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A Profile of Exposure to Intimate Partner Violence Investigations in the Canadian Child Welfare System: An Examination Using the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008)

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Abstract:

Objectives: To provide a profile of the incidence and characteristics of substantiated exposure to intimate partner violence (IPV) investigations in Canada in 2008. **Methods:** Bivariate analyses were conducted examining four types of substantiated investigations in order to better understand the response of the child welfare system to IPV investigations: (i) investigations in which exposure to IPV was the single substantiated form of maltreatment; (ii) investigations in which another type of maltreatment (physical abuse, sexual abuse, neglect, or emotional maltreatment) was the single substantiated form of maltreatment; (iii) investigations in which exposure to IPV co-occurred with at least one other form of maltreatment; (iv) investigations in which there were co-occurring forms of maltreatment that did not include IPV. **Results:** 41% of substantiated investigations involved exposure to IPV, with 31% of investigations involving single form IPV and 10% of investigations involving IPV that co-occurred with another form of maltreatment. A total of 51% of investigations were substantiated for a single form of other maltreatment (physical abuse, sexual abuse, neglect or emotional maltreatment) and 8% of investigations were substantiated for co-occurring forms of these four types of maltreatment. The investigations were compared on family, child, case, and service characteristics. **Conclusions and Implications:** Exposure to IPV is a complex issue and demands an equally complex response that includes cross sector collaboration. Child welfare agencies receiving referrals regarding intimate partner violence should aim to identify opportunities to prevent recurrence and support the victims identified in the investigation.

Keywords:

Child welfare, child maltreatment, child welfare investigations, intimate partner violence, domestic violence

Introduction

Exposure to intimate partner violence (IPV) has become a central focus of the Canadian child welfare system. It was the largest category of substantiated maltreatment in Canada in 2008 (Trocmé et al., 2010c). In this paper, we describe the profile of IPV investigations substantiated by child welfare agencies in Canada in 2008 using data from the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). This paper provides an update on the work of Black, Trocmé, Fallon and MacLaurin (2008) which examined the response of the Canadian child welfare system to child maltreatment investigations substantiated for exposure to domestic violence (DV)¹ using data from 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003).

The specific objectives of this paper are to:

- (1) Provide an updated profile of the incidence and characteristics of substantiated exposure to IPV investigations;
- (2) Examine the differences between substantiated maltreatment investigations involving IPV and other types of substantiated investigations. Four types of substantiated investigations in the CIS-2008 were compared: (i) investigations in which exposure to IPV was the single substantiated form of maltreatment ("single form IPV"); (ii) investigations in which another type of maltreatment (physical abuse, sexual abuse, neglect, or emotional maltreatment) was the single substantiated form of maltreatment ("single form other maltreatment"); (iii) investigations in which exposure to IPV co-occurred with at least one other form of maltreatment ("co-occurring IPV"); (iv) investigations in which there were co-occurring forms of maltreatment that did not include IPV ("co-occurring other maltreatment"). These investigations will be compared on family, child, case, and service characteristics.

1 Throughout this paper, the terms domestic violence (DV) and intimate partner violence (IPV) will be used interchangeably. In the CIS-2003 the term DV was utilized and the CIS-2008 utilized the term IPV.

Literature Review

Before the 1990's, DV was perceived as a social phenomenon primarily impacting women (Friend, Shlonsky, & Lambert, 2008; Jaffe, Sudermann, & Geffner, 2000). In recent years, evidence has emerged pointing to the harmful effects of exposure to DV for children (Friend et al., 2008). There is no consensus on how to define IPV, as is evident in the varying definitions utilized in legislation, practice, and research literature (Black, 2009). Schecter and Edleson (1999) define IPV as "a pattern of assaultive and/or coercive behaviours, including physical, sexual, and emotional abuse, as well as economic coercion, that adults use against their intimate partners to gain power and control in that relationship" (p. 9). Children may be exposed to or impacted by IPV in various ways, including by visually or audibly witnessing the violence or its aftermath (e.g., physical or emotional trauma to the victim, caregiver stress, damage to home), and by coming into contact with child welfare workers, law enforcement, and hospital personnel (Carpenter & Stacks, 2009).

Child welfare agencies have become one of the key service providers for addressing the needs of children exposed to DV (English, Edleson, & Herrick, 2005). In their analysis of child welfare legislation in each state, province, and territory in the United States, Canada, and Australia, Mathews and Kenny (2008) found that although many jurisdictions did not expressly include exposure to DV, detailed definitions of abuse and neglect existed that were extended to the consequences of DV. Interestingly, Ontario is one of the few provinces/territories in Canada that does not explicitly address exposure to IPV in child welfare legislation, however, there is a high rate of exposure to IPV investigated and substantiated by child welfare authorities in Ontario. 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. This finding highlights the differences that exist between legislation and front line child welfare practice.

This paper provides an updated profile of substantiated exposure to IPV investigations, using the

approach adopted by Black and her colleagues (2008). Using data from the CIS-2003, Black et al. (2008) found that 34% of substantiated child maltreatment investigations involved some form of exposure to DV; 25% involved exposure to DV as the single form of maltreatment and 9% involved exposure to DV co-occurring with another form of maltreatment. Signs of mental or emotional harm were noted in 12% of substantiated investigations involving exposure to DV. In contrast, mental or emotional harm was more common in both substantiated investigations of co-occurring exposure to DV (31%), and substantiated investigations of other forms of maltreatment (22%). Children were placed in out-of-home care in 2% of investigations involving substantiated exposure to DV as the single form of maltreatment, compared to 10% of substantiated investigations of co-occurring exposure to DV, and 10% of substantiated investigations of other forms of maltreatment. Even when controlling for other case and family characteristics, Black and colleagues (2008) found that child welfare investigations involving exposure to DV as the single form of substantiated maltreatment were less likely than the other substantiated investigations to result in a child welfare placement.

Prevalence of IPV

The 2004 General Social Survey (GSS) reported that 7% of Canadians over 15 experienced spousal violence in the preceding five years in a marital or common-law relationship, with those under age 25 more likely than older individuals to have been victimized in the past 12 months (Mihorean, 2005). The 2004 GSS also found that one-third (33%) of spousal violence victims reported that children saw or heard this violence (Beattie, 2005). In addition, a person other than the spouse was harmed or threatened in 11% of spousal assaults, of which 44% were children under the age of 15 (Beattie, 2005).

Impact of Exposure to IPV

A large body of literature exists which examines the impact of exposure to IPV. According to the meta-analysis conducted by Wolfe, Crooks, Lee, McIntyre-Smith and Jaffe (2003), children exposed to DV experience more internalizing and externalizing difficulties than their peers. However, these authors

note that few studies controlled for the possibility that these children had been exposed to other forms of maltreatment, so these findings should be interpreted with caution. However, in a more recent study, Emery (2011) found that child abuse was strongly correlated with IPV, and that IPV was associated with internalizing and externalizing problems in children, even after controlling for violence against the child. The results of another meta-analysis conducted by Kitzmann, Gaylord, Holt and Kenny (2003) indicated that 63% of child witnesses of DV were functioning more poorly than non-witnesses, in terms of a range of behavioural, social, and academic problems. It is important to remember that conversely, 37% of the child witnesses in this meta-analysis experienced outcomes that were similar to, or better than, those of non-witnesses. These authors note that studies using methods to control for the presence of other stressors produced smaller effects sizes. Other research with infants (Carpenter & Stacks, 2009) and adolescents (Garrido, Culhane, Petrenko, & Taussig, 2011) also suggests that IPV can have serious psychosocial consequences. Taken together, these findings suggest that the impact of exposure to IPV on outcomes is likely complex and dependent on a broad range of individual, family, and contextual factors (Wolfe et al., 2003).

Children may show positive outcomes despite experiencing exposure to IPV. One study suggested that these children have similar levels of empathy and pro-social behavior to a reference group of non-clinical children (Georgsson, Almqvist, & Broberg, 2011), and another study indicated that resiliency (i.e., high competence, low adjustment problems) in these children may be bolstered by good maternal mental health and parenting skills (Graham-Bermann, Gruber, Howell, & Girz, 2009). There is also research to suggest that women who experience IPV are able to parent as effectively as women with no experience of IPV (Casanueva, Martin, Runyan, Barth & Bradley, 2008).

Service Responses to IPV

Many families who come into contact with child welfare services may struggle with issues of IPV (Hazen, Connelly, Kelleher, Landsverk & Barth, 2004). Coohey (2007) examined whether child welfare workers applied a recognizable set of criteria to determine whether exposure to DV had occurred,

concluding that workers considered whether the perpetrator or victim of DV was a caregiver, whether a child was exposed to the violence or harmed, and whether the child was protected during the incident. Variables that appeared less important to workers in their substantiation decisions included the mental health status of the victim of DV, police involvement, and the arrest of the perpetrator. LaLiberte, Bills, Shin, and Edleson (2010) sought to explore the impact of adult DV and child involvement in this violence on child welfare workers' assessments of risk. In an online survey, 152 child welfare professionals were asked to rate how important certain items would be in their professional decision making. These items related to type of violence or child involvement in violence. Overall, items related to child involvement were more influential in worker risk assessments than the type of violence present.

In a study examining child welfare service responses to DV (English et al., 2005), DV was identified as a risk factor in almost 40% of cases receiving a more intensive standard of investigation. If a DV-indicated case was classified as moderate to high risk after the investigation, it was highly likely to be opened for services. However, the worker's rating of the level of DV did not predict re-referral or placement one year later. Kohl, Edleson, English and Barth (2005) also examined the influence of DV on child welfare decision making using data from the United States' National Survey of Child and Adolescent Well-Being (NSCAW). They reported that DV alone did not appear to influence the decision to remove the child from the home, but other factors, such as high risk of injury to the child, substance abuse by the main parental figure, and the total number of risk factors in the family environment were predictive. Lavergne and colleagues' (2011) study of 1,071 substantiated child maltreatment reports revealed similar findings. Using multivariate analysis, these authors concluded that exposure to DV – whether it co-occurred with another form of maltreatment or not – was not a factor in decisions to provide ongoing child welfare services, nor a factor in placement decisions. In this study, parental factors played a larger role in decision making.

There is a need for child welfare services to collaborate with other sectors including criminal justice, health, and mental health, in order to effectively respond to DV and children's exposure to this violence (Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012). Different and competing understandings of DV and child maltreatment have created an unfortunate service landscape that is not necessarily meeting the complex needs of victims of DV, exposed young people, and perpetrators of DV (Friend et al., 2008). Some research suggests that families struggling with IPV do not have positive experiences when contacting child welfare services. Hughes, Chau and Poff (2011) conducted in depth interviews with 64 Canadian women in order to examine the impact of child protection practices on women who experienced IPV and were involved in the child protection system. In many cases, IPV was only one among many issues identified, including mental health difficulties, substance misuse, poverty, stress, social isolation and the trauma of past child maltreatment. The women in this study reported that the child welfare services they were provided did not address the underlying issues they were struggling with, particularly current IPV and the trauma of past abuse. Other Canadian research suggests that addressing IPV in the context of child welfare is problematic in several ways, specifically because it may increase the surveillance and blaming of mothers while removing accountability from the perpetrator, and it also may inhibit disclosure for marginalized women (Allagia, Jenney, Mazzuca, & Redmond, 2007).

Methods

Analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008; PHAC, 2010) dataset was conducted in order to address the objectives of this paper. This dataset contains information about key clinical factors collected during the course of a child maltreatment investigation. The CIS-2008's primary objective was to produce a national estimate of the scope and characteristics of child maltreatment investigated by child welfare organizations in Canada in 2008 (Trocme et al., 2010a). Using a multi-stage sampling design, a representative sample of 112 child welfare sites was first selected from 412 child welfare service areas in

Table 1. Definitions of Variables Examined in Analysis

Variable	Definition
Maltreatment Category	Workers could identify up to three forms of investigated maltreatment from a list of 32 codes. These 32 codes were collapsed into five major maltreatment types: physical abuse (e.g., hit with hand), sexual abuse (e.g., fondling), neglect (e.g., poor hygiene), emotional maltreatment (e.g., verbal abuse or belittling), and exposure to IPV (e.g., direct witness to physical violence). For each form of maltreatment, workers indicated the substantiation level for the investigation: unfounded (i.e., balance of evidence implied that the maltreatment did not occur); suspected (i.e., not enough evidence to confirm that maltreatment had occurred, but maltreatment could not be ruled out); or substantiated (i.e., balance of evidence implied that the maltreatment occurred). This analysis only included substantiated investigations. Four maltreatment categories were derived for the purpose of this analysis: (i) investigations in which exposure to IPV was the single form of substantiated maltreatment; (ii) investigations in which another category of maltreatment (i.e., physical abuse, sexual abuse, neglect, or emotional maltreatment) was the single form of substantiated maltreatment; (iii) investigations in which substantiated exposure to IPV co-occurred with substantiated physical abuse, sexual abuse, neglect, and/or emotional maltreatment; and, (iv) investigations in which substantiated "other" maltreatment (i.e., physical abuse, sexual abuse, neglect, or emotional maltreatment) co-occurred with an additional form of "other" maltreatment.
Age of Victim	Age of the child subject of the investigation as a categorical variable: under one year old, one to three years old, four to seven years old, eight to 11 years old, 12 to 15 years old.
Case Previously Opened	Workers were asked to indicate if the case had been opened for child welfare services in the past and could note that the case had never been previously opened, opened once before, or opened two or three times before, opened more than three times before, or that they did not know.
Duration of Maltreatment	Workers were asked to indicate the duration of substantiated maltreatment as either a single incident or multiple incidents.
Physical Harm	Workers indicated whether or not there was physical harm as a result of the investigated maltreatment.
Emotional or Mental Harm	Workers indicated whether or not there were signs of emotional or mental harm as a result of the investigated maltreatment.
Child Functioning Concerns	The following child functioning concerns were examined as part of this analysis: internalizing behaviors, externalizing behaviors, intellectual/developmental disability, failure to meet developmental milestone, fetal alcohol syndrome/fetal alcohol effects, positive toxicology at birth and physical disability. Workers could note multiple child functioning concerns.
Primary Caregiver Risk Factors	This analysis examined the following caregiver risk factors: alcohol abuse, drug/solvent abuse, cognitive impairment, mental health issues, physical health issues, few social supports, and history of foster care or group home. Workers could note multiple risk factors.
Housing Type	Workers indicated the type of housing the child and family lived in from the following options: owned home, rental housing, public housing, band housing, hotel/shelter, other, or unknown.
Overcrowding	Workers were asked to identify whether or not the child and family lived in overcrowded housing conditions.
Runs out of Money	Workers indicated whether the family regularly runs out of money for basic necessities.
Number of Moves in Past Year	Workers were asked to indicate the number of times the child and family had moved in the past year. Workers could note no moves, one move, two or more moves, or unknown.
Household Hazards	Workers indicated if there was at least one household hazard (e.g., home injury or health hazards).
Ongoing Child Welfare Services	Workers indicated whether or not the case would be transferred to on-going child welfare services.
Referral to Outside Services	Workers could indicate referrals that had been made for any family member to programs designed to offer services beyond the parameters of "ongoing child welfare services". These referrals included: parent support group, in-home family/parent counseling, other family or parent counseling, drug or alcohol counseling, welfare or social assistance, food bank, shelter services, domestic violence services, psychiatric or psychological services, special education placement, recreational services, victim support program, medical or dental services, child or day care, culture services, or other.
Out-of-home Placement	Workers indicated whether a placement was required and if so, the type of placement (informal kinship, kinship foster care, family foster care, group home or residential secure treatment facility).
Court	Workers were asked to indicate whether an application to child welfare court was considered or made.

Canada, then cases opened between a three month period from October 1st, 2008 to December 31st, 2008 within these selected sites were sampled (Trocmé et al., 2010b). The final sample selection stage involved identifying child investigations that met the CIS study criteria (Trocmé et al., 2010b). Maltreatment related

investigations that met the criteria for inclusion in the CIS included situations where there were concerns that a child may have already been abused or neglected as well as situations where there was no specific concern about past maltreatment but where the risk of future maltreatment was being assessed.

Please see Table 1 for a complete description of variables used in this specific analysis.

These procedures yielded a final sample of 15,980 children investigated because of maltreatment related concerns. The data collected for the CIS-2008 were weighted in order to derive national annual incidence estimates, first by applying a composite regionalization weight and then by applying an annualization weight. CIS estimates cannot be unduplicated because annualization weights are based on unduplicated service statistics provided by the study sites. Therefore, estimates for the CIS refer to child maltreatment investigations.

Results

Table 2 provides a breakdown of the types of substantiated child maltreatment investigations in

Canada in 2008. Forty one percent of substantiated investigations involved exposure to IPV, with 31% of investigations involving single form IPV and 10% of investigations involving IPV that co-occurred with another form of maltreatment. A total of 51% of investigations were substantiated for a single form of other maltreatment (only physical abuse, only sexual abuse, only neglect or only emotional maltreatment) and 8% of investigations were substantiated for co-occurring forms of these four types of maltreatment.

Table 3 outlines several case characteristics of the four categories of substantiated child maltreatment investigations examined in this analysis. Almost two thirds of investigations for single form IPV (63%) and more than half of investigations for co-occurring IPV (54%) involved children under the age of 8, with the largest proportion of investigations involving

Table 2. Types of estimated substantiated child maltreatment investigations in Canada in 2008

Type of child maltreatment	Sample	
	Estimated number of investigations	Percentage (%)
Single form of maltreatment: exposure intimate partner violence	26,230	31%
Single form of other maltreatment	43,620	51%
Physical abuse only	12,635	15%
Sexual abuse only	2,065	2%
Neglect only	23,641	28%
Emotional maltreatment only	5,279	6%
Co-occurring exposure to intimate partner violence	8,687	10%
Physical abuse and exposure intimate partner violence	1,484	2%
Sexual abuse and exposure to intimate partner violence	-	-
Neglect and exposure to intimate partner violence	3,773	4%
Emotional maltreatment and exposure to intimate partner violence	2,367	3%
Physical abuse, neglect, and exposure intimate partner violence	102	<1%
Physical abuse, emotional maltreatment, and exposure to intimate partner violence	375	<1%
Sexual abuse, neglect, and exposure to intimate partner violence	-	-
Neglect, emotional maltreatment, and exposure to intimate partner violence	460	1%
Physical abuse, sexual abuse, and exposure to intimate partner violence	-	-
Co-occurring other maltreatment	6,903	8%
Physical abuse and sexual abuse	190	<1%
Physical abuse and neglect	977	1%
Physical abuse and emotional maltreatment	2,281	3%
Sexual abuse and neglect	358	<1%
Sexual abuse and emotional maltreatment	-	-
Neglect and emotional maltreatment	2,295	3%
Physical abuse, sexual abuse, and neglect	-	-
Physical abuse, sexual abuse, and emotional maltreatment	-	-
Physical abuse, neglect, and emotional maltreatment	567	1%
Sexual abuse, neglect, and emotional maltreatment	146	<1%
Total	85,440	100%

Table 3. Characteristics of substantiated child maltreatment investigations in Canada in 2008

	Type of child maltreatment investigation								Chi-Square
	Single-form IPV		Single-form other maltreatment		Co-occurring IPV		Co-occurring other maltreatment		
Age of victim									
<1 year	2,563	10%	2,364	5%	661	8%	186	3%	324.92***
1-3 years	6,941	26%	6,213	14%	1,679	19%	802	12%	
4-7 years	7,173	27%	10,513	24%	2,316	27%	1,415	20%	
8-11 years	5,689	22%	10,364	24%	2,202	25%	1,900	28%	
12-15 years	3,865	15%	14,165	32%	1,829	21%	2,600	38%	
Case previously opened									
Never	11,049	42%	15,767	36%	3,490	40%	2,077	30%	71.21***
Once	5,018	19%	8,519	20%	1,219	14%	1,545	22%	
Two to three times	5,321	20%	8,779	20%	1,596	18%	1,115	16%	
More than three times	4,614	18%	10,036	23%	2,272	26%	2,093	30%	
Unknown	228	1%	482	1%	100	1%	46	1%	
Duration									
Single Incident	12,060	46%	18,851	43%	2,209	25%	1,905	28%	114.13***
Multiple Incidents	13,962	53%	24,222	56%	6,265	72%	4,893	71%	
Physical Harm									
Yes	152	1%	5,065	12%	760	9%	1,091	16%	218.05***
No	26,026	99%	38,415	88%	7,857	90%	5,783	84%	
Emotional or mental harm evident									
No emotional harm	19,439	74%	32,322	74%	4,721	54%	3,219	47%	239.19***
Signs of mental or emotional harm	6,396	24%	10,603	24%	3,798	44%	3,626	53%	
Child functioning concerns									
Internalizing behaviors	3,984	15%	13,024	30%	2,719	31%	3,496	51%	274.80***
Externalizing behaviors	4,311	16%	17,684	41%	2,609	30%	3,918	57%	416.34***
Intellectual/developmental disability	1,523	6%	5,675	13%	964	11%	1,644	24%	132.89***
Failure to meet developmental milestones	1,194	5%	4,170	10%	859	10%	1,285	19%	98.84***
FAS/FAE	176	1%	2,130	5%	371	4%	500	7%	73.95***
Positive toxicology at birth	-	-	505	1%	-	-	237	3%	41.16***
Physical disability	322	1%	815	2%	121	1%	170	2%	5.28
Primary caregiver risk factors									
Alcohol abuse	4,379	17%	8,626	20%	3,366	39%	1,975	29%	147.13***
Drug/solvent abuse	2,592	10%	7,886	18%	2,429	28%	1,448	21%	122.70***
Cognitive impairment	863	3%	3,121	7%	657	8%	901	13%	66.96***
Mental health issues	5,501	21%	10,992	25%	3,587	41%	2,910	42%	152.70***
Physical health issues	1,561	6%	4,479	10%	1,045	12%	1,302	19%	76.54***
Few social supports	8,939	34%	16,682	38%	4,442	51%	3,173	46%	64.57***
History of foster care/group home	1,913	7%	3,002	7%	1,130	13%	668	10%	28.88***
Total	26,230		43,620		8,687		6,903		

***p<.001

Table 4. Household characteristics in substantiated child maltreatment investigations in Canada in 2008

	Type of child maltreatment investigation								Chi-Square
	Single form IPV		Single form other maltreatment		Co-occurring IPV		Co-occurring other maltreatment		
Housing									125.65***
Own home	8,549	33%	13,371	31%	2,727	31%	2,212	32%	
Rental	12,638	48%	17,955	41%	3,705	43%	2,939	43%	
Public housing	2,451	9%	5,298	12%	1,070	12%	854	12%	
Band housing	387	1%	3,031	7%	412	5%	322	5%	
Hotel/Shelter	667	3%	516	1%	123	1%	103	1%	
Other	541	2%	1,014	2%	357	4%	244	4%	
Unknown	997	4%	2,435	6%	293	3%	230	3%	
Home overcrowded									
Yes	1,359	5%	4,989	11%	867	10%	1,024	15%	
No	24,338	93%	37,387	86%	7,525	87%	5,712	83%	
Unknown	466	2%	1,207	3%	295	3%	167	2%	
House regularly runs out of money for basic necessities									73.70***
Yes	2,694	10%	6,945	16%	2,339	27%	1,850	27%	
No	20,136	77%	29,469	68%	5,140	59%	3,453	50%	
Unknown	3,401	13%	7,178	16%	1,197	14%	1,600	23%	
Number of moves									189.34***
No moves	12,697	48%	21,123	48%	4,140	48%	3,411	49%	
One move	5,701	22%	8,020	18%	1,851	21%	1,516	22%	
Two or more moves	2,406	9%	4,340	10%	1,404	16%	706	10%	
Unknown	5,358	20%	10,120	23%	1,239	14%	1,269	18%	
At least one household hazard									51.40***
Yes	1,189	5%	6,360	15%	1,644	19%	1,393	20%	
No	25,042	95%	37,259	85%	7,043	81%	5,510	80%	
Total	26,230		43,620		8,687		6,903		162.21***

children aged 4 to 7 (27% in both types). In contrast, the majority of single form other maltreatment investigations (56%) and co-occurring other maltreatment investigations (66%) involved 8-15 year olds. The majority of all four types of investigations were previously opened by child welfare services. Single form IPV investigations were the least likely to have been previously opened (58%) followed by co-occurring IPV investigations (60%), single form other maltreatment investigations (64%) and co-occurring other maltreatment investigations (70%).

With regard to duration of maltreatment, investigations of single form IPV were the least likely of the four maltreatment categories to involve multiple incidents (53%) compared to single other maltreatment (56%), co-occurring other maltreatment

(71%), and co-occurring IPV (72%). Very few investigations of single form IPV resulted in physical harm to the child (1%), while 12% of single other maltreatment investigations noted physical harm as a result of maltreatment. Co-occurring IPV investigations had the second lowest proportion of physical harm (9%). Co-occurring other maltreatment investigations had the highest level of physical harm noted (16%). Emotional or mental harm was evident in 24% of both single form IPV and single form other maltreatment investigations. Emotional or mental harm was reported more frequently in investigations of co-occurring other maltreatment (53%) and co-occurring IPV (44%).

Child functioning concerns were noted less frequently in investigations of single form IPV with

Table 5. Child welfare service dispositions in substantiated child maltreatment investigations in Canada in 2008

	Type of child maltreatment investigation								Chi-Square
	Single form IPV		Single form other maltreatment		Co-occurring IPV		Co-occurring other maltreatment		
Ongoing child welfare services									
Case to be closed	17,651	67%	24,246	56%	3,355	39%	2,657	38%	222.32***
Case to stay open	8,572	33%	19,263	44%	5,332	61%	4,235	61%	
Referral to outside services									
Referral made	18,370	70%	27,783	64%	7,186	83%	5,628	82%	125.84***
No referral made	7,860	30%	15,837	36%	1,501	17%	1,275	18%	
Out-of-home placement									
No placement required	24,703	94%	35,321	81%	6,779	78%	4,682	68%	306.05***
Informal kinship care	917	3%	3,221	7%	719	8%	754	11%	
Kinship foster care	160	1%	878	2%	290	3%	476	7%	
Family foster care (non kinship)	417	2%	3,194	7%	877	10%	790	11%	
Group home or residential secure placement	-	-	843	2%	-	-	169	2%	
Child welfare court									
No court considered	22,377	92%	31,920	84%	5,317	70%	4,558	73%	206.45***
Application considered	1,083	4%	1,762	5%	711	9%	510	8%	
Application made	962	4%	4,108	11%	1,564	21%	1,176	19%	
Total	26,230		43,620		8,687		6,903		

only 15% of these investigations noting internalizing behaviours and 16% noting externalizing behaviours. In single other maltreatment investigations, 30% note internalizing issues and 41% note externalizing issues. Almost one third of co-occurring IPV investigations noted externalizing behaviours, and about one-third noted internalizing behaviours. Co-occurring other maltreatment investigations noted high rates of both internalizing and externalizing issues (51% and 57% respectively).

For primary caregiver risk factors, alcohol abuse was most likely to be a noted primary caregiver concern in investigations of co-occurring IPV (39%), followed by co-occurring other maltreatment investigations (29%), single other maltreatment investigations (20%) and single form IPV investigations (17%). This same pattern exists for drug/solvent abuse where it is a noted concern in 28% of co-occurring IPV investigations, 21% of

co-occurring other maltreatment investigations, 18% of single other maltreatment investigations, and 10% of single form IPV investigations. The proportion of investigations where mental health issues are noted is similar for single form IPV and single other maltreatment (21% and 25%). Forty-one percent of co-occurring IPV investigations note mental health issues which is similar to co-occurring other maltreatment investigations where 42% note this primary caregiver functioning concern. Many investigations noted few social supports (34% of single form IPV, 38% of single other maltreatment, 46% of co-occurring other maltreatment, and 51% of co-occurring IPV investigations).

A person who contacted the child welfare site regarding a child or children was counted as a referral source (not included in tables). Single form IPV investigations as well as co-occurring IPV investigations were most likely to be referred to child

Table 6. Referral(s) for services for substantiated child maltreatment investigations in Canada in 2008

		Type of child maltreatment investigation								Chi-Square
		Single-form IPV		Single-form other maltreatment		Co-occurring IPV		Co-occurring other maltreatment		
Type of referral										
Parent support group	2,457	9%	5,431	12%	1,283	15%	1,335	19%	29.09***	
In-home family parent counseling	2,460	9%	7,481	17%	1,869	22%	1,794	26%	100.52***	
Other family or parent counseling	8,552	33%	10,930	25%	3,455	40%	2,363	34%	21.82***	
Drug or alcohol counseling	3,573	14%	5,806	13%	3,363	39%	1,383	20%	163.55***	
Welfare or social assistance	1,430	5%	1,799	4%	665	8%	205	3%	12.27**	
Food Bank	870	3%	2,229	5%	684	8%	328	5%	18.25***	
Shelter Services	2,201	8%	802	2%	823	9%	335	5%	111.37***	
Domestic Violence Services	10,988	42%	1,590	4%	3,077	35%	430	6%	1239.06***	
Psychiatric or psychological services	2,502	10%	5,301	12%	1,479	17%	1,310	19%	26.82***	
Special education placement	169	1%	979	2%	217	2%	175	3%	21.43***	
Recreational services	388	1%	1,250	3%	192	2%	376	5%	22.58***	
Victim support program	3,315	13%	1,122	3%	910	10%	294	4%	184.22***	
Medical or dental services	413	2%	2,004	5%	530	6%	436	6%	41.21***	
Child or day care	916	3%	2,079	5%	305	4%	380	6%	11.67**	
Cultural services	917	3%	939	2%	302	3%	117	2%	8.56*	
Other	1,615	6%	4,179	10%	602	7%	740	11%	34.89***	
Total	26,230		43,620		8,687		6,903			

*p<.05 **p<.01 ***p<.001

protection sites by police (66% and 43% respectively). In contrast, school personnel were the most likely to refer both single other maltreatment investigations (31%) and co-occurring other maltreatment investigations (27%).

Table 4 outlines household characteristics for the four categories of substantiated child maltreatment investigations examined in this analysis. Housing type is very similar across the four types of investigations with the majority of all investigations renting their home. Number of moves was also comparable across the four categories with just under half of all investigations noting no moves in the past year. Single form IPV investigations were the least likely to have home overcrowding (5% of investigations) and household hazards (5% of investigations) reported. These investigations were also the least likely to have noted that the house regularly runs out of money for basic necessities (10% of investigations).

Table 5 outlines the child welfare services involved with these investigations. Single form IPV investigations were the least likely to remain open for ongoing child welfare services (33%) followed by single other maltreatment investigations (44%). Sixty-one percent of both co-occurring IPV investigations and co-occurring other maltreatment investigations were to remain open for ongoing child welfare services at the end of the investigation. A referral to outside services was made in a majority of all types of investigations; 64% of single other maltreatment, 70% of single form IPV, 82% of co-occurring other maltreatment and 83% of co-occurring IPV.

There were very few single form IPV investigations which required a formal out-of-home placement for the child (3%), compared to 11% of single other maltreatment investigations, 13% of co-occurring IPV investigations, and 20% of co-occurring other maltreatment investigations. Similarly, an application

to child welfare court was least likely to be made for single form IPV investigations with no child welfare court considered in 92%. In contrast, a court application was made in 21% of co-occurring IPV investigations, 19% of co-occurring other maltreatment investigations and 11% of single other maltreatment investigations.

Table 6 presents the types of referrals that were made to programs designed to offer services beyond the parameters of “ongoing child welfare services”. As expected, in both types of IPV investigations, a large proportion were referred to DV services. Investigations in all categories were commonly referred to other family or parent counselling services. Single other maltreatment, co-occurring other maltreatment, and co-occurring IPV investigations were also often referred to in-home family or parent counselling. Co-occurring IPV investigations were also very likely to be referred to drug or alcohol counselling (39%).

Discussion

This paper described the profile of IPV investigations substantiated by child welfare agencies in Canada in 2008 using data from the CIS-2008. With 41% of substantiated investigations involving exposure to IPV, this maltreatment type is undeniably a central focus of the Canadian child welfare system. Investigations substantiated for single form IPV and co-occurring IPV appeared similar in some respects. These two categories of substantiated investigations were more likely to involve younger children. It could be that families with young children are reported to child welfare authorities more often for IPV related concerns because it is perceived that these children are more vulnerable than older children and youth. Or perhaps, child welfare authorities are more likely to respond to reports of IPV in families with young children, because of the clear opportunity for early intervention. Alternatively, it may be that families with young children are more likely to struggle with IPV concerns. Future research should explore these possibilities. Families substantiated for single and co-occurring exposure to IPV were also similar in that they were least likely to have previous involvement with child welfare authorities, suggesting that maltreatment concerns may not have arisen in the

past. However, this finding could also reflect the younger children involved in these investigations, as there is less time for these children to come into contact with child welfare compared to older children.

Investigations of single form IPV were 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. Some studies highlight the concern that families investigated by child welfare for exposure to IPV have a high rate of case substantiation but are then closed without referrals for needed services unless IPV co-occurs with another substantiated form of child maltreatment (e.g., Hughes et al., 2011). In our analysis, we found that investigations of single forms of IPV were more likely than single forms of other maltreatment to be referred to an internal or external service. This may represent a strong protective factor for families struggling with IPV, as the child welfare system may act as a point of contact to stream these families toward more specialized and less intrusive services.

In several ways, substantiated investigations of single form exposure to IPV were similar to investigations of single form other maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment). Rates for duration of substantiated maltreatment, caregiver mental health and social supports, and emotional harm were comparable between single form IPV investigations and single form other maltreatment investigations.

Additionally, substantiated investigations of co-occurring exposure to IPV were similar in many ways to investigations of co-occurring other maltreatment. These two distinct types of investigations were similar in terms of duration of maltreatment, emotional harm as a result of maltreatment, socioeconomic factors (housing type, running out of money, household hazards), as well as service dispositions including case transfer, referrals, and court applications. This may suggest that the profile of investigations involving multiple co-occurring forms of substantiated maltreatment is similar across maltreatment

typologies. It may be that the cumulative number of forms of maltreatment is more important in classifying cases than the type of maltreatment. Future studies should examine this possibility.

Substance misuse appears to play an important role in families with co-occurring exposure to IPV. In 39% of these investigations, alcohol abuse was identified as a primary caregiver risk factor and in 28% drug/solvent abuse was identified as a risk. Referrals to drug and alcohol counseling were common in these investigations (39%) suggesting that workers were often identifying this as a need. The co-morbidity of IPV and addictions issues highlights the complexity of the needs of these families. Collaboration across numerous social service sectors may be an important next step in improving services to these families.

In 2003 (Black et al., 2008), 34% of substantiated investigations involved some form of exposure to DV. In 2008, the percentage of substantiated investigations involving exposure to IPV increased to 41%. This increase is primarily accounted for by the number of investigations involving exposure to IPV as the single form of maltreatment (25% in 2003 versus 31% in 2008). In 2008, workers were more likely to identify that the child or youth was displaying emotional or mental harm as a result of substantiated single form exposure to IPV and substantiated co-occurring exposure to IPV. Whereas in 2003, workers identified emotional harm in 12% of substantiated single form DV investigations, in 2008, workers identified emotional harm in almost one 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. It could be that in 2008, child welfare workers were better trained in IPV issues and therefore better able to detect and identify emotional or mental harm in children exposed to this violence. Alternatively, it may be that more children experienced emotional or mental harm in 2008. Placement rates were similar for single and co-occurring IPV investigations in 2008 and 2003. The comparisons between the 2008 and 2003 cycles must be tested to assess if any differences in findings are statistically significant. The CIS Research Team will publish future papers on this topic.

This analysis provides important information about families who struggle with IPV and other forms of maltreatment. A large number of families come into contact with the Canadian child welfare system due to issues of IPV. This identification presents as a potential opportunity to offer support and services to families who may need them as a result of a stressful and traumatic event. Resilience in the context of exposure to IPV is generally conceptualized as resources available to a child that provide protection from the violence, facilitate adaptation, or promote recovery (Margolin, 2005). To support resilience in young people exposed to IPV and their families, child welfare agencies should identify opportunities to prevent recurrence and support the victims identified in the investigation. Young people and their families may benefit most from a continuum of support that ranges in formality, from natural supports within the family or community to more formal interventions offered by child welfare and other social service sectors (Gerwitz & Edleson, 2007).

More research is needed to understand factors that promote resilience in children and youth exposed to IPV. Protective or resilience variables to explore could include social competence, intelligence, self-esteem, temperament, strong sibling relationships, strong peer relationships, and supportive adult relationships (Carlson, 2000; Edleson, 1999; Hughes, Graham-Bermann, & Gruber, 2001). Further research is also needed to determine what the specific role of the child welfare system should be in responding to IPV and also the most effective ways to help families in need.

Limitations

CIS estimates do not include (1) incidents that were not reported to child welfare, (2) reported cases that were screened out by child welfare before being fully investigated, (3) new reports on cases already opened by the child welfare sites, and (4) cases that were investigated only by the police. This specific analysis did not include cases that were investigated only because of concerns about future risk of maltreatment. There were slight methodological changes across cycles of the CIS and therefore comparisons should be made with this in mind. Three limitations to the weighting estimation method should be noted. The agency size correction uses child population as a proxy

for agency size; this does not account for variations in per capita investigation rates across agencies in the same strata. The annualization weight corrects for seasonal fluctuation in the volume of investigations, but it does not correct for seasonal variations in types of investigations conducted. Finally, the annualization weight includes cases that were investigated more than once in the year as a result of the case being re-opened following a first investigation completed earlier in the same year. Accordingly, the weighted annual estimates represent the child maltreatment-related investigations, rather than investigated children. There are also specific limitations in conducting research on exposure to IPV. For example, defining “exposure” to IPV is difficult and confounded by IPV simply occurring in a family with children. Also, emotional harm that results from exposure to IPV may not appear until long after the exposure, which limits the interpretation of cross-sectional research like the CIS.

Conclusions and Implications

Exposure to IPV is a complex issue and demands an equally complex response that includes cross sector collaboration. It is important for the child welfare field to engage in knowledge sharing with other sectors in order to learn how to best respond to families in need of support. Knowledge of available child welfare services should be shared with families and communities, so that when families need help with IPV they can view child welfare services as a potential source of support.

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