

Better response plans needed for children exposed to domestic violence

May 25 2012, By Ted Cross



Better interagency collaboration is needed to help families when children are exposed to domestic violence, according to Ted Cross, a faculty member in social work and co-author of a study that examined legislative reporting duties in Australia, Canada and the U.S. Credit: L. Brian Stauffer

(Medical Xpress) -- Each year, millions of children are exposed to domestic violence, a traumatic experience that has been associated with cognitive, behavioral, social and emotional problems in childhood as well as a higher incidence of depression and premature death in adulthood. Numerous studies over the past two decades also have indicated that exposure to domestic violence (EDV) places children at higher risk of abuse and neglect.

“EDV poses substantial risk to children, but there hasn’t developed the kind of response as there has been in other forms of [child maltreatment](#),” said Ted Cross, a faculty member in the School of Social Work at the University of Illinois and a co-author of a recent study that examined

mandated reporting practices in EDV cases. “With other forms of maltreatment, there are actions that directly affect the child and directly connect to a caregiver’s or another adult’s response to the child. EDV doesn’t have that specific event that will often trigger a child-welfare investigation.

“Although Australia, Canada and the U.S. are taking action to try to address this problem, I’d say we’re still in the really early stages of dealing with this as societies.”

Cross led an international panel of experts in law, public health and social work in a study of child-welfare policy and practice related to EDV in Australia, Canada and the U.S. Other co-authors on the study were Ben Mathews and Debbie Scott, faculty members at Queensland University of Technology, Australia; and Catherine Ouimet and Lil Tonmyr, officials at the Public Health Agency of Canada.

While child-welfare legislation in all three nations mandates reporting of child maltreatment such as physical and sexual abuse, only three jurisdictions in Australia, eight in Canada and three in the U.S. (the District of Columbia, Montana and West Virginia) mandate reporting of EDV.

“Where a legislative reporting duty exists, it is generally only activated if the reporter believes the child has been or is likely to have been harmed by the EDV, and this requirement of harm is usually further qualified by being required to be harm of a certain degree of seriousness,” the researchers wrote.

In reviewing evidence from jurisdictions with legislative reporting duties, the researchers concluded that mandated reporting – if coupled with a coordinated response by child-welfare, [health care](#), criminal justice and other agencies – may prevent or mitigate some of the

negative outcomes children experience.

However, the researchers also found that these jurisdictions experienced significant difficulties managing reporting practices by the various professionals involved to avoid over- and under-reporting.

In examining data from Canadian Incidence Studies, Tonmyr found that professionals not in health care – particularly police – were 11-18 times more likely than health care workers to report EDV.

Data from New South Wales, Australia, indicated that any encounter with EDV was likely to be reported, although the law requires that reports be filed only when there is actual or likely to be significant harm to the children.

As a result, child-welfare systems were strained by and unable to respond to the high numbers of reports.

While EDV cases were more likely to be substantiated than other forms of maltreatment, one-third of reports by mandated reporters in Canada – police, physicians, child-care workers – were not referred for further assessment. In New South Wales, an analysis of reporting data yielded similar findings.

Because identification of and service response to [domestic violence](#) may fall short in many child -welfare cases, the researchers suggested that alternative methods of response may be more appropriate. Better interagency coordination among domestic violence advocates, child-welfare agencies and the criminal justice, health care, mental health and other sectors is needed – along with evaluation of these efforts – to develop policies and interventions that are more responsive and effective for families that experience domestic violence.

Two programs developed in the U.S. show potential. The Greenbook Initiative provides communities with a set of recommendations that promote safety, interagency collaboration and changes in policies and practices to better address the intersection of child maltreatment and domestic violence.

Another promising program is the Nurse-Family Partnership, in which nurses visit at-risk, low-income mothers in their homes during pregnancy and the first two years of children's lives. Although not designed as a domestic violence intervention, the visiting nurse program reduced domestic violence during Colorado women's pregnancies by 47 percent, according to a report released in 2012.

"There's a tremendous need here," Cross said. "It's very challenging to develop a new but important response in an era of diminished resources. Yet this is a problem that's very common, is correlated with other forms of child maltreatment and has an impact on children over time. It's a problem for which effective methods are being developed. And it's important to raise consciousness about this as a form of maltreatment, even though it's not traditionally been seen that way."

Provided by University of Illinois at Urbana-Champaign

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