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Pritzker Center

For Strengthening Children and Families

The UCLA Pritzker Center for Strengthening Children and Families **unites a multidisciplinary network** across campus and throughout LA County to identify prevention strategies that safely **reduce the need for foster care**, while **supporting equitable reform** to our child welfare system.

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The Study

- Background
- Funders
- Partners

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Overview

- Methodology
- Data
- Findings

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AGREED THAT IT IS
**DIFFICULT FOR FAMILIES
TO REUNIFY** DUE TO AN
**ABSENCE OF EFFECTIVE
SERVICES.**





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

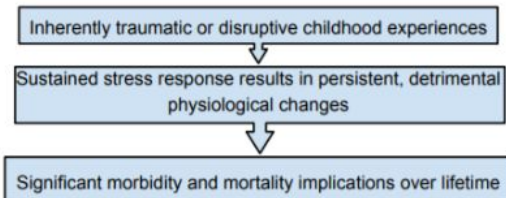
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Introduction

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



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 family⁷
- Children with unstable foster care placements have blunted cortisol production patterns⁸ → 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

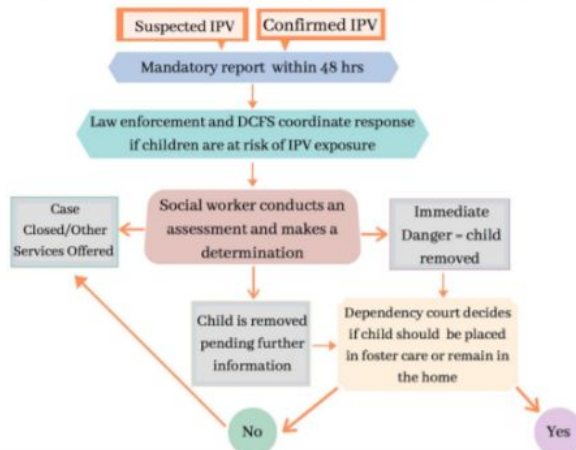
Next step: Conduct listening tours with providers from multiple specialties (OB-Gyn, Pediatrics, Family Medicine, Psychiatry)

References

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RECOMMENDATIONS

1. Training
2. Mandatory Reporting Guidance
3. Specialization
 - a. DCFS
 - b. Court
4. Services
5. Statutory Change

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Questions?

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