

## BRIEF REPORT

### Child welfare investigations involving exposure to intimate partner violence: Case and worker characteristics

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#### Abstract

**Objectives:** This paper explores child welfare investigations involving three forms of children's exposure to intimate partner violence (IPV): direct witness to physical violence, indirect exposure to physical violence, and exposure to emotional violence, and the characteristics associated with these subtypes. These data allow the exposure to IPV typology to be more precisely examined as the subtypes define the specific event(s) investigated. **Methods:** Using a large representative dataset of an estimated 22,373 investigations, clinical and case characteristics are examined. Bivariate analyses are conducted in order to assess differences for the three forms of IPV. **Results:** Investigations involving children's direct witnessing of physical violence was most frequently substantiated and kept open for ongoing child welfare services compared to other forms of exposure. Caregiver risk factors differed significantly between the three subtypes of exposure to IPV. Some worker characteristics were also significantly different (e.g., social work degree, and domestic violence training) depending on the type of exposure IPV being investigated. **Conclusions and Implications:** These results have important policy and practice implications in that they show that a differential systems response is needed for exposure to IPV, depending on the type of exposure and the child, family, and household risk factors present. The results also suggest that some workers may require additional domestic violence training.

#### Key words:

child welfare, intimate partner violence, child maltreatment

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## Introduction

The Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) collects information about children and families investigated by the child welfare system in Ontario, with some similarities to incidence studies conducted in the United States including the National Incidence Study (NIS) and NCANDS (National Child Abuse and Neglect Data Systems). There have been four cycles of data collection: OIS-1993, OIS-1998, OIS-2003, and OIS-2008 (the fifth cycle, OIS-2013, is expected to be published in 2015). In 1993, there was no documented form of exposure to IPV on the OIS data collection form. In 1998, this type of investigation was captured under emotional maltreatment. Child welfare investigations involving alleged child maltreatment in Ontario doubled between 1998 and 2003 (an estimated 64,658 investigations to 128,108); from a rate of 27.43 per 1,000 children in 1998 to 53.49 in 2003 (Fallon et al., 2010). In 2008, the rate of investigations steadied (with an estimated 128,748 investigations; a rate of 54.05 per 1,000 children). In 2003, the OIS had a separate category for investigations involving domestic violence. The rates soared, increasing 300% between 1998 and 2003.

Black and colleagues (2008) analyzed the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003) data with respect to cases involving IPV. The CIS is a national study involving all provinces and territories in Canada and is the parent study of the OIS. The authors found that investigations involving IPV were substantiated at a very high rate but were subsequently closed. If exposure to intimate partner violence occurred with another form of substantiated maltreatment this resulted in higher rates of placement. Secondary data analyses of the CIS-2008 data (Nikolova et al., this issue) and qualitative interviews (Nikolova, unpublished) shed some light on these findings. Nikolova (unpublished) found that police were referring the case; therefore, workers were substantiating. Workers were substantiating, not that the child(ren) were maltreated or even exposed to IPV, but that the IPV incident happened.

Holden (2003) proposes nine different types of exposure for children: exposed prenatally, intervened,

victimized, participated, eye witnessed, overheard, observed the initial effect, experienced the aftermath, or heard about it. Taking the empirical literature into consideration, the OIS-2008 included three subtypes of exposure to IPV: direct witness to physical violence, indirect exposure to physical violence, and exposure to emotional violence. The present study will explore subtypes of IPV investigations in the OIS-2008, their characteristics, as well as worker characteristics who are assigned investigations involving exposure to IPV.

## Methods

**Sample:** The sample for the present study was taken from the OIS-2008 dataset. Child welfare agencies in Ontario were randomly selected to participate in the study. Data collection took place between October 1 and December 31, 2008. Workers could note up to three forms of alleged maltreatment (e.g, primary, secondary and tertiary forms of alleged maltreatment). Investigations were filtered for investigations involving exposure to intimate partner violence as the primary form of maltreatment. Investigations with exposure to IPV as the secondary or tertiary form of maltreatment were excluded. This sample was then weighted using annualization and regionalization weights to produce provincial estimates. This resulted in an estimated 22,373 investigations in Ontario in 2008.

**Measurement:** The data was collected with a standardized tool completed by child protection workers. Workers also completed a Worker Information form. All identifying information was removed before the form left the agency. Workers were asked about their age, caseload size, education, years of experience, and training.

**Analyses:** All data analyses were conducted using SPSS version 22. Bivariate analyses were used to determine the differences between the subtypes of investigations involving exposure to IPV. All bivariate analyses were tested using Pearson chi-squares. To avoid inflation, the sampling weight applied to the sample.

## Results

For the first time, the OIS has collected information about subtypes of exposure to IPV. Of the estimated 22,373 investigations involving exposure to IPV as the primary form of maltreatment: 45% (an estimated

**Table 1:** Investigations involving intimate partner violence as the primary form of alleged maltreatment in Ontario in 2008

Type of exposure to intimate partner violence	Frequency	Percentage
Direct witness to physical violence	7,215	32%
Indirect exposure to physical violence	5,124	23%
Exposure to emotional violence	10,034	45%
Total	22,373	100%

**Table 2:** Characteristics of investigations reported for exposure to IPV in Ontario in 2008

	Direct witness to physical violence n(%)	Indirect exposure to physical violence n(%)	Exposure to emotional violence n(%)	Total n(%)	
Source of Referral					
Police referral***	4656(65)	3595(70)	5703(57)	13954(62)	$X_2=18.48$
Custodial parent Referral***	224(3)	-	865(9)	1116(5)	$X_2=37.38$
School referral	422(6)	258(5)	843(8)	1523(7)	NS
Primary Caregiver Characteristics					
Full time employment**	3876(54)	2937(57)	6395(64)	13208(59)	$X_2=25.81, p=.001$
Caregiver cooperative*	6827(95)	5011(98)	9422(94)	21260(95)	$X_2=10.43, p=.34$
Primary caregiver mental health**	2291(32)	1434(28)	2200(22)	5925(27)	$X_2=9.45, p=.009$
Primary caregiver alcohol abuse	638(9)	512(10)	670(7)	1820(8)	NS
Primary caregiver drug abuse	611(9)	357(7)	487(5)	1455(7)	$X_2=6.06, p=.048$
Primary caregiver few social supports**	2668(33)	1665(30)	2281(21)	6614(27)	$X_2=14.68, p=.001$
Family/Household Characteristics					
Own home***	2461(34)	1863(36)	4511(45)	8835(39)	$X_2=50.53, p<.000$
Home overcrowded*	387(5)	113(2)	231(2)	731(3)	$X_2=9.65, p=.047$
2 or more moves	545(8)	298(6)	480(5)	1323(6)	NS
Runs out of money	528(7)	308(6)	665(7)	1501(7)	NS
Case Characteristics					
Case previously opened >3 (family)**	1725(24)	779(15)	1584(16)	4088(18)	$X_2=21.72, p=.005$
Charges laid by police***	4402(61)	3329(65)	2147(21)	9878(44)	$X_2=273.33$
Child age (mean(sd))	6.14(4.35)	6.67(4.69)	6.45(4.55)	6.41(4.52)	NS

\*p<.05, \*\*p<.01, \*\*\*p<.001

10,034 investigations) involved exposure to emotional violence, 32% (7,215 investigations) involved direct exposure to physical violence, and 23% (5,124 investigations) involved indirect exposure to physical violence (see Table 1).

Case characteristics by subtype of exposure to IPV can be found in Table 2. The IPV involving physical violence were reported by the police differently than other subtypes: police refer 70% of investigations

involving indirect exposure to IPV, 65% of direct witness to physical violence, and 57% of emotional violence investigations. Nine percent of investigations involving exposure to emotional violence are reported by the custodial parent compared to 3% for investigations involving direct witness to physical violence.

The primary caregiver has full-time employment for the majority of investigations involving exposure

**Table 3:** Decisions for investigations involving intimate partner violence as the primary form of reported maltreatment in Ontario in 2008

			Director witness to physical violence	Indirect exposure to physical violence	Exposure to emotional violence	total	
Ongoing child welfare services**	Stay open	#	2,325	1,376	2,281	5,982	X <sub>2</sub> =12.87
		%	32%	27%	23%	27%	
	Closed	#	4,890	3,747	7,728	16,365	
		%	68%	73%	77%	73%	
Total	#	7,215	5,123	10,009	22,347		
	%	100%	100%	100%	100%		
Substantiation***	Unfounded	#	1,094	914	2,941	4,949	X <sub>2</sub> =54.71
		%	15%	18%	29%	22%	
	Suspected	#	493	693	1,151	2,337	
		%	7%	14%	11%	10%	
	Substantiated	#	5,627	3,517	5,943	15,087	
		%	78%	69%	59%	67%	
Total	#	7,214	5,124	10,035	22,373		
%	100%	100%	100%	100%	100%		
Placement	No placement	#	7,080	3,957	9,801	21,838	NS
		%	98%	97%	98%	98%	
	Informal placement	#	126	-	155	281	
		%	2%	1%	2%	1%	
	Foster or kinship placement	#	-	-	-	-	
		%	-	2%	1%	0%	
Total	#	7,214	5,124	10,034	22,372		
%	162%	164%	143%	100%			
Referral	Shelter Services**	#	404	492	552	1,448	X <sub>2</sub> =9.39, p=.009
		%	9%	17%	9%	11%	
	Domestic Violence	#	2,874	1,894	2,551	7,319	X <sub>2</sub> =35.39
		%	62%	64%	43%	43%	

to emotional violence (64%) compared to 57% for indirect exposure to physical violence, and 54% for direct witness of physical violence. Caregivers own their own home in cases of exposure to emotional violence (45%) compared to the other forms of exposure (36% for indirect exposure to physical violence, and 34% for direct witness to physical violence).

When compared to the other subtypes of exposure (e.g., indirect exposure to physical violence, and emotional violence), investigations for exposure to IPV involving direct witness to physical violence noted homes that are overcrowded (5%), and cases that were previously opened (24%). These investigations also involve more frequently noted risk factors for the caregivers: 32% of investigations with a primary

caregiver with mental health issues, 9% with drug abuse, and 33% with few social supports (see Table 2). The majority of these investigations resulted in police charges for the domestic dispute (61%) compared to 65% for indirect exposure to physical violence, and only 21% of investigations involving exposure to emotional violence.

Workers make decisions at the end of an investigation. Some of these decisions include substantiation (i.e., whether maltreatment has occurred), whether to keep the case open for further child welfare services, and whether to place a child outside the family home (see Table 3). Very few investigations involving any subtype of exposure to IPV result in a placement (~2%). Investigations involving exposure to emotional violence were least frequently noted as substantiated (59%), and least likely to stay open (23%).

The characteristics of workers investigating exposure to IPV can be found in Table 4. The majority of workers investigating direct exposure to physical violence had a social work degree (66%) compared to 57% for emotional violence. But they were the least likely to have domestic violence training (57%) compared to 72% for investigations involving exposure emotional violence.

## Discussion

One of the limitations noted in the empirical literature is the inability to know the nature of the exposure to IPV. Holden (2003) recommended nine forms of exposure to IPV. For the first time, the OIS has collected information about the subtypes of exposure to IPV including direct and indirect exposure to physical violence as well as exposure to emotional violence. From a descriptive analysis, there are differences between the subtypes. For example, the most frequently noted form of exposure to IPV is exposure to emotional violence (45%); however, these cases are the most likely to be closed (77%).

The majority of investigations involving IPV are substantiated (68%). This is similar to the finding of Black and colleagues when analyzing the CIS-2003 (2008). However, the findings in this report suggest that there is a different response of the Ontario child welfare system depending on the type of exposure

to IPV. It appears that the findings of Black and colleagues holds true for investigations involving direct exposure to physical violence, but the response is different for investigations involving exposure to emotional violence. For example, 78% of investigations involving direct exposure to physical violence are substantiated while 60% of emotional violence cases are substantiated. However, this present study did not account for investigations involving multiple forms of exposure.

Child protection agencies appear to be assigning the cases involving direct exposure to physical violence to those with a social work degree (66%); however, almost half of the investigations have workers who have not had training about domestic violence (57% compared to 72% for investigations involving emotional violence). Given the differential response to cases involving exposure to emotional violence compared to exposure to physical violence, there is a need for re-assessment of the type of involvement from the child welfare sector as well as the nature of and consistency of training in IPV. Button and Payne (2009), who surveyed 187 child welfare workers on IPV training, describe the key needs for training for workers as related to historical disconnect, misunderstandings about IPV, worker safety, and “breaking the cycle of violence” (p.365). The World Health Organization (WHO) makes specific evidence-based recommendations for clinicians to receive training on IPV (Feder, MacMillan & Wathen, 2013); however, there does not appear to be clear evidence-based approaches to training child welfare workers. Another point raised by Renner (2011) is that training for child welfare workers should occur throughout their careers and not only as a “one-time occurrence” (p.394).

## Implications

A multivariate analysis is needed to verify that the hypothesis that investigations involving exposure to emotional violence are closed more often than other forms of exposure to IPV when controlling for all clinical factors of the case. However, it is evident from the bivariate analyses that Ontario’s child welfare system is responding differently to reports of IPV depending on the type of violence and type of exposure.

Investigations involving exposure to emotional violence are being closed at a high rate. This finding suggests that perhaps the child welfare sector is not the optimal choice for children exposed to emotional violence. A screening procedure may need to be assessed. Future research efforts should evaluate screening to assess the trajectory of the different forms of exposure to IPV. The long-term outcomes of children and families receiving services from child welfare services needs to be assessed in order to improve the well-being of those involved in Ontario's child welfare system.

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