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FINAL REPORT :
**Co-Occurring Intimate Partner Violence and Child
Maltreatment: Local Policies/Practices and Relationships to
Child Placement, Family Services and Residence**

GRANT NUMBER:
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Family Violence Services Study:

Abstract

Family violence, and particularly co-occurring domestic violence and child maltreatment, are common and complex, often frustrating both child welfare agencies and domestic violence service organizations in their efforts to care for children and adult victims, respectively. The Family Violence Services Study (FVSS) is a project to collect detailed, contextual data at the state and local levels on the organization and relationship of child welfare services for children, and domestic violence services for women when these problems co-occur. Although previous research has found a high rate of co-occurring domestic violence and child maltreatment in the child welfare system, little systematic research on a national scale is available about state and local policies and practices related to these families. This current project is a supplemental study of the National Survey of Child and Adolescent Well-Being (NSCAW), a national probability study of more than 5,000 children and adolescents ages 0-14 investigated as victims of child abuse and neglect. The NSCAW study contains detailed information on child development, functioning and symptoms, services, environment and placement over a 36-month period along with domestic violence and maternal characteristics and services. The FVSS uses the same sample as NSCAW to survey child welfare services (CWS) and domestic violence service (DVS) agencies, and will study service system responses through both the survey data and the new contextual information. The FVSS investigative team documented strikingly high rates of co-occurring family violence in their national sample of families referred for suspected abuse or neglect, frequent persistence of some types of domestic violence and child maltreatment, wide variation in service delivery to families with co-occurrence, wide variation in practices and policies at the county level of managing families with co-occurrence, and several important opportunities to improve care for affected families. For example, we conclude that increasing

awareness of the 'Greenbook' recommendations is strongly associated with more coordinated policies and practices.

Family Violence Services Study: **Final Report**

Children exposed to domestic violence also are frequently the victims of co-occurring maltreatment. In particular, domestic violence is a significant risk factor for child verbal abuse, physical punishment, and physical abuse (Kerker, Horwitz, Leventhal, Plichta, & Leaf, 2000; Ross, 1996; Straus & Smith, 1995; Tajima, 2000). Although high rates of co-occurring domestic violence and child maltreatment have been noted in the general population (Straus, Gelles, & Steinmetz, 1980; Straus & Smith, 1995), this co-occurrence has most commonly been investigated in clinical samples of abused women and of physically abused children, with the majority of studies indicating rates of co-occurrence ranging from 30% to 60% (Appel & Holden, 1998; Edleson, 1999). Many children from homes in which children are exposed to domestic violence come in contact with the child welfare system because of maltreatment such as physical or sexual abuse. Estimates from local research using single site designs suggest that domestic violence is a significant problem for 30% to 40% of families in the child welfare system (Edleson, 1999; Jones, Gross, & Becker, in preparation). Although domestic violence and child maltreatment commonly occur together, policy makers and planners of services lack a nationally representative study that examines the prevalence of this co-occurrence.

Equally as important is the need for information on state and local policies and practices around services for families with co-occurring domestic violence and child maltreatment. The National Council of Juvenile and Family Court Judges (NCJFCJ) recognized the practical and inherent conflict likely to arise when two systems -- one dedicated to the protection of women exposed to violence, and the other to the protection of children experiencing neglect or abuse -- experience the extensive overlap in family caseloads likely to occur with issues so commonly present together. The NCJFCJ called for changes in research and policy.

In 1996, Congress passed the *Personal Responsibility and Work Opportunity*

Reconciliation Act of 1996 (PL 104-193) authorizing, among many other things, the National Survey of Child and Adolescent Well-being (NSCAW). NSCAW is a longitudinal cohort study of more than 5,000 U.S. children and adolescents ages 0-14 investigated as victims of child abuse or neglect and their families in 92 representative primary sampling units (mostly counties). The NSCAW study contained detailed information on child development, functioning and symptoms, services, environment and placement over a 36-month period along with information on domestic violence and maternal characteristics and services. By far the largest and most comprehensive study of youth in child welfare ever undertaken, data from this research has provided important information, from a national perspective, on which researchers, administrators, advocates, and others can base, their work.

Although NSCAW collected reports of familial violence and outcomes data from several sources, such as parents, teachers, child welfare workers, and youth themselves, little information was collected on how domestic violence services related to child welfare. This information would be useful in any attempt to improve policies and practices through analyses of regional variations, or specific coordination mechanisms. In response, the National Institute of Justice (NIJ) funded the Family Violence Services Study (FVSS) to examine the policies and procedures surrounding co-occurring domestic violence and child maltreatment as a supplemental study to NSCAW. This FVSS study uses the same sample as its parent study, NSCAW, to collect detailed, contextual data at the state and local levels on the organization of child welfare services for children and domestic violence services for women. The FVSS study then will link this new, contextual information to the individual level survey data collected in NSCAW.

We next present: (1) the background and the rationale for the FVSS study, and (2) an overview of the methodology of and relationship between the FVSS and its parent study (NSCAW). Our results to date are summarized in the numerous abstracts appended to this report, but we also provide (3) some overall results along with (4) the implications of our findings so far. Finally, we discuss the pending grant application to extend our study for the final waves of the

NSCAW study and its linkage with our contextual data.

Background and Rationale

The rate of co-occurrence of domestic violence and child maltreatment appears to be very high. The limited geographic variation and information about racial and ethnic minorities make it difficult to generalize these findings to a larger population. This, in part, was an impetus for the development of the FVSS. In this section, we review the evidence on the co-occurrence of domestic violence and child maltreatment, its impact on the health of women and their children and of child placement, and the policies and practices that states, counties and localities are implementing to prevent co-occurrence and its consequences. The limitations on the existing body of knowledge also are noted.

Co-Occurrence of Domestic Violence and Child Maltreatment

The co-occurrence of domestic violence and child maltreatment is well documented (American Medical Association, 1995; American Psychological Association, 1996; Cooney & Braun, 1997; Fantuzzo et al., 1997; Fantuzzo et al., 1991; Humphreys, 1996; Peterson et al., 1997; Ventura et al., 1993; Wilson et al., 1996; Wolfe & Korsch, 1994), with previous research indicating that the frequency and severity of domestic violence directed towards mothers is positively correlated with both mothers' and fathers' physical aggression towards children (Davis & Carlson, 1987; Magdol et al., 1997; Ross, 1996; Straus, 1980). A recent review of the extant literature reported that a median of 40% of families who experience domestic violence also experience child maltreatment (Appel & Holden, 1998). Although the majority of prior studies have focused on the occurrence of child physical abuse, there is evidence that many of the children living in these homes are subjected to severe psychological abuse (McGuigan & Pratt, 2001). Given the high rates of co-occurrence of domestic violence and child maltreatment, it is not surprising that between 30% and 40% of child welfare system caseloads involve families who

have experienced domestic violence (Edleson, 1999). It is important to note that although rates of co-occurrence appear to be very high, prior studies are limited by their local or regional nature, their use of mostly cross sectional data, and limited information on prevalence among racial and ethnic minorities.

Impact of Co-Occurrence

Domestic violence is recognized as a significant risk factor for the health of women and their children. Not only are women's emotional and physical health at risk, (Campbell, 2002; Coker et al., 2000; Golding, 1999; Plichta, 1997; Rennison & Welchans, 2000; Tjaden & Thoennes, 1998; Wisner, Gilmer, Salzman & Zink, 1999), but there is evidence that those children who are exposed to domestic violence and also experience maltreatment are most at risk for poor development (Hughes, 1988; Hughes, Parkinson, & Vargo, 1989). There also is a growing concern that children's exposure to domestic violence constitutes a type of psychological or emotional abuse in and of itself (Echlin & Marshall, 1995). Edleson's (2001) review of this topic presented the extremely variable impact that exposure to domestic violence may have on a child's behavioral, emotional and cognitive functioning based on factors such as the family's level of violence, the level of the child's exposure to violence and exposure to other stressors. The debate as to whether exposure to domestic violence alone constitutes a form of child maltreatment under the law is equally as complicated (Edleson, 2001). (For the purposes of this paper, "co-occurrence" will signify the occurrence of both domestic violence and a form of child maltreatment other than or in addition to exposure to domestic violence. We take this position since almost all of the children in this study have experienced forms of maltreatment other than, or in addition to, exposure to domestic violence.)

There is currently a paucity of information on the extent to which the presence of co-occurring domestic violence and child maltreatment affects child placement, receipt of family preservation services for families involved with the child welfare system, or residential stability. The few studies published do not provide clear evidence about these relationships. In a

comparison of cases referred to the child welfare system with co-occurring domestic violence and child maltreatment only, Beeman et al., (2001) found no significant differences in the extent to which families in the two groups had a case opened following referral, nor was there a significant difference in the rate of out-of-home placements (21% of domestic violence and child maltreatment vs. 18% of child maltreatment only cases). Another study found that children from families without evidence of domestic violence were as likely to be removed from the home while involved with the child welfare system as children from families in which domestic violence was identified (Jones, Gross & Becker, in preparation). In addition, this same study found that cases with domestic violence were more likely to have a new referral during the 6 months following case closure than the non-cases. (However, re-entry to the system was comparable for the two groups with approximately 80% of families re-entering the system.) These studies represent the extent of our empirical knowledge on child welfare intervention with cases involving domestic violence, clearly underscoring the need for additional research. Further, it should be noted that both studies collected data from single counties, used single data sources, and involved relatively small sample sizes, which limits the generalizability of the findings.

Complications from Existing Policies and Procedures

Because co-occurring domestic violence and child maltreatment are so prevalent, many communities have implemented policies and practices to protect women and children from domestic violence, and provide services, especially as it relates to interactions with the child welfare system (Weithorn, 2001). Many of these initiatives have arisen out of local advocacy through domestic violence centers and services while others come from national movements promulgated by the National Council of Juvenile and Family Court Judges such as its Model Code (NCJFCJ, 1993) or its more recent policy and practice recommendations, sometimes referred to as the “Greenbook” (NCJFCJ, 1999). The National Association of Public Child Welfare Administrators also has added its endorsement of coordinated policies for women and

children from violent families in its new “Guidelines” (National Association of Public Child Welfare Administrators, 2000).

Unfortunately, research has not kept pace with policy. While the National Institute of Justice (NIJ) has played a leadership role through its funding over the past three years, the evaluation of existing policies and practices is limited. Current projects include an examination of child custody issues in the presence of domestic violence exposure but not necessarily child maltreatment. Another employs case study methods primarily to examine policy in co-occurring domestic violence and child maltreatment. One study adds a telephone survey of prosecutors in selected counties; however, we are aware of no national studies that report how law enforcement agencies, child welfare systems and services for domestic violence have implemented policies and practices nationally nor their effects on child placement, use of family preservation services by child welfare agencies or residential stability of the maternal-child dyad. A project that comes closest to our study is evaluating collaborative efforts to address domestic violence and child maltreatment by detailing the local practices and policies for co-occurring domestic violence and child maltreatment in five sites. (Greenbook Project)

In conclusion, domestic violence and child maltreatment frequently co-occur, although prior studies provide limited information on geographic or racial/ethnic variation. Such co-occurrence is associated with negative consequences for women, children and families. In response, state, counties and municipalities have instituted policies and practices to prevent and enhance domestic violence and child welfare services, but little systematic information is available about such policies and practices nationally. The Family Violence Services Study (FVSS) addresses this issue by utilizing a nationally representative sample of domestic violence and child welfare service agencies to provide a rich description of the variation in state, county and local policies and practices related to the issue of co-occurring child maltreatment and domestic violence. Links to FVSS’ parent study, NSCAW, will enable an examination of child, maternal and system outcomes for cases in the child welfare system with co-occurring domestic

violence, and an assessment of the impact of policies and practices on placement of children in out-of-home care, use of family preservation services, and residential stability of women and children in the child welfare system. Given the lack of nationally representative research and the limitations associated with the existing studies, this study has the potential to make a substantial contribution to the knowledge base on co-occurring domestic violence and child maltreatment, and ultimately to improving outcomes for children and families.

Methods

The Family Violence Policies Study (FVSS) collected state and local contextual data via telephone interviews with child welfare services (CWS) and domestic violence services (DVS) agencies to provide information on policies and practices for domestic violence and child maltreatment relevant to (1) child placement in out-of-home care, and (2) the use of family preservation services and residential stability among these families in the child welfare system. This contextual data then was linked to the National Survey of Child and Adolescent Well-Being (NSCAW), the parent study and longitudinal survey of youth, parents and other caregivers, child welfare workers, and teachers, which provided indicators needed for child characteristics, caregiver characteristics, child placement career, and mental health services. The FVSS is methodologically tied to the NSCAW study. Therefore, in the remainder of this section, a brief methodological overview of the NSCAW sampling and data collection efforts will be presented, followed by a more detailed methodology for the addition of the new supplemental domestic violence/child maltreatment policy data. Appendix 1 provides a visual representation of the relationship between this current study and its parent study, NSCAW.

National Study for Child and Adolescent Well-Being (NSCAW)

Sampling

The target population for NSCAW was defined as all the children aged birth to 14 years who were involved in a child abuse or neglect case that was closed between October 1999 and

December 2000 by Child Welfare Services (CWS) agencies, including children who went on to receive services as well as cases that did not subsequently receive services. This core CWS sample was supplemented by an additional sample component of children that were in foster care for about one year at the time of sampling (NSCAW Research Group, 2002).

A stratified two-stage sampling procedure was used, with the first stage involving the selection of 92 primary sampling units (PSUs, i.e., county child welfare agencies) and the second stage involving the selection of children from lists of closed investigations from the sampled agencies. The 92 PSUs were sampled proportionate to size within 36 states across the United States. In almost all cases, the PSU and the county were identical. Exceptions included three very large counties that provided multiple PSUs per county and a number of very small counties that were aggregated into a small set of PSUs. In the second stage, children were sampled on a monthly basis from lists of cases for which an investigation was completed in the preceding month. The sample was divided into nine strata with eight of the strata representing individual states and the ninth stratum representing a total of 28 smaller states. In all, 5,501 children and their families were enrolled in this study.

Longitudinal data collection

Data was collected from the children selected for the NSCAW study, their current caregivers, teachers (for children in grades K-12), and the child welfare representatives and agencies associated with each case. Caregivers were interviewed about demographic characteristics, child and caregiver mental health, service use, and family environment. The child interviews varied depending on age, and focused on areas such as physical health, mental health, assessments of cognitive development and academic achievement and for older children (11-14 year olds) issues about the events that led to their involvement with the child welfare system. An annual teachers' survey was conducted for children in grades K-12 regarding academic performance, cognitive abilities, social skills and relationships with other children. Child welfare

service (CWS) representatives were interviewed about the case investigations that brought the participating families into the NSCAW study and about families' prior contact with CWS.

Interviews with caregivers and their children were conducted in English or Spanish, depending on the respondent's primary language, with the majority (96%) conducted in English. Prior to data collection, detailed information about the study was presented and written informed consent was obtained from participants. Caregivers received an honorarium for their participation. Interviews were conducted in the caregivers' homes using audio-computer assisted interviewing which allowed the respondent to answer questions confidentially by typing responses into a computer following audio prompts heard on earphones. Children aged 11-14 years old also answered questions about topics such as sexual activity and maltreatment in this manner. Teachers' surveys were obtained via a mailed self-administered instrument. Child welfare representative interviews were conducted at agency offices to safeguard confidential case record and interview data. (For a more detailed sampling plan, survey methodology, sources of data, interviewer training, and measures for the NSCAW study, see NSCAW Research Group, 2002.)

Family Violence Services Study (FVSS)

Sampling and Data Collection

The Family Violence Services Study (FVSS) used the same sampling procedure as its parent study, NSCAW. The randomly selected Child Welfare Service (CWS) agencies in NSCAW's 92 primary sampling units (PSUs) were the same agencies contacted to participate in FVSS. A CWS key informant name in each PSU had been obtained from a prior study associated with NSCAW, Caring for Children in Child Welfare (CCCW), a National Institute of Mental Health (NIMH) sponsored study which examined the variation in organization and financing of mental health care on the use of mental health and other services for children and adolescents involved with the child welfare system.

On the front end, CWS agencies were sent an overview letter about the study, as well as a letter of support from the Minnesota Center Against Violence and Abuse (MINICAVA), an institution with a strong reputation for supporting research, education and access to information about domestic violence and violence prevention. This helped to justify use of agency personnel time. These CWS agencies already had been generous with their time, previously agreeing to participate in the parent study (NSCAW) as well as other associated projects such as the Caring for Children in Child Welfare (CCCW) study, so it was important to make a strong case for additional requests. A snowball interviewing technique was used in which initial contacts were interviewed and, if appropriate, were asked to nominate and facilitate introductions to other contacts to locate the best informant for each interview domain.

Each CWS informant then was asked to provide contact information for the local provider(s) of domestic violence services (DVS), including a contact name, if possible. Information about the local DVS organizations also was obtained from the National Directory of Domestic Violence Programs, which lists shelters, safe home and service programs for victims of domestic violence with information about each program. Where these two sources differ, the recommendation of the child welfare system contact was used. Most counties had a primary DVS agency, although larger metropolitan areas had more; two DVS agencies were interviewed in approximately 45% of the 92 PSUs. Data from these respondents will be used to assess interagency agreement on local policies and practices.

Identified DV representative agencies then received the same introductory letters about the study sent to the CWS agencies. For the DVS agencies, with which there were no previous interactions, this introductory letter helped to establish legitimacy, address concerns about confidentiality, and convey the purpose and importance of the project. A snowball interviewing technique was again used to identify informants in each agency who would be best able to answer questions regarding related services.

The key informants from both the CWS and DVS agencies received additional information on the study, an interview summary, and a copy of the informed consent agreement. Research assistants then contacted the informant(s) by telephone to confirm receipt of the informed consent and willingness to participate, to ensure that the subject was the best available informant, and to schedule the interview. A reminder telephone call was made one day before the interview. In preparation for the interviews, research assistants completed an overview of the basic structure of the service sector systems in each PSU from publicly available sources. This allowed for some knowledge of the PSU's organization prior to the interview.

Interview data then was collected from CWS and DVS agency informants in the targeted PSUs by telephone. Interviews were conducted by research assistants who reviewed the subject's receipt of the informed consent agreement and obtained verbal consent prior to the start of the interview. No child or case specific data was obtained during the interviews – only information about the policies and practices of the agencies. Instruments for the CWS and DVS agency respondents were developed with the consultation of the study team and expert panel. Each interview took approximately one hour to complete. For some contacts, several informants were needed to complete each interview. Subjects were encouraged to identify alternative informants for specific questions or sections for which s/he was not the best informant. These additional informants were contacted and consented using the procedure described above. Following each interview, the project coordinator reviewed the module with the interviewer to ensure clarity and appropriate coding. Any questions were addressed with a follow-up phone call to the informant.

In all, approximately 85 percent of CWS and DVS agency personnel contacted completed the telephone surveys about the policies and practices surrounding co-occurrence of domestic violence and child maltreatment. This process, totaling 860 interviews with 406 interviewees, began in January 2003 and was completed in February 2004. The recruitment team overcame several obstacles to achieve this high participation rate. CWS and DVS agency personnel

workloads already were substantial. Agencies unable to participate most commonly cited lack of time and/or personnel as the reason. Among those agencies able to participate, the sometimes-unpredictable nature of their work made scheduling interviews difficult, necessitating frequent last minute rescheduling of the telephone interviews. The need for multiple informants to complete the different survey modules also increased the number of contacts required. On average, a little over nine contacts (telephone calls, faxes, or emails) were needed to complete an interview, with a standard deviation of 4.8. The number of contacts per interview ranged from as little as two to as high as 40. Some smaller agencies with limited budgets were unable to return calls because of the long distance telephone charges and required more frequent contacts by study staff.

Interviewer training

Research assistants received eight hours of classroom training, including the background of the project and its aims, an overview of the service sector systems involved, and a detailed review of the instruments. Informed consent and interview procedures were also discussed. In addition, a written training manual and background reading material were provided. Interview training involved three components: (1) role playing with an experienced interviewer, (2) shadowing an experienced interviewer completing an interview using a speakerphone, and (3) completing an interview using a speakerphone while being shadowed by an experienced interviewer. Each interviewer was required to complete all three training components on each of the instruments before being approved for interviewing. A tracking sheet was used to assess each trainee's completion status. Periodic observation and review of the interviews by the project coordinator was used to assess on-going reliability.

Measures

The measures for FVSS were an amalgamation of (1) child, caregiver and family measures collected in NSCAW and (2) contextual data on policy/practices for collected through surveys of states, counties and localities developed for this particular study. Appendix 2 contains

a listing of measures employed and identifies whether the data was collected from NSCAW or from the contextual data collection developed for this supplemental study. A few key measures warrant additional emphasis:

Domestic violence. Domestic violence is a complex construct and includes many different definitions in the literature. The variety of definitions is discussed more fully in recommendations recently developed by the Centers for Disease Control and Prevention (Saltzman et al., 1999). For this project, we defined domestic violence as physical assault against women by current and former intimate partners (including spouses and co-habiting partners). We employed the physical violence subscale of the Conflict Tactics Scales (CTS1) (Straus, 1979). The CTS1 has been used in several national studies of domestic violence and is the most frequently employed and most thoroughly validated measure of domestic violence. The reliability and validity of the CTS1 are well documented (Straus, 1990). Because we only measured this single aspect of domestic violence, we considered our estimates to be an extremely conservative assessment of the extent to which women with children in the child welfare system experience violence and maltreatment.

Contextual data on policy/practices for domestic violence and child maltreatment.

To analyze the variation in practices and policies for domestic violence with relevance to children investigated for abuse and neglect, we convened a group of national experts and reviewed known demonstration projects such as the Greenbook, the Model Code, and other relevant literature. From our review of this literature, we first identified a total of 37 policy and practice recommendations with possible relevance to the study. These 37 recommendations were further reviewed and decisions were made to include or exclude each recommendation based upon the recommendations' specificity relating to CPS and/or DVS agencies, and our perceived ability to operationalize and formally assess the recommendation at the local level.

A total of nineteen recommendations were retained for use in development of the final survey instruments and these recommendations constitute the intended measures within each domain of inquiry. (Please see Appendix 3 for a list of these domains.) The recommendations

were categorized into four groups, which served as our domains of inquiry related to local activities. The groupings included: 1) Local Policies and Practices for Co-Occurrence; 2) Assessment and Screening for Domestic Violence in Child Welfare Cases (or Child Maltreatment in Domestic Violence Cases); 3) Training and Cross Training and; 4) Local Coordination. The “Policies and Practices” domain included specific state-level statutes, as well as local policies and procedures regarding activities such as confidentiality requirements, information sharing agreements, caretaker background checks, and child custody preferences in cases of co-occurring child abuse and domestic violence. The “Assessment and Screening” domain examined the extensiveness and intensiveness of local CWS agency activities designed to uncover domestic violence in cases involving child welfare, or DVS agency assessment and screening activities exploring child maltreatment in domestic violence cases. The “Training and Cross Training” domain included items about the extent and depth of local training activities for CWS and DVS agencies on the issues relevant to co-occurring domestic violence and child maltreatment. The “Coordination” domain examined the degree of collaborative leadership and coordinated activities specific to the problem of co-occurring child abuse and domestic violence.

Using NSCAW interviewers, overlapping data was collected from the local child welfare agency, the domestic violence service agency, and other agencies, as needed to cross-check the information provided by individual sources. We also gathered and reviewed any existing memorandums of understanding (MOUs), policy manuals, written procedures, and other local documentation, and searched existing state statutes from the sampled PSUs starting with a Lexis-Nexus search. In addition to the assessment of formal recommendations gleaned from the literature, we also assessed several other topics of interest to the field. Included among these were how local agencies deal with the issue of child exposure to domestic violence, the knowledge and awareness local agencies possess regarding “Greenbook” recommendations, and the structure of any existing local coordinating council.

The four domains of inquiry, with their relevant intended measures, were then further developed into distinct interview Modules. The Modules were administered separately to CWS and DVS agencies, using the data collection methods previously described. For each of the intended measures (derived from the 19 recommendations), a question or series of questions and possible response categories were developed. The specific questions were reviewed by a group of national experts and the interview modules were tested in 7 counties. Adjustments to the final questions were made based upon feedback and group consensus.

Analyses

Analyses focused in two main areas: (1) contextual level analyses of the FVSS data from the DVS and CWS agencies about the variation in state, county, and local policies and practices related to the issue of co-occurring child maltreatment and domestic violence, and (2) analyses that examined NSCAW cross sectional and longitudinal data around the presence of co-occurrence, the persistence of domestic violence in a child welfare sample and service use among these families. The latter type of analysis will produce weighted data based on the multi-stage random sample designs used in the NSCAW study.

The high rate of co-occurring domestic violence and child maltreatment in the child welfare system is a national problem that crosses geographic, ethnic and racial boundaries. It is possible that initial estimates, which appear to be very high, still may underestimate the prevalence of this serious issue.

In addition to questions about the rate of co-occurring domestic violence and child maltreatment, it is still unclear how current domestic violence services relate to child welfare. There is little systematic research on a national level about the types of assessment tools used to identify families with co-occurring domestic violence and child maltreatment, or the training child welfare service and domestic violence service representatives receive on this issue. In summary, the dearth of knowledge about the coordination, utilization and regional variation of

services for these families in need contributes to the challenge of identifying best practices and offering any improvements to existing policies and procedures.

Results

The results of the FVSS analyses to date are presented in a number of manuscripts that are mostly published or under review. A few are in preparation. All are listed below.

Published

1. Leslie LK, Hurlburt MS, Landsverk J, Rolls JA, Wood PA, **Kelleher KJ**. Comprehensive assessments for children entering foster care: A national perspective. Pediatrics. July 2003, Vol. 112, No. 1
2. Leslie LK, **Kelleher KJ**, Burns BJ, Landsverk J, Rolls JR. Foster Care and Medicaid Managed Care. (2003) Child Welfare, 82(3), 367-392.
3. Bertolet M, Seltman, H, Greenhouse J, **Kelleher K** (2003). National Survey of Adolescent Well-Being (NSCAW): A Comparison of Model and Design Based Analyses of Cognitive Stimulation Scores. Department of Statistics Technical Report #773, Carnegie Mellon University. (<http://www.stat.cmu/tr/tr773/tr773.pdf>).
4. Hazen A, Connelly C, **Kelleher KJ**, Landsverk J, Barth R. “Intimate Partner Violence Among Female Care Givers of Children reported for Child Maltreatment”. Child Abuse and Neglect, Vol. 28, Issue 3, Mar 2004, Pages 301-309.
5. **Kelleher KJ**, Barth RP, Edleson JL. The Changing Lens of Research on Family Violence and Child Welfare – Editorial Pages 1163-1166
6. Kohl PL, Edleson JF, English DJ, Barth RP. Domestic Violence and Pathways Into Child Welfare Services: Findings From the National Survey of Child and Adolescent Well-Being - Article Pages 1167-1182
7. English DJ, Edleson JL, Herrick ME. Domestic Violence in One State’s Child Protective Caseload: A Study of differential case Dispositions and Outcomes – Article - Pages 1183-1201
8. Kohl PL, Barth RP, Hazen AL, Landsverk JA. Child Welfare as a Gateway to Domestic Violence Services – Article – Pages 1203-1221
9. Casanueva C, Foshee VA, Barth RP. Intimate Partner Violence as a Risk Factor for Children’s Use of the Emergency Room and Injuries – Article – Pages 1223-1242
10. Smith KC, **Kelleher KJ**, Barth RP, Coben JH, Hazen AL, Connelly CD, Rolls JA. Overview of the Children and Domestic Violence Services Study – Article – Pages 1243-1258

In Press

11. Connelly C, Hazen A, Coben JH, **Kelleher KJ**, Barth RP, Landsverk JA. Persistence of IPV Among Child Welfare Families. Accepted for publication—In press. JIV, 21N8, Aug 2006.

Submitted for Publication

12. Landsverk, J, **Kelleher, K**, Burns, B, Leslie, L, Hurlburt, M, Slymen, D, Rolls, J, Barth, R, Fairbank, J, Kolko, D. Overview, Design, and Field Experience of Caring for Children in Child Welfare: A National Study of the Impact of Organization and Financing Policy on Mental Health Service Provision. Submitted 2004 to Journal of Social Service Research.
13. Wegener MA, Coben JH, **Kelleher KJ**, Goldcamp JC, Hazen AL, Connelly CD. Training, Co-Training of Domestic Violence and Child Welfare Agencies – Submitted 2005
14. Gardner W, **Kelleher K**, Hazen A, Barth R, Aarons G, Connelly C. Item Response Theory Scoring of the Conflict Tactics Scale. Submitted for review to Psychological Assessment January 2005.
15. Julian T, Gupta RA, Smith K, **Kelleher KJ**. Child Welfare Agency Policies and Practices in Families Affected By Co-Occurring Domestic Violence and Child Maltreatment: A National Survey – Submitted 2005

While the specifics of each manuscript are worthy of attention for scholars of the field, some global comments are indicated for each of the four main topics advanced by the FVSS. These include the epidemiology of co-occurring domestic violence and child maltreatment in this large national sample, the role of specific service systems as portals into care for families affected by co-occurring domestic violence and child maltreatment, the variations in state and local policies and practices in caring for such families, and the enhancements in the methods of conducting such research.

Epidemiology of Co-Occurring

Domestic Violence and Child Maltreatment

Previous studies of co-occurrence have either focused on single sites, limited geographic regions or narrow populations. This has restricted our ability to assess the role of sociodemographics and local factors on these important social phenomena. FVSS investigators provide some of the largest and most representative samples to document striking numbers of women victimized by domestic violence among families in the child welfare system. Worst of all, this victimization persists for a large number of these women, although for others, it becomes much less severe or common. Clearly identifying which women are likely to remain afflicted is not easily done. This remains an important task, though, because it appears that parenting practices are affected by the presence of domestic violence, especially if it is ongoing.

These numbers are noteworthy because they are conservative estimates of the prevalence of domestic violence in this sample. First, only physical violence was assessed using the Conflict Tactics Scale. The addition of sexual violence and emotional abuse would have increased the number of women affected. Secondly, they are based largely on self-report, which is likely affected by a strong social desirability bias in these samples. Remember, because these families were already involved with the child welfare system, revelations of domestic violence may have had a negative impact on their child's placement and custody decisions or may have been perceived that way. Finally, while specificity of the Conflict Tactics Scale employed in this study is high, sensitivity may be lower. In summary, these estimates of point and ongoing prevalence, while high, are conservative estimates.

Another comment on the role of race and ethnicity in these data seems important to address. Many authors have questioned the use of social characterizations that have little biological basis such as race and ethnicity in research. However, in considering important cultural and social

events like family violence, race and ethnicity as social classifications seem critical. Our studies are no exception. The large numbers of families and children provided some of the most precise estimates by race and ethnicity for many aspects of family violence. It is clear that there are marked differences across racial and ethnic groups in rates and risk factors for both domestic violence and child maltreatment. However, these trends do not fit simple patterns or characterizations. It is likely that the role of local contextual factors such as rates of violent crime, poverty, employment and social capital all contribute heavily and that sweeping statements about national trends across racial or ethnic groups should be avoided.

Role of Service Systems as Portals to Care

One of the most important questions facing the field and our investigative team is the role of domestic violence on child welfare and domestic violence service provision. Several FVSS papers address this issue and further analyses are planned. However, the results are somewhat surprising in that domestic violence known to the system plays a role in decision-making and referral by caseworkers, it seems surprisingly small. First, child welfare agency caseworkers were infrequently aware of self-reported victimization among women in their caseload. Caseworkers identified 9% of women as victims of domestic violence while women reported that they had been victims more than 40% of the time with almost 30% occurring in the prior year. The cases identified by caseworkers were not all a subset of the self reported cases either.

Not only were most victim-reported cases not known to child welfare agencies, among the cases that were known, few received domestic violence services. While the proportion that did get domestic violence services did go up when caseworkers reported knowledge of domestic violence, the overall number receiving services was still very low. Likewise, the association with rates of case substantiation and other case decision-making is modest. Overall, domestic violence seems to have a limited role as a risk factor and component of child welfare case management.

Variations in State and Local Policies and Practices on Co-Occurrence

To manage and provide services for children in the child welfare system and their mothers affected by domestic violence counties and states engage in a wide variety of training, assessment, coordination and financing policies and practices. We are aware of no other study that has evaluated these policies and practices on a regional or national scale. To date, we have documented generally poor compliance with the Greenbook recommendations on average but note that some locales perform much better than others in their training and coordination between and among child welfare and domestic violence service organizations. For example, most communities have little training between child welfare and domestic violence agencies although many had some topical training for their own employees on the issue of co occurrence. However, a few communities had fairly extensive co-training, cross-training or both. Likewise, coordination practices between CWS and domestic violence service organizations such as joint case conferences and shared records were fairly limited even though a few communities had extensive activities of these types.

The presence of policies and practices consistent with the Greenbook recommendations were more common in sites that had state requirements or in sites that were familiar with the Greenbook. It is not clear if sites that engaged in such activities were responding to national calls and evidence or whether such sites were already active and thus, aware of the national and state recommendations and regulations.

Enhancements in Research Methods For Studying Co-Occurrence

While many aspects of content are important for the field, there were several methodologic issues also examined in some detail for this study. One of the most important was the development of

an adaptive version of the Conflict Tactics Scale. One could argue whether or not the CTS itself is the right instrument for the future of the field in measuring the physical violence within a family, but one cannot argue about the importance of adaptive testing for the future of large scale epidemiological studies like NSCAW. NSCAW was one of the most expensive and certainly the largest such study ever in the child welfare field. Still, many restrictions were placed on the number of questions and the depths of various domains that could be assessed because of respondent burden using fixed-length tests. Adaptive testing dramatically lessens the response burden, may be more ethical in its use of more appropriate questions for individual respondents and maintains accuracy of assessments. The CTS Adaptive Version developed in this study represents a first step for epidemiology work in the family violence field.

The FVSS is also important in that it is the first field study to collect policy level data and individual survey level data. The growing recognition of context's critical role in child and family well-being will be enhanced to the extent that our understanding of the environment (both social and otherwise) is improved. The remarkable level of variation in policies and practices around how to provide services for families with co-occurrence suggests that outcomes studies are an essential next step.

Although we are confident in many of our methods and feel that our design is generally a strong one, the use of a child welfare sample is an important feature to discuss. First, the referrals to the system for abuse and neglect are not synonymous with maltreatment. Having said that, many of the families found to have unsubstantiated cases were very similar to substantiated cases in rates of psychopathology, violence, poverty and most other features. More importantly, our aims addressed issues of how each system responded to these events and thus, we feel confident in our sample and its generalizability for these purposes.

Implications

The FVSS has implications for justice systems, child welfare and domestic violence agencies, frontline workers and academics. First, the central role of the judiciary in developing the current guidelines and providing leadership cannot be underestimated. While the FVSS did not examine specific judiciary actions or practices in the study locales, awareness of the Greenbook recommendations is associated with both training practices and coordination between domestic violence and child welfare. Family courts will remain central to these issues and the next study of coordination should probably examine fewer locales in more depth to include the judiciary. The current ‘Greenbook’ study by Caliber and partners is an important step in that direction.

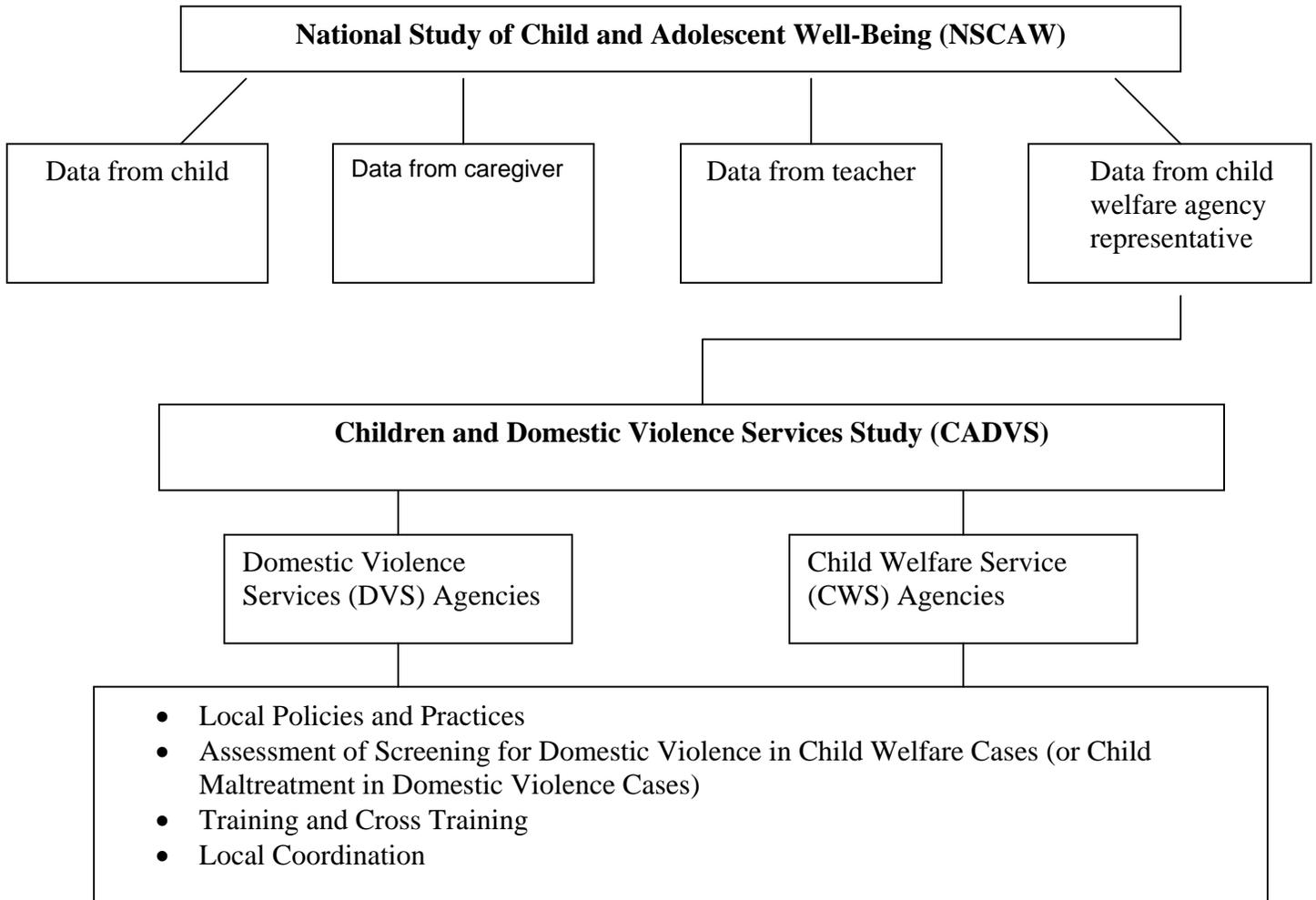
For child welfare and domestic violence providers and practices, it is clear that most agencies have limited awareness of either state regulations or Greenbook recommendations on the assessment and management of co-occurring domestic violence and child maltreatment. Nevertheless, many locales had implemented at least some of the recommended practices or policies. All of these recommendations appear to be feasible in many locations.

For workers, it is apparent that domestic violence is infrequently detected, has a limited influence on referrals and service use by families, and tends to recur. As much as possible, the high costs to families and society for undetected domestic violence deserve additional attention. Given the limited success of training for detection of hidden conditions in the medical setting and other social service agencies, structured screening and interventions are likely the only solution with a reasonable chance of addressing this epidemic.

Researchers studying human service agencies and their responses to family violence can take away several specific points. First, the use of national samples and prospective cohorts provides sufficient power and variability to consider subgroup differences, allows an assessment of

regional variation, and can improve the precision of estimates. At least as importantly, the large number of cases provides an opportunity to conduct psychometric work on assessment tools and to develop item response theory analyses of those tools when relevant. In addition, more information about how social service agencies interact with each other and how to collect that data will provide important elements for future studies. Single site studies will provide important qualitative information but the wide variation found in practices suggests that wider samples are needed.

Appendix 1



Appendix 2

Areas of Inquiry by Data Source

<u><i>Child (collected by NSCAW)</i></u>	<u>Teacher (collected by NSCAW)</u>
All children	About child
Cognitive Skills	School Achievement
Language	Services Received
School Achievement	Attitudes and Motivations
Behavior Problems	Social Skills
Mental Health	Relationship with Peers
Relationship with Peers and Adults	Behavior Problems
Attitudes and Motivations	
Exposure to Violence	<u><i>Child Welfare and Agency Representatives</i></u>
Delinquent Behavior	<u><i>(collected by NSCAW)</i></u>
Older Children	About Child and Family
Sexual Behavior	Risk Assessment for Child and Family
Substance Abuse	Child Welfare Representative Characteristics and Attitudes
Maltreatment History	Services for Child and Family, Including:
Services Received	Source and Amount of Services Received
	Reasons some services were not received
	Child Placement and Placement Changes
<u>Caregiver (collected by NSCAW)</u>	About Agency
About child	Structure and Resources
Health & Disabilities	Policies and Programs
Services Received	Organizational Culture
Daily Living Skills	
Social Skills	<u>DVS & CWS Policies and Procedures (collected by CADVS)</u>
Temperament	Local Policies and Practices
Behavior Problems	Assessment of Screening for Domestic Violence in Child Welfare Cases (or Child Maltreatment in Domestic Violence Cases)
Disruptions in Living Environment	Training and Cross Training
About themselves	Local Coordination
Mental Health/Substance Abuse	
Physical Health	
Services Received	
Relationship with Child	
Disciplinary Techniques	
Social Support	
About family/community	
Domestic Violence	
Neighborhood Environment	
Parental Criminal Involvement	
Demographics	

Appendix 3

The Four Domains and 19 Recommendations Used to Develop the Assessment Tools for the Domestic Violence Services and Child Welfare Services Agencies

Domain 1: Policies and Practices

1. As a way to ensure stability and permanency for children, child welfare administrators and juvenile court personnel should try to keep children in the care of their non-offending parent (or parents), whenever possible.
2. Additional resources are needed to place within the courts and child protection services battered women's advocacy and support services that help families secure safety, transportation, and stable income and housing. Additional resources also are needed to locate family support services in DV agencies.
3. Agencies and courts should build staff capacity to attend more competently to clients from diverse communities and income levels.
4. CPS, DV agencies, and juvenile courts should develop memos delineating the mandates of each system, their confidentiality requirements, and agreements for sharing information.
5. CPS and juvenile courts should support the principle and policy goal of privileged communication protections for battered women.
6. CPS agency policy must state clearly the criteria under which children can remain safely with non-abusing parents experiencing DV, such as the assessment required to determine safety; and the safety planning, services, support, and monitoring that will be required in these cases.
7. CPS should make every effort to develop separate service plans for adult victims and perpetrators – regardless of their legal status vis-à-vis the child.
8. CPS should avoid using, or use with great care, potentially dangerous or inappropriate interventions such as couple counseling, mediation, or family group conferencing in cases of DV.

Domain 2: Screening and Assessment

9. CPS should develop screening and assessment procedures, information systems, case monitoring protocols, and staff training to ID and respond to DV and to promote family safety.
10. CPS workers should assess thoroughly the possible harm to a child resulting from being maltreated or from witnessing adult DV and should develop service plans to address this harm.
11. Any proposed caretaker for the child, including the non-custodial parent, any relative or kin, or foster parent, should be assessed for child maltreatment, criminal history, domestic violence, substance abuse, and their willingness to work with the court, social service agencies, and the battered women concerning the needs of the children.

Domain 3: Training and Cross Training

12. Every community must cross-train its child welfare, domestic violence, and juvenile court personnel and provide written materials to them on identification, assessment, referral, and safety interventions with families experiencing child maltreatment and adult DV.
13. Domestic violence organizations should support and organize regular cross-training activities with the agencies and groups that deal with child welfare.
14. DV organizations should train staff regularly to understand, recognize, and respond to child maltreatment.

Domain 4: Coordination

15. Every community should have a mechanism to bring together administrators and staff from a variety of agencies, as well as representative community members and service consumers, to close the gaps in services, to coordinate multiple interventions, and to develop interagency agreements and protocols for providing basic services to families experiencing both child maltreatment and DV.
16. Existing community service coordination efforts should be expanded to include active involvement of DV advocates, child protection workers, and community residents.
17. DV programs, CPS, child welfare agencies, and juvenile courts should collaborate to develop new joint service models for families experiencing DV and child maltreatment.
18. DV programs, CPS, child welfare agencies and juvenile courts should collaborate to develop joint protocols to remove interagency policy and practice barriers for battered women and their families to enhance family safety and well-being.
19. Batterer intervention programs, working collaboratively with law enforcement, courts, CPS, and DV agencies, should take leadership to improve the coordination and monitoring of legal and social service interventions for perpetrators in order to enhance safety, stability, and well-being for adult and child victims