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Practical Strategies

Child welfare policy and practice on children's exposure to domestic violence

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ABSTRACT

Objectives: This article reviews research, policy and programming in Australia, Canada and the US on the child welfare response to EDV.
Method: The review draws on searches of standard research databases, interviews with researchers and practitioners, and the authors' own research.
Results: Although EDV is underreported, across studies 7% to 23% of youths in general population surveys experienced EDV, 36–39% of youth in DV cases have witnessed the violence, and 45–46% of primary caregivers in child maltreatment investigations have experienced DV. Mandatory reporting can increase the number of cases that come to the attention of child welfare, but without resources for training and programming can lead to inappropriate reports, lack of referral for further assessment, and strains on the child welfare system. Improving the child welfare response to EDV can include collaboration between child welfare workers and DV advocates; increased training on screening for DV; new protocols on DV; and dedicated DV staffing within child welfare agencies. In recent years, policy and program attention to EDV has also been embedded within broader national efforts to protect children from violence and maltreatment. Differential response models that eschew investigation in favor of assessment and service delivery hold promise for families with DV.
Conclusions: Empirical data are limited, but current research and practice experience suggest that child welfare agencies seeking to improve the response to EDV should collaborate with other disciplines involved with preventing and responding to DV, seek resources to support training and programming, consider methods that avoid stigmatizing parents, and build in a program evaluation component to increase knowledge about effective practice.

Over the past 25 years, children's exposure to domestic violence (EDV) has increasingly been considered as a form of child maltreatment (Edleson, 2004). EDV can be defined as a child directly witnessing physical or psychological violence between adults, overhearing the violence, or seeing its aftermath (e.g., resulting injuries or emotional harm). We have chosen to use the broader term EDV instead of exposure to intimate partner violence to also capture children witnessing violence between a caregiver and another adult taking place in the home.

The association of EDV with impaired child development and with both immediate and later negative health outcomes has been well documented (e.g., Bair-Merritt, Blackstone, & Feudtner, 2006; Dauvergne & Johnson, 2001; Jaffe, Wolfe, &

This article is dedicated to the memory of Pamela Whitney, a true pioneer in developing effective child welfare responses to the problem of domestic violence. Ms. Whitney was an assistant commissioner of the Massachusetts Department of Children and Families, where she was a leader in creating one of the United States' first domestic violence units within a state child welfare agency (see http://www.boston.com/bostonglobe/obituaries/articles/2010/12/06/pamela_whitney_57_innovator_in_helping_troubled_families/?rss_id=Most+Popular and Whitney & Davis, 1999).

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Campbell, 2011; Kitzmann, Gaylord, Holt, & Kenny, 2003; Moss, 2003). Like other forms of maltreatment, EDV seldom occurs in isolation and is associated with a higher likelihood of experiencing other forms of victimization (Hamby, Finkelhor, Turner & Ormrod 2010; Holt, Buckley, & Whelan, 2008; Renner & Slack, 2006) as well as caregiver substance abuse and mental health problems (Kohl, Barth, Hazen, & Landsverk, 2005; Kohl, Edleson, English, & Barth, 2005).

There are emerging movements in several countries to improve policy and practice to protect children from EDV. These movements have resulted in the collection of new data on EDV and the design and implementation of new child welfare policies and practices. To assist with the development of child welfare practice, this article briefly summarizes current knowledge on the prevalence of EDV, and on child welfare services policies and practices that may hold promise for reducing the frequency and impact of EDV on children. We focus on Australia, Canada, and the United States (US) since these countries share: (1) a similar socio-legal context; (2) a long history of enacting and expanding legislation about reporting of maltreatment; (3) debates regarding the application of reporting laws to EDV; and (4) new child welfare practices that show promise for responding more effectively to EDV (Mathews & Kenny, 2008).

Prevalence

The starting point in the development of a child welfare response to EDV is to understand the magnitude of the problem. Surveys in Australia, Canada and the US use different methodologies and deal with children in different age ranges, but data suggest that EDV is a sizeable problem common to each. In Australia, EDV was assessed by a 1998–1999 national population survey of 5000 Australians aged between 12 and 20 from all States and Territories in Australia. Youths in school responded to questionnaires administered there and youths out of school responded to a street intercept survey. The survey indicated that 23% of youths had witnessed at least 1 act of violence perpetrated against their mother or stepmother (Indermaur, 2001). The 2005 National Personal Safety Survey conducted by the Australian Bureau of Statistics found that 4.9% of men and 15% of women reported episodes of violence from a previous partner since the age of 15 and 61% of those said they had children in their care during that relationship, 36% of whom were likely to have witnessed the violence (Australian Bureau of Statistics, 2005). Research in Australian courts found that 68% of cases in the Family Court of Australia and 48% in the Federal Magistrates courts included allegations of children witnessing domestic violence (Moloney, Smyth, Weston, Richardson, Qu & Gray, 2007).

Several studies document the prevalence of EDV in Canada. In the National Longitudinal Survey of Children and Youth (NLSCY), parents were questioned on the violence witnessed by children in their homes. According to the NLSCY 1998/99 cycle, 8% of children aged 4–7 years had witnessed violence at home (Moss, 2003). The 2004 General Social Survey found that 7% of Canadians over the age of 14 had experienced spousal violence in a current or previous marital or common law union, and that 40% of all victims of spousal abuse had children who witnessed the abuse (Au Coin, 2005). Similarly, the 1993 Violence against Women Survey indicated that almost 4 in 10 victimized women (39%) reported that their children saw the violence, suggesting that an estimated 1,000,000 children had witnessed violence by their father against their mother (Dauvergne & Johnson, 2001). According to the 2008 Transition Home Survey (THS), approximately 101,000 women and children were admitted to 596 shelters in Canada (Sauvé & Burns, 2009); almost half of these female victims of abuse were admitted with children, and 25% of them were in the shelter hoping to protect their children from direct or indirect abuse.

In the US, the National Survey of Children's Exposure to Violence was a telephone survey involving a nationally representative target sample of 4,549 youth aged 0–17 (Finkelhor, Turner, Ormrod & Hamby, 2009). The main survey was conducted with youths themselves aged 10–17 and caregivers provided information for children aged 2–9. This research found that 6.2% of children had witnessed an assault between their parents in the previous year, and 16.3% during their lifetime. Among children who reported other forms of child maltreatment, these percentages climbed to 20.8% in the previous year and 49.6% during their lifetime (Hamby et al., 2010).

Of particular concern for child welfare agencies is the prevalence of EDV among cases referred to child welfare services. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), which surveys caseworkers about child maltreatment reports, found among the substantiated investigations in its 2008 sample that 46% of primary caregivers had been victims of domestic violence, and EDV was present in 32% of these cases (Williams, 2011). The US National Survey of Child and Adolescent Well-Being (NSCAW) found similar results in its sample of child maltreatment investigations: 29.0% of female caregivers reported experiencing DV in the past year and 44.6% over their lifetime (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). National child welfare data on EDV are not available for Australia.

While these data indicate substantial prevalence, statistics on EDV almost certainly underestimate the size of the problem. Most forms of victimization tend to be underreported in survey research (Cohen & Land, 1984; see also Finkelhor et al., 2009), and DV is typically a hidden crime that victims tend to underreport both to authorities and researchers (Dauvergne & Johnson, 2001; Public Health Agency of Canada, 2010). Moreover, child respondents to surveys may not have the cognitive skills to retrieve memories of EDV reliably (Finkelhor et al., 2009), even when it has affected them. Current methods of gathering data about DV in client data systems further contribute to underreporting EDV, because they often do not record whether a child was exposed. For example, Canadian police data only capture children if they were direct victims of the violence, though Canadian police often report to child welfare if children were present during the adult assault (Tonmyr, Li, Williams, Scott, & Jack, 2010). In addition, system data on DV concerns female victims and there is very little systematic information about male victims and little information on children's EDV in these cases (see e.g., Allen, 2011).

Mandatory reporting

The prevalence of EDV strongly suggests the need for enhanced policy and practice to protect children from this form of victimization. One option is to extend mandatory reporting to children's EDV just as it applies to forms of victimization such as neglect, physical abuse and sexual abuse that are already classified as child maltreatment. This represents a departure from standard child welfare practice, in which intervention often relies on identification of a specific incident that exceeds a threshold of harm and justifying intervention because of cumulative harm is difficult (see Bromfield, Gillingham, & Higgins, 2007).

Analysis by Mathews and Kenny (2008) of child welfare legislation in each state, province, and territory in the US, Canada, and Australia showed that relatively few jurisdictions have added EDV as a maltreatment type that must be reported. Currently, reports of EDV are required in 3 of 8 jurisdictions in Australia (New South Wales [NSW], Tasmania and the Northern Territory), 8 of 13 jurisdictions in Canada (Alberta, Labrador, Manitoba, Newfoundland, the Northwest Territories, Nova Scotia, Prince Edward Island, Quebec and Saskatchewan), and 3 jurisdictions in the US (Montana, West Virginia and the District of Columbia). Where a legislative reporting duty exists, it is generally only activated if the reporter believes the child has been or is likely to have been harmed by the EDV, and this requirement of harm is usually further qualified by being required to be harm of a certain degree of seriousness. For example, NSW requires reports of the risk of serious psychological or physical harm to a child as a consequence of EDV; in a less stringent qualification, Tasmania requires a report where a child's safety, psychological well-being or interests are "affected or likely to be affected" by family violence (Mathews & Kenny, 2008). Exceptionally, the duty in the Canadian province of Newfoundland and Labrador requires reports of EDV even without evidence of harm.

Using data from the Canadian Incidence Studies of 1998 and 2003, Tonmyr and colleagues (Tonmyr et al., 2010) found that non-healthcare professionals (dominated by the police) reported EDV more than 11 times more frequently than health care professionals in 1998 and more than 18 times more frequently in 2003, contrasting with the reporting pattern for neglect and emotional maltreatment. The causes of this disparity are not known; one question regards the extent to which health care professionals follow the guidelines of different health care associations to ask about EDV (see e.g., Family Violence Prevention Fund, 2009).

Tonmyr et al. further found that nearly one third of all reports by mandated reporters of EDV (e.g., police, physicians, child-care workers) were not referred for any further assessment. Cases in which EDV was the primary form of maltreatment were less likely to lead to a child being placed in care, even though they were more likely to be substantiated (Trocmé, Knoke, & Blackstock, 2004). (This is consistent with analysis of investigations involving children of parents with cognitive impairments, which also found an increased likelihood of substantiation of EDV investigations, McConnell, Feldman, Aunos, & Prasad, 2011). Cases in which EDV and other child maltreatment co-occurred were almost 4 times more likely to result in a placement than those with EDV occurring in isolation (Black, Trocmé, Fallon, & MacLaurin, 2008). In addition, Quebec child welfare data showed that EDV did not influence child welfare workers' decisions to keep cases open or to initiate child placements (Lavergne et al., 2011).

Mathews (2012) reported results on mandatory reporting of EDV for Australian jurisdictions. One important result was in Tasmania, which introduced its duty in 2004. This jurisdiction experienced an increase in reports over the next 2 years, but report numbers then stabilized and declined. Mathews (2012) reported more detailed information on NSW, the most populous jurisdiction in Australia. NSW introduced a new legislative reporting duty for EDV in December 2000. The duty required reports by a number of professions, including police, of cases in which a child was living in a household where there had been incidents of DV and, as a consequence, the child was at risk of serious physical or psychological harm. Annual data since 2000 for different types of reports and outcomes in NSW are not publicly available, so the emergence of report patterns and outcomes cannot be charted in detail for each year before and after the duty's introduction. However, some indications of the effect of the duty can be drawn from data for the years 2006–7 and 2007–8 (Wood, 2008), at a time when it was widely known that the child welfare system was struggling to cope with the number of reports and requirements for response.

Analyzing these results, which were very similar across both years, Mathews (2012) found that over the course of 1 year (2006–7) in NSW, 26% of child maltreatment reports were reports of EDV, 92% of which were made by mandated reporters and 73% of which were made by police. In terms of response, 31% of reports of EDV were not referred for any further assessment, meaning that these were usually simply forwarded to the Department for recording only, with an unspecified number of families being provided with information or diverted to another agency (Wood, 2008). Precise studies of reporting practices regarding EDV have not been conducted, but these data suggest that reports may have been made without sufficient evidence of the risk to the child of significant harm—in some situations every encounter with EDV may have been reported.

We are not aware of empirical studies in the US on the effects of mandatory reporting, but narrative accounts of a short-lived experiment with mandatory reporting in Minnesota are informative (Edleson, Gassman-Pines, & Hill, 2006; Weithorn, 2001). Legislation in 1999 defined EDV as a form of child neglect and therefore reportable, but did not increase state funding to support the legislation. A resulting rapid increase in the number of reports strained the capacity of child welfare, except in one county that had developed a specialized DV team within its child welfare agency. County social service administrators, who were concerned that screening of EDV was diverting resources from services, and DV advocates, who were concerned that defining EDV as neglect was leading to blaming the adult victim, allied against the legislation. A 2000 legislative refinement to implement new safeguards for EDV was written subject to the availability of new funding. New

funding did not materialize, however, and without it, reporting of EDV was no longer mandatory, although the county with the specialized DV team still maintained it.

Clearly, depending on the public administration systems established to respond to reports, a legislative duty to report EDV may result in positive outcomes, adverse consequences or both for the child and the parent(s). Such reports may enable seriously endangered children and the affected parent to be protected from harm. However, from a women's rights perspective, while it is acknowledged that victimization affects the whole family, mothers may be more often held accountable for the effect of family violence on children, rendering the mother subject to feeling re-victimized (Douglas & Walsh, 2010; Goodmark, 2010).

From a child welfare management perspective, there is evidence that creating a legislative reporting duty for EDV may produce better identification of serious cases of EDV (Mathews, 2012). The experience of some jurisdictions suggests that there will be an increase in the number of reports after introducing such a duty, as would be expected. However, there is also evidence that many cases in this increase will not be within the intended target of the law, and that the increase may exceed the responsive capacity of child welfare systems, especially in the many jurisdictions where high caseloads and poor resourcing are already problematic (Edleson, Gassman-Pines, & Hill, 2006; Mathews, 2012; Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007; Weithorn, 2001). As both Australian and American experts (Edleson, 2004; Humphreys, 2008; Mathews, 2012) suggest, it appears to be pivotal that the introduction of a duty to report EDV be accompanied by sufficient government investment both to train reporters to comply with the duty, and to resource child welfare systems with the personnel and programs necessary to respond to reports.

Child welfare interventions in response to EDV

National data in the US, which overwhelmingly lacks mandatory reporting of EDV, also provoke concern about the child welfare response to EDV. An analysis of NSCAW caseworker research interviews showed that workers accurately identified DV in less than 10% of cases in which female caregivers identified it in their research interviews (Kohl et al., 2005a), and workers made a referral to DV services in just 60% of cases in which they identified DV. When asked by interviewers about influences on decision-making, workers rarely mentioned DV (Kohl et al., 2005b), and DV was not statistically associated with child placement decisions.

Despite the limitations of current child welfare practice in relation to EDV, promising child welfare programs and policies have been developed to address the needs of both children and families in these cases. In the US, child welfare agencies in Massachusetts (Whitney & Davis, 1999) and Alaska (Edleson, Gassman-Pines, & Hill, 2006; Weithorn, 2001) pioneered new approaches in the 1990s. From 2000 to 2005, the Federal government funded 6 counties across the country in the Greenbook Initiative (named after the influential handbook guiding change; Schechter & Edleson, 1999), which promoted collaboration between child welfare services and other community agencies to change systems to be more responsive and effective with families involved with child welfare who experienced EDV (Edleson & Malik, 2008). These state and local change efforts varied, but instituted many common elements of system change, many of which were reported in an evaluation of the Greenbook Initiative (Banks, Dutch & Wang, 2008; Banks, Landsverk & Wang, 2008; ICF International, 2008; Malik, Silverman, Wang, & Janczewski, 1988). Most change efforts added training of child welfare workers and DV advocates to understand each other's perspective and the specific needs and context each responds to. In most change efforts, DV specialists worked in child welfare agencies, providing additional training and consultation and serving on multidisciplinary case review teams. Most efforts included protocols or guidelines for child welfare workers to screen for DV, develop safety plans with adult victims, and refer them to DV services. Most took steps to reduce blaming of adult victims; for example, changing policies so that normal behaviors for adult victims (e.g., fleeing from violence) would not be reported as child neglect. Many used new procedures or new staff to assist children and adult victims in the judicial system and/or to monitor perpetrators of DV to hold them more accountable. In Alaska, legislation was enacted to enable the more comprehensive child welfare response to DV (Edleson et al., 2006; Weithorn, 2001), including resources for protocol development and training.

More recent national efforts embed efforts to address EDV within broader policy and program initiatives to protect children from violence and maltreatment. The Council on Australian Governments has developed a national framework for action entitled *Protecting Children is Everyone's Business* (Council of Australian Governments, 2009b). This initiative's first three year action plan commits Australia to "expanding models of integrated support to enable women and children experiencing family violence to remain at home safely" (p35). The framework also commits Australia to implementing the National Plan developed by the National Council to Reduce Violence Against Women and their Children (see Council of Australian Governments, 2009a). This national plan includes action steps to help prevent domestic violence and to provide services to children exposed to EDV.

Currently the US Federal Safe Start Initiative funds projects across the country that are designed to promote the use of evidence-based strategies to lessen the impact of children's exposure to all forms of violence, including DV (Safe Start Center, 2011). In several Safe Start projects, child welfare agencies are part of community interagency groups developed to enhance services to children exposed to violence, and one Safe Start project in Portland, OR features a child welfare-domestic violence collaboration using the Greenbook approach (Safe Start Center, 2008).

Differential response

Although not specifically designed as an EDV intervention, the recent trend in child welfare services toward differential response (DR) may hold promise as a way to help address EDV. In DR models, families in which there is low to moderate risk to children receive child welfare interventions that focus on assessment and a flexible service response attuned to children's and families' needs (see e.g., Conley & Berrick, 2010). DR avoids the investigation of allegations and the substantiation decisions common in the child welfare response to maltreatment reports. DR may be especially appropriate for families with DV in which one or both parents are victimized, because it responds to the needs of the whole family without identifying a perpetrator. Importantly, DR explicitly encourages individuals' help-seeking and resource linkage (Mathews, 2012) because DR eschews investigation procedures; parents who are being battered would not be at risk for being substantiated for neglect due to EDV if they engage with child welfare agencies. It therefore offers an avenue through which reports of EDV can be referred to helping agencies rather than child welfare investigations and family members can seek assistance to interrupt DV and thus prevent continued EDV.

However, there are few rigorous studies of the effects of DR and no research to our knowledge about its impact on EDV. The overall *impression* is that families make earlier and better use of community-based services (Alberta Children's Services, 2003; Clavel, Cadieux & Roy, 2003; Shusterman, Hollinshead, Fluke, & Yuan, 2005), and child welfare team members have also reported appreciation of the support from other disciplines (Onyskiw, Harrison, Spady, & MaConnan, 1999). However, the value of DR depends on availability of effective community programs (Crain & Tonmyr, 2007) which vary in existence and quality.

Conclusion

EDV is prevalent in Australia, Canada and the US and common in child welfare cases, and statistics on EDV are likely to underestimate the problem because victims often underreport. A variety of policies, programs, and practices have developed in child welfare to address EDV. Mandatory reporting of EDV has been implemented in some jurisdictions in all three countries, usually limited to situations in which the child has been or is likely to have been harmed. Mandatory reporting can increase the number of cases that come to the attention of child welfare, but has had unintended consequences in terms of apparently inappropriate referrals, lack of referral for further assessment, and strains on the capacity of the child welfare system. Mandatory reporting may be a viable option if accompanied by adequate training of reporters and staffing and programming to respond to the increase in cases, but further evaluation is needed.

Research on current child welfare practice suggests that both identification of and service response to DV may fall short in many child welfare cases. Initiatives to improve the child welfare response to EDV involve collaboration between child welfare workers and DV advocates, and the development of a child welfare infrastructure including such elements as increased training on screening for DV; new protocols, guidelines and procedures on DV; and dedicated DV staffing within child welfare agencies. More research is needed to assess how widespread these initiatives are and what their impact has been. In recent years, attention to EDV has been embedded within broader national efforts to protect children from violence and maltreatment. Studies are needed to understand specifically how these efforts address EDV, and what effect they have on preventing EDV or improving the service response to it. Differential response holds promise for responding to EDV, but the methods through which DR addresses EDV need to be articulated, and the prevalence of EDV in DR cases and the effects of DR on EDV need to be studied.

An effective child welfare system response to EDV is inherently challenging, both because of resource limitations and because child welfare is designed to respond to reports of maltreatment, making it less likely to intervene with EDV of low to moderate severity. Ideally, an effective child welfare response should supplement a public health model that can intervene to prevent EDV or address it before it becomes acute. Research on the Nurse Family Partnership (NFP) program is instructive. NFP is a preventive intervention in which nurses provide regular home visits to at-risk prospective mothers during pregnancy and the first two years of children's lives, and support and instruct mothers on appropriate pre-natal and child care and mothers' personal development (see e.g., Olds, Henderson, Chamberlain & Tatelbaum, 1986). NFP has been successful in reducing child maltreatment (see e.g., MacMillan et al., 2009). It was not specifically designed to address EDV, but in one out of three NFP trials, EDV was reduced (Eckenrode et al., 2000). NFP's effectiveness overall was found to be limited when mothers experience significant domestic violence. The significance of DV for NFP has led to program improvements to address DV more explicitly (Eckenrode et al., 2000), and a randomized control trial has just started to evaluate the effectiveness of DV-related enhancements to NFP (Jack et al., 2012).

A common thread running through many of the programs, initiatives and research findings discussed here is the need for child welfare to collaborate with other agencies and professionals in the criminal justice, health care, mental health and other systems. Clearly, considering EDV as a form of child maltreatment should not lead to child welfare dealing with EDV in isolation, but instead connect child welfare to a range of efforts across different disciplines to deal with EDV more systemically and ultimately more effectively. More research is needed to establish empirically based practice. Nevertheless, the research that has been conducted and practice experience suggest that child welfare agencies seeking to improve the response to EDV should (a) reach out to other disciplines working with families experiencing or at risk of DV and develop collaborative methods; (b) seek resources to support training and programming; (c) consider methods like differential response that

reduce the likelihood of stigmatizing parents, who may themselves be victims; and (d) build in a strong program evaluation component to increase the knowledge base about effective practice.

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