

The Sounding Board:

News and Reviews in Child Welfare

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“Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation: The Limiting Effects of Domestic Violence,” by John Eckenrode, Barbara Ganzel, Charles R. Henderson Jr., Elliot Smith, David L. Olds, Jane Powers, Robert Cole, Harriet Kitzman, Kimberly Sidora, Journal of the American Medical Association, Volume 284, No. 11, September, 2000.

“Domestic violence in one state’s child protective caseload: A study of differential case dispositions and outcomes,” by Diana J. English, Jeffrey L. Edelston, Mary E. Herrick, Children and Youth Services Review, 27, November, 2005.

“Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well – Being,” by Patricia L. Kohl, Jeffrey L. Edelston, Diana J. English and Richard P. Barth, Children and Youth Services Review, November, 2005.

David Olds’ Elmira, New York study (1978 -80) has been widely cited in the scholarly literature as evidence that nurse home visitation programs prevent child abuse and neglect. The Elmira study followed 400 women randomly placed into one of four treatment groups: (1) in group 1, 94 women were provided sensory and developmental screening for the study child at ages 12 and 24 months. (2) In group 2, 94 families received these same screening services and free transportation for pre – natal and well – child care through the study child’s second birthday (3) In group 3, 100 women were provided the same screening and transportation services given to group 2 and were also assigned a nurse who visited them during pregnancy. (4) In group 4, 116 families received the same services as group 3 and the assigned nurse continued to visit through the study child’s second birthday. These women were visited by a nurse an average of 9 times during pregnancy and 23 times following the child’s birth.

“Four percent of the nurse visited families had a verified maltreatment report before the child’s second birthday, in contrast to 19% in a comparison group receiving routine perinatal care,” the authors state. However, differences in child maltreatment rates disappeared by the time children in the Elmira study were 4 years old. Surprisingly, a 15 year follow up study of the Elmira trial found substantial long term effects on child maltreatment reports and verified child maltreatment. Women in the nurse home visited group had half as many child maltreatment reports as families in the comparison group by the time children in the study were in their mid to late teens. Scholars continue to speculate (and debate) why nurse home visiting and the Chicago Parent – Child Centers (see my recent Sounding Board on this subject) have long term delayed effects on child maltreatment rates.

In the 15 year follow up study of the Elmira families summarized in this article, 324 mothers (81% of the original sample) and children completed assessment forms that included the violence subscales of the Conflict Tactics Scale as a way of measuring exposure to domestic violence. “For the purpose of these analyses, we used a measure that consisted of the total number of times the mother reported having experienced any form of partner – perpetrated violence since the birth of the study child,” Eckenrode, et al, state. Violent incidents reported by mothers were classified as involving major or minor violence as defined by Murray Strauss, a well known researcher in the family violence field. CPS records in New York State and several other states in which families resided were examined for substantiated CPS reports and for key features of substantiated maltreatment incidents.

Noteworthy findings of this 15 year follow up analysis include:

- Almost half (48%) of the mothers in the total sample (n = 324) reported at least one incident of domestic violence since the birth of the study child; for women reporting domestic violence, the mean number of incidents was 43.1 and the median was 11.7.
- For women in the control group (i.e., did not receive home visits), 22.7% experienced domestic violence and were in a family with at least one confirmed child maltreatment report.
- The effect of nurse home visitation on child maltreatment rates decreased as the level of domestic violence increased; however, nurse home visiting continued to have significant positive effects on the child maltreatment rate in families with 28 or fewer incidents of domestic violence.
- In all treatment conditions, effects of services on child maltreatment rates were non-significant for mothers reporting more than 28 incidents of domestic violence over the 15 years since the study child’s birth; slightly more than one third (36.4%) of mothers reporting domestic violence indicated that they had experienced more than 28 violent incidents.
- The effects of domestic violence in limiting the impact of nurse home visiting on child maltreatment rates did not vary as a function of severity of violence.
- Mothers reporting more than 28 incidents of domestic violence were significantly more likely to be named as perpetrators of child maltreatment. The authors comment that “Finding a significant interaction effect when the maltreatment outcome focused on reports involving only mothers as perpetrators rules out the possibility that the effects observed were the result of the same partners committing violence against both the mothers and the children.”
- Domestic violence significantly moderated the effect of nurse home visiting on the risk of physical abuse, sexual abuse and neglect.
- Domestic violence did not have an impact on treatment effects for other maternal or child outcomes tracked in the study, including months on welfare, number of arrests, number of subsequent children, substance abuse, run- aways, juvenile arrests and convictions, adolescent sexual activity or teen substance use.
- Number of nurse home visits did not explain the effects of domestic violence on child maltreatment rates; “the presence of domestic violence was associated with slightly more, rather than fewer, nurse visits,” the authors state.

Perhaps it is not a surprise that large doses of family violence would sometimes have a detrimental effect on victims' parenting capacities; but the finding that 2-3 years of nurse visitation did not reduce child maltreatment rates in families with more than 28 incidents of domestic violence in 15 years raises the question of what services CPS programs should be offering these families.

Diana English, Jeff Edelman and Mary Herrick conducted a study of all cases reported to CPS in Washington State from July 1, 1996 through June 30, 1997 and, in addition, collected in-depth data on 2000 cases from the larger 1 year cohort. Domestic violence was identified as an issue at intake in 38% of cases accepted for investigation and 47% of cases assigned a high risk standard of investigation, i.e., cases actually investigated through in-person contact with family members. Of the 16,451 investigated cases in which domestic violence was identified as an issue, 11,203 (68.1%) were classified as no risk or low risk after investigation, the usual prelude to quickly closing cases in Washington's CPS system. Almost a third (5,243, 31.9%) of the cases with domestic violence were classified as moderate to high risk after investigation, and almost two thirds (3,275, 62.4%) of these cases were opened for services. Children were placed in 80% (n = 2,643) of these cases within 1 year of the target referral.

In addition, 38% of the cases (1973 families) with domestic violence issues assessed by CPS investigators as moderate to high risk were closed after investigation; these families received very few, if any, services. In summary, approximately four fifths of the 16,000 plus families identified at intake as having domestic violence issues were not opened for services following the CPS investigation; but in 80% of the 3275 families with domestic violence issues kept open after investigation, out of home placement occurred within a year of the target referral.

How did these 3275 families differ from the 13,000 families with domestic violence issues closed out after investigation? According to English, et al, in cases involving out of home placement, "Factors related to the primary caregiver included a history of moderate or severe victimization of other children (odds ratio 1.71), repeated or chronic victimization as a child (odds ratio 1.61), withholding affection and nurturance from the child (odds ratio 1.88), superficial understanding or denial of the problem (odds ratio 1.90), inconsistent and unreliable protection of the child (odds ratio 2.09) and sporadic or isolation from social support (odds ratio 2.04). In terms of the secondary caregiver, assessed severe stress (odds ratio 1.86) and access to the home (odds ratio .40) were significant predictors of placement." In other words, families in which nurturance and protection of children by the primary caregiver was assessed by caseworkers as severely compromised were more likely to lose custody of children. These authors also comment on a 2002 study by English, et al, which "found that there is a 10% increase in the likelihood of placement for each prior referral to CPS."

English, Edelman and Herrick found that half of cases with indicated domestic violence at investigation had a subsequent CPS referral within 1 year; furthermore, the re-referral rate was not reduced by in-home services. It is difficult to avoid the conclusion that in the mid- 1990s, CPS units in Washington State had not found a set of services that had much effect on child maltreatment rates in families with domestic violence histories, and were at a loss for how to help mothers who were DV victims with their parenting issues when deficiencies in maternal protection and nurturance were assessed as key risk factors. Hopefully, this situation has improved in recent years with the increased emphasis on the safety of adult victims of domestic violence in child protection cases and the increased availability of victim advocacy / support programs. Additional research regarding the effectiveness of services in reducing child maltreatment for both victims and perpetrators of domestic violence is badly needed.

This Washington State study found that slightly less than one in six families with identified domestic violence at intake had a child placed out of the home within 1 year of the CPS referral. This is more than double the CPS placement rate for DV cases found in a 2005 study based on the National Study of Child and Adolescent Well Being (see Kohl, Edelman, English and Barth, 2005). However, both studies conclude that domestic violence alone has limited influence on caseworkers' decision making around child placement. Kohl, et al, conclude that "families with domestic violence entering the child welfare system seemed to be burdened with multiple problems that contributed to the CWS response, independent of their DV experience."
