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Ph.D in Applied Sociology and Social Research Methodology (XXVII cycle)

DOMESTIC VIOLENCE AND THE CHILD PROTECTION SYSTEM: A STUDY OF CASE DECISIONS AND OUTCOMES IN ONTARIO

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Contents

List of Tables 1
Figures 2
INTRODUCTION 3
SECTION I - SOCIAL WORK AND DOMESTIC VIOLENCE 6
CHAPTER 1 - UNDERSTANDING FAMILY VIOLENCE: THEORIES AND MODELS OF EXPLANATION 7
1.1 Definitions of family violence 7
1.2 An historical overview: the discovery of abuse of children and women as social issues 12
1.3 Medical model of explanations 16
1.4 Psychological models of explanation 17
1.5 Sociological explanations of family violence 24
1.6 Discussion: the development of perspectives applied in social work research 30
CHAPTER 2 - CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE (EDV): PREVALENCE, IMPACT ON CHILDREN AND CHILD PROTECTION RESPONSE 35
2.1 Definitions of children's exposure to adult domestic violence 35
2.2 The prevalence of EDV 37
2.3 The impact of exposure on children 49
2.4 "Damned if you do, damned if you don't": professionals, activists and parents involved in the Child Protection System 56
CHAPTER 3 - JUDGMENT AND DECISION-MAKING IN THE CHILD PROTECTION SYSTEM 67
3.1 Dichotomous views in social work: the clinical-actuarial conflict 67
3.2 A systemic approach to decision-making analysis 74
3.3 The development of decision theories applied to professional contexts 78
3.4 Discussion: possibilities to go beyond bipolar categories in social work research and practice. 102
3.5 A review of the literature on decision making in domestic violence cases 107
SECTION II - A STUDY OF DIFFERENTIAL CASE DECISIONS AND OUTCOMES FOR EDV AND NON-EDV CASES IN THE ONTARIO CHILD PROTECTION SYSTEM 114
CHAPTER 4 - RESEARCH DESIGN 115
4.1 Research questions and conceptual framework 115
4.2 Placing the analysis in context: the Ontario CPS 117
4.3 Definitions of exposure to domestic violence in Ontario CPS 124
4.4 Analysis strategy: data extraction, variable definitions and statistical procedures. 128
4.5 Limitations 142
CHAPTER 5 - PROFILES OF "DV-CASES" AND CASES INVESTIGATED FOR CHILDRENS EXPOSURE TO DOMESTIC VIOLENCE 143
5.1 Introduction 143
5.2 Prevalence of DV and EDV in the overall sample 144
5.3 Profile of "DV-indicated families". 146
5.4 Comparison with other studies about domestic violence cases in CPS caseloads. 150
5.5 Profile of EDV-cases. 151
5.6 Discussion. 161

CHAPTER 6 - DOES DOMESTIC VIOLENCE MAKE THE DIFFERENCE IN INFLUENCING SOCIAL WORKERS' DECISIONS? A CLASSIFICATION AND REGRESSION TREES ANALYSIS 165
6.1 Introduction 165
6.2 Bivariate relationships between potential predictors and the decision to transfer to Child Protection Services 168
6.3 Using CART to model the decision to transfer ongoing 173
6.4 Discussion 179
CHAPTER 7 - THE INTERACTION OF DOMESTIC VIOLENCE AND OTHER CASE FACTORS IN PREDICTING CHILD MALTREATMENT RE-INVESTIGATION 196
7.1 Background, objectives and theoretical framework 196
7.2 Results 199
7.3 Discussion 207
CONCLUSION - PRACTICAL IMPLICATIONS, STRATEGIES FOR IMPROVING DECISION-MAKING AND INDICATIONS FOR FUTURE RESEARCH 217
REFERENCES 230

List of Tables

Table 1 Witnessing or indirect victimization among 4503 children and young. Source: Finkhelor (2013) 43
Table 2 Overlap between different maltreatment types. Source: Finkhelor (2013) 44
Table 3 Impact of EDV on children, by developmental stages. Source: Carlson (2000) 52
Table 4 Definitions of EDV in the Ontario CPS system 125
Table 5 Classification of EDV cases 132
Table 6 Key decision points in the CPS trajectories 133
Table 7 Definitions and characteristics of the variables used in the analysis 137
Table 8 Comparison of DV and non-DV cases with regard to family characteristics 147
Table 9 Comparison of DV and non-DV cases with regard to case-related characteristics 148
Table 10 Comparison of DV and non-DV cases with regard to case dispositions and decisions 149
Table 11 Comparison of DV and non-DV cases with regard to case outcomes 150
Table 12 Rates of re-investigation splitting by ongoing/closed 150
Table 13 Frequencies and percentages by maltreatment types 152
Table 14 Forms of maltreatment co-occurring with EDV 152
Table 15 Comparison of EDV and non-EDV cases with regard to family characteristics 154
Table 16 Family characteristics by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV 155
Table 17 Comparison of EDV and non-EDV cases with regard to case-related characteristics 157
Table 18 Case-related characteristics by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV 158
Table 19 Comparison of EDV and non-EDV cases with regard to case dispositions and decisions 159
Table 20 Case decisions and outcomes by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV 160
Table 21 Comparison of the performances of Model 1, Model 2 and Model 3 173
Table 22 Children problems by case decision (cases ongoing or closed after investigation) 184
Table 23 Caregivers parenting capacities by case decision (cases ongoing or closed after investigation) 184
Table 24 Caregivers individual problems by case decision (cases ongoing or closed after investigation) 185
Table 25 Household characteristics by case decision (cases ongoing or closed after investigation) 186
Table 26 Case-related characteristics by case decision (cases ongoing or closed after investigation) 187
Table 27 205
Table 28 Comparison of the performances of Model 1, Model 2 and Model 3 205
Table 29 Children problems by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322) 210

Table 30 Caregivers parenting capacities by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)..... 211
Table 31 Caregivers individual adverse conditions by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322) 212
Table 32 Household characteristics by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)..... 213
Table 33 Case-related characteristics by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed after investigation (N=25,678) and cases sent to CPS after investigation (N=8,322) 214

Figures

Figure 1 Model of professional knowledge. Source: Drury-Hudson (1999)..... 71
Figure 2 The Lens Model. Source: Cooksey (1996) 92
Figure 3 Standing's cognitive continuum of clinical judgement. Source Standing (2008). 95
Figure 4 General Assessment and Decision Making Model (GADM). Source: Fluke (2014) 100
Figure 5 The Decision-Making Ecology (DME) (readapted from Fluke et al., 2014)..... 116
Figure 6 The child welfare system and principal decision points (readapted from the rendering disseminated by the national Clearinghouse on Child Abuse and Neglect Information http://nccanch.acf.hhs.gov)..... 121
Figure 7 EDV indicated and DV-indicated cases at the end of investigation 145
Figure 8 CART Model 2. 1st split by "Allegation verified"(N=17,001) 177
Figure 9 CART Model 1. 1st split by "Parents does not meet child basic needs"(N=17,001) 188
Figure 10 CART Model 1. 2nd split by "Primary caregiver mental problems" (N=17,001) 189
Figure 11 CART Model 1. 3rd split by "Caregiver inadequate assessment of maltreatment" (N=17,001) 190
Figure 12 CART Model 1. 4th split by "Presence of domestic violence"(N=17,001)..... 191
Figure 13 CART Model 2. 2nd split by "Number of risk factors<=2" (N=17,001)..... 192
Figure 14 CART Model 2. 3rd split by "Number of risk factors from 2 to 4"(N=17,001)193
Figure 15 CART Model 2. 4th split by "Number of risk factors>4" (N=17,001)..... 194
Figure 16 CART Model 2. 5th split by "Presence of safety threats" (N=17,001) 195
Figure 17 CART Model 2. Case-related characteristics as predictors or re-investigation (N=17,001) 215
Figure 18 CART Model 1. Family characteristics as predictors of reinvestigation (N=17,001) 216

INTRODUCTION

This study is aimed at analyzing the decision-making process in the child protection services (CPS), when it involves cases investigated for children's exposure to domestic violence (EDV).

In the last two decades an increased awareness regarding the co-occurrence of adult violence and child maltreatment have compelled CPS caseworkers and domestic violence providers to re-evaluate their services and interventions with families experiencing multiple forms of violence.

In the North American countries, the recent focus on this phenomenon has led to positive outcomes, as well as new challenges. On the one hand, there is a stronger capacity to detect the issue previously hidden "behind closed doors" (Straus et al., 1980). At the same time, a dramatic rise in DV related investigations (Edleson et al., 2006; Trocmé et al., 2005) has created controversies and dilemmas in investigative practices. The mandate of social workers from the legislation is to protect the best interest of the child. However, they are often criticized for their tendency to hold abused mothers accountable and to take custody away from them if they cannot manage to protect their children from EDV.

Despite the heated debate, few studies have been produced to support these claims and to better understand the response of the child protection services.

The present study aims to provide evidence to this debate, analyzing the paths of EDV-cases in the CPS system, the decisions made by professionals in those situations and their outcomes in terms of recurrence.

Section I provides a theoretical basis for the dissertation. *Chapter One* discusses different definitions of family violence and reviews the theoretical developments in partner abuse and child abuse area of research, highlighting possible shared processes contributing to both phenomena. *Chapter Two* focuses more specifically on the issue of children's exposure to domestic violence. It describes the available data to understand its prevalence and characteristics, the research findings on its impact on children and the literature about the child protection response to this problem. *Chapter Three* analyzes the development of the decision-making theories that has led to contemporary models of explanation. This helps to clarify concepts and assumptions of the Fluke's et al. (2014) Decision-Making Ecology, the theoretical framework that oriented this research. This model offers useful concepts to analyze a range of decisions made by the caseworkers through the path of a case followed by CPS and their relationships with outcomes in a particular environment.

Section II presents the methods and the results of the empirical analysis carried out on a sample of 34,000 investigations in six CPS agencies in Ontario from 2008 to 2010, whose paths were followed for one year through the Ontario Child Abuse and Neglect Data System (OCANDS).

Chapter Four provides a detailed description of all aspects of the design, procedures and limitations of the study. More specifically the objectives of the empirical work are:

1) describing the profiles of households where domestic violence is an issue and, in particular, the characteristics of EDV-indicated investigations;

2) describing the paths of EDV-cases in the Child Protection System, in terms of case decisions and outcomes;

3) analyzing which case characteristics are associated with the decision to open a case for CPS interventions;

4) analyzing which case characteristics are associated with a new investigation for maltreatment within 12 months.

The last two questions are linked: the aim is to understand if workers, in their decision to intervene, are focusing on factors that actually predict bad outcomes, namely a new investigation for maltreatment.

Chapter Five provides a profile of EDV-indicated families, trying to understand if there are differences in cases dispositions and outcomes among cases investigated for exposure to domestic violence and situations that entered the system for other types of allegation. *Chapter Six* analyzes how caseworkers decisions are influenced by case characteristics, comparing different stages of the decision making process. Instead of describing how each professional considers the details of a single case, this method describes their decision policy at a more abstract level, in terms of how variations in the key factors of a case affect the decision taken. *Chapter Seven* describes the rate and patterns of repeated investigations within one year, examining individual types of family members problems and case-related characteristics, including CPS determinations and decisions and their association to recidivism. Bivariate and multivariate analysis are performed to explore both workers decisions and case outcomes. Classification and Regression Trees analysis (CART) is used both to model the decision to open a case for ongoing services and to understand the dynamics that predict recidivism. The analysis of interaction effects through this technique allows us to understand the complex ways in which case characteristics and decisions relate to risk of subsequent CPS re-investigations.

Practical implications of these findings and indications for future studies are finally discussed, highlighting all the lessons I have learned from this research experience in a North American country that can be usefully applied to the Italian context.

SECTION I - SOCIAL WORK AND DOMESTIC VIOLENCE

CHAPTER 1 - UNDERSTANDING FAMILY VIOLENCE: THEORIES AND MODELS OF EXPLANATION

1.1 Definitions of family violence

This chapter provides a brief review of the predominant theoretical approaches to *family violence*, focusing in particular on the literature about *partner abuse* and *child abuse*, that forms the background to the study of the phenomenon of *children's exposure to domestic violence*.

The study begins by discussing different definitions of family violence, which have framed both theories and empirical studies, then reviews the theoretical developments in partner abuse and child abuse areas of research, highlighting 1) possible shared processes contributing to both phenomena and 2) factors and dynamics that are unique in explaining only one of the two forms of family violence.

The reconstruction of theoretical explanations is carried out in the attempt to identify methods and processes by which child and partner abuse has been recognized, defined and explained in the research field.

Family violence and *domestic violence* are used interchangeably in the literature, as well as in this work. Both are umbrella terms, that direct attention to violence happening in a particular social location, that shapes its meaning and qualities, namely the family.

Definitions of problems are always socially created through ongoing controversies, as well as collaboration, and this is especially true when the phenomenon under scrutiny is as politically and emotionally distressing as violence (Yllo, 2005:20). Among the disciplines that are highly involved in the study of family violence are criminology, social work, sociology, psychology and public health, but also related scientific fields such as political science, neuroscience and women's studies. Contentious debates have arisen not only between experts from different disciplines, but also among researchers, professionals and advocates for the victims.

Partly because analysis of family violence involves firmly held values and contrasting theoretical commitments, almost everything about this topic is controversial, starting from its definition (Barnett et al., 2011).

The definition of *family* itself is critical, since different types of relationships are associated with different characteristics, problems and possibilities. From their earliest formation, families have been dynamics units, that have evolved in order to meet the changing needs of both individuals and societies. They could be defined as inherently private and public at the same time (Hattery, 2012). Legal definitions of family are able to determine what is recognized as a family structure, and to establish the rules about marriage and rearing children. The definitions used in statistic and research influence the way in which family is analyzed and described.

For example a recent work on family violence (Hattery, 2012) lists the following definitions, considering them representative of the main perspective about family in the North American research:

- Family is a set of people with whom you live and with whom you share biological or legal ties or both (Burton and Jayakody, 2001). This definition restricts family primarily to parents (who are married) and their biological or adopted children and it is a common definition of family use by the 'average' American, when they want to refer to the *nuclear family*.
- Family is a set of people you may or may not live with, but with whom you share biological or legal ties or both (Cherlin, 1999). This definition is used to recognize that, both in the past and continuing today, many households include extended family members (such as grandparents, uncles/aunts, cousins,..) and the continued importance of family once children have permanently moved out of the house.
- Family is a set of people you live with, but you may or may not share biological or legal ties or both (Landale & Fennelly, 1992). This is a more recent definition, designed to highlight several changes in family life, but specifically the rise of common-law couples, who are increasingly likely to be raising children together, including also the practice of sharing child rearing with nonrelatives in response to a variety of problems (e.g. incarceration of one partner).
- Family is a set of people with whom you share social, physical or financial support or a combination thereof (Sarkisian & Gerstel, 2008). This definition is more inclusive and it is able to emphasize a key feature of family: its members are interdependent and provide support to each other, in relation to different phases of

life. It was developed primarily to recognize the existence of LGBTQ[1] households that are still not recognized in legal terms in many countries.

- Family is a set of people whom you love (Neff and Karney, 2005): this definition stresses the individual and emotional choice instead of formal ties and it is aimed to underlie that increasingly people create their own families, that may or may not be based on biology or laws and these important people may or may not live together.

Hattery (2012) considers in particular the final two definitions as crucial to the focus of research on family violence, since this phenomenon is not limited to individuals, whose relationships meet the legal definitions of family, nor it is limited to people who live together.

Family violence may encompass a variety of behaviors and interactional situations, that include not only violence against the most vulnerable part of the population, such as children or elderly maltreatment, but also partner abuse and violence between siblings. Although not wholly independent from other forms of violence, family violence presents unique conceptual, scientific, and policy challenges (Tolan, 2006). Different from other forms of violence, family violence presupposes relationships between those involved, so that harm is inflicted by those who are supposed to care for one another (Jouriles et al., 2001). For this reason, domestic violence is antithetical to deeply held values of the family as a safe place of sustenance and care. Moreover, in contrast to other forms of violence, relationships usually exist between victims and perpetrators prior to, during, and after violent incidents and, throughout the life cycle of a family, members can be both perpetrators and victims (Tolan, 2006).

A central controversy is the degree to which the term *family violence* should be synonymous with *abuse* or substantial mistreatment of family members (Jouriles et al., 2001). The terminology selected by different researchers may not convey the extent of harm a specific act may cause. Some forms of physical violence cause observable physical harm, differently from other such as emotional abuse. Even sexual abuse, that may have a serious effect, does not inevitably cause physical injury. Some acts that do not meet a physical harm standard are sometimes referred to as *abuse*, rather than *violence* (Barnett, 2011: 24), but since the definition is unsettled, most scholars use the terms *violence* and *abuse* interchangeably.

[1] This acronym refers to lesbian, gay, bisexual, transgender, queer.

Another argument is that family violence should be limited to problems and patterns that clearly are harmful and for which there is consensus that they are not to be tolerated (Barnett, 2011). From this standpoint, the inclusion of minor and more accepted acts could underemphasize more serious issues, muddying the meaning of empirical findings and policy discussions (Tolan, 2006). In contrast, others argue that limited definitions can exclude behaviors and relationship characteristics, that do not involve physical violence, such as coercive control, neglect or psychological abuse, which may have serious consequences. As Richard Gelles and Murray Straus (1979) noted years ago, what is and is not included as abuse or violence depends essentially on the moral judgments of people in a particular society.

Another issue in defining family violence is the extent to which socially sanctioned violent behavior in family relationships should be considered problematic (Hines & Malley-Morrison, 2004).

Some forms of violence, such as disciplinary spanking, may be viewed by many as a problem, whereas by others as typical or normative (e.g., violence between siblings), or even as helpful or necessary (Tolan, 2006). For example, parenting experts, child advocates but also social scientists are consistently negative regarding its value for disciplining children (Benjet & Kazdin, 2003) and some consider corporal punishment not only harmful to children, but also a form of child abuse (Gershoff, 2008). However, surveys have shown that a majority of US parents spank their children and the states protect this right, as long as the child is not injured. A similar example of this issue is the often overlooked form of family violence, violence between siblings. Authors from a human rights perspective have noted that these forms of violence would carry legal sanction, if they occurred between persons in any relationship other than that of a parent and child or siblings (Hines & Malley-Morrison, 2004). Others argue that equating serious violence and disciplinary spanking or violence among children led to underemphasize more serious issues (Tolan, 2006).

Another controversy is about how to incorporate into the definition of family violence the gender differences related to power within family relationships. The term of *family violence* itself has been criticized as "gender-blinded", not being able to stress the concept of gender asymmetry in the perpetration of the violence. The terms *wife beating*, *wife abuse*, *woman abuse*, *spouse abuse*, *intimate partner violence*, *family violence*, and *domestic violence* have all been used to name and describe this issue, reflecting different conceptions of the phenomenon and of intimate relationships between men and women.

Some terms reflect the idea of formal marriage, while others the long-term intimate relationship without the formal sanction of marriage.

In several studies, *intimate partner violence* has been selected as the primary term with which to discuss the problem of violence between men and women within marriages or other intimate relationships. This term was chosen as the best option to maintain objectivity and avoid implicit agreement with any particular theoretical framework; it avoids openly endorsing a feminist perspective, but it also focuses the discussion on the partner relationship as the specific unit of analysis, warranting attention apart from the wider concept of family violence (Lawson, 2012).

Other researchers, to offset confusion, are calling for operationalized definitions for every type of family violence (Knickerbocker et al, 2007), developed through empirical measurement, as it had been done to define intelligence through standardized IQ test. According to these scholars, recent findings from the neurobiological field (e.g. McGowan et al., 2009) may help in this effort. Unfortunately, until recently, studies have been segregated within areas, and much of their work has been developed with the intent to validate a given view, rather than to resolve key controversies.

The remainder of this chapter will analyze several approaches, framed by different epistemological assumptions. The aim is to highlight their specific contribution to account for the complexity of two forms of family violence, namely *children abuse* and *partner abuse*. Cruel treatment of children and partner has always existed, as described in historical documents across many centuries (Dobash & Dobash, 1979; Pleck, 2004). Nevertheless, the majority of the theoretical explanations arose, starting from the latter part of the twentieth-century, in conjunction with a growing awareness of the dramatic historical under-reporting of spousal and child abuse. The discussion will be organized following a chronological order, to understand how different models have been influenced by the socio-cultural context in which they were developed. Before starting with a description of these theories, the following paragraph 1.2 will attempt to explain why the *discovery* of abuse by researchers happened at a particular time. The construction of this explanation draws heavily on Gordon's (1983-84) historical analysis of child protection case records from 1880 to 1960 in a North American state.

1.2 An historical overview: the discovery of abuse of children and women as social issues

Despite documentary evidence of violence within the family throughout the ages (Pleck, 2004), the discovery of child and spousal abuse is a recent phenomenon and their definition as deviance, or as social problems, continue to change across time. The following discussion on how different meanings of what constitutes abuse were shaped in different historical periods will focus in particular on the North American context.

With regard to child protection, the first movements emerged out of the House of Refuge and the establishment of the juvenile courts (Pfohl, 1977; Platt, 1969) in the nineteenth century. According to Pohfl (1977), at that time "the primary objective was not to save children from cruel or abusive parents, but to save society from future delinquents. Believing that wicked and irresponsible behavior was engendered by the evils of poverty and city life, these movements sought to curb criminal tendencies in poor, urban youths by removing them from corrupt environments and placing them in institutional settings" (Pohfl, 1977:310). In those institutions they could learn order, regularity and obedience. In 1825 the first statute was passed and the first juvenile institution, the New York House of Refuge was opened. The underlying concept of the House of Refuge Movement was preventive penology, not the protection of the right of the child (Phfol,1977). The first time public interest focused on child abuse occurred in the last quarter of the nineteenth century. In 1875, the Society for Prevention of Cruelty to Animals intervened in the abuse of a nine-year old girl named Mary Ellen, maltreated by foster parents. This case called the attention of the first pages of nation's papers; also as a consequence of an outgrown public clamor, the New York Society for the Prevention of Cruelty to Children (SPCC) was formed. By the 1880s there were already thirty-three such societies in the United States and fifteen in other countries, demonstrating a rapid increase of concern about the problem. Wife beating was also a widespread issue, but during that period there was no comparable organization such as the SPCC and no consideration of it as a public matter.

The activities of SPCC did not signify a total break with the 'society-saving' (Pohfl, 1977) emphasis of the House of Refuge, but a new reaction and the start of the development of a new sensibility about children's rights (Gordon, 1983-84). According to Gordon this represented a symptoms of a weakening of patriarchal family[2] expectations. At that time

[2] In her work Gordon defines the use of the term *patriarchy* in her historical analysis: "In the 1970's a new definition of that term came into use. For the feminist movement, patriarchy became a synonym for male supremacy, for "sexism." I use the term in its earlier, historical, and more specific sense, referring to a family form in which fathers had control over

father-child relations had changed more than husband-wife relations. Some children were gaining the power to arrange their own marriages, and to embark on individual careers independent of their fathers' occupation (Gordon, 1984), even if their options remained determined by their social class and cultural privileges. In contrast, a wage labor system was in fact making women more dependent on husbands for sustenance and the best women could hope for was a benign husbandly authority (Gordon, 1983-84). The SPCC were mainly composed of upper-class, Protestant charities, while their clients were predominantly poor, immigrant Catholics. These agencies did not envision a liberation of children from arbitrary parental control; rather their aim was to limit it, considering excessive physical violence against children as a symptom of inadequate parental authority. Assaults on children were often viewed as provoked by insubordination and SPCC cases frequently ended with children prosecuted under child laws. Furthermore, most of their cases were not reported for assault, but for neglect, viewed as a symptom of withdrawal of parental support, supervision, and authority. Gordon's standpoint is that the SPCCs were in fact part of "a reconstruction of the family along lines that altered the old patriarchy, already economically unviable, and replaced it with a modern version of male supremacy" (Gordon, 1983-84:525). The father had single-handed responsibility for economic support of his family, whereas women and children were not suppose to contribute monetarily to the family economy. Children started to be involved in learning activities by professional teachers, and moral education from the full-time attention of their mothers. A middle-class perspective was shaping a specific style of appropriate parenting: mothers were supposed to be gently protective and devote to mothering and domestic life, whereas father had to provide models of emotional containment and to be relatively uninvolved with children. Rude language, or sexually explicit talk were considered forms of cruelty to children. This culturally specific view was not in line with immigrants practice of child-rearing. Italian and Irish immigrants, from peasant background, used to form the bulk of the Massachusetts SPCC clients in the nineteenth century. Boys and girls working in shops, girls doing housework and child care and often required to stay at home from school, practices of leaving children unattended and allowing them to play in the streets were all examples of bad parenting for the SPCC, that considered many of these

all other family members - children, women, and servant s-a control which flowed from the fathers' monopolization of economic resources. The patriarchal family presupposed a family mode of production, as among peasants, artisans, or farmers, in which individuals did not work independently as wage laborers. That historical patriarchy defined a set of parent-child relations as much as it did relations between the sexes, for the children rarely had opportunities for economic independence except by inheriting the family property, trade, or craft" (Gordon,1983-84:524).

forms of depravity as specifically associated with Catholicism. Particularly, child welfare specialists disapproved non-nuclear child-raising patterns: children raised by grandmothers or complex households composed of children from different marriages. Furthermore, "agents were convinced of the subnormal intelligence of most non-WASP[3], and especially non-English-speaking clients" (Gordon, 1983-84: 523). Father's failure to provide economic stability was often interpreted as a character flaw. Unemployment was not yet understood as a structural characteristic of industrial capitalism, nor were disease, overcrowding and dependence explained as part of the system, but rather as personal failings.

According to Gordon (1984), child protection work was simultaneously aimed at controlling and reforming inappropriate behavior, enforcing a particular adult sexual division of labor (Gordon, 1984). Gordon recognizes the role of the social-control critique of social services bureaucracies in uncovering many aspects of domination, that arose from specific definitions of social order, and "from the inevitable deformations of honest attempts to "help" in a society of great inequality" (Gordon, 1983-84:532). However, the author highlights that to account for the complexity of social work agencies, their role of social control is only one part of the explanation. It has to be considered within a context of rapid industrial development and of large-scale immigration, that changed the populations and the labor forces of large cities radically. According to Gordon, these movements against child abuse were also an attempt by one class and cultural group to retain its values and to defend a model of social order, comfortable and manageable for them. The social-control critique, in its simple form, implies that the clients' problems were mostly shaped by professionals' biases. Even if the case records featured many examples of workers' labeling as problematic behaviors, due to cultural bias, violent assaults with real consequences were not the result of professional construction of meaning. Another problem of the social control model of explanation is that it does not recognize how, even if with differential power, the flow of initiative was not going in only one direction, from elite to subordinate. Examining case records, Gordon (1983-84) found that the clients were actually active negotiators in a complex process. For example, even if in the immigrant working-class of Boston the SPCC became known as "the Cruelty", sixty percent of the reports came from family members and the majority of them from women, that very soon became expert users of this agencies to support their side in family struggles.

[3] WASP is an acronym for white-Anglo-Saxon-protestant

In the post World War II different economical and cultural conditions in North America led to transformations in the structure and meaning of the family relationships. The women's movement was able to bring to public attention problems previously considered personal, such as partner abuse. “The 1960s and 1970s also brought a culture of self-exposure, commercial, personal, and artistic; a decline in an older etiquette of modesty and privacy about personal life; and a new acceptability of a confessional mode. This particular aspect of modernity, a long-range trend which reached an extreme in the 1970s, contributed to the opening up of areas of life once hidden (Breines & Gordon, 1983: 491). From the 1960s with the growth of the women’s movement and the recognition of violence as a social problem, it was more evident that not only may the family not be the heaven it was assumed before, but that its more powerless members, women and children, were suffering abuses. Much of the analysis and action was directed to improving the position of women and to tackle physical abuse of children. Such movements helped to “effect a fundamental questioning of the family ‘blood-tie’ and to disaggregate the interest of individual family members” (Parton et al., 1997: 27).

Gordon’s historical analysis provides an explanation of the discovery of child abuse as a social problem at the end of the nineteenth century, when a combination of factors, such as immigration, urbanization and changing social roles for children influenced a reformulation of parent-child relationships. Gordon’s work makes also apparent how in the same period feminists also tried to force the recognition of wife beating as a reprehensible activity, but it was not defined as a social issue until later, when cultural and economical factors allowed changes in the roles of men and women within the family and the society.

The following sections are going to focus on how and when child and women abuse gained the attention of the research, and of different scientific disciplines. This could happen at the end of what Dutton called the “Age of Denial” (Dutton, 2006: 11), referring to the first half of the twentieth century characterized by an attitude towards both rehabilitation and family privacy. Starting from the 1960s, changing social and economic conditions created a context ready for the disclosure of problems previously hidden ‘behind close doors’, now studied as public issues.

The discussion in the next section will also highlight how several critical aspects in the way in which family violence was first tackled by workers in the SPCC can be found in the theories that started to be developed in the second half of the twentieth century: taken-for-granted assumptions about parenting and child-rearing, that were actually cultural specific, ethnic, class and gender biases, a failure to grasp the actual economic circumstances that

affected lower social class, constitute a partial list of shortfalls that we can find when analyzing the first theoretical models. Considering these historical remarks allows to account for the fact that both interventions and theories are an expression of the particular time in which they were formulated, and avoid presenting them as if they were timeless or the objective representation of a phenomenon. It will also be highlighted how the interaction of theories and practice and the contributions from different disciplines is what made the difference in overcoming such biases and prejudices.

1.3 Medical model of explanations

In the late 1890s, Sigmund Freud, the father of modern psychoanalysis, listened to several stories from his female patients about their earlier experience of being abused by family members or relatives. He initially believed that abuse in childhood was the source of much female psychopathology. His ideas caused controversies among psychiatrists, and the professional community started to label them as "fantasies" (Bala, 2008), mistaken by women for actual experiences (Masson, 1984). Several analysis highlight this cultural bias in medical and psychological practice that led to similar conclusions about the unreliability of complaints of sexual abuse of women and children (Bienen, 1983; Smart, 1999).

In the mid 1940s Dr John Caffey, an American paediatric radiologist, first highlighted that many of his patients were found with fresh, healing and healed multiple fractures and none of these cases could be connected to a disease. Caffey did not attempt to suggest a possible source of these trauma. This link was made explicit first by Wooley and Evans (1955). In trying to account for radiographic findings suggesting injuries, they made reference to "parental indifference", "irresponsibility", "alcoholism" and "immaturity manifested by uncontrollable aggressions" of parents as the causes of the injuries (Parton,1985:49). By the end of the decade many articles appeared in professional medical journal, as well as the first article on the subject published by the social worker Elisabeth Elmer (1960). In the late 1950s the Children Bureau[4] gave support to Dr. Henry Kempe - a pediatrician of Denver General Hospital and the University of Colorado - to better analyze the issue of child physical abuse. The findings were published in 1962 in the prestigious Journal of American Medical Association: the term "battered child syndrome" was used to

[4] The CB was established in 1912 in the United States to investigate upon all matters pertaining to the welfare of the children.

characterize “a clinical condition in young children who have received serious physical abuse, generally from a parent or a foster parent” (Kempe et al., 1962: 143) and “a significant cause of childhood disability and death”. The authors stated that the duty and responsibility of the physician was not only to make a full evaluation, but to guarantee that no expected repetition of trauma would have been permitted to occur again. They also suggested that psychiatric factors were probably of prime importance in the pathogenesis of the disorder but knowledge of these factors was limited. To account for possible causes, they mentioned previous studies of clinicians and social workers that described abusive parents as “immature, impulsive, self-centered, hypersensitive and quick to react with poorly controlled aggression” (Kempe et al., 1962: 143). They also considered that the beating of children was not confined to people with a psychopathic personality or a borderline socio-economic status but also occured among people with good education and stable financial and social background. However, from the scant of data that were available, it appeared that in these cases too there was “a defect in character structure which allows aggressive impulses to be expressed too freely” (Kempe et al., 1962: 144). Lastly, they mentioned the possibility of trans-generational transmission of this violent behavior. Between 1969 and 1973 members of the Denver unit had seventeen articles published in a variety of professional journals (Parton, 1985). The problem and its control was conceptualized as a “medical-social problem”. The treatment approach was based on the assumption that many battering parents did not experience good enough mothering when they were young, particularly in the early stages of their development, which impaired their ability to care for their own children. The main thrust of therapeutic intervention was directed towards meeting the parents' dependency needs and fostering their emotional development through intensive home-based case-work, including the provision of practical help (Okell, 1977:111). In the child protection field, the problem was conceptualized and approached in relation to a psychological and psyco-dinamic theory of human behavior, also “consistent with the established professional model of family casework, with its allegiances to a medical model of social problems” (Okell, 1977:111).

1.4 Psychological models of explanation

In general, in the area of family violence, early conceptualizations were highly influenced by psychology, as researchers focused on examining personality characteristics or

disorders of abusive partners and parents. That psychological perspective, which tended to think of problematic behaviors as a consequence of psychopathology, was not only in line with a medical model of explanation, but also with the commonsense perspective that easily tends to attribute the causes of problems to individual characteristics (Loseke et al., 2005). However, it is worth highlighting how in the area of partner violence, the development of psychological research seems to have followed a slightly different path, compared to the area of child abuse. When the awareness about partner violence arose in the research field, the feminist movement was highly critical to these kind of explanations that focus on individual factors, which may mask broader structural gendered inequalities (Dutton, 2006). Also the psychiatric definition of "battered woman syndrome" (Walker, 1979) emerged primarily as a tool to make the legal system responsive for the dangerous outcome of women victimization, and not to account for its etiology. In the partner violence area, psychological models used to compete (Dutton, 2006) or to integrate (Loseke et al., 2005) sociological explanations (paragraph 1.3).

Nowadays, contemporary literature in both child and partner abuse area of study recognizes the importance of considering different levels of inquiry integrated through ecological models (Dutton, 2006), that account for the interaction of individual and social factors.

At an individual level the pathways to violence are described in relation to the internal characteristics of perpetrators, their immediate circumstances and the type of violence committed (king, 2012:554). For example Kessler et al. (2001) found that mental disorders of men (but not women) predict subsequent partner violence. Holtzworth-Munroe & Stuart's (1994) model suggests that, for some men, partner violence is an expression of a general antisocial or psychopathic personality. These men seem to use violence as an instrument to control others around them, so that they are violent and antisocial in different areas of their lives, including marriage. Other authors have instead focused on psychological traits, not necessarily pathological: some characteristics, such as highly hostility and jealousy, help to explain abusive behaviors (Blanchard, 2001). Several researchers have found high incidence of personality disorders in assaultive populations, from 80 to 90 percent in both court-referred and self-referred women assaulter (Hamberger & Hastings, 1986). Dutton (2006) describes recent empirical findings of several studies that focused on psychiatric symptoms and personality disorders of assaulters, reporting statistics about both women and men batterers, that demonstrate how this issue is not gender-specific. Dixon and Browne (2003) provide a review of these typologies of studies

as well, highlighting at the same time their limitation: a too narrow focus on the offender, easily lead to ignore other factors, such as the context and the interactions between assaulters and victims.

In the child abuse area of research, Milner et al. (1991) provide a meta-analysis of studies that focused on perpetrator's characteristics. The extent to which neurological and neurophysiologic factors contribute to child abuse was found unclear. Yet, other findings from psychobiological research have shown that child abusers exhibit hyper-responsive physiological activity to both positive and negative child stimuli (Milner et al., 1991) and this may contribute to diminished tolerance for proximity to children. All these theories focus primarily on the perpetrator, providing important information in constructing intervention when mental health is an issue. However, they cannot explain the behavior of offenders who does not exhibit these features and, in addition, these findings leaves unexplained the mechanisms involved in the effect of mental disorders and personality traits on domestic violence.

King (2012) provides a literature review of psychological theories for understanding all types of family violence, distinguishing them into two categories: 1) theories on violence as a condition of human nature, that include psychobiological vulnerabilities, evolutionary psychology, and classic psychoanalytic theory; 2) theories on violence as the consequence of a damaged psyche, presented as a set of concepts that includes problems with self-regulation, attachment, shame, self-concept and self-esteem, and cognitive-behavioral processing.

King (2012) provides a detailed description of these theoretical explanations. Here I discuss only construct from psychology and social-psychology that became prevalent in accounting for both partner violence and child abuse in the child protection field: 1) the *Attachment Theory*, 2) the *Social Learning Theories* and 3) the *Ecological Perspective* as an integrated model.

1) The *Attachment Theory* proposes that a secure attachment develops as the caregiver responds sensitively and consistently to the child's needs (Bowlby, 1988). Bowlby defines attachment as any behavior that results in a person's attaining and maintaining proximity to a meaningful and differentiated other (Renn, 2006). Renn expands Bowlby's theory, suggesting that the quality of love and security provided by a parent or caregiver also plays a role in helping to modulate the conflict between love and hate (King, 2012). He theorizes that traumatic problems in the child-caregiver relationship may lead to affective violence,

namely a type of violence due to the inability to regulate emotions, caused by a disorganized maladaptive reaction to a perceived threat against the self (King, 2012).
Insecure attachments may also trigger violence particularly when faced with abandonment by the attachment figure, as in intimate partner violence (king, 2012). Chronic childhood frustration of attachment needs may lead to adult proneness to react with extreme anger, when relevant attachment cues are present. Thus, this theory suggests that a violent outburst may be a form of protest behavior, directed to an attachment figure (a sexual partner) and precipitated by perceived threats of separation or abandonment. Fearful individuals "desire social contact and intimacy but experience pervasive interpersonal distrust and fear of rejection" (Bartholomew, 1990:171).
Even if there are still important methodological issues in measuring the concept of insecure attachment in adults, this model has been used both to account for the etiology of partner violence and to focus on problematic parenting and negative outcomes for children. In a recent work, Dutton (2012) provides a summary of the most relevant findings in this field related to partner abuse.
With regard to child maltreatment, an hypothesis is that it may negatively affect the attachment between the caregiver and the child. According to some authors, maltreated children are more likely than non-abused children to develop negative representations of their caregivers and/or themselves (Cicchetti, Toth, & Lynch, 1995). Hence, abused children are at significant risk of developing insecure attachments, because they receive ineffective emotional support from caregivers (Cicchetti, Toth, & Lynch, 1995). The contrary has also been found where children develop secure attachments to their abusive parents (Lamb, Gaensbauer, Malkin, & Schultz, 1985). Findings about exposure to domestic violence applying this theory are still not clear either. They will be discussed further in Chapter 2, specifically dedicated to the phenomenon of EDV.

2) *Social Learning Theories*: Although specific explanations of social learning vary, generally these theories propose that aggression is a conflict tactic, learned through modeling (or imitation) and conditioning (Dutton, 1995; O'Leary, 1988). These models explain the process by which people learn social behaviors by observing others response to a given situation (Bandura, 1961) and as a result of the rewards and punishments consequent of the response (conditioning). Several studies report that children who are victimized by physical assault or witness to violence are more likely to use physical violence toward others, both when they are children and later. Social learning theories

hypothesize that these children have received the message that physical violence toward others is a normative behavior and that violence is a valid conflict resolution strategy (Freierson, 1999). Some theories describe how men learn to be violent during conflicts, and include as causal variables both the perpetrators' prior experience with violence (i.e., in the family of origin, with peers while growing up, and in earlier relationships) and their attitudes about aggression (for example violence is considered a justifiable way to resolve conflicts) (Riggs & O'Leary,1996).

Several empirical studies for the modeling effect on subsequent aggression can be found in the literature (e.g. Pears & Capaldi, 2001, Dixon, Brown and Hamilton Giachritsis, 2005) However, other findings suggest that observational learning may not be sufficient as a mechanism for the development of aggression. For example, Hughes (1988) sampled children who had been abused, had witnessed abuse and a comparison group. He found that the group that had witnessed abuse, but had not themselves been abused, was not significantly different from the comparison group on the behavioral measure (Freierson,1999). Critics of Social Learning Theories, in particular to the claims of causality, highlight that many individuals exposed to violence do not repeat the same patterns as adults (Mihalic, 1997). This has led to calls for examining the mechanism by which violence in the family of origin is associated with later family violence (Kaufman & Zigler, 1993).

To integrate this perspective, the *Social Information Processing* model helps to explain how cognitive factors are able to account for individual patterns of learned responses related to victimization (Freierson, 1999). This model posits that the development of emotional and behavioral adjustment or maladjustment in children is a function of cognitive factors that contribute to socially competent behavior in children (Dodge, 1980,1986). Even if this theory has significant empirical support, it has been criticized as well for not adequately explaining the formation of biased social information processing, and for ignoring the social context in which the child develops his/her own repertoire of responses to situations (Freierson, 1999).

A more recent variation of what is labeled as Learning Theory of Violence is the *Trauma Theory*. This model helps to explain prolonged reaction to traumatic events: abused children or adults suffer from PTSD (Post-Traumatic Stress Disorder) and both trauma and PTSD have effect on subsequent traumas (Breaslau et al., 2008), increasing the vulnerability to re-victimization. This for example can explain the fact that childhood sexual abuse places at greater risk for a variety of re-victimization experiences.

3) The *Ecological Perspective*: While the medical, psychological and socio-psychological models presented so far have helped to broaden our understanding of domestic violence, each of them seems to focus on particular aspects, ignoring the social arrangements in which people live. Focusing mainly on individual characteristics or the child-caregiver relationship, these approaches risk to assume wider characteristics of the social environment are non problematic. According to some authors (Steinmetz S.K. & Straus M.A., 1974; Straus M.A., 1980) the individualistic values of Western society have shaped a cultural tendency to attribute the causes of problematic behaviors to the individuals, assuming they are different and pathological, without an essential critic of the context that influences both these behaviors and those who label them as deviant.

The Ecological Perspective, mainly developed by social psychologists, is an attempt to fill in this gap, offering a unifying perspective. I describe here the development of this perspective in a more detailed manner, since it has framed much of the knowledge and research on children and specifically child welfare in the last few decades and it is widely adopted to frame the analysis of partner abuse as well.

In the child maltreatment area, the ecological framework was first advanced to organize the various research findings on the etiology of the phenomenon (Belsky,1980). More recently, it has been applied in the field of partner violence by a variety of theorists, such as Dutton (2006) and Heise (1998), who advocate the use of an integrate framework to more completely capture the multiple levels of factors influencing the experience of IPV.

The ecological perspective draws on Von Bertalanffy's (1968) *General Systems Theory*, that has been applied by developmental psychologists, interested in the ecology of human development (Bronfenbrenner,1979).

Drawing on Brofenbrenner's theory[5], in the late 1970's two authors, Garbarino (1977) and Belsky (1980), proposed an ecological model specifically related to child maltreatment. These authors discuss a re-conceptualization of child abuse that moves away from the

[5] Bronfenbrenner (1977; 1979) first proposed to interpret and describe the ecological environment as an interaction of four systems: 1) a microsystem, defined as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979, p. 22); an example of these setting are home, school, or workplace;
2) a mesosystem, that consists of the interrelations among two or more microsystems where the person is involved (Bronfenbrenner, 1979, p.25);
3) an exosystem, that includes "settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person" (Bronfenbrenner, 1979, p. 25). The parent's workplace or the governmental agencies can be examples of exosystems;
4) a macrosystem, the highest level of systems, which consists of culture and beliefs of the society where the person lives.

traditional focus on clinically defined pathology. This model assumes that various forms of child maltreatment are best understood along a continuum of child-caregiver relations, within the context in which they develop.

Garbarino (1977) attempts to explain child maltreatment, distinguishing "sufficient" and "necessary" conditions in which child abuse can occur. "Sufficient conditions" are mainly described in relation to the lack of competence in performing parental roles, such as little experience, unrealistic expectations about children or unsuccessful copying with stress. There are many families with sufficient conditions, but necessary conditions might move them from potential to actual abuse. Among the latter, Garbarino identifies: 1) cultural justification or support for the use of physical force against children, and 2) "the inadequacy and inadequate use of family support systems", (Garbarino, 1977: 721).

While criticizing previous studies on child maltreatment, that had focused mainly on child and family characteristics, Garbarino and his colleagues emphasize the importance of neighborhood support system (Garbarino & Sherman, 1980), community context (Garbarino & Crouter, 1978), and culture (Garbarino & Ebata, 1983) for studying child maltreatment.

This framework has been further developed to include how interactions between various systems (e.g., family and community) affect maltreatment (Belsky, 1993). Belsky's model of explanation (1980) is similar in that it draws heavily on Brofenbrenner's model, although it has been modified to incorporate the Tinbergen's explanation of "ontogenic development", that accounts for the individual differences that parents bring to the micro-system (i.e., the family). Belsky frames child maltreatment as "multiply determined by forces at work in the individual, in the family, and in the community and culture in which the individual and the family are embedded" (Belsky, 1980: 326). Moreover, he maintains that "these multiple determinants are ecologically nested within one another". Belsky's framework can be visualized through concentric circles, that capture the four levels of analysis: 1) the ontogenic development represents the characteristics and personal history brought by the individuals in the relationship; 2) the micro-system level includes the immediate context in which child abuse takes place (i.e. the family or other intimate relationships; 3) the exo-system level consists of the institutions and social structures that affect the micro-system; 4) the macro-system is described by the beliefs and the views held by society at large about child maltreatment. In a more recent article Belsky (1993) proposes an "ecological-developmental model", able to frame the analysis of child maltreatment by integrating concepts from different theories (i.e life-course theory to

immediate-situational theory, to historical-evolutionary theory (Belsky, 1993). Each theory can contribute to explain a variety of factors that in this model are seen as operating through "transactional processes" at various levels of analysis in the broad ecology of parent-child relations. This model also suggests that what determines whether child maltreatment takes place or not is a balance of stressors and supports (Belsky, 1980) or of potentiating (i.e. risk) and protecting (compensatory) factors (Cicchetti & Carlson, 1989).

In the partner violence area of research, several concepts of the ecological perspective have been used to conceptualizing the etiology of violence as a multifaceted phenomenon (Carlson, 1984), grounded in an interplay among personal, situational and socio-cultural factors (Heise, 1998). Hiese (1998) has adopted Belsky's descriptive nomenclature to organize and integrate research findings on IPV, as a tool to encourage a more integrated approach to theory building regarding gender-based abuse. Dutton's (2006) *Nested Ecological Theory* draws from the same model, in order to identify five levels of analysis to account for intimate partner violence. In his work the author not only describes his model, but provides a detailed description of theoretical explanations and empirical findings that at different levels of analysis can account for the complexity of the phenomenon. According to Dutton (2006), this perspective responded to the singular focus in previous psychological theories on the effect of biological phenomenon or mechanism in accounting for violence in the family. Its main strength is the attempt to provide overarching complex explanations, that connect different theoretical constructs. However, it is recognized that while this more dynamic ecological–transactional perspective has provided the opportunity for progress, "challenges remain in capturing the central dynamic component of such theories in research designs" (See review by Sameroff & MacKenzie, 2003).

1.5 Sociological explanations of family violence

Historically, mainstream sociology has been much concerned with analyzing social conflict, but much less focused on the specifics of domestic violence (McKie, 2006; Ray, 2000, 2011). Major twentieth-century sociological traditions, from Parsonian to Frankfurt School, have theorized violence, but generally not prioritized domestic violence.

In the 1970s, Straus (1973) - one of the most influential sociologist in the field of family violence - noted that, although physical violence between intimate partners was a

widespread phenomenon, it received very little attention in sociological research. He attributed this to a "selective inattention" by both laymen and social scientists (Straus, 1973), determined by the myth of family non-violence[6] between family members. This explanation is in line with the analysis provided in paragraph 1.2, referred to the historical context that allowed to uncover the phenomenon of family violence as a researchable social issue, only after the 1960s.

Although sociologists are late arrivals in the study of family violence (Bersani, 1988: 57), several sociological perspectives can now be used to account for a more complex view of the phenomenon, not only assessing the extent and the social factors associated with the problem, but also discussing previous definitions and empirical researches on a methodological ground (Gelles, 1985).

Regarding theory, sociology applies a very diverse set of perspectives.This diversity is justified by the fact that different levels of analysis are needed to fully understand complex social phenomena, answering questions about structural and cultural factors, as well as interpersonal relations and social groups, within particular historical and geographical contexts.

In this paragraph the attempt is to summarize some key concepts of theories, that help to account for child and spousal abuse. This review is organized distinguishing 1) micro-level (*Resource Theory*, *Exchange/Social Control Theory, Symbolic Interactionism)* and 2) macro-level theories and perspectives (*Subculture of Violence Theory, Conflict Theoris, Feminist Perspective, Structural Theories, System Theory of Violence).*

1.5.1 Micro-level theories and perspectives

The *Resource Theory* (Goode,1971) posits that individuals use the available resources (e.g. income, education, social skills, status), including violence, to achieve their goals. Goode (1971) uses Blood and Wolfe's (1960) concepts of power and resources, applying them to the area of family violence. Violence is considered as one of the available resources that may be used when the others are lacking. According to Goode, higher rates of family

[6] According to Strauss, the myth of family non-violence assumes that family members maintain an affectional and loving relationship. According to Straus (1973), the idealized picture of family life is a useful and perhaps even a necessary social myth. The utility of the myth results from the fact that the family is an important social institution. Therefore, elaborate precautions are taken to strengthen and support the family. In Western countries one of these supportive devices is the myth or ideology of familial love and gentleness. This ideology helps to encourage people to marry and to stay married. It tends to maintain satisfaction with the family system despite the stresses and strains of family life (Ferreira, 1963).

violence should be found both in lower social strata, that experience greater frustration due to fewer resources available, and also in families where the classically dominant member (husband/father) fails to possess the superior skills and resources upon which his preferred status is based (Goode, 1971: 693). According to this theory, we should expect to find that in families where the wife's occupational status or her education is higher than the husband's, there may be a use of violence as a resource for evening the balance of power or a means of coercing respect from family members.

The *Exchange/Social Control Theory* proposed by Gelles (1983) draws from the Exchange Theory two assumptions. First, human interactions are guided by the pursuit of reward and avoidance of costs. Second, there is an expectation in these interactions that rewards should come equally to both parties to maintain them; if this does not happen the relationship can be broken. According to this explanation, family violence occurs when rewards outweigh costs. However, Gelles highlights that interfamilial relations, differently from other forms of interactions, cannot be broken easily and this situation may be a source of conflict. To integrate the Exchange Theory hypothesis, Gelles draws from the Social Control Theory the assumption that individuals must have control mechanisms, that prevent them to committing crime. To sum, Gells suggests that family violence is more likely to occur when three features are present: a) the lack of effective social controls (legal or social consequences), b) a normative power structure, that promote gender and generational inequality, as well as c) privacy norms of the family, that decrease the cost of violence. For example, certain cultures may consider violent behaviors as a proof of masculinity and violent family members may actually have a status gain if other forms of social control are lacking.

The *Symbolic Interaction Perspective*: Although a symbolic interaction approach has not yet been used to formulate a theory of violence, it is included in several reviews, given the usefulness of some of its constructs (Bersani,1988; Lawson, 2012). Gelles and Straus (1979) draw from Plummer's (1974) symbolic interaction theory of sex, as a basis for identifying some of the elements central in this perspective, that help to arise important researchable questions in the field of family violence. A symbolic interactionist perspective would analyze the different meanings of violence that people hold, and how these develop, persist and are modified in interactional contexts. This "meaning in the making" process - namely how these meanings are constructed in social interactions, how they influence

identities, role expectations, the construction of the "significant other"[7] and in turn situational settings - is the core contribution of this framework. This perspective helps to account for differential commitment to family identities, their consequences in intimate relationships, to what extent they are defined by significant others, how extra familial identities interact with familial identities, how crisis can threaten self-identifications, how may role-taking differ as role expectation changes across the life course and which are the consequences.

The formulation of this approach enables an articulation not only among sociological theories, but also between sociology and social psychology, the first building in one direction towards the behavior of collectivities, the latter towards the behavior of individuals (Stryker, 1967). In the area of domestic violence it may provide a framework facilitating movement from the individual to the societal level, allowing systematic transactions between them and analysis of the viewpoint of different subjects involved in the investigations. Unfortunately, there are no empirical studies of this kind in the literature known to the author.

1.5.2 Macro - level theories and perspectives

The *Subculture of Violence*, originally developed as a general theory of violence by Wolfgang and Ferracuti (1967), calls attention to a normative system, which shapes the conditions that lead to consider violence as normal or actually rewarding. Violence is view as a normative response, that is socially learned. This explanation, however, has been criticized because it does not account for the actual genesis of such values and norms as cultural patterns. Other authors, such as Curtis (1975), have expanded this theory including social structural variables. By contrast, the Milwaukee study (Bowker, 1983) tried to apply the explanations to all socio-economic groups, finding that the subculture of violence is not confined to single social class, geographical area, race or religion. He suggests, for

[7] The concept of "significant other" has come into use. This concept represents the recognition that, in a fragmented and differentiated world, not all the persons with whom one interacts have identical or even compatible perspectives; and that, there-fore, in order for action to proceed, the individual must give greater weight or priority to the perspectives of certain others. To speak, then, of significant others is to say that given others occupy high rank on an "importance" continuum for a given individual (Stryker, 1967).

example, how some male peers subculture in different social groups may justify male dominance through violence against other family members.

The *Conflict Perspective*: Conflict theorists such as Coser (1967) have directed their efforts at addressing the limitations of functionalism that holds social order as a constant and recognizes the vital function of every form of deviance, including violence, to maintain consensus. By contrast, a conflict approach to violence views individuals, groups, and organizations as seeking to further their own interests, rather than a consensus-equilibrium seeking system. Its most basic assumption is that conflict is natural and inevitable in all human interactions and focuses on conflict management, rather than system maintenance.

Family violence theorists have incorporated these concepts in their own works. For example, Sprey 1974) views the family system as a process of continuous confrontation between its members with conflicting interests, where violence is a powerful option for advancing these interests when other means are ineffective. Steinmez (1978) uses the Weberian concepts of authority and power, to suggest that the most conflict-ridden families are those where an individual claims the superordinate position of authority, but lacks the power to have that authority obeyed (Bersani, 1988). One example is the possibility of violence between a teenager and a parent, who lacks the power to carry out the legal authority to control his/her children that he still retains.

The *Feminist Perspective* has produced one of the predominant theoretical models for intimate partner violence, framing it as a gendered phenomenon. Its assumption is that IPV cannot be adequately understood, unless gender and power are considered as the central component of the analysis (DeKeseredy & Dragiewicz, 2007; Dobash & Dobash, 1979; Johnson, 1995, 2005, 2006; Kurz, 1989; Yllo, 2005). From this perspective, the ideology of patriarchy is responsible for the perpetuation and acceptance of the abuse of women. It is characterized by values and beliefs, that promote male dominance, rejects egalitarian structures in the public and private spheres of life, and tends to view wife beating not only as acceptable, but also beneficial. According to Dobash and Dobash's (1979) the cause of violence against women and other family members is the authority and power differential, which is maintained and reinforced within the intimate relationship of a patriarchal family system. The latter is sustained by an ideology embedded in our system of institutions, including religion, political and economical systems. Socialization processes are key

elements in making superordinate-subordinate relationships taken for granted, so that they appear as natural roles in the families. More recent studies are going toward the direction of a more inclusive, culturally sensitive approach (Yllo, 2005) to account for different forms of oppression, such as class or race. They highlight that "there are multiple systems of oppression that independently and collaboratively create complex systems of stratification, that produce interlocking systems of inequality" (Collins, 2000). In addition, some of these theorists recognize the importance of an approach, that includes the study of other types of violence in the families, such as child abuse.

The *Structural Perspective,* in its original version, maintains that 1) deviance is unevenly distributed, 2) violence is a form of deviancy and 3) violence is the result of differential distribution of the factors that contribute to explain it. This approach assumes that people in certain structural positions suffer greater frustrations and a frequent response to these deprivations is to react with violence (Gelles e Straus, 1979). Then, this reaction may be institutionalized through differential processes of socialization, that lead those reared in disadvantage context to use different modes of dealing with stress and frustration (Coser, 1967:623; Steinmetz and Straus, 1974:233). Seemingly, Etzioni (1971), using the paradigm of "goals" and "means", illustrates that means for achieving cultural goals are differentially distributed: contexts where the goals are blocked by not having means lead to stress and frustration, but at the same time their culture (or subculture) may legitimize the use of violence to attain goals. This perspective explains violence as a result of differential distribution of some of the main causes of violence and the differential learning experiences, which provide norms and beliefs that legitimize the use of violence. More recently the concept of race, class and gender have been used to analyze the social structure, in addition to individual characteristics. Different positioning within social structures of inequality influence identities and behaviors and how individual perform or negotiate identities in social interactions, therefore hence the risk of violence perpetration or victimization.

System Theory. In order to provide a multidisciplinary perspective, several modern sociologist (Parsons, 1968; Buckley, 1967) have drawn from the General System Theory (Von Bertanlaffy, 1998). Straus (1973) has been the first who attempted to apply a system perspective to family violence. Similarly to the Ecological Model, this theory proposes that social systems, including the family, are interrelated networks of mutually causal elements,

with relatively stable patterns of relationships (Straus, 1973). The model also assumes that violence between members of a family is a systemic product, rather than the consequence of individual pathology or inadequate socialization. Straus's model describes how, within the family system, positive feedbacks produce an upward spiral of violence: these may include whether the act of violence is consistent with the actor's and the system goals, the role expectations of the victim, community tolerance for violence, and low power of the victim. By contrast, negative feedback processes – violence not consistent with goals or low community tolerance for violence - maintain or lessen the present level of violence. (Gelles & Maynard, 1987). According to Giles-Sims (1983), whose works focus in particular on partner violence, systems theory provides a basis for examining how feedback and response can escalate into violence or maintain non-violence. She developed a six-stage system model of violent relationships, to examine and understand the various processes that influence battered women's decision to stay, flee and/or return to violent relationships. Many characteristics of family structure, including forms of communication, information and feedback, stress level, explicit and implicit rules, impact the potential for violence in the system (Giles-Sims, 1983). In addition, the construct of circular causality holds that not only are all effects the result of multiple causes, but effects in turn influence the causal pathways.

1.6 Discussion: the development of perspectives applied in social work research

I introduced this chapter by briefly accounting for the discovery of abuse as a social issue and how the North American context reacted to it during the ninetieth and twentieth century. The analysis of how this problem was tackled by child protection agencies highlights several shortfalls in the way in which the interventions to help families struggling with violence were carried out. Drawing from Gordon's research findings, I then described some of the reasons that help to explain how the characteristics of child protection approach to family violence were shaped in relation to the historical context. In addition, I proposed to consider how some of the problematic beliefs that framed social workers interventions at that time can be compared to some assumptions that have been applied in theoretical explanations of family violence. When domestic violence was 'discovered' by researchers, the conceptual frameworks used to focus on narrow risk causal models, that tried to find individual characteristics able to account for the

phenomenon of violence. This goal of seeking direct causal agents has marked much of the history of behavioral and medical research, even in areas such as child and partner abuse, where the problem of interest is not easily defined through a cluster of symptoms (Dodge & Pettit, 2003). This model tended to attribute the causes of maltreatment to the individuals concerned and to assume they were different and abnormal. Professionals were seen as the experts on such an exceptional problem with the responsibility of 'doing something about it'. The research of Kempe's team has been fundamental in arising the awareness about child abuse and naming the issue as a social problem that has to be addressed. However, in their early works, we can find theoretical assumptions typical of a medical model that tend to pathologize social phenomena, without searching for broader explanations. Similarly to the case of SPCC social workers in the past century, this approach may be understandable in relation to its own context: in the Sixties the phenomenon was publically recognized for the first time and as Kempe highlighted in his popular article no research findings were available, so that only commonsense explanations were advanced.

Caplan and Nelson (1973) distinguish between "person-blame" and "system-blame", as two ways of assigning causes to social problems. We can recognize elements of a person-blame approach to explanations in both early child protection interventions - that mainly reflected common beliefs about domestic violence - and early medical and psychological researchers. This explanation can easily lead to inherently conservative solutions: change the individuals who 'cause' the problem (Dutton, 2006). Starting from the late 1960's sociologists challenged both the narrow vision of the medical model, that explained family violence by personality disorders (Bersani, 1988), as well as common believes, showing how family violence was a widespread phenomenon, rather than a rare pathology. Family violence sociologists were also critical of classical sociological traditions that used to label violence as a form of deviance or a social pathology. However, many of these models have been found too static and narrow in their analytical power. Macro-level theories and their 'top-down' way of explanations are not able to account for individual and group differences; moreover they often focus only on one particular factor (culture, income inequality, gender), not being able to account for the interdependent effects of other important variables. Micro-level sociological theories provide an important contribution in analyzing social interactions, but alone are not able to explain the broader complex phenomenon. A first stage of development of sociological theories can be defined as "system-blame", since it labeled the problem as caused by social-system characteristics. In

the social work field, these theoretical approaches guided the critique of the 'person-blame' approach to child protection. For example, the goal of social-control critique of social work and human services bureaucracies, as highlighted by Gordon (1983-84), was to uncover many aspects of domination, that arose from specific definitions of social order that are in fact "socially constructed". According to this perspective, the root of the problems lies in the social system, whereas control and rescue oriented intervention are only functional to the dominant group.

Despite several investigations, no singularly necessary or sufficient cause of maltreatment has emerged, and there has been a growing awareness about the necessity to move beyond simplistic, single risk variable predictor models (Belsky, 1980; Cicchetti & Rizley, 1981; Cicchetti, Toth & Maughan, 2000; Masten & O'Dougherty Wright, 1998; Nair et al., 2003).

In the 1970s and 1980s both psychological and sociological approaches started to incorporate concepts from other theories, to account for the complexity of the phenomenon. The structuralist approaches started to include references to frustrations, learning experience, and subcultural models of adapting to stress; cultural approaches recognized the importance of variables in the broader social structure, to account for differences between cultures or subcultures; feminists started to integrate the concept of race and social class to explain cross-cultural differences in gender-symmetry. Micro-level theories have been integrated in order to explain how definitions and meanings referred to roles, relationships and violence between intimate are constructed or challenged in the social interactions. In the psychological area, an integrated ecological framework (Belsky, 1980; Garbarino, 1977; Heise,1998; Dutton, 2006) has been used to replace polarized theories and take into account aspects of the environment that influence the immediate situation of the individual, challenging the early medical perspective that regarded violence as qualitatively deviant from normal relationships. Similarly, Straus (1973) and Giles-Sims (1983) turned to the General System Theory, in order to provide a more comprehensive and dynamic framework, as well as a multidisciplinary overview of all the theoretical efforts, accounting for the connections between micro and macro level of explanation. In these integrated approaches, 1) the structural and cultural elements identify the conditions which may produce violence, 2) the social learning and symbolic interactionist concepts explain the socio-psychological mechanisms by which these structural conditions are transformed into individual behaviors, and crystallized into cultural norms and values and 3) theory at the individual level account for characteristics of pathology, when present, and

personality traits that can be related to violent behaviors. Both systemic and ecological approaches do not decide *a priori* whether the problem lies inherently in a person, in the system, or in their interaction. Rather, contributions from different levels of analysis are assessed and specific interactions between levels are viewed as likely causal models.

During the 1980s the main limitation was that a few number of studies have attempted to test formally theoretical perspective, especially in the sociological field. Developing a useful model of explanation requires empirical verification, research designs sufficiently sophisticated to address both internal and external validity and enough funding devoted to family violence research. In the 1990s the first studies designed to test the Ecological Model of child maltreatment began to appear. For example, some authors found evidence for risk factors from several ecological levels, that were predictive of reported maltreatment during the first year of life (Kotch et al., 1995). In the IPV area, Stith et al (in Dutton) performed a meta-analytic study, using an ecological model to organize risk factors at different level of analysis.

Contemporary research in the child abuse area tends to combine bio-ecological and life-course theory of development: the etiology of maltreatment is explained in relation to a developmental context, accompanied by a stream of related risks and protective factors. Child welfare services are part of the ecological context, that influences progression along a developmental trajectory[8] (Wulczyn, 2005). Hence, different trajectories are governed by interactions of formal social institutions (i.e. public policies and laws) and community-level sensibilities, that shape the response to parents who violate child-rearing norms. Bio-ecological/life-course perspective encourages age-differentiated analysis, able to account for the reciprocity of individual and environmental influences. The effort to move away from specialization and differentiation and the ability to make connections is now aided by the use of new methods, such as multilevel models (that simultaneously examine individual and contextual characteristics), longitudinal panel studies (able to account for changes over time), ethnographic studies (able to provide insights of the experience of violence for victims, perpetrators and professionals that deal with the issue). Anderson

[8] In particular form the life-course perspective - an emerging body of inquiry that spans different disciplines - the concept of trajectories - namely, "pattern in the timing, duration, spacing and order of events" (Elder, 1998) - has been found useful in multilevel analysis. In the child welfare field, "developmental trajectories" refer to the entire life course from childhood to adulthood, including social, emotional and cognitive functioning in a social context. In fact, we do not have complete record of this type of data for a large population, so that for now classical developmental theories are use as substitude (beyond common sense p 31 e 38) with age as a crude developmental proxy. "Maltreatment trajectories" refer to the course of maltreatment in the family context, which can involve different members at different times, and several typologies.

(2010) provides a detailed review of the 2000s research effort to study poly-victimisation, linking research methods and theoretical explanations.

CHAPTER 2 - CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE (EDV): PREVALENCE, IMPACT ON CHILDREN AND CHILD PROTECTION RESPONSE

2.1 Definitions of children's exposure to adult domestic violence

This chapter aims at providing an understanding of how "children's exposure to adult domestic violence" is defined, why it is considered a problem, what is known about its effects on children, and how the North American context has framed and tackled the issue. The discussion will focus on several definitions that emerged in different contexts, from research to practice.

Throughout this work the phrase "exposure to adult domestic violence", often synthesized by the acronym EDV, will be used to describe the multiple experiences of children living in homes where an adult is demonstrating violent behavior against an intimate partner. The specific meanings of each term of this expression will be clarified during the following discussion.

The categories included in the definition of violence against women and children have continued to change over time. As discussed in chapter one, an initial attempt to define and study child maltreatment was made by the clinician Henry Kempe in 1962, through the definition of "battered child syndrome". By 1976 he had abandoned the concept in favour of the more inclusive term of "child abuse and neglect". Partner violence has been substantially documented in historical analysis of CPS caseloads (Gordon, 1988), however the consequences on children have become a major area of research only in recent years, in relation to a new awareness of the resulting negative impact. In the North American context, starting from the 1970s, feminist researchers and advocates have identified domestic violence as a serious and pervasive social issue, primarily affecting women. This resulted in substantial changes to housing, social services and legal reforms, mainly concerning female victims. In the mid 1970s, the potential consequences for children were first recognized (Levin, 1975; Moore, 1975). A body of evidence emerged, highlighting a widely varying but negative association between children's problems and exposure to violence between their parents. Meta-analyses of this body of research reveal that exposed children often show greater behavioral, emotional and cognitive difficulties, compared to those who are not so exposed (Kitzmann et al., 2003; Wolfe et al., 2003); however, these

impacts vary depending on a host of protective and risk factors in each child's life (Edleson, 2004).

The changing definition of EDV becomes apparent when analyzing the various ways in which it was named. For example, in 1999 Edleson defines "witnessing a violent event" as "being within visual range of the violence and seeing it occur, but also hearing traumatic events, being used in direct event of violence and experiencing its aftermath" (Edleson, 1999: 840). In the most recent North American literature, terms like "witnessing" or "observing" domestic violence have been replaced by the category of "exposure to domestic violence" (EDV), which is considered to be more inclusive when determining grounds of intervention (Hayes, 2006). Vine et al. (2006) argue that reducing children's experiences of "witnessing" leads to minimizing the danger and ignoring the context in which children live every day. (Vine et al., 2006). "Exposure" can include watching or hearing violent events, being directly involved or experiencing the aftermath of the event (Fantuzzo & Mohr, 1999), or being manipulated by the abuser to gain further control over his/her partner (Faller, 2003). Some authors (Cross et al., 2012) have chosen to use the broader term EDV, instead of exposure to intimate partner violence (IPV), to also capture children witnessing violence between a caregiver and another adult taking place in the home.

There are emerging movements in several countries to improve policy and practice to address this issue. The collection of new data on EDV is of paramount importance in informing the design and implementation of new interventions. While the data indicate substantial prevalence on the problem, statistics on EDV almost certainly underestimate the size of the problem. DV is typically a hidden crime, whose victims tend to underreport both to authorities and researchers (Dauvergne & Johnson, 2001; Public Health Agency of Canada, 2010). In relation to what is known so far, the prevalence of EDV strongly suggests the need for enhanced policy and practice to protect children from this form of victimization. One option considered in the North American countries has been to extend mandatory reporting to children's EDV, just as it applies to other types of maltreatment. Several authors have highlighted how this choice may lead to a variety of negative outcomes. An often cited case reported in the literature is the 'Minnesota experience' (Edleson et al., 2006). Minnesota legislation in 1999 defined EDV as a form of child neglect and therefore reportable, but did not increase state funding to support the legislation. A resulting rapid increase in the number of reports strained the capacity of child welfare, except in one county that had developed a specialized DV team.

Administrators were concerned that screening of EDV was diverting resources from services, whereas women's advocates were arguing that defining EDV as neglect was leading to blaming the adult victim (in most of the cases, the mother). New funding were not provided, and without it, reporting of EDV was no longer mandatory, although the county with the specialized DV team still maintained it. This case is often used to debate the consequences of defining EDV as child maltreatment, as well as the role and appropriate practices of child protection in these cases. For example, mandatory reports may enable seriously endangered children and the affected parent to be protected from harm. However, from a women's rights perspective, while it is acknowledged that victimization affects the whole family, mothers may be more often held accountable for the effect of family violence on children, rendering the mother subject to feeling re-victimized (Shlonsky & Friend, 2007).

This chapter briefly summarizes current knowledge on the prevalence of EDV in the next paragraph. Paragraph 2.3 then discusses child welfare policies and practices constructed to tackle the issue and the debate that arose. We focus on Canada and the United States (US), since these countries share a similar socio-legal context, and we can refer to population surveys and administrative data to account for the phenomenon.

2.2 The prevalence of EDV

Data on child maltreatment comes from a variety of sources, including national crime reports, population-based survey and public health epidemiological studies (Frierson, 1999). How many children are maltreated in the population is a subject of debate in the literature. There is agreement only on the true extent of child maltreatment that is unknown. Many incidents of abuse or neglect are never admitted or reported (Cicchetti & Carlson, 1989). Estimates indicate that between half to four fifths of all victims are not known to CPS services (Bolen & Scannapieco, 1999) and the tip of an iceberg is often used as a metaphor to represent this gap. Moreover, as is often the case for complex phenomenon, studies on child maltreatment differ in relation to many factors: how violence is operationally defined, what it includes (physical abuse, emotional abuse,..), the time frame considered (past year/s vs. lifetime) and the type of sample studied (shelter based, population-based,..) (Carlson, 2000).

With regard to children's exposure to domestic violence (EDV), available data comes from different types of sources. This section distinguishes: 1) survey on the whole population, 2)

survey of professionals and 3) administrative data. Each source of information has its own limitations, that will be discussed; perhaps the main problem is that, when definitional specificity is lacking for the concept of violence and related terms, the potential for a comparison of different studies and their results is marginalized. Nevertheless, when combined, even different sources of information create compelling evidence concerning the magnitude of the problem of children's exposure to violence.

2.2.1 Prevalence and characteristics of EDV, according to population surveys

Walby & Myhill (2001) describe the development of typologies of quantitative surveys, focusing on violence against women (VAW) studies. Walby & Myhill's classification is used here as a model, to organize the discussion about results from different survey that are helpful in understanding the prevalence of EDV. According to Walby & Myhill, a first type of population surveys, the *national crime surveys*, have been developed in order to measure the crime that was not reported to police, collecting data based on the perceptions of victims, rather than official agencies. A second type consists of a revised versions of the generic crime surveys: for example in the US National Crime Victimisation Survey, questions were added to recording specific issues, such as violence against women or children. A third generation of surveys has been instead specifically dedicated to the problem of domestic violence; one example is provided by the US National Family Violence Survey (Straus and Gelles, 1990). Lastly, in the field of VAW, a more recent type of surveys has been designed to record a range of violence against women, that attempted to locate domestic violence in a context, so as to ascertain its meaning and impact (Walby & Myhill, 2001), and investigate a greater range of violence. This wave of national surveys originated in Canada, drawing on a series of non-national studies, became a model for surveys in several other countries. Perhaps the most contentious issue in all these surveys has been the operationalization of the term "violence" and the terminology used to ask questions about it[9]. A similar typology can be used to describe population survey, that provide information on EDV.

[9] For example "conflict tactics" was used by Straus and Gelles (1990) in the US Family Violence Survey, while "violence" was the lead concept used by Statistic Canada (Johnson, 1996) and its followers, although its list draws on a modified version of the conflict tactic scale. The Conflict Tactic Scale developed by Straus and Gelles (1990) lists a series of methods of dealing with conflict, ranging from verbal reasoning to serious violence, and it has been widely used in recognition to its usefulness in distinguishing different kinds and level of violence. However, there has been some

Studies on spousal violence have generally focused their attention on its impact on adult victims and less on the effects on children who witness/experience the violence. Until recently, child witnesses have been called the "silent", "forgotten" or "unintended" victims of partner violence (Elbow, 1982, Groves et al., 1993). Following the Walby's classification, the examples of fourth generation surveys on children victimization are a very recent development, limited to the US context. For a long time, VAW surveys have been used as the main source for estimating the phenomenon of EDV. For example, both the *1993 Canadian Violence Against Women Survey (*CVAWS) and the *1995 US National Violence Against Women Survey (*NVAWS) posed questions to respondents about experiences with violent victimization, using items regarding physical assault as children by adult caretakers, physical assault experienced as adults, and queries about whether their children witnessed the violence[10]. The two national surveys showed that 33.2% of Canadian battered women and 40.2% of American battered women reported that their children had been exposed to the violence against them (Thompson et al., 2003: 445).

Measuring the extent and nature of violence against children and youth in the whole population poses some complex challenges. The hidden nature of abuse can easily lead to reduced levels of detection and subsequent reporting by others (Kesner et al. 2009; Lazenbatt & Freeman, 2006). In addition, there are several methodological and ethical issues in constructing an instrument able to meet child specificities. Children may be unable or reluctant to report their victimization, due to their age and stage of physical, mental and cognitive development and/or due to fear of the consequences of reporting (United Nations, 2011; Au Coin, 2005).

First and second generation surveys, namely general crime surveys, are often not able to estimate accurately children's EDV. Nevertheless, in spite of challenging conceptual and methodological issues, research findings to date provide consistent evidence that violence occurs in large numbers of households with children and it is often linked to child

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dispute over whether it is the act or its impact to be important and whether data on acts makes sense outside of the context in which the scale was constructed (Walby & Myhill, 2001). Controversially, the Straus survey found that men were as likely as women victims of domestic violence; after it was vehemently argued that the impact of this violence on women was much greater than that on men (e.g. Dobash et al., 1992), that men are more likely to injure women than viceversa (Schwartz, 1987), and that women who hit men are likely to be responding in self-defence (Nazroo, 1995). Since this controversy, many subsequent survey, starting with Statistic Canada, have included questions on the impact of violence and on the context and meaning in which it tooks place, even while they have continued to use part of the Straus scale.

[10] Whether children witnessed the violence was assessed by asking women in the CVAWS "Did any of your children ever witness any of the incidents?" and in the NVAWS "Did any of the children living with you ever witness the violence?"

maltreatment (Fantuzzo & Mohr). For example the *National Crime Victimization Survey (NCVS*), conducted by the U.S. Department of Justice provides annual estimates of crimes experienced by the public at large, including questions on domestic violence and about whether children are living in the victim's household. What we know from 2004 NCSV is that during that year there were approximately 627,400 nonfatal intimate partner victimizations and that children resided in 43% of the households in which IPV occurred with a female victim (Catalano, 2012).

Also the third generation survey, specifically dedicated to family violence, has not been constructed to understand children victimization. Some authors have been able to derive rough estimates; the two most commonly cited EDV incidence estimates in the United States are 3.3 million from the *1975 Family Violence Survey* and 10 million from the *1985 Family Violence Survey*. These numbers are frequently combined and cited as a current finding (Carlson, 1984; Straus & Gelles, 1990).

In Canada, the *General Social Survey on Victimization* (GSS) explores different kind of and it is also able to provide some information about children exposed. The GSS asks persons aged 15 years and older living in private dwellings about their experiences of victimization. As a result, children under 15 years of age are not eligible to participate in the survey. The GSS on victimization is based on spousal victim's reports of their children's exposure within the previous 5 years, so that it is somewhat possible to examine the prevalence of EDV, as well as the difference in the severity of these incidents. Findings from the *1999 General Social Survey (GSS)* show that children heard or saw assaults on a parent in an estimated 461,000 households with spousal violence in the five-year period preceding the survey. This represents 37% of all households with spousal violence.

Dauvergne and Johnson (2001) use data from three different surveys (the *1999 General Social Survey on Victimization*, the 1993 *Violence Against Women Survey*, and the *1998-99 National Longitudinal Survey of Children and Youth*) in an attempt to provide estimates regarding the extent of family violence witnessed by children in Canada. They also compare the characteristics of these children and their families to children who have not witnessed violence. While both GSS and the VAWS surveys interview a random sample of adults (women only in the case of the VAWS) about their experiences of spousal violence and whether their children witnessed the violence, in the NLSCY, a random sample of children is selected and the person most knowledgeable about the child is asked questions specifically about the child (Dauvergne & Johnson, 2001). Respondents are asked how often their children, age 4 to 11 years, see adults or teenagers in the home physically

fighting, hitting or otherwise trying to hurt others. According to this definition, 8% of children in this age group (approximately 247,000) had witnessed violence in their homes.

The GSS also provides some information about the characteristics of violence. According to the 1999 GSS, in 70% of spousal violence cases with child witnesses, the violence was directed at their mothers, and in 30% of cases to fathers. In addition, the violence children witnessed against their mothers was more serious. In half of all cases of wife assault witnessed by children, the women feared for their lives or were physically injured. In 21% of cases, female victims suffered injuries requiring medical attention and in 14% of cases they were hospitalized. Four out of ten suffered repercussions serious enough to require them to take time off their daily activities, to cope with the violence. The consequences of spousal violence for male victims were less severe, though one-in-five male victims were physically injured or took time off daily activities and one eighth feared for their lives.

In the same work, Dauvergne and Johnson (2001) also provide a profile of families where children witnessed violence, combining NLSCY and GSSS data. Although family violence is a phenomenon that crosses all socio-demographic groups, particular characteristics of these families can be highlighted. According to the NLSCY, the percentage of children who witnessed physical fighting was slightly higher for older children (8 to 11 years of age) and for those who had older parents (35 to 44 years). Rates of children witnessing violence are linked to socio-economic status of households. The highest percentage of children witnessing was reported when both parents were unemployed (12.8%), or in the case of single parents, when the parent was unemployed (14.2%), as well as in households that fell below the low income cut-off level (11.4%). Family structure also matters: blended, step or single parent homes showed higher percentages of children witnessed violence, than biological or adoptive two-parents families, and if their family structure had undergone change over the previous two-year period. The NLSCY also indicates that drinking problems within the family are associated with children witnessing physical violence among teenagers or adults. Parenting style was also found to be linked to children's exposure to violence in the home. The NLSCY attempted to capture the diversity of parent-child interactions, using four different scales (positive interactions, consistency, effective parenting, and rational parenting). Result showed that children who witnessed physical violence between adults and teenagers in their homes were more likely to have lower levels of positive, effective or rational interactions with their parents, compared to children from non-violent homes. Lastly, some caregiver’s characteristics were found associated with EDV. In particular, NLSCY data indicates that the parents of children

exposed report significantly higher rates of depressive symptoms. According to the 1999 GSS, the presence of child witnesses to violence elevated the tendency for spousal violence victims to seek help from criminal justice and social service agencies (45% violence cases witnessed by children compared to 18% where children were not present). In addition, children who witnessed adults or teenagers fighting in the home were more likely to have had contact with mental health specialists.

The combination of data sources used by Dauvergne and Johnson (2001) is a useful attempt to provide a first understanding of the phenomenon of children's EDV in Canada; however, these general surveys have not been designed in order to estimate the number of children who witness violence in their families. Several issues make it likely that the estimates obtained underestimate the true extent of violence witnessed by children. First, responses to the survey questions are provided by parents, who may falsely assume that their children were not aware of the violence (Jaffe, Wolfe & Wilson, 1990), or may intentionally minimize the extent of violence witnessed by children for several reasons. Second, all these surveys fail to account for the more covert ways in which children may be exposed to violence. Exposure to emotional abuse or indirect exposure, which can also be damaging to children's development is one example. The GSS asks whether the child ever saw or heard a violent incident, while the NLSCY and VAWS only attempt to measure the amount of violence that a child sees directly. More recent estimates are provided by the 2009 GSS, with similar limitation to understanding EDV.

In the US there have been recent attempts to develop what, applying Walby's typology on VAW, we have called a last generation survey, specifically designed to capture the nature and the extent of violence against children. For example, the *Developmental Victimization Survey* (DVS) (Finkelhor, et al., 2005) was conducted in 2003 by the University of New Hampshire on a nationally representative sample of 2,030 children ages 10 to 17 and caregivers of children ages 2 to 9 about their past-year exposure to crime and violence. An ad hoc questionnaire, the Juvenile Victimization Questionnaire (JVQ) (Hamby & Finkelhor, 2001), was administered to capture five categories of victimization: conventional crime, child maltreatment, peer and sibling victimization, sexual assault, and witnessing and indirect victimization (Finkelhor et al., 2005; Kracke & Hahn, 2008). DVS generally found a higher rate of specific types of victimization than earlier studies such as the National Crime Victimization Survey. Nearly three-quarters of the respondents (71%) reported a direct or indirect victimization within the past year. More than one-third of those surveyed reported that they witnessed violence or were otherwise indirect victims of

violence. DVS however provided only a limited assessment of lifetime incidence of exposure to violence, and had limited measurement of exposure to family violence, exposure to community violence, and school violence and threats. DVS also did not include children younger than age 2. The most recent survey of this kind, the *National Survey of Children's Exposure to Violence* (NatSCEV), expands on DVS by comprehensively assessing lifetime exposure, considering additional forms of violence, and including infants in the sample. With its much larger sample size, NatSCEV also allows for more reliable estimates of rarer forms of victimization and more accurate rates within different subgroups of the population (Finkelhor et al., 2009). NatSCEV is able to provide more precise epidemiology for children exposure to violence, breaking it down by various distinct and sometimes overlapping types, as well as by age and by last-year and lifetime rates. The 2011 NatSCEV used an enhanced version of the Juvenile Victimization Questionnaire, that covers 54 forms of offenses against children and youth in a national sample of 4503 children and youth aged 1 month to 17 years. Regarding exposure to domestic violence, this study found that 8.2% of children had witnessed a family assault, and 6.1% had witnessed a parent assault another parent (or parental partner) in the last year.

Table 1 Witnessing or indirect victimization among 4503 children and young. Source: Finkhelor (2013)

Table 5. Witnessing or Indirect Victimization Among 4503 Children and Youth Aged 1 Month to 17 Years[a]

	Last-Year Victimization, %								Lifetime Victimizations, %				% Point Change Since 2008, All Victims	
		Victim Sex		Victim Age, y						Victim Sex				
Victimization Type	All Victims	Male	Female	0-1	2-5	6-9	10-13	14-17	All Victims	Male	Female	Aged 14-17 y	Last Year	Lifetime
Witnessing Violence														
Any witness of violence[b]	22.4	**24.2**	**20.5**	**7.5**	**14.4**	**11.8**	**26.4**	**42.6**	39.2	40.9	37.4	71.5	−2.6	2.1
Any witness of family assault	8.2	8.5	7.8	5.7	6.8	6.3	10.5	10.2	20.8	20.9	20.7	34.5	−1.4	0.7
Witness partner assault	6.1	6.0	6.1	4.5	5.3	4.4	7.5	7.6	17.3	17.6	17.1	28.3	−0.4	0.8
Witness physical abuse	1.1	1.3	1.0	0.5	0.5	0.7	1.7	1.8	3.8	3.9	3.8	7.8	−0.8	−0.5
Witness other family assault	2.1	**2.7**	**1.5**	2.1	2.0	1.7	1.9	2.9	5.3	5.7	4.9	10.1	−0.7	0.0
Witness assault in community	16.9	**18.5**	**15.2**	**1.8**	**9.3**	**6.4**	**21.1**	**36.4**	27.5	**30.0**	**24.9**	58.9	−1.8	0.1
Exposure to shooting	4.2	3.9	4.6	**1.4**	**4.2**	**1.7**	**4.1**	**7.8**	8.5	9.0	8.0	16.8	−1.3	−1.5
Exposure to war	0.6	0.6	0.6	0.5	0.4	0.1	0.8	1.0	1.1	1.2	1.1	2.0	−0.1	−0.3
Indirect Exposure to Violence														
Any indirect exposure to violence	3.4	3.7	3.1	**0.2**	**3.0**	**1.7**	**3.9**	**6.4**	10.1	10.1	10.2	21.8	−0.2	0.1
Indirect exposure to family assault	1.0	0.9	1.0	0.0	1.2	0.3	1.4	1.5	3.0	2.9	3.1	6.3	0.1	0.5
Indirect exposure to community violence	2.5	2.9	2.1	**0.2**	**1.9**	**1.4**	**2.7**	**5.0**	7.9	7.7	8.2	17.3	−0.9	−0.2
Other Indirect Exposure														
Household theft	7.9	**9.2**	**6.6**	6.5	8.0	6.5	8.7	9.1	20.3	22.2	18.3	32.7	1.1	1.8
School threat, bomb, attack	3.7	**2.3**	**5.2**		0.2[c]	0.8	2.7	8.1	9.6	**7.9**	**11.5**	21.7	**−3.8**	**−3.6**

[a] Values in boldface are significantly different at $P < .05$ by Pearson χ^2 test.
[b] Excludes indirect exposure to violence.
[c] Includes 5-year-olds only.

The lifetime rate of witnessing any family assault among the oldest youth was 34.5%, and 28.3% had witnessed an interparental assault in their lifetimes. Table 1 from Finkelhor (2013) provide details of his findings.

Table 2 is useful to understand the overlap between different types of maltreatment. These results will be used later to compare findings from different source of data.

Table 2 Overlap between different maltreatment types. Source: Finkhelor (2013)

Table 6. Multiple Exposures, Matching Each Victimization Type With Other Victimization Types Among 4503 Children and Youth Aged 1 Month to 17 Years[a]

Victimization Type	Odds Ratio (95% CI)					
	Assaults and Bullying	Sexual Victimization	Maltreatment by a Caregiver	Property Victimization	Witnessing Violence	Other Indirect Exposure
Last-Year Victimization						
Assaults and bullying	1 [Reference]	2.7 (2.1-3.5)	2.9 (2.5-3.3)	2.9 (2.7-3.2)	2.0 (1.8-2.2)	2.5 (1.8-3.4)
Sexual victimization	1.5 (1.4-1.7)	1 [Reference]	2.9 (2.4-3.5)	2.3 (2.0-2.6)	2.1 (1.7-2.3)	1.9 (1.2-3.0)
Maltreatment by a caregiver	1.8 (1.7-1.9)	3.6 (2.8-4.6)	1 [Reference]	2.0 (1.8-2.3)	2.3 (2.0-2.5)	1.5 (1.0-2.2)
Property victimization	1.9 (1.8-2.0)	3.4 (2.7-4.3)	2.3 (2.0-2.7)	1 [Reference]	1.9 (1.8-2.1)	2.2 (1.6-3.0)
Witnessing victimization	1.6 (1.5-1.7)	2.7 (2.1-3.5)	2.7 (2.3-3.1)	2.0 (1.8-2.2)	1 [Reference]	5.6 (4.0-7.7)
Other indirect exposure	2.5 (1.8-3.4)	1.8 (1.2-2.8)	1.4 (1.0-1.9)	1.8 (1.4-2.1)	2.9 (2.5-3.2)	1 [Reference]
Lifetime Victimization						
Assaults and bullying	1 [Reference]	3.7 (2.8-4.7)	3.4 (3.0-3.8)	2.7 (2.5-2.9)	2.5 (2.3-2.7)	2.3 (1.8-2.8)
Sexual victimization	1.5 (1.4-1.6)	1 [Reference]	2.6 (2.3-2.8)	1.7 (1.5-1.8)	1.9 (1.7-2.0)	2.3 (1.8-2.8)
Maltreatment by a caregiver	1.8 (1.7-1.8)	4.0 (3.3-4.8)	1 [Reference]	2.0 (1.9-2.1)	2.5 (2.4-2.6)	2.4 (2.0-2.8)
Property victimization	1.8 (1.7-1.8)	2.5 (2.1-3.1)	2.6 (2.3-2.8)	1 [Reference]	2.1 (1.9-2.2)	2.3 (1.9-2.8)
Witnessing victimization	1.8 (1.8-1.9)	3.4 (2.7-4.4)	4.1 (3.7-4.5)	2.2 (2.1-2.4)	1 [Reference]	4.5 (3.6-5.6)
Other indirect exposure	1.4 (1.3-1.5)	2.3 (1.9-2.9)	1.9 (1.7-2.1)	1.6 (1.5-1.8)	2.0 (1.9-2.2)	

[a] Odds ratios are converted to approximate the risk ratio to adjust for outcome incidence.[36] All odds ratios are statistically significant at $P < .05$. Analyses control for age.

Last generation surveys allows to better capture the incidence and prevalence of EDV and its characteristics. However, even the most methodologically solid population survey cannot capture the full extent of exposure for the reasons already explained.

2.2.2 Prevalence estimated through administrative data and professional surveys

In the United States, annual maltreatment statistics are reported by the *National Child Abuse and Neglect Data System* (NCANDS), a dataset resulting from the aggregation of administrative data, voluntarily provided by states. The dataset was created in response to requirements of the federal Child Abuse and Prevention Treatment Act (CAPTA) legislation in 1988. The purpose of NCANDS is to collect data on child abuse and neglect, known to child protective services agencies (U.S. Department of Health and Human Services, 2008). All investigations or assessments of alleged maltreatment that receive a disposition in the given year are included in the case-level data collection, that permits longitudinal analysis of repeated events (Fluke et al., 2008).

In Canada there is no administrative data at the national level. Provincial efforts have been made in this direction. For example, OCANDS is the Ontario administrative dataset, whose structure is very similar to NCANDS. This dataset will be used for the empirical study, presented in the second section of this work, so that it will be described in detail later.

Surveys of professionals are conducted with workers regarding their investigations of alleged child maltreatment (Fallon, 2010). In North America, there are two examples of this types of survey at the national level. In the United States, three *National Incidence Study of Child Abuse and Neglect* (NIS-1979,1986, 1993, 2009) have been completed. This survey samples child protective services (CPS), law enforcement, juvenile probation, public health, hospital, school, day-care, mental health, and social service agencies for a 3-month period. The NIS defines *physical abuse* as present when a child younger than age 18 years has experienced injury (*Harm Standard*) or risk of injury (*Endangerment Standard*), as a result of having been hit with a hand or other object or having been kicked, shaken, thrown, burned, stabbed, or choked by a parent or parent-substitute. *Physical neglect* refers to harm or endangerment as a result of inadequate nutrition, clothing, hygiene, and supervision. *Emotional abuse* includes verbal abuse, harsh nonphysical punishments (e.g., being tied up), or threats of maltreatment, while *emotional neglect* covers failure to provide adequate affection and emotional support or permitting a child to be exposed to domestic violence.

Using the stringent Harm Standard definition, more than 1.25 million children (an estimated 1,256,600 children) experienced maltreatment during the NIS–4 study year (2005–2006). This corresponds to one child in every 58 in the United States. A large percentage (44%, or an estimated total of 553,300) were abused, while most (61%, or an estimated total of 771,700)[11] were neglected. Most of the abused children experienced physical abuse (58% of the abused children, an estimated total of 323,000). Slightly less than a quarter were sexually abused (24%, an estimated 135,300), while slightly more than a quarter were emotionally abused (27%, an estimated 148,500). Almost one-half of the neglected children experienced educational neglect (47% of neglected children, an estimated 360,500 children), more than one-third were physically neglected (38%, an estimated 295,300 children), and a quarter were emotionally neglected (25%, an estimated 193,400 children). Unlike the dramatic increase in the incidence of Harm Standard

[11] The NIS classifies children in every category that applies, so the components (here and throughout the NIS findings) sum to more than 100%.

maltreatment that occurred between the NIS–2 and NIS–3, where the rate increased by 56%, the NIS–4 reveals a smaller change since the NIS–3, in the opposite direction. The NIS–4 estimate of the incidence of overall Harm Standard maltreatment in the 2005-2006 year study reflects a 19% decrease in the total number of maltreated children since the NIS–3 in 1993. Taking into account the increase in the number of children in the United States over the interval, this change is equivalent to a 26% decline in the rate of overall Harm Standard maltreatment per 1,000 children in the population. Nevertheless there are differences across case characteristics and maltreatment types. For example, significant decreases in the incidence of abuse and all specific categories of abuse contrast with a significant increase in the incidence of emotional neglect. The estimated number of emotionally neglected children more than doubled during the interval between the studies, rising from 584,100 in 1993 to 1,173,800 in 2005-2006 (a 101% increase in number, an 83% increase in the rate). In the national report exposure to domestic violence is included in this general category.

A very similar survey, the *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS-1998, 2003, 2008) was initiated in 1998 by the Public Health Agency of Canada (PHAC) as a surveillance tool at the national level. The CIS collects data in all Canadian provinces and territories on children 15 years and under, who have been reported to child welfare agencies due to alleged maltreatment. Information is collected on the characteristics of the maltreatment, the child, the child's caregivers, and the household in which they live. The aim is to estimate the occurrence of reported child abuse and neglect and to examine associated health determinants. Across participating agencies, welfare workers are directly involved in collecting information by filling in surveys specifically designed for the CIS. The survey is completed at the conclusion of the investigation, typically six to eight weeks following the initial report to the agency. Agencies are selected from the total number of welfare organizations identified across Canada, by taking into account factors such as size, province/territory, and First Nations (Aboriginal) status. Data are collected over a three-month period in the fall. To ensure consistency, a set of definitions are provided to welfare workers, and subsequent analyses of CIS data must be understood within the context of these definitions. The CIS-2008 definition of child maltreatment includes 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. Of the estimated 235,842 child-maltreatment-related investigations conducted in 2008, thirty-six percent were substantiated (85,440 investigations or 14.19 investigations

per 1,000 children)[12]. *Exposure to intimate partner violence* and neglect represented the largest proportion of substantiated investigations; 34% of substantiated investigations identified EDV as the primary type of maltreatment, an estimated 29,259 investigations (4.86 investigations per 1,000 children). *Emotional maltreatment* was defined using the same four forms in the 1998 and 2003 studies: emotional abuse, emotional neglect, non organic failure to thrive and exposure to IPV. In the CIS-08 emotional maltreatment typology was revised and exposure to IPV was removed from this category. The aim was to ensure greater consistency with the Guidelines from the American Professional Society on the Abuse of Children and to provide clinical categories that better reflect the case characteristics that emerged from analyses of the CIS-98 and CIS-03 datasets. The CIS-2003 found that 28% of substantiated cases involved EDV as primary form of maltreatment. When compared to the CIS-1998, there was a 259% increase in the rate of investigated EDV, with substantiated case increasing from 1.72 cases per 1000 children in 1998 to 6.17 in 2003 (Black et al., 2008). This significant increase in reporting to child protection authorities of children exposed can be explained also with reference to the decision of labeling it as a form of maltreatment in some Provinces[13] (Black et al., 2008). New and more detailed definitions of EDV now help to better understand its characteristics. *Exposure to Intimate Partner Violence* is distinguished in 1) 'direct witness to physical violence', when the child is physically present and witnesses the violence between intimate partners and 2) 'indirect exposure to physical violence', that includes a) situations where the child overhears, but does not see the violence between intimate partners; or b) the child sees some of the immediate consequences of the assault (e.g., injuries to the mother); or c) the child is told or overhears conversations about the assault. *Exposure to emotional violence* describes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. It includes witnessing or overhearing emotional abuse of one partner by the other. *Exposure to non-partner physical violence* is defined as the situation where a child has been exposed to violence occurring

[12] In a further 8% of investigations (17,918 investigations or 2.98 investigations per 1,000 children), there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the worker at the completion of the intake investigation. Thirty percent of investigations (71,053 investigations or 11.80 investigations per 1,000 children) were unfounded.

[13] Interestingly, Ontario is one of the few provinces in Canada that does not explicitly address exposure to IPV in the legislation, however, there is a high rate of exposure to IPV investigated by child welfare agencies in Ontario (Lefebvre, 2013). The 2008 Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2008) (Fallon et al., 2010) found that 6.33 per 1,000 children in the population were involved in a substantiated exposure to IPV investigation, a rate that is higher than any other form of maltreatment.

between a caregiver and another person, who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbor, grandparent, aunt or uncle).

To ensure that cases involving multiple forms of maltreatment were tracked, every investigations were classified under up to three forms of maltreatment: with the first form being treated as the primary form that best describes the maltreatment investigation. Cases of EDV could therefore be cases where EDV was the primary and the only concern, or co-occurring with other form of maltreatment. In 2008 eighteen percent of substantiated investigations involved more than one category of substantiated maltreatment, an estimated 15,590 child investigations (2.59 investigations per 1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (3,773 investigations), emotional maltreatment and exposure to intimate partner violence (2,367 investigations), neglect and emotional maltreatment (2,295 investigations), physical abuse and emotional maltreatment (2,281 investigations), and physical abuse and exposure to intimate partner violence (1,484 investigations). According to Lefebvre (2013), investigations of single form IPV were found the least likely of the four maltreatment categories to involve multiple incidents, result in physical harm to the child, note child functioning concerns and note caregiver risk factors. Compared to other maltreatment categories, these investigations had the lowest rates of case openings for ongoing services, out-of-home placements, and court applications.

Even if the category used in CIS-2003 and CIS-2008 are different, comparisons are somewhat possible, using the general category of EDV. In 2003, 34% of substantiated investigations involved some form of EDV (Black et al., 2008), whereas in 2008, the percentage of substantiated investigations for exposure to IPV only was 41%. The number of investigations involving exposure to EDV as the single form of maltreatment was 25% in 2003 versus 31% of exposure to IPV only in 2008 (Lefebvre, 2013). As regard to case characteristics, in 2008, workers were more likely to identify that the child was displaying emotional or mental harm as a result of substantiated EDV. While in 2003, workers identified emotional harm in 12% of substantiated single form EDV investigations, in 2008, they identified it in almost a quarter of substantiated single form IPV investigations. Likewise, 31% of substantiated co-occurring exposure to DV investigations noted emotional harm in 2003, compared to 44% in 2008. This may be an evidence that more children experienced emotional or mental harm in 2008, but also that workers were better trained in IPV issues and therefore better able to detect it (Lefebvre, 2013). Placement rates appear similar for single and co-occurring EDV or IPV investigations in 2003 and 2008

(Lefebvre, 2013). However, "the comparisons between the 2008 and 2003 cycles must be tested to asses if any differences in findings are statistically significant. The CIS Research Team will publish future papers on this topic" (Lefebvre, 2013: 71).

The CIS is able to provide detailed information at the national level on cases known to CPS agencies. One issue of this kind of survey is that data are based on assessments provided by child welfare workers and not independently verified. Moreover, it captures non independent observations (i.e., siblings, child protection workers and agencies that provide information on multiple children) and works under the assumption that the three-months data collection period in the fall is representative of the year. Perhaps, its main limitation is that it provides a partial picture of maltreatment cases in the population, since it does not include cases investigated by police, known to other institutions or that were never reported.

Everson et al. (2008) provide an interesting analysis of the concordance between adolescent self-reports of abuse and abuse determinations from Child Protective Service (CPS) agencies. Their central finding is that retrospective reports of abuse show poor agreement with documented CPS determinations of abuse. According to estimates from the National Incidence Study of Child Abuse and Neglect, only about one third of maltreated children known to community professionals are reported to CPS (Sedlak & Broadhurst, 1996). Psychological and emotional abuse, in particular, are likely to be underreported to CPS and, if accepted for investigation, undersubstantiated. This is due, in part, to definitional ambiguity and because concerns about other "more serious" types of abuse often take priority over concerns about psychological abuse (Everson et al., 2008). Similar considerations apply to children's exposure to violence and suggest how the sometimes labeled "dramatic" increase in percentage relative to new category of maltreatment is mainly due to changing definitions than to actual change in the phenomenon. Administrative data and professional survey cannot be generalize to the whole population but they are very useful in exploring the paths of children in the CPS system.

2.3 The impact of exposure on children

Recent meta-analyses[14] have shown that children exposed to adult domestic violence exhibit significantly more problems compared to children not so exposed (Kitzmann et al.,

[14] Meta analysis are statistical analyses that synthesize and average effects across studies.

2003; Wolfe, et al., 2003; Skopp et al., 2007; Holt et al., 2008). According to these studies, these children are more likely to exhibit: aggressive and antisocial behaviors ("externalized behaviors"); fearful and inhibited behaviors ("internalized behaviors"); lower social competence and poorer academic performance; posttraumatic stress disorder; depression (Levendosky et al., 2002); fighting and aggression (Onyskiw & Hayduk, 2001); multiple type of victimization (McGuigan & Pratt, 2001); binge drinking and alcohol use, drug use and risky sexual behavior in adulthood (Felitti et al., 1998).

The reasons why EDV may be related to child behavior problems is found in psychological theories (see Chapter 1). The exposure may traumatize children and consequent posttraumatic stress disorder (Herman, 1992) may be a cause of behavior problems. EDV may also interfere with parents' ability to monitor their children (see Hirschi, 2002) or with child-parent attachment (Lyons-Ruth & Jacobvitz, 1999). The Social Learning Theory would suggest that children who are exposed to violence may also learn to use it. Several researchers have examined the link between EDV and subsequent use of violence. Gelles and Cavanaugh (2005) suggest an estimated intergenerational transmission rate of 30%, which can manifest itself in a number of ways. A plethora of research has shown that witnessing domestic violence as a boy is related to men's perpetration of domestic violence (Adams, 2007; Hines & Malley-Morrison, 2005; Payne & Triplett, 2009). Many female victims of domestic violence come from homes where they witnessed abuse between their parents (Payne & Gainey, 2009; Whitfield et al., 2003). Amato's (2000) review of a 12-year longitudinal study found that young adults who had been exposed to parentalviolence as children were 189% more likely than those not exposed to experience violence in their own adult relationships. Longitudinal studies on pathways to delinquency have shown that young offenders are more likely to have been exposed to domestic violence, compared to their non-exposed counterparts (Steinberg, 2000), and to become involved in anti-social behavior, violent crime, substance abuse, further delinquency and adult criminality (Edleson, 1999; Osofsky, 1999). Spaccarelli, Coatsworth, and Bowden's (1995) findings support this association, by showing that adolescent boys incarcerated for violent crimes who had been exposed to family violence believed more than others that "acting aggressively enhances one's reputation or self-image" (Spaccarelli et al., 1995:173). Finally, an association was found between exposure to domestic violence and peer aggression and bullying (Baldry, 2003).

Nonetheless, other studies have found no effects of exposure for some of the same outcomes. These include those examining the relationship of EDV with internalizing

behaviors (Kernic et al., 2003), externalizing behaviors (Levendoskyet al., 2003), and total behavior problems (English et al., 2003). One issue is that many of these studies explore short-term effects. Moreover, as some authors have highlighted (Wolfe et al., 2003; Emery, 2011), bias from selection effects is often a concern. Children exposed are more likely to come from multiproblem context; this means that they may have been more likely to have problems anyway, even if they had not been exposed (Emery, 2011). Histories of poverty, oppression, violence, and psychopathology are probably causally related to both exposure to violence and poor child outcomes. Thus, estimates of the relationship between EDV and the child outcomes, that do not control for these background characteristics, are likely to be biased in the direction of finding strong positive relationships.

Some recent studies have made substantial progress in bridging the aforementioned limitations and developing more complex theoretical frameworks. In particular, the developmental psychopathology and risk and resilience perspectives (Chapter 1) have been employed to understand why some children develop problems subsequent to exposure, whereas other children do not, taking into account developmental stages, and the presence of risk and protective factors. According to the developmental theory, although many aspects of child behavior and parenting differ around the world, some milestones are remarkably similar across different cultures and societies. The combination of different stages of development, family and environmental risk and protective factors explain why outcomes for children exposed may be different. For example, a recent study (Emery, 2011) is able to provide more information about the relationship between childhood exposure to IPV and child behavior problems, by disentangling that relationship from the effects of child abuse and selection bias from child and family background characteristics. Emery (2011) found that IPV was associated with internalizing and externalizing problems, even after controlling for violence against child and other characteristics of the social context (poverty, drug). The association differed by age, and appeared to attenuate for older children, consistently with the developmental theory, that explains how the impact of EDV varies also in relation to different stages of development.

Carlson (2000) discusses in detail the development of theoretical perspective about children's response to EDV. The author also summarizes recent findings on effects of witnessing partner violence by developmental stages (Table 1), discussing methodological issues of these studies.

Table 3 Impact of EDV on children, by developmental stages. Source: Carlson (2000)

	Infants/Toddlers	*Preschoolers*	*School Age*	*Adolescent*
Behavioral	Being fussy	Aggression, behavior problems	Aggression, conduct problems, disobedience	Dating violence, delinquency, running away
Emotional		Fear and anxiety, sadness, worry about mother, post-traumatic stress disorder, negative affect	Fear and anxiety, depression, low self-esteem, guilt, shame, post-traumatic stress disorder	Depression, suicidality, post-traumatic stress disorder
Physical	Distress, problems sleeping, eating	Highly active, demanding, whiny, clinging, regression		Substance abuse
Cognitive	Inability to understand	Limited understanding, self-blame	More understanding than young children, self-blame, academic problems, pro-violent attitudes	Proviolent attitudes
Social		Trouble interacting with peers and adults, ambivalent relationship with caregiver	Fewer and lower quality peer relationships	Violent dating relationships

SOURCE: Based on Copping (1996); Fantuzzo et al. (1991); Carlson (1990); Davis and Carlson (1987); Davies (1991); Graham-Berman (1996); Graham-Berman and Levendosky (1997); Graham-Berman and Levendosky (1998a); Hughes, Parkinson, and Vargo (1989); Hughes (1997); Jaffe, Wolfe, and Wilson (1990); Layzer, Goodson, and Delange (1986); Lehmann (1997); and Spaccarelli, Sandler, and Roosa (1994).

The relationship between stages of development and child maltreatment has been the subject of several studies oriented in particular by the Attachment Theory. Some scholars suggest that in normative populations between 50% and 70% of 12 to 18-month old children are securely attached. In contrast, maltreated children evidence disproportionately higher rates of disorganized attachment (Campos et al., 1983). For example, Egeland and Sroufe (1981) found fewer than 40% of young children in a maltreatment sample to be securely attached, while Cicchetti and Tucker (1994) found only 20% of young children in a maltreatment sample to be securely attached. Unfortunately, very little research has investigated the impact of adult domestic violence on attachment relationships (Edleson, 2007). Initial research has suggested that domestic violence might jeopardize the development or maintenance of such attachments (Zeanah et al., 1999; Sims et al., 1996). The Levendosky and colleagues (2002) study on a sample of adolescents found that exposed youths are less likely to have a secure attachment style and more likely to have an avoidant attachment style, indicating perhaps that they no longer feel trust in intimate relationships (Levendosky et al., 2002). Reflecting on these findings, the authors speculated that abusive patterns in intimate relationships initiated in adolescence, may well lead to violence on the part of men and victimization on the part of women in their adult relationships. Both Rossman (1998) and Huth-Bocks et al. (2001) posit that pre-schoolers who witness violence have more behavioral problems, social problems, post-traumatic stress symptoms, greater difficulty developing empathy, and poorer self-esteem than non-witnesses. The effects of domestic violence are amplified for these young children, who are completely dependent on parents for all aspects of their care and may therefore witness

greater amounts of violence than older children (Huth-Bocks et al., 2001). Not surprisingly, research with their mothers found this age group to exhibit more problems, with care-giving more difficult than any other age group (Levendosky et al., 2003). The level of stress experienced by the primary caregiver as a victim of violence may be significantly associated with the level of stress exhibited by the young child, although recent reviews of the research on battered mothers reveal a less than clear relationship between mother's stress and that one of the child (Edleson et al., 2003). Research has instead been able to demonstrate that early intervention to support sensitive and responsive parenting, combined with concrete support to help vulnerable mothers, can be successful in promoting healthy attachment relationships (Egeland & Erickson, 1993).

More recent studies are now able to measure and include protective factors, namely variables that buffer children from adversity. Research on protective factors originated with longitudinal studies of high-risk youth who, despite the odds, matured and adapted successfully (Werner & Smith, 1989, 1992; Garmezy & Masten, 1994). "Examples of protective factors include individual factors, such as positive temperament, self-esteem, intellectual capacity, and social competence; family or interpersonal factors such as secure attachments to caregivers, caring adults and strong relationships with others, and cultural, ethnic or community factors such as living in a supportive, safe, close-knit community" (Gewirtz & Edleson, 2007:152). Risk factors act both directly and indirectly to render children vulnerable to poor developmental outcomes (Rutter, 1987; Luthar, 1993), and their relationship with outcomes may be affected by specific characteristic of the context. Similarly, protective factors may act directly to protect children from poor outcomes; for example, factors such as particular characteristics of the child or parenting, the home environment, and social support, will influence the way exposure to adult violence affects children. Resilience is increasingly described as a pattern (Masten, 2001), a dynamic developmental process (Egeland et al., 1993) or a developmental progression in which new strengths and vulnerabilities emerge over time and under changing circumstances (Luthar et al., 2000). There is limited research on how children cope with exposure to IPV. For example, Grych et al. (2000) found that out of 228 shelter resident children, 71 exhibited no problems, another 41 showed only mild distress symptoms, 47 exhibited externalizing problems and 70 were classified as multi-problem. Sullivan et al. (2000) studied eighty 7 to 11 year old children of 80 mothers with a recent history of domestic violence recruited from shelters and social services. The vast majority of mothers and children agreed that the mothers were available to their children, closely supervised their children, and enjoyed

being parents. Those mothers also reported their children to be relatively healthy on a behavioral checklist. It appears that at least half of the children in these studies were surviving the experience with few or no evident problems. However these studies used small sample from particular populations, and most of all did not follow children long enough to determine the long term effect of violence exposure.

Students of resilience (e.g., Garmezy & Masten, 1986; Losel & Bliesener, 1990) believe that under adverse circumstances about 80% of children will "bounce back" from developmental challenges, particularly if they have had adequate care during the first two years of life. However, the relationship of protective factors and child outcome is not so straightforward.

For example, resilience has been found associated with having positive peer and sibling relationships and friendships that can buffer the effects of stress, prevent and mediate stress, provide support and nurturance and information as to how to deal with stress (Guille, 2004; Mullender et al., 2002). However research conducted by Levendosky and her colleagues (2002) with 111 adolescents aged 14–16 years and their mothers, drawn from a community sample, highlights some interesting findings. These 111 adolescents were classified in two groups (high DV/ low DV), in relation to the severity of DV experienced by their mother (measured on a 43-items scale). Levendosky et al. (2002) found that positive parenting served as a protective factor for some adolescent outcomes, consistent with previous research on school-age and preschool children (Levendosky & Graham-Bermann, 1998; Levendosky et al., 2000).

Social support had a more ambiguous effect. It moderated the impact of DV on adolescent relationship functioning, but not its effect on mental health functioning. Moreover social support served as a vulnerability factor for adolescents in the high DV group and as a protective factor for those adolescents in the low DV group. Levendosky et al. (2002) speculated that this may be because adolescents in the high DV group are in social networks of more violent adolescents, where violence is tolerated and encouraged.

Garbarino highlights how resilience is important, but also that it should not be taken as an absolute. In particular, under conditions of extreme risk accumulation, resilience may be diminished drastically (Garbarino, 2001). There is a significant body of longitudinal research indicating how exposure to multiple risk factors is harmful to children's development. Rossman (2000) adopts the term "adversity package", to describe the multiple stressors which can accumulate in the lives of young people exposed to domestic violence, including child abuse, parental substance abuse and mental health difficulties,

unemployment, homelessness, social isolation and involvement in crime (Golding, 1999). Rutter (1987) identified six familial variables that proved to be significantly associated with poor adaptive outcomes in children. These included severe marital discord, low socio-economic levels, overcrowding or large family size, paternal antisocial disorder, maternal psychopathology, and removal of the child from the home. The presence of two risk factors increased the probability of problems fourfold, and those children with four or more risk factors showed a 21% chance of exhibiting diagnosed disorders, as opposed to 6% in children experiencing two or three factors. A recent study (Hickman et al., 2012) explores whether different family characteristics and lifetime violence exposure are related to a set of negative symptoms: child internalizing and externalizing behavior problems, child trauma symptoms, and parenting stress. They used a sample of 768 children under 5 years old on average (+-2.66), randomly assigned to a specific intervention for children exposed to any form of violence or a control group, in the context of an evaluation program. Their findings suggest that total lifetime exposure frequency is not particularly important to negative symptoms, nor is any particular category of exposure after controlling for poly-victimization, with the single exception of sexual abuse and PTSD symptoms. Instead, it is the presence of two or more category of victimization that more strongly predict negative impacts on children. According to Hickman and colleagues, these results are contrary to the growing chorus of concerns about children witnessing violence in particular. At least among these young children, witnessing violence alone did not influence symptoms. Children were negatively impacted when they had multiple exposures of any sort. The amount and category of exposure was largely unimportant, except in the case of trauma symptoms and experiences of sexual abuse. Nevertheless, this study still has important limitations in that it is still cross sectional and it relies on information on children provided by caregivers.

At present, we have little systematic data on what risk, protective factors and coping mechanisms are most significant for the healthy development of children exposed and we can only speculate about the relative importance of these factors. The research on cumulative risk factors affecting children exposed to intimate partner violence remains inconclusive. More research is needed that aims to understand the specific effects of exposure to violence on young children, how violence-related risk factors interact with each other, and how they affect a child's development over time (Gewirtz & Edleson, 2007).

2.4 "Damned if you do, damned if you don't": professionals, activists and parents involved in the Child Protection System

"Damned if you do, damned if you don't" is the title shared by a book (McMahon,1998) and an article (Lindauer, 2012). They describe the situation of respectively social workers and mothers in the CPS field, when they have to make decisions to protect children. Clearly the message from these titles is that, whatever they choose, they may be condemned by other stakeholders in the system. Actors involved in CPS have to deal with several dilemmas when trying to tackle complex situations. Cases where domestic violence is an issue make this aspect particularly apparent. As we have seen in paragraph 2.1, some states use children's exposure to adult domestic violence as a type of neglect charge, called "failure to protect". Others have created a specific category of EDV, including it among the forms of maltreatment that imply mandatory report. More often, the allegation charges the mothers, who are also the victim of abuse, for not preventing the violence, or for allowing their child to be exposed to it. Most of the time, they are expected to leave abusive relationships, in order to protect their children. When they do not follow this recommendation, they can be held responsible for exposing their children to continued violence and may have their children removed for child endangerment under the legislation. However, this kind of intervention ignore the evidence that several aspects can hamper the decision to leave the abusive partner. Among the factors that may inhibit women's choices are economic barriers, emotional dependence, cultural and religious prohibitions regarding separation and divorce, problematic custody and access orders, and the dangers of increased lethality involved in leaving (Alaggia, 2001; Lee, 2000; Pagelow, 1992; Shaffer & Bala, 2004; Shirwadkar, 2004). Moreover, evidence shows that women who leave relationships in which they are being battered are more likely to be murdered than women who stay (Davis & Srinivason, 1995; Mahoney, 1991).

On the other hand, we have discussed in the previous paragraph evidence from a growing body that documents potential serious negative effects of childhood exposure, especially when it co-occurs with other forms of victimization. So, what are social workers and CPS agencies supposed to do in these complex situations? What if the mother is in a stage where she is not ready to leave the relationship for several reasons, but her children are at serious risk of emotional or physical harm? What does come first, the right of the mother to be safe and re-empowered, or the right of the children to leave in a safe and nurturing

environment? How should the fathers be involved and held accountable? To which degree does the state (through social workers) have the right to intervene and investigate families? To which degree do the inherent rights of parents and the privacy of the family need to be protected from state interference? These dilemmas are at the core of competing interests among family members, and between the family and the state.

The profession of social work can be seen as the translation into a practical field of these dilemmas. Some scholars are more optimistic about the role of social work, and they highlight how its core values are empowerment of people and self determination (Ferguson, 1997). Several studies have found how social workers believe themselves to have an orientation towards family support, rather than control (Featherstone,1999; Ferguson, 2001; Pithouse & Tasiran, 2000). On the other hand, it is undeniable that all state welfare workers exercise social control in one way or another. The work of Donzelot (1980) shows that the helping professions have a crucial role in disciplining populations. Some researchers (Scourfield & Welsh, 2003) have demonstrated how social control is alive and well in child protection work, and it is not simply an issue of the past. These authors argue that, while post modern and feminist optimistic accounts of the CPS are "welcome contributions, they have overstated the liberating potentials of the current system" (Scourfield &Welsh, 2003: 398). Scourfield and Welsh call for a more realistic representation of the child protection system and its role. Certainly, there is a belief that parents have to be supported for the sake of improving children's quality of life, but at the same time it is well known that support services are often lacking and most of the time social workers have no power to change this condition, despite of their intentions and values. It is also true that they make sense of their practice often relying on their common sense and values (Chapter 3), that are likely to be influenced by those of the society at large. So far, within the family, women have been in charge of most of the caring, so they are more likely to be the parents needing and asking for some kind of support service. They are also more likely to be victims of certain kind of domestic abuse. But if support services are few and in CPS primarily for the sake of children, then women are likely to experience investigation more than help, and experience this more than men. Social workers are well aware of these conflicting goals and they deal with them in their everyday practice.

Such conflicts, a constant feature of social work practice, have often erupted in theoretical debates; one example is the concern about individual's right to privacy versus the professional's duty to protect other. Comparative literature on Child Welfare systems in

the Western area often distinguishes two models of intervention in social work with families and children (Gilbert, 1997; Stafford et al., 2012). The Anglo-American system is described as "child protection oriented": within this context, social work practice is defined mainly as investigation, conducted to detect potential harm and to understand if there are concerns for risk of harm in the future. In this approach the relation with the family has been described as "adversarial" (Stafford et al., 2012), since the "investigative" mode of intervention is similar to an inquiry, within a very structured process, aimed at reducing the probability of human mistake. These comparative studies do not hide their strong criticism about this model, which is accused to stress the surveillance and coercive role of CPS (Khoo et al., 2002), often associated with the duty of mandatory reporting. The State becomes a regulator of social and moral arrangements, with an emphasis on individual rights and responsibilities (Freymond and Cameron, 2006:6), and scarce room for preventive action. The "family service oriented" systems – mainly located in North Europe - are described as the 'right' model, in relation to the values that internationally inspire the social work practice: abuse is conceived as a problem of family conflict or dysfunction, which arose from social or psychological difficulties. The initial focus is the assessment of needs to which respond with therapeutical interventions and social support and 'more voluntary' arrangements with parents in making out-of-home placements. Demonstrating risk of harming children is not a necessary precursor for families or children to receive assistance. Principles of social solidarity and subsidiarity are emphasized. One of the few people that argued against the overall "preference" for the family service orientations is Pringle (1999, 2005), who maintains there is evidence that family oriented systems are far less effectively than child protection ones in responding to problems such as child sexual abuse or violence. Part of his explanation refers to a strong reliance on family systems thinking, within solidaristic discourses in European countries: this leads to primarily address problems associated with poverty work or day care provision, but to less effectiveness when it comes to address issues such as racism, gendered violence or marginalization associated with "bodily integrity of the citizenship". This debate ideologically sides with the 'right' model, often without taking into consideration the historical context that have led to two culturally different systems, that cannot be compared through typologies summed in a table. Parton (1997) provides a more interesting historical explanation of why in UK from the social-medical approach to child abuse, several factors led to a stronger emphasis on legalism. His work highlights how this was not due to the attribution of more power of surveillance and control to the CPS system; rather, it was an

answer to dramatic events and the action of groups from the civil society, concerned with protecting the inherent rights of parents over from state interference. After the vigorous debate arose in response to case like the Cleveland affair, "no longer could it be assumed that child abuse was an hidden reality, which could be discovered and unearthed in an uncontested way by professional and scientific intervention and practices" (Parton, 1997:28). The rights of parents and the rights of the children were placed on political agenda and the priority had been to improve and refine the system for identifying child abuse, and then the child protection system itself. Professionals were asked to be more accountable, identifying the 'evidence' for what constituted abuse, preferably forensically framed. "All needed to recognize, professionals and family members alike, that the auspices, and hence ultimate accountability for social and medical practices and interventions, lay with the law and its representatives" (Parton,1997:31). It was not simply a question of getting the right balance between family autonomy and state intervention, but the right balance between various responsibilities and discretion of social, medical and juridical expert, and children and parents in the family. "In this respect the juridical was prioritized and the central focus was to be investigation, identification and ultimately the weighting of forensic evidence" (Parton, 1997:32). This that has been defined as an 'individualistic' approach is actually the product of stronger movements for civil rights in the Anglo-Saxon societies, more powerful to compete with the right of the state to intervene through its experts, even in the name of welfare or of 'the best interest of the child'. This interaction led to the superimposition of legal duties and rights upon the therapeutic and preventative responsibilities, essentially for the protection of both children and parents (Parton,1997:33).

The constant struggle between the ideals of individuals and social stability is not only an issue of social work, rather it belongs to different disciplines, such as philosophy, law, sociology or political science. For example, the proposition that all people enjoy a specified set of human rights - that is, rights grounded in universal moral principles, that require governments to aid, protect, and refrain from abusing their own citizens - is highly controversial among philosophers and other scholars. The absence of an agreed upon philosophical justification for human rights yields well-known practical difficulties: states disagree about which rights are human rights, about which human rights should have priority, about how resources should be allocated for the purpose of correcting human rights violations, and about how much respect should be given to cultural variation. Many of the debates about human rights are implicitly debates about the role of welfare.

Developing nations often resist pressure to improve their human rights records by asserting collective rights (rights to economic development, for example). Vigorous disagreements about whether human rights are universal stand in contrast with a general consensus that governments should enhance well-being by - among other things - reducing poverty and improving education. Some scholars defend a welfarist alternative to international human rights law. It argues that the human rights treaties are both rigid and vague. Their rigidity consists in their refusal to allow states to trade off different values - for example, to allow states to violate political rights, to enhance the overall well-being of the population. Their vagueness lies in their failure to provide mechanisms for evaluating a state's allocation of resources among projects that promote the public good. Different values, worldviews, theoretical perspectives show how there are no simple answers to complex questions, and that, as a consequence, more practical decisions that deal with these issues are the product of an unclear interaction of different instances.

Human rights of women and children and the duty of the state to protect them are central topics in the heated debate about child maltreatment and domestic violence. Controversies arose both in the research field, within the legal system and the role of child welfare services in tackling the problem. We have seen how, starting from the 1960s, feminist activists successfully battled to bring the issue of violence against women into the public consciousness. They framed it as a political and structural issue, arising from and perpetuated by oppression based on gender (Cary, 2005). This also led to legal reform, and the allocation of resources to shelters, rape crisis lines, and other community-based programs. At that time, one way of conceptualizing the problem of domestic violence among professionals was to consider it as a response to stress and conflict within marriages (Mears & Visher, 2005). Interventions mostly involved couples therapy and/or individual counseling for women. Women's rights activists and feminist therapists were very critical to these interventions, because the power imbalance between the victim and batterer played out in therapy sessions, potentially leading to heightened danger and revictimization (Libow et al., 1982). They often argued how the intention of these interventions was biased toward maintenance of the nuclear family at the expense of women's safety and well-being (Pyles & Postmus, 2004). Some professional discourses portrayed female victims as contributing to, or being entirely responsible for, their victimization (Libow et al., 1982). For feminists, the appalling message underlying this discourse was that battered women deserved what they got because they were aggressive, provoking, masochistic, or sexually frigid (Schechter, 1982). Feminists also highlighted the risk of a medicalized conception of

the issue. Often women's symptoms such as anger, depression, and substance abuse were mistakenly interpreted by professionals as the cause of women's problems. These symptoms were seen as explanations for why they got into the relationship or reasons they did not leave the partner (Brown, 1992), rather than reactions to, or the effects of, violence (Campbell, 1993).

In the late 1970s, there was an intense political opposition to the battered women movement's exposure of the patriarchal underpinnings of domestic violence (Berns, 2001). As a result, the discourse around DV became infused with clinical, gender-neutral language, that emphasized micro-level solutions to the problem (Cary, 2005). A deep divide during these years and throughout the 1980s was between those who viewed DV as ''part of a pattern of violence occurring among all family members'' (Kurz, 1989) - known as the 'family violence approach' (Gelles, 1979;) - and the 'feminist approach', that identified inequality between the genders as the core issue (see e.g., Dobash & Dobash, 1979; Dobash et al., 1992).

In this same timeframe through the late 1980s and early 1990s, two landmark American court cases admonished law enforcement agencies for not responding to victims of domestic assault: *Sorichetti v. City of New York* (65 N.Y. 2d 461, 1985) and *Thurman v. City of Torrington* (595 F. Supp. 1521, 1984). Both arose greater awareness on the part of law enforcement agencies in the United States and influenced legal reforms. The first study to assess the effectiveness of arrest on recidivism, known as the Minneapolis Study, concluded that arrest of the perpetrator reduced future violence (Sherman & Berk, 1984). By 1994, mandatory arrest policies were widely adopted in the United States and Canada, with legislative support such as the Violence Against Women Act of 1994. These policies created a deep divide among feminists. Some believed that these policies were the only way to keep women safe and hold men accountable; others thought they perpetuated the stereotype of the victims as incapable of making their own decisions and in need of the state to be the ''arbiter of women's lives'' (Miccio, 2005:322). During the 1990s, the discourse transformed again, switching from the label of 'victim' to that of 'survivors'. Study of Jacqueline Campbell and colleagues (Campbell et al., 1998) of female victims' responses to DV revealed that women exhibited strength and resilience in their resistance to patterns of violent control. Women were not necessarily staying in abusive relationships because they were weak, had mental health issues, or were masochistic. Intervention strategies became more focused on empowering women to leave abusive relationships. However, most of the time domestic violence services continued to operate separately from

child welfare services, with little collaboration and often a great deal of tension and distrust between the two (Fleck-Henderson, 2000; Magen et al., 2000; Mills, 1998; Peled, 1996; Schechter & Edleson, 1999; Stark, 2007). Until recently, child welfare agencies have largely ignored the presence of intimate partner violence (IPV) in families, when there was no indication that a child was being directly abused (Stark, 2007). During the seventies and eighties, when there was little knowledge of the long-term effects of EDV and exposure to violence was not considered a child welfare issue. There was no protocol for screening for IPV, and when it did come to the attention of child protective workers, the extent of the procedure was to provide phone numbers for domestic violence advocacy organizations. At the same time domestic violence service providers often avoided collaboration with child welfare agencies because of their distrust in that system's willingness or ability to be sensitive to the needs of abused mothers (Findlater & Kelly, 1999; Stark, 2007). Other sources of tension were the differing and sometimes conflicting missions of child welfare - which prioritize the protection of children and preservation of families - and domestic violence professionals, who were more focused on the safety and empowerment of women. These differences were reflected in their own approach and led to consequences. The CPS mandate of assessing parenting capacities challenges parental rights and sometimes run the risk of disempowering women; on the other hand, the battered women's movement, in its commitment to a woman's right to make her own choices, can neglect child safety (Fleck-Henderson, 2000). Some domestic violence activists have considered CPS workers as the enemy of battered women, removing their children precipitously and blaming mothers for the violence that their male partners perpetrate. For their part, CPS workers often see domestic violence advocates as blindly loyal to women and as willing to ignore female perpetrated child abuse and neglect (Schechter, 1996:62). A related source of friction is the coercive vs. voluntary nature of services. Child welfare agencies can leverage the legal system to charge a parent with a crime, mandate participation in social services, or order the removal of children. Domestic violence advocates see a victims' voluntary participation in services as core to their philosophy of empowerment and self-determination (Fleck-Henderson, 2000; Mills et al., 2006).

The interaction between CPS and women's right advocates has change in relation to time and contexts, and very often as a consequence of dramatic events, that caused a reaction of the society at large. Moles's (2008) article provides an example of this, describing how policies and legislation on domestic violence changed in New York City during the 1990s. In 1987 the brutal killing of six-year-old Lisa Steinberg by her guardian, Joel Steinberg

called the attention of CPS agencies, activists and the public opinion. Steinberg's partner Hedda Nussbaum was also a victim of severe domestic violence and was the subject of great controversy and criticism for not protecting the child, though she was never charged with a crime in the case. In response to this extreme example of the co-occurrence of child abuse and IPV, professionals from both the child welfare and domestic violence communities started planning joined interventions and guideline for collaboration. In 1995, another tragedy occurred that resulted in dramatic changes to the city's child welfare system. Six years-old Elisa Izquierdo, whose abuse had been repeatedly reported to CPS, was beaten to death by her mother. In response, in January 1996, NYC's child welfare services were taken out of the purview of the city's Human Resource Administration, and a stand-alone agency, the Administration for Children's Services (ACS), was created. This new Agency issued a reform which named as an operating principle that "any ambiguity regarding the safety of the child will be resolved in favor of removing the child from harm's way" (Administration for Children's Services, 2006). From 1995 to 1998 there was an increase of nearly 50% in the number of children entering foster care. In early 1999, a Brooklyn mother of two children, Shawrline Nicholson, was assaulted by the father of her youngest child. While she was in the hospital recovering from her injuries, her two children were taken into the custody of Children's Services. Nicholson was charged with two counts of neglect for "engaging" in domestic violence in the presence of a child and for allegedly failing to cooperate with services offered by Children's Services (Nicholson v. Williams, 2002). In 2000, Nicholson filed a lawsuit against the city. Other women, whose children had been removed because they were victims of domestic violence came forward, and a class action lawsuit was certified, alleging that Children's Services, as a matter of policy, removed children from mothers and charged the mothers with neglect, solely because they were victims of domestic violence (Nicholson v. Williams, 2002). In January 2002, the federal district court in Brooklyn found that the city had violated the civil rights of the mothers and their children by removing children and charging mothers with neglect for 'failing to protect' the children from witnessing domestic violence. The court issued an injunction ordering, among other things, that Children's Services not charge mothers with "engaging in domestic violence," or "failure to cooperate" with services, unless they specified the way in which the child had been harmed by the lack of cooperation. It also said Children's Services could not remove a child who might be endangered by a batterer, unless it first tried to remove the batterer from the home through a court order, or to obtain shelter for the mother and child (Nicholson v. Williams,

2001).The city appealed, and the Federal Appeals court referred the case to the New York State Court of Appeals to clarify the state's Family Court Act's definition of neglect and determine whether Children's Services practice was in fact unlawful. In 2004, the New York State Court of Appeals unanimously held that a mother's inability to protect a child from witnessing abuse does not constitute neglect, and that not every child exposed to domestic violence is at risk of impairment. It determined that in order for there to be a finding of neglect, Children's Services must prove that the child's physical or mental condition has been or is in danger of being impaired as a consequence of the parent's failure to exercise a minimum degree of care. The Court also ruled that before removing a child, Children's Services must prove that no steps could be taken to mitigate the need for removal, and the court must perform a 'balancing test,' to weigh the risk to the child in the home against the harm that would be caused to the child by removal.

The Nicholson case had major implications for child welfare practice statewide, including new legislation in 2002, requiring comprehensive domestic violence training for all child protective workers. The NYC experience is very useful to understand how different stakeholders have been framing the issue of child and family needs and rights. It highlights how professionals interpreted their institutional mandate in relation to organizational response to dramatic events, that call for public and political attention. If at the beginning of the 1990s, their threshold for placement of children was heavily influenced by their agency mandate to solve 'potential ambiguity' by choosing the 'safe' side to remove children; then, new influences came from new Court indication, that interpreted in a different way the balance between the duty of the state and the rights of the parents. The NYC experience shows several similarities to what Parton (1997) has described about the CPS transformation in UK. Not only led these changes to recognize the need to improve professional knowledge about the issue, but other professionals, especially from the legal system, have been involved in defining the problem and the 'right way' to intervene. More and more professionals have been asked to be accountable for identifying the evidence, which is mostly forensically framed. Accountability means also that professionals have to construct a language that is clear and transparent, and agencies have to provide more structured guidelines that make sure that every workers involved is referring to the same frame. The evaluation of the quality of services is no more only a matter of professionals point of view, but has to be integrated with all the stakeholders involved. However, many authors (Munro, 2011) have noticed how a consequence of this process has been the

development of a self-defensive culture that invests most of its resources in defending itself against the allegations and responding to lawsuits than helping people.

Despite the limitations of current child welfare practice in relation to EDV, promising child welfare programs and policies have been developed to address the needs of both children and families in these cases. Efforts to coordinate services and develop collaborative relationships between domestic violence and child welfare providers have now become commonplace in the United States (Stark, 2007). For example, from 2000 to 2005, the Federal government funded 6 counties across the country in the Greenbook Initiative (Schechter & Edleson, 1999), which promoted collaboration between child welfare services and other community agencies. These state and local change efforts varied, but instituted many common elements of system change, many of which were reported in an evaluation of the Greenbook Initiative (Banks et al., 2008; Malik et al., 1988). Training of child welfare workers and DV advocates was provided to understand each other's perspective and the specific needs and context each responds to. DV specialists worked in child welfare agencies, providing additional consultation and serving on multidisciplinary case review teams. Most efforts included protocols or guidelines for child welfare workers to screen for DV, develop safety plans with adult victims, and refer them to DV services. Many used new procedures or new staff to assist children and adult victims in the judicial system and/or to monitor perpetrators of DV to hold them more accountable. In Alaska, legislation was enacted to enable a more comprehensive child welfare response to DV (Weithorn, 2001), including resources for protocol development and training.

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

Although not specifically designed as an EDV intervention, the recent trend in child welfare services toward differential response (DR) may also hold promise as a way to help address EDV. DR is supposed to allow more flexibility for agencies to use a less coercive approach. In this approach, families defined at low or moderate risk receive child welfare interventions that focus on assessment and a flexible service response attuned to children's and families' needs (see e.g., Conley & Berrick, 2010), avoiding the investigation of

allegations and the substantiation decisions (Conley & Berrick, 2010). DR may be especially appropriate for families with DV in which one or both parents are victimized, because it responds to the needs of the whole family without identifying a perpetrator. Importantly, DR explicitly encourages individuals' help-seeking and resource linkage (Cross et al., 2012), because it eschews investigation procedures; parents who are being battered would not be at risk for being substantiated for neglect due to EDV if they engaged with child welfare agencies. There are still few rigorous studies of the effects of DR and its impact on EDV. The overall impression is that families make earlier and better use of community-based services (Shusterman et al., 2005), and child welfare team members have also reported appreciation of the support from other disciplines (Onyskiw et al., 1999). However, the value of DR depends on availability of effective community programs (Crain & Tonmyr, 2007) which vary in existence and quality.

The following chapter describes in detail how CPS decision-making is influenced by several factors in the social and organizational context within which individuals interact.

CHAPTER 3 - JUDGMENT AND DECISION-MAKING IN THE CHILD PROTECTION SYSTEM

3.1 Dichotomous views in social work: the clinical-actuarial conflict

This chapter presents the author's reconstruction of theories and models to analyzing professional decision-making in the area of child protection. The discussion is aimed at understanding, and hopefully overcoming, old but still relevant arguments about the subjective versus objective nature of social work knowledge and practice. The last part of the chapter provides a review of empirical literature that specifically focuses on CPS decision-making in situations where domestic violence is an issue.

The terms *judgment* and *decision-making* are used interchangeably in general discourses. Decision-making is an activity that we do in our everyday lives. Human judgmental processes rely on information gathered through our senses, as well on the reconstruction of such information from memory. During these processes we may ask for help, advice, or support from friends or experts. Moreover, we typically operate under constraints from many sources, including limitations in our cognitive and perceptive system, non-cognitive factors (such as emotions and social influences), task constraints (for example, time pressure or limited information available), problems with accurately interpreting or measuring information (Cooksey,1996: xi).

In the social work literature the term *judgment* is used to mean the evaluation by professionals using their cognitive faculties, in order to integrate available information and to arrive at an understanding of a situation. The term *decision-making* describes a conscious process (an individual or a corporate exercise with others), 'leading to the selection of a course of action among two or more alternatives' (Taylor, 2010:164).

As a society, we rely on child welfare workers to exercise well-informed and consistent judgments, in order to protect vulnerable children. In the CPS field, workers are expected to make judgment, when there is a need to know how to proceed in a case. The starting point is the collection of data through professional observation and enquiries, as well as from past information. This data is then analyzed and synthesized, in order to reach an understanding of the situation (evaluation). The assessment must focus on different aspects at the same time: the immediate safety of a child, the risk of future harm, the functioning of the family and the strengths and needs of its members. The data that informs the

assessment is often unclear and uncertain. Solutions to problems that arise in child welfare are not easily discernible through the types of diagnostic tests, that are available to other professionals, such as doctors and engineers. Situations are complicated by a combination of social and economic factors, psychosocial issues and relationship ties, so that it is difficult to identify the root causes of the problems or indeed which are the most effective solutions. Worker experience and agency frameworks, as well as working with clients that are often involuntary, influence the quantity and the quality of information gathered. In addition, upon reaching the decision-making stage, judgment is challenged by a range of conflicting values at the organizational and environmental levels that come into play (Hollows, 2003:61). Caseworkers are often called upon to untangle complex and emotionally difficult situations with limited information, time, administrative support and resources. These limitations can impair their capacity for good decision making; and unfortunately, the consequences for poor decisions can lead to unnecessarily broken families, and in the worst case scenarios, further child endangerment and death (Drury-Hudson,1999).

As we discussed in Chapter II, tragic events have occurred involving children in the child welfare system, and these cases have become widely publicized. This has contributed to greater public scrutiny of child protection practices, and has led to a growing demand for workers and agencies accountability. In response to this demand, agencies have begun to adopt more standardized models of assessment, in an effort to minimize the risk of workers' errors. Most of these models have been drawn from the psychological area of research, and in particular from studies carried out in the criminal justice and mental health fields. Furthermore the debate around the introduction of structured models in CPS and their consequences mirrors that developed in other fields of research. Some authors argue that the introduction of standardized models is mainly orientated to support clinical judgment, which is still central to the assessment of a case. In contrast, other authors maintain that rigid policies, standardized guidelines and actuarial tools have weakened professional expertise, autonomy and powers of discernment.

The empirical research that addresses the efficacy of clinical judgment relative to actuarial assessment can be sorted into two categories. The first consists of research that compares the prediction accuracy of *unstructured clinical judgments* with that of *actuarial tools*. The second includes studies that compare *structured consensus-based models* with that of *actuarial tools*.

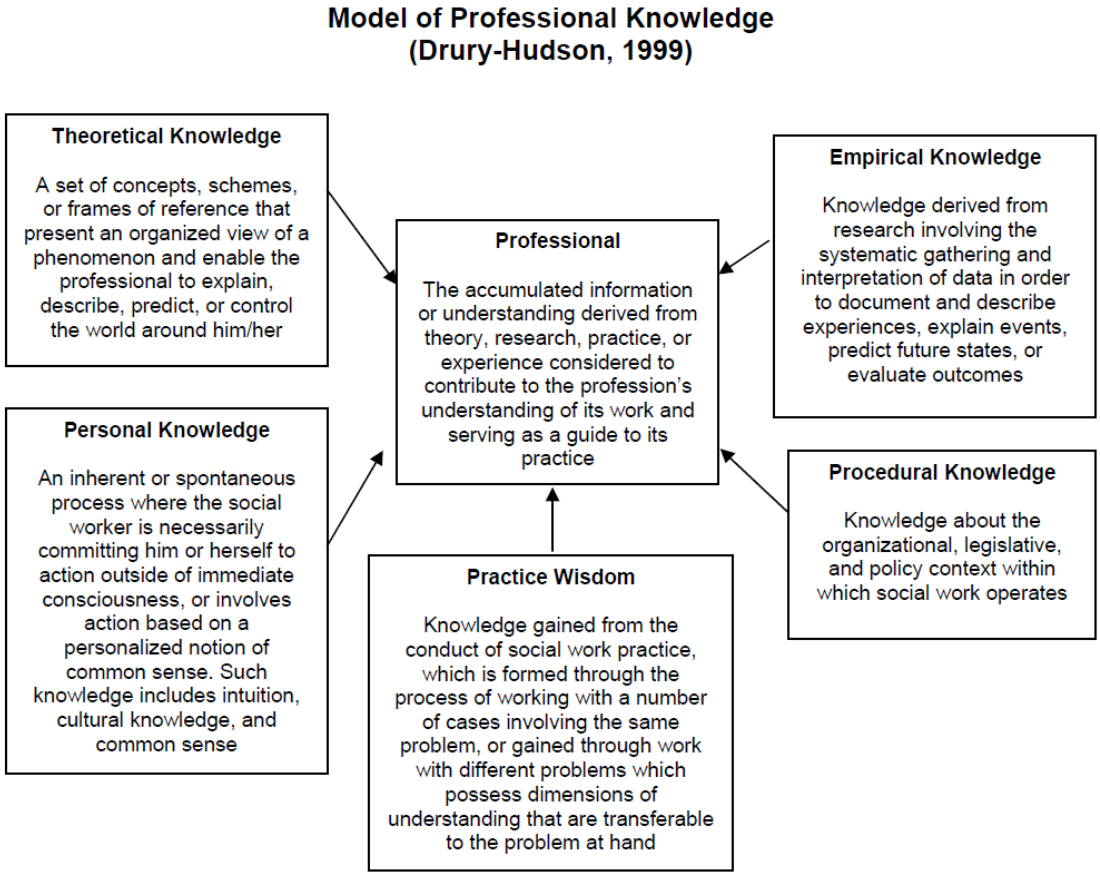
Referred to simply as *clinical judgments* in most literature on this topic, *unstructured clinical judgment* involves the exercise of educated intuition, where information gleaned from interviews, client history and conferences with other professionals are engaged at the discretion of the individual carrying out the assessment (Meehl, 1954). Originating in the field of clinical psychology, this method is informed by a mixture of personal experience, retained knowledge, observations, beliefs, and intuition. In the CPS field *clinical judgment* is referred to as the process of observing a situation, gathering pertinent information, and processing it, in order to come to a decision. While professionals may employ different types of tests and assessments to inform their final decision, clinical judgment does not rigorously adhere to any formal framework or quantifiable standard, rather it relies on the professional's ability to process information. According to this model, clinical judgment is guided by what Klein and Bloom (1995) have labeled *practice wisdom*, defined as "a personal and value-driven system of knowledge that emerges out of the transaction between the phenomenological experience of the client situation and the use of scientific information" (Klein & Bloom, 1995: 799). Clinical-decision making in social work is central for several reasons. Social workers, and especially experienced social workers, are trained to look beyond the superficial appearances of a situation, and to evaluate complex interactions of cues by intuition and observation. As some authors have noted, practice wisdom takes into account the tacit knowledge, that empirical research is still unable to objectively operationalize or measure (Imre, 1982; Scott, 1990). Rather than sticking solely to just the facts of an account, narrative truths are an essential part of understanding complex connections between these facts and cues (Ruscio, 1998). Only by being attuned to the characteristics of each case, can the particular needs of each individual be adequately met (Brissett-Chapman, 1997; Cohen, 1992; Garbarino, Kostelny & Grady, 1993; Kelly & Milner, 1996). However, research has found that clinical decision-making can be affected by several limitations and issues (Camasso & Jagannathan, 2000; DePanfilis & Girvin, 2004; Gambrill & Shlonsky, 2000; Knoke & Trocmé, 2005; Rossi, Schuerman & Budde, 1999). First, a variety of personal factors can affect an individual's judgment. Because heuristics (paragraph 3.3.4) are derived from the professional's own experience, the workers may feel that they are employing experiential wisdom to process the information,

when they are actually falling back upon a mental shortcut, that might bias their decision. Second, workers are influenced by the agency environment, the legislative context regarding child welfare policy and the characteristics of their clients. Given the interaction

of these influences, relying on practice wisdom alone does not guarantee reliability or validity of decisions, so that a family can be assessed in very different ways between various workers and agencies. Third, the amount of time it takes a worker to develop practice wisdom is also of concern. Studies have shown that decision making can vary greatly between novice and experienced social workers. Dreyfus and Dreyfus (1980) maintain that, as professionals gain experience, they move through a developmental continuum through five stages of career (novice, advanced beginner, competent, proficient and expert). With each stage of skill acquisition comes an increase in knowledge and ability. At the beginning, the novice acts according to rules, that determine a specific action; novices have little experience in clinical judgment and critical analysis and tend to rely on guidelines and rules. In the later stages of this paradigm, the expert is able to make intuitive decisions based on previous experience, operating outside guidelines and scientific principles. The expert is able to make decisions based on both abstract and concrete information, which has been obtained through individual experience and skill acquisition. The main criticism to this model is the lack of any clear definition as to what an 'expert' actually is. Moreover, while seasoned social workers have the benefit of years of experience, they may also be prone to rely more on practice wisdom and procedural knowledge to the exclusion of theoretical or research knowledge (Drury-Hudson, 1999).

Drury-Hudson describes professional knowledge as the accumulation of information garnered through theoretical, empirical, personal, practice, and procedural knowledge. His model is helpful in distinguishing different types of knowledge available to professionals and it is presented in Figure 1.

Figure 1 Model of professional knowledge. Source: Drury-Hudson (1999)



As suggested by the model, personal knowledge and practice wisdom provide a very rich and extensive resource for experienced social workers. However, other components, that do not belong to these source of information, are essential in preventing ambiguity and bias that can easily lead to discriminations, if workers are not informed by more systematic and reliable ways of gathering and analyzing data. Moreover, an issue that cannot be solved by this classification is that, when Klein and Bloom (1995) state that practice wisdom "serves to translate both empirical and theoretical knowledge and previous practice experience into present and future professional behavior" (Klein & Bloom, 1995:803), the way and extent to which this is unclear.

Historically, caseworkers have used the case study method, relying almost entirely upon clinical experience, interviewing skills, and intuition to estimate the risk of abuse or neglect to a child. In many states, such clinical assessments have been structured by instruments or systems that identify specific case characteristics, often those selected after a review of the literature. *Consensus-based instruments* use expert clinical judgment to determine which client characteristics should be assessed. In the selection of variables, expert judgment is informed by both clinical experience and knowledge of the research

literature. Many of the consensus-based instruments may also be referred to as *blended* instruments. Blended instruments are typically not constructed from an empirical analysis of case outcomes (Wald and Woolverton, 1990), but later subjected to empirical validation (National Resource Centre on Child Abuse and Neglect, 1984).

The key difference between *actuarial* and any *clinical* risk assessment is that the former includes only items known to correlate with outcome variables, as determined by statistical analysis of representative samples of cases, followed up over fixed periods of time. Depending on the instrument, these items may also be weighted or otherwise subjected to mathematical manipulation and ultimately combined to optimize prediction accuracy. One of the essential factors that statistical methods take into account is the *validity* of certain predictors. Statistical techniques are used to determine which factors specifically predict a certain condition, and these are then weighted more heavily than the less significant factors. These models can then be evaluated in relation to their *reliability*, namely the degree of accuracy they provide over time, and in different contexts. If a statistical decision-making method is reliable, this means that if cases share certain characteristics, similar outcomes should result, if decisions are made by different caseworkers, in different places. Because decision outcomes are based on empirically tested factors, as opposed to individual judgment, workers would consistently apply the same decision policy and expect similar results.

There are many obvious benefits to using actuarial judgment models. The mathematical properties of this method, such as validity and reliability, greatly minimize the risk of human bias or illusory correlations based on unrepresentative examples. Important factors are determined by testing, rather than by individual judgment, and can be checked for historical accuracy. Statistical decision-making methods also allow for increased transparency in case decision-making processes, and more overall accountability among workers. However, this model shows several limitations. First, this approach assumes that all professionals will be trained to think in more analytical ways like researchers, but given the lack of resources and the complexity of tasks in the field, this is far from the reality of CPS agencies. A second assumption is that theory and research can be generalized to each individual case, but this can limit the understanding of the complexities that are present in each unique situation. As a result, many child welfare workers do not see these tools as relevant, or simply as an obscure “black box”, and continue to rely more consistently on their own judgments (Munro, 2005). Last, many researchers question issues of reliability and validity of many of the assessment tools currently used in CPS (English & Graham,

2000; Fuller, et al., 2001; Knoke & Trocmé, 2005). This is an important problem, since they were introduced to tackle the issue of validity and reliability in clinical decisions.

In the area of criminal justice, most conclusions about the inferiority of clinical judgments relative to actuarial ones are based upon research about unstructured clinical judgments. Influential reviews of these types of study appear in Meehl (1954) and Grove and Meehl (1996). Other researches compare instruments of the structured clinical judgment type (consensus-based) and actuarial tools. The former are like actuarial tools in that they are also founded in empirical research, but they differ in that items were not included specifically for their correlations with outcomes (e.g. recidivism). Comparisons of the performance of structured clinical judgment instruments with actuarial tools provide unclear results. Also the statistical techniques used to compared them are an object of debate (Singh et al., 2013).

In the CPS field, some studies have compared the two decision-making methods, and favor actuarial methods over clinical decision making with regard to validity and reliability (Baird & Wagner, 2000; Baumann, Law, Sheets, Reid, & Graham, 2005; Dawes et al., 1989; Gambrill & Shlonsky, 2000). Other authors support the introduction of actuarial tools in the CPS field, but they highlight how important limitations should be tackled beforehand. For example, Knoke and Trocme' (2005) maintain that although structured risk assessment has been shown in other fields to hold promise (Dawes et al., 1989; Grove & Meehl, 1996), a more extensive and systematic approach to the development and testing of these tools in CPS is needed, since so far their predictive performance has been disappointing (Baird & Wagner, 2000; Camasso & Jagannathan, 2000). Several scholars are much more critical, highlighting the risks associated with the introduction of these models. Some argue that standardization can discourage workers from exercising their clinical judgment and expertise. Others feel that actuarial methods lead to "cookie-cutter" responses, that do not ultimately meet individualized needs (Brissett-Chapman, 1997). With regard to safeguarding against cognitive heuristics, Jagannathan and Camasso (1996) contend that rather than using actuarial decision-making tools in conjunction with important clinical skills, social workers may actually come to rely upon the tools as perceptual shortcuts. Structured risk assessment models have also been criticized for their focus on child physical safety and risk reduction for the prevention of future maltreatment, without adequate attention to the child's needs and well-being (Trocme´ & Chamberland, 2003).

In common with other fields of research, the tendency to portray actuarial and clinical assessment methods as a 'black and white' debate, leads to not recognizing the importance of both clinical judgment and empirically constructed instruments. This debate too often ignores the important task of understanding which kinds of information and tools are needed in practice, at which stages of the assessment process, and which factors at the individual and environmental level can improve or hamper decisions. Empirical research, as well as mathematical models, might be useful in improving decision making, as shown in other professional fields; therefore research is needed to tackle methodological issues, to understand which are the consequences of the introduction of standardized tools in practice and how to handle them.

The following paragraphs will discuss several theories from different disciplines, that have been applied to studying judgment and decision-making in professional contexts. This is not intended to be a comprehensive review of decision theories, rather the discussion will focus on contributions that may be useful in overcoming the so-called clinical-actuarial conflict. The overall discussion will be organized assuming a systemic approach, as has been applied for this kind of analysis in different fields, including child protection (Munro, 2005). The core concepts of the System Theory applied to decision-making within organization are described in the following paragraph.

3.2 A systemic approach to decision-making analysis

A systems view of the world assumes a realist perspective, that leads to rejecting the absolute relativism of some constructionist accounts (Munro, 1998, 2005; Munro & Hubbard, 2011), viewing the social world as a social construction of reality, that however can be described and challenged (Searle, 1995, Pawson, 2006; Munro & Hubbard, 2011). From a systemic point of view, the decision-maker is seen as one element, whereas the final outcome (the decision) is a product of the interaction of different subsystems, in which the judge performs his/her analysis and assumes responsibility for a decision. This perspective is in contrast with the image of human rationality, captured in classical decision theories (paragraph 3.3.4). Judgment and decision making are best seen not as discrete acts performed by individuals in isolation, but as part of a constant stream of activity, within an environmental context (Munro, 2005). As a consequence, human errors are neither random nor an individual responsibility, but they follow predictable patterns, that can be understood by analyzing them in their context. Professional judgment can be

described as the result of interactions between individuals and organizations, each carrying their own values, resources and standards of behavior that may change over time as the result of the interaction itself. In the child protection system different stakeholders (i.e. formal and informal institution, communities, families) interact to define which are the rights of the family members, which activities are appropriate to protect children and support families, whether these activities are considered a public or a private matter (Chapter II). These interactions among different actors can result in a variety of structures and models of child protection, reflecting the underlying worldview, structure of power and diversity within their own context.

According to the System Theory, every system can be described as a *collection of parts* (or *subsystems*), that are organized around a *common goal*. Goals are often considered as starting points: actors within the system are joined together through a sense of common purpose. A system accomplishes its work through *functions*, *structures* and *capacities:* these are the essential components of a system, all of them related to its goal. For the field of child protection, the *structure* of the system has been described as including laws, policies, standards, regulations and the mechanisms to facilitate coordination across service sectors (Wulczyn et al., 2009). *Capacity* refers to the material resources, professional skills, and funding needed to operate the system, which have to be allocated in relation to the purpose of the system. *System functions* are seen as organized activities that promote the achievement of system goals. CPS functions have been distinguished into two categories: professional decision-making (e.g. intake screening, assessment of safety and risk, placement) and the functions to support system performance (capacity building, resource allocations, research and evaluation, cross-sectors coordination) (Wulczyn et al., 1999). Also the evaluation of how well a system performs is derived from its goal, that legitimates the system itself within a particular *normative framework.* At the same time, the *resources* needed to carry out the systems functions can be influenced by the level to which the overall context supports and legitimizes the system purpose.

These concepts are critical to understanding some issues in the CPS area. With regard to the normative framework, it need not be codified in law or other formal instruments, although that is more often the case because of increasing acceptance of the CRC[15]. Even though child protection is not solely the responsibility of the state, the consensus behind the rights of children legitimizes the pursuit of child protection as a state responsibility

[15] Convention of the Right of the Child

(Wulczyn et al., 1999). Nevertheless, even if a stronger consensus has been internationally reached through the CRC, the overall goal to guarantee child safety and promote child well-being is translated into practices and decisions, that reflect an interaction of values and norms (Chapter II). Human rights themselves are not simply the product of legal processes, but they can be seen as social institutions, that both structures and are structured by our actions. Some pertinent questions include: What is in the best interests of the child? And how does child protection make sense of this mandate? As we discussed in the previous chapters, child rescue vs. family support, helpers vs. agents of social control, parents rights and the best interest of the child are complex dilemmas, with no easy solutions. This embedded ambiguity in defining the overall goals is reflected into the systems functions. The need to continually balance potentially conflicting values and goals has an important consequence for the CPS field, since it increases the difficulty of establishing criteria for decisions, which can be consistently applied by practitioners (Wilson & Morton, 1997). The lack of agreement between experts about goals and strategies to achieving goals has in turn a negative effect on public service bureaucracies, that often lack knowledge inputs and accountability mechanisms (Wilson & Morton, 1997). Decision makers (professionals and managers) in the CPS have to deal with these tensions daily, and not ideologically, but in the context of real issues and concrete relationships with children and families. Even the strongest supporters of family preservation have to decide on placement, when the safety of the child is severely compromised. On the other hand, the decision to guarantee the child safety first must consider the severe consequences of an out-of-home placement. An unclear goal and the vagueness of law and knowledge create a void that decision makers have to fill. When empirical and theoretical knowledge (Drury-Hudson, 1999) are lacking, personal experience and practice wisdom are the only resources available to guide decisions. Not surprisingly, personal values, heuristics, as well as processes of bias that characterize the human cognition orient this task. This does not necessarily mean that the duality of function (supporting the family and protecting children) is an unavoidable shortfall of the child protection field, but its own feature that has to be taken into account when analyzing or evaluating it.

Another core concept of the System Theory allows the conceptualization of this issue. All systems reflect a *nested structure*; different subsystems (families, communities, agencies, formal and informal organizations) adapt to and influences the other parts (i.e. *bi-directional influences*). The work of each component influences (reinforces and/or

challenges) the goals and *boundaries* of the system. Systems are *open*, i.e they receive input from outside with which they interact. This leads to the study of each system in terms of wholes and interactions, avoiding the reductionist route of isolating singular components. Over time, the interactions will produce new effects on the overall system. The term *resilience* refers to the ability of an organization to keep, or recover to a stable state, allowing it to continue operations during and after a major change. *Externalities* and *emergencies* may lead to reinforcing the organization in the long run, provided that the actors involved are able to respond in a cooperative and organized way. From this point of view, CPS can be described as a complex systems that provides "multiple and creative pathways for action" (Begun, Zimmerman & Dooley, 2003). CPS is seen as an adaptive structure within a changing environment, provided that structures and capacities for change management exist. This aspect implies two conditions. First, the need for a *knowledge base* and *accountability mechanisms* that include data collection, research, performance analysis and communication with stakeholders (Wulczyn et al., 1999). Without accountability, the system has no way of knowing how the context has changed and to adjust its structures, functions and capacities. Systems without quality standards invite a high degree of variability in how processes are executed; this can in some instances threaten the integrity of the system itself, since its legitimacy and adequacy is defined in relation to the environmental context. However, supporting decision making and making it accountable questions not only the degree of knowledge, structured guidelines or tools that are provided to limit the variability of professional judgment, but also brings into question learning processes within the organization, that influence how these instruments are interpreted and used by individuals involved in the system. Therefore, it is important to study how workers make sense of their professional role, understand organizational messages about priorities or the introduction of structured guidelines, translate theoretical knowledge into practice. Another crucial focus of analysis should be how families or members in the community perceive the role of professionals and agencies, how they interact with them, and the degree to which they share and make sense of common goals from their own perspective.

Section 3.3 provides a review of the theoretical contributions that helps to analyze these factors and dynamics that influence decision making, distinguishing for analytical purposes factors at the organizational (paragraph 3.3.1) and at the individual level (paragraph 3.3.3).

3.3 The development of decision theories applied to professional contexts

In the past century, different decision making models have been developed in relation to a changing demand from the environment. Within the context of the new post-war industrialization, there have been several theoretical and empirical decision making models advanced in the sciences. At the beginning, the mainstream idea was that complex decision problems can be modeled through a *utility function* of the decision process. The *Expected Utility Theory* takes for granted a model of rationality, according to which there is only one possible formulation of the right decision, the one that maximizes the utility for the judge. The decision maker is supposed to adapt the information available and his/her perception of the problem to the axioms of the theory (Tsoukiàs, 2008). In the same period, critical contributions to this paradigm started to appear[16]. In 1953, Allais (1953) provided the first empirical falsification of the *Expected Utility Theory* (Quiggin,1993), opening another research direction, that implied the integration of findings from the cognitive sciences. The first radical shift in the mainstream ideas of rationality was due to Simon's works. Simon (1954) introduced the concept of *bounded rationality*, highlighting some characteristics of the decision making process, that contrast the classical assumptions. Simon maintains that decision makers often do not have a precise idea of the definition of their problem, that is more often the result of a *satisfying compromise* (Simon,1954). In addition, solving the problem is always constrained by available resources within an organization, where different forms of rationality may co-exist (Simon, 1976).

Mainly, it has been the quest for support for decision makers involved in real problems that pushed the research to explore possible alternative approaches, within different disciplines. Yet, even if the child welfare field has always struggled with similar practical issues, the importance of taking advantage of the knowledge regarding decision-making research was understood much later (Fluke, et al. 2014). Fluke et al. attempt to explain this in relation to changes that occurred in the North American child protection field. "Several decades ago, when what we now know as risk or safety assessment was in the distant future, when the spotlight had not fully shown on abuse and neglect, assessment was less an empirical undertaking and more a way to understand the characteristics of people and situations that might produce harm to a child. Most were reasonable ideas resulting in "best practices" guidelines, that enabled caseworkers with few empirically sound instruments to both assess

[16] See Tsoukias (2008) and Cooksey (1996) for a detailed reconstruction of the development of these theory in different fields.

and treat families" (Fluke et al., 2014:464). During the 1980's several risk and safety assessment models, mainly consensus-based models (paragraph 3.1) were introduced in the Anglo-Saxon countries. This has been an attempt to answer to a backdrop of criticism for not having a rational basis for decision-making, in a context where CPS interventions were challenged by several external factors (Chapter 2). In the 1990's several researchers began to criticize the empirical standards upon which many of the consensus-based models rested, pushing for the development of actuarial tools, being more valid and reliable. For a long time, several efforts had been made in trying to correct errors through building risk instruments, but not enough research was focused on understanding the source of these errors (Baumann, 2014). Only in the past two decades, several empirical studies have started to examine CPS decision processes. Most of the works in the social work field of research has drawn on psychological theories, that mainly analyze individual decision-making. In their application to empirical research, these models often include organizational variables that influence individual judgment; however, they do not explain the complex dynamics that construct the organizational level. More recently, authors such as Munro (2011) have suggested the usefulness of applying a system analysis to the decision-making process, to better account for the interaction of different level of analysis. Munroe has used constructs mainly drawn from scholars within the field of Organizational Studies that have analyzed decisions and errors in organizations. This kind of research often includes different methods of data collection and analysis (and unfortunately complex research design, that rarely can be funded in the CPS field).

The next section (3.3.1) discusses some of the constructs that help to analyze the process of decision making at the organizational level. For this purpose we draw from Munro's work, integrated by other concepts from the Organizational Studies that we consider relevant, showing their possible application in the CPS field (paragraph 3.3.2).

3.3.1 Theoretical contributions at the organizational level: the dilemma generalization vs. imagination

According to a systemic perspective, the organizational context influences decision makers not simply as a sum of different factors, but as a product of the interactions between individuals, structures, modes of coordination and practices. Institutions do not merely reflect individual preferences and power, rather they themselves construct those

preferences and interests. Organization processes are something more than what occurs between people. Individuals come and go, but organizations preserve knowledge, behaviors, mental maps, norms and values over time (Weick, 2005). Organizations use interpretations, making sense of event that occur; they develop their own way to interpret the environment and interact with it. Members in the organization act on these events, attending, or ignoring, or talking about them. *Interpretation* is the process of translating these events (Daft & Weick, 1984), developing models, understanding or assigning meaning. *Learning* is distinguished from interpretation by the concept of action. It involves a new response or action based on interpretation. *Decision making* is part of the information and interpretation processes in organizations. Organizational decision making may be influenced in different ways: by political processing (Cyert & March, 1963), by system analysis and rational procedures (Leavitt, 1975), or by programmed responses to routine problems (Simon, 1960).

Different *style of interpretations modes* lead to different decision making processes. Daft & Weick (1984) distinguish four types of organizations in relation to their assumptions about the environment and their decision style. *Conditioned viewing organizations* assume the context as objective and analyzable, and a passive, non intrusive, approach. Decision making is programmed in advance and programs are built to describe reaction to external events, based on previous experience. The viewing is *conditioned* in the sense that it is limited to routine documents, reports and publication; these organizations tend to rely on established data collection procedures and interpretations are developed within traditional boundaries. Rules and regulations cover most activities. When crises occur a manager will first react by looking for traditional responses. *Undirected viewing organizations* reflect a similar passive approach, but they do not rely on objective data collection, since they assume that the environment is not analyzable, so that factors cannot be rationalized to the point of using rational decision models. The collection of information is based on chance opportunities and personal contact and their interpretation on a variety of personal cues that happens to be available. Managers easily respond to divergent cues and extensive discussions are required to agree on a single interpretation and course of action. Similarly, *enacting organizations* assume that the context is not analyzable, but they are characterized by a more assertive decision style. They do not have precedents to follow and when a new idea is proposed it may be implemented to see if it works. They essentially utilize the trial and error incremental process, described by Mintzberg et al. (1976). These organizations move ahead incrementally and gain information about the environment by trying behaviors

to see what works. *Discovering organizations* also take an active approach, but they assume that the environment is analyzable. System analysis will be an important decision tool; researchers and personnel will perform computations on environmental data and weight alternatives before proceeding.

Almost all outcomes in terms of organization structure and design depend on the way in which interpretation of problems and opportunities is formulated. According to Weick (2005), many activities from decision-making to strategy formulation or innovation can be connected to the mode of interpreting the external environment. Nevertheless, even in the most objective environment, the interpretation process may not be easy. As will be discussed in paragraph 3.3.3, people in organizations are talented at normalizing deviant events, at reconciling outliers to a central tendency, at producing plausible displays, at treating as sufficient whatever information is at hand (Weick & Daft, 1983). The result is that the organization can build up workable interpretations from scraps that consolidate and inform other pieces of data. Perrow (2007) argues that, no matter what efforts are made, organizations always have structural limits, that hamper their capacity to prevent and contain unexpected events. Good practices or errors are the result of the way in which the organization analyzes threats, integrates information, create incentives for action, and learn from experiences. From this perspective, the reason both professionals and management fail to realize the tasks assigned are found not only in human errors and cognitive failures, but also in *organizational failures*. Just as it happens to the individual, organizations make mistakes, due to several variables. *Selective attention, noise and information overload* are some of these factors. Selective attention leads to focus on certain problems, thus allowing other issues to develop without being tackled. The noise can be caused by an overload of data, reducing the capacity of an organization to react to warning signs, and fail to identify real threats. An overload of information can occur either because of insufficient human resources for the quantity of information to be analyzed, or because of the specter of potential threats increasing rapidly, without an adequate compensation in resources and skills. Another possible source of organizational failures is the construction of *routines* and *standard operating procedures* typical of every organization. Routines are characterized by a *logic of appropriateness*. March and Simon (1993) identify two different logics of action: a *logic of consequences* and a *logic of appropriateness*. The first, is linked to analysis and calculation: actions are chosen by evaluating their probable consequences for the preference of the actor. The second is linked to conceptions of experience, roles, intuition, and expert knowledge. Actions are chosen by recognizing a

situation as being of a familiar, frequently encountered type, and matching the recognized situation to a set of rules. (March & Simon, 1993). These routines are central to the normal working environment of the organization but if they become rigid or mindless, they can constitute powerful barriers to the perception of new problems.

Another core aspect is *the problem of coordination and integration* (Thompson, 1967). As organizations grow in size, they face new tasks, develop new functions and horizontal differentiation increases. To complete complex tasks, organizations divide activities into parts, assigning them to individuals and/or organizational units. A typical cause of failure in coordination consists in the existence of distinct silos of knowledge and information within organizations (Bazerman &Watkins, 2004). The bureaucratic form of organization (Weber, 1922), structured in a functional-hierarchical manner, may become an obstacle to intra-organizational coordination, when attention is more focused on technologies or individual performance and not enough on the task's integration into the broader work system. Moreover, differentiation implies not only specialized knowledge, but also different attitudes and orientations. The existence of specialized bodies of knowledge and specific languages makes communication within and between organizations problematic, giving rise to processes of *structural secrecy* (Vaughan, 1996).

Lastly, every organization have to deal with the dilemma that arises between generalization and flexibility. On the one hand, coordination and generalization, which create procedures and modes of operation, are essential tasks for complex organization; on the other hand, they may limit flexibility and resilience. According to Weick (2005) "organizing restricts perception, because requirements for coordination necessitate generalizing. Generalizing can suppress both recognition of anomalous details and imaginative development of their meaning" (Weick, 2005: 431). Generalization implies a reduction in the possibility of capturing weak warning signals, whose relationship with other information could give rise to a more meaningful overall picture. As Weick (2005) maintains, it happens the same with individuals. With the growth in social complexity, they need to pass from a knowledge based on perception, to a knowledge based on categories. This passage from perception to categorization is determined by the need for coordination. However, this implies a cost: people tend to remember the name of the things they have seen, rather than the qualities that they have observed or felt. If details are outside the connotation of names, they will not be noted. To help clarify this aspect, Weick (2005), drawing from Engell (1981), distinguishes between 'fancy' and 'imagination'. *Fancy* is the ability to aggregate and associate elements from the reality, whereas *imagination* is the ability to conceive as an

integral whole something seen in the reality only fragmentally. We can think about imagination as the activity involved in creating a painting, using elements from the reality, but combining them in a new and meaningful way. Fancy can be likened to the action of a curator of an art gallery, who does not create works, but groups or re-orders existing representations. According to Weick, organizations are more likely to be predisposed to fancy, rather than imagination, as they tend to be dominated by categories and rules. As maintained by Tsoukas & Vladimirou (2005), ''a distinguishing feature of organization is the generation of recurring behaviors by means of institutionalized roles, that are explicitly defined (..). An organized activity provides actors with a given set of cognitive categories and a typology of action options (..). On this view, therefore, organizing implies generalizing; the subsumption of heterogeneous particulars under generic categories. In that sense, formal organization necessarily involves abstraction'' (Tsoukas & Vladimirou, 2005:124). To counteract failures of imagination that are attributable to abstractions, "people need to be organized in ways that enable them to return to earlier activities of formful relating, the naming of forms, and the conceptual partitioning of undifferentiated impressions" (Weick, 2005:432). Without this effort, the risk is that people in bureaucracies may essentially 'imagine the past and remember the future'[17]. They see what they have seen before, and they link these memories in a sequential train of associations. A heavy reliance on both analytic denotation and known rules in the development of organizational language strips away associating principles and imaginative conjectures. As a result, when unexpected weak signals appear, conjectures tend to be conventional and the relation between reality and imagination is treated as settled, rather than contestable. Routines (that comes from applying a logic of appropriateness) as well as rules from analytical models are an essential part of the organization process, but if they are assumed into fixed categories they both result in hampering imagination. Uncertainty reduction can occur either when words are stripped of all association, or when words are rendered all-inclusive by excessive associations. Language in which one word equals one thing, or one word equals all things, has stopped evolving and can neither register the unexpected, nor preserve a relationship between imagination and reality (Weick, 2005). These speculations suggest that organizations may differ in the degree to which they are cultures of

[17] The mechanism for this has been suggested by Namier: ''One would [normally] expect people to remember the past and to imagine the future. But in fact, when discoursing or writing about history, they imagine it in terms of their own experience, and when trying to gauge the future they cite supposed analogies from the past; till, by a double process of repetition, they imagine the past and remember the future'' (Sills and Merton, 1991: 171).

imagination. In a culture of imagination ongoing conflicts between the denotative and connotative forces in words are encouraged, in the belief that these conflicts recapitulate the larger tension between imagination and reality (Weick, 2005). An example of this culture is provided by high reliability organizations (HRO) such as air traffic control systems or nuclear powered aircraft carriers. These organizations are contexts where people avoid simplicity rather than cultivate it, and they are sensitive to operations and structure as they are to strategy. They organize for resilience rather than anticipation, and allow decisions to migrate to experts wherever they are located (Weick & Sutcliffe, 2001). These organizations are able at the same time to define strategies and programs, but also to preserve details, refine distinctions and create new categories. They hold labels lightly and update them, returning again and again to perceptions and exploration, rather than to scripts and memories.

Weick's suggestion is that, even if organization and imagination seem to be in contradiction, there are examples of models and methods to co-manage both requirements. Complex and flexible organizations are able to focus the activity of organizational design not only on decision making but also on sense-making, not assumed as an issue, but as a central process in organizations.

In the following paragraph we are going to use these contributions to discuss a view, alternative to the one that interprets structured and unstructured decision-making in CPS organizations as opposed and incompatible.

3.3.2 Structured vs. unstructured decision making in CPS organizations

Theories at the organizational level help to provide a more complex picture of decision making in the Child Welfare context. In paragraph 3.2 we have considered how child protection agencies can be seen as systems that need coordination and integration, in order to perform in an efficient way, and to cope with changes in the environment. In the previous paragraph, we have highlighted how coordination implies generalization of rules and procedures, the creation of hierarchies and specialized structures within the system. Different ways of completing this task can be followed, resulting in different style of decision-making and types of organizations. Some may assume that top-down control is possible and desirable, so that management is supposed to predict with accuracy the

precise consequences of the various instructions they issue. In a top-down control system, improvement in performance is typically seen as greater compliance with procedures and rules (Munro, 2010). The response to errors of individual more often produces more standardized protocols to prevent human mistakes. Procedures and guidance that seek to disseminate and standardize good practice bring several advantages: they ensure that people adopt the right priorities in their work, they enable the spreading of lessons learned around the organization and minimize the risk of people unknowingly repeating mistakes. However, if they are implemented within a type of organization which hampers changes and adaptability to the environment, they may carry negative consequences.

According to Munro (2010), several factors during the 1980s and the 1990s have driven to excessive standardization and control in CPS organizations. First, dramatic events happened to children that resulted in a growing demand for more worker and agency accountability. As we have seen in Chapter 2, this happened within a context more critical of the intervention of the state in issues that deal with the rights of different family members and this criticism led to adopt a more legalistic framework, replacing in part the social-medical approach. Second, several CPS organizations often prevailed a blaming culture that tends to attribute the responsibility of errors to individuals. This approach assumes that one bad apple has caused the problem and everything will be fine once it is removed. A cumulative effect of a blaming approach produces a system particularly prone to focusing only on *single-loop learning* (Argyris & Schon, 1978), namely on monitoring and enforcing compliance with existing prescription. By contrast, *double-loop learning* - i.e., detecting and correcting errors through the modification of an organization's norms, policies and objectives (Argyris & Schon, 1978) - is severely hampered by individuals' reluctance to report problems for fear of being criticized. A third variable that, according to Munro (2010), increased excessively the level of standardization was the policy introduced by the New Public Management. NPM is generally referred to as the introduction of techniques from the private sector, aimed at making the services more efficient and effective. Two major features of this change are increased managerial control of professional behavior and a greater demand for transparency in public expenditures. This has led to the definition of a detailed framework of practice, targets and performance indicators, in order to measure and shape practices and to meet the need for transparency. Munro (2010) maintains that focusing only on standardized, measurable aspects of practice has led to undervaluing professional expertise and judgment, with a serious impact on the potential for learning from experience. For professionals, this 'protocolization' can be

either frustrating or reassuring. It may be frustrating because it constrains their range of action, or reassuring because it limits their personal responsibility for their actions (Munro, 2010). The cumulative effect of a blaming culture and the standardization produced by NPM may lead to a negative outcome for the organization, contrary to the aim of preventing errors. The more punitive the work culture and risk-averse the worker, the more practitioners will opt for the safer route of following procedures, regardless of how inappropriate they can be in a particular case. As we have considered above, whether or not procedure comes from a logic of appropriateness or more analytical processes, if they are both translated into fixed rules they may become a source of organizational failures. Procedures, however detailed, are always incomplete specifications to some degree. There is always a gap between a written rule and an actual task and this needs to be bridged with imagination, that is to say interpretation (Dekker, 2006). In child protection work, procedures tend to refer to visible tasks but, to carry them out, the worker needs to exercise expertise. For example, conducting an initial assessment requires interviewing skills, in order to elicit relevant information, and reasoning skills to analyze and reach conclusions on the basis of that incomplete and often ambiguous information. At the organizational level fixed guidelines may have the opposite consequence than reducing errors and uncertainty. For example relying uncritically on standardized tools with the only justification that they come from empirical evidence may easily lead to ignore what the actual context is showing.

In the CPS field, Munro has provided several contributions that show how a system approach can help in constructing organizations, more prepared to deal with the dilemma standardization vs. imagination. In a system approach, the focus is on understanding whether practitioners comply or not to rules and whether the rules and procedures are suitable for complex decisions, tasks and working conditions, faced by front line practitioners. Unfortunately, there are still few empirical studies of this kind, also due to the complexity of the research design which is required.

Recently, an empirical research that explores this topic, even if not explicitly framed by a systemic approach, has been carried out in California (Kim et al., 2008). The aim of these researchers was to explore the implementation and effects of the introduction of Structured Decision Making (SDM), a model developed by the Children's Research Center (CRC). This structured model is expected to assist social workers in making consistent decisions about the levels of risk for maltreatment and to provide guidance about service provision. These researchers made use of a quantitative and qualitative analysis to understand the

impact of this implementation on social workers, their practice, how it changed routine and beliefs in organizations, and whether these resisted the introduction of the new model. The results of their study are documented in detailed in their paper. Similar to what is assumed within a systemic approach, their methodology relies on the consideration that the performance within an organization is influenced not only by rules that can be changed from the top-level, but also by the wishes, beliefs and choices of the people who work within it. It is also recognized the need to dig deeper to understand how and why caseworkers are using new structured tools, according to rules or breaking those rules, rather than just focusing on ensuring compliance through greater control and monitoring. The assumption is that practitioners can break rules for good reason. The range of decision scenarios they confront is so varied that, at times, the rules or accepted good practice do not apply. Also, when there are constraints of time and resources in the system, workers have to make pragmatic decisions about what to prioritize. The authors' final recommendation is that, even if the SDM is useful in providing consistency, its implementation implies the necessity to create a culture that appreciates and addresses workers' legitimate concerns about it.

What organizational studies enable to understand is the importance of analyzing both organizational behaviors, practices and culture; how workers within them continue to exercise their professional agency in the decision-making process, even within more structured institutions, contrary to the notion of disempowerment that currently prevails in the CPS area; how, styles of organization and management can sometimes produce the opposite results of those intended. These concepts allow better understanding of the dynamic of professional decision-making, discussed in the next paragraph.

3.3.3 Theories at the individual level: intuition vs. analysis in professional judgment

At the individual level we have to consider several aspects that affect workers' decisions:

1- the *knowledge and skills* professionals can draw on in solving problems. Knowledge of child development, family functioning, different dynamics that lead to different forms of harm or neglect is essential in evaluating needs and risks. This knowledge should be applied within a culturally sensitive framework of anti-oppressive and anti-discriminatory

practice. Relational skills and self-awareness are essential to constructing a relationship with the client, that is central to the outcome of every intervention.

2- the *attentional dynamics*, namely factors that govern the control of attention. Evidence can be ignored intentionally, for example when a worker thinks that limiting the information can enhance the quality of his/her performance. In contrast, several unintentional modes are explained in relation to mechanisms that distort our cognition and generate false beliefs, such as confirmation bias, filtering or wishful thinking. People tend to make sense of event in an egocentric way and to hold positive illusions, which help them face difficult tasks, but at the same time may lower the quality of the decisions (Dunning et al., 2005).

3- the *identification of problems and threats,* as a process mediated by the construction of *frames*. Frames are like lenses, that allow focusing on a specific aspect, while hampering the possibility of fully evaluating others. Generally, when people get used to applying one type of frame, their capacity to make use of different lenses may be reduced. This generates rigidity and limits the possibility of identifying weak warning signs, not captured by the frame in use. For example, the literature on the perception of risk (Kahneman & Tversky, 1979) shows how individuals react to danger in different ways, often dependent on how the risk is framed (Slovic, 2000).

4- the *context* within which the decision maker operates. As we have considered in the previous chapter, decision-makers influence, and in turn are influenced, by a wide variety of social, institutional, and cultural factors.

Here we discuss specific theories that allow the analysis of the first three key aspects of individual judgment listed above. Then we will show how these constructs have been applied in the CPS field of research (paragraph 3.3.4).

In the early 1970s, within clinical decision-making theory, *hypothetic-deductive reasoning* was the dominant approach in the health care field (Jefford et al, 2011; Norman, 2005) and it has influenced the social work profession as well. From this perspective the first stage of an assessment is the acquisition of cues. This process involves the collation of information from previous observations or past case history with new data, collected through interview and observation. From this information an initial hypothesis is formed; furthering the assessment process implies a re-exploration and interpretation of cues to support or dismiss the hypothesis with further data collection to aid interpretation. This leads to an overall hypothesis that directs the decision to make and subsequent intervention/action. Hypothesis generation is considered rational and structured, and related to the

directionality of interpretation. However, as Reason (1990) has noted, the cognitive reality often departs from this formalized ideal. In many professional settings, decision makers function under suboptimal conditions. They may be hurried, distracted, fatigued, and limited by resource constraints. A number of researchers have questioned whether this linear approach to assessment can facilitate accurate evaluations and subsequent interventions. These scholars highlight how a lack of understanding of situations, due to the human limited ability to grasp and make sense of cues, or to the possibility of gathering incorrect data, may lead to formulating and applying inaccurate hypothesis. Moreover, the hypothetic-deductive model fails to acknowledge the role of intuition and experiential learning, considered by many scholars a central feature of clinical judgment. During the 1970s and 1980s several decision theories were developed to account for these aspects of human judgment. Hammond (1980) and Cooksey (1996) provide reviews and comparison of these approaches. These authors distinguish between a) *prescriptive approaches*, that focus primarily on modeling how a rational person ought to make a decision, adapting this through research to accommodate what happens in practice; and b) *intuitive or descriptive approaches*, that start from studying how people make decisions in real situations and then seek to create a model that makes sense of this behavior and gives generalisability (Taylor, 2012). Taylor (2012) draws on these authors to discuss the possibility to apply these theoretical frameworks in the social work profession. Here, we are going to discuss some of these constructs, that allow the understanding of the core features of both intuitive and analytic clinical judgment and are useful to overcome the traditional debate that depicts them as opposing.

One of the first paradigms that demonstrated how people do not adhere to the principles of optimal performance is the *Heuristics and Biases Theory* (Hammond, 1980; Tversky and Kaheneman, 1974). When faced with complex decisions, individuals often make use of experience-based problem solving techniques, using cognitive heuristics such as availability, representativeness, and anchoring. *Availability heuristics* are certain formative instances that are selectively recalled from one's memory and held up as examples, which can then bias a person's judgment. An individual employs *representative heuristics***,** when she or he makes decisions based on the perceived similarity (or fit) of certain variables, rather than based on how the variables actually relate to the situation at hand. An individual who uses an *anchoring heuristic* develops hypotheses (anchor) for a component of a scenario, for example based on availability, and (sometimes incorrectly) magnifies it to fit the entire scenario. This framework has been used to explain the fallibility of the

human cognitive system, showing how the use of heuristics generates predictable systematic biases and errors. Tversky and Kahneman (1974) suggest that, when recalling previous experience, individuals will often only recall those incidents where interventions or decisions were positive and had favorable outcomes, thus rendering the decision making process biased and unrealistic. According to Hammond, cognitive heuristics are short-cuts, that enable the brain to process a large amount of information. This may be efficiently used when immediate decisions need to be made, but can also be a source of biases when making judgment.

The *Prospect Theory* (Tversky & Kahneman, 1974) integrates some of the work in the heuristic and bias area of study, providing a more specific depiction of the impact that subjective perception of both probabilities and decision outcomes have on the decision process (Cooksey, 1996:30). For example, Hogarth (1987) explains how outcome probabilities are first psychologically transformed into *decision weights*, and then integrated with *values* to determine the final preference or choice among prospects. Although the mathematical rules are similar to those of the Expected Utility Theory, this theory replaces the classical concept of *utility* with psychological *values* and *probabilities* with *decision weights*. This approach has guided a series of experiments on how people manage risk and uncertainty. Their results show that the decision weights tend to underweight large probabilities and overweight small probabilities. Moreover, the adoption of a positive frame (perceiving results as gains) as opposed to a negative one (seeing results as losses) influences the choices judges make. People tend to privilege more risky choices when using negative frames and to be more prudent in making choices when using positive ones.

The *Signal Detection Theory* (Egan, 1975; Swets & Pickett, 1982) is both a prescriptive and descriptive approach in that it focuses on the challenge in identifying what information is relevant to the decision within a background of irrelevant data (*noise*) (Egan, 1975; Swets & Pickett, 1982). At the origin of this theory, a *signal* consisted of psychophysical stimulus; then the term has been used to refer to any particular event, which a person may be required to judge. The decision problem of interest is identified by the *intersection of two probability distributions*, one associated with *noise alone conditions* (when there is no signal) and the other associated with *signal plus noise condition*. On any one decision trial, there are two of four possible decision outcomes: when the signal is absent, a response of "no" is correct (*true positive*), whereas a "yes" answer is a *false positive*; when the signal is present, then a response of "no" is a *miss* (*false negative*) and a response of "yes" is a *hit*

(true positive). The separation between the two distributions, established by the probabilities of the four decision outcomes, define the *discriminability* of the signal and relates to the accuracy of detection performance. The location of the *cut-off point* for saying that a signal was present (an event occurred) determines the decision criterion, i.e. the *threshold*. This quantity reflects the decision maker's orientation to the decision task (minimize false alarm and maximize hits) and is responsive to differential cost attached to errors (false alarm and misses). The false positive and false negative may also be depicted through a Receiver Operating Characteristic Curve, providing a visual representation of decision behavior (Harvey, 1992).

Hammond (1996) has drawn on SDT's concept of threshold to describe a condition he calls *duality of error*. The author describes decision making as a process in which most of the time uncertainty is irreducible, errors are inevitable and, as a consequence, injustice is unavoidable. For example, in the CPS field, if a lower threshold for level of evidence is set, then potential violations of individuals' privacy result as non abusing families are investigated (false positives). If a higher threshold for level of evidence is set, then society bears the risk of abusers going free (false negatives).

Different approaches discussed so far make apparent that decision making is seldom entirely intuitive or analytical, but more likely a combination of both. Hammond's *Social Judgment Theory* and the *Cognitive Continuum Theory* (CCT) constitute the first attempt to account for both analytical and intuitive strategies (Hammond, 1996), showing how prescriptive and descriptive models may be used to study different aspect of decision-making.

The *Social Judgment Theory* (SJT), was developed by Hammond and associates, drawing on Brunswick's *Lens Model* (1956). Brunswick, an Austrian psychologist, proposed a quite radical idea for that time. Brunswick first presented a model of intuitive cognition, whose central idea was that perception of the physical (and social) world was derived from multiple fallible (probabilistic) sources of information. Perception psychologists call these fallible source of information *cues*. He suggested that psychology should have began to focus not only on organism, keeping the environmental variables constant, but considering *distal variables*, i.e. external factors (persons, events, objects) that characterize the ecology with which the person must cope. These distal variables present themselves to the sensory array of the perceiving organism as *proximal cues*, which are processed by the organism to yield some functional response (Cooksey,1996: 2). These cues are likely to be interrelated with each other and only probabilistically related to distal criteria (a concept that the author

called *ecological validity*). Hence, not only is there inherent uncertainty within the organism's ecology, but also within the organism as to how cue information should be utilized to guide functional responses. (Cooksey:1996: 3). According to Brunswick, the *ecological system* and the *cognitive/perceptive system* should be described using the same construct and these are best reflected by correlational statistics[18]. Brunswick named *Lens Model* his device for representing how the concepts involved in probabilistic functionalism could be summarized. Just as lenses in eyes relay information about the external world to the brain, Brunswick (1956) proposed that observable environmental cues act like lenses to relay information enabling judgment about phenomena that are not directly observable.

Figure 2 The Lens Model. Source: Cooksey (1996)

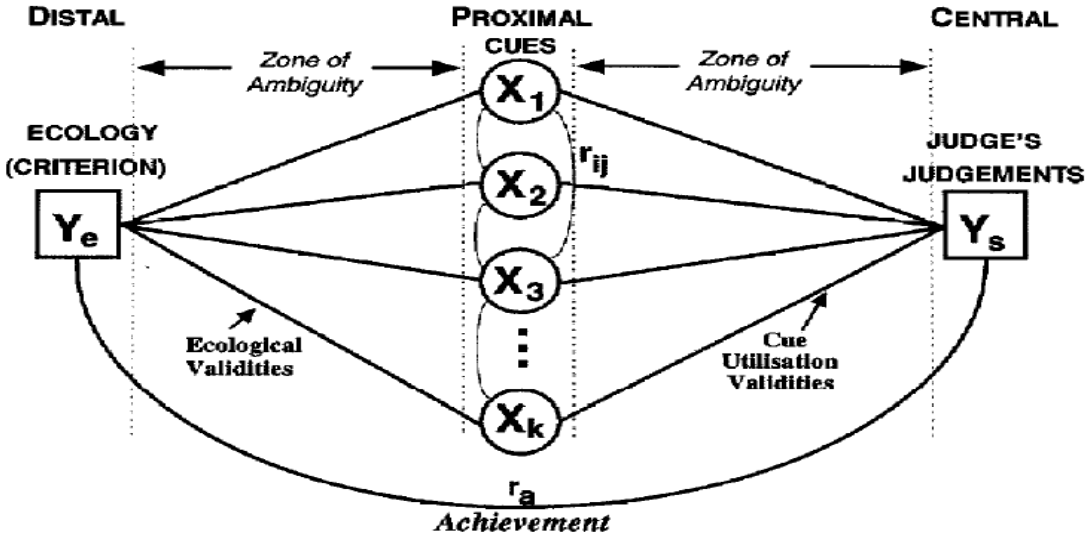


FIG. 1. Brunswik's Lens Model adapted for the study of human judgement in the context of Social Judgement Theory.

The Lens Model depicts an uncertain world represented by many fallible cues and an organism that has the capacity to integrate them into a judgment, often without awareness (Hammond,1996). It is our lack of awareness of how we integrate information that makes it an intuitive process (Hammond, 1996). Many subsequent approaches have been influenced by this model. Hammond, Stewart; Brehemer and Steinamnn (1975) pulled together these approaches under the general name of *Social Judgment Theory*, providing the first application of Brunswick's model. The focus of SJT is both the ecological validity

[18] In particular the *ecological validity* was defined as the correlation between a proximal cue and distal criterion, whereas the *functional validity* as the correlation between a proximal cue and the organism's functional response. The overall degree of success (the achievement) was defined as the correlation between distal criterion values and the response made by the organism.

and the cue utilization validity. Building upon Brunswick's proximal-distal distinction, Hammond et al. (1975) draw attention to the *zone of ambiguity* between *surface (given) cues* and *depth (inferred) conditions*. "This zone represents the region of entangled probabilistic relationships with which a decision maker must cope, in order to successfully achieve in the decision task" (Cooksey, 1996: 11). The region is causally ambiguous because: 1) surface data are less than perfectly related to depth variables 2) functional relationships between surface and depth variables may assume a variety of forms (linear, curvilinear) and 3) the relation between surface and depth may be organized (or combined) according to a variety of principles (for example, additive or pattern) (Hammond, 1975: 275). During the 1980s a comprehensive theory named the *Cognitive Continuum Theory* finally had its genesis in a series of articles from the Center of Research on Judgment and Policy at the University of Colorado. This theory links a *system of cognition* (intuition/analysis synthesis) to a *system of environmental tasks*, described in five key premises by Hammond (1996). These are summarized as follows:

1 – Different forms of cognition can be described on an *intuitive-analytical continuum*. Intuition and analysis are no more seen as dichotomous ways of thinking, but they may be selectively utilized depending upon circumstances.

2 – *Quasi-rationality* is the middle ground of the cognitive continuum, it has elements of both analytical and intuition and it represents what a layperson usually defines as common sense.

3 – Judgment and decision *tasks* can be ordered along a continuum in relation to the type of cognition they are likely to induce a person to use. Different tasks confront the person with different mixture of intuitive, quasi-rational or analytical judgment.

4 – Cognition oscillates in either direction along the continuum in relation to *time*. If one mode of cognition has been proven unsuccessful in yielding a solution, the person will be more likely to shift modes of cognition. For example new and highly unreliable information, but also time constraints, may cause a shift towards more intuitive modes.

5 – Cognition is capable of relying on *patterns recognition*, that involve the application of prior learning and experience in the search for ways to categorize and integrate new information (Cooksey, 1996:22). For example, different patterns recognition can result from the exposure to perceptually organized information (such as picture or recorded message), conceptually organized information (sequential history of event organized in story or report), or information which require the decision maker to produce a coherent account of their judgment relying of the occurrence of real or anticipated event. Pictorial

presentations of information induce more intuitive response, whereas quantitative data, presented objectively, induce a more analytical response.

Hammond's *Cognitive Continuum Theory* (CCT) focuses not only on the decision maker, but also on the environmental factors, that influence cognition and the decision-making process. His theory rejects a dichotomous view, considering intuition and analysis as opposing ends of a continuum. Hammond argues that different decision-making tasks require different approaches, according to the situation and task complexity (Hammond, 1996). The author depicts this in a graph that places tasks along a vertical axis, in relation to their structure; whereas along the horizontal axis, is the cognitive approach taken with the decision-making process, beginning with 'pure intuition' and moving across to 'pure analysis'. Different combinations of task structures and cognitive approach lead to six modes of inquiry. The *scientific/analytical modes* enable the decision maker to apply explicit theoretical knowledge, supported with evidence-based practice and associated research. The *intuitive/experimental modes* allows the decision maker to undertake tasks supported by tacit knowledge and trial and error (Standing, 2010). The more structured a task is, the more analytically induced the decision-making process will be. In contrast, an ill-structured decision-making task is likely to be intuition induced with little analysis involved. Hammond's model has been applied in different fields. For example, Hamm (1988) used it to explore doctors' understanding of decision making and clinical judgment, revising the terminology used in the six modes of inquiry. Similarly, Standing (2008) applied it to the nursing profession. The author replaces the quasi-rational and experimental modes of cognition with categories more appropriate for the nursing profession. Figure 3 provides a representation of such application.

Figure 3 Standing's cognitive continuum of clinical judgement. Source Standing (2008)

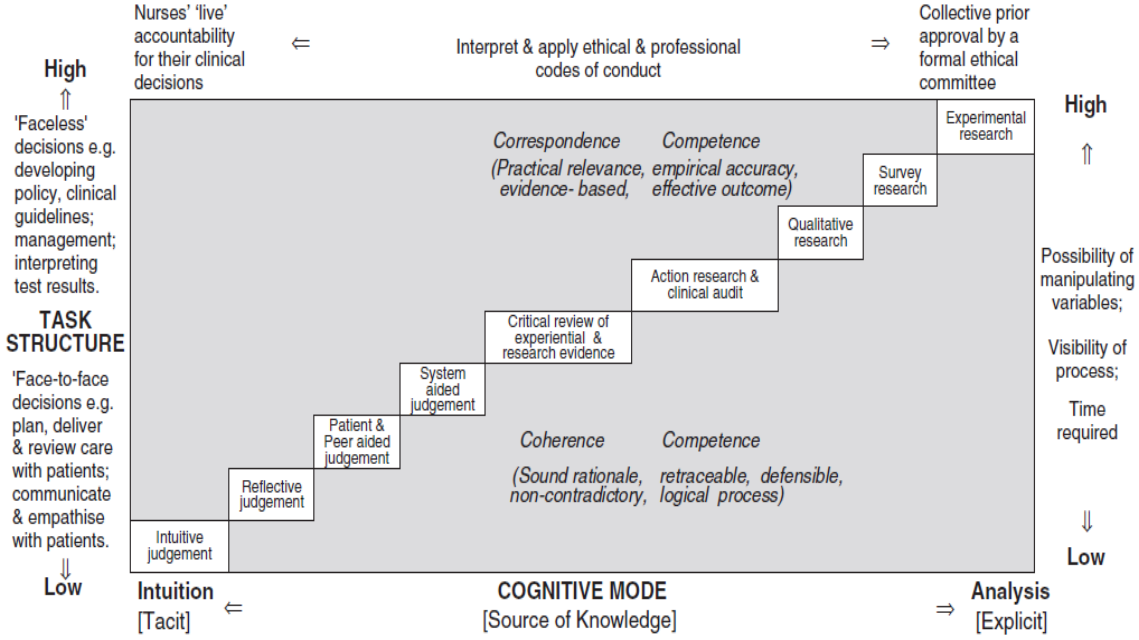


Figure 2 Standing's revised cognitive continuum of clinical judgement and decision-making in nursing – nine modes of practice.

Standing (2008) recommends the use of this revised cognitive continuum as a tool to integrate a broad range of evidence-based and reflective practices typical of the nursing profession, and to enhance understanding of the theory and practice of clinical judgment and decision-making, both in academic and in practice settings.

The Cognitive Continuum Theory has facilitated the use of different types of models to account for the decision making process. Hammond suggests that those researchers who focus on errors and cognitive illusion in judgment are working within the context of the *coherence theory*, whereas those who focus on accuracy are working within the *correspondence theory*. These two complementary theories about cognition take place under different conditions, that induce the researchers to employ different theories of truth. *Correspondence theory* focuses on the empirical *accuracy* of judgments, irrespective of whether the cognitive activity of the judge can be justified or even described. These researchers rarely inquiry into the question of whether these processes are rational, (i.e. conform to some normative) or prescribe how a judgment ought to be done. (Hammond, 1996). In contrast, *coherence theorists* examine the question of whether an individual judgment process meets the test of *logic* and *rationality* (internal consistency), irrespective

of whether judgment is empirically accurate[19]. "In short, coherence theorists are interested in the way the mind works in relation to the way the world works, while coherence theorists are interested in the way the mind works in relation to the way it ought to work" (Hammond, 1996:106). These are two different ways of evaluating competence in judgment guided by different methodologies, that explain how so discussions among researchers are so often organized as 'black and white' debates.

With the same objective to account for both intuition and analysis in human judgment, more recently, some theorists have proposed the *Dual-Process Theories*[20]. The 'dual process' idea has become influential within the 'heuristics and biases' tradition. Frankish (2010) describes in detail the development of this construct, through time and different disciplines. Dual-process theories hold that there are two distinct processing modes available for many cognitive tasks: *type 1* is fast, automatic and non-conscious, whereas *type 2* is slow, controlled and conscious. Cognitive biases are likely to be caused by type 1 processes, which are held to be heuristic or associative. Logical responses are a product of type 2 processes, which are characterized as rule-based or analytical. Recently Kahneman (2011) has developed an explicit dual-process model for human judgment, drawing on the dual-system theories. These theories go further in assigning the two types of processes to two separate reasoning systems, System 1 and System 2. "System 1 and System 2 are best described as operating systems - software, not hardware. They share hardware and data, can operate in parallel, and tasks can migrate between them" (Morewedge & Kahneman, 2010:439). System 1, with the automatic and mostly unconscious operations of associative memory, generates impressions, intuitions and response tendencies, that are monitored, sometimes rejected, and sometimes modified and made explicit by the slower and mostly conscious operations of System 2. In many situations, System 1 automatically, quickly and effortlessly generates a skilled response to current challenges. When an appropriate response is not accessible, another response is usually produced, sometimes by answering a question that is only associatively related to the one that was asked. System 1 can generate complex representations, but it does not have a capability for rule governed computations.

[19] For example, if a problem is offered to a subject that is susceptible to a solution by a standard statistical model, the coherence theorist first compares the subject answer with that produced by the statistical model, declares the answer correct or incorrect and then evaluates the rationality of the cognitive process involved. If the answer is incorrect a description of the wrong cognitive process is provided, offering a description of how irrational heuristic produce biases that led to a wrong answer.

[20] These theories developed, largely independently, in four separate areas of psychology: learning, reasoning, social cognition and decision making. Related ideas also appeared in philosophy of mind (Frankish, 2010).

It mobilizes the effortful activities of System 2 when it runs into difficulties. Errors can be prevented only by the monitoring activity of System 2. In everyday life, however, continuous vigilance is not necessarily good, and is certainly impractical. "Constantly questioning our own thinking would be impossibly tedious, and System 2 is much too slow and inefficient to serve as a substitute for System 1 in making routine decisions" (Kahneman, 2011:28).

As the Cognitive Continuum Theory, Kahneman's model provides a useful concept to bridge the current division of approaches toward clinical reasoning and decision making, highlighting how both are crucial in real complex context.

In the next paragraph we will discussed how some of these approaches have already been applied to the CPS field, whereas in the following paragraph the same construct will be used to discuss possibilities to overcome the clinical-actuarial conflict.

3.3.4 Applications of psychological models in CPS area of research.

Construct from Social Judgment Theories are relevant to social work in that professionals are asked to draw inferences about often intangible events, such as the likelihood of future abuse based on a large number of individual and social factors. Considering distal/proximal variables, SJT assumes that the event of interest is not directly knowable to the decision maker. Similarly in the CPS field, a distal event can be the true occurrence of an event of maltreatment or the parents intentions to protect and not to harm their child. These are usually not directly measurable by a social worker. Before a search is initiated, proximal cues (or available indicators) are used as proxy for the event of interest and to determine a perceived level of evidence. These cues might include not only objective facts, but also clients' unwillingness to respond when addressed, or appearance of nervousness as perceived by the decision maker. While the workers may not be keeping a written quantitative score, it is assumed for modeling purposes that they have, at least implicitly, some kind of scoring system, that represents their perceived level of evidence based on the available indicators. The analysis of the components of this kind of score can be done using the judgment analysis technique (Hammond, 1996; Cooksey, 1996). Statistical uncertainty is another assumption of researchers using this framework. Most scores, used as a proxy for a distal event of interest, will not be perfect predictors. In other words, some

workers may be better than others at judging when to initiate a search, but no workers' score for perceived level of evidence will be perfectly predictive. Not only would a perfectly predictive scoring system require perfect judgment on the part of workers, but it would also require perpetrators or innocent people to send consistent signals to the workers on every occasion. In the real world, uncertainty is embedded in the judgment environment before the professional even arrives.

Dalgleish (1988) offered the first example of how to apply SJT to model the judgment of social workers regarding child abuse. The author assembled a representative sample of 103 closed child abuse cases for which two criteria had been recorded: an expert consensus judgment of the risk of further abuse and whether or not the Children's Court had formally separated the child from his/her parents (outcome). Seven cues (severity of abuse, aspect of parenting, assessment of parents, aspect of marital relationship, assessment of the child, the family and family lack of cooperation) were encoded from official records for each case. Each workers judged whether or not each case warranted a separation order, then a week later judged the risk of further abuse (rating on a 9-point scale). Correlation between the separation outcome (criterion) and the expert risk judgment allowed the analysis of the association between subject judgment and the ecological criterion. The same author applied the SDT, considering the influences on a social worker that might increase the likelihood of hits and false alarm (such as an overriding concern not to miss any instance of abuse), and the influences that might increase the likelihood of correct and incorrect rejection (such as an overriding concern not to disrupt families where this is not warranted). A recent empirical study guided by the SDT analyzed the ability of the Child Welfare System to detect instances of child maltreatment (Mumpower & McClelland, 2014).

In the social work literature some authors are now referring to the Cognitive Continuum Theory, as useful to highlight how different kinds of judgment are made under different conditions (Calder, 2003). We do not know of any empirical research that applied this theory. However, research into the operation of child protection field (e.g. Gibbons et al., 1995) has shown how the presentation of the task with ambiguous content and time constrain lead easily to apply intuitive judgment.

Recently, Fluke, Baumann and Dalgleish (2014) provide a more comprehensive model for CPS decision making - the *Decision Making Ecology* (DME) – able to integrate several concepts already discussed. The DME "is a framework for organizing decision-making research in child welfare" (Baumann et al., 2014:27) and "it is intended to provide an

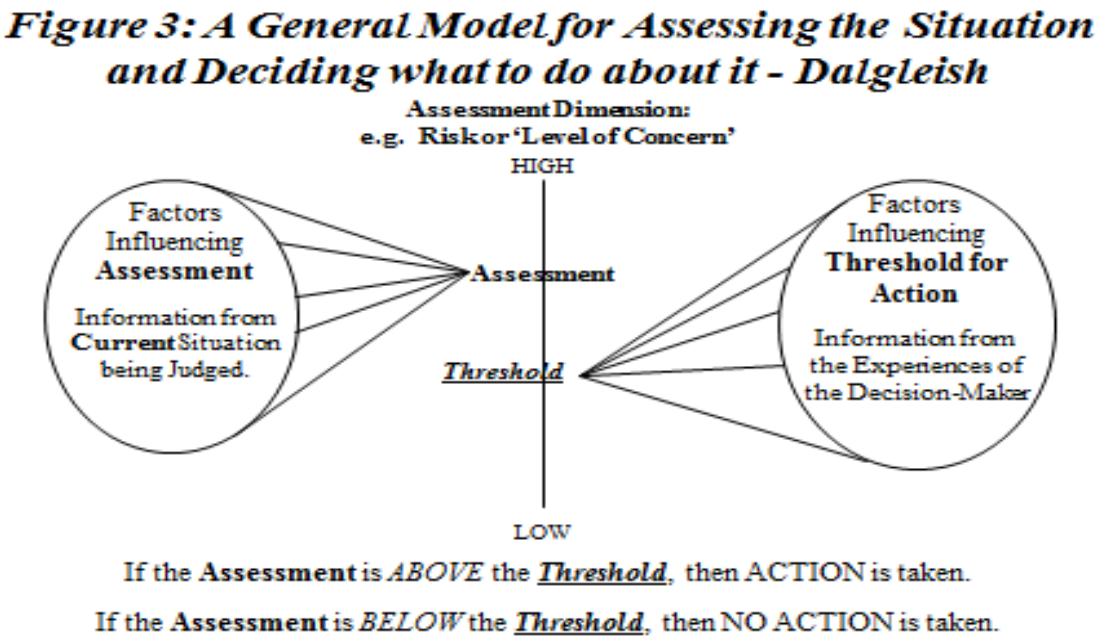
understanding of both the context and process of decision-making, the goal of which is to predict behavioral thresholds for action". This model has been empirically applied to study the substantiation decision (Fluke et. al., 2001), burnout and turnover (Baumann et al., 1997) and the decision to reunify children with their families (Wittenstrom et al., 2013). This approach assumes a systemic perspective in that it considers decision-making influences as a range of individual, case, organizational and environmental factors, that interact in various way to influence decision and outcomes. The purpose is to incorporate data on a range of critical factors, so that decisions can be analyzed within the overall context. According to this model, decision-making in child welfare can be conceptualized using three key constructs: 1) the Decision-Making Continuum 2) the psychological process of decision-making and 3) the outcomes of a decision process.

The first construct is the *Decision Making Continuum*, that describes a range of decisions made by the caseworker through the path of a case followed by CPS. For example, at intake a decision has to be made about whether the referral is eligible for further investigation. After, when the investigation is completed, several other decisions are needed at different point in time (substantiation, service provision, removal), in relation to a continuous process of evaluation and re-evaluation of the case risks and needs. This process may consist of different possible paths, in which a very large number of minor decisions lead to key decisions. Lastly, case closure happens when all children in a family are deemed safe from maltreatment. Analyzing the frequencies of these paths or trajectories may be informative about certain decision-making proclivities of a given CPS.

The second construct is the *psychological process* of decision-making, described through the General Assessment and Decision Making Model (GADM) (Dalgleish, 1998, 2003). Dalgleish's model draws from psychological theories and has been applied to different professional contexts, to understand possible sources of variation in the judgment and decision making performance. According to this author, decision making consists of three distinct elements: 1. an *assessment*, that involves a *judgment* of a situation given the current case information. Worker's assessment can be about the level of risk facing a child, based on available cues, the strength of evidence (e.g. parenting behavior, mental health problem) or the overall level of concern. 2. a *decision*, that involves a choice between possible courses of action (e.g. investigate a report, choose alternative treatment options, or even taking no action). To make a decision, the caseworker is supposed to accurately weigh up the risks and likelihood of possible decision outcomes based on the case assessment, as well as knowledge drawn from past experience and other sources (other

professionals, research findings, theoretical explanations,..). Assessments must often be made with incomplete information while outcomes of decisions are often uncertain. 3. a *decision threshold*, that links the judgment and the decision, as it turns an assessment of a situation into a decision about action. The threshold can be seen like a "personal line in the sand": if workers assess a risk to be above their personal decision threshold a decision to act follows; whereas if the risk is assessed to be below their threshold then they will withhold action.

Figure 4 General Assessment and Decision Making Model (GADM). Source: Fluke (2014)



The decision threshold is influenced by individual past experience, personal or vicarious, including relevant emotional events, and more or less conscious interpretation of factors within the context.

The third construct is the *outcome*, i.e. the actual manifestation of the decision and its consequences on clients, organizations, context and decision-makers themselves and their thresholds. Consequences of a decision affect different levels that are interrelated and may in turn affect factors which influence the decision that have to be made. For example, a serious recurrence after a case was closed may impact the family and the workers, that can be held accountable in different ways. Possible scrutiny by those external to the agency may have consequences on the organizational level, or may involve wider policy changes. That in turn affects the decision thresholds of both agencies and workers. There are

potentially negative consequences associated with each decision: for example, even a correct decision to place involves several consequences for the child and the family. In addition, it may not always be possible to discriminate, even retrospectively, between options. If the case was opened for services how do we evaluate if this was actually an appropriate decision? We may have a new recurrence if the process of supervision and help did not make the difference or no recurrence, because it actually helped the family (or because the family was not at risk).

The DME allows the analysis of the decision making process at different points in time. Considering decision making as a continuum enables us to explain how at each stage different information is available, and factors that influence both the assessment and the threshold may be different. At intake individual thresholds for action are likely to be both low and more consistent across individuals (small variability). Hypothetically, this is due to the limited nature of the assessment data and the relatively small concern with consequences. Also at this stage, the decision is susceptible to organizational and external factors (see Mansell et al., 2011). Moving further along the continuum (e.g. decision to place), threshold behavior for moderate risk are likely to be higher on average, but also more variable across decision makers (Rossi et al., 1999). At this stage there is more information available for the assessment, however the consequences of the decision are more complex.

In highlighting the link between the assessment and the decision the GADM model identifies two potential sources of inconsistency (disagreement) between professionals. Workers may have the same decision threshold, but differ in their assessment of the level of risk in a case. Alternatively they may agree about the assessed level of risk and yet have different decision thresholds. According to GADM, the decision threshold of risk which individuals are likely to tolerate is based on the value that they place on the consequences of each possible decision outcome and their perception about how likely it is to occur. Another individual factor influencing a threshold shift might be experience: a new worker might have a tendency to render more affirmative decisions to be on the "the safe side". Thresholds for action are also influenced by organizational factors. Resources available for treatment and placement can make the difference. The passage of legislation limiting the length of time a child should remain in foster care may alter policies at the agency. Time constraints may affect the quantity and the quality of information collected for the assessment. Some studies suggest that, when situational forces are pitted against individual ones, the power of the situation seems to be stronger than that of the individual decision

makers (e.g., Rossi et al., 1999; Schwab et. al., 1997). These findings would indicate that there may be a hierarchy to the factors in the Decision-Making Ecology: the stronger the situational factors, the more impact they have on changing the individual's threshold. This model helps to systematize several constructs that apply to child protection decision-making and may frame different theoretical design.

3.4 Discussion: possibilities to go beyond bipolar categories in social work research and practice.

A negative view of intuition in professional judgment has long been widespread across different disciplines. According to several scholars, the cognitive process that arrives at plausible but tentative formulation may be not only wrong, but misleading. It is a process inherently flawed by biases and distortion and the individuals are viewed as innocently (or sometimes arrogantly) overconfident when employing it. According to these researchers, the *right* solution would be making professionals to think more like researchers, as well as the introduction of mathematical models, that assure validity and reliability of decisions. The fallibility of unaided human decision making has been demonstrated by a plethora of studies in different professional fields over more than six decades. (Bornstein & Emler, 2001; Elstein, 1999). For example, a review by Monahan (1981), still frequently cited, concludes that clinical predictions about violent behavior by psychiatrists and psychologists are likely to be accurate in more than one out of three cases and that the accuracy of clinical prediction are no better than chance. The same author recently provided evidence that an actuarial tool in forensic psychiatry demonstrated a 77 accuracy rates, with almost identical rates of false positive and false negative (Monahan et al., 2005). In the social work field, findings about the performance of actuarial tools are not so reassuring, but it is a more recent field of study and researchers in favor of this model are working to tackle methodological issues. In contrast, other studies, have demonstrated that predictive accuracy of clinical judgment is considerably better than chance and may approximate the performance of actuarial tools (see for example Mossman, 1994). To compare different findings, Grove et al. (2000) conducted a rigorous meta-analysis, concluding that mechanical assessment is 10% more accurate, but there is a wide variation across studies and overall differences seem to diminish at closer inspection. The result are therefore less than clear.

Many scholars also dispute the advisability of using instruments to predict future events. In the social work area, some scholars maintain that it is problematic to quantify and classify human behavior, since measuring needs standardization and inevitably leads to reduce subjects to objects. With regard to the decision making process, they maintain that, given the nature of social work intervention as essentially relational, it is not possible to go rationally through analytical steps. In the social work practice field, a linear rational model, which implies formulating an answerable question, identifying the information needed, evaluating and weighting the utility/value of all possible courses of action, simply does not apply. The debate on decision models is linked with a wider discussion on knowledge-generating approaches. Researchers in favor of an intuitive approach are also critical of both the Evidence Based Practice movement, to a large extent close to the principles of rational choice theory and of quantitative methodology of research applied to social work. According to these scholars, the *right* qualitative approach builds on and elevates the more intuitive, subjective, creative, emotionally attuned, and holistic thinking style of clinicians; by contrast, the "obsolete" (Haworth, 1984) positivistic paradigm, with its rigid emphasis on quantification and measurement precision, is not only antithetical to clinical thinking, but incompatible with the values of social work, that revere human agency. This debate is most of the time ideological. Qualitative scholars sometimes forget that creative intuitive professionals are not acting in a vacuum, but within organizations. As discussed above, organization and coordination require inevitably passing from knowledge based on perception to a knowledge based on categories. The ability to hold these categories flexible cannot be taken for granted, and it is not simply inspired by the values of social work; rather, it implies skills and complex learning processes for both individuals and organizations. Similarly, quantitative researchers that ultimately think that actuarial tools should replace clinical judgment ignore that the complex interaction of variables in a constantly changing environment can rarely be fixed in the items of a statistical tool.

A more recent and pragmatic suggestion is that the two approaches to decision should coexist. Their advice is that actuarial assessment (as well as evidence from research) should inform clinical judgment, but not replace it. However, this position does not give an answer to the conflict among scholars who think that one method or the other is to be favored, because of its superiority (justified as accuracy or in relation to the professional tasks and values). Second, it does not suggest how to integrate actuarial findings without threatening predictive validity if for example they are in contrast with clinical findings (Gottfreddson & Moriarty, 2006).

Berlin (1990) provides an interesting contributions that attempts to explain the origin of this bipolar debate, focusing in particular on social work. She starts with highlighting that organizing aspects of our realities into dichotomous categories is a pervasive, ordinary, and often useful habit of mind (Berlin, 1990). The process of categorizing focuses attention on distinctions and contrasts, sharpens understanding, and adds precision to definitions. "We can use dichotomies in a way that narrows our "field of vision" and thereby diminishes ambiguities and uncertainties, and we can use them to elaborate and expand what we know. When our search for order and understanding accelerates to a quest for absolute and exact certainties, we scan for what is good and what is bad, what is inferior and what is superior, who is right and who is wrong" (Berlin, 1990: 56). However, this thinking style easily risks getting stuck in either the thesis or the antithesis, unable to move toward synthesis; or in the worst case scenario our search for certainty leads to superimpose a value hierarchy, that neglects nuances of meaning, and leaves us with limited possibilities for understanding and action. Berlin's suggestion is the possibility of using dichotomies as contrasting truths that demarcate a range of intermediate possibilities, rather than a narrow set of *either-or* options, as the only solution to expand both what we know and what we can do. In other words (not used by Berlin), both clinicians and researchers should be able to develop a more complex and less ethnocentric way of thinking, able to use dichotomies as categories, but recognizing the value of differences and integrating them while maintaining an individual worldview.

Even if Hammond's work comes from a different field, it is somewhat comparable to Berlin's suggestions and, in addition, able to provide concepts that can guide empirical studies. In "*Human Judgment and Social Policy*", Hammond describes the origin of dichotomous thinking in decision theories, that led to the intuition-analysis conflict (paragraph 3.3.3). In particular, he highlights that *coherence theorists* and *correspondence theorists* in the area of decision making research used to hold two complementary ways of evaluating competence in judgment, guided by different assumptions and methodologies. These differences have led to considering intuition and analysis as either-or modes of cognition, and represented as rivals, with the result that enthusiasts for each exaggerate strengths, minimize weaknesses and fail to acknowledge the virtues of the rival. The dichotomous view has also diminished the scientific value of both concepts, and limited the possibility of focusing our research on the most frequently employed cognitive activity, namely *common sense* or *quasi-rationality*. Quasi-rationality or common sense is a form of cognition that lies on the continuum between intuition and analysis; quasi-rationality "is as

analytical as it can be and as intuitive as it must be, or the converse, depending on the inducement from tasks conditions. That is, one is as rational (or intuitive) as one can be, needs to be, or is induced to be in each task situation. When the limit of one's rationality is encountered, one begins to draw upon intuitive cognition, and vice versa" (Hammond,1996: 150). Hammond provides two extreme examples: the structured activity of airlines pilots and a person making a judgment on a work of art. Pilots working under normal conditions are engaging in rational analytical cognitive activity, in which their actions must be fully justifiable and there are clearly detailed known rules to follow. However, in unforeseen conditions a rapid response may be required with a departure from the rules, generally based on 'the best guess at the time', i.e. a move in the direction of the intuitive pole; how far depends on the circumstances. Similarly, a person making a wholly intuitive judgment on a work of art, may well modify the judgment when called upon to defend it. Art critics move as far as possible toward the analytic pole, in order to justify their judgment. According to Hammond, to apply fully analytical judgment we need analytical models and a single criterion to choose among them. So, to cite another example, economists that prefer analytical optimizing theories, but who do not have a single consensus-based criterion, may exercise quasi-rational cognitive activity in their choices among such theories, so that they are copying in a less than fully analytical manner. When analytical models are not unconditionally available, people must move from the analytical pole to a point on the continuum at which intuitive components contribute to 'satisfaction', using Simon's words. Circumstances, including colleagues and supervisors, influence how far the individual can move on this continuum. In some situations a model is available, but there is a poor data-model fit. Lack of data demanded by forecasting models (e.g. meteorological, economic) frequently frustrates their use and encourages quasi-rational cognitive activity, since the forecast must be made somehow. Sometimes a person may not have the resources in time, skills, tools or process to fully explore the problem and thus to acquire data to perform analysis. Sometimes a model does not exist at all or it is only partial. Physical dynamics of the terrestrial environment can be fully explicable by reliably measured parameters, whereas for person-social environments only partial models may be available. Another important factor is that analytical models are available only to those persons who have been trained to use them. One cannot expect to make use of statistical models to solve problems involving uncertainty if one has not had the opportunity to learn how to do so. So, if time does not permit and resources (model, tools, personal skills) are lacking, intuition necessarily takes the place of analysis.

We can apply these concepts to the decision-making process in the social work field. In social work practice it is difficult to apply a linear model of rationality. First, different models for intervention (crisis intervention, systemic model, cognitive-behavioral models,..) are available without criteria to decide which is preferable. Second, each case needs to be evaluated individually; moreover, emotions and values of every person involved play an important role in constructing the relationship between the worker and the family members, that influence the evaluation process. Third, it is often difficult to structure every tasks in terms of available actions, possible events and resulting outcomes, since often values and goals of different stakeholders are conflicting (Chapter 1 and 2). Nevertheless, it would be risky to conclude that there is no chance to describe, account or even improve professional decisions purely because a formal decision analysis is impossible and tasks are ill-structured. In contrast to researchers, social workers in the field do not have the luxury of choosing between analytic and intuitive approaches to problems. Social work intervention is not merely the relationship constructed between the worker and the client. Social workers have the mandate to protect children, they have to make decisions that they share with other professionals, and they are asked to account for their decision by supervisors, managers, judges, society at large and, first and foremost, their clients. Every social worker also needs to be able to respond to situations rapidly, a skill that, from my point of view, requires the cultivation of intuition and analysis over many years of experience and training. Research and continuous education can contribute here only if professionals become able to understand the characteristics of the field of practice. Simply trying to make professionals think more like researchers will do not. Using Hammond's words, a mode of operation defined as "quasi-rationality" is the one that operates in practice, with different levels of intuition or analysis involved, depending on the organization and the stages of the assessment process. Rather than focusing on the fallibility of clinical judgment vs. Evidence Based Practice, researchers should help in clarifying how and which kind of knowledge and education can be useful in constructing the relationship with the client, but also in moving from personal opinions to a more analytical judgment that can be shared, discussed, analyzed and evaluated. Knowing how well a professional performs his/her judgment at each mode of operation helps to understand the potential success or failure of attempts to provide more structured guidelines, cognitive tools or decision aids. Different methodologies are needed to provide feedback to decision makers, so that they can act with greater self-awareness and evaluate the process themselves.

The following paragraph briefly discusses empirical studies on decisions made by social workers, focusing in particular on decision-making in cases involving exposure to domestic violence.

Then, Section II of this work describes an empirical analysis that focuses on decision making in the Ontario Child protection system. Qualitative empirical studies have been used as literature to describe social workers activities in this context. Chapters 5 and 6, dedicated to the findings of the empirical research, develop a description of the social worker's decision policy in terms of how their decisions are influenced by the characteristics of cases, comparing different stages of the decision making process and different agencies. Instead of describing how each professional considers the details of a single case, this method describes their decision policy at a more abstract level, in terms of how variations in the key factors of a case affect the decision taken, comparing different organizational contexts.

3.5 A review of the literature on decision making in domestic violence cases

The previous paragraphs have discussed the complexity that characterizes the decision making process in Child Welfare. Chapter 2 has focused in particular on the context in which case workers make decisions in situations where partner violence is an issue and the rights of different stakeholders are often competing. The mandate of professionals from the legislation is to protect the best interest of the child; however, they have often been criticized for their tendency to hold abused mothers accountable and to take custody away from them, if they cannot manage to protect their children from exposure to domestic violence.

Despite the heated debate, few studies have been produced to support these claims. The Nicholson case in New York City (paragraph 2.4) is often cited as evidence of the trend in removing children from home in domestic violence cases, charging mother for *failure to protect*. However, this case should not be used to generalize about ordinary practice; rather, its analysis can provide useful information to understand how environmental influences could impact organizations and practices in CPS agencies, that however can react in different ways to external challenges.

During the last decade, a few studies have started analyzing the magnitude of case dispositions (e.g removal, service provision) in situations where domestic violence is an issue, and the actual factors utilized by CPS workers in their decision process.

For example, Beeman, Hagemeister and Edleson (2001) compared the county records of 95 families for which police reports of both domestic assault and child maltreatment (dual-violence) were available, with another 75 families reported for child maltreatment only. The authors found that workers assessed dual-violence families to be more at high risk and were more likely to open the case for services. Among open cases, however, dual-violence families received fewer services and their children were no more likely to be placed in out of home care than cases reported for child maltreatment only.

Kohl et al. (2005) reached similar conclusions, using data from the National Survey of Child and Adolescent Well-Being (NSCAW), a national probability sample of children and families referred to and investigated by CPS systems. They analyzed a sample of 3931 cases investigated between October 1999 and December 2000. Their aim was to understand the role of domestic violence (DV active or/and history of DV) as a risk factor in investigations of child maltreatment. These researchers found that children in families experiencing DV were more often substantiated for maltreatment, assessed at higher levels of harm and had higher levels of cumulative risks in their lives. Yet, these children did not have a higher rate of placement into out of home care.

A more complex result was found by English et al. (2005), who studied a random sample of 2000 cases from a larger 1-year cohort of all families reported to child protective services (CPS) in Washington State. These authors compared cases where DV was an issue with non-DV indicated cases. It was found that the screening process excluded a large proportion of these cases from the more intrusive levels of CPS investigation. Even fewer of the DV cases were considered to be high risk after investigation, but if a case reached that point in the process, it was more likely to be opened for services and, if opened, more likely to be placed in out of home care. English et al. suggest that this finding, different from previous studies, may be related to the CPS system policies and practices in Washington State. In addition, they highlight that moderate or high risk DV cases, those associated with higher rates of placement, are often cases with significant prior histories and multiple risk factors, including DV indication. These suggestions make apparent two limitations of all these studies: first, they do not account for the context (legislation, presence/absence of organizational guidelines) in which the definition of domestic violence is framed, so that it is difficult to compare the results; CPS agencies may have a particular

mandate and respond differently to families in which domestic violence is occurring. Second, they do not distinguish cases where children's exposure to domestic violence was the only issue, from cases with multiple types of maltreatment, including EDV. This is due to the fact that in some jurisdictions EDV is defined as a form of maltreatment, whereas in other as a risk factor detected during the assessment of other forms of maltreatment, so that it may not be possible to clearly make two distinct analyses.

Clearer results are provided by the Black et al. (2008) study, based on a secondary analysis of data collected in the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003). Since the objective of this study was to examine the child welfare system's response to children who were reported for EDV, investigations were analyzed distinguishing the following: those involving EDV only, investigations where EDV co-occur with at least one other form of maltreatment (physical abuse, sexual abuse, neglect and emotional maltreatment) and other forms of maltreatment either that occur in single or multiple forms. The analysis focused on the investigations that were substantiated by the case worker (*N*= 5660). These authors found that DV-only cases remained open for ongoing service less often (36%) than cases involving other forms of maltreatment (45%), and cases with multiple types of maltreatment, including domestic violence (67%). Investigations involving co-occurring EDV and other types of maltreatment were more likely to have an application in child welfare court and more likely to be provided with ongoing services. Children were placed in out-of-home care in only 2% of investigations involving substantiated EDV only, compared to 10% for cases of co-occurring exposure to domestic violence, and 10% for cases of other forms of maltreatment. Even after controlling for other case and family characteristics, child welfare investigations involving only exposure to domestic violence were less likely than the other investigations to result in a child welfare placement.

What emerges from this study is that the child welfare system's response to cases involving exposure to domestic violence largely depends on whether it occurs in isolation or with another form of child maltreatment, at least in Canadian jurisdictions. A more recent study (Lavergne et al., 2011) on a cohort of cases from another Canadian Province produced similar results.

These researchers suggest that the evidence thus far does not support a high level of intrusiveness in cases where EDV is the only issue; more complex situations, where violence against a partner co-occurs with child maltreatment, different risk factors including domestic violence influence workers decisions.

However, the level of intrusiveness is not only measured by the magnitude of placement decision. The reasons, contents, and style of the relationship constructed between the professional and the client also matter. The claim of several women's rights activists is that mothers are investigated just because they have been battered and they have children, with the result of experiencing a 'double' victimization. So, it is the investigation itself that can be perceived as intrusive if it is not justified by actual harm to the child. Also the style of the relationship that the worker is able to construct makes a difference: the balance between the two functions of social work, help and control, can be expressed in different ways, not only in relation to the characteristics of the case but also of the worker. Qualitative studies have provided insights on these aspects, showing how different levels of knowledge about domestic violence, different styles of intervention and capacity of building a relationship based on trust make the difference in the perception of the clients involved in the investigation (Jenny, 2011). These professionals skills are essential in each intervention with a family, not only in domestic violence cases. However, what these studies highlight is that particular values and perspectives of the workers about gender, the roles of mothers and fathers in parenting, their knowledge (both from theories or common sense) and perception about domestic violence can easily lead to a different way of constructing the intervention to support the clients. As discussed in paragraph 2, changes in values and perspectives were seen both in the research and in the field.

With regard to the field of practice, in the 1980s Maynard (1985) examined 103 social work case records, with 34 cases involving domestic violence, showing how the dominant framework at the time was that an intact family was in the best interests of the child and women were held responsible for perceived domestic shortcomings and encouraged to make their marriages work. After the framework started focusing on women leaving abusive partners, as the only viable solution. "The empowerment perspective maintains that battered women are not victims of violence by choice, and that given adequate support, resources, and opportunities, they will choose violence-free lives for themselves and their children" (Busch & Valentine, 2000: 93). Now ecological and systemic models are able to locate the issue no more at an individual level, providing multiple perspectives by combining psychological, sociological and socio-structural models. Along with this has come an awareness of the increasing diversity amongst the women, who may live different experiences and come from very different backgrounds (race, social class, etc.). Complimenting the ecological framework, the Strengths Perspective (Saleebey, 1997)

became another widely adopted approach, which built on Empowerment Theory and viewed women as clients and experts in their own problem solving.

The multiple interactions accounted for in these models create a complexity that is not easily analyzable even through complex research designs (paragraph 1.1). Therefore it may be difficult to translate them in models and instrument to make decisions in real situations. As we have considered in the previous paragraph, if there is no clear analytical model that can provide evidence to inform practice, professionals are more likely to rely on a quasi-rationality mode of judgment, using a combination of more formal knowledge when available, and intuition and experience when the former is lacking. In practice this means that systemic or ecological analysis could be general guides to frame the intervention, but when it comes to making real decisions personal values and common sense are more likely to fill the gaps left by these theoretical frameworks. "*Doing the right thing*" is the title of an interesting work by Jenny (2011), that suggests how ordinary practice is oriented by both values that come into play and theoretical knowledge. The author interviewed both workers and battered women, finding a variety of approaches. Some professionals were more supportive, providing the time and fluidity necessary for more self-guided resolution, while others tended to be guided by their own assumptions about the "right" choice, and their evaluation took into account if the woman was collaborative with the given advice. Others referred their assessment to the "risk score", perhaps finding their guide in more standardized risk assessment tools. There was no unique theoretical model that guided workers' interventions, but recent knowledge from empirical studies was sometimes available and used to make sense of their intervention. The quality of the relationship varied also in relation to women's perceptions. What most of the women shared was an initial distrust of the system. This appeared to be most commonly caused by a general lack of knowledge about the process of social work. In later stages of the intervention, mothers reported being more satisfied by longer involvement of the CPS intervention, perceived as support not as intrusiveness. Both workers and mothers brought in the relationship their values and common sense about what constitutes "good enough" parenting (Krane & Davies, 2000), taken for granted in the definition of child safety and risk.

Qualitative studies are useful for exploring how meanings are constructed and come into play, but they do not inform how the interaction of values and meaning gives rise to a pattern of decisions.

Studies in the last decades have provided some evidence about which characteristics are associated with key decision in the child welfare system.

Research on factors related to the decision to remove a child from his or her family indicates that demographic/case variables and child and parent characteristics influence this decision. For example, age of child, ethnicity, socio-economic status and referral source have been found to be associated with the decision to remove a child from parental custody (Katz, et al., 1986; Lindsey, 1991; Segal and Schwartz, 1985; Wells et al., 1991; Scheurman et al., 1989; Horwitz et al., 2011; Rivaux et al., 2008; Zuravin & DePanfilis, 1997). Of equal importance to the likelihood of placement decision are identified risk factors such as level of parental functioning and cooperation (Dalgleish and Drew, 1989; Meddin, 1984; Scheurman et al., 1989), past history of abuse (Katz et al., 1986; Seaberg & Tolley, 1986), availability of support and environmental stress (Katz et al., 1986; Maluccio and Kuger, 1990; Wells, 1991). Studies of decisions ranging from reporting, to substantiation to placement consistently identify racial or ethnic disparities that may reflect either biased decision-making or higher risk profiles of some groups (e.g. Drake et al.,2009; Kim et al., 2011; Rivaux et al., 2008; Wulczyn, 2009).

Though given less attention in these studies, factors related to the CPS system are also identified in the literature as having an influence on caseworkers' decisions. For example, workload and resource availability have been found to be associated with placement (Katz et al., 1986; Maluccio & Kuger, 1990; Wells et al., 1991). In addition, some studies have shown that children are also more likely to be placed in foster care if the report to CPS was made by the police rather than by other agencies (Tittle et al., 2000). A prior report in the casework file is also identified as a decision-related factor (Zuravin et al., 1995; Jacob & Laberge, 2001; English et al., 2002; Tourigny et al., 2006). Cases in which the parents are considered uncooperative are more likely to be substantiated (McConnell et al., 2006), to be referred to the courts (Tourigny et al., 2006) or to lead to placement of the child in substitute care (Spratt, 2001; McConnell *et al*. 2006).

Several studies also found varying rates of placement associated with different types of maltreatment (e.g. Fluke et al., 2010; Rivaux et al., 2008), but evidence regarding the direction is less than clear: Rivaux et al. (2008) reported that compared to neglect, sexual and physical abuse allegations were less likely to be placed in foster care; Fluke et al. (2010) found that cases of emotional maltreatment were less likely to be placed out-of home than other forms of maltreatment. Zuravin and DePanfilis (1997) on the other hand found increased odds ratios for foster care placement of neglect and physical abuse cases compared to cases with the two forms combined.

Fewer researchers have specifically studied which factors are associated with decisions in cases involving EDV. English et al. (2005) found that in cases where DV was involved, the factors that predict placement were mainly related to the case history of the parental figures involved (maltreatment as children, abuse and neglect of other children in the family, chronicity and degree of maltreatment of child, etc.). Lavergne et al.(2011) analyzing a sample of 1071 children found that parental risk factors other than domestic violence played a much more important role in the decision to place. For example, in the case of regular placement in foster care, exposed children who were also neglected were more likely than solely exposed children to be removed from the home. They were, however, less likely than children not exposed to domestic violence to be placed in care following casework recommendations. The other child, parent and report variables associated with this decision were, in descending order (1) mother's unwillingness to co-operate; (2) report made by the police; and (3) child already has a prior substantiated report. Some of these factors may be problematic (Lavergne et al., 2011). For example, uncooperativeness may in fact be an indication that the parent is having a real problem controlling the situation that is endangering the child, but may also be a reflection of a disagreement about what the situation means and how best to deal with it (Karski, 1999; Tourigny et al., 2006). Relying on the willingness-to-co-operate criterion can be a problem, in particular, because caseworkers do not always have the resources (i.e. training, clinical supervision, etc.) or the skills they need to establish a relationship of trust with their clients and thereby soften the resistance of parents whose child has been reported.

The next Section of this work aims to contributing to this empirical literature, discussing the findings of a study on the decision policy of several CPS agencies in the Ontario Province, that have recently introduced a Structured Decision Making process and the use of an actuarial tool to support decision making.

SECTION II - A STUDY OF DIFFERENTIAL CASE DECISIONS AND OUTCOMES FOR EDV AND NON-EDV CASES IN THE ONTARIO CHILD PROTECTION SYSTEM

CHAPTER 4 - RESEARCH DESIGN

4.1 Research questions and conceptual framework

The aim of this study, carried out in the Ontario Child Protection System (CPS), was to describe the characteristics of cases reported for exposure to domestic violence (EDV) and to analyze which key factors influence both professionals' decisions and case outcomes (recurrence of maltreatment) in these situations.

More specifically the objectives were:

1) describing the profiles of households where domestic violence is an issue and, in particular, the characteristics of EDV-indicated cases;

2) describing the paths of EDV-cases in the Child Protection System, in terms of case decisions and outcomes;

3) analyzing which case characteristics (including domestic violence) were associated with the decision to open a case for CPS interventions;

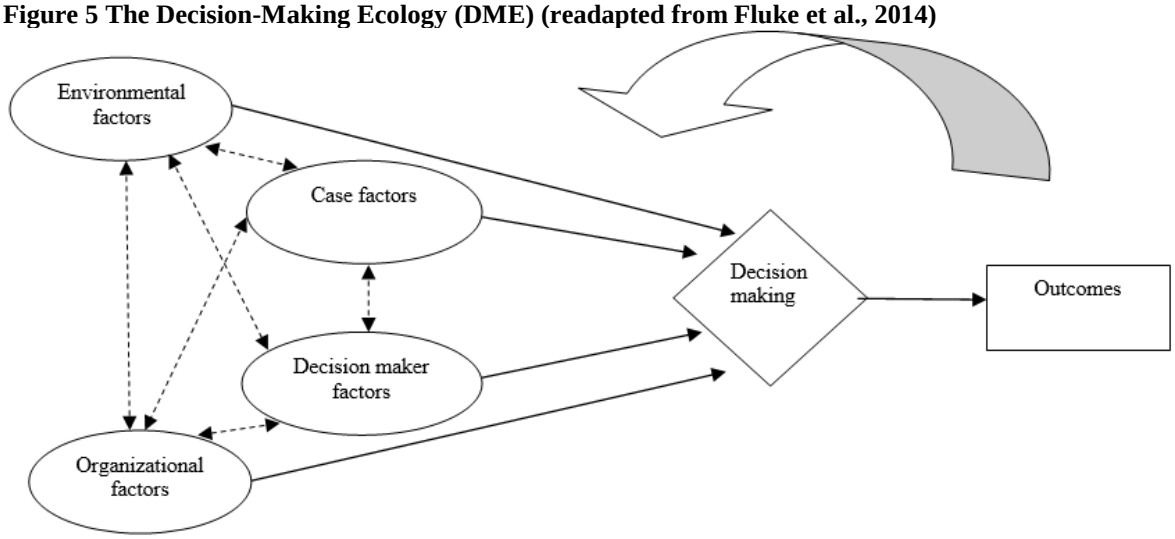
4) analyzing which case characteristics (including domestic violence) were associated with a new investigation for maltreatment within 12 months.

The last two questions were linked: the aim was to understand if workers, in their decision to intervene, were focusing on factors that actually predict bad outcomes (a new investigation for maltreatment). The overall goal was to contribute and provide evidence to the heated debate about the role of child protection in domestic violence cases (see Chapter 2).

The analysis was carried out on a sample of 34,000 cases investigated in six CPS agencies in Ontario from 2008 to 2010, whose paths were followed for one year through the Ontario Child Abuse and Neglect Data System (OCANDS).

The theoretical framework that oriented this research is Fluke's et al. decision-making model (see Chapter 3). This model offers useful concepts to analyze a range of decisions made by the caseworkers through the path of a case followed by CPS and their relationships with outcomes in a particular environment. As shown in Figure 5, the systemic context for decision-making includes a set of influences displayed as ovals. They cover the range of cases, organizational and environmental factors that combine in various ways to influence decisions and outcomes

Figure 5 The Decision-Making Ecology (DME) (readapted from Fluke et al., 2014)



The outcome or consequence of the decision is represented by the rectangle on the right side, with arrows indicating that both decision-making and outcomes have consequences for children (e.g., recurrence), the workers themselves (e.g., distress) and the agencies (e.g., public scrutiny) (Fluke et al., 2014).

In the decision-making process, case information regarding an incident of maltreatment is necessary for a professional to make informed decisions. However, in this process some external factors have an impact on the assessment of this information and decision, such as law and policies that govern what constitutes an appropriate response. Moreover, the translation of such standards by organizational management, and their use by professionals, will vary as a function of individual decision-maker factors (e.g. knowledge, skills and values), as well as the actual and perceived costs and benefits (outcomes) of the decision to each stakeholder involved (professionals, clients, agencies, etc.). To fully analyze such a complex interaction of variables, both qualitative and quantitative studies are required.

The present quantitative study did not consider how each professional's factors (e.g. values and approaches) influenced their decisions. Also the environmental factors were assumed as a constant. Even if different agencies and professionals can translate the mandate of the law and societal values in different ways, here the objective was to understand if a model of their decision policy could be recognized, focusing on how variations in the key case factors (child, caregivers and case characteristics) affected the decision taken within the particular context of this study.

The societal, legislative and organizational changes that contributed to structure this context, the Ontario Child Protection System, are described in the next paragraph.

4.2 Placing the analysis in context: the Ontario CPS

Several decades ago, when the spotlight had not fully shone on abuse and neglect, the assessment was more a way to understand the characteristics of families that may produce harm to a child; most were reasonable and sometimes common sense ideas resulting in 'best practices' guidelines, with few empirically sound instruments to both assess and treat families (Fluke et al., 2014).

Similar to other North American contexts (see Chapter 2), in Canada during the 1970s and the 1980s a number of legal, judicial and social work developments changed the welfare system. Several risk and safety assessment models were introduced. At the same time, the discretionary power of CPS agencies was reduced, placing greater emphasis on the legal rights of parents and children and supporting the concept of "family preservation" (Bala, 1999). Reinforcing the trends towards legalization and the granting of rights of the children and parents was a growing recognition that too many children were being taken into state care, often with harmful long term consequences. It was also recognized how often the decisions of social workers and judges to remove children from parental care reflected biases of class or race (Chapter 1). In Canada the issue of systemic bias was most apparent with regard to Aboriginal children. When the Aboriginal residential schools began to close in the 1960s, provincial CPS agencies began to provide services, but more often in a culturally insensitive fashion, that resulted in as many as one third of the Aboriginal children being placed in white foster homes (Bala, 1999:7).

In the Ontario province, the move towards a "family autonomy" model was perhaps more evident with the approval of the *Ontario Child and Family Services Act (CFSA)* of 1984. With the introduction of the CFSA, the definition of "child in need of protection" was narrowed. "Vague grounds for agency intervention, like "parental unfitness" were eliminated, and the basis for state intervention was restricted to situations where there was a clear risk of serious harm to the child" (Bala, 1999: 7). "Cases were increasingly dealt with on "informal" or voluntary basis, with court proceedings, and removal from parental care seen as "last resort". Thus, in Ontario, from 1971 to 1988, while there was a 160% increase in the number of families receiving child welfare services, the number of children

in care was cut by almost half" (Bala, 1999:8). The "family preservation" policies were premised on two conditions. First, the availability of preventative and support services for parents and children. Second, a set of social and political beliefs in the importance of social support for the family. These conditions partially changed during the 1990s, a difficult period for the public sector, with significant budget cuts, characterized by a new emphasis on individual responsibility and accountability and less on social support (Bala, 1999). The notion of children's rights remained important, but these rights were more likely to be defined as "rights to protection and safety", as opposed to strictly legal rights.

One of the most significant changes in the late 1990s was the public focus and scrutiny on child abuse deaths in situations known to the agencies, that was more due to new attention from the media than evidence that the CPS was providing less protection than in the past. The concern that agencies were not doing enough to protect children resulted in investigations and inquires. Also the CFSA was criticized for its too narrow definition of "child in need of protection", that could have led workers to leave children in unsafe environments.

As a reaction to these tragic events, a report from the Ontario Child Mortality Task Force was released in 1997, and a panel of experts was assembled by the Minister of Community and Social Services in 1998 to review child protection services in Ontario. The Panel made several recommendations and the Ontario government made changes to the CFSA, widening the definition of neglect and emotional maltreatment. The Panel also recommended to include exposure to domestic violence as a separate ground for protection. This recommendation was disregarded, reflecting concern about a too intrusive welfare system in these situations (Bala, 1999).

Even if the CFSA still does not list it as a form of maltreatment, EDV started to be recognized as a major health issue and Canadian child protection services began to respond to an alarming number of reports. Between 1998 and 2003, the reported rate of child protection investigations involving EDV increased by 259%, largely under the category of emotional maltreatment (Trocmé et al., 2005). This increase was even more pronounced in Ontario, with a 319% increase between 1993 and 2003 (Fallon et al., 2005), overwhelming the already stretched child welfare system and raising questions about the way CPS should respond to such cases. If on the one hand, the raising of awareness about social issues is welcomed, however it requires research, knowledge and skills to understand which are the optimum intervention strategies. The Ontario Child Welfare system decided to tackle the situation implementing a substantial reform in 2007, the *Child Welfare Transformation*

Plan. This included adopting *Differential Response (DR)* approach (Waldfogel, 1998), in the context of a *Structured Decision-Making (SDM)* process, that has guided workers in the assessment of the case and in defining the level of risk of future maltreatment. The DR approach has been developed to distinguish lower risk families from high risk families. Cases assessed as low risk are diverted out of traditional child protection services and referred to community based services, reducing intrusive interventions and building on family strengths (Conley, 2007; Waldfogel, 1998).

While the rise of attention paid to EDV is a recent phenomenon, little scientific evaluation has been carried out on CPS practices. Qualitative studies have highlighted how one significant threat is the perceived purpose of child protection and the fear of mothers of losing their children (Nixon et al., 2007). Findings from recent quantitative studies (see paragraph 3.5), do not show higher rate of placement in those families, but still many questions remain open with regard to why these cases are transferred to CPS services and what happens to these families in their paths through the Child Protection System. Moreover, the level of intrusiveness is not only measured by the magnitude of placement decisions; the reasons, the contents, and the style of the relationship constructed between the professional and the client also matter (Chapter 3). Tension continues to exist between the movement toward improving worker-client interactions through collaboration on the one hand, and the use of standardized risk and safety assessments as the means of improving current practice on the other.

The Ontario CPS seems to have invested in both directions, in the attempt to improve the knowledge of caseworkers about the specific needs of families where domestic violence is involved and in structuring CPS interventions, introducing standardized definitions and practices.

The *Child Protection Standards in Ontario* (dated February 2007) more specifically guides the professionals in their practice at each phase of service delivery, starting from the receipt of a report and eligibility determination through the investigative phase of service, service planning, ongoing case management, case transfer and finally termination of child protection services.

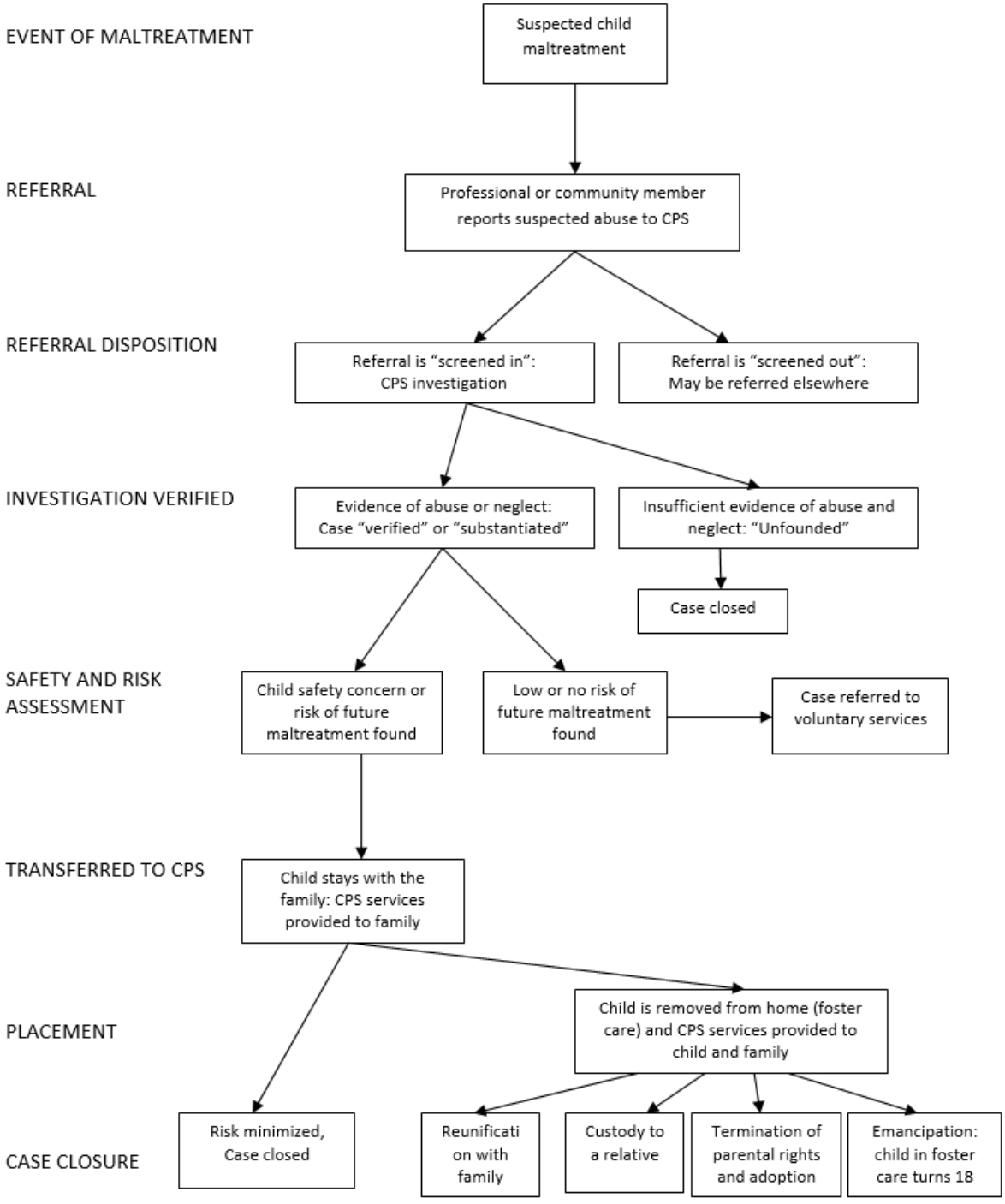
Figure 6 more clearly depicts the CWS and the principal decision points.

Within the framework of a Structured Decision Making (SDM), decision tools are adopted in different stages of the intervention to guide workers interpretations and decisions. The SDM system consists of a series of assessment instruments designed to support workers' decisions at critical points in the CPS delivery system. Different instruments are available,

that help identifying and assessing different forms of maltreatment, including exposure to domestic violence: 1) the *Eligibility Spectrum*, as a screening tool at intake 2) the *Safety Assessment*, used to assess the immediate safety of the child 3) the *Ontario Family Risk Assessment (OFRA)*, designed to assess the risk of future maltreatment; and 4) the *Family Strengths and Needs Assessment (FSNA*) and the *Ontario Family Reassessment*.

The "Child protection Standard in Ontario" describes in details actions and standards required in each phase of the intervention.

Figure 6 The child welfare system and principal decision points (readapted from the rendering disseminated by the national Clearinghouse on Child Abuse and Neglect Information http://nccanch.acf.hhs.gov)



Referral screening and referral disposition. When a referral has been made, screening teams must determine if it should be accepted and opened for investigation. This involves identifying whether or not the child is within the age range specified by the legislation (0-16 years); determining whether the child's whereabouts is within the agency's geographical jurisdiction or not; and determining the *Eligibility Spectrum* code (Ontario Association of

Children's Aid Societies, 1995, revised 2006). The Eligibility Spectrum provides a standardized procedure for defining whether the referrals meet eligibility requirements for child welfare or not. A case is opened for a child protection investigation when is rated 1) as "extremely severe" by the Eligibility Spectrum or 2) as "moderately severe", unless all available information indicates that there are no reasonable and probable grounds to believe that a child is in need of protection (based on a combination of factors, listed in the document) or 3) as "minimally severe", but there are reasonable and probable grounds to believe that a child may be in need of protection. All the other cases can be closed or referred to non-protection services ("community link").

Investigation: When a case has been opened, an intake social worker investigates the concerns by visiting the family and interviewing and/or observing the children and their caregivers. At the first face-to-face contact stage, an assessment about the immediate safety of the child is conducted with the family. The *Safety Assessment*, a decision-making tool, is used at this point of the process to guide the worker in examining fourteen *safety factors*, that describe caregiver behaviors and conditions that are frequently associated with a child being in immediate danger of serious harm. The Safety Assessment tool guides the worker's decision-making in terms of whether or not the child can remain safely at home. If immediate concerns exist, the worker can identify interventions that, in the short term, can mitigate safety threats and allow the children to remain in the home. If there are no options for safety interventions, the children are removed and placed in foster care. The Child Protection Standard specifies that in domestic violence situations the safety plan utilizes interventions specific to achieving safety for the child and for the adult victim as well, whenever possible.

An initial investigation can be concluded immediately following a safety assessment, without a risk the assessment being conducted, if the initial interviews yield information that maltreatment has clearly not occurred and the case can be closed.

All children and families that will receive child protection services are instead universally screened for risk of future child maltreatment, i.e. the likelihood of long-term future harm due to child maltreatment. The *Ontario Family Risk Assessment (OFRA)* assists the worker in assessing the presence of behavioral and historical *risk factors* that have been found to be statistically associated with abuse and neglect. The Risk Assessment is a "point in time" evaluation that can estimate the likelihood of future occurrences of child maltreatment, but it cannot substitute an ongoing risk analysis throughout the life of a case and professional

judgment. However it influences the decision about whether or not children and their families should receive ongoing protection services from the Children's Aid Society, and if so, the intensity of the services required.

A child protection investigation is normally completed within one month of receipt of the referral.

Cases with a determination that a child is in need of protection are eligible for ongoing services. All other cases are closed or provided with non-protection services or a community link service.

The reason for service (i.e. *Eligibility Spectrum* rating) is updated at this point to reflect the situation at the end of the investigation.

Ongoing services and case management: The *Family and Child Strength and Needs Assessment* and the *Ontario Family Reassessment* are designed to assist the worker to identify the presence of caregiver and child strengths and resources, as well as to identify the underlying needs of family members that are associated with safety threats or longer-term risk of maltreatment. It helps workers to systematically collect information and supports the development of a service plan that can target the areas of need. Domestic violence in the household is captured in the partner/adult relationship domain. Through reassessments, workers assess changes in family functioning and the impact of service provision.

The next phase of ongoing child protection service is defined as case management, during which the service plan is implemented and managed. The worker continually evaluates progress in achieving goals and objectives and may need to adjust the plan to better meet the unique needs of the child and family as they emerge over time or circumstances.

Placement. In cases where no progress has been made by the family and the child continues to suffer because of maltreating behaviors, workers can decide for foster care placement, while providing services to the family.

Case closure. A child protection case is closed when child protection concerns have been successfully resolved, such that the child is no longer at risk. If the child is in foster care and CPS intervention did not improve parenting capacity, parental rights may be terminated, entrusting the custody of the child to relative or adoptive parents.

4.3 Definitions of exposure to domestic violence in Ontario CPS

Various instrument used in the process of assessment provide different definitions of exposure to domestic violence. Here we are going to describe them in details, since the administrative dataset used for the analysis is based on the same definitions.

The Child Protection Standards in Ontario defines domestic violence as "*conflict characterized by violent or abusive behaviors, which occurs within the child's home environment. Domestic violence includes but is not limited to partner violence. The violence occurs between the child's parent/primary caregiver and any other adult who resides in or frequents the home. This may include the mother's partner, adult relative, boarder, or anyone else who has a relationship with the family. The frequency and severity (intensity) of violence can range from homicide or a single very serious incident resulting in injuries that require hospitalization, to a pattern of less serious physical violence (e.g., slapping, pushing) and/or a pattern of verbal abuse, threats of harm or criminal harassment*".

The document prescribes that all referrals must be universally screened for the presence of domestic violence. However it specifies that a referral in which the only allegation is exposure to domestic violence does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. "When receiving a report regarding domestic violence, the primary focus is on gathering information and assessing how the violence has resulted in, or is raising the risk of abuse or neglect as defined in the *CFSA"*. (Child Protection Standard in Ontario, 2007:6).

In addition, the document reminds workers about research findings on the possible risk and consequences of exposure to violence on children, stressing at the same time that the research is not yet able to indicate which children are safe and which children will develop problems. For this reason it focuses on the importance to accurately evaluate these cases, and possible outcomes for the children and their family due to domestic violence. With regard to exposure to domestic violence, Section 3 of Eligibility Spectrum distinguishes:

a- "Exposure to adult conflict (Scale 2)" that "*refers to violence within the home that occurs between adults, whose relationship is something other than partners/parents*". "This Scale is intended to capture violence that occurs between a parent/caregiver and other household members, where the conflict between the adults has harmed the child or the child is at risk of harm".

b- “Exposure to partner violence (Scale 3)” that “*refers to violence occurring between parents or between a parent/caregiver and his/her partner*”. The document specifies that women are most often the victims of the violence and that violence can encompass a range of intensity, from single incidents to pattern of physical and/or verbal violence and/or emotional harm in the home.

The Safety and Risk Assessment tools identify domestic violence as a threat for the immediate safety of the child or as a risk factors for future maltreatment.

Along the investigation and assessment process, domestic violence is defined differently to reflect how DV is incorporated into key decision points along the CPS delivery system. To sum, the next table presents such definitions in a clearer way:

Table 4 Definitions of EDV in the Ontario CPS system

Assessment phase	**Tool**	**Item**	**Definition**
Intake screening (at time of referral)	Eligibility Spectrum	Section 3. Scale2 **Adult Conflict**	Adult Conflict – Scale 2. Refers to violence within the home that occurs between adults, whose relationship is something other than partners/parents. This Scale is intended to capture violence that occurs between a parent/caregiver and other household members, where the conflict between the adults has harmed the child or the child is at risk of harm. This is defined as : “Extremely severe” if: a) a child has been physically harmed, either intentionally or accidentally as a result of conflict between adults in the home or during his/her efforts to intervene in an incident of adult conflict in the home. b) due to the presence of adult conflict in the home, the child's basic physical, medical or treatment needs have not been met, resulting in the child being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment c)the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development and/or as a result of adult conflict in the home the risk of continued harm exists due to unchanged conditions (i.e. continued conflict between adults) and the child is without services to address the mental/emotional harm and/or developmental condition. d) there is a serious and immediate threat to a child's safety because of the behavior of an adult family member in the home who has killed or substantially injured an adult, parent or caregiver in the home or because an adult is stalking, uttering threats of kidnapping, hostage taking, suicide or homicide or has used a weapon or confined family members. “Moderately Severe” if e) a child is at risk of intentional or accidental physical harm at the hands of an adult in the home as a result of adult conflict in the home (e.g. young child present during a physical altercation) or due to his/her efforts to intervene in an incident of adult conflict f) due to the presence of adult conflict, the child's basic physical, medical or treatment needs have not been met, and as a result, it is likely that the child is at risk of being injured, harmed, becoming ill or suffering mental, emotional or developmental

		Section 3.Scale 3 **Child Exposure to Partner Violence**	impairment g) the child is experiencing some symptoms and is at risk of mental/emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development and/or as defined in (2) of Section 2: Scale 4 as a result of adult conflict in the home the risk of further harm exists due to unchanged conditions (e.g. continued conflict between adults) and the child is without services to address the mental/emotional harm or developmental condition. "Minimally severe" if h) the child has been exposed to adult conflict but there is no evidence that the child has been harmed or is likely to be harmed or the child is displaying mild symptoms of mental or emotional harm or a developmental condition but caregiver is taking appropriate action to remedy the likelihood of further harm to the child, engage the appropriate services, address the home environment and respond to child's emotional needs and "Not Severe" if some level of conflict exists between adults in the home however, there is no evidence that the conflict is characterized by violence. There is no information to suggest that the child is adversely affected and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment. <u>Partner Violence – Scale 3</u> Refers to violence occurring between parents or between a parent/caregiver and his/her partner. This is defined as : "Extremely severe" if: a) a child has been physically harmed, either intentionally or accidentally as a result of partner violence in the home or during his/her efforts to intervene in an incident of partner violence in the home b) due to the presence of partner violence in the home, the child's basic physical, medical or treatment needs have not been met, resulting in the child being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment c) the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development; and/or as a result of partner violence in the home, the risk of further harm continues due to unchanged conditions (e.g. partners remain together, violence continues, one partner prevented from leaving) and the child is without services to address the mental/ emotional harm or developmental condition d) the child has been mentally/emotionally/developmentally harmed as demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development; and/or as a result of conflict between parents/caregivers over custody and the risk of further harm exists due to unchanged conditions and the child is without services to address the mental/emotional harm or developmental condition or the conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition e) there is a serious and immediate threat to a child's safety because of the behavior of a violent caregiver/parent or partner due to an altercation between a caregiver and his/her partner, in which one of the partners has been killed or substantively injured or because a caregiver/parent

			and/or his/her partner is stalking, harassing, uttering threats of kidnapping, hostage taking, suicide or homicide or has used a weapon or confined family members in the context of partner violence. "Moderately Severe" if f) a child is at risk of intentional or accidental physical harm at the hands of a caregiver or caregiver's partner as a result of partner violence in the home (e.g. young child held by a caregiver during a physical altercation) or due to his/her efforts to intervene in an incident of partner violence g) due to the presence of partner violence the child's basic physical, medical or treatment needs have not been met, and as a result, it is likely that the child is at risk of being injured, harmed, becoming ill or suffering mental, emotional or developmental impairment h) the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development and/or as a result of partner violence in the home the risk of further harm exists due to unchanged conditions (e.g. partners remain together, violence continues, one partner prevented from leaving) and the child is without services to address the mental/emotional harm or developmental condition or the conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional harm or developmental condition. i) the child is experiencing some symptoms and is at risk of mental/ emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behavior or delayed development; and/or as a result of parent/caregiver's conflict regarding custody. The risk of further harm exists due to unchanged conditions and the child is without services to address the mental/emotional harm or developmental condition or conditions have changed but the child's condition is persisting or worsening and the child is without services to address the mental/emotional or developmental condition. "Minimally Severe" if the child has been exposed to partner violence but there is no evidence that the child has been harmed or is likely to be harmed or the child is displaying mild symptoms of mental or emotional harm or a developmental condition as defined in (3) of Section 2: Scale 4 but caregiver is taking appropriate action to remedy the likelihood of further harm to the child, engage the appropriate services, address the home environment and respond to child's emotional needs. "Not Severe" if some level of conflict exists between the caregiver and his/her partner; however, there is no evidence that the conflict is characterized by violence. There is no information to suggest that the child is adversely affected and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.
Safety Assessment (investigation)	Ontario Child protection Tool Manual : Safety Assessment (consensus-	**Safety Threat 10**: **partner/adult conflict** exists at home and poses a risk of serious	Descriptors ST10: "-Child injured in conflict between caregivers or between caregiver and another adult or is at risk of physical harm – child has suffered or is at risk of suffering emotional

	based)	physical and/or emotional harm or neglect to the child	harm as demonstrated by serious anxiety, aggressive behavior, self-destructive behavior, delayed development or withdrawal related to situations associated with exposure to partner/adult conflict – child demonstrates signs of fear as a result of exposure to partner/adult conflict in the home – child's behavior increases risk of physical injury (e.g. attempting to intervene or participate during violent dispute) – adults use weapons or other instruments in a violent threatening and/or intimidating manner – there is evidence of property damage resulting from partner/adult conflict"
Risk Assessment (investigation)	Ontario Child protection Tool Manual: OFRA (actuarial)	**A6. Partner/adult conflict** in the family in the past year" asks workers to indicate if "	Descriptor A6: there has been one or more physical assaults or multiple periods of intimidation / threats/ harassment between parents/caregivers or between parent/caregiver and another adult during the past year"
Family Strenghts and Needs Assessment (after transferred to ongoing services)	OFSN (consensus-based)	**SN3. Partner/Adult relationship**	**a)Individual promote non violence in the home**: family members mediate disputes and promote non-violence in the home. Relationships are respectful. Individuals are safe from threats, intimidation or assault by family members **b)Relationships free of threatening or assaultive behavior among family members**: conflicts may be resolved through less adaptive strategies such as avoidance; however family members do not control each other or threaten physical or sexual assault within the home **c)Physical violence/controlling behavior**: adult relationships are characterized by occasional physical outbursts that do not result in isolation or restriction of activities. Both perpetrator and victim help in reducing threats of violence. If only one part agrees to seek help score "d" **d)Repeated and /or severe physical violence**: one or more family members use regular and /or severe physical violence. Individual engage in physically assaultive behaviors towards family members. Violent or controlling behavior has resulted in injury (bruises, cuts, burns, broken bones,..) extreme isolation, humiliation or restriction of activities.
Ontario Family Reassessment	OFR	**R7. Partner/Adult relationship**	Partner/adult conflict is present. Family has had, since the most recent assessment, physical assault(s) or period of intimidation/threats/harassment between parents/caregivers or between parent/caregiver and another adult

4.4 Analysis strategy: data extraction, variable definitions and statistical procedures.

The database and the derivation of the working dataset

Case characteristic data were extracted from the Ontario Child Abuse and Neglect Data System, a provincial level database, composed of the various child welfare agencies' administrative data from across the province. OCANDS database is a child-specific, event-level, longitudinal database that has the capacity to follow children and families from initial report through to termination of services. This database includes the entire set of

possible events that can occur (and recur) throughout the life of a case at an agency. This includes: initial allegations, investigations, dispositions, corresponding decision-making tools (e.g., safety, risk, family strengths and needs, etc.), as well as child placement information (e.g., type and duration of each placement, etc.).
For the purposes of the present study, the University of Toronto team of researchers obtained a written permission to analyze data from six participating agencies. Confidentiality of children, families, workers, and agencies was maintained throughout the process. No identifying information was collected.
Data from all investigations between January 1, 2008 and December 31, 2010 were extracted. The study sample was restricted to children age 15 or younger at time of investigation because children over age 16 could not be followed for the entire follow-up period due to aging out of the CPS system at age 16. After examining the characteristics of the dataset, a number of exclusionary criteria were identified. Any investigation that was not completed was excluded, as well as referrals where dates of "disposition B" (case opened for investigation), safety assessment and risk assessment were not correctly entered. In addition, cases were excluded due to missing risk assessment data.

Description of the sample

The cases were mainly investigated for caregiver problems that impair parenting (26.9%), followed by physical abuse (24.4%), intimate partner violence (20.7%), neglect (14%), conflict between parent and the child (4.8%), sexual abuse (4.2%), violence between adults other than parents (3.1%), and emotional abuse (1.9%).
In 84.6% (28,779 cases, 2% of missing data) of the total sample the primary caregiver was indicated as a parent, more often (24,851 cases, 1.8% missing) the mother. Even when the primary caregiver was someone different from the biological parent (partner, grandparent, relative, foster parent, professional provider,..), more frequently was a woman (3,238 women, 1,354 male). The number of missing data on ethnicity was high (29.8%). Information about the first adult and the first child were merged, finding that the majority of families for those we had information about were white, followed by 26.7% of cases where more than one ethnicity was recorded, 6.9% of Asian, 4.8% of Black, 2.3% of Hispanic and 1% of Aboriginal. The majority of cases had one (32.5%) or 2 children

(36.2%); 18.5% had 3 children; only 12.8% had 4 or more children. In 24% of the investigations there were children younger than 2 years old.

Many information about these families were collected through the risk and safety assessment tools. With regard to child issues, the most common (9.2%) was the presence of mental or behavioral problems, followed by physical or developmental issues (6.9%), involvement in criminal activity (4.9%); more rarely (0.6%) a child was found toxicologically positive at birth.

In terms of parenting capacities, primary caregiver inappropriate disciplinary practices was reported 3.9% of times. Other problems detected were: inability to provide consistent physical care (3.5%), incapacity to provide emotional/psychological support (2.9%). It was also considered a problem when primary caregiver blamed the child for maltreatment (2.6%) or tried to justify the event of abuse (1.4%).

With regard to individual adverse conditions of the adults, the risk assessment tool mainly focuses on primary caregiver problems. 15.2% of them had an history of abuse, while in 14.7% of cases primary caregivers suffered for mental problems or issues related to alcohol abuse (5.1%) and drug abuse (7.9%).

Some information from the risk and safety assessment tools was merged. The total number of investigations involving primary caregiver substance abuse was 11.7%, while in 2% of cases this problem posed a threat to child safety. This was also an issue of the secondary caregiver, present in 13.7% of cases and posing a threat to child safety in 1.8% of investigations. Another problem was related to violence between partners or adults in the home, indicated as a risk factors in 32.8% of cases and in 6% of cases as a threat to child safety.

Violence in the home was the most common threat to child safety (2,053 cases, 6% of total sample), followed by physical harm to child (“safety threat 1”, 3.8% of total sample), substance abuse that impair parenting (“safety threat 9”, 3%), caregiver emotional and cognitive limitations that impair parenting (“safety threat 12”, 2.8%), parent inability to meet child basic needs (“safety threat 7”, 2.3%).

When DV was indicated as an issue for child safety (2,053 cases), in 1,213 cases (59.1%) it was the only instance; whereas it occurred in conjunction with another threat in 535 (26.1%) cases and two or more in 14.8% of cases. The four most common threats that occurred in conjunction with EDV were “caregiver substance abuse” (17.4%), “cognitive or emotional limitation that impair parenting” (9.5%), “physical harm or serious risk of

physical harm to a child" (7.8%), "child fearful of adult in the home" (6.9%) and "failure to protect" (5.3%).

In terms of CPS history, 52.9% of cases had been already investigated in the past and 22.7% had CPS services. In 3.8% of families, a child had an event of physical injury in the past.

Regarding the path of those cases in the CPS system, the majority of allegations were made by the police (24.8%), other professionals (25.6%) and the school (22.8%). More rarely by the family (11.8%), the community (13%) or the court (2.1%). Only 38.2% of those allegations were verified and an even smaller number of cases (24.5 %) were transferred to ongoing CPS. Among the latter, 4.5% had a placement.

In terms of outcomes, 26.7% of those cases had a new report within 12 months, 20.9% a new investigation and only 10% a new verified investigation.

Classification of EDV and non-EDV cases.

The presence of domestic violence is detected throughout different stages and definitions within the investigation process (see Table 4).

The intake screening criteria are derived from the information provided often during an intake phone call by reporters of child maltreatment. Child protection workers can note up to two forms of maltreatment, registered as "primary and the secondary reason at intake". These codes are updated at the end of investigation as "primary and secondary reason for services".

Both the code that indicates the "reason for services" and the "safety threats indicators" are based on workers' direct observation of and interaction with each family, so that they were considered reliable as an indication of the presence of EDV.

Item A6 (Table 4) on the risk assessment asks workers to indicate if the family has experienced two or more incidents of domestic violence in the last year, but it does not specify if domestic violence was an issue involving the child. For this reason cases were this item was present were not added to calculate frequency of EDV.

In this study, cases were considered EDV-indicated when one of the three following conditions were satisfied:

1) the Eligibility Code as primary reason for services corresponded to Section 3, Scale 2 (Adult Conflict) *or* Section 3, Scale 3 of the Eligibility Spectrum (Partner Violence) (see Table 4);

2) the Eligibility Code as secondary reason for services corresponded to Section 3, Scale 2 (Adult Conflict) *or* Section 3, Scale 3 of the Eligibility Spectrum (Partner Violence) (see Table 4);

3) Safety Threat 10 (Table 4) was indicated as an issue through the Safety Assessment.

Recent studies (see Section 3.5) found that characteristics and paths of EDV cases are different if EDV is the only issue or it co-occurs with other types of maltreatment. To further explore this conclusion, cases were classified in this study, distinguishing situations where EDV was found in isolation or in conjunction with other forms of maltreatment.

When EDV was indicated as the only issue through the Eligibility Spectrum, but other safety threats were present, the cases were defined as co-occurrence. The safety threats included to detect other forms of maltreatment were: "Safety threat 1" that indicates physical harm to a child, "Safety threat 3" that indicates suspect of sexual abuse, "Safety threat 7" that indicates neglect, "Safety threats 9 and 12" that refer to caregivers problem (substance abuse, cognitive or emotional problems, etc.) that impair parenting. Other safety threats that are not specifically referred to child maltreatment, but to caregivers' behaviors that hampered the client-worker relationship or to an inappropriate assessment of the incident were not included. The presence of "Safety threat 4" that indicates "caregiver failure to protect" was analyzed separately to understand its prevalence in EDV cases, since according to some literature (Chapter 2) it is often a charge presented to mothers involved in domestic violence. However, it was not included in this study as a form of maltreatment, other than EDV.

All the definitions and descriptors of safety threats can be found in the Ontario Child Protection Tool Manual.

The following Table 5 aims at clarifying the classification adopted in this study:

Table 5 Classification of EDV cases

Condition 1: EDV as primary or secondary reason for services	Condition 2: EDV as a safety threat	Condition 3: Other type of maltreatment (as primary or secondary form)	Condition 4: Other safety threats	Classification
X	X			**EDV only cases**
X				**EDV only cases**
X	X	X	X	**Co-occurring EDV**

X	X	X		**Co-occurring EDV**
X		X		**Co-occurring EDV**
X			X	**Co-occurring EDV**
		X		**Other maltreatment type**
		X	X	**Other maltreatment type**
		2 forms of maltreatment indicated as primary and secondary		**Co-occurring - other maltreatment types**
		2 forms of maltreatment indicated as primary and secondary	X	**Co-occurring - other maltreatment types**

Descriptive Statistics

Descriptive information was selected to 1) develop a profile of EDV cases 2) describe their paths through the Child Protection System, looking at case dispositions (ongoing, placement) and case outcomes (recurrence). As already stated, OCANDS is structured to follow the path of any investigation, tracking each case disposition.

The following Table describes some of the key decision points, in the CPS trajectories that will be described in Chapter 5:

Table 6 Key decision points in the CPS trajectories

Referral	**Decision A: Referral Disposition** *Does the case meet eligibility requirements for Child Welfare Services?*	Outcome: investigation/closed
Investigation	**Decision B: Verified Investigation** *Are child protection concerns verified?* **Decision C: Safety Decision** *Is the child safe now?* **Decision D: Transferred to ongoing** *Is the child in need of protection?* *Is the child at risk of future maltreatment?* **Decision E: Court involvement** *Does the situation require the involvement of the court?*	Outcomes: verified, not verified, inconclusive Outcomes: 1) safe 2) unsafe 3)safe with interventions Outcomes: ongoing/closed Outcomes: yes/no
Case Management	**Decision F: Plan of services** Which services are needed? **Decision G: Placement** *Can the child remain safely at home?* **Decision H: Case closure** Does the case still meet eligibility requirement	Outcomes: types of services Outcomes: placed/not placed Outcomes: case ongoing/case closed

	for CPS services?	

The CPS decisions not necessarily follow the order, represented in the Table above: for example, court involvement or placement can be required at different stages of the intervention.
For descriptive analysis, frequency tables were produced which describe the relationship of the flow patterns of case dispositions.

Bivariate and multivariate analysis.

The aim of the multivariate analysis was to explore both caseworkers' decision and recidivism, in order to understand if workers, in their decision to intervene, were focusing on factors that actually predict bad outcomes (recurrence).
Chapter 6 and Chapter 7 respectively analyze the relationship between case factors and two different dependent variables:
1) "CPS intervention" (dichotomous: yes or no), namely the workers' decisions to open the case for CPS services;
2) "recurrence within 12 months" (dichotomous: yes or no), defined a new CPS investigation within 12 months.
The dependent variable "CPS intervention" was created to include in the "yes" category both cases that were "transferred to ongoing" or "placed". The decision to place a child is much more intrusive, compared to the decision to intervene with CPS supervision while the children remain with their parents. However, I excluded the possibility to use a trichotomous dependent variable. First, in the path of a case through the CWS, the decisions to place or to simply open a case for ongoing services do not necessarily follow the same order for all cases. For example, some children can be placed during the investigation or after, but then reunified with their family after a brief period of time; some other can be transferred ongoing, but after a while workers can consider a placement necessary for the safety of the child. This implies that it is not possible to create a variable that, at an exact point in time, clearly distinguishes cases went ongoing or cases placed, since the placement decisions could have occurred before the end of investigation, at the end of investigation or after a case was transferred to ongoing.

Some authors suggest considering a placement that happens after the case was opened for ongoing services as a recurrence, since it means that no improvement were observed in parenting behavior. However, the same could be said for cases that stay ongoing for long terms (for example more than one year). Moreover, when analyzing recurrence the problem remains in classifying cases that had placement before the investigation end, that should be excluded from the analysis.

In this study, I decided to create "CPS intervention" as a dichotomous dependent variable for the first analysis, including in the "yes" category all cases that had CPS interventions, considering placement as one of these possible interventions.

In the second analysis, "recurrence" was defined as a new CPS investigation within 12 months.

Recurrence has been defined in various ways: as any subsequent report of maltreatment (Fluke, 1999); any subsequent founded or verified report of maltreatment ; any subsequent maltreatment of the same child, of another child within the family, or by the same perpetrator; or even recurrence of maltreatment without a prior report. Most studies have used verified recurrence as the outcome variable, since only in those cases workers could found enough evidence to prove that maltreatment actually occurred. However, research has shown that many factors can influence the substantiation of a referral, and sometimes the reasons have little to do with whether maltreatment has actually occurred. English et al. (1998) recommends to use both verified maltreatment, and all re-referrals as the outcome measure of interest. According to the authors, at best, substantiated recurrence as an outcome is very likely an under-representation of the number of children who experienced additional maltreatment.

In order to make a decision, I looked at case dispositions and outcomes. First, one of the most important factors in influencing the decision to open a case for ongoing services was "substantiation". Cases not verified were closed 92% of times. Second, the variable "substantiation" was negatively associated with recurrence of maltreatment, namely cases not verified had higher rates of recurrence. This may suggests that English's concern is appropriate. In 61.7% of cases workers did not find enough evidence to substantiate maltreatment, and this was the main reason why most of the times those cases were closed after investigation. However, cases not verified were more likely to re-enter the CPS system, with higher proportions when they did not have CPS services. The higher rate of recurrence for not verified investigations may suggest that even if workers were not able to prove it, children may have been the victims of some forms of maltreatment, so that they

re-entered the system more easily. This may happen, due to the complex nature of child abuse and neglect: these facts can be hidden, denied by parents, children may not have the age or the conditions to unveil the problem, and most of the time, especially if there is no physical evidence, it is difficult to match different 'truths'.

For this reason, in the present study I chose a less restrictive definition of "recurrence" to understand which factors CPS agencies should actually focus on, in order to avoid further investigations. "Recurrence" as the outcome variable was defined as any new investigation within one year since a previous event. Whether a new investigation was verified or not, it was considered as a "bad outcome", because it might have represented a new event maltreatment that actually happened, or an inappropriate investigation, namely a useless intrusive action in the life of a family.

I instead excluded to analyze any "new referral". In Ontario the Child Protection Standard Manual provide detailed criteria to decide if an allegation needs a further investigation. This means that a first screening is done, excluding all referrals considered not consistent with the eligibility criteria.

Cases that had placement after being transferred to ongoing were not considered as recurrence.

Given the purpose of the analysis, another predictor was specifically created to understand whether or not the presence of domestic violence influences workers' decisions and case outcomes. A variable that indicates the presence of domestic violence as a risk factor (Item A6 in the Risk Assessment tool) or a safety threat (ST 10 in the Safety Assessment tool) was included in the list of potential predictors.

All the other independent variables, listed in Table 7, have been chosen since according to the literature (paragraph 3.5) can affect both workers' dispositions and case outcomes. Some of these variables were created, merging two or more different variables in the dataset that refers to similar constructs, especially if the problem was present in a small number of cases.

The conceptual model, within the frame of an ecological-developmental model, included four sets of variables:

- *children characteristics*: Developmental/physical problem of children; Child mental/behavioral/criminal problem of children; Presence of children younger than 2 years old; Children toxicologically positive at birth;
- *caregivers characteristics*: Past/Current Mental Health Problem (primary caregiver); Past or Current Substance abuse Problem (primary caregiver); Past or

Current Substance abuse Problem (secondary caregiver); Primary caregiver history of abuse; Primary caregiver provides inconsistent physical care; Primary caregiver insufficient emotional support, Primary caregiver inappropriate discipline; Primary caregiver inadequate assessment of maltreatment;

- *household characteristics*; number of children in the family; child Aboriginal status; Housing problems; Ethnicity;
- *maltreatment characteristics*: Type of maltreatment (DV-only; DV co-occurring; other than DV-single form; other than DV co-occurring); Number of children involved in the incident
- *case characteristics:* Case verified; Previous CPS involvement; Prior injury to child; Number of safety threats; Number of risk factors; Referral source; Police involvement; Ongoing/Placed/Closed; Duration of ongoing services.

The Table below summarizes variables' characteristics. Detailed definitions of each variable can be found in the Eligibility Spectrum (E.S.) and in the Ontario Child Protection Tool Manual (2007) that describes each items of the Safety Assessment (S.A.) and the Risk Assessment (R.A.).

The unit of analysis was the investigation of a case and all the information listed below is at this level.

Table 7 Definitions and characteristics of the variables used in the analysis

INDEPENDENT VARIABLE	VARIABLE TYPE/VALUE LABEL	DEFINITION	OUTCOME VARIABLE (dichotomous: yes/no)
CHILDREN CHARACTERISTICS			
Developmental/physical problem of children	Dichotomous/ Yes, No	R.A. (Items N9B+N9C+A10C)	Ongoing; Recurrence
Child behavioral problem	Dichotomous/ Yes, No	R.A. (Items A10D)	Ongoing; Recurrence
Child criminal problem	Dichotomous/ Yes, No	R.A. (Items A10B)	Ongoing; Recurrence
Age of youngest child under 2	Dichotomous/ Yes, No	R.A. (Item N5)	Ongoing; Recurrence
Children toxic. positive at birth	Dichotomous/ Yes, No	R.A. (Item N9D)	Ongoing; Recurrence
CAREGIVERS CHARACTERISTICS			Ongoing; Recurrence
Past/Current Mental Health Problem (primary cg)	Dichotomous/ Yes, No	R.A. (Item N7)	Ongoing; Recurrence
Past/ Current Substance abuse (primary cg)	Categorical/ no; substance abuse as a safety threat; substance abuse as a risk factor	R.A. and S.A. (Item N8B +N8C + ST 9)	Ongoing; Recurrence
Past or Current Substance abuse Problem (secondary cg)	Dichotomous/ Yes, No	R.A. (Item A9)	Ongoing; Recurrence
Primary cg history of abuse	Dichotomous/ Yes, No	R.A. (Item A8)	Ongoing; Recurrence
Cg does not meet child basic need	Categorical/ no; present as a safety threat; present as a risk factor	R.A. (Item N6) S.A. (ST 7)	Ongoing; Recurrence
Cg insufficient emotional support	Dichotomous/ Yes, No	R.A. (Item A7B)	Ongoing; Recurrence

Cg cognitive limitation impair parenting	Dichotomous/ Yes, No	S.A (ST 12)	Ongoing; Recurrence
Primary cg inappropriate discipline	Dichotomous/ Yes, No	R.A. (Item A7C+A7D)	Ongoing; Recurrence
Primary cg inadequate assessment of maltreatment	Dichotomous/ Yes, No	R.A. (items A5B+A5C)	Ongoing; Recurrence
Caregiver failure to protect	Dichotomous/ Yes, No	S.A. (ST 4)	Ongoing; Recurrence
HOUSEHOLD CHARACTERISTICS			Ongoing; Recurrence
Presence of children under 2	Dichotomous/yes: no	R.A. (Item N5)	Ongoing; Recurrence
Number of children in the family	Ratio	OCANDS	Ongoing; Recurrence
Child Aboriginal status	Dichotomous/ Yes, No	OCANDS	Ongoing; Recurrence
Adult conflict	Categorical/ no; present as a safety threat; present as a risk factor	R.A. (Item A6) S.A. (ST 10)	Ongoing; Recurrence
Housing problems	Dichotomous/ Yes, No	R.A. (Item N10)	Ongoing; Recurrence
Ethnicity	Categorical/White; Hispanic; Aboriginal; Black; Asian; Multicultural	OCANDS	
MALTREATMENT CHARACTERISTICS			
Maltreatment type	Categorical/ EDV only; EDV-co-occur; Other-Single form; Other-Multiple type	E.S.	Ongoing; Recurrence
Number of children involved in the incident	Dichotomous/ 1,2,3; 4 or more	R.A. (item N4)	Ongoing; Recurrence
CASE CHARACTERISTICS			Ongoing; Recurrence
Severity of maltreatment	Categorical/ extremely; moderately; minimally; non severe	E.S.	Ongoing; Recurrence
Previous CPS involvement	Categorical/no; previous investigation; previous ongoing	R.A. (Items A2 + A3 N2 + N3)	Ongoing; Recurrence
Prior injury to child	Yes; No	R.A. (Item A4)	Ongoing; Recurrence
Number of safety threats	Ordinal (0-14)	Sum of risk factors	Ongoing; Recurrence
Verified	Dichotomous/ Yes, No	OCANDS (if workers found enough evidence to verify the allegation)	Ongoing; Recurrence
Number of risk factors	Ordinal (0-18)	Sum of safety threats	Ongoing; Recurrence
Level of risk	Ordinal/Low;moderate;high;very high	R.A.	Ongoing; Recurrence
Referral source	Categorical/ Police; court; other professional; other CAS; school; family; community	OCANDS (the person who made the report to CPS)	Ongoing; Recurrence
Ongoing/placement	Dichotomous / Ongoing; closed	OCANDS	Recurrence

Some variables that have been included in other studies, such as age of the primary caregiver and income were not available in the dataset, so that this will be a limitation of the present research.

Chi-square and Cramer's V coefficient were calculated to assess the relationship between each potential predictor and the outcome variables, in order to choose the more important independent variables to include in the multivariate analysis.

When data are qualitative with nominal measurement, statistical analysis are based on observed frequencies. The chi-square test focuses on any discrepancies between observed frequencies and their corresponding set of expected frequencies, calculated on the

assumption that the two variables are independent. To test independence, when data are cross-classified along two qualitative variables, a two-variable chi-square test is based on the null hypothesis that there is no relationship (that is no predictability) between variables, that is the same as claiming that the proportions within one variable are the same for all the categories of another variable. For example, except for by chance, the same proportion of CPS interventions should be observed for Aborginal or non-Aboriginal children. The null hypothesis is rejected if there is enough evidence to say that the decision to intervene is not independent from the status of Aboriginal. Referring to the sampling distribution of chi-square (in relation to the number of degrees of freedom and the level of statistical significance accepted), when the discrepancies between expected and observed frequencies are relatively large, the observed chi-square values are equal or greater than the critical chi-square value, so that the observed outcome is viewed as a rare occurrence and the null hypothesis is rejected.

When analyzing large samples, as is the case in this work, the Chi-square test tends to detect also small unimportant departures from null hypothesized values. Chi-square value tells something more about this difference, since it reflects the size of discrepancies between observed and expected proportions, expressed relatively to their expected frequencies. Another way to check the importance of statistically significant relationship is to use a measure analogous to the squared curvilinear correlation coefficient, known as Cramer's V coefficient. This measure, being independent from sample size (unlike chi-square) very roughly estimates the proportion of explained variance (predictability) between two qualitative variables. According to guidelines for correlations suggested by Cohen, the strength of the relationship between two variables is small if this coefficient approximates 0.01, medium if it approximates 0.09, and large if it exceeds 0.25.

The criteria adopted to choose the more important predictor for the multivariate analysis was a level of statistical significance less or equal to 0.1.

The subsequent stage of the analysis included all the predictors that had a significant association with the outcome variable. Classification and Regression Trees analysis (CART) (Brieman et al., 1984) was used to 1) model the decision to open a case for ongoing services and 2) find a model to predict a new investigation within 12 months.

CART, similar to logistic regression, is a statistical technique used to predict a dependent variable, based on the values of predictor variables. Both the outcome variables and the predictors may be either continuous or categorical. CART makes a series of binary splits based on values of each independent variables, in order to maximize within-group

homogeneity. A terminal node or subgroup in which all cases have the same value for the dependent variable is a homogeneous, "pure" node. The classification and regression tree (CART) methodology begins by forming for a predictor variable the subgroups defined by either a range split of its values (if it is continuous), or a grouping of a variable's categories into two sets (if it is categorical, as in the present study). CART then calculates a misclassification error, the error representing the percentage in the subgroup that is incorrectly classified in this way. The computer-intensive technique runs through all possible splits for all predictor variables. At this first step, it chooses the variable and its split that provides an optimal classification, in the sense that the error of misclassifying subjects into the designated outcome group is minimized. It iteratively continues the process for each subsequent node. The algorithm considers all variables and all possible splits at each stage, to choose the best variable split among all variables based on a misclassification error. The end points of these branches, referred to as “terminal nodes”, represent subgroups of the original sample, that differ in terms of probability of the outcome variable categories.

CART was chosen to perform the analysis because of some advantages in relation to the objectives of the present study. First, CART takes account of the fact that different relationships may hold between variables, in different parts of the data field. Thus, the best variable split at one node can easily differ from the best split at another. This implies that CART, in contrast to logistic regression, allows for different predictors to come into play for each subgroup, thus showing complex interactions. Additionally, the same predictor variable may be reintroduced in a sub-branch with a further split of its categories. For logistic regression, all linear combinations of the predictors are considered and interactions need to be entered explicitly.

Another advantage of CART is that its hierarchical tree structure better reflects human decision making and it is relatively easy to interpret for professionals.

In the present study, the minimal number of cases in a terminal node was set to 50. The GINI criterion was used as an impurity measure to determine the best split at each node. Gini is based on squared probabilities of membership for each category of the dependent variable. It reaches its minimum (zero) when all cases in a node fall into a single category.

A split-sample validation method was used to obtain a more reliable estimate of error, representing the error that would be experienced in replication (Breiman et al., 1984). When applying split-sample validation, a fraction of data is used for estimation and the remaining sample is used for validation. This procedure is useful when developing and

selecting explanatory variables and the model structure, compared to K-fold validation, that cannot easily be used to choose exclusions and interactions and to understand overfitting due to model design and selection. In the present study, a random sample equal to 50 percent of the total sample was used as the training sample, to generate the best predictive model, which was then tested on the other half of the total sample, referred as test sample.

Several different combinations of variables were tested, to explore the importance of the predictors selected and their interactions. After a preliminary exploratory analysis, three models were compared. The first model included only the characteristics of the family (child, caregiver and household factors). The second one, the most parsimonious, included only case characteristics. Then a third model was tested, that was a combination of the first two models.

The predictive models obtained with this procedure were compared with one another, as regards predictive validity. The Brier score was used to measure the accuracy of model predictions. Across all items *i* in a set of *N* predictions, the Brier score measures the mean squared difference between the predicted probability assigned to the possible outcomes for item *i* and the actual outcome o_i. Therefore, the lower the Brier score is for a set of predictions, the better the predictions are calibrated. The most common formulation of the Brier score is:

$$BS = \frac{1}{N}\sum_{t=1}^{N}(f_t - o_t)^2$$

In which f_t is the probability that was forecast, o_t the actual outcome of the event at instance t (0 if it does not happen and 1 if it does happen) and N is the number of forecasting instances. This formulation is mostly used for binary events (for example "rain" or "no rain"). The above equation is only a proper scoring rule for binary events, as in this study. Values can range from 0, which indicates a perfect prediction, to 0.25 when the model generates predictions not better than chance.

To test discrimination, a Receiver Operating Characteristic (ROC) analysis was applied to the results of each CART models. Discrimination refers to how well an instrument is able to separate cases in relation to the outcome variable (e.g. those who had CPS intervention from those who did not) (Cook, 2007). The ROC curve plots the true positive rate (sensitivity) and true negative rate (1—specificity) for each risk score (Zweig & Campbell, 1993). The area under the curve (AUC) statistic is equal to the probability that given two

cases (e.g. one who will have a recurrence and one who will not) the statistical model will assign a higher probability of future maltreatment to the former. Values from the AUC can be used to compare curves across studies, with higher values indicating greater accuracy. Values greater than or equal to .70 are preferred (Royston et al., 2009).

4.5 Limitations

As with any other research using administrative data, there are a number of important limitations that must be recognized. Such data system are able to gather substantial amount of information difficult to capture otherwise; however, one drawback of their use is that they are not typically designed for research objectives. In this study for example more specific details on the type of adult violence and on characteristics of family members, especially the perpetrator, would have been important in exploring the features and the path of these cases. This study was also not able to account for the effect of economic hardship, that other studies found as an important one in predicting recidivism.

Even if OCANDS is routinely audited and the team of researchers involved in its construction tried to exclude all the cases with error and missing information, administrative data are always subject to miss-entered data and are subject to the awareness of professional assessing the case. One problem of this study is that is not able to account for ethnicity a variable that was found important in other works.

One strength of this work was the sample size, large enough not to distort estimation of the population of interest, also allowing the exploration of low base rate events, such as recidivism. However the data used comes from six jurisdictions in Ontario, so that the patterns observed in casework practice are not necessarily representative of the Ontario CPS system.

The more important strength was the application of CART techniques that allowed to show complex interaction among variable and clearly showed their combined influence on case outcomes, avoiding reductionist, therefore misleading, explanations of CPS practices.

CHAPTER 5 - PROFILES OF "DV-CASES" AND CASES INVESTIGATED FOR CHILDRENS EXPOSURE TO DOMESTIC VIOLENCE

5.1 Introduction

Since the 1970s a substantial body of research has documented the negative effects of children exposure to domestic violence (see Chapter 2). Thank to research findings and the parallel action of women and children advocates, EDV is now considered as a social problem and several attempts have been made to improve policies and practice.

In the last two decades the child protection agencies have become one of the focal points in detecting and addressing EDV. Recent new laws have been passed by state legislatures and practice guidelines now orient the work of CPS professionals to better assess the needs and resilience of exposed children and their parents.

In the North American countries, the collection of new data on domestic violence in CPS caseloads is now considered of paramount importance to evaluate practice and strengthen professional responses. This data is also essential to provide evidence to a heated debate about the role of the CPS system, which has been accused both of intrusiveness and of neglecting the needs of these families. Despite the beliefs that CPS professionals make unfair decisions, little empirical evidence exists to support these claims.

Some recent studies have provided information about the number of families served in the child welfare system, who have experienced domestic violence and how these cases may differ from those without this issue. Some of these researches are focused on the more general category of "DV-indicated cases", namely families where violence among adults is present (Beeman et al., 2001; Kohl et al.,2005; English et al., 2005). Other authors have instead considered the more restrictive category of children exposure to violence (EDV), highlighting the importance of distinguishing between cases where EDV occurs in isolation and more complex situations, in which it is present in conjunction with other forms of abuse or neglect (Black et al.,2008; Lavergne et al., 2011; Lefebvre et al., 2013). What all these studies have in common is their conclusion about the fact that domestic violence is a widespread phenomenon in CPS cases. However, it is difficult to compare their findings, due to different definitions of DV cases.

In order to allow comparisons, in this chapter I analyzed separately cases that had an indication of DV and the subgroup of EDV cases. The objective was threefold. First, the aim was to describe the profile of DV-indicated families as a whole, namely all the families where DV was detected by workers, even if the investigations were justified by different reasons other than DV. Second, I looked more closely at cases where domestic violence was a problem directly involving children (EDV cases), as a subgroup of DV-cases. In Ontario referrals in which the only allegation is domestic violence does not in itself meet the definition of a child in need of protection under the Child and Family Services Act (Child protection Standards in Ontario, 2007). Child protection intervention is required when the risk factor presents an immediate safety threat or longer-term risk of maltreatment or harm. This subgroup of cases could have particular features that distinguish them from the more general categories of DV cases. Third, I analyzed separately cases where exposure to adult violence occurred in isolation or with other forms of child maltreatment, to better understand their profiles and paths in the CPS system.

5.2 Prevalence of DV and EDV in the overall sample

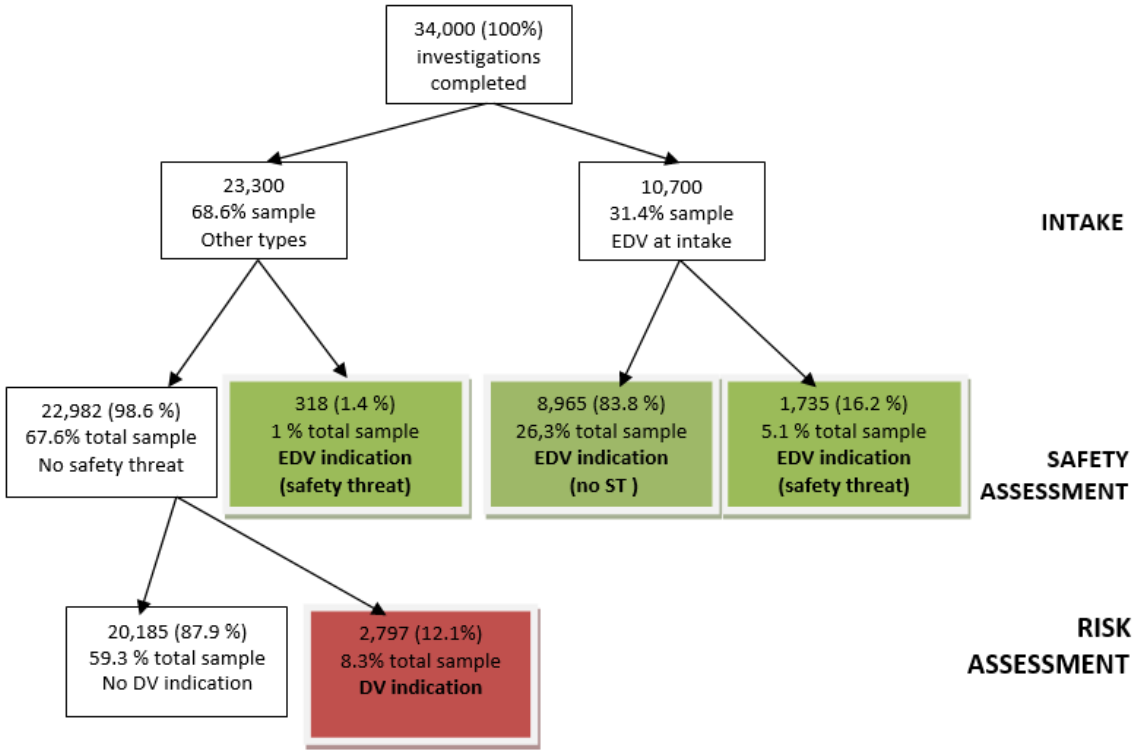
Figure 1 clarifies the choices that were made to classify "DV-indicated families" and "EDV-cases". Of 34,000 cases, 31.4% were investigated for children exposure to domestic violence, and in 16.2% of those DV was posing a threat to children safety. In 318 other cases (0.4% of the total sample), coded as other types of maltreatment at intake time, workers detected domestic violence as a safety issue for the child, so they were added to the total count of EDV cases. This means that at the end of an investigation, workers found that EDV was an issue in 32.4% (11,018) of the total sample, whereas cases investigated for other types of maltreatment were 22,982.

Violence between partners/adults in the home was even a wider problem: 2,797 cases (8.3% of the total sample) were not investigated for child exposure to domestic violence, however adult violence was indicated on the Risk Assessment tool as present in the past year. This means that, according to workers' assessment, DV was an issue in the family still not involving the children, but posing at risk the future well-being of the child.

To sum, based on the result of workers' assessment, 13,815 cases (40.7% of total sample) were involved in domestic violence; in the following paragraphs they will be named as *'DV-indicated families"*. According to the Eligibility Spectrum definitions, these events

had direct consequences on children in 10,700 cases (31.4% of total sample). Based on the Safety Assessment definition, in other 318 cases violence in the home posed a threat to child safety. The total number of 11,018 cases (32.4% of total sample) will be defined in the following paragraph as *"EDV-cases"*, namely cases investigated for exposure to domestic violence.

Figure 7 EDV indicated and DV-indicated cases at the end of investigation



The following section will describe the characteristics of DV-families compared to those without this problem. Then, section 5.3 will compare cases investigated for EDV, to those where children were not involved in domestic violence, distinguishing:

1) EDV-only cases
2) cases where EDV co-occurs with other maltreatment types
3) cases investigated for a form of maltreatment other than EDV
4) cases investigated multiple types of maltreatment, other than EDV.

The description of their characteristics is organized, focusing on a) child functioning, b) caregiver problems and parenting capacity, c) household characteristics and d) case-related characteristics. Then, their paths in the CPS system are analyzed, to understand if there were patterns in their classification at intake, in case dispositions and decisions (safety decision, determination of risk level, decision to transfer ongoing or to place children) and in case outcomes.

5.3 Profile of "DV-indicated families".

Family characteristics (Table 8). Families where DV was involved were somewhat smaller and their children tended to be younger (10.8% of DV-cases had 4 or more children compared to a proportion of approximately 14.2% for other families). The proportions of housing problems were not significantly higher in DV-cases, compared to others.

In terms of child functioning, DV-indicated cases had lower rates of children problems, compared to non-DV cases. At the time of investigation, children in DV-indicated cases showed fewer *developmental or physical functioning* issues (4.7% for DV-cases vs. 8.4% for other types), *mental health or behavioral problems* (5.7% vs. 11.6% when comparing DV and non-DV) and were less likely to be involved in *criminal activities* (2,4% for DV vs. 6.6% for non-DV).

By contrast, some individual adverse conditions of the primary caregivers were found more frequently in DV-cases, compared to families where domestic violence was not present. In particular workers reported higher rates of *primary caregiver mental problems* (16% vs. 13.9%) and *alcohol abuse* (6.1% vs. 4.4%). The largest difference between DV and non-DV cases was found when looking at the proportions of *secondary caregiver substance abuse* (21.4% vs. 8.5%). As regards to *primary caregiver drug consumption*, the rates were not significantly different. Slightly higher was the presence of *primary caregivers with an history of abuse* during childhood (16.2% vs. 14.5%). All the problems referred to parenting capacities, such as providing *inconsistent physical care* or employing *inappropriate disciplinary practices*, showed instead lower proportions within DV-cases, compared to non-DV cases. The differences in rates of primary caregiver that had difficulties in providing *adequate emotional support* were not statistically significant.

Table 8 Comparison of DV and non-DV cases with regard to family characteristics

	DV-indicated cases [N=13,815]		Non-DV cases [N=20,185]		Sig.
	Freq.	*% within DV cases*	*Freq.*	*% within non-DV cases*	
HOUSEHOLD CHARACTERISTICS					
Presence of children under 2 years	3,858	27.9	4,296	21.3	<0.001
Prior injury to a child	417	3.0	888	4.4	<0.001
Number of children					<.001
one	4,814	34.8	6,250	31	
two	5,148	37.3	7,152	35.4	
three	2,359	17.1	3,914	19.4	
four or more	1,494	10.8	2,869	14.2	
Aboriginal (child)	242	1.8	406	2.0	<0.1
Housing problems	370	2.7	493	2.4	0.174
CHILD FUNCTIONING					
Developm./physical problem	645	4.7	1,698	8.4	<0.001
Mental /Behavioral problem	781	5.7	2,350	11.6	<0.001
Criminal problem	328	2.4	1,326	6.6	<0.001
Child toxic. positive birth	65	0.5	145	0.7	<0.01
CAREGIVER PROBLEMS					
PCG past/current mental problem	2,205	16	2,804	13.9	<0.001
PCG alcohol abuse	848	6.1	894	4.4	<0.001
PCG drug abuse	1,105	8.0	1,588	7.9	0.660
SCG substance abuse	2,950	21.4	1,717	8.5	<0.01
PCG History of abuse	2,233	16.2	2,926	14.5	<0.001
PARENTING CAPACITIES					
Inconsistent physical care	560	4.1	1,156	5.7	<.001
PCG insuff emotional support	374	2.7	599	3.0	0.157
PCG inappropriate discipline	337	2.4	998	4.9	<.001
PCG inadequate assessment incident	356	2.6	928	4.6	<.001

Case-related characteristics (Table 9). DV-cases were more likely to be classified as moderately or minimally severe at intake. Most of the time they were reported by the police and more rarely by the school, compared to other cases. With regard to *CPS history*, there were no significant differences in the rates of prior investigations, whereas the proportions of DV-cases sent ongoing in the past were slightly lower than in other cases (21.3% vs. 23.7%).

In terms of *immediate harm indicators*, workers found that in only 75.3% of DV-cases there was no safety concern, compared to a rate of 80.4% in other families. This was mainly due to the fact that adult violence was the most common threat to child safety in the total sample (2053 cases, 6% of total sample) and in 40% of those cases it co-occurred with other safety concerns (see Chapter 4). Other two problems for children safety that were found more often in DV-cases were *caregiver substance abuse* (4.4% vs. 2%) and *emotional/cognitive limitation that impair parenting* (3.5% vs. 2.4%). More often *children* were found *fearful of their caregiver* (2.2% vs. 1.6%). However, when compared to other

families, DV-families were less likely to be found with other immediate harm indicators (*physical harm, history of maltreating behavior combined with current circumstances, sexual abuse, basic needs not met, unsafe living conditions, negative behavior toward child*). There were no significant differences regarding the charge for *caregivers' failure to protect* in DV-cases, compared to other. In general, the rate of cases investigated for failure to protect was low: 1.4% among DV-cases, 1.2% among other investigations. Among families in which domestic violence was posing a threat to child safety, in only 5.3% of cases workers considered that the caregiver failed to protect the child from serious harm. This finding does not support the claim that CPS workers tend to always hold mother responsible for not protecting their children from exposure to violence, at least in the Ontario context.

In terms of *risk factors*, DV-indicated cases seemed to have a higher number of problems, compared to families without DV. The percentage of cases with only "1 to 3" risk factors was almost half of DV-cases (23.5% vs. 39.5%), while for all the other categories ("4-6","7-9" ,"10-12", ">12") the proportions of DV cases were higher than in other families. As a consequence, the rates of "low risk" DV-cases were much lower, whereas the proportions of "moderate" or "high risk" cases were higher than for other families.

Table 9 Comparison of DV and non-DV cases with regard to case-related characteristics

	DOMESTIC VIOLENCE				
	DV-indicated cases [N=13,815]		**Non-DV cases [N=20,185]**		**Sig.**
	Freq.	*% within DV cases*	*Freq*	*% within non-DV cases*	
Maltreatment severity					
extremely	750	5.4	2,399	11.9	<0.001
moderately	9,878	71.5	12,709	63.0	
minimally	1,762	12.8	2,185	10.8	
not severe	1,425	10.3	2,892	14.3	
Referral source					<0.001
police	6,046	43.8	2,385	11.8	
court	459	3.3	251	1.2	
other professional	3,116	22.6	5,584	27.7	
school	1,316	9.5	6,429	31.9	
family	1,729	12.5	2,279	11.3	
community/other	1,149	8.3	3,257	16.1	
CPS history					<0.001
New case	6,482	46.9	9,293	46.0	
Prior investigation	4,389	31.8	6,103	30.2	
Prior ongoing CPS	2,944	21.3	4,789	23.7	
# safety threats					<0.001
none	10,400	75.3	16,223	80.4	
one	2,186	15.8	2,992	14.8	
two	816	5.9	688	3.4	
three	235	1.7	183	0.9	
Four or more	178	1.3	99	0.5	

Safety threats					
ST1.Physical harm	367	2.7	941	4.7	<0.001
ST2. History of maltreating behavior	248	1.8	414	2.1	<0.1
ST3. Sexual abuse	60	0.4	275	1.4	<0.001
ST4.Failure to protect	187	1.4	237	1.2	0.143
ST5. Inadeq. Explan.	20	0.1	144	0.7	<0.001
ST6. Refused access	40	0.3	37	0.2	<0.05
ST7. Basic needs	196	1.4	587	2.9	<0.001
ST8. Living condition	172	1.2	307	1.5	<0.05
ST9. Substance abuse	610	4.4	412	2.0	<0.001
ST10. Adult violence	2,053	14.9	0	0.0	<0.001
ST11. Neg. tow. Child	84	0.6	141	0.7	0.312
ST12. Cognitive limit.	486	3.5	481	2.4	<0.001
ST13. Child fearful	301	2.2	321	1.6	<0.001
Final risk level					<0.001
Low	930	6.7	5226	25.9	
Moderate	8,841	64.0	10,616	52.6	
High	3,676	26.6	4,054	20.1	
Very high	368	2.7	289	1.4	
# risk factors					<0.001
1-3	3241	23.5	7971	39.5	
4-6	7135	51.6	8555	42.4	
7-9	2646	19.2	3043	15.1	
10-12	673	4.9	537	2.7	
>12	120	0.9	79	0.4	

Case dispositions and decisions (Table 10). A higher percentage of DV-indicated investigations (46.5% vs. 32.7%) were *verified*, namely in those situations workers found enough evidence to support the allegation of maltreatment. A conditionally *safe disposition* (safe with intervention) was necessary for 22% of DV-indicated families. Those cases were less likely to be found unsafe than other families, but also less likely to be found safe without the need of CPS intervention. As a consequence, higher proportions of DV cases had interventions to protect the safety of the children, compared to other families, with the exception of placement interventions, both voluntary or not. Those cases were also more likely than the other families to be *transferred to ongoing services* (28.7% DV-cases vs. 21.6% non-DV), but less likely to have *placement* within one year. The differences in rates of recurrence within one year were not significant.

Table 10 Comparison of DV and non-DV cases with regard to case dispositions and decisions

	DV-indicated cases [N=13,815]		**Non-DV cases [N=20,185]**		**Sig.**
	Freq.	% within DV cases	Freq	% within non-DV cases	
Allegation verified	6,414	46.5	6,583	32.7	<0.001
Safety decision					<0.001
safe	10,583	76.6	16,184	80.2	
Safe + intervention	3,041	22.0	3,544	17.6	

Unsafe	191	1.4	457	2.3	
Safety interventions					
Direct intervention of CPS worker	2,419	17.5	3,001	14.9	<0.001
Extended family	1,556	11.3	1,514	7.5	<0.001
Community agencies	866	6.3	746	3.7	<0.001
Non offending cg take responsibility	1,172	8.5	866	4.3	<0.001
Alleged perpetrator to leave the home	713	5.2	185	0.9	<0.001
Non offending cg move to a safe environment	316	2.3	77	0.4	<0.001
Legal intervention (custody..) child at home	176	1.3	113	0.6	<0.001
Other individualized intervention	484	3.5	465	2.3	<0.001
Child voluntarily placed	132	1.0	301	1.5	<0.001
Child apprehended and placed	160	1.2	330	1.6	<0.001
Transferred ongoing	3,958	28.7	4,364	21.6	<0.001
Placement within 1 year	429	3.1	952	4.7	<0.001

Case outcomes. When looking at case outcomes, there were differences between DV and no-DV cases, but a distinction has to be made between cases that received services and those which were closed after the investigation. For cases closed the rate of recurrence was higher for DV cases, compared to families reported for other maltreatment types. By contrast, when cases had CPS intervention the proportion of recidivism was lower for DV cases. This may be due to the interaction with other variables that will be explore later, using multivariate analysis.

Table 11 Comparison of DV and non-DV cases with regard to case outcomes

	DV-indicated cases [N=13,815]		**Non-DV cases [N=20,185]**		**Sig.**
	Freq.	% within DV cases	Freq	% within non-DV cases	
New referral within 1 year	3,745	27.1	5,321	26.4	0.126
New investigation within 1 year	2,026	21.2	4,189	20.8	0.342
New verified investigation within 1 year	1,478	10.7	1,937	9.6	<0.01

Table 12 Rates of re-investigation splitting by ongoing/closed

		%DV-indicated	**%Non-DV cases**	Sig.
ongoing [N=8322]	>yes [N=536]	5.9	6.9	<0.1
	>no [N=7786]	94.1	93.1	
closed [N=25678]	>yes [N=6579]	27.3	24.6	<0.001
	>no [N=19099]	72.7	75.4	

5.4 Comparison with other studies about domestic violence cases in CPS caseloads.

The rates of DV-cases that had a full investigation in these six agencies were similar to other researches that focused on DV cases in the CPS system (English et al, 2005),

supporting the conclusion that the presence of DV is a widespread phenomenon in CPS agencies.

Similarly to what Kohl et al. (2005) found, it appeared that mothers in DV cases were not being charged for failure to protect at a substantial rate, Moreover, there was no significant difference between DV and non-DV cases for this count.

DV-families seemed to have more problems than the others. They were more likely to be found "conditionally safe", the number of risk factors was always higher than in other families and had higher rates of "moderate", "high" or "very high" risk levels. As a consequence, also the likelihood of having a CPS intervention was higher. These findings are somewhat similar to those found in other studies (Beeman et al., 2001; Kohl et al., 2005).

The present research was able to add another important information. Even if the number of risk factors was higher than in other families, this was mainly due to higher proportions of caregivers' individual adverse conditions (mental health issue, substance abuse, etc.) than to the lack of parenting capacities. The rate of children functioning issues was also lower than in other families. Such characteristics can help to explain why the rate of CPS intervention was higher for DV cases, but the number of children placed was lower.

Differently from English et al.'s (2005) findings, the rates of recurrence (new referral, new investigation and new verified investigation) were low and DV-cases that had been transferred ongoing were less likely to experience recidivism. For cases closed after the investigation, the relationship was instead reversed: the rate of new report and new investigation was around one third and DV-cases were more likely to have a recurrence.

5.5 Profile of EDV-cases.

Recent studies (Kohl et al., 2005) have pointed out the importance of distinguishing cases in which domestic violence was presently active or a past issue and, most of all, whether domestic violence occurred in isolation or in conjunction with other forms of child maltreatment (Black et al., 2008; Lefebvre et al., 2013). The present section focuses on the characteristics of investigations for EDV, including only cases where domestic violence was active and, according to workers', it had consequences for children. The analysis was carried out first comparing EDV cases and non-EDV cases and then distinguishing

situations where EDV was the only problem and cases where other forms of maltreatment were detected.

The following Table classifies EDV-cases by maltreatment types, based on the result of the eligibility screening and the safety assessment:

Table 13 Frequencies and percentages by maltreatment types

Maltreatment types	Frequency	%
Overall	34,000	100
EDV (single form)	5,373	15.8
EDV + other types	5,645	16.6
Other type (single form)	16,984	50.0
Multiple types other than EDV	5,998	17.6

Workers found that more than a half of EDV cases had at least another issue that posed the child at risk of immediate or future harm. In those dual-violence cases, EDV was present in conjunction with "other caregiver problems that impair parenting" (65% of EDV co-occurring cases), "physical abuse" (16.3% of EDV co-occurring cases), "neglect" (8.2% of EDV co-occurring cases), "adult/child conflict" (6.3% of EDV co-occurring cases), "emotional abuse" (3% of EDV co-occurring cases) and "sexual abuse" (1.2% of EDV co-occurring cases).

Table 14 Forms of maltreatment co-occurring with EDV

	Frequency	%within EDV co-occurring	% total sample
Overall	5,645	100	16.6
physical	914	16.3	2.7
sexual	68	1.2	0.2
neglect	461	8.2	1.4
emotional	172	3.0	0.5
cg problem that impair parenting	3,672	65	10.8
child/caregiver conflict	358	6.3	1.0

In the large majority of those investigations EDV was found in conjunction "caregiver problems", which in these agencies is classified among maltreatment types. More specifically these are problems defined at Section 5 of the Eligibility Spectrum as situations where, "due to physical, mental, emotional or behavioral problems or as a result of addiction, caregivers have no capacity to care for the child or these problems can interfere seriously with their capacities". One of the problems listed in Section 5 is "caregiver failure to protect", when the caregiver knew about the fact that children had been abused or neglected and did not act to protect them or allowed the person who had previously harmed the child without unrestricted access to the child. Only 56 EDV-cases

had this charge at intake. Again, this confirm that workers in these agencies are not charging mother for failure to protect just because of their involvement into partner violence.

The following section describes the characteristics of EDV-cases, comparing them to investigations for other maltreatment types, and then distinguishing those cases where exposure occurred in isolation or with other problems.

Family characteristics (Table 15 and Table 16). Similarly to DV-indicated case, families where children were exposed to adult violence were somewhat smaller (around 9.7% of EDV cases had 4 or more children compared to a proportion of approximately 14.4% for other families) and more often there were children younger than 2 years old. The presence of housing problems was significantly lower for EDV-cases, when compared to non-EDV cases.

In general, cases investigated for EDV had lower rates of children problems, compared to other forms of maltreatment. Children had lower rates of *developmental or physical functioning issues* (4% vs. 8.3%), *behavioral problems* (4.4% vs. 11.5%) and *delinquent histories* (1.6% vs. 6.4%). In families where EDV was the only issue the presence of children problems was even less common, and present half of the times, compared to cases in which EDV occurred with other maltreatment types.

This data only suggest the difference between EDV cases and cases reported for other maltreatment types at the time of investigation. As a consequence, they cannot be used to contradict evidence that indicates how DV exposure places children at higher risk for developmental or behavioral problems, since these studies involve long period of follow-up to understand the consequences of EDV on children.

With regard to caregivers' functioning, when comparing EDV investigations to other types of maltreatment, the issue related to *secondary caregiver substance abuse* showed much higher rates (20.7% versus 10.4%), whereas all the other problems were present in lower proportions, particularly those referred to primary caregiver behaviors toward children (Table 15). However, when comparing single and dual-violence cases, substantial differences were noticed (Table 16). EDV co-occurring cases showed proportions of caregiver individual problems and issues referred to parenting capacities as more than double, compared to EDV-only cases. The rates of caregiver individual problems (*mental health, substance abuse, history of abuse*) in EDV co-occurring cases were more similar to families with multiple types of maltreatment other than EDV. The most relevant problem

in those situations was secondary caregiver substance abuse, with proportions more than twice the average of all the other families. By contrast, the rates of problems related to parenting capacities (*no care for basic need, insufficient emotional support, etc*) were detected half of the times, compared to situations with multiple types of maltreatment other than EDV.

In EDV-only cases the most relevant issue was *secondary caregiver substance abuse*, with percentages higher than in families reported for a single form of maltreatment other than EDV. This dataset does not detect who was the victim of violence. All we can say with this information is that in EDV-only cases the secondary caregiver had more often problems that impaired parenting, compared to other cases in the caseloads and more rarely this was an issue of the primary caregiver. If we analyze this result, while taking into account primary caregiver gender (in most of the cases a female) and secondary caregiver gender (in the majority of cases a male), we can also consider that problems were mainly related to male caregivers in those families. We still do not know if violence was due to such problems. So, it might also be that those families were more likely to suffer for dysfunctional relationships among family members, than for individual adverse characteristics, found more rarely in those households.

The more recurring problems of the primary caregiver in EDV-only investigations, but with rates always lower than the average, were *history of abuse* and *mental health issues*. The presence of problems related to parenting capacities was rare, with proportions below 1% in EDV-only cases

Table 15 Comparison of EDV and non-EDV cases with regard to family characteristics

	Investigation for EDV [N=11,018]		**Investigation for other types [N=22,982]**		**Sig.**
	Freq.	% within EDV	Freq	% within non-EDV	
HOUSEHOLD CHARACTERISTICS					
Presence of children under 2 years	3,046	27.6	5,108	22.2	<0.001
Number of children					<0.001
one	3,928	35.7	7,136	31.1	
two	4,163	37.8	8,137	35.4	
three	1,862	16.9	4,411	19.2	
four or more	1,065	9.7	3,298	14.4	
Aboriginal (child)	157	1.4	491	2.1	<0.001
Housing problem	210	1.9	653	2.8	<0.001
CHILD FUNCTIONING					
Developm./physical problem	438	4.0	1,905	8.3	<0.001
Mental /Behavioral problem	486	4.4	2,645	11.5	<0.001
Criminal problem	180	1.6	1,474	6.4	<0.001
Child toxic. positive birth	34	0.3	176	0.8	<0.001

CAREGIVERS PROBLEMS					
PCG past/current mental problem	1,447	13.1	3,562	15.5	<0.001
PCG alcohol abuse	564	5.1	1,178	5.1	0.979
PCG drug abuse	655	5.9	2,038	8.9	<0.001
SCG substance abuse	2,282	20.7	2,385	10.4	<0.001
PCG History of abuse	1,546	14.0	3,613	15.7	<0.001
PARENTING CAPACITIES					
Inconsistent physical care	286	2.6	1,430	6.2	<0.001
Insuff emotional support	205	1.9	768	3.3	<0.001
PCG inappropriate discipline	206	1.9	1,129	4.9	<0.001
PCG inadequate assessment incident	194	1.8	1,090	4.7	<0.001
Prior injury to a child	280	2.5	1,025	4.5	<0.001

Table 16 Family characteristics by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV

	EDV only		**EDV co-occurs**		**Single form**		**Multiple forms**		**Total**	
	Freq.	%	Freq	%	Freq.	%	Freq.	%	Freq.	%
HOUSEHOLD										
Children under 2	5,373	27.7	5,645	27.6	16,984	23.8	5,998	17.8	34,000	24.0
Number of children										
one	2,060	38.3	1,868	33.1	5,411	31.9	1,725	28.8	11,064	32.5
two	2,008	37.4	2,155	38.2	6,028	35.5	2,109	35.2	12,300	36.2
three	854	15.9	1,008	17.9	3,209	18.9	1,202	20.0	6,273	18.5
Four or more	451	8.4	614	10.9	2,336	13.8	962	16.0	4,363	12.8
Aboriginal (child)	53	1.0	104	1.8	344	2.0	147	2.5	648	1.9
Housing problem	40	0.7	170	3.0	352	2.1	301	5.0	863	2.5
CHILD										
Dev/phys problem	167	3.1	271	4.8	1,333	7.8	572	9.5	2,078	6.1
Mental/Behavioral	146	2.7	340	6.0	1,613	9.5	1032	17.2	3,131	9.2
Criminal problem	52	1.0	128	2.3	900	5.3	574	9.6	1,654	4.9
Child toxic. posit	5	0.1	29	0.5	158	0.9	18	0.3	210	0.6
CARGIVERS										
Pc mental problem	413	7.7	1,034	18.3	2,450	14.4	1,112	18.5	5,009	14.7
Pc alcohol abuse	114	2.1	450	8.0	765	4.5	413	6.9	1,742	5.1
Pc drug abuse	137	2.5	518	9.2	1,426	8.4	612	10.2	2,693	7.9
Sc substance abuse	639	11.9	1,643	29.1	1,646	9.7	739	12.3	4,667	13.7
Pc history of abuse	547	10.2	999	17.7	2,504	14.7	1,109	18.5	5,159	15.2
PARENTING										
Inconsi. phys care	40	0.7	246	4.4	933	5.5	497	8.3	1,716	5.0
Insuf emot support	33	0.6	172	3.0	399	2.3	369	6.2	973	2.9
Inappr. discipline	24	0.4	182	3.2	707	4.2	422	7.0	1,335	3.9
Inadeq. assessment	32	0.6	162	2.9	614	3.6	476	7.9	1284	3.8
Prior injury	89	1.7	191	3.4	663	3.9	362	6.0	1305	3.8
*Pcg gender**										
female	4,616	86	4,673	82.9	14,259	84.2	4,872	81.4	28,420	83.8
male	7,33	13.7	1,942	16.7	2,637	15.6	1,103	18.4	5,415	16.0

**Variable "PCG gender" has 165 missing data*

Case-related characteristics (Table 17 and Table 18). EDV-cases were more likely to be classified as "moderately" or "minimally" severe at intake and much more likely to be reported by the *police* (49.9% vs. 12.8%), compared to other cases. There were differences

in their *CPS history*. More often EDV investigations entered the CPS system for the first time (49.8% vs. 44.8%). Those that had a previous opening, had received services less often (18.9% vs. 24.6%) than in the past.

In terms of immediate harm indicators, similarly to DV-cases, workers found higher rates of issues that posed a threat to child safety in EDV cases: only 75.2% of EDV investigations had no safety threat, compared to 79.8% of other investigations. Again, this was mainly due to the fact that adult violence was the most common threat to child safety (2,053 cases, 6% of total sample) in the total sample. However, when compared to other families, EDV-indicated families were less likely to be found with all the other immediate harm indicators (*physical harm, history of maltreating behavior combined with current circumstances, sexual abuse, basic needs not met, unsafe living conditions, negative behavior toward child*). The only safety concern that occurred more often in EDV families, compared to the other families, was *caregiver substance abuse*. Since the safety assessment detect problematic behaviors of caregivers, and the risk assessment found much higher rate of substance abuse related to secondary caregiver in EDV-cases, this information is more likely to refer to problems of the secondary caregiver as well. *Failure to protect* was a charge in only 144 cases out of 11,018 cases, with a rate similar to investigations for other forms of maltreatment.

With regard to the distribution of *risk factors*, EDV-cases were less likely to have a high or very low number of risk factors than other families, but more likely to have from 4 to 6 risk factors.

Workers classified their *risk level* mostly in the "moderate" or "high" risk category, whereas they were less likely than other investigations to be classified both as "low" or "very high" risk. However, when distinguishing by maltreatment types (Table 18), EDV-only and EDV co-occurring showed several differences were apparent.

In terms of CPS history, EDV-only cases were more likely to be a new case, not known to CPS before. EDV co-occurring cases and families with multiple types of maltreatment were more likely to be chronic cases, with more than one access to the CPS system.

When looking at the number of safety concerns, workers found that EDV-only families were the less likely to cause any safety threat to their children and only rarely they had more than one immediate harm indicator. In these cases, all the safety concerns other than domestic violence were almost absent.

By contrast, EDV co-occurring showed the highest proportion of safety threats (only 68.8% of cases did not have any safety concern, compared to 75.9% in cases with multiple

forms of maltreatment, and 81.1% in families with a single form of maltreatment other than EDV). However dual-violence cases did not appear more complex when compared to other families without EDV, showing similar patterns with regard to proportions of *threats of physical harm* to a child and *previous history of maltreatment*. *Suspected sexual abuse* was noted much less frequently than in families without EDV, as well as *caregiver incapacity to meet child basic needs*. The primary difference was that *substance abuse* appeared to impact child safety more frequently among EDV co-occurring families compared to other families and was also higher the proportion of cases where *emotional instability or cognitive limitations* seriously impaired parenting. The *charge of failure to protect* from immediate serious harm was more frequent in dual-violence cases (2.2% EDV co-occurring) than in other families (0.4% EDV-only, 1% single form of maltreatment other than EDV, 1.9% multiple types other than EDV), but still quite low.

In terms of risk factors EDV-only and EDV co-occurring cases were very different, with EDV co-occurring cases showing patterns more similar to cases with multiple forms of maltreatment other than EDV.

Table 17 Comparison of EDV and non-EDV cases with regard to case-related characteristics

	Investigation for EDV [N=11,018]		**Investigation for other types [N=22,982]**		**Sig.**
	Freq.	% within EDV	Freq	% within non-EDV	
Maltreatment severity					<0.001
extremely	459	4.2	2,690	11.7	
moderately	8,016	72.8	14,571	63.4	
minimally	1,422	12.9	2,525	11.0	
not severe	1,121	10.2	3,196	13.9	
Referral source					<0.001
police	5,496	49.9	2,935	12.8	
court	399	3.6	311	1.4	
other professional	2,180	19.8	6,520	28.4	
school	946	8.6	6,799	29.6	
family	1,227	11.1	2,781	12.1	
community/other	770	7.0	3,636	15.8	
CPS history					<0.001
New case	5,482	49.8	10,293	44.8	
Prior investigation	3,457	31.4	7,035	30.6	
Prior ongoing CPS	2,079	18.9	5,654	24.6	
# safety threats					<0.001
none	8,290	75.2	18,333	79.8	
one	1,755	15.9	3,423	14.9	
two	647	5.9	857	3.7	
three	185	1.7	233	1.0	
four or more	141	1.3	136	0.6	
Safety threats					
Physical harm	250	2.3	1,058	4.6	<0.001
History of maltreating behavior	151	1.4	511	2.2	<0.001
Sexual abuse	32	0.3	303	1.3	<0.001
Failure to protect	144	1.3	280	1.2	0.491
Inadeq. Explan.	13	0.1	151	0.7	<0.001

Refused access	22	0.2	55	0.2	0.472
Basic needs	105	1.0	678	3.0	<0.001
Living condition	98	0.9	381	1.7	<0.001
Substance abuse	470	4.3	552	2.4	<0.001
Adult violence	2,053	18.6	0.0	0.0	<0.001
Neg. tow. child	49	0.4	176	0.8	<0.01
Cognitive limit.	308	2.8	659	2.9	0.708
Child fearful	220	2.0	402	1.7	0.111
Final risk level					<0.001
Low	929	8.4	5,227	22.7	
Moderate	7,336	66.6	12,121	52.7	
High	2,585	23.5	5,145	22.4	
Very high	168	1.5	489	2.1	
# risk factors					<0.001
1-3	2,999	27.2	8,213	35.7	
4-6	5,765	52.3	9,925	43.2	
7-9	1,836	16.7	3,853	16.8	
10-12	360	3.3	850	3.7	
>12	58	0.5	141	0.6	

Table 18 Case-related characteristics by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV

	EDV only		**EDV co-occurs**		**Single form**		**Multiple forms**		**Total**	
	Freq.	%	Freq	%	Freq.	%	Freq.	%	Freq.	%
Maltreat. severity										
extremely	142	2.6	317	5.6	2,136	12.6	554	9.2	3,149	9.3
moderately	4,160	77.4	3,856	68.3	10,938	64.4	3,633	60.6	22,587	66.4
minimally	608	11.3	814	14.4	1,713	10.1	812	13.5	3,947	11.6
not severe	463	8.6	658	11.7	2,197	12.9	999	16.7	4,317	12.7
Referral source										
police	3,374	62.8	2,122	37.6	2,249	13.2	686	11.4	8,431	24.8
court	146	2.7	253	4.5	227	1.3	84	1.4	710	2.1
other professional	828	15.4	1,352	24	4,988	29.4	1,532	25.5	8,700	25.6
school	361	6.7	585	10.4	5,287	31.1	1,512	25.2	7,745	11.8
family	414	7.7	813	14.4	1,887	11.1	894	14.9	4,008	11.8
community/other	250	4.7	520	9.2	2,346	13.8	1,290	21.5	4,406	13.0
Previous CPS										
New case	2,986	55.6	2,496	44.2	8,221	48.4	2,072	34.5	15,775	46.4
Prior investigation	1,631	30.4	1,826	32.3	4,943	29.1	2,092	34.9	10,492	30.9
Prior ongoing CPS	756	14.1	1,323	23.4	3,820	22.5	1,834	30.6	7,733	22.7
# safety threats										
none	4,454	82.9	3,836	68.8	13,781	81.1	4,552	75.9	26,623	78.3
one	846	15.7	909	16.1	2,474	14.6	949	15.8	5,178	15.2
two	70	1.3	577	10.2	525	3.1	332	5.5	1,504	4.4
three	3	0.1	182	3.2	122	0.7	111	1.9	418	1.2
four or more	0	0.0	141	2.5	82	0.5	54	0.9	277	0.8
Safety threats										
Physical harm	0	0.0	250	4.4	722	4.3	336	5.6	1,308	3.8
History of maltr	0	0.0	151	2.7	353	2.1	158	2.6	662	1.9
Sexual abuse	0	0.0	32	0.6	228	1.3	75	1.3	335	1.0
Failure to protect	22	0.4	122	2.2	168	1.0	112	1.9	424	1.2
Inadeq. Explan.	3	0.1	10	0.2	108	0.6	43	0.7	164	0.5
Refused access	4	0.1	18	0.3	39	0.2	16	0.3	77	0.2
Basic needs	0	0.0	105	1.9	430	2.5	248	4.1	783	2.3
Living condition	9	0.2	89	1.6	201	1.2	180	3.0	479	1.4
Substance abuse	0	0	470	8.3	404	2.4	148	2.5	1,022	3.0
Adult violence	798	14.9	1,255	22.2	0	0.0	0	0.0	2,053	6.0

Neg. tow. child	7	0.1	42	0.7	77	0.5	99	1.7	225	0.7
Emot./ Cognit	0	0.0	308	5.5	503	3.0	156	2.6	967	2.8
Child fearful	42	0.8	178	3.2	210	1.2	192	3.2	622	1.8
# risk factors										
0-3	1,881	35	1,118	19.8	6,762	39.8	1451	24.2	11,212	33.0
4-6	2,827	52.6	2,938	52	7,217	42.5	2708	45.1	15,690	46.1
7-9	600	11.2	1,236	21.9	2,456	14.5	1397	23.3	5,689	16.7
10-12	62	1.2	298	5.3	474	2.8	376	6.3	1,210	3.6
>12	3	0.1	55	1.0	75	0.4	66	1.1	199	0.6
Risk level										
low	472	8.8	457	8.1	4,380	25.8	847	14.1	6,156	18.1
moderate	3,990	74.3	3,346	59.3	8,992	52.9	3129	52.2	19,457	57.2
high	880	16.4	1,705	30.2	3,310	19.5	1,835	30.6	7,730	22.7
very high	31	0.6	137	2.4	1,835	1.8	187	3.1	857	1.9

Case dispositions and decisions. A higher percentage of EDV (46.9% vs. 34.2%) cases were verified, namely in those situations where workers found enough evidence to support the allegation of maltreatment. Workers assessed that a lower number of cases investigated for EDV were "unsafe". More EDV-cases were classified as "safe only with intervention" (21.9% vs. 18.2%). As a consequence, higher proportions of EDV cases had interventions to protect the safety of the children, compared to other families, with the exception of placement interventions, both voluntary or not. Those cases were also more likely than the other families to be transferred to ongoing services (25.8% EDV-cases vs. 23.9% non-EDV), but less likely to have placement within one year (2% vs. 5.1%).

Table 19 Comparison of EDV and non-EDV cases with regard to case dispositions and decisions

	Investigation for EDV [N=11,018]		**Investigation for other types [N=22,982]**		**Sig.**
	Freq.	% within EDV	Freq	% within non-EDV	
Allegation verified	5,255	46.9	7,842	34.2	<0.001
Safety decision					<0.001
safe	8,503	77.2	18,264	79.5	
safe + intervention	2,412	21.9	4,173	18.2	
unsafe	103	0.9	545	2.4	
Safety interventions					
Direct intervention of CPS worker	1,897	17.2	3,523	15.3	<0.001
Extended family	1,219	11.1	1,851	8.1	<0.001
Community agencies	690	6.3	922	4.0	<0.001
Non offending cg take responsibility to safeguard child	998	9.1	1,040	4.5	<0.001
Alleged perpetrator to leave the home	663	6.0	235	1.0	<0.001
Non offending cg move to a safe environment	284	2.6	109	0.5	<0.001
Legal intervention (custody..) child at home	157	1.4	132	0.6	<0.001
Other individualized intervention	418	3.8	531	2.3	<0.001
Child voluntarily placed	67	0.6	366	1.6	<0.001
Child apprehended and placed	89	0.8	401	1.7	<0.001

Transferred ongoing	2,839	25.8	5,483	23.9	<0.001
Placement within 1 year	218	2.0	1,163	5.1	<0.001
New referral within 1 year	2,920	26.5	6,146	26.7	0.639
New investigation within 1 year	2,267	20.6	4,848	21.1	0.271
New verified investigation within 1 year	1,158	10.5	2,257	9.8	<0.05

Nevertheless, workers' decisions were very different for EDV-only and dual-violence cases. A "conditionally safe" disposition was considered necessary for 28.7% of "EDV co-occurring" investigations, nearly twice the rate of "EDV only" cases (14.8%). The rate of "conditionally safe" determination in dual violence cases was higher also when compared to families investigated for other types of maltreatment (both single or multiple forms). The proportion of cases classified as "unsafe" was instead lower for both the categories of EDV-only and EDV co-occurring cases, than in investigation for other maltreatment forms (2.9% in multiple types investigations, 2.2% in single form cases, 1.8% within EDV co-occurring cases and only 0.1% in EDV only cases).

All the types of safety interventions showed higher proportion within EDV co-occurring cases than in other families, except for rates of placement.

At the end of investigation EDV co-occurring cases were more likely than any other to have CPS interventions (35.3%), with a proportion more similar to cases with multiple types of maltreatment other than EDV (33.5%). Within EDV-only cases, only 15.8% of investigations were opened for ongoing services, less than other cases investigated for another form of maltreatment (20.4%). As regards placement, the higher rate was found for cases with multiple types of maltreatment (7.3%), followed by single form of maltreatment other than EDV (4.3%), EDV co-occurring cases (3.6%), and very rarely when EDV was the only issue (0.3%).

In terms of outcomes, the difference were much less apparent among categories of maltreatment types, with similar rates of new referral, new investigations and new verified investigations within one year.

Table 20 Case decisions and outcomes by maltreatment types: EDV-only, EDV co-occurring, single forms of maltreatment other than EDV, multiple types of maltreatment other than EDV

	EDV only		**EDV co-occurs**		**Single form**		**Multiple forms**		**Total**	
	Freq.	%	Freq	%	Freq.	%	Freq.	%	Freq.	%
Allegation verified	2,381	44.4	2,774	49.3	5,615	33.1	2,227	37.2	12997	38.3
Safety decision										
safe	4,577	85.2	3,926	69.5	13,726	80.8	4,538	75.7	26,767	78.7
Safe with int.	793	14.8	1,619	28.7	2,885	17.0	1,288	21.5	6,585	19.4
unsafe	3	0.1	100	1.8	373	2.2	172	2.9	648	1.9

Safety intervention										
Direct intervention	588	10.9	1,309	23.2	2,398	14.1	1,125	18.8	5,420	15.9
Extended family	386	7.2	833	14.8	1,272	7.5	579	9.7	3,070	9.0
Community agency	240	4.5	450	8.0	636	3.7	286	4.8	1,612	4.7
Non offending cg take responsibility	308	5.7	690	12.2	776	4.6	264	4.4	2,038	6.0
Alleged perpetrator leave	293	5.5	370	6.6	168	1.0	67	1.1	898	2.6
Non offending cg move	105	2.0	179	3.2	74	0.4	35	0.6	393	1.2
Legal intervention child at home	65	1.2	92	1.6	96	0.6	36	0.6	289	0.9
Indiv. intervention	168	3.1	250	4.4	363	2.1	168	2.8	949	2.8
Child volunt. placed	5	0.1	62	1.1	225	1.3	141	2.4	433	1.3
Child apprehended	3	0.1	86	1.5	280	1.6	121	2.0	490	1.4
Transfer ongoing	847	15.8	1,992	35.3	3,473	20.4	2,010	33.5	8,322	24.5
Placement 1 year	15	0.3	203	3.6	728	4.3	435	7.3	1381	4.1
New referral within 1 year	1,453	27.0	1,467	26.0	4,433	26.1	1,713	28.6	9,066	26.7
New investigation within 1 year	1,102	20.5	1,165	20.6	3,507	20.6	1,341	22.4	7,115	20.9
New verified investigation within 1 year	553	10.3	605	10.7	1,613	9.5	644	10.7	3,415	10.0

5.6 Discussion.

Thanks to the combination of standardized assessment and professional judgment, Ontario jurisdictions seem to be well-positioned to monitor and detect fluctuations in prevalence of domestic violence. Clearer definitions and a more systematic way to record DV indications are useful in order to provide a profile of family functioning and to describe CPS trajectories of these cases. The Ontario Child Abuse and Neglect Data System is able not only to detect DV, but also to distinguish cases in which children were directly involved and whether exposure occurred in isolation or not. The feature of this database allowed answering questions raised in previous studies on domestic violence in CPS caseloads. The profiles of DV-indicated cases and the subgroup of EDV investigations showed similarities and differences, but the overall picture was clearer only after analyzing separately EDV-only cases and dual violence families, where adult violence was found in conjunction with other child maltreatment forms.

DV and EDV families, considered as a whole, showed some characteristics noticed in previous studies (Kim et al., 2008). First, these families tended to be smaller, with younger and less problematic children. With regard to *children functioning*, both DV-indicated cases and EDV-cases showed fewer developmental, physical or behavioral issues, when compared to other families. We have already considered how this information only describes the situation at time of investigation, and it is not useful to understand the consequences of DV for children, that need to be studied in longer follow-up period. Second, in terms of *caregivers functioning*, the most relevant problem in both DV-cases and EDV-cases seemed to be secondary caregiver substance abuse, mainly a problem of the male caregiver.

Information from the risk and safety assessment allowed other interesting and useful considerations about families that struggle with domestic violence and to understand the focus of the CPS workers'. The safety assessment findings provide an early indicator of how the agency responded to the investigation findings. A "conditionally safe" finding indicates that a worker deployed in-home interventions to protect children. An "unsafe" finding more often implies the removal of a child from the home due to threats to his/her safety. In this caseload, DV and EDV cases were more often classified as "conditionally safe", when compared to other families. This was due to the relevant presence of domestic violence as a safety threat in the study sample, the most frequent reason why workers assessed children to be safe only with the intervention of the child protection services. The data also showed how, in both DV and EDV subgroups, the number of safety threats was higher than in other families. This explains why EDV and DV cases, considered as a whole, were more likely than other families to have safety interventions and to be transferred to ongoing services. The percentage of DV and EDV cases that were determined to be "unsafe" was instead lower, compared to other cases. As a consequence, fewer children were placed for safety reasons. This finding is in line with results found in previous studies and can lead to two conclusions: CPS workers seemed to intervene more often in DV cases, since these families are deemed problematic, but they avoid the more intrusive interventions, adopted only in the presence of serious threats to children safety, a less common case in DV or EDV families.

Nevertheless, looking at the subgroups of DV and EDV cases as a whole hides a very important information about the profile of these families, fundamental to explain worker decisions. For example, some individual adverse conditions of the primary caregiver (mental health problem, alcohol abuse, history of abuse during childhood) were found

more frequently in DV or EDV cases than in other families. However, when analyzing separately by maltreatment types (EDV-only, EDV co-occurring, etc.), it was apparent that this feature describes only families in which EDV co-occurred with other forms of maltreatment.

EDV-only cases were the less problematic families, with lower rates of caregiver problems and, according to workers, more rarely in need of CPS interventions than other families, even in presence of similar risk levels. The only characteristic that EDV-only cases shared with EDV co-occurring families was the high prevalence of secondary caregiver problems related to substance abuse. By contrast, EDV co-occurring cases were very complex situations that required intensive service provision. However, even if the number of safety concerns and risk factors was as high as in the case with multiple types of maltreatment other than EDV, the types of intervention were different and the rates of placement were significantly lower for EDV co-occurring investigations. A possible explanation can be found when looking at primary caregivers' characteristics in those families, more likely to suffer for individual adverse conditions, but less likely to have problems related to parenting capacities, compared to families with multiple forms of maltreatment other than EDV. This might have been the reason why workers assessed those cases as in need of child protection services, especially in presence of safety concerns, but not enough serious to decide for an out-of-home placement.

The charge for failure to protect was rare event in this caseloads, made by workers only in 22 investigations for EDV only, in 180 investigations for EDV co-occurring, in 718 investigations for other forms of maltreatment. Failure to protect as a threat to child safety was indicated in only 0.4% (22 cases) of EDV-only cases. Slightly higher was the frequency in EDV cases co-occurring with other maltreatment forms (122 cases, 2.2% of EDV co-occurring cases), similar to the proportion found for other cases with multiple types of maltreatment other than EDV (112, 1.9%). This means that the tendency of CPS workers to charge battered mothers for failing to protect their children is not an issue in these Ontario CPS agencies.

To sum, what this study suggests is that the child welfare system's response to cases involving exposure to domestic violence largely depends on whether it occurs in isolation or with another form of child maltreatment. In general, the type of services provided is related to the kind of problems detected in the family, with more intrusive intervention in case of serious impairment of parenting capacities.

A concern that needs to be further investigated is related to the high number of CPS investigations in EDV-only cases not followed by service provision. This may mean that a lot of false positive are screened-in and investigated only because of the presence of EDV. But it may be also the case that these families are actually in trouble and the Child Protection System is not answering to their need. The next chapter will further analyze these questions.

CHAPTER 6 - DOES DOMESTIC VIOLENCE MAKE THE DIFFERENCE IN INFLUENCING SOCIAL WORKERS' DECISIONS? A CLASSIFICATION AND REGRESSION TREES ANALYSIS

6.1 Introduction

As we know more about the potential negative effect of domestic violence on children, there seems to be a trend to broaden the definition of child maltreatment further to include children's exposure to adult violence. This attention on EDV in child protection has led to positive outcomes, as well as new challenges. On the one hand, there is a stronger capacity to detect the issue previously hidden "behind closed doors" (Straus et al., 1980). At the same time, a dramatic rise in DV related investigations (Edleson et al., 2006) has created controversies and dilemmas in investigative practices and presented agencies with service provision challenges (see Chapter 2). Is violence between partners a problem that requires CPS interventions, given its negative effects on children? Or should the issue be assessed in settings different from CPS agencies, without automatically considering its potential consequences on parenting capacities? How can CPS workers distinguish between situations that require their intervention from those which do not, in order to avoid intrusive investigations?

Two recent cases are often cited in the literature to stress the consequences of an overreaction of the CPS system when dealing with domestic violence. The "Minnesota experience" (Edleson et al., 2006) has often been taken as a debatable example of a state that decided to introduce EDV as a form of child maltreatment, without increasing funding to support the legislation. A resulting increase in the number of reports strained the capacity of child welfare, while women's advocates were arguing that defining EDV as maltreatment was leading to blaming mothers victims of violence. The "Nicholson case" in New York City (Chapter 2) is often mentioned as evidence of the trend in removing children from home in cases involving domestic violence, charging mothers for "failure to protect". These particular experiences should not be used to generalize about ordinary practices. However, their analysis (Chapter 2) is very useful to understand how environmental changes can impact the process of decision-making at the organizational level and how this influences case workers' dispositions.

Other literature in the area of domestic violence (Gordon,1988) support some of the claims against social workers' interventions. These authors have shown how firmly held values in society were easily translated into CPS practices, that in absence of available knowledge were guided by stereotypes and 'common-sense' ideas about domestic violence and its roots. Even if discourses about family violence in CPS have changed over time (Shlonsky et al. 2007), these authors have highlighted how, until recently, mothers were frequently scrutinized for their parenting capacities, even when initial reporting was around their own victimization. Moreover, they were expected to leave their abusive partners and regarded as the parent responsible for continued child exposure to violence (Kantor & Little, 2003).

So far, little work has been done to determine how the cases described in the literature actually correspond to the reality of current practices, with studies based on representative samples. The significant rise in DV related investigations is a recent phenomenon and only in the last decade more studies have been carried out on child protection practices in EDV specifically. This more recent empirical literature may describe a different context that can now count on a well-developed theoretical knowledge about the phenomenon, so that it does not necessarily contradict the previous works.

Evidence from recent quantitative researches (Black et al., 2008; English et al., 2005; Kohl et al. 2005; Lavergne et al., 2011) on CPS caseloads demonstrates that domestic violence is now identified by CPS workers in significant proportions and it is one of the problem that more frequently justifies a CPS investigation, amounting to one third of the overall caseloads . These studies also provide the first results that can help to understand how CPS services are responding to those cases. All of the findings available so far suggest that the presence of domestic violence is not necessarily associated with more intense CPS. For example Black et al. (2008) found that the rate of cases transferred ongoing was lower among EDV-only investigations, and so was the proportion of cases placed. Only cases investigated for both EDV and other forms of maltreatment had much higher rate of interventions. English et al. (2005) found that the screening process excluded a large proportion of these cases from the more intrusive level of investigation, and even fewer situations were considered at high risk. However, if DV indicated cases reached this point in the process, they were more likely to be opened for services and to be placed. In contrast, the study by another team of researchers (Kohl et al., 2005) based on data from a US national survey of CPS caseworkers found that even when DV indicated cases were assessed at higher risk, they did not have higher rates of placement in out-of-home care. Their work also concluded that domestic violence is not strongly associated with

caseworker's decision about keeping a case open to ongoing services or to place children. The other factors that did influence professionals' decisions were a high risk of injury to the child, substance abuse by the primary caregiver and the total number of risk factors in the case. Similarly, English et al. (2002) found in a random sample of 2000 Washington State CPS cases that worker rankings of DV's importance in their decision-making ranged from only 16th to 19th out of a total of 37 possible risk factors. Lavergne (2011), analyzing a sample of 1071 children, reached similar results, concluding that parental risk factors other than domestic violence play a much more important role in the decision-making process.

All the studies just cited, even if based on different definitions and methodologies, led to two similar conclusions. First, CPS agencies are not overreacting in cases of domestic violence, choosing more intrusive interventions only in complex situations with numerous risk factors. Second, it seems that CPS workers now have more instruments to screen the issue of domestic violence. However, further research is recommended by all the authors in order to understand if workers are effectively intervening in cases when DV is detected. A question of concern is that DV is rarely mentioned as a primary influence on workers' decision-making and the proportion of intervention in these cases is lower, while the rate of recurrence (when analyzed) is higher.

Through a quantitative analysis applied on a consistent sample of cases in Ontario CPS, the present study is aimed at contributing to this literature, with two main objectives: (1) understanding which factors, including domestic violence, are associated with workers decisions about whether and how to intervene with CPS services (2) analyzing how the interaction of these factors influences case dispositions to better understand the role of domestic violence when found in conjunction with other issues. CART analysis was chosen as the best method to pursue the latter objective, since it shows complex interactions among predictors in relation to the outcome variable, namely workers' decision to deliver services.

The theoretical framework that oriented this research is Fluke's et al. (2014) decision-making model. The DME offers useful concepts to analyze a range of decisions made by the caseworker through the path of a case followed by CPS and their relationships with outcomes in a particular environment. The present study did not consider how each professional's factor (e.g. values and approaches) influenced their decisions. Even if different agencies and professionals can translate the mandate of the law and societal values in different ways, the objective was to understand if a model of their decision policy

can be recognized, focusing on how variations in key *case factors* (child, caregivers and case characteristics) affect the decisions taken within the particular context of this study. The characteristics of the Ontario Child Protection System are described in Chapter 4, to account for the context in which the definitions of EDV adopted in this study were framed.

6.2 Bivariate relationships between potential predictors and the decision to transfer to Child Protection Services

As highlighted in the previous Chapter, the rate of intervention was generally low. Less than one-quarter of all the investigated cases had CPS services (24.5%). However, differences were found among maltreatment types. Families where EDV was found in conjunction with another form of maltreatment were the most likely to be transferred to CPS (35.3% of times), followed by cases investigated for two forms of maltreatment other than EDV with a percentage of 33.5%. Situations where one form of maltreatment other than EDV was detected were opened 20.4% of times. EDV-only cases had the lowest rate of interventions (15.8%). Among substantiated cases only 31.1% of EDV-only investigations were transferred to ongoing services, compared to a rate of 58.4% for EDV co-occurring cases, 50.1% for a single form other than EDV and 65.7% for multiple forms of maltreatment other than EDV.

This first picture seems to confirm what previous studies found, namely that the proportion of CPS intervention in EDV-only cases is much lower than the average. This can be interpreted as a positive result about CPS practices, often accused to overreact in cases of children exposure. It also suggests that CPS agencies are considering EDV in itself as an issue that does not require CPS intervention in most of the cases, unless it co-occurs with other problems. This Chapter analyzes more deeply the association between the decision to intervene and the presence of risk factors, including EDV, to better understand the importance of this variable in determining professionals decisions, compared to other problems in the family.

The remainder of this section is a summary of the bivariate relationships between the decision to open a case for CPS services after the investigation, and case characteristics, whose interaction will be further analyzed in the subsequent CART analysis.

Children/youths problems (Table 22***)***. All the variables related to children issues showed a statistically significant relationship (< 0.001) with the decision to transfer cases to CPS

services (see Table 22). When "*disability or developmental problems of children"* were present, the proportion of cases that had CPS intervention was higher: 35.9% versus 24.5% (Cramer's V=0.72). A more important influence (Cramer's V=0.17) seemed to have the presence of "*behavioral/criminal problem of children"*. The percentage of cases experiencing this issue sent ongoing was almost twice (43.3%) the average in this dataset (24.5%). The rates of interventions doubled also when "*children were found fearful of caregiver"* (53.4% vs. 23.9%). Workers found only in rare cases (0.6% of the total sample) that "*children were toxicologically positive at birth"*, but those families were sent ongoing 80% of times. This problem is very likely related to caregivers addiction to substance, and this was taken into account when performing the multivariate analysis, where a too strong correlation can hide the global effect of a variable.

Caregivers' parenting capacity (Table 23***).*** All the variables referred to caregivers behaviors that workers considered as an indication of parenting problems showed a relationship with the outcome variable from medium to strong. Some of them seemed to be more significant in determining workers' decision to intervene. When the "*caregivers were not able to meet child basic need"*, "*provided insufficient emotional support"*, or "*failed to protect the child"* the rates of CPS intervention were much higher (approximately 70%) than in situations where those problems were not present. For the first two variables, the value of Cramer's coefficient was higher than 0.2 even if lower than 0.25, indicating a quite strong relationship with the outcome variable. The coefficient for the variable "*failure to protect"* was lower (0.115), indicating a weaker relationship with the outcome. Both the variables "*inappropriate discipline*" and "*inadequate assessment of the incident*" were found associated with the decision to intervene, but the latter considered on its own seemed to be more important; 62.9 % of cases where parents' assessment of maltreatment was not considered adequate were transferred to CPS services, with a Cramer's coefficient equal to 0.177; when the use of inappropriate discipline was detected, 47.2% were sent ongoing, compared to only 23.5 % when this issue was absent (Cramer's V= 0.10).

Caregivers' individual problems (Table 24): Also caregivers' individual adverse conditions were found to have a quite strong relationship with the decision to intervene with CPS services, especially when they were assumed to be threatening the children safety. When *"cognitive or emotional limitations that impair parenting"* were considered concerning, cases were sent ongoing or placed 75.5% of the time, compared to 23%, when this was not detected as an issue. The presence of "*mental health problems*" of primary caregivers made the difference: the rate of CPS interventions was twice the average

(46.3%), and the Cramer's coefficient equal to 0.21. Similarly, when "*substance abuse*" was found as a caregivers' problem, the rate of CPS intervention was almost doubled (43.2% for primary caregiver; 36.9% for secondary caregiver), compared to cases without this characteristic (21.3% and 21.8%). The difference was much larger when caregivers' addiction was considered a threat for children safety. In those situations approximately 70% of cases were sent to CPS services. The relationship of this factor with the outcome variable seemed quite strong, in particular when substance abuse was a problem of the primary caregiver (Cramer's coefficients were 0.22 and 0.18 respectively). "*Primary caregivers history of abuse*" was found associated with the decision to send ongoing, but also correlated to the presence of mental health or addiction problems of caregivers, so that its own effect had to be evaluated in interaction with other characteristics. The correlation matrix also showed how the variable *"cognitive or emotional limitations that impair parenting"* was highly correlated with "*mental health issue*" and "*substance abuse*", and this was taken into account when searching for the best model using multivariate analysis.

Household characteristics **(**Table 25**).** Household characteristics showed a statistically significant relationship with the outcome variable, but weaker compared to variables related to caregivers' factors. When the "*number of children*" in the household increased, so did the rate of ongoing cases, but the Cramer's V was low (0.04). More important in determining discrepancies in proportions of CPS interventions was the "*age of youngest child*": families with younger children had higher rates of intervention (34.1% vs. 21.4%). *"Housing problem"* was a more uncommon characteristic in this caseload, but significantly influenced the rate of ongoing services (70.5% vs. 23.3%), with a relationship of medium importance (Cramer's V=0.17). Hispanic and Aboriginal group seemed to have higher rates of interventions. Given the high rate of missing values the variable "*ethnicity*" was then excluded from the multivariate analysis.

The presence of *"adult/partner violence*", especially when it was considered a safety concern, increased the likelihood of receiving CPS services. Over 50.7% of cases in which adult conflict was considered a threat for children safety were sent to ongoing services, whereas when it was detected as a risk factor only 28% of cases had interventions. These findings suggest that domestic violence does play an important role in determining workers' decision to intervene, but only when it is considered a threat for the child's immediate safety.

Case characteristics **(**Table 26**).** Among all potential predictors, those which showed the strongest relationship with the decision to intervene were "case-related characteristics".

The most important was the fact that workers found evidence to "*verify*" the allegation of maltreatment: only 8% of cases that were not verified were sent ongoing, whereas 51,1% of verified cases had CPS interventions. The Cramer's coefficient was almost 0.5, suggesting a very strong relationship with the target variable.

Also the "*number of safety threats*" and the "*number of risk factors*" played a very important role in determining the decision to intervene. The percentage of cases sent ongoing when no safety issues were present was lower than the average (17.1% compared to an average of 24.5%). When only one threat to child safety was present, the percentage was more than doubled (43.6 %). The rate increased in relation to the number of safety concerns, with 64.2% for cases with two safety threats, reaching a percentage of more than 90% within cases with more than five safety issues. The Cramer's coefficient indicated a strong relationship of this variable with the decision to intervene (0.35).

The proportion within the categories of the variable "*number of risk factors"* (from 1 to 17) is not displayed in Table 26, but showed a similar trend as the "number of safety threats". In other words, the increase in the number of problems led the workers to intervene more and more often. The Cramer's V was even higher than for number of safety threats (0.38).

A weaker but still important relationship was observed between the outcome variable and "*previous CPS involvement*": in particular cases that had already been sent ongoing in the past were much more likely to receive services (40.3% for cases previously sent ongoing, compared to 22.2% when cases were only investigated but not opened to CPS services).

Also *"present harm to a child"* (48.9% vs. 23.5%) determined higher rates of intervention, as well as an *"history of past harm to a child"* (41.5% vs. 23.8), even though the latter predictors showed a weaker relationship, as suggested by the lower Cramer's V and Chi-square values (0.11 and 0.07 respectively).

From the first stage of the analysis, some patterns are apparent. First, the variables that seemed to have the most significant impact on workers dispositions were those related to what in this study are named as "case characteristics", namely, in order of importance, the possibility to verify a case and the presence of multiple safety threats and risk factors.

The disposition "verified" is used to identify reports where the investigation yields sufficient evidence to conclude that maltreatment occurred. Substantiation dispositions are based on caseworker assessments of harm to the child and evidence to support a case of child maltreatment, so that not surprisingly it is highly associated with the decision to open

a case. Substantiation means that a CPS worker has concluded that child maltreatment as reported exists. This is not a decision about whether a child is in danger. Maltreatment can have occurred or even be occurring yet the child can be safe. Alternatively maltreatment may not have occurred in a case yet the child is unsafe. If an investigation is substantiated a decision must also be made as to whether or not the child is in need of protection and how that protection is best achieved. In these jurisdictions it seems that the substantiation disposition heavily influence the decision to provide services. It may be hard to open a case for services when allegations are not verified, for example every time that a family refuses services.

In line with previous studies, the analysis seems to confirm that the higher the number of risk and safety factors, the more likely the cases were to be opened for ongoing services. This may suggest that neither the presence of domestic violence, nor of other risk factors made the actual difference if considered on their own, but a combination of multiple problems influenced case dispositions. Looking more closely at the relationship between individual factors and workers dispositions, another significant difference can be detected. When issues were considered of concern for children safety, the rate of intervention was much higher than the average. This was true for domestic violence, but also for other problems in the family, for example caregivers' addiction. In addition, all the issues that were impairing parenting capacities seemed to count more in determining service delivery. By contrast, when problems were assessed as contributing to the likelihood of future maltreatment, but not of immediate concern, the proportions of cases sent ongoing were lower.

Also the history in the CPS system mattered. It could be that cases with previous CPS interventions were actually more complex and needed more services, but also that workers could be influenced by decisions taken in the past, independently from the actual risk. The risk assessment tool lists previous investigations and previous ongoing services as two risk factors for future maltreatment. Workers appeared to be more conditioned by a previous disposition to open a case for ongoing services.

To summarize, the presence of domestic violence seemed to have a role in increasing the likelihood of intervention, as it was for all the other problems detected in the family. However, two conditions mattered most. First, if those problems were posing an immediate threat to the child. Second, if those issues were found in combination.

The multivariate stage of analysis will help to clarify the interaction among different factors in determining workers decisions.

6.3 Using CART to model the decision to transfer ongoing

CART was used to analyze more deeply how the potential predictors interacted in determining the caseworkers' decision to intervene with child protection services.

Three different models were tested. Model 1 included only factors related to children and caregivers, to understand which specific characteristics in the family led workers to decide for a CPS intervention. Model 2 included only "case characteristics", to highlight the influence of factors that were not related to each family members, but were the result of several subsequent assessments and determinations within the Child Protection System: whether or not the cases were previously known to CPS, who referred the case, whether or not enough evidence was found to verify the allegation, how many safety concerns and risk factors were detected. Model 3 included all the potential predictors.

These models were compared with one another, calculating 1) the Brier index, to measure the accuracy of prediction and 2) a Receiver Operating Characteristic (ROC) to measure how well the models discriminate among cases. Model 2 showed the best performances: a good capacity to discriminate, good predictive power, including a fewer number of variables. Model 1 showed weaker performances, but it provided interesting results in showing interactions among family characteristics. Model 3 included the highest number of variables, leading to a very complex tree, without adding much predictive power. The following table allows the comparisons of the three models' performances.

Table 21 Comparison of the performances of Model 1, Model 2 and Model 3

	Model 1	**Model 2**	**Model 3**
Brier Test sample	0.145	0.117	0.116
Brier Training sample	0.143	0.114	0.109
ROC Test sample	0.774	0.870	0.871
ROC Training sample	0.781	0.875	0.882

The information reported in the next sections are referred to the Test Sample: it included 17,001 cases (50% of the total sample) and it was used to test the predictive model generated through the Training Sample.

Model 1. To build Model 1, several different combinations of child, caregivers and household characteristics were tested, to explore their contribution to the outcome variable.

a) The most important factor in predicting workers' decision to intervene (See Figure 9) was *"caregiver does not provide care for child basic need"***.** Its presence alone (Terminal Node 6) led to a 48.8% of cases transferred to CPS, whereas when it occurred in conjunction with other problems that affect parenting, the rates of interventions were all over 80%. More specifically, CART found a second branch splitting by *"primary caregiver substance addiction"*, and then showed its interaction with *"child age"* in predicting rate of intervention. 92% of cases were sent ongoing when the primary caregiver was not able to provide care for basic needs, had problems with addiction and the children in the home were younger than two years old (Terminal Node 2). When kids were older than two years, families in which substance abuse posed a safety to children were sent ongoing in 88.6% of cases (Terminal Node 4) compared to 79.6% of cases (Terminal Node 5) where substance abuse was present, but it had no consequences for the safety of the children. When substance abuse was not an issue, three other factors interacted with caregiver incapacity to meet children basic needs, influencing workers' decision: 1. the presence of *"caregivers cognitive/emotional limitation that posed a threat to child safety"* led to intervene in 89.5% of cases (Terminal Node 1); 2. if *"caregiver did not provide enough emotional support"* to children, 86.9% of cases (Terminal Node 3) were sent ongoing; 3. when the *"house was not safe"*, 93.8% of families had CPS interventions (Terminal Node 7).

b) The rates of CPS interventions when caregivers were assessed as able to meet child basic need (Figure 10) were generally lower, but again influenced by the presence of caregivers' problems that may have impaired parenting. For this branch CART found that the best second split was by "*primary caregiver mental health issues"*, with an intervention rate that ranged from a low of 29.8% percent (Terminal Node 14), when mental health issues occurred in isolation, to a high of 81.6 percent (Terminal Node 10) for cases that, in addition to mental illness, had *"caregiver addiction problems"* that were causing a threat to child safety. Other factors in combination with a mental health issue contributed to determine a rate of intervention higher than the average (24.5%). These included: 1. the presence of *"cognitive or emotional limitation that posed a threat to child safety"***,** that led workers to intervene in 74% of cases (Terminal Node 8)**;** 2. *"inadequate caregiver's*

*assessment of maltreatment"***,** that determined a rate of intervention of 59.7% (Terminal Node 9); 3. the presence of *"adult violence as a threat to children safety"* (60.3% of cases, Terminal Node 12); 4.when *"caregiver did not provide enough emotional support"* to children (61.5%, Terminal Node 13).

c) A **"***caregiver's inadequate assessment"* (Figure 11) of the event of maltreatment was another relevant factor that influenced workers decision, in the absence of other concerning problems such as *"caregiver not able to meet children basic needs"* or *"caregiver mental issues*". In those cases the rate of CPS intervention ranged from 37.9% (Terminal Node 18) when it was the only problem, to rates approximately around 70% when it was found in conjunction with *"adults/partners violence as a safety threat"* (Terminal Node 15), *"insufficient emotional support"* (Terminal Node 16) and *"youth criminal behavior"* (Terminal Node 19, n=48).

d) The program found another significant split by *"adult/partner violence"* (Figure 12), but its specific features made the difference in determining rates of intervention. CART split the test sample in a first subgroup, including situations where domestic violence posed a safety concern, and a second subgroup, including cases where domestic violence was not present or indicated as a risk factor. In the first subgroup, the rates of CPS intervention were higher (42% vs. 16.5%), reaching a rate of more than 50% when the variable interacted with *"secondary caregivers' substance abuse"* (Terminal Node 22), reaching a percentage of 66% (Terminal Node 22) when *"children younger than 2 years"* were present.

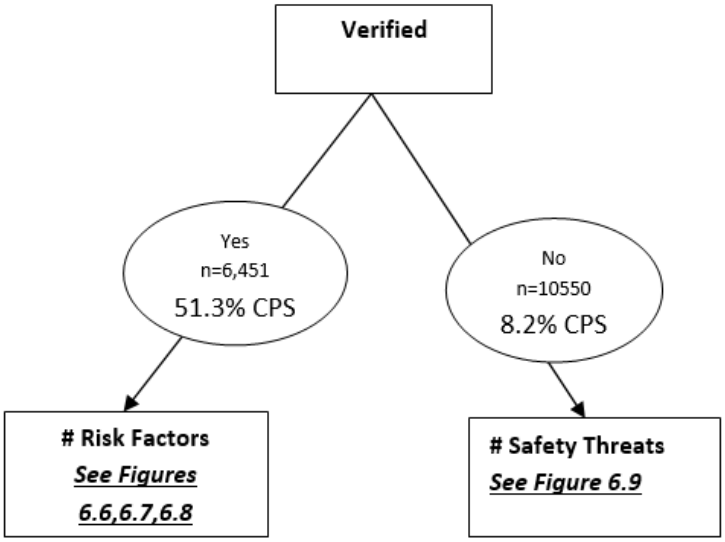
Looking at the second subgroup, it is apparent that the presence of domestic violence detected as a risk factor, but not considered as a concern for the child safety, was not a very important element in determining workers' disposition. The overall percentage of CPS intervention in this subgroup was 16.5%, lower than the average. Again, the program showed complex interactions with other variables that highlighted the difference in workers' decision, depending on whether or not domestic violence co-occurred with other issues. Terminal Node 33, that includes 38.1% of the total sample (n=6481), was the subgroup of cases less likely to have CPS intervention (8.3%), due to the absence of caregiver problems and of domestic violence as well. The rate of intervention was still lower than the average, but doubled (16%) when *"domestic violence"* was considered as a risk factor for future maltreatment, not associated with other problems of children or

caregivers (Terminal Node 34). The proportions were higher when *"domestic violence"* was found in interaction with *"caregiver substance abuse"*, with a rate of 36% (Terminal Node 27) of situation transferred to CPS, compared to a percentage of 26.4, for cases where domestic violence was not present (Terminal Node 26). Whether or not domestic violence was present as a risk factor, cases were more likely to be transferred to CPS, when: 1.*"caregiver substance abuse"* posed a safety threat to *children younger than 2 years* (80%, Terminal Node 28) or was detected as a risk factor for future maltreatment (45.7%, Terminal Node 29); 2. where workers assessed that *caregiver was not able to provide emotional support* (55.7%, Terminal Node 25), and 3. when *"youth criminal and behavioral problems"* were found associated (63.9%, Terminal Node 24).

Model 1 confirms what had already been identified as patterns through the bivariate analysis. Among family characteristics, those that impact parenting and pose a threat to child safety led to very high rate of interventions. Using CART, we are now able to understand which particular combination of factors influence the decision to open a case for CPS. The main concern for those professionals was that caregivers were not able to meet their children basic needs, with rates of intervention from 80 to 90 %. Rates from 70% to 80% were observed when a mental health issue of the primary caregiver was found in conjunction with substance abuse as a safety threat, or with domestic violence as a threat for children, or when it was considered as a problem that was impairing the ability to care for children. Partner/adult violence as a safety concern associated with caregiver's mental problem, an inadequate assessment of maltreatment, or secondary caregiver substance abuse led to high rates of intervention (from 60 to 70%) as well.

Model 2. A more parsimonious model was found using only case-related characteristics: a) *"case verified",* when workers found enough evidence to say that maltreatment actually occurred b) *"type of maltreatment"*, a variable created to better understand workers' decisions in cases where EDV occurred in isolation or in conjunction with other forms of maltreatment c) the *"number of risk factors"* d) the *"number of safety threats"*.
The most important factor in predicting cases transferred to CPS or closed was *"case verified"* (Figure 8). Among cases "not verified", only 8.2% of the test sample went ongoing, whereas the majority of those cases (91.8%) were closed. By contrast, "verified" situations were opened for services half of the times: 48.7% were closed, 51.3% were transferred to CPS services.

Figure 8 CART Model 2. 1st split by "Allegation verified"(N=17,001)



As shown in Figure 8, the closest competitor variables for the initial split were *"number of risk factors"***,** when cases were verified, and *"number of safety threats"* for cases not verified. This may suggest that when there was not enough evidence to substantiate a case (cases not verified), workers decided to intervene mainly in presence of immediate concern for child safety. Given this difference in branching, I am going to describe "verified" and "not verified" cases separately.

Verified cases. Figure 13 and Figure 14 depict the rates of interventions with a low number of risk factors (less than 4). With one or no risk factor, the rate of interventions (13.4%, Terminal Node 1) was much lower compared to the average (51.3%) among "verified cases". With two risk factors, the proportion of intervention for cases with multiple types of maltreatment other than EDV was around the average and twice (51.4%, Terminal Node 2) the one for cases where EDV co-occurred with other maltreatment types (28.3%, Terminal Node 3). This suggests that with fewer risk factors EDV co-occurring cases were considered less serious than those investigated for multiple forms of maltreatment. In cases where only one form of maltreatment was indicated (both EDV or another maltreatment type), a higher rate of intervention was found only in presence of safety concerns (41.8% vs. 22.6%; Terminal Nodes 4 and 5).

For cases with 3 or 4 risk factors (Figure 14), the best split was found by *"maltreatment type"*. The program found a subgroup of situations where EDV was the only issue with a rate of intervention much lower than the average of verified cases, even in the presence of concerns for the immediate safety of the child (39%, Terminal Node 8). In the other

subgroups, including single types of maltreatment other than EDV or multiple types of maltreatment (including EDV or not), CART found higher rate of interventions, in the presence of safety threats (59.6%, Terminal Node 6), or of more than three risk factors (52.9%, Terminal Node 10).

Figure 15 shows the decisions made in more complex situations, with more than 4 risk factors. What is apparent is an interaction between the two variables *"number of risk factors"* and *"number of safety concerns"*: the higher their number, the higher the rates of interventions. In the presence of safety threats, the rates of service delivery were all above 80% (Terminal Nodes 15,16,17), with the exception of cases with only one safety concern and less than 6 risk factors, with a rate of 68.6% (Terminal Node 14). In situations where no issue was considered of concern for the child safety, the CRT program found the best split using *"maltreatment types"*. EDV-only cases were less likely to have CPS intervention, compared to the other types of maltreatment, with higher rates in relation to a higher number of risk factors (40.8% with more than 5 risk factors, Terminal Node 12; 33.7% with 5 risk factors, Terminal Node 13), but always lower than the average for verified cases. For cases with a single form of maltreatment other than EDV or multiple types co-occurring the proportions of interventions almost doubled, but again were influenced by the number of risk factors. 82.3% with more than 7 risk factors (Terminal Node 19), 67.8% with 7 risk factors (Terminal Node 18), 63.4% with 4 to 6 risk factors (Terminal Node 11).

To sum, for verified cases, in situations with less than two factors, only cases investigated for multiple forms of maltreatment other than EDV had a rate of intervention similar to the average, whereas the other maltreatment types were closed most of the time, unless safety concerns were detected. EDV co-occurring cases and cases investigated for one form of maltreatment other than EDV showed similar patterns when safety concerns or a high number of risk factors were present. By contrast, EDV-only cases always had lower rates of services, even if the proportions varied in relation to the number of risk factors.

Cases not verified (Figure 16***)***. In situations where workers did not found enough evidence to support the allegation of maltreatment, the average rate of CPS intervention was 8.2% (Figure 5). However, it varied greatly in relation to the complexity of the cases. Higher percentages were found when at least an issue that justified a concern for the child safety existed, from a low of 11.7% (Terminal Node 19) for cases with fewer risk factors, to a high of 47% (Terminal Node 24) in presence of more than 7 risk factors. In absence of

safety concerns, the rate was lower, but the program distinguished different subgroups in relation to the number of risk factors and maltreatment types. With 7 or more risk factors the rate was higher (28.3%, Terminal Node 22) than the average for these cases. In presence of fewer risk factors (less than 7) situations investigated for a single form of maltreatment were less likely to have interventions (3.1% of times in presence of less than 5 risk factors, Terminal Node 21; and 9.3% with less than 7 factors, Terminal Node 26) compared to cases with multiple forms of abuse and neglect (with a rate of 8.1% with 5 or less risk factors, Terminal Node 19; and 19.9% with 7 factors, Terminal Node 25).

Model 2 clearly shows that first of all social workers were influenced by the presence of enough evidence to verify the event of maltreatment. Only rarely they intervened in cases not verified, and this happened in the presence of a combination of safety threats and a high number of risk factors (more than six). Among not verified cases the type of maltreatment mattered: situations with multiple forms of maltreatment were twice more likely to be opened than those investigated for one form of abuse or neglect. Half (51.3%) of the cases verified were instead opened for ongoing services. Among these cases, the main concern of workers was the presence of at least one issue that put at risk the immediate safety of the child. The rate of intervention in those cases doubled, from a low of around 40% for cases with fewer risk factors and investigated for one form of maltreatment only, to a high of 89.2% in the presence of more than seven risk factors. With no safety concerns, a higher number of risk factors (more than five) led to higher rate of interventions, from around 60% to 82.3% when more than seven risk factors were detected. EDV-only cases were an exception, with rates of intervention always lower than the average for verified cases. The presence of safety threats or of a number of risk factors higher than five led to intervene in 40% of EDV-only cases. When there were no concerns for children safety and the number of risk factors was low, verified EDV-only cases were opened only 20.7% of times.

6.4 Discussion

Social work practice is often challenged by complex and emotionally difficult situations, in which the rights of different stakeholders are competing. Caseworkers are expected to exercise well-informed and consistent judgment, but in their everyday practice they often rely on limited information, time and resources (Fluke et al., 2014). Perhaps one of the most contentious area in social work practice is the issue of child protection and domestic

violence. CPS workers have been blamed at the same time for being too intrusive, but also for not doing enough to protect children exposed and the adult victims of violence. Nowadays, findings from research on the phenomenon and the parallel development of practice guidelines are able to orient more effectively CPS interventions.

The present empirical analysis was carried out in six Canadian jurisdictions in the Ontario province, where recently a structured decision-making model has been introduced, guiding workers practices with specific recommendations about interventions in cases of domestic violence. Still there is no dedicated tool to assess the particular strengths and needs of families struggling with DV. Nevertheless, the available instruments provide detailed definitions of the issue, reinforcing the capacity to assess the problem in different stages of CPS interventions.

The results of this study confirm that domestic violence is not necessarily associated with intrusive or punitive practices. As other authors have shown (Black et al., 2008), it is the complexity of a case, namely the presence of multiple forms of maltreatment, including EDV, that made the difference in determining higher rates of interventions. This can be interpreted as a positive result about CPS practices, often accused to overreact in cases of children exposure. However, other authors (Lavergne et al., 2011) highlighted the opposite problem, namely DV does not seem considered as a relevant factor in determining the decision to help a family.

This work had the aim to investigate more deeply the association between workers' dispositions and the interaction of DV and other issues. The use of CART in the multivariate stage of the analysis allowed showing these dynamics more clearly. The findings were partially different from those of other studies: domestic violence did matter in influencing the decision to intervene, even if at certain conditions. When DV was detected as a safety threat, the rates of intervention were actually higher than the average (24.5%), from a low of 37.9% in absence of other problems, to a rate from 60% to 70% when it co-occurred with other issues. More specifically, CART showed that workers' decisions were influenced by the interaction of DV with parents' inadequate assessment of maltreatment, mental health issues of the primary caregiver, secondary caregiver substance abuse and by the presence of younger children.

By contrast, when domestic violence was detected as a risk factor, but not as a concern for the children safety, it was not so important in determining workers' dispositions, even if, again, the rates of interventions varied in relation to the presence of other problems in the family.

It was also apparent that the behavior of this variable in determining workers' decision to intervene was similar to that of other issues. Only when those problems were (according to workers) threatening the safety of the children or seriously impairing parenting capacities, did they lead to higher intervention rates; whereas, when they were detected as risk factors, they influenced the decision to intervene only when found in combination. Therefore, what mattered were both the quality and the quantity of the issues detected in the family, including DV.

EDV-only cases always had lower rates of interventions, even if proportions varied greatly in relation to the characteristics of the case. Chapter 5 has described the profile of those cases, that may partially explain this finding: in EDV-only cases both children and caregivers had fewer problems, so that they may be less in need of protective services. Another explanation could be that CPS workers did not consider their intervention as necessary in cases of exposure to adult violence, in absence of other problems. The "Ontario Child Protection Standard" clearly explicates the same concept, specifying that a referral in which the only allegation is EDV does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. This document asks workers to carefully asses the actual degree of children involvement and the level of child maltreatment and emotional harm to decide whether or not to intervene. In addition it recommends to offer community-based services if the assessment of risk in not high and it does not detect other severe issues.

In line with these recommendations, workers did not consider the presence of a singular risk factor as inherently harmful, rather they were involved in a complex decision-making process in which different factors interacted, prioritizing the most complex cases. Since, according to some literature, it is actually an "adversity package" (Rossman, 2000), namely the presence of multiple stressors, that negatively influence children outcome, these jurisdictions seem to be going in the right direction. Nevertheless, a question may be raised with regard to the high number of investigated cases, closed without having services. If unnecessary, also an investigation can be perceived as intrusive in the life of a family. This outcome may be the way in which these jurisdictions are responding to the main dilemma in EDV cases: avoiding intrusiveness, running the risk not to detect important needs of these families, versus the choice to detect and investigate potential problems caused by adult violence. It seems that workers are considering EDV, as well as other risk factors, as potential problems, so that they investigate many situations, but most of the time they close them if there are no serious immediate concerns.

The most important factor in determining the decision to intervene was the possibility to substantiate maltreatment. Substantiation means that a CPS worker has concluded that child maltreatment as reported exists, but it is not a decision about whether a child is in danger. In most states a verified report does not automatically mean that the case will be opened for services. An event can happened but the children may not be in danger. In the same way, an unsubstantiated allegation does not necessarily bar a child and family from receiving CPS services. Nevertheless, in these Ontario agencies the substantiation disposition seems to highly influence workers' decision to open a case. Social workers provided intervention in around half of the verified cases. By contrast, the large majority of cases not verified was closed, unless there were safety threats.

To open a case for services without enough evidence may be not impossible, but very difficult. If a maltreatment case is not substantiated, parents may be less inclined to work with CPS or seek other services. In addition, the substantiation process could affect service utilization by influencing caseworkers' and caregivers' judgments: if workers find insufficient evidence to support maltreatment and therefore do not substantiate a case, they might also decide CPS services or other referrals are not needed. However, this may be a problem if we consider that child maltreatment is a very complex and dynamic family phenomenon. It comes in various qualities, kinds, degrees, duration, and interpretations (see Chapter 1). It includes a one-time incident in an otherwise healthy family to a chronically neglectful family living what has become an intergenerational lifestyle. It is true that in cases which involved threats to a child's safety, maltreatment is often, if not usually, apparent. However, this is not always true and there is evidence (see Chapter 7) that a significant number of reports are unsubstantiated however the children are in danger.

The decisions of these workers may be explained also in relation to broader legal, judicial and social work developments that changed the welfare system in Canada (Bala, 1999) in the last three decades. The implementation of "family preservation" polices in the 1970s; the introduction of significant budget cuts in the 1990s, that reduced the availability of preventative and support services for families; an increased public scrutiny on child maltreatment and child deaths, with a greater emphasis on the "rights to protection and safety" (Bala,1999). What is apparent here is that not only family members characteristics but also the broader context matter in influencing the decision to provide services. Whether or not, in relation to this particular context and the mandate, these agencies and professionals are going in the right direction can be tested only examining cases outcomes,

namely whether or not these families are being helped. This will be the objective of the following Chapter.

The findings from this study have significant implication for the evaluation of CPS practice. First, contrary to popular mythology, workers' are not being intrusive just because of the presence of domestic violence: the complexity of a situation is what determines their level of intrusiveness. Second, contrary to findings of other studies, these workers are not underestimating the problem of domestic violence, compared to other issues. Third, all the problems detected, including DV, are not assumed as inherently harmful, but particular combinations of them influence CPS dispositions. Lastly, professionals are choosing to provide CPS services only in a quarter of the situations they investigate; this is related to the presence of multiple risk factors, immediate safety concern, but also to the availability of enough evidence to demonstrate that maltreatment actually happened.

In general, these data suggest that CPS workers were generally accurate in assessing the presence of DV and prioritizing the most complex situations, as suggested by the literature and provincial guidelines. In decision-making studies a systemic perspective allow including both the variables related to family problems and those that describe the broader organizational context. Further analysis is needed to analyze the interaction of these factors, dispositions and the outcome of CPS cases, in order to understand whether or not workers decisions are effective in preventing bad outcomes for the welfare of children, both recidivism or useless intrusive interventions.

Table 22 Children problems by case decision (cases ongoing or closed after investigation)

		Ongoing (%)	Closed (%)	N
Overall		24.5	75.5	34,000
Disability /develop. problem *(X2=176.3 ; p-value= <0.001; V=0.07)*				
	No	23.6	76.4	31,657
	Yes	35.9	64.1	2,343
Behavioral/criminal problem *(X2=977.6; p-value =<0.001; V=0.17)*				
	No	21.7	78.3	29,560
	Yes	43.3	58.7	4,440
Child toxic positive at birth *(X2= 352.3; p-value =<0.001; V=0.10)*				
	No	24.1	75.9	33,790
	Yes	80.0	20.0	210
Child fearful of caregiver (*X2= 286.2; p-value =<0.001; V=0.09)*				
	No	23.9	76.1	33,378
	Yes	53.4	46.6	622

Table 23 Caregivers parenting capacities by case decision (cases ongoing or closed after investigation)

		Ongoing (%)	Closed (%)	N
Overall		24.5	75.5	34,000
Cg does not meet child basic need *(X2= 1,774.0 ; p-value=<0.001; V=0.22)*				
	No	22.2	77.8	32,284
	Yes	67.1	32.9	1,716
Cg failure to protect *(X2=452.8; p-value=<.001; V=.11)*				
	No	23.9	76.1	33,576
	Yes	68.6	31.4	424
Pcg provides insuff. emotional support *(X2= 1,505.3 ; p-value=<0.001; V=0.21)*				
	No	22.9	77.1	33,027
	Yes	77.2	22.8	973
Cg inappropriate discipline *(X2=387.8; p-value=<0.001; V=0.10)*				
	No	23.5	76.5	32,665
	Yes	47.2	52.8	1,335
Cg inappropriate assessment of maltreat. *(X2= 1,067.3; p-value= <0.001; V=0.17)*				
	No	23.0	77.0	32,716
	Yes	62.9	37.1	1,284

Table 24 Caregivers individual problems by case decision (cases ongoing or closed after investigation)

	Ongoing (%)	Closed (%)	N
Overall	24.5	75.5	34,000
Cognitive/emotional limitation *(X2=1,401.2; p-value=<0.001; V=0.20)*			
No	23.0	77.0	33,033
Yes	75.5	24.5	967
Pcg mental health problem (past/current) *(X2=1,518.5; p-value=<0.001; V=0.21)*			
No	20.7	79.3	28,991
Yes	46.3	53.7	5,009
Pcg substance abuse *(X2=1,656.6; p-value=<0.001; V=0.22)*			
No	21.3	78.7	30,042
Substance abuse+parenting impaired	73.3	26.7	675
Substance abuse only	43.2	56.8	3,283
Scg substance abuse *(X2=1,099.6; p-value=<0.001; V=0.18)*			
No	21.8	78.2	29,333
Substance abuse+parenting impaired	69.0	31.0	607
Substance abuse only	36.9	63.1	4,060
Cg history of abuse *(X2=1,264.1; p-value=<0.001; V=0.19)*			
No	21.0	79.0	28,841
Yes	44.1	55.9	5,159

Table 25 Household characteristics by case decision (cases ongoing or closed after investigation)

		Ongoing (%)	Closed (%)	N
Overall		24.5	75.5	34,000
Number of children *(X2=78.3; p-value=<.001; V=0.04*)				
	1-3	23.7	76.3	29,637
	4-6	29.0	71.0	4,024
	7-9	37.0	63.0	305
	10-12	23.5	76.5	34
Age of youngest child *(X2=540.8; p-value= <.001; V=0.12)*				
	Under 2 years	21.4	78.6	25,846
	2 or older	34.1	65.9	8,154
Adult/partner conflict in the home *(X2=1,000.6; p-value=<.001; V=0.17)*				
	No	20.7	79.3	22,838
	DV safety concern	50.7	49.3	2,053
	Dv only	28.0	72.0	9,109
Housing problem/unsafe *(X2=1,012.5; p-value= <.001; V=0.17)*				
	No	23.3	76.7	33,137
	Yes	70.5	29.5	863
Ethnicity *(X2=667.3; p-value=<.001; V=0.14)*				
	white	29.6	70.4	9,706
	hispanic	34.3	65.7	770
	black	24.7	75.3	1,623
	asian	22.9	77.1	2,346
	aboriginal	35.5	64.5	346
	multicultural	27.8	72.2	10,143
	unknown	15.8	84.2	9066
Had Aboriginal child *(X2=33.1; p-value=<.001; V=0.03)*				
	No	24.3	75.7	33,352
	Yes	34.1	65.9	648

Table 26 Case-related characteristics by case decision (cases ongoing or closed after investigation)

	Ongoing (%)	Closed (%)	N
Overall	24.5	75.5	34,000
Prior injury to a child *(X2=213.5 ; p-value=<0.001; V=0.07)*			
No	23.8	76.2	32,695
Yes	41.5	58.5	1,305
Serious physical harm in current investigation *(X2=440.0; p-value=<0.001; V=0.11)*			
No	23.5	76.5	32,692
Yes	48.9	51.1	1,308
Maltreatment type: single form/co-occurrence *(X2=991.4; p-value=<0.001; V=0.17)*			
EDV only	15.8	84.2	5,373
EDV co-occurring	35.3	64.7	5,645
Other type (single form)	20.4	79.6	16,984
Multiple types (other than EDV)	33.5	66.5	5,998
Previous CPS involvement *(X2=1,402.0; p-value=<0.001; V=0.20)*			
New case	18.2	81.8	7,733
Previous investigation	22.2	77.8	10,492
Previous ongoing	40.3	59.7	15,775
Number of safety threats *(X2=4,276.8; p-value=<0.001; V=0.35)*			
none	17.1	82.9	26,623
1	43.6	56.4	5,178
2	64.2	35.9	1,504
3	73.9	26.1	418
4	84.4	15.6	160
5 or more	95.7	4.3	117
Number of risk factors *(X2=5,111.8 (11); p-value=<0.001; V=0.38)*			
Referral source *(X2=767.3; p-value=<0.001; V=0.15)*			
police	22.9	77.1	8,431
court	26.5	73.5	710
professionals	33.4	66.6	8,700
school	16.4	83.6	7,745
community	24.5	80.5	4,406
family	29.1	70.9	4,008
Allegation verified *(X2=8,045.5; p-value=<0.001; V=0.48)*			
verified	51.1	48.9	12,997
not verified	8.0	92.0	20,931

**Variable "Allegation verified" has 72 missing data.*

Figure 9 CART Model 1. 1st split by "Parents does not meet child basic needs"(N=17,001)

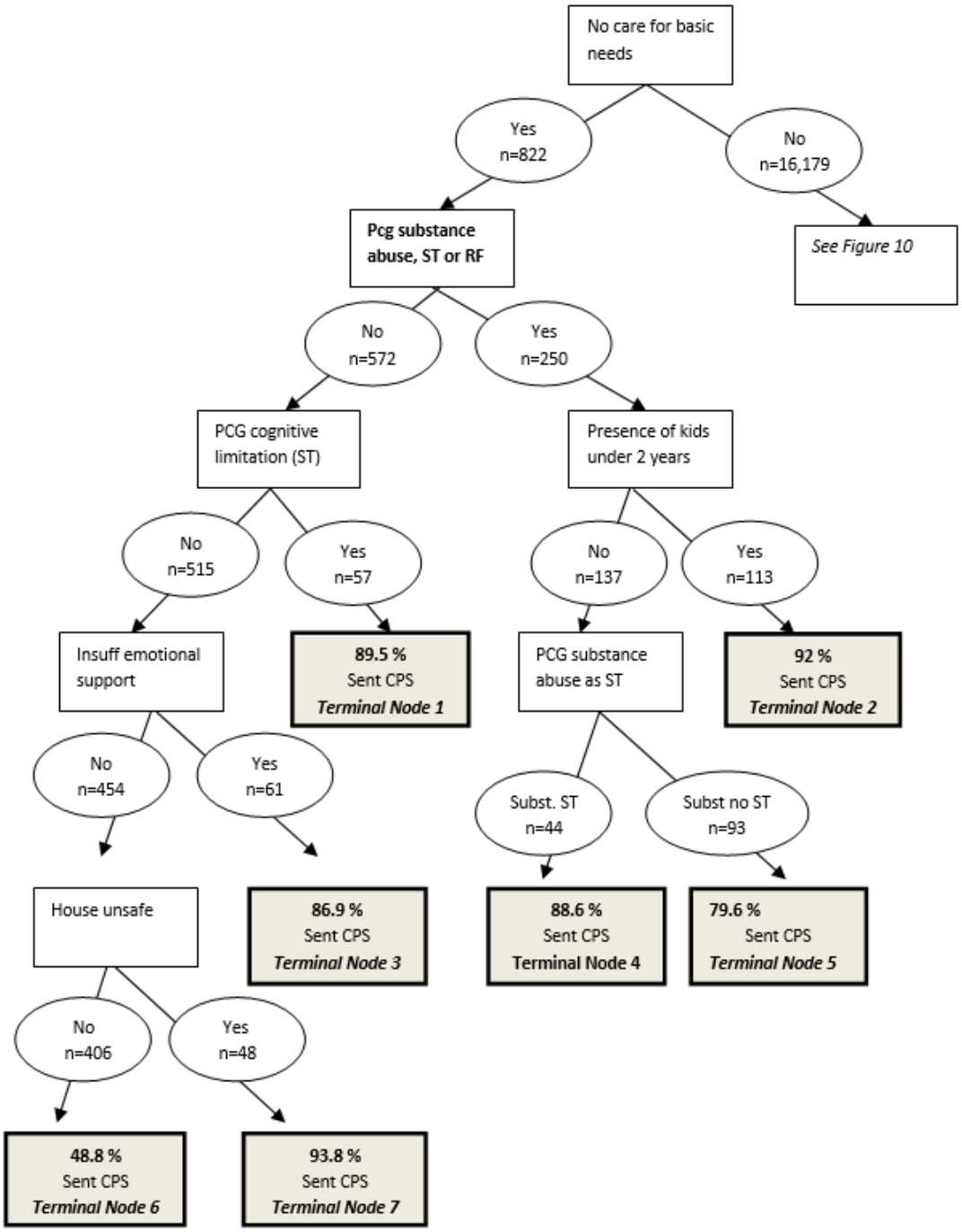


Figure 10 CART Model 1. 2nd split by "Primary caregiver mental problems" (N=17,001)

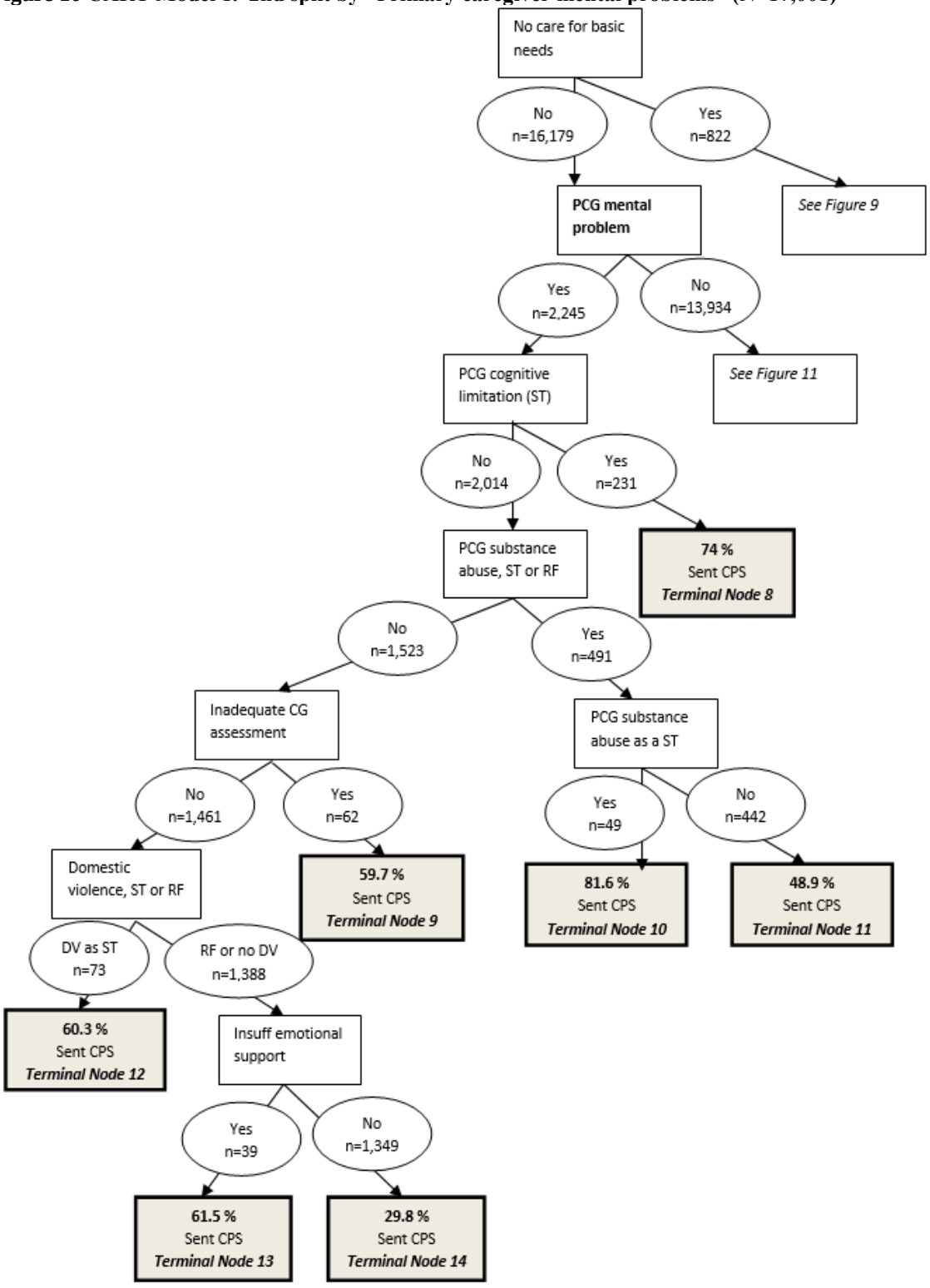


Figure 11 CART Model 1. 3rd split by "Caregiver inadequate assessment of maltreatment" (N=17,001)

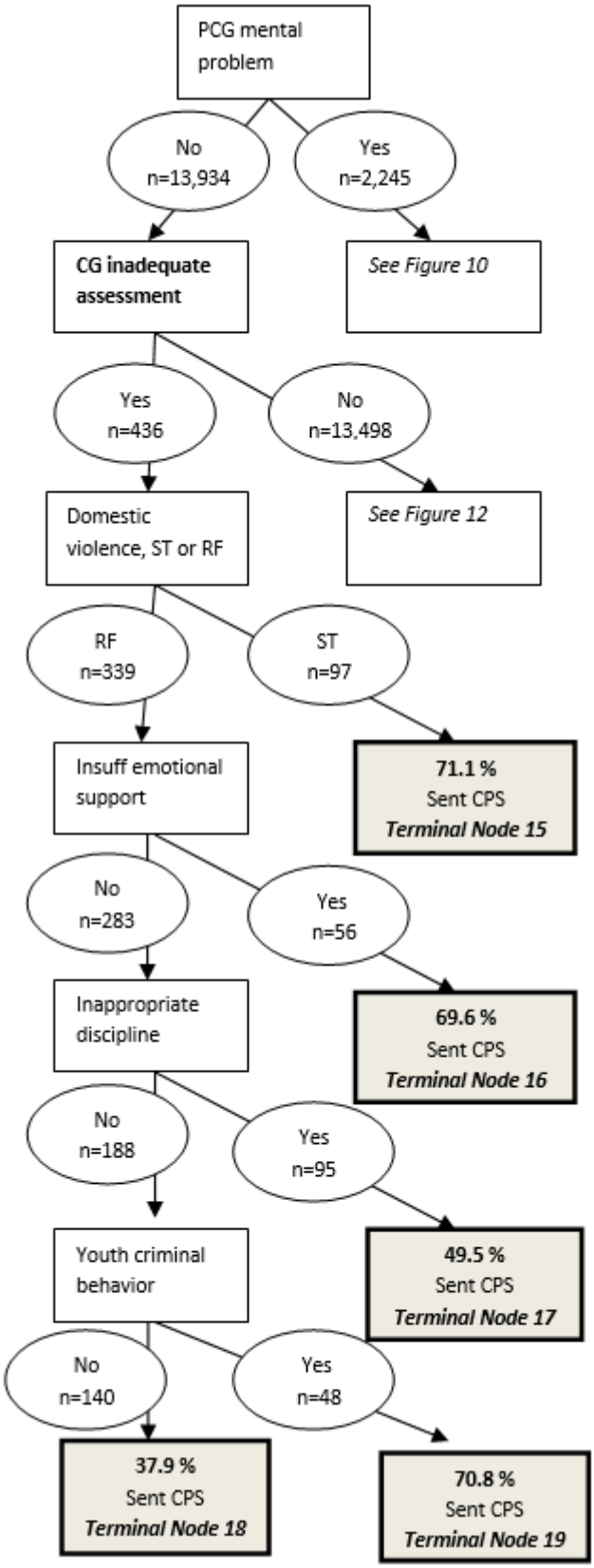


Figure 12 CART Model 1. 4th split by "Presence of domestic violence"(N=17,001)

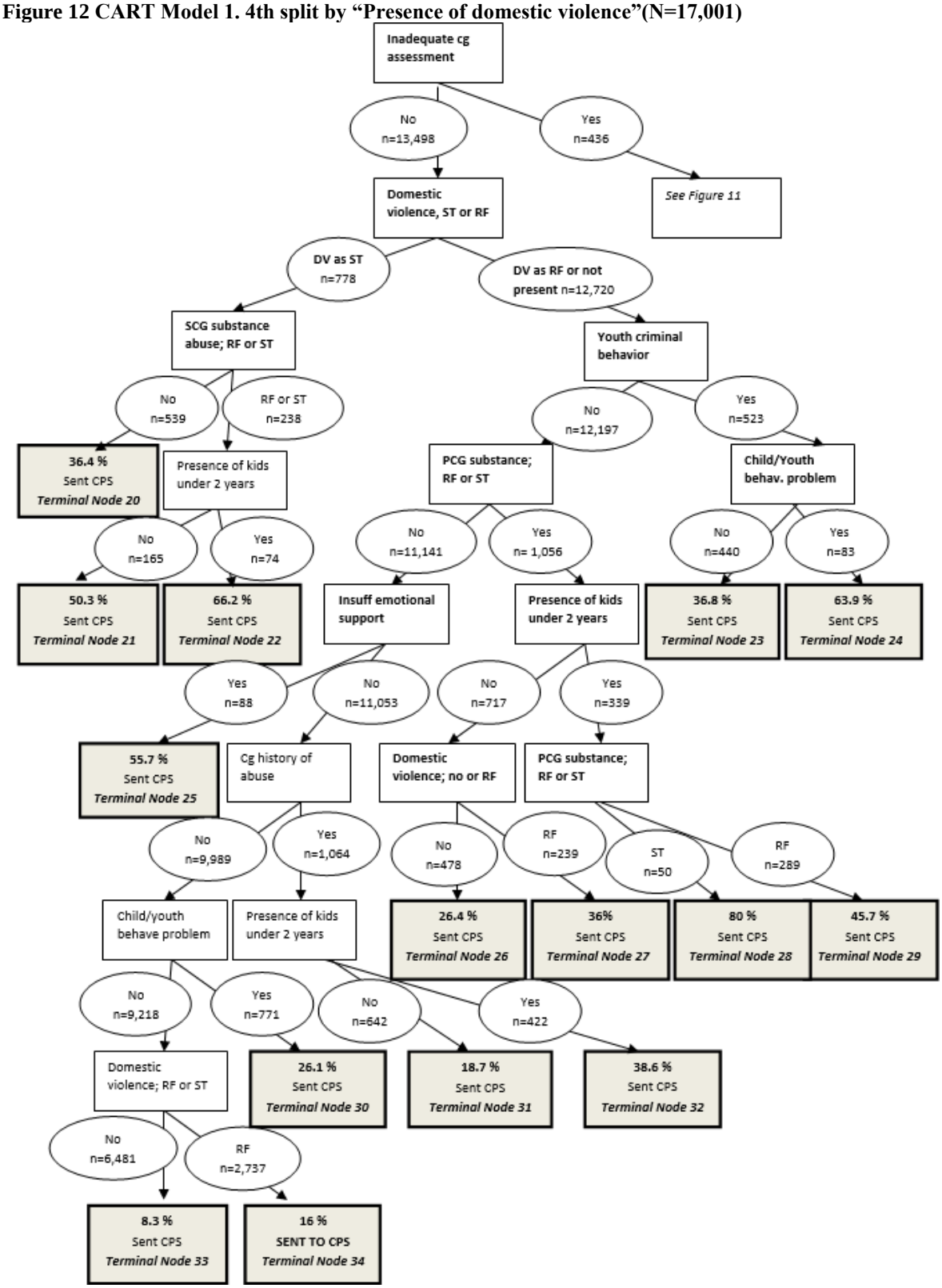


Figure 13 CART Model 2. 2nd split by "Number of risk factors<=2" (N=17,001)

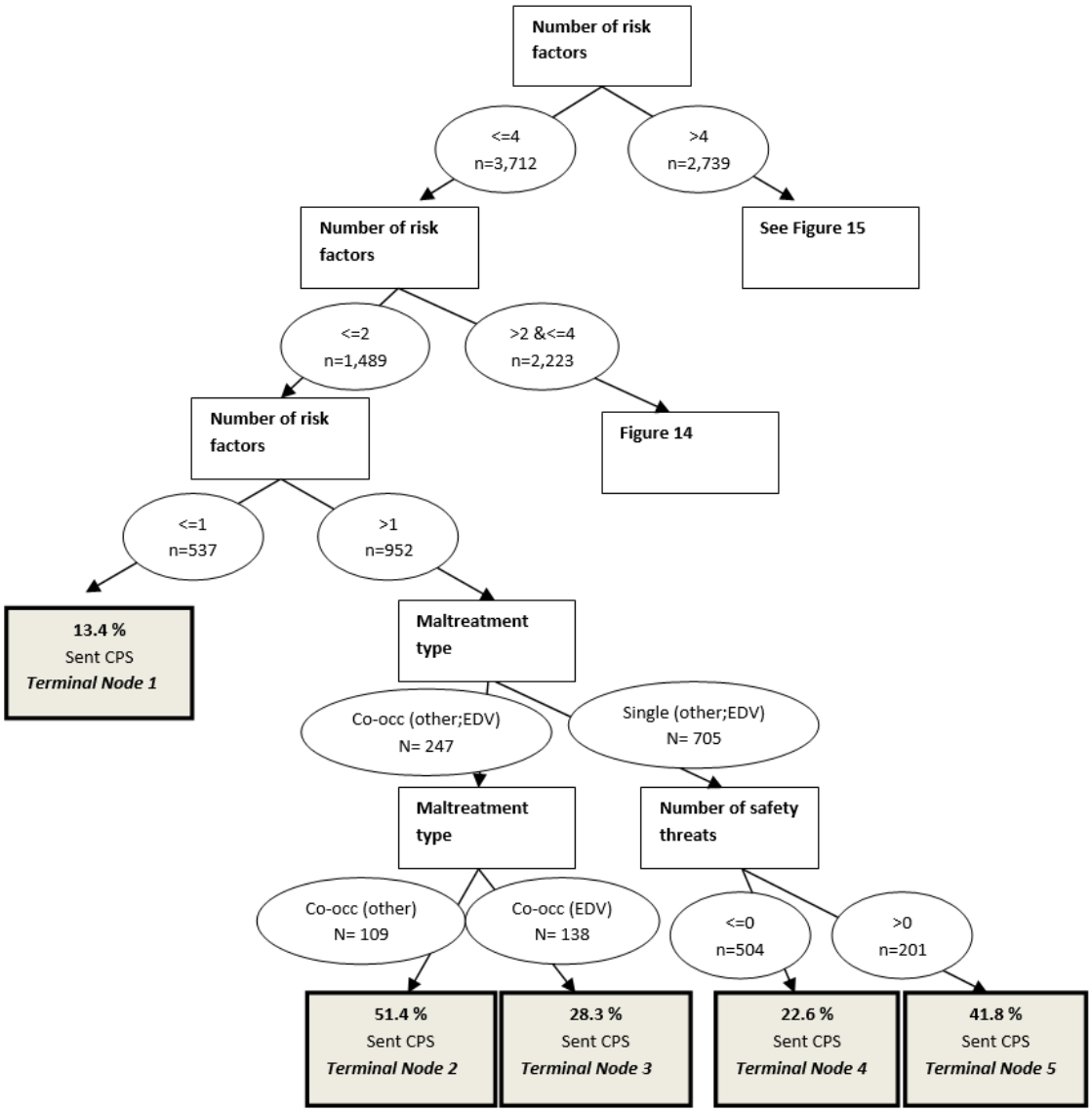


Figure 14 CART Model 2. 3rd split by "Number of risk factors from 2 to 4"(N=17,001)

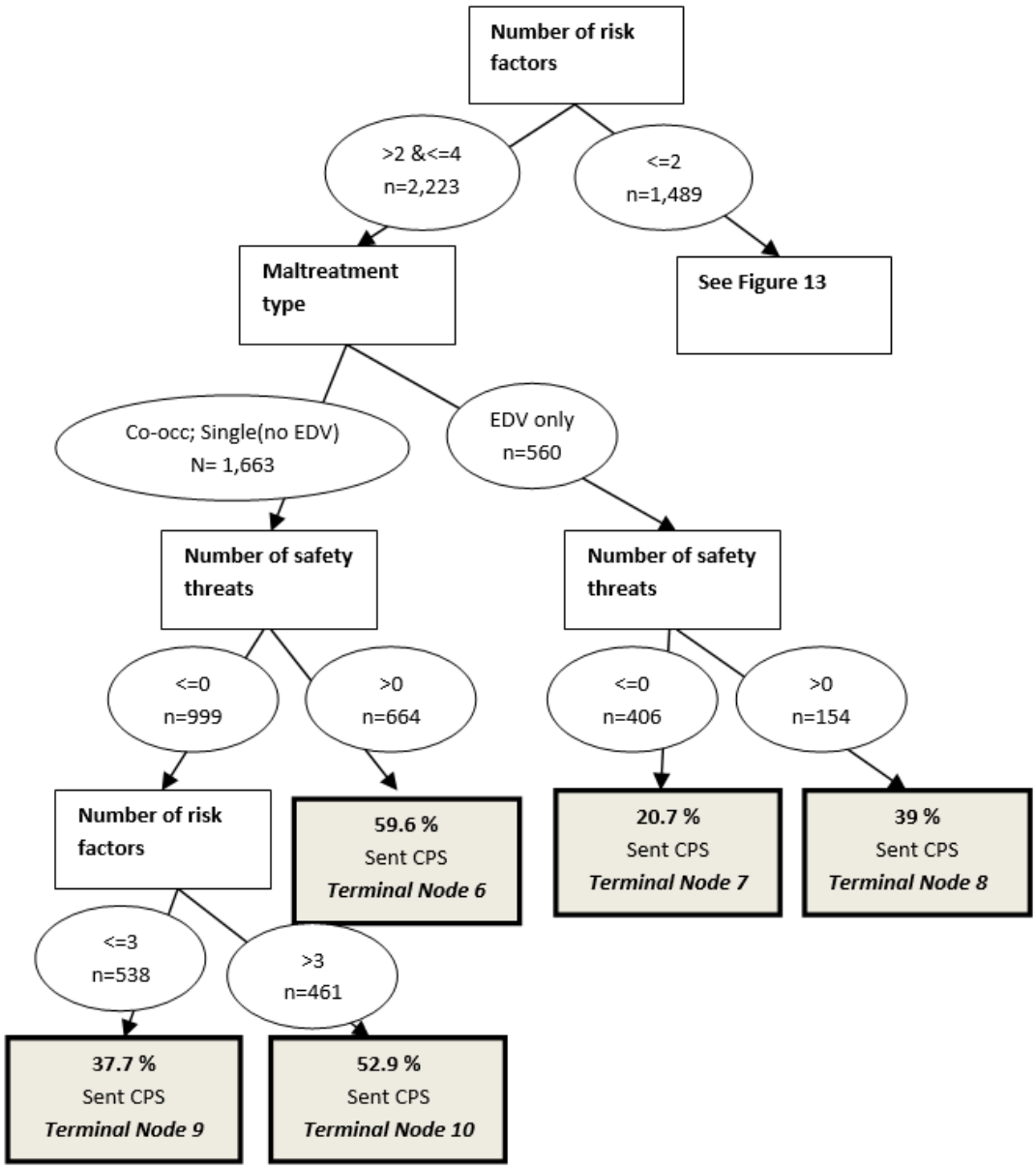


Figure 15 CART Model 2. 4th split by "Number of risk factors>4" (N=17,001)

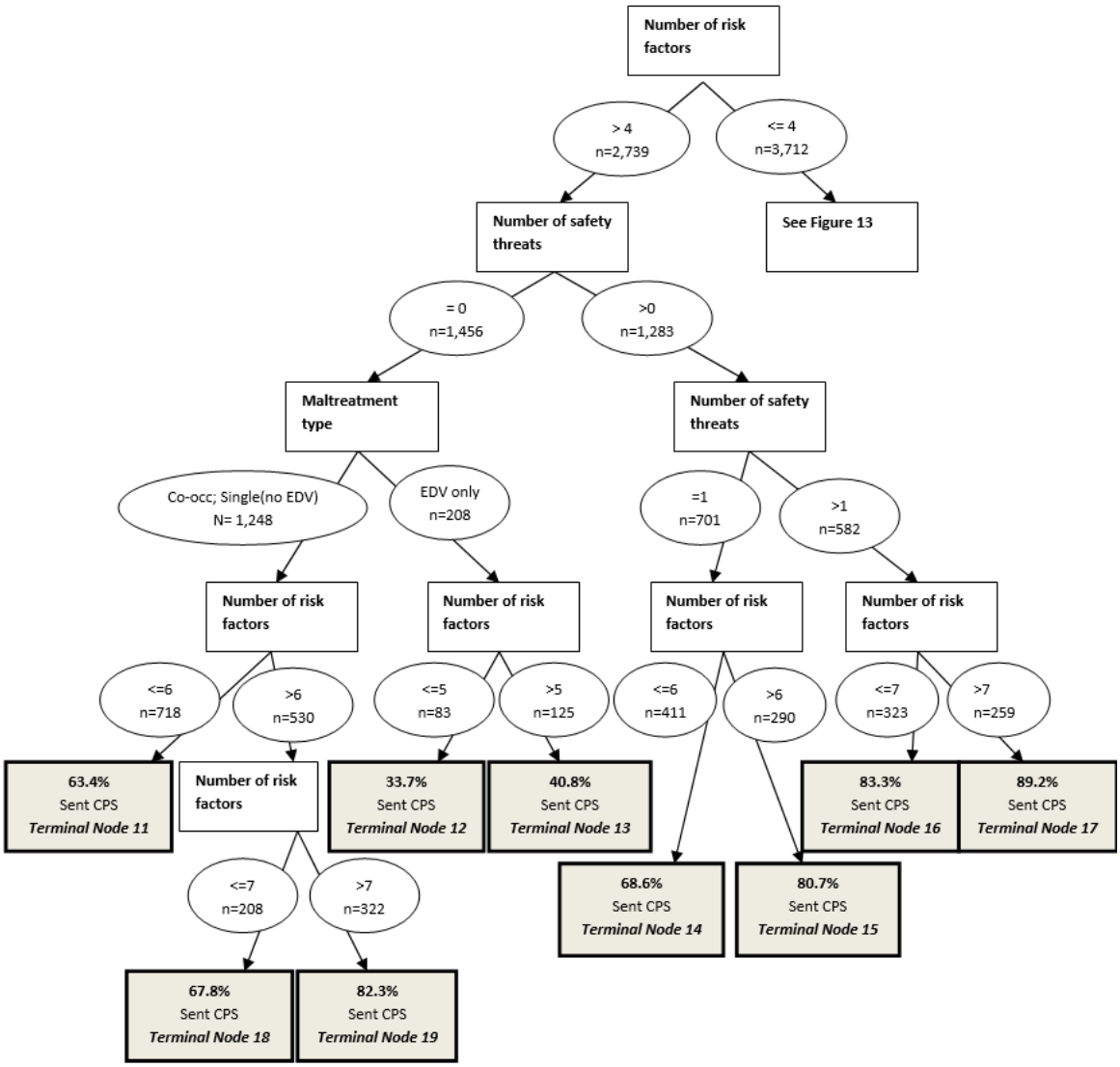
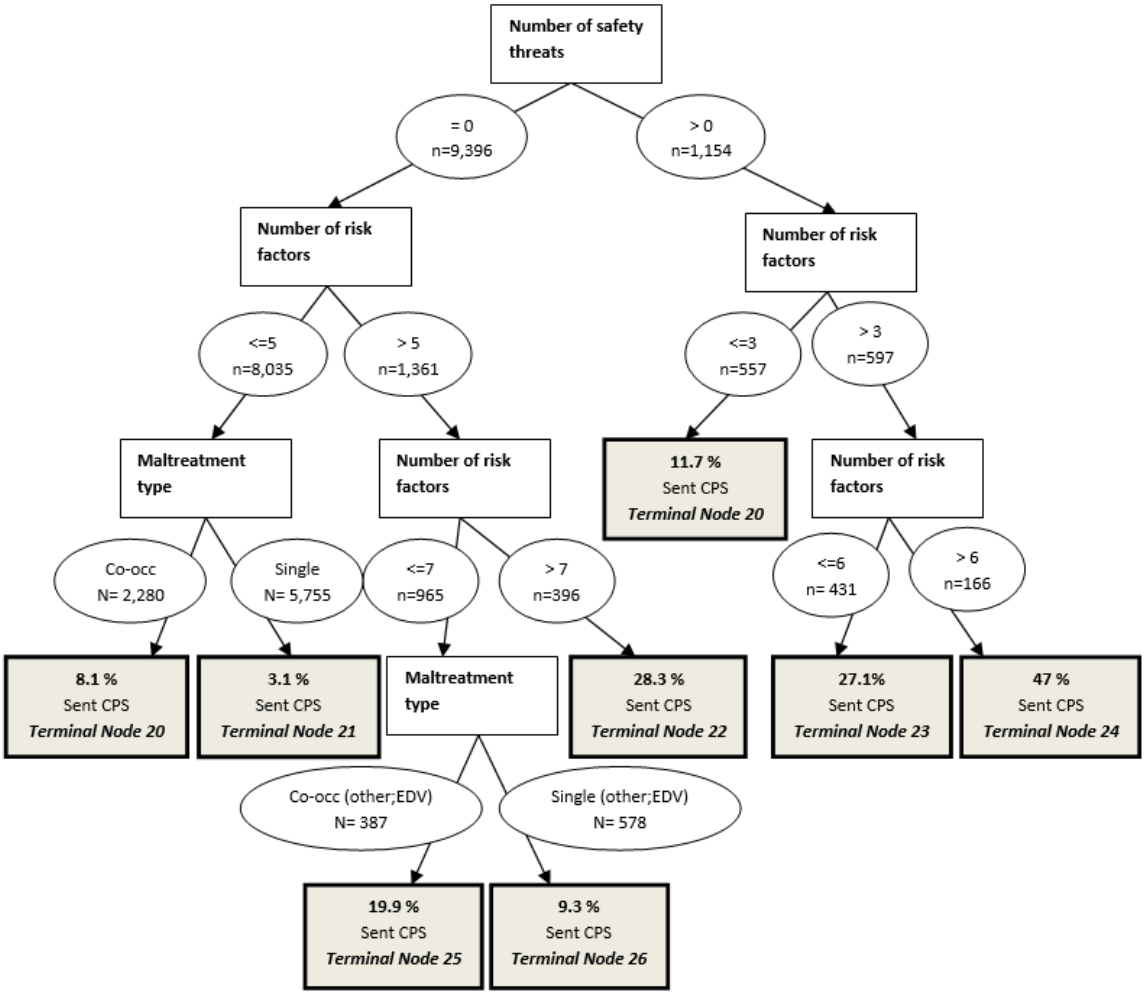


Figure 16 CART Model 2. 5th split by "Presence of safety threats" (N=17,001)



CHAPTER 7 - THE INTERACTION OF DOMESTIC VIOLENCE AND OTHER CASE FACTORS IN PREDICTING CHILD MALTREATMENT RE-INVESTIGATION

7.1 Background, objectives and theoretical framework

As considered in the previous chapters, for a child protection worker the decision to intervene or to close a case is accompanied by a great deal of uncertainty on the outcome. Beside the assessment of case characteristics, CPS decisions vary according to each professional threshold for action, values and previous experiences. The outcomes depend on the systemic context in which professionals act, since it defines the overall goals (Fluke et al., 2014). CPS can be seen as an adaptive structure within a changing environment, with a particular feature (Chapter 3). The need to continually balance potentially conflicting values and goals may easily increase the difficulty of establishing criteria for decisions, knowledge base and accountability mechanisms. This may be a critical aspect, since in absence of these mechanisms the system has no way to understand and adjust its structure in relation to changes in the context.

Child protection agencies in the US and elsewhere share the increasingly common challenge to provide accountability and evidence of effectiveness. In the North American countries many attempts have been made to assess and improve CPS practices. Systematic data collection allow following and analyzing of cases trajectories through the CPS system, including outcomes of interventions. Recurrence has been considered as one of the key indicators to evaluate CPS agencies performances. A new event of maltreatment is usually considered as an outcome to prevent, both because it is a negative experience for children and families and since it requires the expenditure of additional resources. Recurrence have played a crucial role in both research and practice, not only to measure child safety outcomes, but also in the development of predictive and actuarial risk assessment instruments (Baird, 1988). Substantiated recurrence of maltreatment within a period of six months has been incorporated as an indicator of child welfare system functioning in the US federal government (U.S. Department of Health and Human Services, 2005).

Assuming a broader definition of recurrence, some studies examined those factors that contribute to a risk of re-referral and re-investigation, regardless of the possibility to verify the report (Drake et al.,, 2003; English et al., 1999). Repeated CPS investigations pose

particular concern for child welfare agencies. First, there is the risk of useless intrusiveness and potential family disruption and trauma, resulting from intervention in cases of suspected abuse (Besharov, 1990). Second, every new investigation requires that workers devote limited time and resources. Third, research suggests that factors outside the characteristics of families themselves (e.g., worker caseload, standards of proof, availability of services or resources, and jurisdictional issues) influence case findings (English et al., 2002) and that many unsubstantiated referrals may represent actual child maltreatment incidents.

Research found that particular risk factors can increase the likelihood of re-referral: the younger age of the children (English et al., 1999; Lipien & Forthofer, 2004; Marshall & English, 1999), the presence of children developmental problems or disability (Marshall and English,1999; Sullivan & Knutson, 2000; Vig & Kaminer, 2002), a prior history of substantiated maltreatment (English et al., 1999; Marshall & English, 1999). Other factors have been found associated with re-referral: family history of domestic violence (English et al., 1999; Fuller & Wells, 2003; Wolock et al., 2001), parental substance abuse (Fuller & Wells, 2003, Connell et al., 2007), poverty and its associated circumstances (Drake & Pandey, 1996; Connell et al., 2007).

Not only parents and child factors, but also case-related characteristics and decisions made through the CPS paths influence rates of maltreatment re-referral (Fluke, 2014). The type of alleged maltreatment appears to be one factor associated with the likelihood of recurrent allegations. Studies found a higher rate of re-referral among cases involving neglect than among those involving physical abuse, sexual abuse, or threat of harm (Lipien & Forthofer, 2004). Research on the impact of substantiation status for an initial investigation has instead been equivocal. A few studies (e.g., Lipien & Forthofer, 2004; Marshall & English, 1999) observed higher rates of re-referral among unfounded cases, whereas Drake et al. (2003) found the opposite effect (though the authors observed non-significant effects at the bivariate level). The rates of repeated investigations also appear to increase with the number of prior referrals (Marshall & English, 1999). Finally, research is inconclusive with respect to the impact of post-investigation services on rates of new allegations. Lipien and Forthofer (2004) report that service provision increased the rate of re-referral, except in the case of foster care services following a removal from custody. Jonson-Reid et al. (2003) reported no significant increase in rates of re-referral associated with physical or sexual abuse and a protective effect (at the child level) for foster care placement services among cases initially reported for neglect. Research observing higher rates of recurrent

substantiated abuse among cases receiving services (e.g., Fluke et al., 1999) has attributed such a pattern to selection bias (i.e., cases at highest risk of recurrence are more likely to receive services) or surveillance bias (i.e., cases in service are more closely monitored by service providers).

With regard to the area of research that specifically focuses on domestic violence, there are now studies available that allows better understanding of workers dispositions and outcomes in these situations. The more recent quantitative studies (Black et al., 2008; Lavergne et al., 2011) support the conclusion that intrusiveness is not a feature of CPS interventions, contrary to what previous works have pointed out. However, only a few studies examined the recidivism rate in situations where violence between adults is an issue. Jones et al. (2002) found that DV cases were more likely than others to have a re-referral in a 6-months follow-up period, no matter what services were offered. The higher the number of workers contacts, the higher the rate of recidivism. They therefore concluded that either interventions in these cases were ineffective, or the chronic nature of DV made new referrals for child maltreatment more probable. English et al. study (2005) examined the pathways of families with and without an indication of domestic violence, as well as risk factors that predict both disposition and recurrence. With regard to re-referral, in their 1-year cohort they found high rates (about one half) of recurrence for DV-indicated cases, both closed and opened for services. DV-cases assessed as no or low risk and closed were more likely to be re-referred for a new event of maltreatment, compared to non-DV cases. No significant differences in the recurrence rates were found instead when cases were classified as moderate or high risk. In general, they concluded that for cases opened for services, even if accurate in their assessment of risk, workers did not offer services able to lessen their problems. For cases closed, given the high rate of recidivism, there was a significant number of unmet needs of these families.

If recidivism is considered as a bad outcome, these results are not reassuring, but not entirely unexpected. More often domestic violence and its consequences on children are the result of a cumulative process over a lengthy period of time. Affecting changes in situations that persist over longer period require more time, energy and resources.

When English et al. (2005) analyzed differences in risk factors associated with recurrence, they did not find a strong model: the only risk factor of note was secondary caregiver rejection of the child. In an earlier study (English et al., 2002), based on the same sample, the authors found that the number of prior referrals was the best predictor of a new report

and CPS action. This may confirm that is the chronicle nature of these cases to negatively impact their outcomes.

A limitation of these studies on recidivism is their focus on the general category of DV, without distinctions between cases where children exposure was the only reason for investigation and cases where multiple types of child maltreatment were present.

In order to contribute to this literature, this chapter further explores case outcomes of families investigated for child exposure. The objective was threefold: 1) comparing recurrence rates, distinguishing EDV-only cases, from those investigated for multiple forms of maltreatment 2) understanding which factors, both workers' dispositions and family characteristics, are associated with recurrence of child maltreatment 3) analyzing the interaction of these factors and how such combination of predictors influences case outcomes. CART analysis was chosen as the best method to pursue the latter objective, since it shows complex interactions among factors in relation to the outcome variable (re-investigation).

The theoretical framework that oriented this research is Fluke's et al. decision-making model. This model offers useful concepts to analyze a range of case factors and decisions made by the caseworker through the path of a case followed by CPS, and their relationships with outcomes in a particular environment (Fluke et al., 2014).

7.2 Results

7.2.1 Paths in the CPS systems

The rate of new investigation and new verified investigation within 12 months for the overall sample were 20.9% and 10% respectively. The difference among categories of maltreatment types did not seem substantial, with similar rates of new investigations and new verified investigations within one year. 20.5% of EDV-only cases had a new investigation, compared to 20.6% of EDV co-occurring cases. Similar rates were found for single form of maltreatment other than EDV (20.6%) and multiple types of maltreatment (22.4%). The rate of substantiated maltreatment were all around 10% (10.3% for EDV-only, 10.7% For EDV co-occurring; 9.5% for a single form of maltreatment; 10.7% for multiple types of maltreatment).

Nevertheless, the patterns looked different for cases opened for ongoing services and cases closed after investigation. No substantial differences in rates of new investigations were observed among cases opened, always very low (6.1% for EDV-only cases, 5.7% for EDV co-occurring, 7.3% for single form of maltreatment other than EDV, 5.9% for multiple types of maltreatment other than EDV). The patterns were similar for rate of verified recurrence, even if with lower percentages (3.8% for EDV-only, 3% for EDV co-occurring, 3.8% for single form of maltreatment other than EDV, 3.3% for multiple forms of maltreatment). Among cases closed after investigation, EDV-only cases and investigations for one type of maltreatment other than EDV showed similar rates of recurrence (23.2% EDV-only; 24.1% single form other than EDV), and new verified investigations (11.5% EDV-only, 11% single form other than EDV). Rates of re-entry were higher for EDV co-occurring cases (28.8%) and situations investigated for multiple types of maltreatment other than EDV (30.6%). Again, the patterns were similar when considering substantiated recurrence.

From this first picture it seems that workers' interventions had an impact in lowering rates of recurrence. However, many cases were closed after investigation and, among these, the rates of recurrence were higher, especially for cases with multiple types of maltreatment.

In order to better understand the relationship between family members' characteristics and case dispositions with cases outcomes, we performed a series of bivariate analysis. In general, cases transferred to ongoing services had much lower rates of recurrence (6.4%), compared to those which were closed (25.6%). This may mean that CPS intervention was effective in helping families to solve their problems, or at least that the CPS supervision lowered the risk of new event of maltreatment. It may also be possible that in the period of time when a family was supervised by CPS, subsequent events were not recorded by workers. For all these reasons each subgroup was analyzed separately.

7.2.2. Bivariate relationships between potential predictors and maltreatment recurrence.

Children/youths problems (Table 29). All the variables related to children issues showed a weak relationship with the outcome, even if different patterns were observed when comparing the total sample, and then distinguishing cases opened and closed. The only predictor that was positively associated to recurrence in all the three samples was "*kids behavioral problems*", with a larger difference among cases closed (34.8% vs. 24.9%).

Issues like "*disability or developmental problems of children*" and "*involvement in criminal activities"* showed a significant positive relationship with the outcome variable only when cases were closed; the association was instead not significant when cases received ongoing services. This result seems to suggest that CPS services were in some way effective in lessening the probability of a new bad outcome. Workers found that children were "*toxicologically positive at birth*" only in rare cases (0.6%), and those families were sent ongoing 80% of times. This predictor showed a negative relationship with the outcome variable for cases sent ongoing, whereas a positive one for cases closed after investigation. This event was too rare and the variable was excluded from the multivariate analysis.

Parenting capacities (Table 30): In the previous chapter, I highlighted how all the variables referred to parenting capacities showed the strongest positive relationship with the decision to transfer ongoing. By contrast, when looking at the total sample, the same predictors showed a weak and negative relationship with recurrence. In this analysis another variable came into play in influencing the outcome, namely "*workers' decisions to intervene"* with CPS services.

When looking at the proportions among cases closed, the rates of recidivism were actually higher among families with parenting problems, such as "*caregiver incapacity to provide emotional support"* or "*parents inappropriate assessment of maltreatment"*. In this subsample, all the other variables were not significantly related to the outcome.

A negative relationship between those predictors and recurrence was instead observed among cases transferred to ongoing, even if most of the time not statistically significant.

Only "*caregiver inappropriate discipline"* showed a different pattern, namely a negative association with the outcome variable in all the three subsamples.

These findings lead to some considerations. In general cases in which parenting problems were detected were more likely to be opened for ongoing services and to have help and supervision, lowering the probability of a recurrence. For cases closed these characteristics were instead positively associated with recidivism (except for "*caregiver inappropriate discipline"),* even if the relationship was weak. However, since cases with these characteristics were more rarely closed, we cannot tell if the factors referred to parenting capacities were actually strong predictors of bad consequences, since the variable "*CPS interventions"* influences the actual outcome.

Caregivers' individual adverse conditions (Table 31) shows that, when looking at the total sample, all parents' issues that were considered as a threat to child safety (*"cognitive or emotional limitations that impair parenting"*; "*primary caregiver substance abuse as a safety threats" "secondary caregiver substance abuse as a safety threats")* showed a negative relationship with the outcome. A different pattern was observed when parents problems ("*mental health issue*" "*substance abuse as a risk factor*" "*history of abuse*") were not considered of immediate concern, but as a risk factors for future maltreatment: in those situations the proportions of recurrence were always higher.

In the subsample of cases transferred ongoing, the differences in rate of recidivism were not statistically significant.

Among cases closed, the higher proportion of recurrence were found when risk factors were detected; also the presence of safety threats increased the likelihood of recidivism, but in lower proportions.

Again, these patterns may be explained in relation to different paths of cases in the CPS system, due to different case dispositions. What we know is that workers provided more intense services when they detected threats to child safety. This may have lessened the rates of recurrence only for those situations, and not in cases where risk factors were present, in absence of immediate concerns. What is also apparent is that, among cases without CPS interventions, risk factors such as *"mental health issues"*, "*substance abuse", "adult/partner conflict"* or *"history of abuse"* were always positively related to recurrence, with an association from medium to strong. A possible conclusion is that CPS agencies are not taking into account these problems enough, especially when they do not pose a threat to safety.

Household characteristics (Table 32). Similar patterns were observed for household characteristics, when analyzing their relationship with the outcome. When the presence of an issue was considered as a threat to child safety ("*adult violence as a safety concern*"; "*housing problem/unsafe*"), the rates of recurrence were lower in the total sample and for cases sent ongoing, whereas higher for cases that did not have CPS interventions. "*Child age*" influenced the rates of recurrence, with higher proportions in families with younger children, even if the differences were statistically significant for cases closed only. The most important household characteristic in determining discrepancies in rates of recurrence was the "*number of children*": when it increased, so did the percentage of recurrence, whether the case was closed or not.

With regard to "*ethnicity*", White and Aboriginal groups seemed to have higher rates of recurrence, in the total sample and for cases closed. For cases transferred ongoing, White had the higher rate of recurrence. However, given the high percentage of missing values, this variable was excluded from the multivariate analysis.

Case characteristics (Table 33). Among all potential predictors, those which showed the strongest relationship with recurrence were referred to "case-related characteristics". The analysis of these predictors seemed to confirm the patterns described and discussed above. The "*number of safety threats*" was negatively associated to recurrence, both in the overall sample and when cases had CPS interventions. The *"number of risk factors"* (not shown in the Table) was positively related to the outcome variable for cases closed, whereas not statistically significant for cases transferred ongoing. When looking at the total sample, for cases with a number of risk factors from 1 to 8, the association with recurrence was positive, whereas the rate started decreasing for cases with 8 or more risk factors. It seems that workers intervened mainly in cases with safety threats or a higher number of risk factors, lessening the likelihood of a bad outcome; the other cases were instead closed, but they experienced higher rates of recurrence. Another very strong predictor seemed to be "*previous history in the CPS system*" (Cramer's V=0.12 for the total sample), showing a positive association with the outcome for all the three samples; once again a stronger relationship was found for cases closed (Cramer's V=0.19) and a weaker one for cases transferred ongoing (Cramer's V=0.03).

As already highlighted, investigations that were "*not verified*" were more likely to have a recurrence, than those which were verified, no matter if a case was opened for services or closed.

The "*type of maltreatment*" determined discrepancies in rates of recidivism, but in different ways; for cases that did not receive services, situations with multiple types of maltreatment had higher rates of recurrence (30.6% for cases investigated for more than one maltreatment form other than EDV, 28.8% for cases investigated for EDV in conjunction with other maltreatment types), compared to cases investigated for a single form of maltreatment (24.1% for a form of maltreatment other than EDV, 23.2% for cases investigated for EDV only). For cases opened for ongoing CPS, the relationship was reversed: the rate of recurrence was lower for situation with multiple types of abuse or neglect, and slightly higher for single forms of maltreatment.

Also "*prior injury to a child*" showed a similar behavior, with a positive relationship with the outcome for cases closed, and a negative one for cases opened for ongoing services.

The variable *"duration of ongoing services"* was explored, showing how the rate of recurrence was negatively associated with the duration of interventions.

To sum, the relationship of many of the predictors considered and the outcome variable seem to be influenced by workers' decision to intervene or not, so that we cannot understand from the bivariate analysis the "real" effect of these variables on recurrence. So far, we can only conclude that CPS intervention seemed effective in reducing discrepancies in proportions of recurrence among cases experiencing those problems, compared to cases which were not. When cases were closed, issues that were posing a threat to child safety led to higher rate of recurrence, but even more important in determining a bad outcome was the presence of risk factors. The same can be said for cases investigated for multiple types of maltreatment, that had higher rates of recurrence than single-form cases. This means that workers decision to focus on safety concerns and more complex cases is correct. However, it seems that the decision to close many situations experiencing these issues was not the appropriate one, since it led to higher rate of recidivism. In the previous Chapter, we highlighted how this decision was strongly influenced by the possibility to find enough evidence to substantiate a case. Here we have seen how not-verified cases had a new event of maltreatment more often than those verified. From this first step of the analysis, it seems that the decision and the outcome of those cases were influenced not only by case characteristics, but also by the need of agencies to intervene when evidence was available.

It seems also that workers were not focusing enough on factors that were not an issue related to the immediate children safety, but that were posing the child at risk of future maltreatment.

The variables that were positively and significantly related to recurrence, no matter if workers intervened or not with services, were the presence of a higher number of children and a previous history in the CPS system. This may suggest that in situations that were chronic CPS intervention was less effective.

The subsequent section will analyze how all these variables interact in predicting recidivism.

7.2.3 Multivariate analysis: CART to predict recurrence of maltreatment

The data were analyzed using a series of CART models, in which recurrence was considered the dependent variable. Several different combinations of variables were tested, to explore their importance to model. As it was done to understand workers' dispositions, the attempt was to analyze separately the importance in predicting recurrence of family characteristics (Model 1), case-related characteristics (Model 2) and then a combination of both (Model 3). This process led to the following three models, as the best possible combinations:

Table 27

Model 1	Model 2	Model 3
Number of children		*Number of children*
PCG substance abuse		*PCG substance abuse*
PCG mental problems		*PCG mental problems*
PCG history of abuse		*PCG history of abuse*
Adult/partner violence		*Adult/partner violence*
Kids behav. problem		*Kids behav. problem*
Ongoing/closed	*Ongoing/closed*	*Ongoing/closed*
	Number of risk factors	*Number of risk factors*
	Previous CPS history	*Previous CPS history*

These CART models were compared with one another, calculating 1) the Brier index, to measure the accuracy of prediction and 2) a Receiver Operating Characteristic (ROC) to measure how well the models discriminate among cases.

Table 28 Comparison of the performances of Model 1, Model 2 and Model 3

	Model 1	Model 2	Model 3
Brier Test sample	0.140	0.139	0.139
Brier Training sample	0.141	0.140	0.139
ROC Test sample	0.639	0.648	0.656
ROC Training sample	0.625	0.636	0.645

The information reported in the next sections are referred to the Test Sample: it included 17,001 cases (50% of the total sample) and it was used to test the predictive model generated through the Training Sample.

Model 2. The most parsimonious of these models included three case-related factors: "*CPS intervention/closed*", "*number of risk factors*" and "*previous CPS history*". Figure 17 highlights how the most important predictor in determining case outcomes was whether or

not the family had ongoing CPS services. No further split was found for the branch with cases transferred ongoing, meaning that no other variables made substantial difference in discriminating them (Terminal Node 1). Among cases closed after investigation, what mattered the most was the number of risk factors: when workers found more than 5 factors that influenced the risk of future maltreatment, the rate of recurrence was above 40% (Terminal Nodes 6 and 7), much higher than the average for cases closed (25.6%). From 4 to 5 risk factors the rate of new investigation was about 30% (Terminal Node 4 and 5). Among cases with fewer risk factors (3 or less), a previous history in the CPS system made the difference in determining higher rates of recurrence (27.3% vs. 16.8%, Terminal Node 3). The lower rate of new investigations was found for cases previously unknown to CPS with 3 or less risk factors (16.8%, Terminal Node 2).

Model 1 (Figure 18), including family characteristics only, had a very similar predictive accuracy, but was less parsimonious. However, it helps to clarify which specific characteristics of a family come into play in determining a higher risk of recidivism. The most important factor in predicting recurrence was *"cases closed or ongoing"*, and the Node with cases opened for ongoing services was a terminal one (Terminal Node 1). Then CART found a second branch splitting by *"primary caregiver substance abuse"*: when this issue was present almost 40% of cases had a recurrence (Terminal Node 3), with a high of 60% of cases in presence of more than three children in the household (Terminal Node 2). When this problem was not present, other factors seemed to matter. CART made subsequent splits by *"number of children"* and *"primary caregiver history of abuse"*. When children were three or more, the rates of recurrence varied from a low of 25.1% in absence of other problems (Terminal Node 11), to a high of 53.5% when *"caregiver history of abuse"* was present in conjunction with *"domestic violence"* (Terminal Node 8). When children were one or two, the presence of primary caregiver's mental problems led to a rate of recurrence equal to 44.6% (Terminal Node 5). The lowest rates of recidivism were found in households with only one child, all less than the average for closed cases (25.6%, Terminal Nodes 13 and 14), with slightly higher percentage in families where the primary caregiver had mental issue (27.3%, Terminal Node 9).

To sum, for cases transferred ongoing none of the variables included in the model seemed to make a substantial difference in influencing the rate of recurrence, that in general was low (around 5%). This may be interpreted as a reassuring result, since it may suggest that the intervention of social worker was effective in reducing the likelihood of a bad outcome.

For these cases the outcome should be evaluated in a longer follow-up period, after the closure of CPS services. For cases closed after investigation the number of risk factors was the most important predictor of recidivism: the higher their number, the higher the probability of a bad outcome. This result confirm a "cumulative risk model" which assumes that the more risk markers endorsed, irrespective of their nature, the higher the potential for negative outcomes.

The cumulative risk model is different from the developmental-ecological model in that it measures the total number of risk markers present, rather than specific scores on each individual risk marker. When looking specifically at risk factors, findings seem to confirm what was found by other studies, namely that factors related to parents' issues (substance abuse, domestic violence, history of abuse in childhood) were more significant in determining higher rates of new investigations. In addition, this study was able to show complex interaction among these variables in influencing the rate of recurrence. Maltreatment types were instead not significant in influencing the outcome of a case.

7.3 Discussion

This study used data from all completed CPS investigations for six agencies in the Ontario Province between 2008 and 2010 in order to examine the rate and patterns of repeated investigations within one year. This work analyzed individual types of family members problems and case-related characteristics, including CPS determinations and decisions and their association to recidivism. The analysis of interaction effects highlighted the complex ways in which case characteristics and decisions relate to risk of subsequent CPS re-investigations.

More specifically, this study tried to understand if there were differences in cases dispositions and outcomes among cases investigated for exposure to domestic violence and situations that entered the system for other types of allegation. Identification of particular child, family, or case characteristics associated with re-investigation in EDV cases not only allow identifying children likely to benefit from preventive services, but also to detect those at risk of future bad outcomes.

The first finding is that there were differences across maltreatment categories in workers' dispositions (Chapter 6), but not with regard to recidivism rates. EDV-only cases were the less likely to receive CPS services, compared to cases investigated for another single form of abuse or neglect. Situations investigated for EDV in conjunction with another

maltreatment form had the highest rate of CPS intervention, slightly more than cases with multiple types of maltreatment other than EDV. The proportions of recurrence were instead similar across maltreatment categories. This finding raised questions. Why were EDV-only cases less likely to receive interventions, but their rates of recurrence were similar to that of other maltreatment types? Is workers assessment neglecting some important factors that pose children at risk of re-entry, such as the presence of domestic violence?

First of all, data showed how workers' decision to open a case for services strongly influenced in a positive way cases outcome. CPS intervention always lowered the likelihood of a new investigation, whereas cases closed had higher rates of recurrence. As a consequence, all the variables that strongly influenced the decision to intervene showed a negative relationship with the outcome. A second finding was that unsubstantiated cases had higher rates of reinvestigations. In Chapter 6 I highlighted how workers intervened more often when it was possible to verify maltreatment and then in relation to the number of safety threats and of risk factors. However, more than 60% of the initial investigations were not verified and 92% of times they were closed. Those situations might have been less serious, but the evidence is that they re-entered the system more often than the others.

In interpreting findings about recurrence rates, we also have to consider one of the main limitations in studies on recurrence: it is impossible to understand which specific factors related to family members are strong predictors of recidivism, since case decisions mediate their relationship. A randomized control study is excluded in cases involving maltreated children, for ethical reasons. The predictive model found for recurrence in the preset study, as in many other work on recidivism, was weak. Nevertheless it allowed some important considerations, when looking at cases closed.

First, it was the presence of multiple problems, rather than the presence of any one particular issue, that more strongly influenced the likelihood of recidivism. In the previous chapter, I highlighted how the detection of an immediate concern for child safety and/or a high number of risk factors were two of the most important reasons in determining workers' decision to intervene. Therefore, with regard to this choice, professionals are going in the right direction.

Second, this study confirms what was found in previous researches about relevant factors that increase the probability of a future bad outcome: the presence of kids problems and caregivers problems, in particular substance abuse, mental health issues, domestic

violence. Also a previous history in the CPS system increased the likelihood of CPS re-investigation, as well as a higher number of children in the family.

What is important here is that the study was able to highlight how these factors interacted and to demonstrate how a systemic perspective is of paramount importance in analyzing the outcome of CPS cases. To understand the patterns of recurrence we need to examine the complex interaction of family characteristics, case characteristics and workers different dispositions in the CPS trajectories. In this jurisdictions CPS decision whether or not to deliver services and the factors that influenced it made a substantial difference in determining the outcome. Workers were focusing on the factors that actually predict recurrence, but in their decision to open cases they seem to prioritize the most worrying situations, leaving many other with unmet needs. The result is that 75% of cases in the total sample, and 85% among EDV-only cases, were investigated without being helped. Some of them might have needed services, since they re-entered the system. If this was not the case, it is apparent that these families had multiple useless CPS investigations.

This study has a number of implications with respect to child welfare research and practice. First, given the significant number of children re-referred following an unsubstantiated case disposition - a finding consistent with previous research (Connell, 2007) - a solution may be the introduction of post investigation preventive services, regardless of findings in the cases. In particular, some authors highlight that CPS system may not always be the more appropriate answer to the need of children, especially in EDV families. Policies are actually changing in this direction. For example, the Ontario Province is improving new models of intervention such as differential response, an approach developed to identify lower risk families, in order to divert them to voluntary community based services (Waldfogel, 1998). This approach could keep the best interest of the child as a central focus, reducing intrusive investigations and building on family strengths. Increasing community capacity to service these situations outside of CPS is critical to prevent CPS system stepping into these families to fill service gaps (Alaggia, 2015), but also to avoid the case of unmet needs in families struggling with DV.

Second, data should be collected specifically on the capacity of community-based services to answer effectively, preventing future harm. Practitioners and researchers in both the area of child maltreatment and adult violence must move beyond working in isolation, in order to coordinate their response to ensure that discoveries made in one area can be learned in the other.

Finally, the use of risk assessment tool is important in establishing where service provision is needed, even in absence of evidence to verify an allegation. A limitation of the risk assessment tool adopted in the Ontario CPS system is that it focuses specifically on physical abuse and neglect. When the outcome was not influenced by CPS intervention, namely when cases were closed without services, all of the items in the risk assessment tool showed a positive relationship with the likelihood of recidivism. This may mean that this instrument is working also in EDV cases. In the area of domestic violence research different instruments are now available to predict the likelihood of future violence against adult victims. However cases that involve both violence between adults and child maltreatment are very complex. Further research is needed to examine the characteristics of EDV families, to evaluate the performance of the Ontario risk assessment tool for EDV cases, and if necessary, to build a specific tool to discriminate those kids more at risk of re-entry and of being continually exposed to violence between parents.

Table 29 Children problems by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)

		Frequencies (within row%)		
		All cases	**Closed**	**Ongoing**
Overall		7,115 (20.9)	6,579 (25.6)	536 (6.4)
Disability /develop. problem		*X2=0.8 (=0.352) V=0.01*	*X2=13.3 (<0.001) V=0.02*	*X2=1.740 (=0.187) V=0.01*
	No	6,607 (20.9)	6,134 (25.4)	473 (6.3)
	Yes	508 (21.7)	445 (29.6)	63 (7.5)
Behavioral problem		*X2=13.5 (<0.001) V=0.02*	*X2=87.1 (<0.001) V=0.05*	*X2=4.5 (<0.1) V=0.02*
	No	6,380 (20.7)	5,946 (24.9)	434 (6.2)
	Yes	735 (23.5)	633 (34.8)	102 (7.8)
Criminal involvement		*X2=0.1 (0.704) V=0.00*	*X2= 32.4 (<0.001) V=0.03*	*X2=1.9 (=1.161)*
	No	6,775 (20.9)	6,303 (25.3)	472 (6.3)
	Yes	340 (20.6)	276 (34.2)	64 (7.5)
Child toxic pos. at birth		*X2=10.3 (<0.01) V=0.01*	*X2=10.6 (<0.001) V=0.02*	*X2=3.4 (<0.01) V=0.02*
	No	7,090 (21.0)	6,559 (25.6)	531 (6.5)
	Yes	25 (11.9)	20 (47.6)	5 (3.0)
Child fearful of caregiver		*X2=9.0 (<0.05) V=0.01*	*X2=0.2 (=0.617) V=0.01*	*X2=0.2 (=0.888) V=0.01*
	No	7,015 (21.0)	6,501 (25.6)	514 (6.4)
	Yes	100 (16.1)	78 (26.9)	22 (6.6)

Table 30 Caregivers parenting capacities by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)

		Frequencies (within row%)		
		All cases	**Closed**	**Ongoing**
Overall		7,115 (20.9)	6,579 (25.6)	536 (6.4)
Cg does not meet child basic		*X2=85.8 (<0.001) V=0.05*	*X2=0.2 (=0.610) V=0.01*	*X2=4.9 (=0.02) V=0.02*
	No	6,908 (21.4)	6,429 (25.6)	479 (6.7)
	Yes	207 (12.1)	150 (26.5)	57 (5.0)
Cg failure to protect		*X2=20.5 (<0.001) V=0.02*	*X2=0.1 (=0.854) V=0.01*	*X2=0.4 (=0.505) V=0.01*
	No	7,064 (21.0)	6,544 (25.6)	520 (6.5)
	Yes	51 (12.0)	35 (26.3)	16 (5.5)
Pcg provides insuff. emot. support		*X2=34.6 (<0.001) V=0.03*	*X2=9.6 (=0.001) V=0.02*	*X2=0.5 (=0.471) V=0.01*
	No	6,985 (21.1)	6,502 (25.5)	483 (6.4)
	Yes	130 (13.4)	77 (34.7)	53 (7.1)
Cg inappropriate discipline		*X2= 46.5 (<0.001) V=0.03*	*X2=6.2 (<0.1) V=0.01*	*X2=4.5 (<0.1) V=0.02*
	No	6,935 (21.2)	6,427 (25.7)	508 (6.6)
	Yes	180 (13.5)	152 (21.6)	28 (4.4)
Cg inappr. assessment of maltreat.		*X2=29.5 (<0.001) V=0.02*	*X2=3.2 (=0.1) V=0.01*	*X2=0.0 (=0.995) V=0.00*
	No	6,924 (21.2)	6,440 (25.6)	484 (6.4)
	Yes	191 (14.9)	139 (29.2)	52 (6.4)

Table 31 Caregivers individual adverse conditions by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)

	Frequencies (within row%)		
	All cases	**Closed**	**Ongoing**
Overall	7,115 (20.9)	6,579 (25.6)	536 (6.4)
Cognitive/emotional limitation impair parenting	*X2=82.6 (<0.001) V=0.04*	*X2=0.1 (=0.914) V=0.01*	*X2=8.0 (=0.001) V=0.03*
No	7,026 (21.3)	6,519 (25.6)	507 (6.7)
Yes	89 (9.2)	60 (25.3)	29 (4.0)
Pcg mental health problem	*X2=7.4 (<0.01) V=0.01*	*X2=175.0 (<0.001) V=0.08*	*X2=0.0 (=0.961) V=0.00*
No	5,994 (20.7)	5,607 (24.4)	387 (6.4)
Yes	1,121 (22.4)	972 (36.2)	149 (6.4)
Pcg substance abuse	*X2=104.7 (<0.001) V=0.05*	*X2=313.3 (<0.001) V=0.11*	*X2=1.9 (=0.380) V=0.01*
No	6,130 (20.4)	5,722 (24.2)	408 (6.4)
Substance abuse as safety concern	92 (13.6)	65 (36.1)	27 (5.5)
Substance abuse as risk factor	893 (27.2)	792 (42.5)	101 (7.1)
Scg substance abuse	*X2 =34.6(<0.001) V=0.03*	*X2=78.6 (<0.001) V=0.05*	*X2=1.0 (=0.594) V=0.01*
No	6,099 (20.8)	5,683 (24.8)	416 (6.5)
Substance abuse as safety concern	79 (13.0)	57 (30.3)	22 (5.3)
Substance abuse as risk factor	937 (23.1)	839 (32.7)	98 (6.5)
Cg history of abuse	*X2=35.0(<0.001) V=0.03*	*X2=263.2(<0.001) V=0.10*	*X2=0.3 (=0.584) V=0.00*
No	5,876 (20.4)	5,481 (24.0)	395 (6.5)
Yes	1,239 (24.0)	1,098 (38.1)	141 (6.2)

Table 32 Household characteristics by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed (N=25,678) and cases sent to CPS after investigation (N=8,322)

	Frequencies (within row%)		
	All cases	**Closed**	**Ongoing**
Overall	7,115 (20.9)	6,579 (25.6)	536 (6.4)
Number of children	*X2= 240.7 (<0.001)* *V=0.08*	*X2= 330.2 (<0.001)* *V=0.11*	*X2=7.8 (=0.04)* *V=0.03*
1-3	5,813 (19.6)	5,379 (23.8)	434 (6.2)
4-6	1,197 (29.7)	1,107 (38.7)	90 (7.7)
7-9	105 (31.1)	83 (43.2)	12 (10.6)
10-12	10 (29.4)	10 (38.5)	0 (0.0)
Age of youngest child	*X2=2.0 (=0.154)* *V=0.00*	*X2=50.8 (<0.001)* *V=0.04*	*X2=0.3 (=0.554)* *V=0.00*
Under 2 years	1,752 (21.5)	1,579 (29.4)	363 (6.6)
2 or older	5,363 (20.7)	5,000 (24.6)	173 (6.2)
Adult/partner conflict in the home	*X2= 47.5 (<0.001)* *V=0.03*	*X2=41.1 (<0.001)* *V=0.04*	*X2=5.0 (<0.1)* *V=0.02*
No	4,768 (20.9)	4,442 (24.5)	326 (6.9)
DV safety concern	317 (15.4)	264 (26.1)	53 (5.1)
Dv only	2,030 (22.3)	1,873 (28.6)	157 (6.2)
Housing problem/unsafe	*X2=29.0 (<0.001)* *V=0.02*	*X2=8.0 (=0.05)* *V=0.01*	*X2=1.5 (=0.219)* *V=0.01*
No	6,998 (21.1)	6,494 (25.5)	504 (6.5)
Yes	117 (13.6)	85 (33.3)	32 (5.3)
Ethnicity	*X2=460.3 (<0.001)* *V=0.11*	*X2=708.3 (<0.001)* *V=0.16*	*X2=18.7 (=0.001)* *V=0.04*
white	2,672 (27.5)	2,444 (35.8)	228 (7.9)
hispanic	141 (18.3)	125 (24.7)	16 (6.1)
black	346 (21.3)	323 (26.4)	23 (5.7)
asian	355 (15.1)	332 (18.4)	23 (4.3)
aboriginal	110 (31.8)	103 (46.2)	7 (5.7)
multicultural	1,828 (20.2)	1,688 (25.8)	140 (5.6)
unknown	1,663 (16.4)	1,564 (18.3)	99 (6.2)
Aboriginal child	*X2=41.9 (<0.001)* *V=0.03*	*X2=85.2 (<0.001)* *V=0.05*	*X2=1.3 (=0.240)* *V=0.01*
No	6,913 (20.7)	6,387 (25.3)	526 (6.5)
Yes	202 (31.2)	192 (45.0)	10 (4.5)

Table 33 Case-related characteristics by re-investigation within 12 months, comparing the total sample (N=34,000), cases closed after investigation (N=25,678) and cases sent to CPS after investigation (N=8,322)

	Frequency (within row%)		
	All cases	**Closed**	**Ongoing**
Overall	7,115 (20.9)	6,579 (25.6)	536 (6.4)
Prior injury to a child	*X2=7.2 (<0.01)* *V=0.01*	*X2=45.9 (<0.001)* *V=0.04*	*X2=0.1 (=0.843)* *V=0.00*
No	6,803 (20.8)	6,303 (25.3)	500 (8.4)
Yes	312 (23.9)	276 (36.2)	36 (6.6)
Maltreatment type	*X2=9.0 (<0.05)* *V=0.01*	*X2=102.6 (<0.001)* *V=0.06*	*X2=6.8 (<0.1)* *V=0.02*
EDV only	1,102 (20.5)	1,050 (23.2)	52 (6.1)
EDV co-occurring	1,165 (20.6)	1,052 (28.8)	113 (5.7)
Other type (single form)	3,507 (20.6)	3,255 (24.1)	252 (7.3)
Multiple types (other than EDV)	1,341 (22.4)	1,222 (30.6)	119 (5.9)
Previous CPS involvment	*X2=520.3 (<0.001)* *V=0.12*	*X2=957.4 (<0.001)* *V=0.19*	*X2=12.7 (<0.01)* *V=0.03*
New case	2,455 (15.6)	2,307 (17.9)	148 (5.1)
Previous investigation	2,603 (24.8)	2,443 (29.9)	160 (6.9)
Previous ongoing	2,057 (26.6)	1,829 (39.6)	228 (7.3)
Number of safety threats	*X2=193.3 (<0.001)* *V=0.07*	*X2=9.3 (<0.01)* *V=0.01*	*X2= 14.6 (<0.01)* *V=0.04*
none	5,962 (22.4)	5,635 (25.5)	327 (7.2)
1	894 (17.3)	757 (25.9)	137 (6.1)
2	189 (12.6)	138 (25.6)	106 (5.3)
3 or more	86 (10.0)	49 (35.2)	21 (3.7)
Number of risk factors	*X2=428.9(11) (<0.001)* *V=0.11*	*X2=1,269.5 (<0.001)* *V=0.22*	*X2=9.8 (=0.545)* *V=0.03*
Referral source	*X2=139.8 (<0.001)* *V=0.06*	*X2=226.6 (<0.001)* *V=0.09*	*X2=6.3 (=0.274)* *V=0.02*
police	1,666 (19.8)	1,550 (23.8)	116 (6.0)
court	175 (24.6)	160 (30.7)	15 (8.0)
professionals	1,753 (20.1)	1,584 (27.3)	169 (5.8)
school	1,410 (18.2)	1,316 (20.3)	94 (7.4)
community	1,086 (24.6)	1,028 (29.0)	84 (7.2)
family	1,025 (25.6)	941 (33.1)	58 (6.8)
Allegation verified*	*X2=487.8 (<0.001)* *V=0.12*	*X2=9.7 (<0.01)* *V=0.01*	*X2=27.7 (<0.001)* *V=0.05*
verified	1,916 (14.7)	1,536 (24.2)	380 (5.7)
Not verified	5,186 (24.8)	5,031 (26.1)	155 (9.3)

**Variable "Allegation verified" has 72 missing data.*

Figure 17 CART Model 2. Case-related characteristics as predictors or re-investigation (N=17,001)

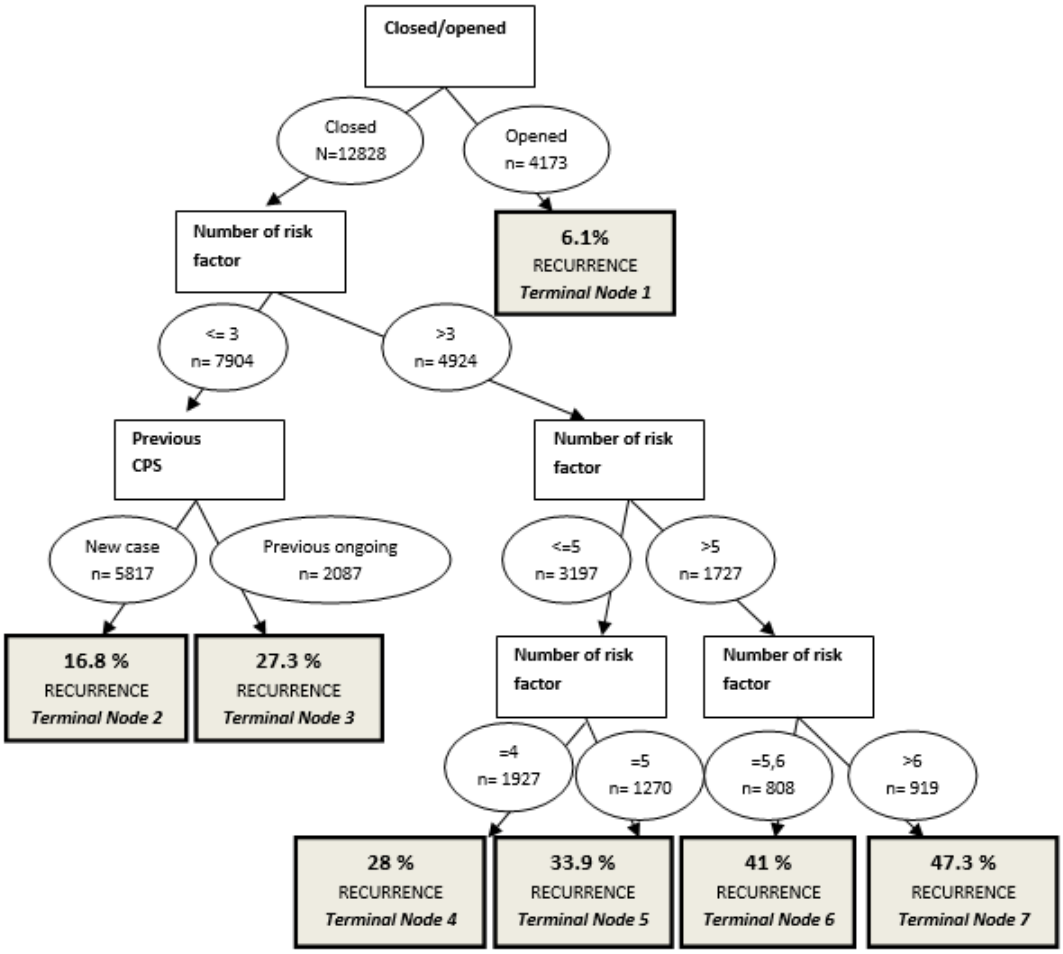
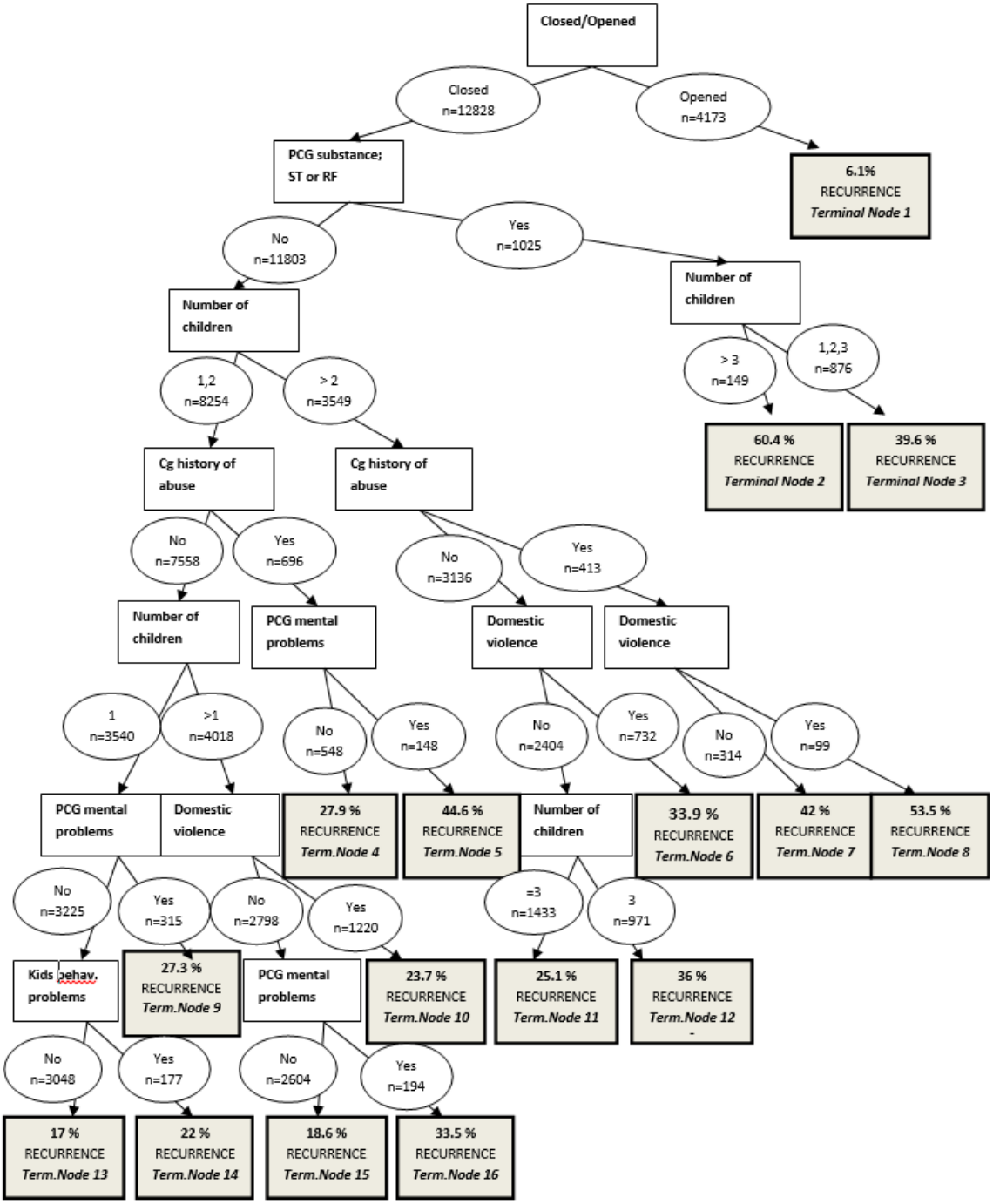


Figure 18 CART Model 1. Family characteristics as predictors of reinvestigation (N=17,001)



CONCLUSION - PRACTICAL IMPLICATIONS, STRATEGIES FOR IMPROVING DECISION-MAKING AND INDICATIONS FOR FUTURE RESEARCH

Nowadays in Western countries family violence is recognized as a social and public concern. Each community has a legal and moral obligation to promote the safety and well-being of victims of violence, which includes responding effectively to the phenomenon. Significant advances in research have oriented to new directions for policy-making and ongoing evaluations help to understand which interventions are more appropriate (Chapter 1).

At the State and local levels professionals assume various roles and responsibilities ranging from prevention, identification and reporting of violence, to intervention, assessment and treatment of the battered and perpetrators.

Although adult and child victims are often detected in the same families, child protection and domestic violence programs have historically responded separately. Differences in each system's historical development, philosophy and mandate have led to variations in responses and practice methods for child welfare caseworkers and service providers, that for a long time have lacked a mutual understanding of one another's approach. The differing opinions about whose safety is paramount has led to accusations by both systems. Child welfare advocates have criticized women service providers for discounting the safety needs of children by focusing primarily on the adult victim, ignoring the possibility that also the battered may be neglectful or abusive towards the children. Conversely, some women advocates have accused child protection workers of "revictimizing" abused mothers by placing responsibility and blame on them for the violent behaviors of perpetrators or charging them with "failing to protect" their children (Chapter 2).

More recently, both research findings regarding the overlap between domestic violence and child maltreatment and an increased public scrutiny in these situations have led some States to consider legislation that broadens the definition of child maltreatment to include children exposure. However, researchers have highlighted how children respond in varying degrees to domestic violence and cautioned against holding a unilateral position that EDV constitutes child maltreatment and warrant CPS interventions (Chapter 2). When it comes to the implementation of child welfare policies, the State is often criticized for intervening both too much and too little. Scandals associated with the death of children at the hands of their parents are used as examples of the state failure to protect their safety. At the same time, child welfare is accused to be intervening unnecessarily and with great insensitivity

in other cases. Child protection decisions have been called into question about very complex dilemmas. How can the state protect the rights of maltreated children and at the same time promote the family as the natural sphere for raising them? Which are the families where an intervention to protect the children is needed, reducing its autonomy? Is it actually possible to provide a legal base that establishes the limit of the state interventions, applicable to all cases?

Social work is asked to act in an intermediary space between the private sphere of the family, the public sphere of the state and the wider society. Social work has to mediate to potentially contradictory demands, being involved in care and control, empowerment and regulation, promoting and safeguarding (Parton, 2012). Despite the backdrop of criticism, child protection has been confirmed as the central responsibility for social work, with a general expansion that tends to broaden its field of intervention. New responsibilities in cases of domestic violence constitute an example. Child protection agencies have recently become a focal point in detecting and helping families struggling with this issue, creating new controversies and dilemmas in investigative practices. Adult victims are parents that need to ensure their children's safety, in a stage when they are struggling to ensure their own protection from the abuser. The emphasis on a family-centered approach asks caseworkers to engage perpetrators, who are either biological parents or caretakers of the children, in efforts aimed at creating healthy and stable families. At the same time separation from perpetrators may be viewed as a desirable intervention until the safety of all family members is assured. Forcing a separation however is very likely to increase the risk for the safety of the victim, leading to an escalation of violence.

How child protection professionals are responding to these complex matters in their everyday practice has been the focus of the present study. Is children exposure to domestic violence a widespread phenomenon in CPS caseloads? Do these families show particular characteristics that distinguish them from cases investigated for other forms of child maltreatment? How social workers are responding to this issue? Which are the outcomes of these cases? Are CPS agencies focusing and being effective in their attempt to help these children and families?

The context of the research was the Ontario CPS system (Chapter 4). In Canada, even if with differences across jurisdictions, child protection services are struggling to find a balance between a more forensic frame and a need-based family service approach. As in several North American contexts a growing media and political attention, especially in cases of children deaths, has led in the last decades to rapid policy and legislative changes

and the rise of more structured procedures and evidence-based initiatives. In Ontario data collection is considered crucial and strictly interconnected with policy-making. Evaluation research based on this data is assumed as necessary for the development of scientific knowledge on the issue, to determine the effects of changes in policy, laws and procedures and to develop strategies in the light of these anticipated effects. Social work research allows us to understand how many children are victims of child abuse, the characteristics of the violence they suffered, the conditions in which they live, the characteristics of their families. In addition, data analysis makes it possible to verify what kind of decisions are made by professionals involved and which services are available to the victims of abuse and the perpetrators.

This research was made possible by the Ontario Child Abuse and Neglect Data System (OCANDS), a longitudinal data system that allows analysis and monitoring of the characteristics of families that have access to the CPS system, all the decisions made by professionals and case outcomes (Chapter 4). Data collection on child abuse is not just a statistical problem. OCANDS is a collaborative effort of many partners, that includes the provincial and territorial governments, child welfare services and university-based researchers. This dataset reflects changes recently made in the process for the detection and protection of children by the social services. In 2007 the Ontario Province introduced a structured decision-making (SDM) process, one of the most widely used in North America, to orient professional intervention within a specific framework. The SDM model encompasses several assessment tools (Chapter 4), some of which are based upon a statistical modeling and other upon consensus modeling. Domestic violence indicators are included in different instruments that allow to identify DV among families in different stages of the helping process and describe the characteristics of children and caregivers who are part of those families.

In the dataset analyzed for this research domestic violence was a widespread phenomenon, present in 40.7% of the total sample, with consequences on children in 32.4% of the investigated cases (Chapter 5). The high number of cases observed is also due to an enhanced capacity to detect the events, thanks to clearer definitions of the issue. Early identification of domestic violence is the first step in achieving positive and safe outcomes for adult and child victims, that can help CPS caseworkers to create effective case plans.

In 15.8% of families EDV was found in isolation, whereas in 16.6% of cases it was detected in combination with other issues that posed the child at risk of immediate or future harm. In those dual-violence cases, EDV was present in conjunction with “other

caregiver problems that impair parenting" (65% of EDV co-occurring cases), "physical abuse" (16.3% of EDV co-occurring cases), "neglect" (8.2% of EDV co-occurring cases), "adult/child conflict" (6.3% of EDV co-occurring cases), "emotional abuse" (3% of EDV co-occurring cases) and "sexual abuse" (1.2% of EDV co-occurring cases).

The analysis was able to highlight specific characteristics of EDV cases that, when not taken into account, can lead to misinterpretation of findings. For example, looking at the subgroups of EDV cases as a whole, as it was done in previous studies (English et al., 2005, Kohl et al., 2005), may hide very important information about the profile of these families, fundamental to explain workers' decisions (Chapter 5). For example, some individual adverse conditions of the primary caregiver, such as mental health problem, alcohol abuse or history of abuse during childhood, were found more frequently in the subgroup of EDV, compared to other families. However, when analyzing separately by maltreatment types (EDV-only, EDV co-occurring, single and multiple form of maltreatment other than EDV), it was apparent that this was not a feature of families in which EDV occurred in isolation. EDV-only cases were the less problematic families, with lower rates of caregivers problems. The only characteristic that EDV-only cases shared with dual-violence families was the high prevalence of secondary caregiver problems related to substance abuse (Chapter 5).

Conversely, EDV co-occurring cases were very complex situations, with the highest number of safety threats to children and risk factors compared to other families. In addition, the analysis showed how certain characteristics distinguish EDV co-occurring cases from those investigated for multiple maltreatment types other than EDV. Families where both child and adult abuse were present had more problems related to caregivers' individual adverse conditions, but less issues with regard to parenting capacities (Chapter 5). This information helps to clarify what other studies found as evidence, but were not able to explain, highlighting how specific caregivers' problems may be associated with different decisions in the CPS trajectories, leading to different rates of ongoing services and placement.

After completing the domestic violence assessment with family members, CPS caseworkers are confronted with one of the most critical steps in the child protection process, the case decision. Findings from quantitative studies carried out on consistent samples (Black et al, 2008; English et al., 2005), contrary to analysis made on single experiences (Chapter 2), suggest that CPS agencies are not overacting in EDV cases, choosing more intensive intervention only in situations with numerous problems, that only

rarely led to child apprehension. Nevertheless, some of these authors (Lavergne et al., 2011) are concerned about the fact that DV is rarely mentioned as a primary influence on workers' decision-making, so that they recommend further research in order to evaluate if workers are intervening effectively or maybe discounting the problem (Chapter 3).

The results of this study confirm some of these findings, showing more clearly the factors underlying professionals' decisions. In the study sample of 34,000 investigations from 2008 to 2010 domestic violence was not necessarily associated with intrusive or punitive practices. As the other authors have pointed out (Black et al., 2008), it was the complexity of a case, namely the presence of multiple forms of maltreatment, that made the difference in determining higher rates of interventions. Only 15.8% of EDV-only cases were opened for CPS services, whereas dual-violence families were more likely to require intensive service provision (35.3%). Similar to previous studies, the rates of placement in dual-violence cases were lower (3.6%), when compared to investigations for multiple types of maltreatment other than EDV (7.3%). This may be explained in relation to the different profiles of these families, described above. The decision to place in foster care seemed to be taken in the most serious cases where multiple forms of child maltreatment other than EDV were detected, with a higher number of problems specifically related to parenting capacities.

The multivariate analysis showed that workers were not discounting domestic violence as a minor issue, compared to other problems (Chapter 6). Domestic violence did matter in influencing the decision to intervene, even if at certain conditions. When DV was detected as a safety threat, the rates of intervention were actually higher than the average, especially when it co-occurred with other problems. By contrast, when domestic violence was detected as a risk factor, its influence on workers decisions was weak. It was also apparent that the behavior of this variable in predicting CPS intervention was similar to that of other issues. Only when those problems were threatening the safety of the children or seriously impairing parenting capacities, they led to higher intervention rates; whereas, when they were detected as risk factors, they influenced the decision to intervene only when found in combination. This means that all the problems detected, including DV, were not assumed as harmful in themselves, but particular combinations of them influenced CPS decisions.

The analysis made also apparent that the factors that had the strongest association with the decision to intervene were not only the presence of multiple risk factors and immediate safety concerns, but most of all the substantiation disposition (Chapter 6). A substantiation disposition was made in 38.2% of the cases and among those, 51.1% were opened for

services. Only 8% of unsubstantiated cases received interventions, mostly when safety threats were detected. The multivariate analysis confirmed that the possibility to verify maltreatment was the best variable to split the sample. One possible explanation is that the substantiation process could have affected service provision by influencing caseworkers' judgments. If workers found insufficient evidence to support maltreatment and therefore did not substantiate a case, they might also have decided that CPS services or other referrals were not needed. But it is also true that, independently from workers' judgment, to open a case for services without enough evidence may be very difficult, since parents may be less inclined to work with CPS or accept other services. For example, victims of domestic violence are not always compliant clients. Often, there are legitimate explanations for an alleged victim's reluctance to work with CPS. Fear of losing their children or of further violence are significant factors explaining why even the victims can become defensive, protective, or difficult to engage.

Another possible explanation is that CPS workers did not consider their intervention as necessary in cases of exposure to adult violence, in absence of other problems. Even among substantiated cases only 31.1% of EDV-only investigations were transferred to ongoing services, compared to a rate of 58.4% for EDV co-occuring cases. Not all families experiencing domestic violence require child protective services and some are best served through community-based services. Child exposure to domestic violence does not necessarily have serious consequences on children, even if it still can be a significant factor with negative impacts in the long term (Chapter 2). The "Ontario Child Protection Standard" clearly explicates the same concept, specifying that a referral in which the only allegation is EDV does not in itself meet the definition of a child in need of protection under the Child and Family Services Act. This document asks workers to carefully asses the actual degree of children involvement and the level of child maltreatment and emotional harm to decide whether or not to intervene. In addition, it recommends to offer community-based services if the assessment of risk in not high and it does not detect other severe issues (Chapter 4). In line with these recommendations, it seems that workers did not consider the presence of a singular risk factor as inherently harmful, rather they were involved in a complex decision-making process in which different issues interacted, prioritizing the most complex cases. Since, according to some literature, it is actually an "adversity package" (Rossman, 2000), namely the presence of multiple stressors, that negatively influence children outcomes, these agencies seem to be going in the right direction. Nevertheless, a scenario that needed further analysis was the high number of

investigated cases closed without service provision. If unnecessary, also an investigation can be perceived as intrusive in the life of a family. Around 75% of all families and 85% of EDV-only cases were investigated and then closed. This means a very high number of false positive at the screening stage.

To test whether or not those decisions were appropriate, the third phase of the analysis examined case outcomes, namely their rate of re-entry in the CPS system (Chapter 7).

The first finding was that, differently from CPS intervention rates, proportions of recurrence were similar across maltreatment categories (single and multiple forms of maltreatment investigations, both with and without an EDV indication). This first evidence raised other questions. Why EDV-only cases were the less likely to receive interventions, but their rates of recurrence were similar to that of other maltreatment types? Is workers' assessment neglecting some important factors that pose children at risk of re-entry, such as the presence of domestic violence?

The answer to these questions was not straightforward, also due to methodological problems. The strongest design to evaluate CPS outcomes would have been a randomized study with investigations randomly assigned to treatment and non-treatment groups. However, there are obvious ethical issues in relation to withholding treatment to children in need, that cannot be overcome. In this study it was not possible to clearly understand which specific factors related to family members were strong predictors of recidivism, since CPS decision to intervene mediated their relationship and strongly influenced the outcome. The predictive model found for recurrence, as in many other works on recidivism, was weak (Chapter 7). Nevertheless, the analysis allowed some important considerations, especially when looking at the subsample of cases closed after investigation. First, it was the presence of multiple problems, rather than the presence of any one particular issue, that more strongly influenced the likelihood of recidivism. Splitting by maltreatment types and cases ongoing or closed, recidivism rates were higher for EDV co-occurring cases and those investigated for multiple types of maltreatment other than EDV. This confirms that intervention is needed in high risk cases. Some of these were closed but they recurred. Second, this study confirms what was found in previous researches about relevant factors that increase the probability of a future bad outcome: the presence of caregivers problems, in particular substance abuse, mental health issues, domestic violence. Also a previous history in the CPS system increased the likelihood of CPS re-investigation, as well as a higher number of children in the family.

The technique used in the multivariate stage of the analysis, the Classification and Regression Trees Analysis, was able to highlight how these factors interacted in determining the outcome (Chapter 7) and to demonstrate how a systemic perspective is of paramount importance in analyzing the outcome of CPS cases. To understand the patterns of recurrence we need to examine the complex interaction of family characteristics, case characteristics and workers differential decisions in the CPS trajectories.

With regard to caseworkers assessment the results are reassuring. Those Ontario workers did not discount domestic violence compared to other issues and were focusing on the factors that actually predict recurrence. In the decision-making process however, there appear to be a question of concern, not necessarily related with professional assessment. Among cases closed, those indicated as more complex, substantiated or not, were at higher risk for a new investigation within 12 months. Some of these families might have needed services, since they re-entered the system. If this was not the case, it is apparent that these families had multiple baseless CPS investigations. Why some of the cases, even if assessed as high risk, were than closed after investigation?

Data highlighted how factors beyond the assessment of family strengths and problems may explain this result, in particular the possibility to verify the event of maltreatment. The Decision Making Ecology model (Chapter 3) offers useful concept to interpret these findings, in that it considers decisions-making influences as a range of case, organizational and environmental factors, that interact in various way to influence decisions and outcomes. According to this model, decision making consists of three distinct elements (Chapter 3). First, a *professional assessment*, that involves a *judgment* of a situation given the current case information. Second, a *decision*, that involves a choice between possible courses of action. Third, a *decision threshold*, influenced by personal and organizational factors, that links the judgment and the decision, as it turns an assessment of a situation into a decision about action. This work was not able to account for workers' factors and their thresholds. However it was possible to recognize clear patterns, that can be interpreted within the DME framework. Worker's assessment is about the level of risk facing a child and the immediate safety threats, based on available cues and, in these Ontario agencies, framed by a structured decision-making model that influences the ways of detecting and interpreting these cues. A mix of intuition and analysis are involved in this process (Chapter 3). In addition, data showed that the factors detected in the investigation stage interacted with another fact. The actual availability of evidence that justifies a substantiation disposition strongly influenced the decision whether or not to provide

services, with consequences in terms of outcomes. Substantiation is not a decision about whether a child is at risk. Maltreatment can have occurred or even be occurring yet the child can be safe. Alternatively abuse may not have happened yet the child is unsafe. Also the standard for making this decision is not rigorous, but it is usually credible evidence or believable information and facts that lead to conclude that child maltreatment occurred. Normally this judgment is approved by a supervisor and is never qualified or judged by an outside entity. It is also important to consider that child maltreatment is a complex and dynamic phenomenon and it is difficult to talk about rigorous evidence and standards. What is one person's example of physical abuse is another's of physical discipline (Chapter 1). This is particularly true for some forms of maltreatment such as neglect, emotional abuse or children exposure to violence, that are the result of complex patterns of behavior during time more than a single event. For all these reasons, it appears that a finding of "unsubstantiated" does not guarantee that abuse or neglect did not occur. Caseworkers' decision to intervene were in part the consequence of their professional assessment, a mix of intuition and analysis, but at the same time other factors, organizational and environmental, came into play. Not only family characteristics, but also the importance attributed in this context to "reasonable evidence" to justify intervention, the way in which different members in the organization decide what is "reasonable", the collaboration and the quality of the relationship built with the client determined the outcomes of these cases.

This study has a number of implications with respect to child welfare research and practice. The evaluation of CPS performances cannot be based only on case recurrence rates, but it requires the definition of complex research design, able to account for different aspects of the process that leads to these performances. The decision-making process involves many layers of factors that are not always acknowledged. Future research could further explore organizational factors, such as those which influence professional thresholds for action, or how the actual availability of service is associated to decisions and more effective intervention for children. Also understanding the perspective of clients involved in the CPS process is of paramount importance, as well as the quality of the professional-client relationship. Some qualitative studies are already available, providing information about the process of sense-making involved in the helping process. The work by Jenny (2011), carried out in the same Province of Ontario, describes in details how professionals and mothers struggling with domestic violence brought in the relationship their values and common sense about what constitutes good parenting and risk for children,

different ways in which professionals balance intuition and structured instruments, how "intrusiveness" is also a question of perception, associated to different relationship styles. Some mothers for example reported being more satisfied by longer involvement of CPS intervention, perceived as support not as intrusiveness. These considerations make it evident the necessity to integrate quantitative and qualitative analysis to deepen our understanding of the decision-making process and provide indications and more advanced instruments for the practice field.

The combination of professional judgment and more structured procedures and tools appear to help the capacity to screening for domestic violence, leading to more accurate assessment of risk. Data seems to indicate that decisions should be more strongly based on assessment, even in absence of evidence for the allegation. The significant number of children re-referred following an unsubstantiated case disposition - a finding consistent with previous research (Connell et al., 2007) - suggests that including risk assessment results, rather than basing dispositions and decisions purely on the question of "what happened", is likely to reduce re-referral.

Given the rate of recidivism for EDV cases, in particular when families are assessed as low risk, a solution may be the introduction of post investigation preventive services, regardless of findings in the cases. Policies are actually changing in this direction. For example, the Ontario Province is improving new models of intervention such as Differential Response, an approach developed to identify lower risk families, in order to divert them to voluntary community based services (Waldfogel, 1998). This approach could keep the best interest of the child as a central focus, reducing intrusive investigations and building on family strengths. Increasing community capacity to service these situations outside of CPS is critical to prevent CPS system stepping into these families to fill service gaps (Alaggia, 2015), but also to avoid the case of unmet needs in families struggling with DV. Data should be collected specifically on the capacity of community-based services to answer effectively, preventing future harm.

Further research is also needed about the use of risk assessment instrument in EDV cases. A limitation of the risk assessment tool adopted in the Ontario CPS system is that it specifically focuses on physical abuse and neglect. In the area of adult domestic violence research, different instruments are now available to predict the likelihood of future violence against adult victims. A study on the performance of the Ontario risk assessment tool for EDV cases may be useful, as well as the attempt to integrate different tools to

discriminate those kids more at risk of re-entry and of being continually exposed to violence between parents.

Practitioners and researchers in both the area of child maltreatment and adult violence must move beyond working in isolation, in order to coordinate and evaluate their response, to ensure that discoveries made in one area can be learned in the other. Domestic violence and child maltreatment cannot be viewed separately by professionals responding to family violence. The mission of CPS is to ensure the safety and well-being of child victims. This calling, however, is consistent with the domestic violence field's goal of providing protection and strength to victims of abuse. A synchronized approach is needed by the two systems charged with intervening, to achieve their shared goal of freeing victims from abusive behaviors, working to prevent future violence and having an impact on the cultural aspects underlying this phenomenon. Intervening effectively in the lives of these children and their families is actually not the sole responsibility of a single agency or a professional group, but rather a shared community concern that requires to build a wide network of informal and formal systems able to offer a continuum of services. In fact, a number of national, State, and local initiatives throughout the North American countries are demonstrating that a collective ownership and intolerance for abuse against adults and children can form the foundation of a solid, coordinated and comprehensive approach to ending child maltreatment and domestic violence in their communities.

Domestic violence and child protection is a controversial topic, that has led to passionate and animated debates, involving contrasting theoretical frameworks and methodological choices (Chapter 1). The main lesson learned from working on this dissertation is the opportunity to overcome polarization and dichotomies, that narrow our field of vision, using them to deepen and expand what we know. Quantitative analyses are fundamental to understand the characteristics of the phenomenon, to support social and political visibility, to evaluate the intervention aimed at contrasting its negative effects. From this point of view, quantitative evidence regarding outcomes is a necessary protection of welfare and an instrument for the accountability of social work interventions, but it is not sufficient. The legitimacy and quality of social work practice is enhanced with increasing knowledge about the methods of providing help, which implies the analysis of the helping process also through the instruments of qualitative analysis.

In the everyday practice both analytical and clinical judgment are exercised, combining the use of tools that come from statistical modeling, structured guidelines and professional intuition in making decisions. Professional knowledge is the accumulation of information

garnered through theoretical, empirical, personal, practice and procedural knowledge (Drury-Hudson, 1999). The cultivation of intuition and analysis requires many years of experience, studying and training. Research and continuous education can help this effort. In the North American countries there has been a growing movement to establish a more extensive knowledge base for action, planning and evaluation of services. Instead of being focused on major negative outcomes such as tragedies occurred to children, a perspective reinforced in the media, findings from research can identify possible developments, reinforcing positive changes. Empirical research can help to build a more solid philosophical framework, able to guide caseworkers and other service providers in their everyday practices with families in which domestic violence occurs.

I would like to conclude this dissertation with a final consideration about the situation in my own country, Italy.

Unfortunately domestic violence is a widespread phenomenon both in Italy and Canada, and maybe throughout the world. In 2006, ISTAT, the national statistical agency of Italy, conducted the Italian Women's Safety Survey with a random sample of 25,000 women aged 16 to 70.6 million 743 thousand women, between 16 and 70 years of age, were estimated as victims of physical or sexual violence during their lifetime. Sixty-two per cent of women who suffered repeated violence by their partner said that their children witnessed the violence, while 16 per cent said that their children were victims of violence by the same man (their fathers). The survey provided the data needed to counter a number of false assumptions about the prevalence and nature of violence against women and to launch a campaign to prevent it. Unfortunately Italy cannot still count on a national system of collection and analysis of data about child maltreatment.

Another significant issue is the lack of administrative data from social services, which is hampering the possibility for any kind of evaluation research, which is essential in helping to identify effective programs for children and families. In general social work research is still struggling to be recognized as a significant part of the mission of the profession, either structurally or conceptually. Without an evidence-informed practice social work in Italy is in a very weak position, often unable to fight for its purposes and for those it aims to represent, the most vulnerable part of the population.

This experience in Canada has reinforced my belief that the development of both research and academic education for social workers is of paramount importance to enhance social work knowledge and methodologies of interventions, especially in the complex area of child protection. Scientific research in the specific field of social work is fundamental to

collect, analyze and disseminate data related to both social problems and professional practice. Moreover, a stronger education system with an emphasis on evidence-informed educational strategies and data-informed decision making could be the base to help practitioners of social work make more effective and extensive use of research in their studies and in practice, reinforcing a culture of evaluation.

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