



Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice

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ABSTRACT

Research finds that exposure to domestic violence can adversely affect the emotional, behavioral, and physical health of children. These effects have led some child advocates and policymakers in the United States to conclude that child exposure to domestic violence (CEDV) is a type of child maltreatment warranting state intervention. However, few states have defined CEDV as a type of maltreatment in statute and little is known about how child welfare agencies respond to allegations of CEDV in the absence of other safety threats. This study considers that CEDV itself might prompt an initial child welfare referral and may be construed by workers as a type of statutory maltreatment. Using a random sample ($n = 295$) of case records, this study analyzed one large child welfare agency's response to referrals alleging CEDV between 2011 and 2012. Findings indicate that CEDV itself did trigger investigation. At time of referral, workers used statutory maltreatment typologies to construe alleged CEDV as a type of maltreatment; however, CEDV was not consistently construed as a safety threat and few allegations were substantiated. Instead most families were referred to community-based domestic violence services. Findings indicate that CEDV was not consistently construed as a type of statutory maltreatment and infrequently resulted in ongoing child welfare services. Findings suggest that training is needed to help workers better assess CEDV-related safety threats. Findings also raise questions about what types of interventions are needed to protect children from domestic violence and which types of agencies are best positioned to deliver those interventions.

1. Introduction

In recent years increased attention has been given to how domestic violence adversely impacts children. It is estimated that between 16–25% of American children are exposed to domestic violence during childhood (Finkelhor, Turner, Shattuck, & Hamby, 2015; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Researchers find that children exposed to this type of violence exhibit higher rates of emotional, behavioral, and physical health problems (Evans, Davies, & DiLillo, 2008; Felitti et al., 1998; Holt, Buckley, & Whelan, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003), and are at greater risk for child maltreatment than their non-exposed peers (Edleson, 1999; English et al., 2009; Osofsky, 2003). These findings have led some to conclude that child exposure to domestic violence (CEDV) – the seeing, hearing, experiencing, or witnessing the aftermath of domestic violence – is a form of child maltreatment warranting public intervention. To date, few states in the U.S. define CEDV as a type of child maltreatment in law (Child Welfare Information Gateway, 2016); however, it is thought that child welfare workers (hereafter *workers*) sometimes use existing child maltreatment statutes to construe CEDV as a type of child abuse or neglect (Coohey, 2007; Henry, 2017; Kantor & Little, 2003).

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While a number of studies have documented the co-occurrence of domestic violence and other types of child maltreatment among child welfare involved families, this paper considers the possibility that concerns about CEDV itself and its adverse effects might prompt an initial child welfare referral and may, at times, be construed by workers as a type of child maltreatment. Through case record review and analysis of administrative data, this study aims to expand understanding of child welfare practice, by examining if and how workers in a large public child welfare agency use existing child maltreatment statutes to construe CEDV as a type of maltreatment in daily practice.

1.1. Domestic violence among child welfare involved populations

Over the last two decades, numerous studies have examined the prevalence of domestic violence among child welfare involved families and their pathways through the child welfare system (Beeman, Hagemaster, & Edleson, 2001; Black, Trocmé, Fallon, & MacLaurin, 2008; Bogie, Freitag, & Healy, 2012; English, Edleson, & Herrick, 2005; Kohl, Edleson, English, & Barth, 2005; Shepard & Raschick, 1999; Victor, Grogan-Kaylor, Ryan, Perron, & Gilbert, 2018). Overall, these studies find high rates of domestic violence among child welfare involved families (Beeman et al., 2001; Black et al., 2008; English et al., 2005; Kohl et al., 2005; Shepard & Raschick, 1999) and that domestic violence and child maltreatment often co-occur. For example, a study of 74 randomly selected child welfare case records in a small midwestern city found that nearly a third of child welfare case records indicated domestic violence (Shepard & Raschick, 1999). Review of child welfare case records in New Hampshire (Kantor & Little, 2003) and a large urban center in Minnesota (Edleson & Beeman, 1999) found similar rates (36%). A statewide study conducted in Washington found that domestic violence was indicated in 20% of referrals received and in 38% of cases that were accepted for investigation. Data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national probability study of children investigated for child maltreatment, found indications of active domestic violence among 14% of the families investigated for child maltreatment and a history of domestic violence among 19% of the families investigated (Kohl et al., 2005).

1.2. CEDV as child maltreatment

Few U.S. states explicitly define CEDV as a type of child maltreatment in statute (see Utah Civil Code §78A-6-105 and West Virginia Code Ann. § 49-1-201 for exceptions). However, existing maltreatment typologies are thought broad enough to allow for CEDV to be treated as type of abuse or neglect (Henry, 2017). Thus, in administrative data, allegations of CEDV are likely nested within dominant child maltreatment typologies, such as physical abuse, emotional abuse, and neglect.

This nesting obscures both the prevalence of CEDV among child welfare involved families and the child welfare response to this phenomenon. Moreover, the failure to distinguish between allegations of CEDV and other recognized types of maltreatment may lead to inaccurate estimates of co-occurrence. That is, what is counted as co-occurrence may in fact be the labeling by workers of CEDV as physical abuse, emotional abuse, or neglect (Henry, 2017).

To date, most studies that isolate CEDV among child welfare involved populations and the child welfare response have been conducted in Canada, where CEDV is defined as a distinct type of child maltreatment in provincial law. An examination of a national sample of substantiated child maltreatment referrals received by child welfare systems in Canada in 2003 found that over one third (34%) of substantiated referrals involved CEDV (Black et al., 2008). Nine percent alleged exposure to domestic violence and another form of child maltreatment (co-occurrence), but for 25% of these referrals CEDV was the *only* type of maltreatment alleged. After controlling for other referral and family characteristics, the study found that referrals that alleged CEDV and no other maltreatment were significantly less likely than all other referrals to result in out-of-home placement. Likewise, a review of clinical and administrative data from a child welfare agency in Montreal, Canada found that referrals that only alleged CEDV did not lead to ongoing child welfare services or out-of-home placement (Lavergne et al., 2011).

Review of the literature found no published studies from the U.S. that isolate referrals that only allege CEDV from those that allege co-occurrence. However, one study in California offers an approximation. In California, all county child welfare agencies are required by law to screen investigated referrals for indications of domestic violence. If a worker determines that domestic violence exists in the home *and* poses an imminent danger of serious physical and/or emotional harm to the child, domestic violence is recorded as a *safety threat* in a standardized safety assessment tool. In their analysis of investigated referrals received in 2011, Bogie et al. found that workers identified domestic violence as an active safety threat in 6% of investigated referrals; two-thirds of these indicated that domestic violence was the only active safety threat facing the children in the home, while the remainder indicated domestic violence and at least one other active safety threat were present. Similar to Black et al.'s (2008) findings, Bogie et al. found out-of-home placement was rarely recommended for referrals where domestic violence was the *only* safety threat. If, however, domestic violence co-occurred with another safety threat, the removal rate was significantly higher (Bogie et al., 2012).

1.3. Workers' constructions of child maltreatment

While the aforementioned studies offer some insight into the prevalence of CEDV among child welfare involved families and the child welfare response, more research is needed to understand if and how, in the absence of clear legislative mandates, workers in the U.S. construe CEDV as a type of maltreatment.

In recent years, a handful of scholars have begun this work by examining the U.S. child welfare response to CEDV through interviews with workers (Hughes & Chau, 2013; LaLiberte, Bills, Shin, & Edleson, 2010) and case record reviews (Coohey, 2007; Jones, 2007; Lavergne et al., 2011). These practice-centered studies illuminate how workers both interpret and make child welfare

policy through their practice as “street-level bureaucrats” (Lipsky, 2010).

LaLiberte and colleagues’ (2010) survey of 152 workers in twenty counties in one midwestern state used a CEDV assessment instrument and two hypothetical scenarios that involved what the authors described as high and low levels of domestic violence to examine workers’ responses to CEDV. Both scenarios could be described as child exposure to domestic violence-only scenarios in that they offered no evidence of physical, sexual, or emotional abuse or neglect from other factors. The authors found that while workers rated families experiencing high levels of violence and exposure to be at greater risk for future maltreatment, when presented with the two hypothetical scenarios – one with high violence and high exposure, the other with low violence and high exposure – the majority of workers recommended further child welfare involvement (i.e., investigation and formal or informal services) regardless of level of violence. Workers’ willingness to accept child exposure to domestic violence-only scenarios for further investigation suggests that workers were constructing CEDV as harmful to children or as a type of maltreatment.

The study that looks most closely at workers’ construction of CEDV was conducted in an urban county in the midwestern United States. In a study of 1248 *substantiated* child welfare referrals received and investigated between 1997 and 2002, Coohy (2007) found that 35% ($n = 437$) involved domestic violence. Of these, 7.1% ($n = 31$) were “investigated and substantiated for exposure to domestic violence or failure to protect from domestic violence” (Coohy, 2007, p. 101). In the county under examination, allegations of CEDV or failure to protect from domestic violence were identified in administrative data as subtypes of neglect under the maltreatment type: supervisory neglect. Coohy’s examination of these 31 referrals revealed, that although limited, workers did substantiate both perpetrators and adult victims of domestic violence for exposing their children to domestic violence or failing to protect them from exposure. This indicates that workers sometimes construed CEDV as a type of child maltreatment. However, Coohy’s study focused on *substantiated* referrals, which make up only a fraction of all referrals investigated (U.S. Department of Health & Human Services Administration for Children & Families, 2017), leaving questions about how workers more generally respond to allegations of child exposure to domestic violence.

1.4. Study goals and overview

This study seeks to expand our understanding of how, in the absence of clear legislative mandates, workers construct specific parental acts and omissions related to CEDV as a type of child maltreatment. This is accomplished by looking at the labels workers apply (i.e., allegation types), the judgments they make (i.e., dispositions), and the actions they take (i.e., interventions) when confronted with child welfare referrals that involve CEDV (Fig. 1). More specifically, through review of child welfare case records stored in electronic administrative data systems, this case study examines if and how workers in one California county child welfare agency used existing child maltreatment statutes to construe CEDV-related acts and omissions as a type of maltreatment. Findings from this study offer new insights into how child maltreatment is construed by workers in daily practice and highlight how these constructions are masked in administrative reports. Implications for child welfare policy and practice and social service research are discussed.

2. Methods

2.1. Policy and practice context

Each year, nearly half a million children are referred to California’s 58 county public child welfare agencies for abuse and neglect (Webster et al., 2017). These county agencies are legally mandated to receive, assess, and, if necessary, respond in-person to all child maltreatment referrals that concern children who reside in their counties.

In California, CEDV is not clearly defined as a type of child maltreatment in law (Henry, 2017). Instead workers at child welfare agencies – those screening allegations of child maltreatment and those investigating allegations of abuse and neglect – must

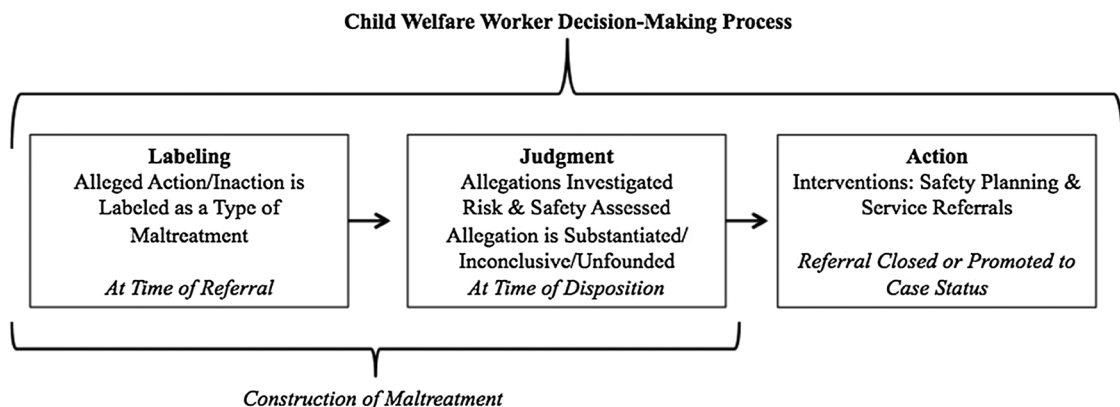


Fig. 1. Child welfare worker decision-making process & construction of maltreatment.

determine if CEDV-related acts and omissions constitute a type of physical or emotional abuse or neglect as outlined in California law (Henry, 2017). Because CEDV is not defined as a discrete type of child maltreatment in California law, how workers label acts of CEDV and respond to it is not systematically captured in administrative data systems, and thus the treatment of CEDV by workers is obscured.

Workers in this state document all child maltreatment referrals and investigations in the Child Welfare Services/Case Management System (CWS/CMS) and all child welfare risk and safety assessments in the Structured Decision Making Tool WebSDM. These electronic administrative data systems include quantitative and qualitative data generated by workers and can be linked through unique client ID numbers. Quantitative data in these systems include discrete categorical data such as allegation types, investigation outcomes, and risk and safety threats. Qualitative data include the narrative text associated with maltreatment referrals, investigations, and assessments. Combined these offer a more complete picture of how workers respond to CEDV in daily practice.

2.2. Use of case study

Child welfare services are governed by state and federal law, but largely administered and delivered at the county-level; thus, child welfare policy and practice vary across counties. Given this variation, and the importance of local context in shaping child welfare practice, case records from one county child welfare agency were selected for study. Per Yin (2013), selection of a single site or case for study allows us to investigate a “contemporary phenomenon within its real-life context” (p. 16). Examination of how workers respond to a particular phenomenon (e.g., child exposure to domestic violence) within a bounded context (e.g., a large public agency) illuminates how workers interpret and make policy through their daily practice.

2.3. Sample and dataset

This case study examines select child welfare records and associated risk and safety assessments for all *unduplicated* households ($N = 2051$) referred to and investigated by a California public child welfare agency (hereafter *the agency*), in a single year, between July 1, 2011 and June 30, 2012. These case records were selected to capture recent practices at the agency and fluctuations in the number of referrals received and investigated by the agency month-to-month. From this population, 160 households were excluded due to missing data (e.g., missing data on caregiver age or child race). From the remaining population, a random sample of households ($n = 295$) were selected for case record review. Two-sample t-tests & categorical chi square tests of the in-sample and out-of-sample populations found no significant differences between the two on a number of key demographic and categorical variables such as reporter and allegation type and child welfare outcomes, indicating that the sample was a good representation of the population.

Once the sample was identified, clinical data-mining techniques (Epstein, 2009; Henry, Carnochan, & Austin, 2014) were used to extract quantitative and qualitative data from CWS/CMS and the WebSDM. Quantitative data included household identifiers (i.e., client identifiers and demographic information); maltreatment allegations; WebSDM assessment of risk, safety, and protective factors; and investigative outcomes (e.g., disposition and promotion to case status/court mandated services). Qualitative data included narrative text contained in electronic administrative documents generated by workers during the course of routine child welfare screenings and investigations. Quantitative data were imported to Stata© for processing and analysis. Quantitative and qualitative data were extracted and imported to Dedoose© to create a retrospective database of case records for mixed-method analyses. This study was approved by institutional review boards at the University of California, Berkeley and Hunter College at the City University of New York. Permission to use these data was also granted by the agency and the Superior Court of the State of California.

2.4. Data collection and analysis

This study utilized a three-stage mixed-method data collection and analysis strategy. At stage one, case record review was used to identify all investigated households indicated for domestic violence. In California, workers are required by law to screen for domestic violence at time of referral and investigation. Households were considered indicated for domestic violence if one or more workers noted that the household had experienced domestic violence at the time of or prior to investigation.

In the second stage of the analysis, records for domestic violence indicated households were reviewed to distinguish between households that had experienced historic domestic violence and households that were experiencing *active* domestic violence (hereafter *active households*). A household was considered to be active, if one or more members was experiencing domestic violence at time of investigation or within the 12 months preceding investigation. A household was considered to have experienced historic domestic violence if one or more members had experienced domestic violence in the past, but not within the 12-months preceding investigation. For the purpose of this study, children residing in active households were defined as exposed.

In the third stage, case records for active households were reviewed to identify the reason they were referred to the agency. Differentiation was made between active households that were referred to the agency for child exposure to domestic violence *alone* and households referred to the agency for domestic violence *and* another risk or safety threat (e.g., excessive corporal punishment) or for a reason other than exposure. Examination of how workers responded to households referred to the agency for CEDV alone offered the clearest picture of how workers labeled, judged, and acted upon reports that alleged CEDV as child maltreatment per se and were subjected to deductive-qualitative analysis (Gilgun, 2005).

Throughout, quantitative and qualitative data were collected, cleaned, and analyzed by the author and research assistants. Deductive-qualitative analysis – the use of both deductive and inductive codes – was used to 1) identify the prevalence of CEDV

among households referred to and investigated by the agency, and 2) to make meaning of the labels workers applied (i.e., allegation types), the judgments they made (i.e., dispositions), and the actions they took (i.e., interventions) when investigating child welfare referrals that alleged CEDV as a type of maltreatment. Deductive codes were derived from agency policy and practice documents and guidelines, state statutes, and risk and safety assessment criteria. Inductive codes were used to surface and classify emerging themes (Saldaña, 2015). Codebooks were developed, piloted, and utilized by the research team to enhance construct validity and guide the analytic process (MacQueen, McLellan, Kay, & Milsten, 1998). Team coding discrepancies were resolved through in-depth discussion and negotiated consensus (Bradley, Curry, & Devers, 2007). Triangulation and member checking was used to check validity of codes and findings (Miles, Huberman, & Saldaña, 2013).

3. Findings

3.1. CEDV among referred and investigated households

Examination of the 295 case records in the sample found that approximately one-third ($n = 94$) of investigated households were indicated for domestic violence. At time of investigation, fifteen percent ($n = 43$) of households were indicated for historic domestic violence and seventeen percent ($n = 51$) were indicated for active domestic violence. These findings align with the findings of Kohl and colleagues (2005), who found similar rates of domestic violence among a representative sample of households referred to and investigated by child welfare agencies across the United States, and other regional studies in the United States (Edleson & Beeman, 1999; Kantor & Little, 2003; Shepard & Raschick, 1999).

Closer examination of households that were indicated for active domestic violence found that more than half ($n = 31$) were referred to the agency for domestic violence alone, that is concern about CEDV was the sole reason for referral (hereafter *CEDV referrals*). These CEDV referrals offered the clearest illustration of how workers responded to CEDV in practice and if they construed CEDV itself to be a form of maltreatment (Table 1).

Table 1
Demographics and Categorical Differences Between CEDV Referrals and Other Referrals.

Variables	CEDV Referral $n = 31$	Other Referral $n = 264$
Household Demographics		
Mean Age of Primary Caregiver	30.61*	31.75
Standard Deviation	7.61	8.45
Mean Age of Youngest Child In Home	3.16*	6.47
Standard Deviation	3.30	5.21
Mean Number of Children in Home	1.90	1.80
Standard Deviation	0.91	1.05
Reporter Type		
Law Enforcement	51.61%*	9.1%
Education	9.7%	26.9%
Therapist/Counselor	6.5%	12.1%
Medical	3.2%	8.7%
Other Professional	22.6%	23.1%
Non-Professional/Unknown	6.5%	20.1%
Any Allegation^a		
Physical Abuse	25.8%	41.4%
General Neglect	29.0%	46.6%
Emotional Abuse	93.6%*	26.9%
Most Severe Allegation		
Physical Abuse	25.8%	41.4%
General Neglect	22.6%	36.7%
Emotional Abuse	51.6%	10.2%
Investigation Assessment: Safety Threats^b		
Domestic Violence Posed Safety Threat	35.5%*	4.5%
Failure to Protect	6.5%	1.7%
Investigation Conclusion: Disposition Substantiated		
	29.0%	19.7%
Investigation Assessment: Safety Determination^b		
Safe without Services	58.06%*	77.8%
Safe with Services	38.71%	13.17%
Unsafe	3.23%	9.05%
Referral Promoted to Case Status		
	22.58%	18.94%

Notes: * $p < 0.01$.

^a Households could be assigned more than one allegation at time of referral.

^b Investigation Assessment tools to assess safety were available for all 31 CEDV referrals and for 243 of the 264 other referrals.

3.2. Differences between households referred for CEDV and other referred households

Significant differences were found between households that were referred to the agency for CEDV and households referred to the agency for reasons other than CEDV (Table 1). Households referred to the agency for CEDV had younger caregivers ($\mu = 30.61$ years versus $\mu = 31.75$ years, $p < 0.01$) and younger children than households referred to the agency for other reasons ($\mu = 3.16$ versus $\mu = 6.47$, $p < 0.01$). In addition, CEDV referrals were significantly more likely to be generated by law enforcement than were referrals for other households (51.61% versus 9.1%, $p < 0.01$) (Table 1).

3.3. Labeling: CEDV as a type of maltreatment

While CEDV is not defined as a discrete type of child maltreatment in California law (Henry, 2017), agency assessment tools and corresponding guidelines directed workers to construe alleged CEDV as a type of *emotional abuse* if the child had been exposed to domestic violence that was so persistent (e.g., multiple incidents) and/or severe (e.g., kicking, beating, choking, threatening with a weapon) that it was “likely to result in the child’s severe anxiety, depression, withdrawal, or aggressive behavior” (Children’s Research Center, 2010, p. 12). In addition, guidelines directed workers to construe alleged CEDV as a type of *physical abuse* if the child’s exposure to the domestic violence resulted or was likely to result in an injury to the child. Assessment guidelines did not explicitly describe CEDV as a type of neglect, however, workers were directed to label parental omissions as a type of neglect if the caregiver failed to intervene on the child’s behalf despite having knowledge that child could have been or was harmed (e.g., failure to protect a child from CEDV).

Examination of CEDV referrals indicated that, at time of referral, workers *did* construe alleged CEDV as a type of maltreatment, often as multiple types of maltreatment (i.e., CEDV was construed as a type of both physical and emotional abuse). Twenty-six percent ($n = 8$) of CEDV referrals were assigned an allegation of physical abuse at the time of referral and 29% ($n = 9$) were assigned an allegation of neglect. Ninety-four percent ($n = 29$) were assigned an allegation of emotional abuse at the time of referral and for more than half of these referrals, emotional abuse was the *most severe* form of maltreatment assigned (Table 1). Thus, in the vast majority of cases, at the time of referral, workers construed alleged CEDV as a type of emotional abuse. In addition, review of the entire sample revealed that CEDV referrals were significantly more likely to be assigned an allegation of emotional abuse, than were other referrals (93.55% versus 26.89%, $p < 0.01$), suggesting that, lacking a discrete maltreatment type category for CEDV, workers used the maltreatment type emotional abuse as a proxy for CEDV.

Review of CEDV referrals revealed an array of alleged violent acts that ranged from what Straus, Hamby, Boney-McCoy, and Sugarman, (1996) would categorize as exposure to *minor* domestic violence (e.g., pushing, grabbing, slapping) to *severe* domestic violence (e.g., kicking, beating, choking, threatening with a weapon). Examination of these referrals found that 71% ($n = 22$) described alleged CEDV that was either persistent or severe and, in part, met the criteria for emotional abuse as described in the agency’s assessment guidelines; 19% ($n = 6$) met the criteria for physical abuse; and 13% ($n = 4$) met the criteria for neglect. However, examination of these referrals also revealed that workers did not consistently follow assessment labeling guidelines. For example, workers sometimes labeled alleged CEDV as emotional abuse even if there was no evidence provided in the referral that the CEDV was persistent or severe or that it had resulted in emotional harm ($n = 7$). In other cases, workers labeled CEDV as a type of physical abuse even if there was no evidence in the referral that CEDV had resulted in physical harm or posed a threat of physical harm to the child ($n = 2$); or as a type of neglect even if there was no evidence in the referral that either parent had failed to protect their child ($n = 5$). This finding suggests that workers misunderstood and/or chose to disregard assessment guidelines and/or failed to fully document the persistence, severity, effect, or potential effects of alleged CEDV in the case record.

3.4. Judgments: Construing CEDV as child maltreatment

Examination of investigation documents indicated that 87% ($n = 27$) of households referred for CEDV included one or more children who had been directly exposed to domestic violence (e.g., were in the home when domestic violence occurred), but workers did not always construe these exposures as a *threat to child safety*. Investigation assessment tools and corresponding guidelines directed workers to construe CEDV as a threat to child safety if domestic violence existed in the home *and* posed an imminent danger of serious physical and/or emotional harm to the child (Children’s Research Center, 2010).

Assessment guidelines offered workers examples of how CEDV could be construed as a threat to child safety (e.g., the child was previously injured or at risk of injury due to domestic violence; weapons/objects were used in a threatening or intimidating manner; property was damaged during domestic violence episode; or the child cries, cowers, cringes, trembles, or exhibits fear as a result of domestic violence) (Children’s Research Center, 2010). Review of the investigation documents for households referred to the agency for CEDV revealed that 74% ($n = 23$) of households met the agency’s safety threat criteria for CEDV, but review of workers’ safety assessments for these households found that CEDV was only indicated as a threat to child safety for 36% ($n = 11$) of households, suggesting that – despite detailed guidance of what types of CEDV qualified as a threat to child safety – workers did not consistently apply, or, did not use, the same criteria when assessing whether or not CEDV constituted a threat to child safety.

Moreover, while review of investigation documents revealed that the majority of households referred for CEDV included one or more child who had been directly exposed to domestic violence, workers did not always construe these exposures as a type of maltreatment, as indicated by lack of substantiation. Only 29% ($n = 9$) of households referred to the agency for CEDV were substantiated for child maltreatment despite evidence that 87% ($n = 27$) of households had one or more children that had been directly exposed to CEDV. Even if workers did construe CEDV to be a threat to child safety, this did not always result in maltreatment

substantiation. For example, in at least two cases investigative documents noted that CEDV had occurred *and* posed a threat to child safety, but the allegation was not substantiated. No significant differences were found in substantiation rates for households referred to the agency for CEDV compared to households referred to the agency for other reasons (Table 1).

3.5. Actions: Safety planning and service referral

Ninety-six percent ($n = 30$) of households referred to the agency for CEDV were assessed to be safe with or without services, meaning that intensive child welfare services that resulted in a child's out-of-home placement were not deemed needed. Moreover, only twenty-three percent ($n = 7$) of households referred to the agency for CEDV had their investigations promoted to case status (i.e., the family received formal/court ordered child welfare services) and in only one case did promotion result in one or more children being placed outside the home. Black et al. (2008) and Laverne et al. (2011) found similar outcomes in their studies of Canadian child welfare systems (i.e., few CEDV referrals resulted in out-of-home placement).

Instead of promoting referrals to case status (i.e., bringing the case to the court), workers more often referred households to domestic violence service providers. Eighty-seven percent ($n = 27$) of households referred to the agency for CEDV received or were referred to domestic violence services. These services included consultation and service planning with the agency's domestic violence liaison ($n = 19$) and/or receipt of, or referral to, community-based domestic violence services ($n = 25$).

3.6. Understanding workers' constructions and actions

Overall these findings suggest that at time of referral, workers did construe alleged CEDV as a type of child maltreatment, but after investigation, not all CEDV was construed as threat to child safety. Even when workers did construe CEDV as a threat to child safety, allegations of CEDV were infrequently substantiated as a type of child maltreatment and infrequently promoted to case status, suggesting that workers did not always construe CEDV to be a type of child maltreatment under California law. Instead of substantiating CEDV as maltreatment or promoting the referral to case status, workers more frequently referred families to domestic violence services. Examination of workers' investigative narratives offer some insight as to why.

First, 52% ($n = 16$) of CEDV referrals were generated by law enforcement. All of the law enforcement generated referrals described police responses to an episode of CEDV. Often these reports involved allegations of severe domestic violence. For example:

Police responded to a 911 call. Upon arriving at the scene, the police encountered a mother, 22 years of age, a father, 26 years of age, and their son, 2 years of age. The mother had a 2-inch bruise and swelling under her left eye. She reported that the father had hit her. Police noted that both the mother and her son looked afraid. The father was heavily intoxicated. The mother reported that the father grabbed her by the hair and dragged her to the other side of the room. He then kicked her four or five times and struck her across the face. During the assault, the son was approximately five feet from his parents. The mother reported that the son was crying, screaming, and reaching out for her during the attack.

In this case, at time of referral, the worker construed CEDV as a type of alleged physical and emotional abuse. The worker's construction was consistent with agency assessment guidelines. The child's proximity to the violence – the child was “approximately five feet from his parents” – placed him at risk for physical abuse. In addition, while the long-term impact of the assault on the child's emotional health cannot be determined from the referral, the severity of the assault, combined with the observation that the child “looked afraid” and was “screaming and reaching out” for his mother during the assault, placed him at risk for emotional abuse.

Despite evidence, gathered at time of referral and during the course of the investigation that an incident of CEDV had occurred and had placed the child at risk of physical and emotional abuse, the worker conducting the investigation did not construe CEDV as a threat to child safety, as indicated by lack of safety threat identification on the investigation safety assessment form, nor did she/he construe CEDV as type of child maltreatment under California law, as indicated by lack of substantiation. Examination of the investigative narratives of other law enforcement generated referrals yielded similar findings – evidence from law enforcement that an incident of CEDV had occurred ($n = 16$), that it presented a threat to child safety ($n = 15$), but workers did not indicate that CEDV was a safety threat in their formal assessment tools ($n = 9$), nor did they substantiate the allegation ($n = 10$).

In the case described above, the father (i.e., the perpetrator of the domestic violence) was detained by police and ultimately incarcerated, thus the immediate danger to the child was diminished or eliminated. Examination of all other law enforcement generated referrals and investigations yielded similar findings – perpetrators of domestic violence were detained and/or protective orders were issued to keep perpetrators out of the home. Given this prior law enforcement intervention, workers may have felt that CEDV no longer posed a threat to child safety and that additional child welfare services were not required.

Second, even though not all CEDV was construed as a threat to child safety or substantiated as a type of child maltreatment, workers sometimes cautioned parents about the effects CEDV could have on their children, suggesting that workers construed CEDV as harmful to children even when they did not substantiate allegations. For example, in one case, the worker explained to the mother that the father's “behavior met the criteria for domestic violence (e.g., threatening, breaking things, barricading himself in a room in the home to get his way), even though he did not physically attack her or her children.” The worker then “discussed the emotional abuse involved in the children being exposed to this behavior” and referred her to domestic violence services, but did not substantiate the allegation.

Third, in other cases, workers noted concerns about the adverse effects of CEDV, but noted that they could not substantiate allegations because there was insufficient evidence of these effects – so the referral could not be promoted to case status and brought to court. Under California law, the evidentiary threshold for substantiation is a *preponderance of evidence*, meaning that the evidence

must suggest that it is more likely than not that child abuse or neglect occurred (Cal. Pen. Penal Code § 11165.12). While evidence of CEDV may have been sufficient in many cases, evidence of CEDV-related harm may have been insufficient to warrant substantiation of maltreatment. For example, in one inconclusive case (i.e., a case with an allegation neither substantiated nor unfounded), the worker noted it was “impossible” to assess a non-verbal infant for emotional harm or abuse:

Given that the child is a newborn, it is impossible to detect whether the child has suffered severe psychological trauma; however, one can easily assume that if a newborn is ongoingly [sic] exposed to yelling and screaming at close range, this newborn will bear the emotional scars of this abusive environment.

Fourth, substantiated cases qualitatively differed from unsubstantiated case in one of two ways: 1) there was evidence that one or more children were physically injured during a domestic violence episode (i.e., there was evidence of CEDV-related harm or abuse) ($n = 1$); or 2) there was evidence of recurring CEDV, but both victim and perpetrator denied or minimized domestic violence and its effects on their children and refused to engage in domestic violence services and/or comply with child welfare safety plans (i.e., there was evidence of CEDV-related risk or neglect) ($n = 8$). For example, in one case, the allegation that a father had physical abused his child was substantiated after the worker found evidence that the father had struck his infant with a shoe during an episode of domestic violence. In another case, allegations that a mother and father had emotionally abused their children were substantiated after the worker determined that the parents had continued to engage in domestic violence, had failed to comply with prior child welfare safety plans, and that the children were adversely affected.

In the second case, the parents had a long history of domestic violence. In the 12 months preceding the investigation, law enforcement had received over eight reports of domestic violence for the household. The criminal court had ordered past emergency protective orders, but neither parent had secured a permanent restraining order against the other. The agency had provided the family with voluntary services in the past. The couple's children reported that “they used to be fearful and frightened” about their parents' fighting, but now they “felt numb.” The older children reported that their younger sister had “nightmares” and would cry when their parents fought. The mother reported that their eldest child had begun “emulating” his father's “aggressive behaviors” at school.

Finally, whether allegations of CEDV were construed as threats to child safety, or substantiated or unsubstantiated, workers determined that, in all but one case, children could be maintained safely in their homes with or without services. Only one referral resulted in a child being removed from their home. Instead, review of investigative narratives found that, in over 80% ($n = 25$) of cases, investigated households were referred to agency and community-based domestic violence service providers and that most children could be maintained safely in their homes with or without ongoing child welfare services (Table 1).

4. Conclusion and implications

The failure of past studies to distinguish between the *co-occurrence* of CEDV and child maltreatment and the classification of CEDV as a *type* of child maltreatment has made it difficult to ascertain how child welfare agencies respond to allegations of CEDV in the absence of other safety threats. Findings from this study shed light on this neglected area by revealing how workers in one child welfare agency labeled, judged, and acted upon referrals that alleged CEDV. While these findings cannot be generalized to other child welfare systems and may not reflect the *most* current child welfare practices, they do raise new policy and practice questions about how child welfare and other service systems can best document and respond to CEDV.

Review of case records found that CEDV was a frequent occurrence among households referred to and investigated by this agency. Though this study does not tell us how many CEDV referrals were evaluated-out (i.e., not investigated) during the study period, it shows that CEDV itself prompted initial child welfare investigations – and that, at time of referral, workers used statutory maltreatment typologies to construe alleged CEDV as a type of maltreatment, most frequently emotional abuse. Few of these allegations, however, were substantiated after investigation. This suggests that, at time of disposition, workers did not always construe CEDV itself as a type of maltreatment warranting substantiation or ongoing state intervention and that workers' constructions of maltreatment often changed over the course of investigation.

This study also found that workers did not consistently follow assessment guidelines when labeling alleged CEDV as a type of maltreatment in assessment tools. This suggests that workers classify similar types of CEDV in different ways in administrative data systems and that more training is needed to foster consistent documentation practices. Moreover, despite substantial evidence that children had been exposed to domestic violence as indicated by workers' documentation, and evidence that much of this violence met the agency's safety threat criteria, workers did not consistently document CEDV as a threat to child safety in their assessment tools. These findings indicate that safety assessment data alone should not be used to estimate the prevalence of known CEDV among referred and investigated households. Even when workers did judge CEDV to be a threat to child safety, they did not always equate this threat with child maltreatment, as indicated by a lack of substantiation. These findings are consistent with past research that indicates assessment, decision-making, and documentation can vary between workers (Font & Maguire-Jack, 2015; Lee, Soback, Djelaj, & Agius, 2013; Victor et al., 2018). Assessment and documentation discrepancies suggest that more research is needed to better understand how agency and worker-level factors, including experience and training, affect maltreatment construction and documentation practices. In addition, findings suggest that training is needed to help workers better assess CEDV-related safety threats.

Despite low rates of substantiation, workers did consistently document concerns about the adverse effects of CEDV on children and the threat to child safety that CEDV posed. While few CEDV referrals were promoted to case status, most households that were referred to the agency for CEDV were then linked with domestic violence services, suggesting that referral to child welfare services

provided households a pathway to community-based domestic violence services. Prior research had found that workers are less likely to substantiate allegations when agencies can provide services to unsubstantiated cases and collaboration with community agencies is high (Font & Maguire-Jack, 2015). Similar substantiation dynamics may have been at play here given the high rate of referral to community-based domestic violence services. It is unclear, however, if these domestic violence services were child-centric or if they addressed the underlying risk and safety concerns that brought these households to the attention of the agency – typically CEDV-related emotional risk or harm. More research is needed to better understand how domestic violence services address CEDV-related harm and work to protect children from future maltreatment.

In their classic work *Defining Child Abuse*, Giovannoni and Becerra (1979) describe the different definitional approaches taken by unique professional groups (e.g., lawyers, social workers, pediatricians) when defining child abuse. They note that “an important distinction must be made between the definitional purposes of the various definers” (Giovannoni & Becerra, 1979, p.91). While lawyers and judges are primarily concerned with court standards and legal definitions, other professionals, such as child welfare workers “do not limit their sphere of concern to the courts. Their concern rather is in describing the parameters of those situations where these particular kinds of help are appropriate” (Giovannoni & Becerra, 1979, p.91).

Workers’ differential constructions of CEDV from referral to disposition may reflect the dual role of agency workers and the dynamics of street-level bureaucracy (Lipsky, 2010). In their professional capacities, child welfare workers are both helpers *and* investigators (sometimes described as *soft police*); they work to support families, while simultaneously gathering evidence to establish the need for state intervention by the courts. It may be that, in their helping role, workers label alleged CEDV as a type of child maltreatment. Through this labeling, workers assist families in need – connect them to resources, educate them about the adverse effects domestic violence can have on children, and help families to create safety plans. Findings from this study suggest that such actions were often taken by workers regardless of disposition. In addition, by labeling CEDV as a type of maltreatment at the time of referral, workers signal to future workers that children have been exposed to something harmful, and that this should be considered if the household comes to the attention of the agency again.

In their investigative role, however, workers may be less likely to construe or substantiate CEDV as a type of maltreatment because they believe that 1) CEDV itself does not meet the statutory criteria for substantiation, 2) that providing sufficient evidence of CEDV-related harm to the court is not possible, or 3) the risk of harm that initially brought the household to the attention of the agency was mitigated before or over the course of the investigation and that ongoing child welfare services are not necessary.

Cases in which workers determined there was insufficient evidence of the adverse effects of CEDV point to known difficulties that child welfare agencies face in proving allegations of emotional abuse in court. Evidence of emotional abuse typically requires a demonstration of harm, not simply a demonstration of risk (Henry, 2017; Judicial Council of California/Administrative Office of the Courts, 2012; Whitcomb, 2000). This also suggests that more training is needed to help workers assess and document the adverse effects of CEDV on infants and other children.

In other cases, prior to investigation, reporting professionals – particularly law-enforcement – removed perpetrators of domestic violence from the home, initiated or secured protective orders, and/or linked households with community-based domestic violence services (nearly three-quarters of CEDV referrals were generated by professionals and more than half were generated by law-enforcement). This raises questions about what types of interventions are needed to protect children from the domestic violence they are exposed to; which agencies are best poised to deliver those interventions; and whether child welfare workers are adequately informed and equipped to make such referrals. Future advancements to child welfare policy and practice must prioritize how different state and community-based systems can best work together to address CEDV and to ensure that all family members – including those who are victims of domestic violence and those who perpetrate it – receive the support needed to care for one another and to live free from violence and its adverse effects.

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