

The Characteristics of Abused Women in the Caseload of a Child Protection Service¹

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Abstract

This study identifies case characteristics of abused women in a child protection services caseload. The sample was drawn from a large child protection agency in southwestern Ontario consisting of 853 children chosen at random from among all children who had a new referral over a 12-month period. Files of the children were reviewed to derive study data. Results indicate that abused women are significantly more likely to have mental and physical health problem characteristics such as substance abuse, mental illness, impaired mental/emotional/intellectual capacity to care for the child, and a chronic medical condition compared to non-abused women. Abused women are more likely to rely on social assistance, be unemployed, less likely to cope effectively with family stress, and less likely to have the availability of reliable and useful social supports in place compared to non-abused women. Abused women are more likely to have been abused and neglected as children and more likely to have been involved with child protection services as children than are women who were not abused. Children of abused women are more likely to be currently in the care of child protection authorities than are the children of women who are not abused. Surprisingly, violence perpetrated by the mother towards their child and the severity of child abuse/neglect inflicted by the mother does not differ for children of abused and non-abused women. These findings are discussed in relation to their implications for understanding woman abuse in the context of child protection services.

KEYWORDS: Woman abuse, child protection services, child welfare, domestic violence

Introduction

Woman abuse is a serious and complex issue with multiple dimensions and causes. It can take many forms, including destructive acts, hurtful words or actions towards women by partners, family members, acquaintances, and strangers. Physical, emotional, and sexual abuse are all forms of woman abuse. In the context of an intimate relationship, woman abuse is more commonly named spousal or domestic abuse. In Canada, spousal violence is an important social issue with severe consequences for victims, families, and society. In 2001, spousal violence accounted for two-thirds of all family violence cases reported to a sample of 154 police agencies across Canada (Patterson, 2003). Women make up 85% of the victims of spousal violence, with over two-thirds of these women victimized by a current spouse/partner. The number of cases of spousal violence recorded by this subset of police services between 1995 and 2001 increased for both women and men.

Although both women and men experience spousal abuse, the nature and severity of the spousal violence experienced by women is much worse, with the result that spousal abuse remains predominately an issue of male violence against women (Ad Hoc Federal-Provincial-Territorial Working Group, 2003). Previous patterns reported by Canadian victimization surveys and homicide statistics show that women in the youngest age group, 15 to 24 years olds, show the highest rate of spousal violence (see Pottie, Bunge & Locke, 2000). In 2001, however, the highest rate of spousal violence reported to this subset of police agencies across Canada were by women 25-34 years of age.

Among the strongest predictors of aggression and maltreatment directed at a child is the presence of marital conflict within the family, and particularly the extent of inter-parental violence (Straus, Gelles & Steinmetz, 1980; McCloskey, Figueredo & Koss, 1995; Coohy & Braun, 1997; Woodward & Fergusson, 2002). Domestic violence is a child welfare issue and child protection agencies are frequently faced with situations involving woman abuse. Child protection workers have not traditionally considered the identification of woman abuse as the primary focus of their work (Gordan, 1988; McKay, 1994). More recent initiatives within child protection services have responded to domestic violence (Aron & Olsen, 1997; McCahery, 2000; Mills et al., 2000). Increasingly, child protection workers have addressed woman abuse in order to ensure the well-being and safety of children. Because the coincidental rates of domestic

violence and child abuse are high, it is crucial that child protection workers appreciate this interrelationship.

The current study investigates the factors associated with woman abuse among mothers whose children come to the attention of the Children's Aid Society (CAS) of London and Middlesex, a large child protection agency in southwestern Ontario. This group is compared to mothers whose children come to the attention of the CAS, but who are not the victims of woman abuse. Understanding the factors associated with woman abuse can improve the ability of child protection workers to recognize the risks and develop viable plans of safety for the mother and child (Mills, 1998).

1.1 Woman Abuse

Nearly one in three adult women experience at least one physical assault by a partner in adulthood (American Psychological Association, 1996). Statistics Canada's *General Social Survey on Victimization* (GSS) data from 1999 indicates that 8% of Canadian women (690,000) report experiencing at least one incident of violence by a current partner during the preceding five-year period. Proportionately, the overall rate of men experiencing spousal abuse was similar (549,000; 7%); however, the 1999 GSS indicates that the nature and severity of violence suffered by each were different. Women are more than twice as likely to report being beaten (25% versus 10%), five times more likely to be choked (20% versus 4%), and twice as likely to have a gun or knife used against them (13% versus 7%). This supports earlier research that men and women in intimate relationships may report rates of similar aggressive acts, but severe injuries are much more commonly reported for women than men (Cantos, Neidig & O'Leary, 1994; O'Leary, Malone & Tyree, 1994). The greater ability of most men to cause injury to their female partners also changes the meaning of acts of violence, including threats of force (O'Leary et al., 1994; Cantos et al., 1994).

1.2 What is the Impact of Woman Abuse on Children?

Woman abuse poses a threat to the welfare of children in two major ways: 1) domestic violence and child abuse frequently coexist; and 2) children experience trauma associated with witnessing domestic violence. The degree of overlap between domestic violence and child maltreatment has been documented by population surveys and reviews of case

records. Magen et al. (1995) summarized the prevalence of child maltreatment and woman abuse within the same family confirming the substantial overlap. Between 37% and 63% of abused women have children who are abused or neglected. Between 11% and 45% of children who are abused or neglected have mothers who are abused. The variation in estimates is largely the result of differing methods, definitions of abuse, lengths of time included in the reports of abuse and the population studied. Despite the variation in estimates the literature converges on the conclusion that there is a high rate of co-occurrence.

The dynamics of violence within families is complex and the reasons for coincident women and child abuse are many. McKay (1994), in describing the inter-connections between various forms of family violence, suggests that battered women are so fearful of their partner's response to their child's behaviour that the tendency to over discipline the child increases. This is often in an effort to control the child's behaviour to protect them from what they perceive as greater abuse from the other parent. A male partner who is a batterer may also force his partner to discipline a child in an abusive manner (Appel & Holden, 1998). Bogard (1990) suggests that it is nearly impossible to assess a mother's true capacity to care for her child while she is being battered or experiencing posttraumatic stress from the abuse. A battered woman may withdraw from her family – including the children – and become physically or emotionally abusive or neglectful of them in an effort to protect herself from the abuse (McKay, 1994). Children may be hurt when intervening to protect their mother. Hazel (1995) reports that 37% of mothers living in shelters indicated that their children were hit in the process of trying to protect them.

Depending on definitions of domestic violence, research indicates the number of children between the ages of 3 and 17 who witness domestic violence each year ranges from 3.3 million to 10 million (Wolfe, 1997, p. 137). The 1999 GSS indicates that half a million Canadian children, representing 37% of all households with spousal violence, were reported to have heard or witnessed a parent being assaulted in the preceding five-year period. If only half of these children are abused themselves, as some studies suggest, the numbers are still extremely high.

Evidence suggests that children involved with child protection services have a greater likelihood of witnessing physical violence and psychological aggression (Litrownik, Newton, Hunter, English & Everson, 2003). In a longitudinal analysis of exposure and victimization in young children, Litrownik et al. (2003) report that mothers whose children were involved in child protection services reported that their children had witnessed family violence at twice the rate of mothers whose child was not involved in child protection. Shepard & Raschick (1999) found that 32% of the child welfare cases in their sample were identified as involving domestic violence. More striking is the finding that families in crisis accounted for 71% of the cases identified by workers as involving domestic violence (versus the 39% for child abuse and neglect), reflecting the possible long-term psychosocial impact of domestic violence on children and families (Shepard & Raschick, 1999). These findings reaffirm the critical need to ensure that child welfare workers have the resources, expertise, and commitment to effectively assess and provide intervention in cases of abuse of women.

1.3 Family Characteristics

Several family factors have been linked with the occurrence of the abuse of women within spousal relationships. These factors include socioeconomic disadvantage, higher numbers of family life stressors, social isolation, poor maternal mental health and a history of child abuse (Kantor & Jasinski, 1998; Shipman, Rossman & West, 1999). Homes characterized by domestic violence coincidentally experience adversities such as impaired family functioning and parental alcoholism (Fergusson & Horwood, 1998). In a file review of victims of domestic violence in a child protective service sample, 49% of mothers who were the victims of violence had substance abuse problems, compared to 33% of non-victims (Jones, Gross & Becker, 2002). Domestic violence is more likely to occur among families facing stressors such as loss of employment (Gelles & Cornell, 1990; Straus et al., 1980). Jones et al. (2002) found that victimized mothers were more likely than non-victimized mothers to rely on social assistance and less likely to be employed. Family stress has been shown to increase the risk for partner violence, which in turn increases the risk of child abuse (Salzinger et al., 2002).

Woman abuse has severe consequences for the mental and physical well-being of victims. Female victims of violence are more likely to suffer from maternal distress such

as depression and physical symptoms (Bassuk et al., 1996; Chaffin, Kelleher & Hollenberg, 1996; Woodward & Fergusson, 2002). Brownridge & Halli (2002) found that in a random sample of 12,300 Canadian women 18 years of age or older, depressed women living with a partner face the highest likelihood of violence. In a sample of child protection cases, Sheppard (1997) found that 36% of 116 women on social work caseloads were depressed and more likely to have experienced sexual abuse or violence than non-depressed women. He concludes that these depressed mothers “were living in families pervaded by abuse and violence” (p 9). According to the 1999 GSS, of those who report spousal violence in the five-year period prior to the survey interview, 28% report either a physical or mental condition that affected activities of daily living at home, school or at work compared to 21% of non-victims. In addition to the physical impact of woman abuse on victims, the 1999 GSS indicates that the most commonly reported emotional consequence for women was being upset, confused, frustrated, and a constant fear for the safety of their children, all of which can have both short-and long-term impacts on the victim.

Many myths exist concerning why women stay in abusive relationships. An internal drive, such as love for their partner or belief in the promises of change or apologies, has been identified (Anderson et al., 2003; Whalen, 1996). More recently, however, external barriers such as the lack of financial resources, unemployment, and isolation from the emotional support of family and friends have been identified by female victims of domestic abuse as playing a major role in preventing them from escaping their abusive situation (Anderson et al., 2003). Isolating the victim from either resources or sources of emotional support has been suggested as one way male perpetrators successfully control their victims (Anderson et al., 2003; Whalen, 1996).

1.4 The Role of Child Protection Services

The overall mission of child protection agencies in general, and the CAS in particular, is to protect children from harm, ensure the safety of children, and to promote improved family functioning (Pecora et al., 1992; Aron & Olsen, 1997). Keeping children with, or returning them to their families is preferable to placing and maintaining children in foster care if their safety can be reasonably assured. Addressing domestic violence in a family may make the difference in achieving this end (Mills, 1998; Shepard & Raschick, 1999).

Until recently, programs and policies for family violence and abused women have responded through two entirely different systems, child protection and domestic violence programs (Aron & Olsen, 1997; McKay, 1994). Relations between these two systems have at times been strained, since a primary focus on helping the mother and a primary focus on helping the child have not always been seen as compatible (Friend, 1997; Schechter & Edleson, 1994).

In Ontario, an awareness of the tension between these two systems underscored the need for the field of child welfare and domestic violence services to engage in a collaborative commitment to address violence in families. In October 2000, the Ontario Association of Children's Aid Societies (OACAS) commenced the delivery of a joint training program and curriculum for CAS staff and Violence Against Women (VAW) agency service providers. The training focuses on the realities of woman abuse and its effect on the work of each of these service providers (McCahery, 2000). The major goal of this joint training is to encourage service providers in both sectors to work collaboratively to enhance the safety for vulnerable women and children. Training involves teaching participants about the barriers that a woman faces when she contemplates leaving an abusive situation and the strategies a woman may employ to survive the abuse and provide safety for her children. Although the success of this training has yet to be evaluated, Mills et al. (2000) argue that even when child protection workers receive formal training regarding woman abuse, situations involving domestic violence and maltreated children present difficult challenges and tensions given the complex pattern of family violence. Child protection workers confront complex dilemmas when working with families that are experiencing domestic violence (Shepard & Raschick, 1999). Often, there are no easy answers for how best to ensure the safety of children when their mothers are the victims of abuse.

1.5 Purpose

Understanding the overlap between woman abuse and child abuse is essential to child protection practice, although there is little empirical data available describing the practice of child protection services with woman abuse. It is, therefore, helpful to identify the factors associated with woman abuse in families currently involved in the child protection system. This increased understanding may improve the child protection worker's ability

to accurately assess woman abuse, recognize the risks to victims and children, and plan appropriate mother and child intervention and safety plans. The purpose of this study is to examine maternal, familial, and contextual factors associated with woman abuse in a child protection service sample.

The study investigates the rate of woman abuse between two years, 1995 and 2001. With the introduction of a training program focused on increasing the sensitivity and awareness of child protection workers to the importance of viewing domestic violence as a priority problem, it is expected that the rate of woman abuse will be higher in 2001 than in 1995, a year prior to any formal training and establishment of protocols around domestic violence.

Method

2.1 Participants

This is a retrospective case record analysis of a child protective service population in London, Ontario. Participants in this study are 853 mother-child dyads from the CAS of London and Middlesex. These cases constitute a subset of an initial sample that consisted of 1,042 children chosen at random from 2,316 children from both 1995 and 2001 who had a new referral to child protection over a 12-month period. Files of sample children were reviewed to derive study data. Cases were chosen from the most recent year for which complete data were available (2001) and a comparison year (1995). While the sampling was random, this method of sampling does not guarantee that the composition of the combined samples for each year is representative of the proportion of children seen at the CAS for child protection reasons. To correct for the over-sampling, the data are weighted in each year such that the sample, as analysed, contains the same proportion of children admitted to CAS care, as was the case for the total population of cases for the years from which the samples were drawn. It is quite common for child protection files to contain several occurrences of case openings in any given period. In the current study, the data collected was based on a new referral in either 1995 or 2001 where the child/family received the most intensive CAS intervention.

Two study groups are available for comparisons of outcomes. The first group consists of children whose mother had an incident of domestic violence noted in their

case-files. The second group is comprised of families without such a notation in their case file. It was expected that child protection workers would be in a position to identify woman abuse and document such abuse in the child protection file.

To apply the categorization of having a domestic violence incident, woman abuse is broadly defined and includes cases of excessive arguments or disagreements, verbal abuse, aggressive physical assaults, psychological aggression, or sexual abuse perpetrated by a woman's current partner (i.e., spouse, boyfriend, or common-law partner) at some time during their relationship. Woman abuse is assessed with a single item in this study (yes/no) based on current and historical information present in the case file that corresponded to the definition of woman abuse².

To examine the proportion of women abused between 1995 and 2001, a chi-square analysis was performed. The results indicate that the groups differed significantly on the proportion of woman abuse between the two years. There is a significant increase in abused women in 2001 (53%) compared to 1995 (47%) [$\chi^2 = 4.155$; $df = 1$; $p < .05$]. The proportion of abused women whose children were admitted to CAS care does not differ between 1995 (59.7%) and 2001 (60.3%) ($\chi^2 = .015$; $df = 1$; ns). Subsequent analyses are performed on the 2001 data ($n = 477$).

2.2 Materials

Child protection files from the CAS of London and Middlesex were reviewed to examine the psychological and social outcomes associated with mothers who are the victims of abuse. A standardized coding instrument was created by the authors to guide the extraction of information from each child protection file. Information recorded about the family included current and historical family information, as well as the history of the family's mental health, the family's history with the CAS, family violence and access to social services. Information on children included past and present access to mental health, young offender, educational, and developmental services, as well as outcomes related to psychological, behavioural, developmental, and academic concerns. A manual was created that detailed the inclusion and exclusion criteria for each item to be recorded.

² From herein, mothers experiencing violence are referred to as abused women compared to non-abused women.

The coding instrument contained the *Risk Assessment Tool*, an instrument currently in use by Ontario's CASs (Ontario Association of Children's Aid Societies, OACAS, 2000). The *Risk Assessment Tool* is part of the revised Risk Assessment Model for Child Protection in Ontario (ORAM) (OACAS, 2000) that was developed as part of the Ministry's standards for the management of child protection cases. *The Risk Assessment Tool* is used by all CASs in Ontario and is a standardized, comprehensive approach to the assessment of risk to children (Figure 1).

The *Risk Assessment Tool* includes five assessment categories called *influences*, related to the caregiver, child, family, intervention, and abuse/neglect. Within each of these *influences* are elements that relate to risk. There are 22 risk elements examined by the *Risk Assessment Tool*. Each risk element includes five scales of severity ranging from zero (0) to four (4). The Risk Assessment Scales are further defined by descriptions called *anchors*. The anchors help assign a rating by providing a narrative description that defines the status or functioning of a child, caregiver, or family.

A risk analysis was completed for all randomly selected cases in 1995 and 2001. Six trained researchers completed a risk assessment form and risk analysis independently from the risk analysis completed by the CAS worker in the child protection file. For each case, the risk elements were assessed on a scale of 0 to 4, with a score of 0 being the absence of risk and a score of 4 being maximum severity. For the purposes of the current study, a risk analysis is based on a 'cumulative risk assessment score' comprised of a total score of the 22 individual risk elements. Each case could, therefore, receive a cumulative risk assessment score between 0 - 88. It is important to note that the application of Risk Assessment by Ontario CASs does not include a cumulative risk assessment score.

The Ontario *Risk Assessment Tool* was not developed and is not used across all CASs in Ontario as an outcome measure. Given that this scale was not designed as an outcome measure, the authors tested the predictive validity of the *Risk Assessment Tool*. The cumulative risk assessment scores within each area of risk form a reliable scale: Cronbach's alpha ranges from .71 - .79. The cumulative risk assessment scores are consistent with clinical judgment (i.e., the decision to admit a child to CAS care) ranging

from 74 to 81 per cent of all cases. A detailed review on the empirical basis of the *Risk Assessment Tool*, appears in Leschied, Chiodo, Whitehead, Hurley & Marshall (2003).

Figure 1

Summary of Areas for Risk Assessment

1. Caregiver Influence

- Abuse – Neglect
- Alcohol/Drug Use
- Expectations of child
- Acceptance of child
- Physical capacity to care for child
- Mental/Emotional/Intellectual Capacity

2. Child's Influence

- Child's vulnerability
- Child's response to caregiver
- Child's behaviour
- Child's mental health and development
- Physical health and development

3. Family Influence

- Family violence
- Ability to cope with stress
- Availability of social supports
- Living conditions
- Family identity and interactions

4. Intervention Influence

- Caregiver's motivation
- Caregiver's cooperation with intervention

5. Abuse/Neglect

- Access to child by perpetrator
 - Intention and acknowledgement of responsibility
 - Severity of abuse/neglect
 - History of abuse/neglect/Neglect committed by present caregivers
-

2.3 Procedure

Five trained researchers working under the supervision of a project manager collected the data. To enhance reliability, the researchers received training prior to the beginning of

data collection. Senior managers of the CAS of London and Middlesex and the research team met on a weekly basis to review concerns related to the file information, risk assessment analysis, or data collection procedures to ensure consistency in data interpretation and collection.

The CAS workers do not compute or document a cumulative risk assessment score based on their ratings of the 22 risk elements of the Risk Assessment Tool when completing a Risk Analysis for child protection cases. The CAS worker's ratings of the individual risk elements are, however, recorded in the child protection files. Thus, it is possible to compute a cumulative risk assessment score from the ratings of the CAS worker. A reliability analysis of the cumulative risk assessment scores rated by the researchers and the cumulative risk assessment scores by the CAS workers was performed for 253 cases. Inter-rater reliability between the cumulative risk assessment scores rated by the researchers and the cumulative risk assessment scores derived from the ratings of CAS workers is high (Cronbach's alpha = .86).

Results

3.1 Participant Characteristics

56% of the sample met the operational definition for woman abuse. Children of abused women are more likely to be in the care of the CAS at the time of the current CAS referral ($\chi^2 = 7.47$; $df = 1$, $p < .01$), than are children of non-abused women. Abused women are more likely to have been involved (i.e., placement or non-placement service) with the CAS as a child ($\chi^2 = 4.601$; $df = 1$; $p < .04$), than are non-abused women. Abused women are more likely to be seeing a family service agency at the time of the current CAS referral ($\chi^2 = 6.39$; $df = 1$; $p < .05$), compared to non-abused women. Abused women do not differ in age from non-abused women [$F(1, 420) = 2.22$, *ns*]. Abused women are no more likely than non-victims to be on a waiting list for a family or child service at the time of the current CAS referral ($\chi^2 = .72$; $df = 1$; *ns*) (Table 1).

Table 1*Participant Characteristics of Abused and Non-Abused Women*

Measure	Abused Women (n = 265)	Non-Abused Women (n = 212)
Child Currently in CAS Care**	68 %	56 %
Mother's Current Age ^a	24.7 (6.2)	23.8 (5.4)
Currently Being Seen by a Family Service*	69 %	58 %
Currently on a Waiting List for a Family Service	6 %	8 %
Mother's Previous Involvement with CAS as a Child*	46 %	25 %

Note: ^a = Mother's current age in mean years; standard deviation in parentheses.

* $p < .05$; ** $p < .01$

3.2 Maternal Psychopathology

To determine whether the presence of woman abuse is associated with greater maternal psychopathology, three dichotomous variables are used to characterize the mother's mental health status: 1) mother has been identified with major depression; 2) mother has been identified with a substance abuse condition; and 3) mother has been diagnosed with a major mental disorder (e.g., schizophrenia, personality disorder). Major depression, substance abuse, and major mental illness are coded if they were identified by a formal diagnosis documented in medical records. In some instances, the conditions are coded as being present in the absence of formal diagnoses based on sufficient evidence from multiple sources of information such as the CAS worker's case notes, case history information, or other mental health professionals suggesting the mother was experiencing mental health concerns to an extent that interfered with parenting. The rationale for including these cases is that psychiatric and medical records of the mother are not commonly present in child-protection files; excluding these cases would under represent the range of psychopathology present in the caregivers.

As expected, a larger proportion of abused women are identified with a substance abuse condition ($\chi^2 = 13.551$, $df = 1$, $p < .001$), and a major mental disorder ($\chi^2 = 4.2$, $df = 1$, $p < .05$), compared to non-abused women. Abused and non-abused women do not

differ significantly in the proportion diagnosed with major depression ($\chi^2 = .129$, $df = 1$, ns) (Table 2).

A fourth variable related to maternal psychopathology is measured by the *Risk Assessment Tool* (Ontario Association of Children’s Aid Societies, 2000). The caregiver’s influence is one of five distinct areas of assessment. The caregiver’s mental/emotional/intellectual capacity to care for the child is measured on a five-point scale of severity ranging from a score of 0 (no identifiable mental/emotional disturbance) to a score of 4 (incapacitated due to mental/emotional disturbance or developmental disability). Scores for this variable are based on the mother’s mental/emotional/intellectual capacity to care for the child. Examples of symptoms identified included psychological stress, disturbances in judgment/thinking, feelings of powerlessness or low self-esteem. The mother’s mental/emotional/intellectual capacity to care for the child is measured on a scale from 0 to 4 for all cases.

Abused women score higher in the severity of their mental/emotional/intellectual capacity to care for the child [$t(476) = 3.9$, $p < .001$], than non-abused women (Table 2).

Table 2

Psychological, Physical, and Risk Outcomes of Abused and Non-Abused Women

Measure	Abused Women (n = 265)	Non-Abused Women (n = 212)
Maternal Psychopathology		
Substance Abuse**	23 %	10 %
Major Mental Disorder*	47 %	39 %
Major Depression	29 %	28 %
Risk Assessment^a		
Caregiver’s Mental/ Emotional/ Intellectual Capacity**	1.69 (1.31)	1.22 (1.29)
Caregiver’s Physical Capacity	.54 (.96)	.47 (1.04)
Chronic Medical Condition*	20%	13%

Note: ^a = mean risk assessment ratings; higher scores indicates greater severity of impairment; 0 minimum, 4 maximum.

* $p < .05$; ** $p < .001$

3.3 Woman Abuse and Physical Well-Being

To examine the relationship of woman abuse on the physical well-being of the mother, one dichotomous variable and one continuous variable are considered. The dichotomous

variable (yes/no) assessed whether the mother had a history of a chronic physical medical condition. The second variable, the mother's physical capacity to care for the child, was assessed from the caregiver's influence scale of the *Risk Assessment Tool*. This variable is measured on a five-point scale of severity ranging from a score of 0 (healthy with no identifiable risk to child caring capacity) to a score of 4 (incapacitated due to chronic illness or disability). The mother's physical capacity to care for the child is a broad measure of the mother's physical illness(s), disability(s) or inadequate health habits that would impact their child caring capacity.

The results indicate a larger proportion of abused women (20%) had a history of a chronic medical condition compared to non-abused women (13%) ($\chi^2 = 5.21, df = 1, p < .05$). Abused women do not differ in the severity of their physical capacity to care for the child [$t(476) = .71, ns$], from non-abused women (Table 2).

3.4 Relationship of Woman Abuse Within a Broader Social Context.

The relationship between woman abuse and contextual factors are investigated. Two categories of variables are used: 1) factors related to socio-economic adversity; and 2) variables that relate to familial characteristics.

Variables that relate to socio-economic adversity are coded as: 1) source of income (welfare/social assistance); 2) employment status; and 3) availability of social supports. Source of income and employment status are measured as dichotomous (yes/no) variables based on the current financial situation of the mother. Availability of social supports is measured by the family influence category on the *Risk Assessment Tool*. Availability of social support is measured as a continuous variable (range 0 to 4). A score of 4 indicates that the family is alienated and socially isolated from community supports whereas a score of 0 indicates that the family has multiple sources of reliable and useful support.

3.4.1 Source of income and employment status

We tested the hypothesis that abused women are characterized by socio-economic adversity as related to the source of income the mother was receiving. Consistent with expectations, abused women are more likely to be receiving welfare/social assistance ($\chi^2 = 21.69, df = 1, p < .001$), compared to non-abused women (66% vs. 44%) (Table 3).

We also tested the hypothesis that abused women are more likely to be currently unemployed compared to non-abused women. Consistent with expectations, abused women are more likely to be unemployed ($\chi^2 = 3.72$, $df = 1$, $p = .05$), than are non-abused women (69% vs. 59%) (Table 3).

3.4.2 Availability of social support

Families experiencing violence are often socially isolated. We tested the hypothesis that abused women would have less reliable and useful social supports available. Consistent with expectations, abused women have less reliable and useful community and family supports [$t(476) = 4.48$, $p < .001$], compared to non-abused women (Table 3).

Table 3
Socio-Economic Outcomes of Abused and Non-Abused Women

Measure	Abused Women (n = 265)	Non-Abused Women (n = 212)
Source of Income		
Welfare/Social Assistance **	66 %	44 %
Employment Status		
Unemployed*	69 %	59 %
Availability of Social Support ^a **	1.93 (1.1)	1.47 (1.3)

Note: ^a = mean risk assessment ratings; higher scores indicates less reliable and useful social supports; 0 minimum, 4 maximum; standard deviations are in parentheses.

** $p < .05$; ** $p < .01$*

3.5 Family Characteristics

To determine whether woman abuse is associated with specific family factors (i.e., early motherhood, larger families, greater family stress, the mother's history of child abuse, and a higher risk of child maltreatment), six variables are considered. To examine the role of early motherhood, mother's age at the time of her first born child is assessed. The number of children residing in the home is used to examine the size of the family. The family's ability to cope with stress is measured by one of the risk elements of the *Risk Assessment Tool*. This variable is measured on a five-point scale of severity ranging

from a score of 0 (family is free from stress influence) to a score of 4 (mother is experiencing chronic crisis with limited coping). The mother's history of child abuse and neglect is measured by one of the risk elements of the *Risk Assessment Tool*. This variable is measured on a five-point scale of severity of the mother's childhood abuse and neglect ranging from a score of 0 (no abuse or neglect as a child) to a score of 4 (severe abuse or neglect as a child).

Finally, to determine whether children living in the homes of abused women are at a higher risk of being abused themselves, two variables are used. The first is a broad measure of violence perpetrated by the mother towards the child at some point in their relationship. This measure is a dichotomous (yes/no) variable. Violence towards the child includes instances of physical abuse, sexual abuse, psychological and/or verbal aggression as identified in the child protection file. The second variable is measured by one of the risk elements of the *Risk Assessment Tool*. The severity of abuse/neglect towards the child (to the most recent child protection investigation) is measured on a five-point scale ranging from a score of 0 (no harm or substantial danger of minor harm) to a score of 4 (extreme harm or substantial danger of extreme harm).

Abused women score higher in the severity of childhood abuse and neglect [$t(475) = 7.63, p < .001$], compared to non-abused women. Abused women score higher in the severity of family stress [$t(476) = 5.88, p < .001$], compared to non-abused women. Abused and non-abused women do not differ in age at the time of first birth [$t(418) = -.676, ns$], and in the number of children residing in the family home [$t(474) = -.622, ns$]. Unexpectedly, the proportion of mothers perpetrating violence towards children does not differ between abused and non-abused women ($\chi^2 = 1.47, df = 1, ns$). Children of abused and non-abused women do not differ in the severity of abuse/neglect inflicted [$t(476) = .63, p > .1$] (Table 4).

Table 4*Factors Related to Familial Characteristics of Abused and Non-Abused Women*

Measure	Abused Women (n = 265)	Non-Abused Women (n = 212)
Additional Siblings in Home ^a	1.20 (1.1)	1.20 (1.1)
Family's Ability to Cope with Stress ^b **	2.7 (.88)	2.16 (1.1)
Mother's history of childhood abuse ^c **	2.00 (1.6)	.94 (1.4)
Violence perpetrated by mother towards child	57%	51%
Child's severity of abuse/neglect ^d	1.63 (1.17)	1.56 (1.34)
Mother's Age at First-Birth ^e	20.7 (4.5)	20.9 (3.9)

Note: ^a = mean number of siblings in home; standard deviations are in parentheses.

^b = mean risk assessment ratings; higher scores indicates greater severity of family's ability to cope with stress; 0 minimum, 4 maximum; standard deviations are in parentheses.

^c = mean risk assessment ratings; higher scores indicates greater severity of mother's childhood abuse; 0 minimum, 4 maximum; standard deviations are in parentheses.

^d = mean risk assessment ratings; higher scores indicates greater severity of child's abuse/neglect; 0 minimum, 4 maximum; standard deviations are in parentheses.

^e = mother's mean age in years at time of first-birth child; standard deviations are in parentheses. ** $p < .01$

Discussion

The goal of the present study is to evaluate which maternal, familial, and contextual factors are associated with woman abuse in the context of child welfare. Maternal characteristics found to be associated with woman abuse suggest that substance abuse disorders, major psychiatric illnesses, a history of chronic physical illnesses, and impairment in their mental/emotional/intellectual capacity to care for the child are factors associated with women who have experienced violence. Abused women are more likely to have had a history of childhood abuse and to have been involved in the child welfare system as children. Factors that relate to socio-economic adversity suggest that abused women are more likely to be unemployed, receiving social assistance, have less social supports available to them, and less ability to cope with family stress, compared to non-abused women. In relation to child factors, children of abused women are more likely to be in the care of child welfare authorities than their peers in the families of non-abused

women; they are, however, no more likely to have experienced violence perpetrated by their mothers or differ in the severity of child abuse/neglect compared to children of non-victims.

A second purpose of the present study is to compare the rates of woman abuse in 1995, a year before any formal provincial training on domestic violence for CAS child protection workers, and 2001. The findings support a higher rate of reported woman abuse in 2001 compared to 1995. The findings will be discussed in relation to their implications for understanding woman abuse in the context of child protection.

4.1 Conceptual Implications: Mental and Physical Well-Being of Abused Women

Findings suggest that woman abuse emerges as a significant feature in the context of maternal mental and physical health problems. Abused women are more likely to have substance abuse disorders, major mental illnesses, and a history of chronic medical illnesses that are physical in nature. Moreover, abused women are significantly more impaired in their mental/emotional/intellectual capacity to care for children than are non-victims. Nearly half of the abused women in this sample are diagnosed with a major mental illness. Screening for mental disorders or medical conditions that have important impacts on a child's adjustment and the mother's capacity to cooperate with intervention is essential. These characteristics may compromise the capacity of the mother to respond to their child in supportive and protective ways. It has been suggested that behaviours engaged in by women who experience violence, such as substance abuse may reflect survival, coping, and protective behaviours to avoid additional victimization (Whalen, 1996). Child protection agencies should recognize that a necessary component in child welfare assessment and intervention is the consideration of the physical and mental health status of the child's mother. One example of a current public health initiative in Ontario is a universal screening program for all patients seen in a family medical setting about the possibility of woman abuse and safety concerns for their children.

In determining the needs of mothers with mental health problems and their children and accessing resources to meet those needs, child protection workers will benefit from drawing on the skills and knowledge of mental health specialists. Cross-sector collaboration between mental health and social services is necessary, but currently

not a priority in Ontario. Government policy should target the training of medical, nursing and allied health personnel to ensure that all clinicians are aware of their role in managing woman abuse, and to know how and when to screen for woman abuse. Lastly, it is important that programs addressing the issues of family violence take a broad perspective that considers the family context (e.g., physical and mental health) in which the violence occurs rather than focusing solely on the issue of violence.

Although previous work has identified depression as playing a role in the lives of abused women (Bassuk et al., 1996; Chaffin, Kelleher & Hollenberg, 1996; Sheppard, 1997; Woodward & Fergusson, 2002), no differences are found in the current study between the two groups on whether the mother was diagnosed with depression. Given the well-established link between depression and domestic violence (Sheppard, 1997; Woodward & Fergusson, 2002) this finding may be spurious. Nevertheless, almost one-third of all women in both groups are diagnosed with depression. This suggests the importance of maternal depression among mothers whose children have come to the attention of child protection authorities (Leschied, Chiodo, Whitehead & Hurley, 2003). Wolfe (1999) suggests that parents with depression not only are preoccupied with their own well-being, but display lowered self regulation and poor judgement that results in higher rates of inadequate parenting. A comprehensive strategy for intervention with depressed mothers should include not only individual treatment, but also support for developing more adequate parenting strategies. Support for mothers with mental and physical needs supports the notion of joint training and collaboration from both health and social services.

4.2 Woman Abuse and Socioeconomic Adversity

Our findings suggest that women who are abused are more likely to be unemployed and receiving social assistance as a source of family income compared to non-victims. Abused women are also more likely to have less reliable and useful social supports available to them than are non-abused women. These findings are consistent with others (Jones et al., 2002; Anderson et al., 2003 Kantor & Janinski, 1998; Shipman et al., 1999) that indicate that families facing woman abuse are also more likely experiencing socio-economic adversity compared to non-violent families. Stress-producing events such as unemployment and other economic problems associated with it, such as the stresses of

daily survival, may increase the likelihood of woman abuse (Jasinski & Williams, 1998). The fact that abused women in the present study are also rated as being more impaired in their ability to cope with family stress provides support for the notion that woman abuse occurs within a broader context of family dysfunction.

Abuse occurring within families can interfere with the caregiver's job stability, either directly, or indirectly, by increasing the risk of serious physical and mental health problems. Advocates for battered women suggest that abusers often interfere with a woman's ability to work, and batterers often attempt to sabotage and frustrate their partner's attempts to become self-sufficient through education, job training or employment (Tolman & Raphael, 2000). It has been suggested that increased or exacerbated family violence occurs when the battered partner seeks education, training or work (Raphael, 1996). Although the present study cannot account for the reasons of unemployment among abused women, it is possible that one or a combination of these factors is present. What is clear from these findings is that woman abuse may limit the terms and conditions of employment, its duration, or its sustainability. Programs and policies that lead to economic self-sufficiency and safety for abused women and their children are important considerations to guide programmatic intervention. Promoting job placement, increasing supports for safety during employment, and maintaining a viable safety net if abuse continues have all been suggested as useful tools by welfare-to-work programs in increasing women's and children's safety and long term well being (Tolman & Raphael, 2000).

4.3 Woman Abuse and Child Protection Service Outcomes

There is increasing acceptance for child protection services to develop expertise in domestic violence. The recent joint training initiative in Ontario between child protection services and violence against women services is a promising collaboration. The significantly larger proportion of woman abuse case in 2001 compared to 1995 may be a result of an improved ability of child protection workers to identify domestic violence and recognize the connection between the safety of children and women in families. Studies in New York and California reveal that training child protective workers on domestic violence improved their ability to identify domestic violence and decreased

negative attitudes towards victims of domestic violence (Magen & Conroy, 1998; Mills et al., 2000).

The higher proportion of children admitted to CAS care from women abusive families suggests that under these stressful conditions, parenting behaviour may be less than optimal, and parents themselves may need to respond to external demands more than to the needs of their children. Multiple stressors are related to parenting, of which woman abuse is a critical one. This study shows that economic, mental, physical challenges, and a history of childhood abuse and neglect are additional stressors that are likely to influence parenting and in turn, the decision made by child protection workers to seek protection for the referred child. The greater provision of services to women in abusive families, as indicated by the higher numbers of their children admitted to CAS care, and the fact that these families are currently receiving service from outside agencies at the time of the current CAS referral is a reflection of the high risk experienced by these families and the need to address this programmatically.

4.4 Woman Abuse and Family Violence

Jones et al. (2003) found that abused women in his sample of child protection cases are significantly more likely to have been a victim of childhood abuse and neglect compared to non-abused women. In the present study, however, no differences are found between abused and non-abused women and the likelihood of violence perpetrated by the mother towards the child. This may reflect the use of the broad definition of violence being perpetrated by the mother towards the child, one that did not capture the fact of witnessing violence. The risk element that measures the severity of the child's abuse or neglect may not reflect a complete measure of abuse since this variable makes a severity rating based on the most recent child protection investigation, and does not include historical accounts of abuse or neglect.

4.5 Limitations

Abused women involved with child protective services may differ from women traditionally served by domestic violence shelters or advocacy centres. Child protective services are usually involved with women who have not sought services on their own, and the possibility of the child's removal is always present. Thus, the abused women

studied in this study are confined to the subset of mothers who are involved with child protection services. As such, the extent to which this group of abused mothers is representative of all abused women is not known. The research also relied on case reviews. This approach may underestimate the incidence of woman abuse since it is possible that not all abused women were identified or recorded by social workers.

4.6 Conclusions

The findings reported in this paper suggests that abused women whose children are involved in child protection services have a number of mental and physical health problems, and are living under conditions of deprivation (reliance on social assistance, unemployment, and a lack of adequate and reliable social supports) compared to non-abused women. Recycling these families in and out of the child protection system will not end until effective means of addressing these concerns are available. The need for supporting the family unit-mother and children-in the aftermath of violence is crucial. Given the many stressors facing women abusive families, cross-training among service providers could provide a more effective multidisciplinary approach to intervention.

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