‘Failure to Protect’: The Intersection of Intimate Partner Violence and the Child Welfare System

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Introduction

As many as 15.5 million children in the U.S. are exposed to intimate partner violence (IPV) at home.[1] The striking prevalence of child exposure to IPV necessitates a robust response from healthcare professionals, who must grapple with the ethical dilemma of how to best support children in these challenging circumstances.

Witnessing intimate partner violence is an adverse childhood experience (ACE)[2]

Inherently traumatic or disruptive childhood experiences

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Sustained stress response results in persistent, detrimental physiological changes

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Significant morbidity and mortality implications over lifetime

Mandatory Reporting in California:

When physicians make a mandatory report of suspected child abuse or neglect to local law enforcement and/or the Department of Children and Family Services (DCFS), DCFS may become involved due to the victim parent’s “failure to protect” their child from witnessing IPV.

Failure to Protect:

California Welfare and Institutions Code Sections 300(b) outlines cause for family separation: *“child has suffered, or there is substantial risk that the child will suffer, serious physical harm or illness”*[3]

Outcomes:

According to DCFS, community advocates, and lawyers in Los Angeles County, ‘failure to protect’ is alleged as the basis for removing children from their caregiver who is an IPV victim. As a result, victims are further burdened with the responsibility of navigating the dependency court system and their children are exposed to the additional trauma of family separation.[4]

Key Findings

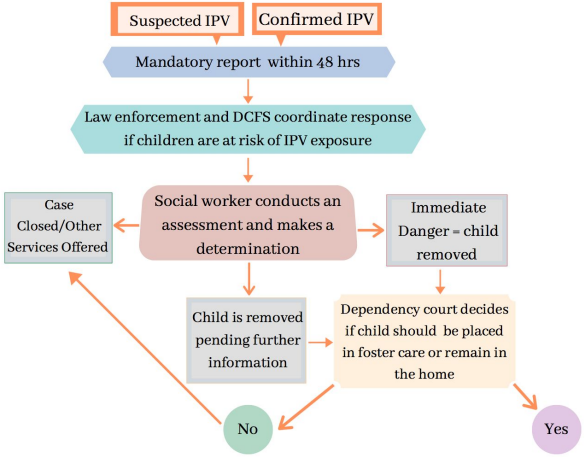
A literature review was conducted to determine the role of healthcare providers in IPV prevention, child health impacts associated with foster care and IPV, and the assessment of family separation in IPV cases: 3956 articles reviewed, 202 selected based on relevance.

The ACA covers the full cost of routine IPV screening/intervention for female patients. However, there is no clearly defined standard for assessment or case management.[5,6]

- Most providers do not regularly take an IPV history
- Lack of systems-level support hinders IPV documentation, access to community resources, and outcome monitoring

While providers play a direct role in introducing patients to the child welfare system, medical literature is sparse in regards to the intersection of IPV and foster care.

- No studies evaluate foster care vs family care in IPV cases
- Children in foster care more likely to develop reactive attachment disorder than maltreated children who remained with birth family[7]
- Children with unstable foster care placements have blunted cortisol production patterns [8] → chronically activated stress response



Future Directions

In order to better characterize how IPV is entangled with the child welfare system, the UCLA Pritzker Center has been commissioned to write a multidisciplinary policy report.

Purpose of the report:

- Determine if child removal is harmful or protective in IPV cases
- Assess evidence-based, trauma-informed family services in lieu of foster care placement
- Review systems and supports around IPV in LA County
- Make policy recommendations that promote well-being and healing for families

Next step: Conduct listening tours with providers from multiple specialities (OB-Gyn, Pediatrics, Family Medicine, Psychiatry)

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ABSTRACT: ‘Failure to Protect’: The Intersection of Intimate Partner Violence and the Child Welfare System

Introduction/Background: Los Angeles (LA) County is home to the largest child welfare system in the country, with the Department of Children and Family Services (DCFS) caring for 34,000 children. While the available data does not specifically state how many of these children have come under the supervision of DCFS as a result of intimate partner violence (IPV), the majority have witnessed IPV in their homes per conversations with American Academy of Pediatrics president elect, Dr. Szilagyi. In the U.S. at large, it is estimated that 15.5 million children are exposed to IPV at home. Witnessing IPV has been established as an adverse childhood experience (ACE), linked to chronic activation of the stress response, resulting in significant morbidity and mortality risk over the life course. The striking prevalence of child exposure to IPV and its associated adverse health outcomes necessitates a robust response from healthcare professionals who must grapple with the ethical dilemma of how to best protect children in these challenging circumstances.

The state of California designates physicians as mandatory reporters of child maltreatment. Through this process, DCFS may take custody of the child due to the victim parent’s “failure to protect” their child from witnessing IPV. “Failure to protect” or the guardian’s failure or inability to adequately protect the child from imminent harm is frequently alleged as the legal basis for separating a child from the victim parent and placing that child in foster care.

Key Findings: We conducted a literature review to determine the child health impacts associated with foster care and IPV as well as the role of health care providers in IPV prevention. Of the 3956 articles reviewed in the PubMed database, 202 were selected based on relevance.

We found no studies evaluating the child health impacts of foster care versus family care in IPV cases. While foster care is considered a protective intervention in child maltreatment cases, there is limited evidence to support such a drastic intervention for children exposed to IPV, especially when there is co-occurring childhood trauma associated with family separation and unstable foster care placement as well.

Moreover, we also found that despite the prevalence and poor outcomes of IPV, the majority of healthcare professionals, across specialties, do not regularly screen for it. In addition, the larger, systems-based practices needed to support both providers and patients in evidence based IPV intervention are frequently absent. As a result, healthcare professionals are often lacking in the tools and services necessary to prevent a continuation or escalation of IPV, leaving both the victim and their children at risk.

Future Directions: In order to better characterize how IPV is entangled with the child welfare system, the UCLA Pritzker Center has been commissioned to write a multidisciplinary policy report. The report serves to determine whether child removal is harmful or protective in IPV