

The Co-Occurrence of Child Abuse and Domestic Violence: An Issue of Service Delivery for Social Service Professionals

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ABSTRACT: In order to add to the growing literature on intergenerational rates of family violence, data were collected from a community-based child abuse agency. The study's purpose was to compare the co-occurrence of child abuse/neglect (CAN) and domestic violence (DV), and the prevalence of CAN and parent's childhood history of abuse. Data were collected from 537 families through intake and subsequent interviews in an attempt to determine the relationship among CAN and DV, and CAN and parent's childhood history of abuse. A chi-square analysis indicated significant relationships among these variables. Of the participants in this sample, 48.9% had experienced both CAN and DV. These results also indicated that 66.3% of participants had a childhood history of CAN and were currently experiencing issues of CAN with their own children. Logistic regression was utilized to examine whether families involved with Child Protective Services (CPS) were at higher risk for DV and/or parental childhood history of CAN. The results indicate that CPS-involved families were approximately three times as likely to have a parent reporting a childhood history of CAN but were not at significantly higher odds for DV. Implications for service delivery are discussed.

KEY WORDS: Child Abuse; Family Violence; Domestic Violence.

Social service professionals are continually faced with the realities of family violence. Recent research (e.g., Lampert, 1994; Shepard & Raschick, 1999) suggests a pervasive link between adult domestic violence

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(DV) and child abuse/neglect (CAN). It is estimated that the number of children exposed to domestic violence each year is between 3.3 million (Carlson, 1984) and 10 million (Straus, 1991). The number of reported cases of CAN is approximately one million each year in the United States (Department of Social and Health Services, 1996). A majority of studies investigating the co-occurrence CAN with DV estimate that these phenomenon co-occur at rates between 30 and 60 percent (Edelson, 1999b; Stark and Flitcraft, 1988; Wright, Wright, & Issac, 1997).

Research addressing the co-occurrence of CAN and DV is a fairly recent endeavor. In the mid-1970's, researchers began to define the problem and frequency of family violence. The first published articles on the problems of children exposed to family violence did not appear until 1975 (Dalton, 1999). In that year, a national survey conducted with 1,146 American families revealed that violence toward children increased with frequency of violence between spouses, and 77% of children in high violence families were abused over their lifetime (Straus, Gelles, & Stienmetz, 1980). Stark and Flitcraft (1988) conducted a landmark study of medical records of 116 mothers in a hospital setting referred for child maltreatment. Forty-five percent of the mothers' medical records showed evidence of a battering history. These findings strengthened the argument for a strong link between CAN and DV and spurred further research into the topic. A study of Minnesota child welfare cases revealed that 71% of families in crisis had issues related to DV (Shepard & Raschick, 1999).

In a more recent study, Beeman, Hegemeister, and Edleson (2000) reviewed police records for DV and cross-referenced the records with child protection referrals, finding that 64.3% of the cases were identified as dual violence families (e.g. domestic violence between partners co-existing with child maltreatment). Edelson (1999b) reviewed 35 published studies that addressed child maltreatment and DV, and concluded that the majority of the reviewed research supports the notion that a high level of co-occurrence between the two variables exists, with rates ranging from 30–60% in the examined studies.

Another factor influencing family violence and co-occurrence of CAN may be the parent's own childhood history of abuse. "The history of physical abuse during childhood has been associated with increased levels of aggressive and anti-social behavior among victims" (Edelson, 1999a, p. 839). Early physical abuse is related to increased levels of violence in the families of adult victims (Korbanka & McKay, 2000). In a 1997 study of 1,190 females, those who had been physically

abused in childhood were more likely to be involved in violent and criminal acts and to be arrested for violence against others (Spatz, Widom, & White, 1997). In a longitudinal study of 908 childhood victims of abuse and neglect, almost half of childhood victims had criminal arrest records for violent crimes (Maxfield & Spatz Widom, 1996). This research on violence identifies areas of concern that social service professionals may encounter in practice.

Helping professionals have often struggled with competing paradigms for the issues of family safety. Battered women's advocates support the woman's choice to either remain in an abusive relationship or flee, however when there are children involved, many child protective service providers require the mothers to leave their abuser or face legal consequences of failing to protect their children (Beeman, Hagemester & Edleson, 1999). This forces the DV victim to deal with even more difficult choices, which could potentially discourage help-seeking behaviors (Hart, 2001).

Even if children are not direct victims of physical violence, observing violence and being present during a violent episode can be a traumatic experience. Surveys of adults indicate that between 13 percent and 27 percent recall having witnessed their parents engaging in physical conflict with each other (Forsstrom-Cohn & Rosenbaum, 1985; Straus, 1991). In a study in of 724 child welfare cases in which mothers were interviewed, 28% of children were in the room during a domestic violence episode and 60% of children were in bed while domestic violence was occurring (Magen, Conroy, Hess, Panciera, & Simon, 2001). In a recent research study of 570 case files, 90.9% of the children at an agency serving battered women had witnessed abuse or experienced physical abuse (Avery, Hutchinson, & Whitaker, 2002).

Children who witness domestic assault exhibit increased rates of post-traumatic stress disorder (PTSD) symptoms and antisocial behaviors. A study revealed that 45% of children exposed to both forms of violence exhibited many types of negative behaviors (Markward, 1997). Another study indicated that children exposed to both CAN and parental violence had more behavior problems and more symptoms of PTSD, which included more difficulty with regulating emotional responses (Shipman, Rossman & West, 1999). Other studies suggest a perpetuation of an intergenerational history of family violence (Swinford, DeMaris, Cernkovich, & Giordano, 2000) and increased instances of post-traumatic stress disorder (PTSD) and trauma symptoms in individuals exposed to dual violence (Graham-Bermann & Levendosky, 1998).

Physiological development may also be compromised by the lack of nurturance and by the traumatic events experienced by the young child, who is dependent upon the very environment that jeopardizes the child's health and welfare. The physiological consequences that result from coping with continued violence may also have detrimental effects to the developing child's brain. In 1997, Perry summarized his extensive research on the neurodevelopmental effects of family violence on children. The findings indicate children who experience a "persisting fear state" have compromised abilities to learn and process complex cognitive information, as more "primitive parts of the brain mediate a child's behavior and cognition" (p. 9).

The objective of this study was to determine if the rate of co-occurrence of CAN and DV reported by clients at a community agency was consistent with reported rates in the previously discussed studies. This study was conducted at Spokane Child Abuse and Neglect Prevention Center (SCAN), a community-based child abuse prevention program that offers assistance to parents struggling with their parental responsibilities and effectiveness of parenting skills. Services provided by the agency include professional in-home parenting education, resource referral, case management services, and a parent-mentoring program. Clients self-refer for services. SCAN's primary mission is to strengthen family relationships and prevent CAN. The variables of interest for this study include CAN, DV, and a parental childhood history of abuse. The current research study will: 1) evaluate whether data from SCAN are similar to the results of other published data; 2) evaluate whether a relationship exists between CAN and DV among the clients served by SCAN; 3) evaluate whether a relationship between CAN and a parental childhood history of abuse exists among clients served by SCAN; and 4) raise issues of practice and treatment implications for social service professionals.

Method

Case file review was utilized for data collection. Five hundred thirty-seven case files of families, who self-referred for assistance with issues of parenting during the first 10 months of 2000, were reviewed. This number reflected all of the families who had self-referred to the agency through October of that given year. Agency case managers reviewed the files using a data collection form developed by the agency director. This form was comprised of a brief checklist that allowed the rater to indicate if the family was involved with Child Protection

Services (CPS), if DV was present in the home, and if either parent reported a history of physical abuse in childhood. Each of the raters specified whether the indicators were present in the cases based on intake and subsequent interview documentation as reported by the families during face-to-face home visits. Each family was assigned an identification number, and no identifying information was included on the data collection form. The research was approved by the sponsoring university's Institutional Review Board.

For the purposes of this study, CAN was defined by family involvement (at the time of intake with SCAN or during the time the family was open to services provided by SCAN) with CPS of the Washington State Department of Children and Family Services. Washington State Child Abuse/Neglect Revised codes defines child abuse/neglect as "the injury, sexual abuse, negligent treatment, or maltreatment of a child by any person, under circumstances which indicate that the child's health, welfare, and safety is harmed thereby" (Revised Codes of Washington, 1998). Domestic violence is defined utilizing the agency's definition as indicated by agency policy: being hit, kicked, punched, choked or threatened by a current or former partner. Parent's history of childhood abuse was defined by a self-reported disclosure by the parents of such abuse during the intake or subsequent interviews with the case manager.

Although demographic data were not collected on the case file review form, demographic information from previous years was obtained to provide a description of the agency's client base. Client statistics were obtained for the years 1990 through 1997 from agency reports. These reports revealed that 92% of the clients served were women and 8% were men. Twenty-two percent were employed, 63% received some form of public assistance, 8% received Social Security, and the source of income for 7% of the clients was unknown. Thirty percent of the agency's client base during this time frame were married and 70% were not. In terms of ethnicity, 88% were Caucasian, 4% African-American, 6% Native American, 1% Hispanic, and 1% was Asian. On average, the clients had 2.48 children who were an average of 5.55 years of age. The most common presenting problem of families served is a self-reported feeling of being overwhelmed with parenting responsibilities.

Results

Approximately half (51.1%) of the families were currently involved with CPS (see Table 1). Twelve percent ($n = 62$) of the case records contained insufficient data to identify CPS involvement. Among 201

TABLE 1
Occurrence of Abuse Type Among Participants

Variable	Yes	No
CPS involvement ^a	226 (51.1%)	216 (48.9%)
Domestic violence	201 (40.3%)	298 (59.7%)
Parent's childhood history of abuse	212 (42.6%)	286 (57.4%)

^aSixty-two (12%) of the case records contained insufficient data to identify CPS involvement.

(40.3%) of the total sample, there was a history of DV. For 212 families (42.6%), parents reported having been childhood victims of CAN.

Descriptive analyses were used to measure the relationship between CPS involvement and the two family violence variables (parent's history of childhood abuse and DV; see Tables 2 and 3). Among families with no CPS involvement, 78 (36.4%) reported DV, while 136 (63.6%) did not. Among CPS involved families, 109 (48.9%) indicated DV, and 114 (51.1%) reported no DV. A chi-square analysis was used to examine whether these differences were significant, and the results yielded a significant chi square statistic, $\chi^2 = 6.89 (1), p < .001$.

Next, the relationship between CPS involvement and parent's childhood history of abuse was examined (see Table 3). Among families with no CPS involvement, 114 (43.5%) reported a childhood history of

TABLE 2
Domestic Violence by CPS Involvement

CPS Involvement	Domestic Violence	
	No	Yes
No	136 (63.6%)	78 (36.4%)
Yes	114 (51.1%)	109 (48.9%)

TABLE 3
Parental Child Abuse/Neglect History by CPS Involvement

CPS involvement	Parent's Childhood History of Abuse	
	No	Yes
No	148 (33.9%)	66 (15.1%)
Yes	92 (21.1%)	130 (29.8%)

abuse, while 148 (56.5%) reported no such history. Among CPS involved families, 130 (66.3%) indicated a childhood history of abuse, and 66 (33.7%) reported no childhood history of abuse. Again, a chi-square analysis was used to examine whether these differences were significant, $\chi^2(1) = 33.83, p < .001$.

In addition, the data were examined to determine the extent to which dual violence existed in the sample. In this context, dual violence is defined as positive responses to both a childhood history of abuse for the parent *and* DV as an adult. Of the total sample, 128 (25.7%) experienced dual violence and 370 (74.3%) did not. Additionally, the relationship between dual violence and CPS involvement was more closely examined using chi-square analysis. The data revealed that there was a significant relation between these variables, $\chi^2(1) = 22.33, p < .001$ (see Table 4).

TABLE 4
Dual Violence by CPS Involvement

CPS Involvement	Dual Violence	
	No	Yes
No	178 (40.8%)	36 (8.3%)
Yes	140 (32.1%)	82 (18.8%)

To further explicate the relationship among these variables, logistic regression was utilized to examine whether families involved with CPS were at higher risk for domestic violence and/or parental childhood history of abuse. The results indicate that CPS involved families were approximately three times as likely to have a parent reporting a history of CAN but were not at significantly higher odds for domestic violence (see Table 5).

Discussion

The main purposes of the current study were to: 1) assess the base rates of DV, CAN, and parent's childhood history of abuse among a sample of families receiving services at a community agency; 2) evaluate the relationship between CAN and DV in the sample; and 3) evaluate the relationship between CAN and parent's childhood history of abuse among the participants. The expected outcomes were: 1) that rates of dual violence in the sample would be similar to that of other published studies of rates of 30–60 percent (Carlson, 1984, Straus, 1991); and 2) that parents with a history of abuse as children would have a high rate of dual violence occurring in their adult lives.

Univariate analyses demonstrated that more than half (51.1%) of the families in the sample were currently involved with CPS; and that among 40.3% of the families, a history of domestic violence was present. In a large percentage of cases (42.6%), parents reported having been victims of CAN themselves. These findings suggest that, as expected, the families in the sample were experiencing high levels of current and prior violence.

TABLE 5

Odds Ratios for CPS Involvement and Family Violence

Variable	B	S.E.	DF	Sig	Exp (B) Odds Ratio
Abuse history	1.102	.211	1	.000	3.010
Domestic violence	.166	.212	1	.435	1.180
Constant	-.523	.146	1	.000	.593

Bivariate analyses focused on the relation of CPS involvement and domestic violence. Among CPS involved families, 109 (48.9%) indicated domestic violence, and only 78 (36.4%) of families who were not involved with CPS reported domestic violence. The results from the chi square analysis suggest that the difference in rates of DV among families who are CPS involved is significantly different from those who are not involved with CPS. These results suggest that CAN may not be the only issue facing CPS families, as nearly half of those participants also reported DV. However, the families who were not CPS involved also reported high levels of domestic violence, with 36.4% indicating its presence.

Other bivariate analyses investigated the relationship between CPS involvement and parent's childhood history of abuse. Among CPS involved families, 130 (66.3%) indicated a parental history of CAN, while only 114 (43.5%) of families with no CPS involvement reported such an abuse history. As with DV and CPS involvement, the chi square analysis suggested significant differences between the groups. The relatively high levels of reporting of an abuse history in childhood by the parents in the sample suggest that all parents seeking services at this agency may be at heightened risk for having been abused in childhood. Notably, nearly two thirds of CPS involved families in the sample had a parent who was abused during childhood.

The issue of dual violence was also explored, with this being defined as reporting of both childhood history of abuse for the parent *and* DV as an adult. Approximately one-fourth of the sample (N = 118; 27.1%) reported dual violence, while about three-fourths did not (N = 318; 72.9%). Additional analyses supported the contention that dual violence is related to CPS involvement. Finally, logistic regression was used in an attempt to examine the odds ratios for dual violence and CPS involvement. The findings indicate that parental abuse history in childhood was a significant predictor of CPS involvement, while DV was not. These results suggest that parental abuse history might play a stronger role in child abuse and neglect than domestic violence.

In the context of service delivery to families, it is important that social work practitioners are competent in the area of resource referral and are sensitive to clients who have experienced dual violence. This study identifies key issues with which clients are coping. The findings suggest that practitioners might more stringently assess the potential long term-effects of dual violence, such as post-traumatic stress disorder, trauma-related symptoms, and compromised brain development.

This research could spur further studies in the area of examining

the long-term effects of dual violence in families and its relationship to perpetration of violence as an adult. The results suggest that there may be a connection between a childhood history of abuse and CAN perpetration as an adult parent. "In a family system that accepts violence and intimidation as a viable strategy, the parent may be the victimizer (of the child) and also the victim" (Spatz Widom, 2000, p. 351). Swinford et al. (2000) suggests that "harsh physical punishment in childhood is directly related to greater perpetration of violence against an intimate partner later in life" (p. 508). Further research is also needed in addressing childhood witnessing of violence. In instances of children witnessing violence in the home, seeing the parent in pain due to violence may raise issues of anger, power, and control for children (Peled, 1997).

While a strength of the study involves the large, community-based sample, the study is not without limitations. To begin, the measurements of demographic variables were indirect, as the agency did not collect those data at the time of intake. While it is likely that the proxy demographic measures used closely resembled the sample, the validity cannot be estimated. Another sampling-related limitation involves the usage of a clinical sample. Because all families were receiving services at the time of data collection, the amount of family problems reported may be higher in the current study than in the general population. However, the results do seem generalizable to community agencies serving families needing support services.

Additionally, the measures of CAN may lack validity. Although clients may not be directly involved with CPS, there may still be CAN occurring in the home. CAN allegations do not guarantee CPS investigation, and it is unlikely to occur if risk is determined to be less than high or moderate. The imminent harm standard required to screen in a CPS referral may exclude child witnessing of family violence. CPS allegations may also be unfounded. These conditions make it difficult to identify accurate counts of CAN. However, the study's usage of CPS involvement as a measure of CAN nonetheless provides the best available estimate.

SCAN's definition of domestic violence is also somewhat limited. For instance, the agency definition of domestic violence does not take into account types of social control. This would include not only physical forms of assault, but also limiting access to money, transportation, and social contact, along with issues of power and control. Similarly, rates of CAN and DV rates may also be underestimated. Lack of reporting of DV and the scope of the definition that SCAN utilizes may

ensure that many victims of dual violence go untreated. Another possible explanation of victims of dual violence going untreated is that social service professionals are not asking questions in the format that is conducive to accurate assessment. In an earlier study, Magen, Conroy, & Del Tufo (2001) reported that when social workers used a particular intake form with formulated questions relating to DV, there was a 300% increase in reported instances of DV. This finding supports the need for social workers to assess their intake format in an attempt to accurately identify domestic violence.

However, it is not enough to better identify cases of family violence. Additional tasks include addressing dual violence on the policy level to advocate for clients and for more funding, resources, and collaborative efforts to ensure adequate safety and assistance to victims. CAN cases are prioritized by CPS based upon the severity of the injury to the child and risk of imminent harm, due to an already overwhelmed and under-funded CPS system. Many children who suffer dual violence may not fit severity guidelines. Additional services, therefore, are needed, as prevention and early intervention programs might best benefit clients by incorporating intergenerational issues of child abuse risk.

Viewing families as the primary vehicle for social learning (Gelles, 1974) places the importance of solving family violence as paramount. The implications of family violence are well beyond individual pain. Such experiences set into motion a cycle of violence that is carried into daily social interaction with others. Future research efforts might address issues related to dual violence in a longitudinal time frame. Additionally, examining dual violence issues among a non-clinical sample would also add to the growing literature in this important area.

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