Working with Families Impacted by IPV

Department of Children & Families

In Collaboration with Connecticut's Injury Prevention Center

Overview of Presentation

- Agency Mission
- Overview of Legal Mandate, DCF & Juvenile Court System Process
- Agency Practice Transformation
- IPV Specific Mission & Practice
- IPV Service Array
- Collaboration with IPC
- Data on Families and Children involved with DCF
- IPV-FAIR provider & family perspective
- Recommendations

DCF Mission Statement

"Working together with families and communities for children who are healthy, safe, smart and strong."

Legislative Mandates include:

- Prevention
- Child Protective Services
- Children's Behavioral Health
- Education Services
- Juvenile Justice

Legal Considerations

- Mandated Reporting – C.G.S. 17a-101
- Confidentiality – C.G.S. 17a-28; 46b-124
- Information Sharing across Systems – 46b-124(b)

DCF and the Juvenile Courts

- There are 13 juvenile courts across the state and two Child Protection Sessions.
- Juvenile courts handle child protection matters (civil) and delinquency matters.
- The juvenile court looks at cases through a unique lens. It's primary goal is to secure the welfare, protection, proper care and suitable support of a child subject to its jurisdiction.
- The juvenile court assesses the condition of the child.
  - A finding that the child is neglected is different from finding who is responsible for the child's condition of neglect. Although § 46b–129 requires both parents to be named in the petition, the adjudication of neglect is not a judgment that runs against a person or persons so named in the petition; "[i]t is not directed against them as parents, but rather is a finding that the children are neglected...." *In re Elisabeth H.*, 45 Conn.App. 508 (1997)

How does a family become involved in the Juvenile Court (child protection) system?

- DCF is often the petitioner in cases brought before the juvenile court on the child protection side. Sometimes a guardian ad litem (GAL) will file a petition on behalf of the child.
  - Why file a petition in juvenile court ? Non-compliance, need for court oversight, orders
  - Neglect Petitions: Gives the juvenile court jurisdiction. Case always starts with a neglect petition.
    - 3 categories of allegations – must be proven by a fair preponderance of the evidence

1. Neglected – a child has been neglected in that the child has been:
   a) Abandoned
   b) Denied proper care attention, physically, educationally or morally
   c) Permitted to live under conditions, circumstances or associations injurious to the well being of the child.
2. Abused
3. Uncared for

Orders of Temporary Custody (OTC)

- Case may start with a neglect petition AND an order of temporary custody.
- What is an OTC?
  - Court assesses if there is reasonable cause to believe that 1) the child is suffering from serious physical illness or serious physical injury or is in immediate physical danger from the child's surroundings and 2) as a result the child's safety is endangered and immediate removal from such surroundings is necessary to ensure the child's safety.
  - If the court determines there is immediate physical danger, the court can order the child be removed and custody of the child may be given to DCF or another third party.

What happens when an OTC is filed?

- Who files? Typically DCF or GAL, will submit an Ex Parte Motion to the Court with an affidavit. Court reviews the documents and grants or denies the motion. Sometimes the judge may order on her own via a bench OTC.
- If granted parties are given a preliminary hearing within 10 days. C.G.S. 46b-129
- At 10-day hearing parties will meet with the Court Services Officer to discuss the case.
- Counsel will be assigned to respondents and child.
- The respondents can choose to sustain or contest the OTC. If they contest there is a full trial before a judge within 10 days.
- At the trial the petitioner has to prove by a fair preponderance of the evidence that the child would be in imminent physical danger if returned to the custody of parents/guardians.
- Once the OTC has been resolved, either vacated or sustained, the Court will move on to assess the underlying neglect petition.

How does the juvenile court resolve a neglect petition?

1. The court must adjudicate the child neglected.
2. The court enters a disposition. This can include:
    a) Protective Supervision – child remains in the home with court oversight for a designated period of time. Specific steps would be ordered.
    b) Commitment – Child is committed to the care and custody of DCF. DCF serves as child's guardian and the child is in foster care. Specific steps would be ordered.
    c) Transfer of Guardianship – Court transfers the guardianship of the child to a third party who the court determines is suitable and worthy. Specific steps may be ordered for the new guardians.

Orders/Specific Steps

- Juvenile court has authority to make and enforce such orders directed to parents, guardians, custodians or other adult persons owing some legal duty to a child, as the court deems necessary to secure the welfare, protection, proper care and suitable support of a child.
- Specific Steps
  - What are they? Two page list of possible court orders directed at the respondents and DCF. Serves as a roadmap for what needs to be accomplished to resolve the case.
  - When are they ordered? Steps are ordered at any dispositional phase of the case.
  - Court can also modify the steps to include other orders as the Court sees fit.
  - Steps remain in place until the case is over. They can be modified throughout the case.
  - Who do the steps/orders apply to? Only the parties. A boyfriend or girlfriend that is not a parent or guardian to the child is NOT a party in juvenile court.

DCF Practice Transformation

- Strengthening Families
  - Fatherhood Engagement
  - Considered Removal Child & Family Teaming
  - Trauma-informed Practice

Strengthening Families Practice Model

Core components:

- Family Engagement
- Purposeful Visitation
- Family Centered Assessment
- Trauma Informed
- Racial Justice Lens
- Individualized Services

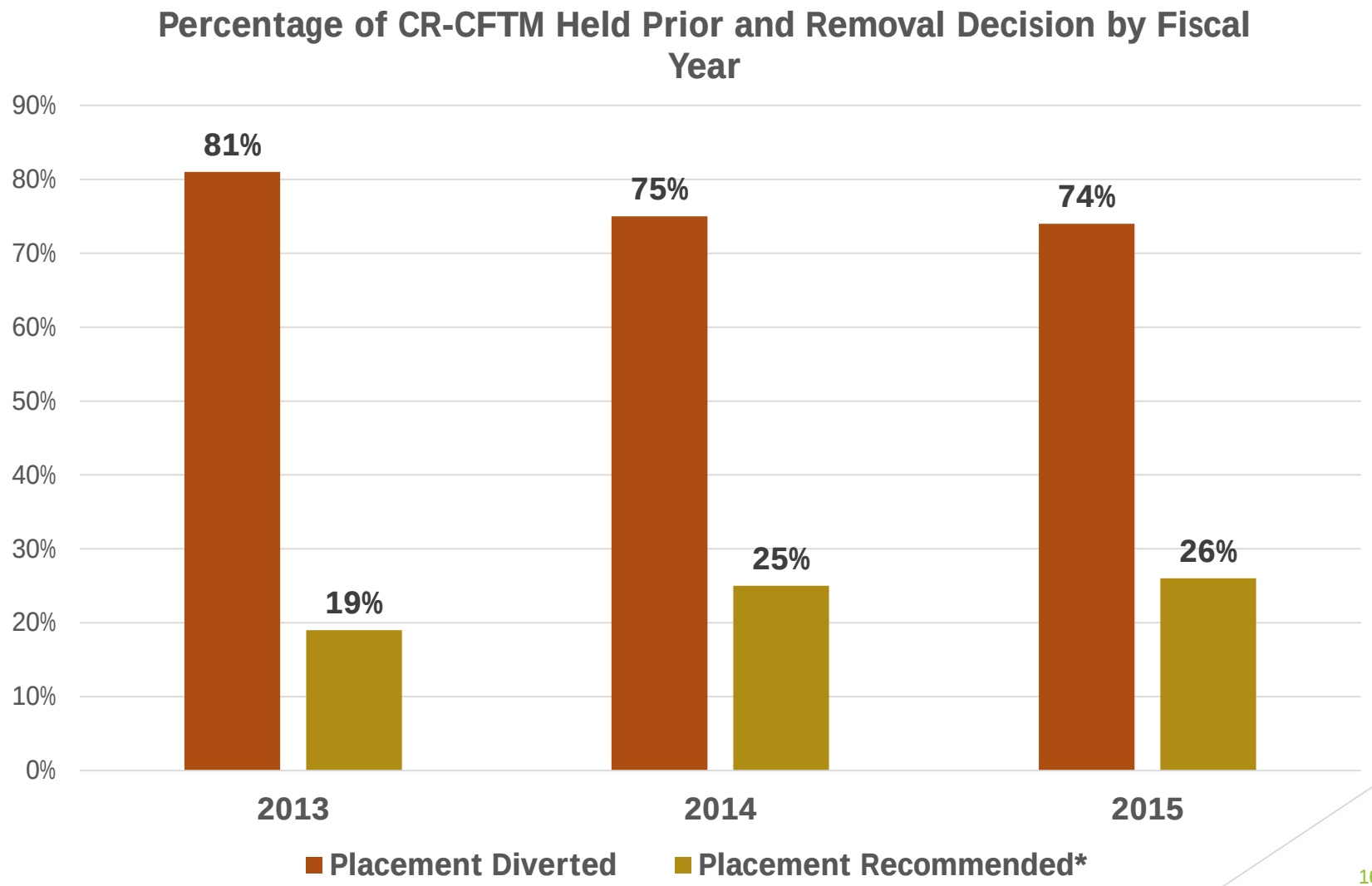
Fatherhood Matters Initiative

- Increase involvement of fathers & their family members in the lives of their children;
- Promote public awareness of the role of fathers;
- Provide linkages & improve current service delivery for fathers;
- Educate DCF staff and community providers to better serve fathers and their children.

Considered Removal Child & Family Teaming

- The Team Meeting:
  - mitigate safety factors in order to prevent removal by identifying and utilizing the family's natural or formal supports:
    - Identify roles/responsibilities of participants
    - Identify family strengths, resources
    - Identify kin if removal becomes necessary & plan to address safety to return home
- Performance Expectation:
  - Ensure children reside safely with families where possible and appropriate

CR –CFTM Data



LINK Data from April 2013 through 6/30/15

Trauma-informed Practice

- 3.2 Mil Federal CONCEPT Grant:
  - Workforce development
  - Screening
  - Dissemination of trauma informed practices & treatment models
  - Evaluation of outcomes

DCF's IPV Mission

- Establish a comprehensive response to IPV that offers meaningful and sustainable assistance to families that is safe, respectful, culturally relevant and responsive to the unique strengths and concerns of the families impacted by IPV and based on best and evidence based practice.
- Safety and well-being of children will result with the provision of a full continuum of IPV services offered through a state and local coordinated response.

Responding to IPV as an Agency

- Increase capacity to respond to families impacted by IPV through policy development.
- Train DCF workforce in best practices in responding to IPV.
- Assess and meet the needs of low, moderate and high risk families through a complete service array.
- Collect relevant and meaningful data to inform practice.
- Continue with evaluation and adaptation.

DCF Response to IPV

- Created Office of Intimate Partner Violence (IPV) and Substance Use Treatment & Recovery; & 1st ever IPV Program Lead position
- Restructured IPV Specialist Positions to increase funds for services
- RFI to gather stakeholder & community feedback
- Expanded workforce development
- Began build of service array & evaluation

Children & Animals
Public Act No. 14-70 & Public Act No. 15-208

- Public Act No. 14-70 is an Act Concerning Cross-Reporting of Child Abuse and Animal Cruelty –
  - Act outlines:
    - The mandatory cross-reporting between the Department of Children & Families and the Department of Agriculture of suspected child and animal abuse
    - The accurate and prompt identification and provides the specifics of such identification and reporting.
- Public Act No. 15-208 is an Act concerning Animal Assisted Therapy Services
  - Act outlines:
    - The healing value of the human-animal bond for children
    - The value of therapy animals in dealing with traumatic situations
    - The benefits of animal-assisted activities and animal-assisted therapy.

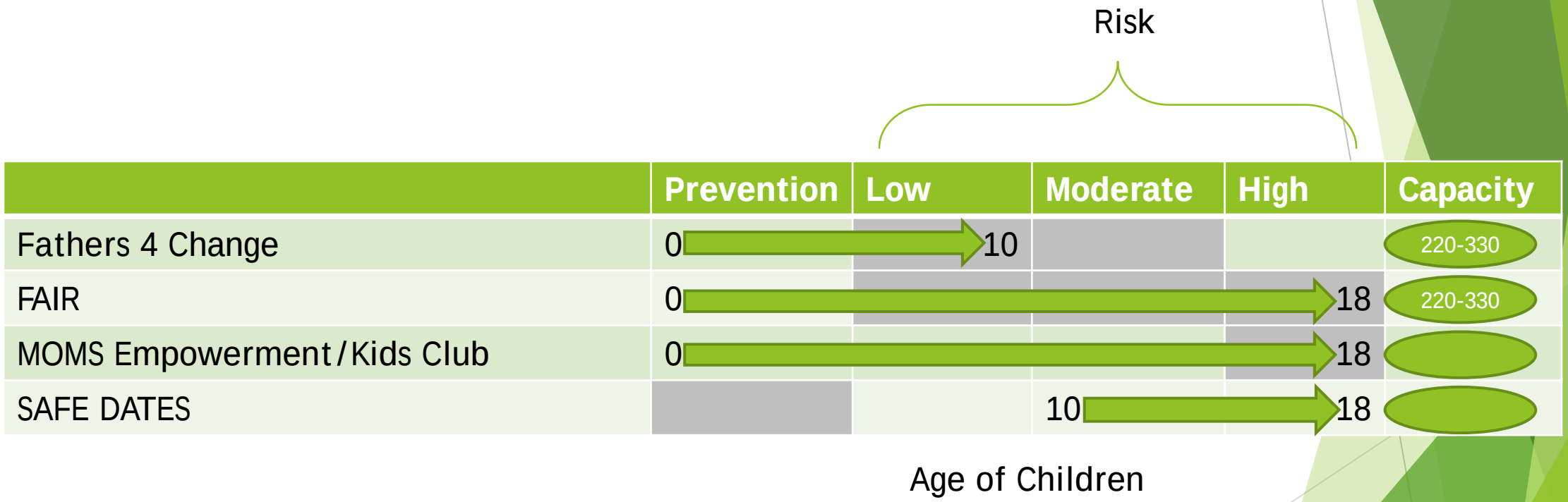
Service array

for families impacted by IPV

Best Practice, Collaborations, & Evidenced Based Programs

- ***Protective Order Registry***
- ***Safe Sleep/Safe Cribs***
- ***Through the Eyes of the Child***
- ***Safe Dates***
- ***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***
- ***Modular approach to Therapy for children (MATCH)***
- ***Child and Family Therapeutic Stress Intervention (CFTSI)***
- ***Cognitive Behavioral Intervention for Trauma in Schools(CBITS)***

Injury Prevention Center Service Array Evaluation



IPV-FAIR
Family Assessment Intervention Response

- Statewide, Voluntary
- Intensive community based intervention
- Engage and Assess all family members
- Individualized treatment & safety plans (VIGOR)
- Direct services for all family members: in home and clinical setting
- Care coordination & Family Navigation to other services
- Fathers for Change

IPV-FAIR: how is it working?

A word from a provider

Evaluation and Consultation with the CT Injury Prevention Center

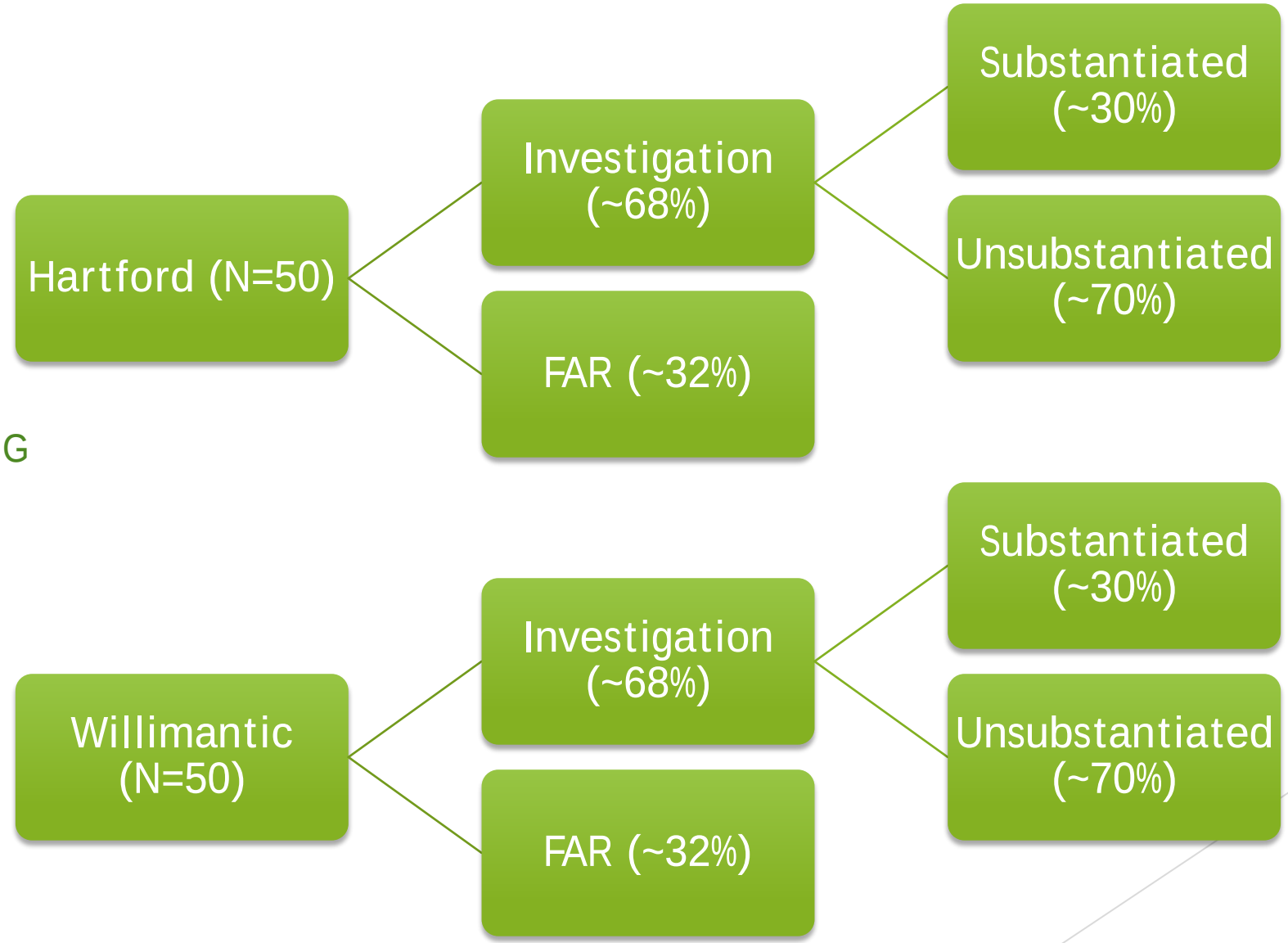
GOAL

- To make research-informed recommendations for enhancing identification of and intervention for children affected by intimate partner violence

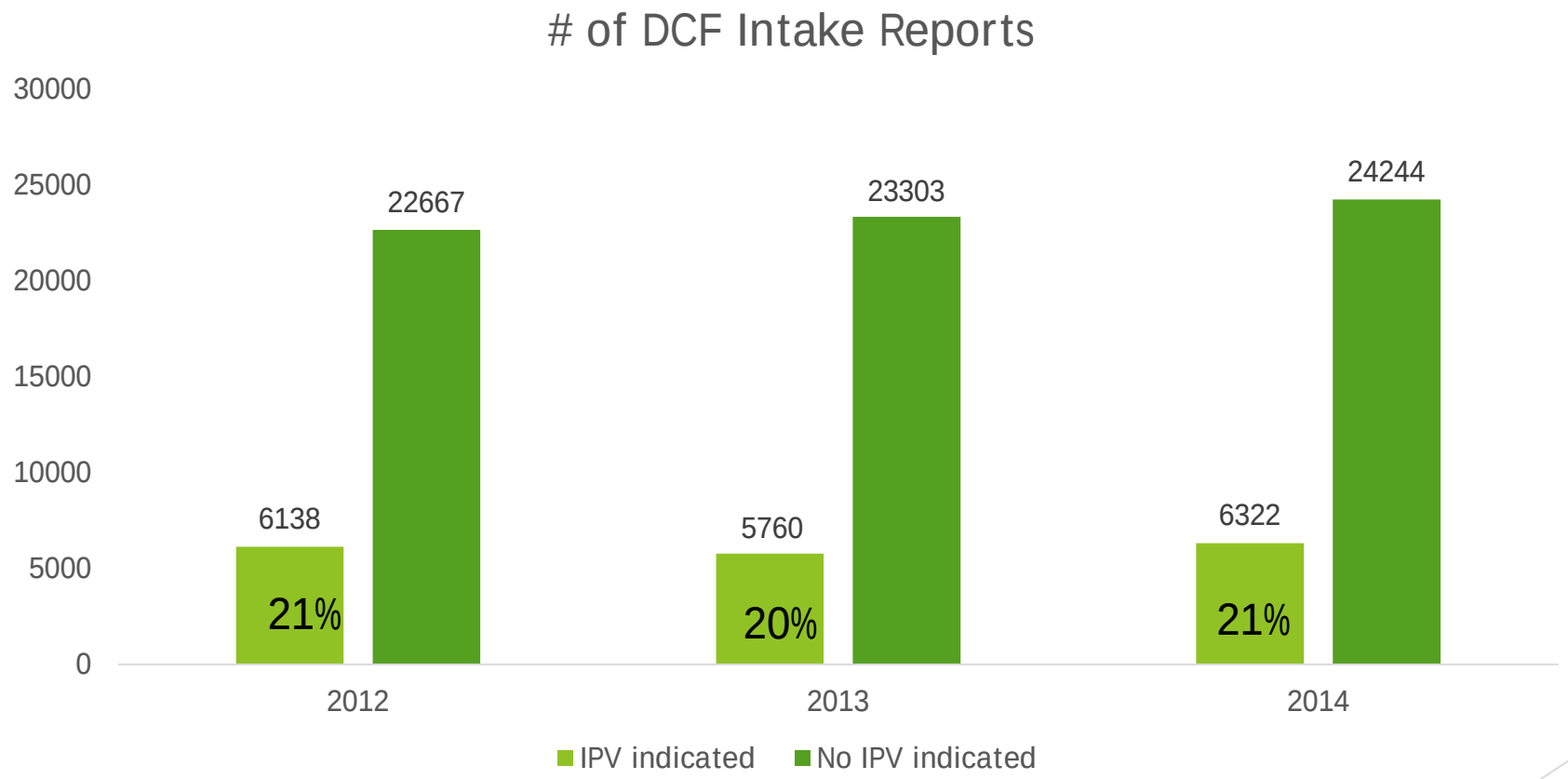
1. Comprehensive chart review
2. Evaluation of the feasibility and effectiveness IPV FAIR (including Fathers For Change)

Comprehensive Chart Review

SAMPLING
(*N*=100)



AIM 1. To examine the prevalence and characteristics of children's exposure to IPV



- 45% 0-5 y.o., 37% 6-12 y.o., 18% 13-18 y.o.
- Comparable across regions

AIM 1. To examine the prevalence and characteristics of children's exposure to IPV

PREVALENCE

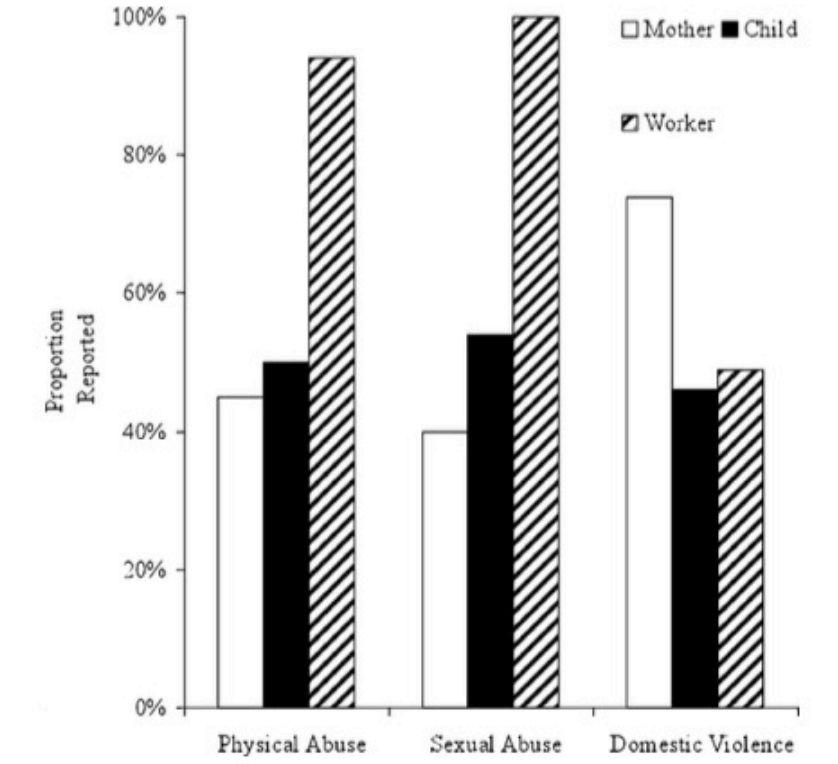
- About 20% of children referred to DCF are determined to reside in a family with IPV, but research studies suggest that this rate should be much higher
  - 70% witnessed DV in a random sample of 116 DCF involved children (6-14 y.o.) removed from home (Grasso et al., 2009)
- Will a careful chart review detect cases where there is evidence of IPV that has not been flagged?
- Will this rate differ between cases triaged to FAR versus CPS investigation?
- How can this information inform ways to improve screening and assessment of IPV, as well as decision-making at various steps along the process?

Posttraumatic Stress Disorder: The Missed Diagnosis

Damion Grasso, Joseph Boonsiri, Deborah Lipschitz, Amanda Guyer, Shadi Houshyar, Heather Douglas-Palumberi, Johari Massey, and Joan Kaufman

FIGURE 1

Proportion of Traumas Reported by Each Informant



Legend: *When interviewed, parents and children failed to report approximately half of substantiated incidents of physical and sexual abuse. Mothers were most likely to disclose domestic violence.*

- Best identification of child DV exposure accomplished through multiple sources using multiple measures
- DV exposure would have been 'missed' for
  - 36% using child report alone
  - 10% using mother report alone
  - 31% using chart review alone
- We would have identified
  - 62% identified using mother questionnaire
  - 74% using mother interview
  - 90% using both

AIM 1. To examine the prevalence and characteristics of children's exposure to IPV, cont.

CHARACTERISTICS

- What is the extent of exposure to psychological and physical forms of IPV?
- Coding extracted information for severity on a 5-point scale using a coding system from previous work (Kaufman et al., 1994)
- Will we see more system involvement (e.g., allegations, substantiations) for children with evidence of more severe IPV exposure?
- Will severity differ by demographic characteristics (age, sex, race/ethnicity)?

AIM 2. To examine co-occurring maltreatment and contextual risk factors in children in DCF involved families with IPV

- 30% to 60% of families with DV involve other forms of child maltreatment (Edleson, 1999)
- 45% to 70% of children exposed to DV are also victims of physical abuse (Margolin, 1998)
- In families with DV children are at higher risk for maltreatment…from both parents
- In one study, 65% of men who abused their partner also abused their children (McCloskey, 2001)
- In a study of preschoolers (*N*=397), mothers who endorsed physical IPV were more than 4 times more likely than non-victims to endorse behaviors characteristic of physical (31% vs. 10%) and emotional (61% vs. 18%) maltreatment of children (Briggs-Gowan, Wakschlag, Grasso et al.)
- Increased risk of sexual abuse among DV-exposed children (McCloskey et al., 1995)

AIM 2. To examine co-occurring maltreatment and contextual risk factors in children in DCF involved families with IPV

- We will examine the overlap of IPV with other maltreatment and will also examine severity
- Does more severe IPV differentially predict overlap?
- Is severity of IPV associated with severity of other forms of maltreatment?
- Does overlap (and severity) differ by demographics?

AIM 3. To examine decision-making for DCF families with IPV

- Rates of acceptance based on IPV identification
- Substantiated vs. unsubstantiated reports
  - 2014 substantiations – 40.5% IPV indicated, 59.5% not indicated
- FAR vs CPS investigation
  - 2014 CPS investigation – 68.3% IPV indicated, 66.0% not indicated
  - 2014 FAR to CPS: 9% of IPV indicated, 6% of not indicated
- Should expect less severity and overlap for children assigned to FAR
- How does IPV guide decision-making from the time it is first identified until case closing?
  - Qualitative interviews

AIM 4. To examine recidivism in DCF families with IPV over the course of a year

- How many new substantiated/unsubstantiated reports accumulate after one year in IPV cases vs. non-IPV cases?
- Do cases with more severe IPV and/or maltreatment overlap show greater recidivism?
- Do previous number of unsubstantiated reports (especially those with primary concern of IPV) predict re-referral rates and subsequent substantiations?
  - Both substantiated and unsubstantiated reports predict recidivism with no statistical difference in re-referral rates (English, Marshall, Brummel, & Orme, 1999) or subsequent substantiation (Drake, Johnson-Reid, Way, & Chung, 2003) by # substantiated vs. unsubstantiated reports
- This information may help to inform differential response decision-making

IPV FAIR Evaluation

AIMS

1. To characterize families referred to IPV FAIR and to better understand needs of children and caregivers
2. To evaluate the feasibility of implementing IPV FAIR in community mental health agencies
3. To examine the effectiveness of IPV FAIR in connecting children and families to evidence-based services for addressing identified problem areas
4. To examine whether children and caregivers show improved symptoms and enhanced resources across the service period
5. To examine engagement of male offenders in Fathers For Change (FFC)
6. To examine pre-post change in symptoms for families enrolled in FFC

IPV FAIR Families enrolled thus far

- 66 mothers and 25 fathers
- Indication of significant DV
  - >80% police visit to home due to DV (>90% of time children home)
  - 23% mothers arrested (>90% of time children home)
  - 78.3% fathers arrested (>70% of time children home)
- Other legal problem
  - 20% of mothers arrested for unrelated charges (9% jailed)
  - 56% of fathers arrested for unrelated charges (32% jailed)
  - 87% of fathers have restraining/protective orders against them (20% non-compliance)
- Mental health
  - 74% mothers 56.5% fathers previous/ongoing MH treatment
  - 56.5% of fathers previous MH treatment
  - 14% mothers and 39% fathers past substance use treatment
  - Full/Partial PTSD: 42.9% mothers, 52% fathers
  - Full PTSD: 22.1% mothers, 24% fathers

Recommendations will address

- Screening/assessment protocol
- IPV Specialist Utilization
- Decision-making and referral
- Research-supported interventions
- Training
- Policy

Moving forward . . .

- Strengthen workforce capacity
- Increase cross agency collaboration & communication
- Improve data infrastructure
- Support the implementation of data driven practice
- Increase public awareness

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