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Responding to intimate partner violence: Child welfare policies and practices

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Abstract:

Objectives: To examine the child welfare service response to families referred to the child welfare system in Ontario, Canada due to concerns about intimate partner violence (IPV). **Methods:** Bivariate analyses of a representative provincial dataset were conducted examining two types of maltreatment investigations: (i) investigations in which exposure to IPV was the only form of maltreatment; (ii) investigations in which exposure to IPV co-occurred with at least one other form of maltreatment. A stepwise logistical regression approach was used to determine statistically significant predictors of the decision to provide ongoing child welfare services. **Results:** Secondary data analyses of the OIS-2008 revealed that significant predictors of the decision to provide ongoing child welfare services to investigations referred by the police for exposure to IPV included whether the exposure co-occurred with another form of maltreatment, child aggression or depression and several caregiver risk factors including physical health, drug abuse, mental health issues and few social supports. **Conclusions/Implications:** The current approach to responding to cases of IPV is inefficient – families are referred for services multiple times but the cases are not opened for ongoing services indicating that the family's needs are not being met. Suggestions are made for improving the child welfare service response.

Keywords:

Intimate partner violence, child maltreatment, child welfare.

Introduction

The number of substantiated maltreatment investigations that focused on children's exposure to intimate partner violence (IPV) increased dramatically in Canada over the 10 year period between 1998 and 2008 (Trocmé et al., 2010). In 1998, 1.42 investigations per thousand children in Canada were substantiated for exposure to IPV. In 2008, this rate increased to 4.86 investigations per thousand children (Trocmé et al., 2010). Overall, 34% of all substantiated maltreatment investigations conducted in Canada in 2008 focused on exposure to IPV (Trocmé et al., 2010). Police are the most common source of referral for IPV

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investigations yet there are few studies which address the rationale and processes behind the response to children who are exposed to IPV.

The Child and Family Services Act (CFSA) is Ontario's legislation for child welfare. Section 37(2) of the CFSA defines a child in need of protection (CFSA, 2011). Exposure to IPV (IPV) is not listed as a specific reason for investigation. However, Ontario's child welfare screening tool, the Eligibility Spectrum, interprets the CFSA for child protection workers (OACAS, 2006). This screening tool includes exposure to IPV as a reason to investigate families and children. The police may also interpret a child who is exposed to IPV as a reason to refer to a child protection agency.

The impact of police and child protection investigations on children who are exposed to IPV is not well understood in the literature. We examined the child welfare response to IPV investigations referred from the police using data from the 2008 cycle of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2008; Fallon et al., 2010). Based on the findings of these analyses, we then propose service delivery alternatives for the field.

Literature Review

A Profile of Intimate Partner Violence in Canada

Intimate Partner Violence (IPV) is a significant concern in Canada. Family violence accounts for 26% of violent crime in Canada, with 49% attributed to intimate partners (Statistics Canada, 2013a). In general, intimate partner abuse affects 6% of men and women in Canada (Statistics Canada, 2011), though women are four times more likely to be the victim in an abusive relationship compared to men, making up about 80% of all IPV victims (Statistics Canada, 2013a; Sinha, 2012). In 2011, 78,000 domestic incidents against women were investigated by police (Statistics Canada, 2013b).

Women who are between the ages of 25 and 34 are most at risk of being in a violent relationship, followed by those aged 15 to 24 (Statistics Canada, 2011). Women are more likely to be victimized during a current relationship, rather than by a previous partner (Sinha, 2012). Approximately 11% of victims report being pregnant during a domestic assault (Sinha, 2012). IPV incidents are more likely to occur in rural areas, where the IPV rate is 855 per 100 000 women, compared to a rate of 469 per 100 000 in urban areas (Sinha, 2012).

Childhood exposure to IPV may put females at an elevated risk for both IPV in adulthood and sexual assault (Schewe, Riger, Howard, Staggs, & Mason, 2006). Indeed, victims of IPV are more likely than non-victims to have been abused as a child, with 50% reporting physical abuse and 75% reporting sexual abuse during childhood (Sinha, 2012).

Exposure to IPV and Child Maltreatment

According to mothers' self-reports, approximately half of all IPV incidents are witnessed by children, and in 5% of these incidents, the children were physically harmed while attempting to intervene (Sinha, 2012). In general, children who are exposed to IPV are at risk in two ways. First, exposure to IPV can be considered a form of maltreatment due to the emotional impact of witnessing violence or its aftermath, and due to the potential for children to be physically harmed during a dispute. Second, IPV has been found to co-occur with other types of child maltreatment, including physical, sexual, and emotional abuse or neglect (Brown & Hamilton, 1999; Chang, Theodore, Martin, & Runyan, 2008). In 31% of all substantiated maltreatment investigations in Canada in 2008, exposure to IPV was the sole concern, while approximately 10% of substantiated investigations involved exposure to IPV and at least one other type of substantiated maltreatment (Lefebvre, Van Wert, Black, Fallon, & Trocmé, 2013). These numbers have grown since 2003, when 34% of substantiated maltreatment

investigations involved some form of exposure to IPV (Black, Trocmé, Fallon, & MacLaurin, 2008).

Research on the effects of exposure to IPV on children has found that under certain conditions, children can experience short and long term detrimental effects. The negative impact of IPV exposure is mediated by a number of factors (Edleson, 1999; Gewirtz & Edleson, 2007; Osofsky, 2003). For instance, children, especially girls, who are exposed to physical, but not verbal or emotional, IPV are more likely to exhibit bullying behaviors (Baldry, 2003). Furthermore, children, particularly boys, who are harmed during an IPV incident are more likely to have mood disorders than those who only witness the violence or those who become involved in the dispute, but are not injured (Bayarri, Ezpeleta, & Granero, 2011). Graham-Bermann and Perkins (2010) found that the length of exposure has a greater impact on behavioral problems than the age of first exposure. In other words, even if a child is exposed to IPV at a very young age, if the exposure is of short duration behavioral problems are less than for a child exposed for a longer period of time. Research on children who are exposed to IPV in general focuses on physical altercations. Research has yet to explore the impact of exposure to emotional and psychological IPV on children (Watson MacDonell, 2012).

Other research has found that controlling for risk factors impacting the family, such as poverty and community violence, renders the impact of IPV exposure non-significant for children (Moylan et al., 2010). However, for children who are both exposed to IPV and victimized by another form of child abuse, the risk of developing internalizing and externalizing behaviors is significantly higher than for a control group of non-exposed children (Moylan et al., 2010).

Several meta-analyses have been conducted to determine the overall effect of exposure to IPV on children. Evans, Davies, and DiLillo (2008) found a moderate effect size of .48 for internalizing symptoms and .47 for externalizing symptoms for children exposed to IPV (Evans et al., 2008). The comparative effect size by gender for externalizing symptoms indicates a stronger relationship between exposure to IPV and externalizing symptoms for boys than girls. Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe (2003) found a much smaller effect size of .28 for externalizing and internalizing symptoms of boys and girls, though they did note significant delays in developmental outcomes as a result of exposure to IPV. Another meta-analysis found small to moderate effect sizes, .29 to .48 for internalizing behaviors and .35 to .46 for externalizing behaviors (Fowler & Chanmugam, 2007).

Signs of mental or emotional harm were identified in approximately 12% of substantiated exposure to IPV investigations in Canada in 2003 (Black et al., 2008). In approximately 15% of substantiated exposure to IPV investigations in Canada in 2008, child internalizing problems were identified; in 16% of these investigations, child externalizing problems were identified (Lefebvre et al., 2013). The rate of physical harm is very low in these investigations. In only 1% of substantiated exposure to IPV investigations, physical harm to the child was identified (Lefebvre et al., 2013).

Exposure to IPV Policies and Their Effects on Families

Various policy initiatives have been developed to address the effects of IPV exposure on children and families. These policies include mandatory reporting, failure to protect, and differential response. Though they have been widely implemented in Europe, Australia, and North America, the structure and effects of these policies vary by region (Mathews & Kenny, 2008). For instance, Kentucky and California both have mandatory reporting laws, however, Kentucky offers follow-up support services for victims and their children, and victims of IPV report satisfaction with this policy, while victims in California, who do not receive follow-up support services, tend to oppose mandatory reporting (Antle, Barbee, Yankeelov, & Bledsoe, 2010).

Another consequence of mandatory reporting is the dramatic increase in cases referred to child protection services. For example in 1999, Minnesota passed legislation on mandatory reporting of children exposed to IPV; however, without the financial and programming supports in place the child welfare field was soon flooded with reports, resulting in huge increases in workloads and fewer available services for those who needed them most (Edleson, Gassman-Pines, & Hill, 2006). The legislation was repealed in

less than a year. Jaffe, Crooks, and Wolfe (2003) call for a cessation of mandatory reporting laws until the child welfare field receives adequate training and appropriate funding for responding to the unique needs of these families.

Failure to protect laws charge non-violent parents for failing to prevent children from witnessing intimate partner violence (Kantor & Little, 2003). These laws have been criticized as they result in the re-victimization of women (Kantor & Little, 2003). Edleson (1998) outlined the consequence of failure to protect laws most effectively: "Strategies implemented by these mothers may fail in the face of persistent abuse and communities unwilling to offer realistic safety and economic alternatives, but it is unfair to characterize our collective failure to rein in abusive men as battered mothers' failure to act" (p.295). As a consequence of the fear of persecution, women might become less willing to disclose the abuse (Alaggia, et al., 2007).

An unintended consequence of mandatory reporting and failure to protect legislation is that it can re-victimize mothers by putting the onus on them to stop the violence, instead of on the perpetrator (Antle, et al., 2010). Even when exposure to IPV is not specifically identified in legislation as a form of maltreatment, agencies can still include it in their own risk assessments and reporting practices (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). Often, the child's safety and the mother's safety are judged to be independent, wherein a mother might be blamed for not keeping her child safe from the abuser even though she herself is also being abused (Alaggia et al., 2007). Public opinion tends to be biased against mothers and places responsibility on them for failing to stop violence that they did not perpetrate (Weisz & Wiersma, 2011).

One method of removing the need for a full child protection investigation is to offer differential response services. Differential response is an attempt at protecting children and providing services to families that does not necessitate full child protection intervention, but is instead focused on assessment and service delivery (Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012). Though programs vary, the aim of the differential response approach is to provide voluntary services to at-risk families to prevent crises from occurring (Alberta Children's Services, 2003). Several Canadian provinces have turned to differential response programming. Alberta initiated a differential response program in 2002 to stream low risk cases away from more invasive child protection services (Alberta Children's Services, 2003). British Columbia also implemented the family development response (FDR), a differential response program for low risk families, in 2003 (Marshall, Charles, Kendrick, & Pakalniskiene, 2010). Analyses of the effectiveness of these programs are not yet available. Ontario has yet to implement wide-scale differential response programs, however several provincial government commissions over the last 10 years have recommended that these programs be set up (Ministry of Child and Youth Services, 2005). As a result, the policy structure is in place to implement differential response programs, but further information is needed on what cases should be streamed to them in the Ontario context.

Ontario Context

As previously stated, the Child and Family Services Act in Ontario does not specifically list exposure to IPV as a form of maltreatment. However, exposure to IPV is the most frequently investigated primary form of substantiated maltreatment in Ontario, accounting for 39% of investigations (Fallon et al., 2010). Police are the primary referral source for investigations involving exposure to IPV in Ontario (67% of all IPV investigations) (Trocme et al, 2013). At the same time, 75% of IPV cases are closed at the conclusion of the initial investigation period (Fallon et al., 2010). Understanding the clinical and service dispositions associated with the investigation provides a more complete representation of how children and families are served. This will assist the child welfare and policing fields in determining ways of coordinating the needs of families presenting with concerns around IPV.

Methods

The OIS-2008 data were analyzed in order to understand the outcomes for children who are referred to child protective services from the police. The OIS is part of the larger national Canadian Incidence Study of Reported Child Abuse and Neglect. The primary objectives of the OIS/CIS are to determine the rate and

characteristics of reported child maltreatment, and to document the service decisions made during the course of routine child protection investigations (Trocmé et al., 2010). A multi-stage sampling design was used to select 23 child welfare agencies in Ontario, and then to select cases within each agency (Fallon et al., 2010). Data collection took place between October 1, 2008 and December 31, 2008. Investigating workers were asked to complete a data collection form for each child for whom they had a child maltreatment-related concern. The OIS-2008 tracked up to three forms of maltreatment.

The final sample of 7,471 children investigated in 4,415 families was used to estimate the number of child maltreatment related investigations in Ontario in 2008 (Fallon et al., 2010). The sample is weighted by a composite regionalization weight and an annualization weight to obtain annual incidence estimates. Only those cases that involved maltreatment and were referred by police were used in the analyses. The final weighted sample used for this analysis was 14,989 investigations. The type of IPV investigation was then divided into two categories: IPV only (no other maltreatment was investigated as a concern for the child) and co-occurring IPV maltreatment (cases where there was more than one type of suspected maltreatment in addition to IPV). All investigations were included in the analysis regardless of the substantiation decision in order to gain a clearer understanding of what happens to investigations referred by the police.

Chi-square analyses were used to compare IPV-only investigations with co-occurring IPV maltreatment. Sampling weights were used for all chi-square analyses. The sampling weight maintains the influence of the final OIS weight while reducing the actual number of reports to the original sample size. Sampling weights are needed to correct for imperfections in the sample that might lead to bias and other departures between the sample and the child population. This weight is used during statistical analysis to avoid inflating the significance of statistics as a result of the high number of reports.

Comparisons were made based on clinical characteristics of the case, such as the presence of emotional harm; child, parent, and household risk factors; and service decisions (case disposition outcomes). A logistic regression was then used to determine which child/caregiver/case characteristics were predictive of whether the file is opened for ongoing services. All predictors (or independent variables) were entered into the regression as theoretically relevant blocks. The theoretical blocks use an ecological model, which has the child at the centre. For our analyses, child-level variables were entered first, followed by family, household characteristics, then case characteristics. Cut points were determined by the proportions in the overall dataset (the cut-point default is 0.50 in SPSS version 21.0). The cut point for the outcome variable (the decision to provide ongoing child welfare services) was set at 0.30 (likelihood of being transferred to ongoing services for all investigations). During the review of bivariate analyses, we used a conservative p-value for the decision to include variables in the logistic regression (i.e., $p < .01$). Only predictors that were statistically significantly associated with the outcome variable (transfer to ongoing services) at the bivariate level were included in the final regression. We then ran the regression models with all theoretically significant predictors, removed non-significant predictors and re-ran the final model which is presented in the results section.

The OIS-2008 dataset is hierarchical and nested, wherein the variables are measured at four levels: child, family, worker, and agency and there can be multiple children per family, multiple families per worker, and multiple workers per agency. This increases the risk of violating the assumption of independence of observations. However, support from the statistical literature indicates that child and family clusters do not necessarily pose a threat to the independence of observations (Fallon, 2005). The variation in the children and the size of the cluster ($M = 1.66$ children per family) was judged to be acceptable (Fallon, 2005) to continue with the analysis, as we will not include higher level variables such as worker and agency.

Interestingly, although the OIS collects information about physical harm to the child, there were too few investigations which noted physical harm to produce a reliable estimate for this analysis.

Results

Table 1: Variables

Variable Name	Definition
Source of Referral	Workers were asked to indicate all separate and independent contacts with the child welfare agency/ office. Categorical with 19 options including police
Substantiation	Workers were asked to indicate the level of substantiation at approximately the 30-day point in the child maltreatment investigation. A case is considered "Substantiated" if the balance of evidence indicates that abuse or neglect has occurred. Categorical with 3 levels: substantiated, suspected, unfounded
Cases will stay open for ongoing child welfare services	Workers were asked if they planned to keep the case open to provide ongoing child welfare services Dichotomous: yes, no
Type of maltreatment	Workers were asked to indicate up to three (3) forms of maltreatment. Categorical with 32 options that fell under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, exposure to IPV (direct witness to physical violence; indirect exposure to physical violence; exposure to emotional violence).
Age	Continuous variable
Child functioning (e.g., depression/ anxiety/withdrawal, ADHD)	Workers were asked to rate issues relating to the child's level of functioning (18 child functioning issues listed). Dichotomous: Noted, not noted
Emotional harm	Workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bedwetting, or social withdrawal following the maltreatment incident(s)). Dichotomous: yes, no
Caregiver functioning (e.g., alcohol abuse, few social supports, maltreated as a child)	Workers were asked to rate issues relating to caregiver risk factors (9 risk factors listed) for up to 2 caregivers in the home. Dichotomous: Noted, not noted.
Previous case opening	Workers were asked to indicate if the household had a previous opening with child welfare. Categorical with 3 levels: yes, no, unknown
Referral(s) for any family member	Workers were asked to indicate referrals that have been made to programs and services beyond the parameters of "ongoing child welfare services." Dichotomous: Referral made, no referral made.
Placement during investigation	Workers were asked to indicate if there was a placement made during the initial investigation period. Dichotomous: Formal/ informal placement made, no placement made.
Child welfare court	Workers were asked to indicate whether an application was made to court. Dichotomous: Application made, no court considered.
At least one household hazard	Workers were asked to indicate if there were unsafe housing conditions. Dichotomous: Noted, not noted.
Number of moves	Workers were asked to indicate the number of household moves within the past year. Categorical with 4 options: never, once, two or more, or unknown.
Household regularly runs out of money for basic necessities	Workers were asked to indicate if the household regularly runs out of money for necessities (e.g., food, clothing). Dichotomous: Noted, not noted.
Home overcrowded	Workers were asked to indicate if the household was made up of multiple families and/or overcrowded. Categorical with 3 options: Yes, no, unknown.
Housing	Workers were asked to indicate the housing category that best describes the living situation of the household. Categorical with 7 options: own home, public housing, rental band housing, hotel/shelter, unknown, other.

Of the IPV cases referred from the police to a child protection authority in Ontario, 87% or an estimated 13,008 maltreatment investigations involved only IPV, 13% of investigations (1,981) involved IPV co-occurring with another form of maltreatment (Table 2). The two types of IPV investigations are different in several respects. Co-occurring IPV investigations are more likely to note emotional harm (26% of investigations). Children exposed to IPV, but no other types of maltreatment tend to be younger (Table 3). Sixty percent of children exposed to IPV only were under the age of 8. Child aggression and attachment issues were noted more often in co-occurring IPV investigations at 10% (compared to 5%) and 9%

Table 2: Case characteristics of police referred child maltreatment investigations in Ontario in 2008

	Maltreatment Type				
	IPV Only		Co-occurring IPV		Chi-Square
Case previously opened					
Never	5714	43.9%	864	43.6%	NS
Once	2242	17.2%	198	10.0%	
2-3 times	2627	20.2%	406	20.5%	
More than 3 times	2408	18.5%	513	25.9%	
Emotional harm documented	2033	15.7%	489	25.9%	21.08**
Total number of IPV investigations	13008	86.8%	1981	13.2%	

**$p < .01$
Based on a sample of 871 unweighted maltreatment investigations.
Columns are not additive.

Table 3: Child and caregiver risk factors of police referred child maltreatment investigations in Ontario in 2008

	Maltreatment Type				
	IPV Only		Co-occurring IPV		Chi-Square
Age of Victim					
Less than 1 year	1202	9.2%	-	-	11.29*
1-3 years	3221	24.8%	410	20.7%	
4-7 years	3401	26.1%	451	22.8%	
8-11 years	2727	21.0%	648	32.7%	
12-15 years	2456	18.9%	389	19.6%	
Depression	1140	8.76%	236	11.92%	NS
Suicidal thoughts	-	-	-	-	NS
Self-harming behaviour	-	-	-	-	NS
ADD/ADHD	343	2.64%	121	6.11%	NS
Attachment issues	379	2.91%	131	9.49%	4.96*
Aggression	670	5.15%	199	10.05%	4.50*
Running (multiple incidents)	-	-	-	-	NS
Inappropriate sexual behavior	-	-	-	-	13.17**
Youth Criminal Justice Act involvement	-	-	-	-	NS
Intellectual/developmental disability	626	4.8%	-	-	NS
Failure to meet developmental milestones	380	2.92%	-	-	NS
Academic difficulties	949	7.30%	237	11.96%	NS
FAS/FAE	-	-	-	-	NS

*$p < .05$ **$p < .01$
Based on a sample of 871 unweighted maltreatment
Columns are not additive.
- Estimates of less than 100 investigations are not shown as they might be overestimated due to their small un-weighted size, but are included in the total

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Table 4: Household characteristics of police referred child maltreatment investigations in Ontario in 2008

	Maltreatment Type				
	IPV Only		Co-occurring IPV		Chi-Square
Housing					
Own home	5357	41.2%	745	37.6%	16.34*
Rental	5229	40.2%	1008	50.9%	
Public housing	1150	8.8%	122	6.2%	
Band housing	261	2.0%	-	-	
Hotel/Shelter	190	1.5%	-	-	
Other	398	3.1%	-	-	
Unknown	423	3.3%	-	-	
Home overcrowded	291	2.2%	122	6.2%	6.45*
Household regularly runs out of money for basic necessities	711	5.5%	203	10.2%	14.93**
Number of moves					
No moves	7370	56.9%	1289	66.8%	32.51**
One move	3067	23.7%	222	11.5%	
Two or more moves	438	3.4%	235	12.2%	
Unknown	2067	16.0%	183	9.5%	
At least one household hazard	403	3.1%	120	6.1%	NS
Total number of IPV investigations	13008	86.8%	1981	13.2%	

* $p < .05$ ** $p < .01$
Based on a sample of 871 maltreatment investigations.
Columns are not additive.
- Estimates of less than 100 investigations are not shown as they might be overestimated due to their small un-weighted size, but are included in the total

(compared to 3%) respectively.

Some of the biggest differences between exposure to IPV and co-occurring IPV investigations rest in the parental risk factors (see Table 3). Primary caregivers in co-occurring IPV investigations are more likely to have alcohol abuse (35%) and drug use (13%) issues compared to IPV only investigations (7% and 5% respectively). As well, caregivers in co-occurring IPV investigations are more likely to have mental health issues at 25% compared to IPV only investigations at 15%.

Both types of cases are likely to have involved household moves in the past year. Approximately 23% of co-occurring IPV investigations and 26% of IPV only investigations noted that the family had moved at least once in the past year (see Table 4). However, homes are more likely to be overcrowded in co-occurring IPV investigations (6%) than IPV only investigations (2%) and homes are more likely to regularly run out of money for basic necessities in co-occurring IPV investigations (10%) compared to IPV only investigations (6%).

Investigations of exposure to IPV are much less likely to be opened for ongoing services than co-occurring IPV investigations (Table 5). Over 77% of exposure to IPV investigations are closed at the conclusion of the initial investigation, compared to about half of co-occurring IPV investigations. Children who are exposed to IPV only are also less likely to be placed in care, with 99% of children remaining at home. Children who experience co-occurring non-IPV maltreatment are much more likely to be placed during the initial investigation

Table 5: Child welfare disposition of police referred child maltreatment investigations in Ontario in 2008

	Maltreatment Type				
	IPV Only		Co-occurring IPV		Chi-Square
Ongoing child welfare services					
Case to be closed	10071	77.4%	987	49.8%	45.19**
Case to stay open	2937	22.6%	994	50.2%	
Referral to outside services					
Referral made	8083	62.1%	1315	66.4%	NS
No referral made	4925	37.9%	666	33.6%	
Out of home placement					
No placement	12903	99.2%	1743	87.9%	70.41**
Formal or informal placement	105	0.8%	239	12.1%	
Child welfare court					
No court considered	12963	99.7%	1801	90.9%	70.40**
Application made	-	-	180	9.1%	
Total number of IPV investigations	13008	86.8%	1981	13.2%	

**p < .01
Based on a sample of 871 unweighted maltreatment investigations.
Columns are not additive.
- Estimates of less than 100 investigations are not shown as they might be overestimated due to their small un-weighted size, but are included in the total

period, with 12% of children placed outside the home.

The block logistic regression model is moderately effective at predicting whether or not a case will stay open for on-going child welfare services. The model was better at predicting whether a case will close (75% accuracy) than whether a case will stay open (64% accuracy). The overall model had a 72% accuracy of predicting the correct outcome. Significant predictors are outlined in Table 6. Significant parent characteristics are drug/solvent abuse, few social supports, physical health issues and mental health issues. Cases with parental drug/solvent abuse were 2.6 times more likely to be opened. Cases with few social supports were 2.2 times more likely to be opened. Similarly, cases with parental physical health issues were 2.5 more likely to be opened for ongoing services. Cases with parental mental health issues were 1.8 times more likely to be opened for ongoing services.

Significant child characteristics are child's age, child aggression and child depression, anxiety or withdrawal. The younger a child is the more likely the case is to be opened, with every year decrease in age increasing the likelihood by a factor of .93. If a child exhibited aggression, the chance of case opening was 4.6 times greater than if the child had no aggression noted. Similarly, if a child exhibited depression, anxiety or withdrawal, the chance of case opening was 2.5 times greater than if the child had no depression, anxiety or withdrawal noted. With regard to clinical characteristics of the case, if the investigation was for co-occurring IPV maltreatment the case was 2.1 times more likely to open for ongoing services. Similarly, if the child had been emotionally harmed the probability of the case opening increased by a factor of 2. Investigations where the home was noted to be overcrowded were 2.4 times more likely to be kept open for ongoing services.

Discussion

The major findings of the study are that most cases referred by police have been referred before, however, they tend not to be opened for ongoing services. This appears to be an inefficient use of resources, with families cycled through the system repeatedly. There are specific risk factors that can be used to differentiate between cases that will be opened for ongoing child protection services and cases that will be closed. These risk factors are caregiver mental and physical health issues, caregiver substance abuse, and a lack of social supports.

Table 6: Logistic regression predicting whether or not a case will proceed to ongoing child welfare services

Predictor	β	SE	Adjusted Odds Ratio		
Block 1					
Child age	-0.068	0.020	0.934**		
Child depression/anxiety/withdrawal (reference: not noted)	0.928	.318	2.530**		
Child aggression (reference: not noted)	1.535	0.376	4.640***		
Block 2					
Co-occurring IPV (reference: IPV only)	0.755	0.234	2.127**		
IPV harm (reference: no harm)	0.682	0.233	1.977**		
Block 3					
Caregiver physical health issues (reference: not noted)	0.934	0.348	2.544**		
Caregiver few social supports (reference: not noted)	0.780	0.187	2.181***		
Caregiver drug/ solvent abuse (reference: not noted)	0.963	0.321	2.619**		
Caregiver mental health issues (reference: not noted)	0.612	0.232	1.844**		
Block 4					
Home overcrowded (reference: not overcrowded)					
Yes	0.856	0.420	2.353*		
Unknown	-0.608	0.960	0.545		
Block 5					
Case previously opened (reference: not opened)					
Once	-0.511	0.275	0.600		
2-3 times	0.055	0.232	1.056		
More than 3 times	-0.031	0.229	0.970		
Unknown	-20.848	28042.550	0.000		
	Block 1	**Block 2**	**Block 3**	**Block 4**	**Block 5**
-2LL(Constant)-2LL Model	956.470	929.057	870.333	864.771	858.344
Model X2	64.444	27.413	58.724	5.562	6.427
Df	3	2	4	2	4
Nagelkerke R2	0.104	0.146	0.231	0.239	0.248
Correct Classification Rate					72%

*p < .05, **p < .01, ***p < .001,
Based on a sample of 871 unweighted maltreatment investigations.

Referrals made by the police to child protective services about children exposed to IPV are predominantly closed at intake (77%). Several policy and practice alternatives should be considered to address this issue. Having a social worker attend IPV calls with police could offer an immediate CPS perspective on whether a child is in danger of maltreatment or not. The social worker could also provide referrals for the adult victim and ensure that the resources necessary for effective parenting are available to that parent. This would cut down on the need to refer low risk cases to CPS and would expedite the current process of determining whether a child is being maltreated or at risk of maltreatment due to exposure to IPV.

This study notes that the majority of cases involving exposure to IPV have been previously opened for investigation. Jones, Gross, and Becker (2002) also found that families who are experiencing IPV are more likely to be re-referred to CPS after case closure than families dealing with other types of maltreatment. This indicates that these families have needs that are remaining unmet and that current services either lack effectiveness or are under-utilized by families. CPSs and police responding to IPV calls are in a unique position to identify cases of IPV and

to refer them to necessary services. If the point-of-contact moment is missed then families are at risk for future violence which might necessitate a more invasive CPS response.

Research from the US finds that there is a continuum of collaboration, from interagency sharing of case information to a secondment of social workers in police units investigating child maltreatment investigations (Cross, Finkelhor, & Ormrod, 2005). Overall, when clear roles are established between agencies and workers, the collaboration between police and CPS can result in increased voluntary community service provision to families (Cross et al., 2005). As well, joint investigations resulted in a better ability to prosecute confirmed allegations against violent perpetrators (Cross et al., 2005).

Furthermore, an implementation of a differential response program would help to support families experiencing IPV and would stop the cycle of referral and case closure that these families are currently experiencing. It has been found in other provinces in Canada that differential response has the ability to steer low-risk cases away from child protection services and decreases the rate of child placement (Alberta Children's Services, 2003; Marshall, Charles, Kendrick, & Pakalniskiene, 2010). While more research is needed into the effectiveness of differential response programing, there is the potential that less intrusive support services can help to decrease the length of exposure to IPV, and thereby decrease the negative outcomes of IPV on child functioning (Graham-Bermann & Perkins, 2010).

Limitations

There are several limitations to the current study. The data used for this analysis are from child maltreatment investigations. As a result, the data only capture information and characteristics of the case known to the investigating worker during the initial investigation period. The initial investigation period is typically the first 30 days after case opening, which may not be enough time for a comprehensive assessment of child functioning to take place. Children involved in investigations of exposure to IPV may not exhibit child functioning issues during the initial investigation, but this does not guarantee that these issues will not emerge in the future (Lefebvre et al, 2013).

Furthermore, the OIS only includes cases that are referred to child protective services. It does not include cases that are not reported, cases that are screened out prior to a full investigation, and new reports on already opened files. It is therefore unknown how many of the referrals by police are screened out without ever receiving a full investigation. Given that the majority of police referred cases are then closed, future research could look into the case differences between police referrals that receive a full investigation and those that do not to help streamline the process.

Lastly, there are also limitations to the weights used in the analysis. The annualization weight factors in seasonal fluctuation in the number of investigations but it does not account for possible seasonal variations in the type of investigations conducted.

Conclusion

We believe a revised screening protocol for investigations referred by police for child exposure to IPV is a possible avenue for better coordinated services to children. Based on this analysis, the child factors significantly predicting ongoing services for exposure to IPV cases are: young children, children with signs of depression, child or youth aggression, or emotional harm to the child. The significant caregiver risk factors that are predictive of ongoing services are: drug/solvent abuse, mental health issues, physical health issues, or few social supports. We are recommending that it is not solely exposure alone that should initiate an investigation. If the child has been exposed to IPV AND the child has the risk factors noted above OR the caregiver has the issues noted above, then these referrals should be eligible for service.

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