's family members from two different Authorities right, and so we're not applying the same approach.

I'm not sure if [police] understand the whole issue of coercive control. We have situations where both Mom and Dad get charged. And using language, that both were fighting. And that's what gets put into court documents around criminal charges.

I think there's been a historical belief by some collaterals that it's an adult problem – the children were asleep, or the child was not at home so they don't need to report.

Barriers to Practice (cont'd)

- Lack of institutional capacity to take on new paradigm shift

We are supposed to help them to make those changes, but we're not equipped to do that, we're not staffed to do that, we're not trained to do that, we're not resourced to do that.

We need to talk to Dad. And I'm not sure that we have a whole lot of experience as a system of doing that, people are really uncomfortable doing that.

- Lack of Resources

Working with perpetrators is extremely convoluted... There are a lot of factors involved, and in order to work with perpetrators you require multidimensional teams that we do not have... we do not have this capacity. This is one critique to working with perpetrators ... some [new staff] just came from university one or two years ago with very little experience in life, and in domestic violence especially to work with perpetrators.

- Increased Workloads

The cases that are opening up for family services when there's domestic violence relationship files is doubling. So it's doubling their workload, and they're not, we're not getting extra staff to do that

- Difficult to work with perpetrator if not engaged

Dads have moved out of the picture - no further contact with moms and their kids, which is in some regards good, but some regards unfortunate. So what is our working relations to dads?...it is pretty new practice. The practice is to close dad's file but also record his pattern on coercive control, so that if he does become involved in another relationship, it's accessible through our electronic system.

We've really struggled getting perpetrators to the table, to participate in the case plan in a meaningful way.

Barriers to Practice (cont'd)

- ▶ Lack of programming for perpetrators (especially when their practice model focuses on or assumes work with perpetrators)
 - Concerns about heightened risk of workers if they are not trained or have experience working with perpetrators

I would say that for many [workers] it's a challenge to work with the perpetrators, there seems to be a mental block for some of them, they're worried about their own safety... These guys pose more of a risk than any other man who is maltreating his children.

The perpetrator is the one who needs to change his behavior... but we don't have the skills to work with perpetrators; secondly, we don't have the human and financial resources to work with the perpetrator, and third, there is no community resources to work with perpetrators.

- ▶ Lack of community services/supports
 - Rural, remote, and Northern areas

Provincial Context: Ontario

- 48% of child welfare referral to child welfare are for exposure to domestic violence (Fallon et al., 2015)
- Not mandated but is a practice guideline –differential response model
- 12 CPS supervisors/managers were interviewed re. reporting and case characteristics
- Some specialized DV units exist but they only work with the “tip of the iceberg” –not enough resources so that only the highest risk cases are responded to by DV teams
- All cases are assessed for DV exposure but there are no DV specific tools –worker discretion

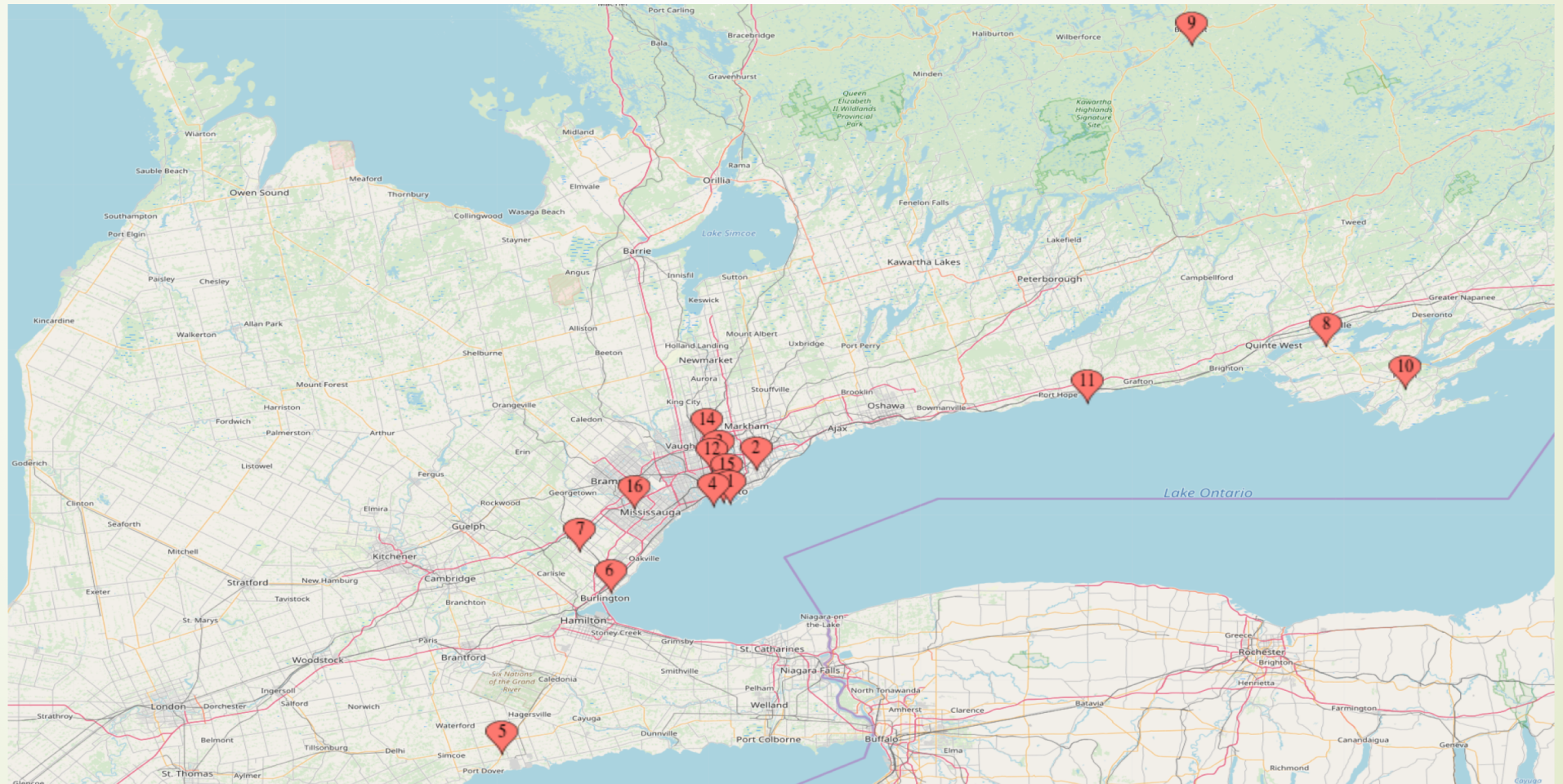
Provincial Context: Ontario (cont'd)

- There are more expectations/pressure put on the non-offending mothers (i.e. to leave, to seek treatment, to go to shelters)
- The perpetrators pose challenges as they are difficult to reach and treat
- Culturally based interventions exist in culturally specific child welfare systems
- DV specialized teams in child welfare systems are understaffed
- Community capacity for services are increasing
- Tensions continue to exist between CPS and gender based violence services

CPS Participant Demographics Ontario

Current Position	Years of Experience (total)	Highest Level of Education
Child Protection Supervisor	23 years	MSW
DV Team Leader	20 years	BSW
Intake Supervisor	19 years	BA
Child Welfare Supervisor	16 years	BSW
Supervisor of Blended Family Service Team	20 years	Master of Public Admin
Manager of Child Protection	18 years	MSW
Protection Supervisor	23 years	MSW
Manager of Child Protection Services	39 years	BSc
Community Protection Supervisor	18 years	BSW
Supervisor of Family Services	25 years	MSW

Geographic Locations in Ontario



Policy Confusion

Absolutely, it's a part of our safety assessment, so in all interviews with children and primary caregivers, we are screening for domestic violence.

I don't know that we have a lot of written policy because much of that is covered through both the Eligibility Spectrum and the Child Protection Standards.

On the Eligibility Spectrum that was just revised, definitely has more things that it's looking at in terms of "intimate partner violence", which wasn't covered in our last Eligibility Spectrum.

Inconsistencies in Practice

Do we, as a practice, reach out or try to get some more people involved in the decision making? Which I don't think it's such a bad practice, but I'm not sure that we're actually doing that.

But it's not a VAW tool that, you know, that works a lot more closely. I think we've looked at training for some of our staff, but I don't believe we've done that yet.

Tensions between CPS and VAW

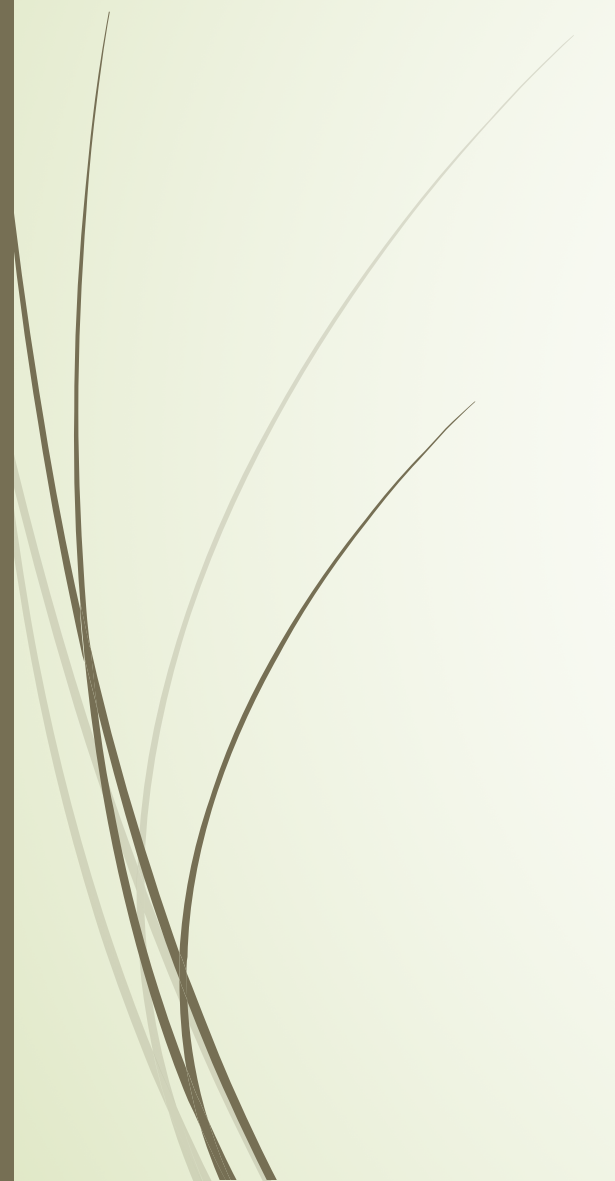
I think they [shelters] still might see our work as very oppressive and continuing, a mechanism to continue to revictimize women, so, in my opinion, we sort of haven't really arrived at a good place in terms of our collaboration with shelters.

So part of that, might be better understanding each other's mandates and what they're responsible for and how there's certain parts where that's going to collide.

Initial Reflections

- Interviews demonstrate considerable variability between MB and ON
 - Also within provinces
- Lack of capacity is an ongoing concern, seriously impacting CFS work
- Continue to have varying understanding of violence/aggression that occurs in the family (domestic sphere) – impact on CFS work?
- Despite practice changes, will focus on mothers (survivors) be the default (because of lack of capacity, organizational barriers, systemic/structural issues)
 - Can we really expect to change 125 years of CFS practice quickly?
 - Constructed women/mothers as being responsible for the well-being of children
 - CFS as an agent of colonization (past and present)

Questions and Comments?



Our Questions for You

- How is child protection/CFS in your region responding to intimate partner violence?
 - IPV seen as a serious concern?
 - Focus on mothers/non-offending caregivers?
 - Work with perpetrators?
- Has child protection/CFS in your region adopted a specialized approach (whether that be in policy or practice)?

Thank you!

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► Study website coming soon!



Mother and Child by Ioyan Mani (Maxine Noel)

References

Child and Family Services Act, C.C.S.M. 2019, c. C80

Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). *Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013)*. Toronto, ON: Child Welfare Research Portal.

Sinha, M. (2013). Section 3: *Intimate partner violence*. *Family violence in Canada: A Statistical Profile, 2011*. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2013001/article/11805/11805-3-eng.htm>

Statistics Canada (2016). *Family violence in Canada: A statistical profile, 2014*. Retrieved from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14303-eng.htm>