

Co-occurring Spouse and Child Abuse: Implications for CPS Practice

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The question of co-occurring child and spouse abuse holds several potentially important implications for CPS workers and the legal system. To what extent are children in homes where marital violence has occurred at risk of being physically abused themselves? Should witnessing marital violence be considered emotional abuse? A better understanding of the extent and nature of the co-occurrence of child and spousal abuse can lead to the development of more effective intervention and prevention programs.

This article presents information based on the domestic violence and child abuse literature with the goal of enhancing the CPS worker's understanding of rates of co-occurring spouse and child abuse, models of co-occurrence, treatment issues, and targets for intervention.

Rates of co-occurrence

Appel, Angelelli, & Holden (revision under review), tried to estimate the rate of co-occurring physical child abuse and spouse abuse based on a review of the research on domestic violence and child abuse¹:

- Physical child abuse and spouse abuse co-occur in about 6% of the families in two community samples from the National Family Violence Surveys (1975, 1985) (Hotaling, Straus, & Lincoln, 1990).
- Studies using samples of battered women have reported co-occurrence rates that range between 20% and 100% (e.g., Kruttschnitt & Dornfeld, 1992; O'Keefe, 1995).
- Studies using clinical samples of children have reported co-occurrence rates that range between 26% and 59.4% (e.g., McKibben, DeVos, & Newberger, 1989; Sternberg, Lamb, Greenbaum, Cicchetti, Dawud, Cortes, Krispin, & Lorey, 1993)

Limitations in co-occurrence research

The research on co-occurring spouse abuse and physical child abuse has a number of methodological limitations, including:

- Reliance on battered women samples
- Lack of community/comparison samples
- Reliance on a single source of report for abuse
- Lack of agreement on assessment methods and criteria for abuse

¹Readers interested in a complete bibliography on studies which contain information regarding the co-occurrence of spouse abuse and physical child abuse can request a copy from the author.

A better understanding of the extent and nature of the co-occurrence of child and spousal abuse can lead to the development of more effective intervention and prevention programs.

The methodological limitations of the existing research on the co-occurrence of spouse abuse and physical child abuse make it difficult to draw conclusions about the exact overlap between the two problems. Despite these limitations, CPS workers know that a sizable number of the families on their caseload experience both domestic violence and child maltreatment problems. These cases are among the most difficult to assess risk and safety, and to make accurate decisions about appropriate intervention and treatment.

Models of co-occurrence

How is the co-occurrence of child and spouse abuse developed and maintained in the family system? To date, no specialized theories have been developed to address the question of why these two forms of abuse occur together. To provide a conceptual framework for understanding the possible relations among the actors in family violence, two types of

models of co-occurrence are presented in Figure 1 and Figure 2.

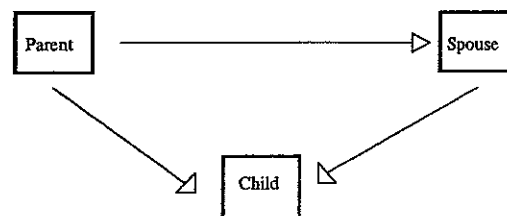
The major distinction between the models is whether they are uni-directional or bi-directional models of co-occurrence. The uni-directional models assume that one spouse and the child are passive recipients of the violence. In contrast, the bi-directional model recognizes that individual members of the family system can interact to develop and maintain the violent behavior patterns. Since it is unlikely that any one model can adequately explain the coexistence of domestic violence and child maltreatment in all cases, it is important that CPS workers understand different explanations so that they can individualize their assessments of families.

Uni-directional Models

The simplest model of co-occurrence is a uni-directional view in which one perpetrator is the sole cause of the violence, and the spouse and child are both passive recipients of the abuse (see Figure 1)

Figure 1

"Dual Perpetrator" model.



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We have conceptualized three types of uni-directional models:

- One Perpetrator Model
- Sequential Perpetrator Model
- Dual Perpetrator Model

In the "One Perpetrator" model, child abuse and spouse abuse originate from one individual, which could be either parent, but it is most often the man. Social learning theory (e.g., Bandura, 1977) predicts that the violence stems from early experiences in the perpetrator's family of origin. The perpetrator observed and now models the use of violence to exert power and control over family members. Individuals who were exposed to family violence in their childhood learned several messages, including: (a) those who love you are also those who hit you, (b) those you love are people you can hit, (c) seeing and experiencing violence in your home establishes the moral rightness of hitting those you love, and (d) if other means of getting your way, dealing with stress, or expressing yourself do not work, then violence is permissible (Straus, Gelles, & Steinmetz, 1980). An alternative theory for this model comes from psychopathology, which suggests that the perpetrator has an antisocial personality that plays itself out in intimate relationships with his partner and his children. In fact, men who have an antisocial behavior disorder are believed to form one of the three major groups of wife batterers (Holtzworth-Munroe & Stuart, 1994)

The "Sequential Perpetrator" model implicates the victim of marital abuse as the perpetrator of child abuse. Such a model reflects the situation in which a battered mother might respond to her victimization by physically abusing her child(ren). There are various possible explanations for the abused spouse becoming abusive, including a reaction to the stress of being battered, a modeling of the perpetrator's style of coercive interactions, or simply carrying out the perpetrator's abusive dictates.

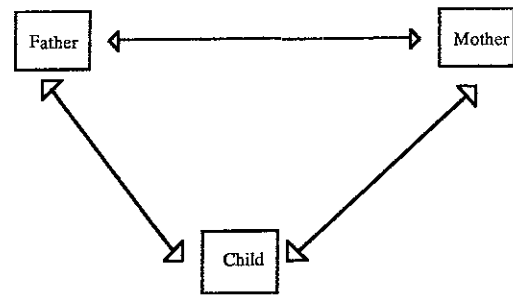
Finally, the "Dual Perpetrator" uni-directional model is possible. Here both marital partners physically maltreat the child, although only one parent is the recipient of the marital abuse. It should be pointed out that although the child is abused by both parents, the underlying reasons for the abusive acts may be very different. In one case a parent may abuse a child in an effort to punish or terrorize a partner. In other cases, a parent may physically maltreat a child only when feeling particularly stressed. Thus, the cause of the victimized spouse's abusive behavior may be the same as in the "Sequential Perpetrator" model

Bi-directional models

A bi-directional model of co-occurring spouse

and child abuse would include both child and parent risk factors as contributors to the occurrence of interparental and parent-child violence (see Figure 2).

Figure 2



This "family dysfunction" model predicts that marital violence will result in the development of externalizing behavior problems in the children (Jaffe, Wolfe, & Wilson, 1990; Jouriles & Norwood, 1995). Marital violence can disrupt child rearing in several ways. Battered women, for example, experience increased stress, exhibit greater inconsistency in child rearing, and may become punitive and less warm. This disruption in parenting leads to an increase in coercive interactions with children, which is a risk factor in the development of externalizing behavior problems.

Children who observe and then model their parents' marital violence learn that violence is the preferred method of dealing with family conflict.

Patterson (1986) has suggested that externalizing "acting out" behavior in children elicits coercive behavior from the parent, and the child responds with his or her own coercive behavioral reaction. Witnessing marital violence may also result in the development of externalizing behavior problems in children through social learning. Children who observe and then model their parents'

parents' marital violence learn that violence is the preferred method of dealing with family conflict.

In addition to the role of social learning and stress in both the uni-directional and bi-directional models, a behavioral genetics explanation cannot be ruled out. Frick and Johnson (1993) proposed a "third variable" model whereby genetic predispositions mediate the relationship between antisocial behavior in a parent and antisocial behavior in a child. In this model, the primary risk factor is the parent's antisocial behavior. That behavior, reflecting an antisocial trait, leads to antisocial behavior in a child through genetic, as well as environmental effects.

Treatment issues

Identifying and assessing co-occurrence

Social service providers who understand the possibility of divergence of family members' reports can utilize protocols that interview family members separately. Research on the divergence of reports from different family members on the occurrence of

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domestic violence suggests that:

- Children may underreport acts of parent to child abuse
- Husbands may underreport acts of spouse abuse

Until we have a better understanding of the sources of variability in reports, violence reports from one source are problematic. The best solution appears to be using multiple sources.

McKay (1994) outlines specific indicators that a spouse or child may be a victim of domestic violence and may need to be interviewed separately. Indicators that children may have witnessed domestic violence include fear of leaving abused parent alone, and abusive behavior towards parent. Some of the specific indicators that a mother may be a victim of domestic violence and need to be interviewed separately to assess the possibility of domestic violence as a factor that may also suggest a risk for child maltreatment include:

- Inconsistent explanations for observed injuries
- Accidents during pregnancy
- Substantial delays in seeking medical treatment
- History of repeated accidents and emergency room visits
- Observed embarrassment or evasiveness when questioned about injury or abuse
- Anxiety and fear in presence of partner
- Apologies or explanations for partner's behavior

In addition, McKay (1994) outlines behavioral indicators for screening partners who batter their spouses. Indicators of an abusive partner include:

- Speaking for partner
- Strong resistance to separate interviews
- Derogatory descriptions of, and condescension towards partner
- Minimization of frequency and severity of violence
- Blaming of partner for provoking abuse

Since the presence of domestic violence indicates a higher risk of child maltreatment recurrence (DePanfilis, 1995), CPS workers must increase awareness of these indicators and develop accurate assessments of risk and safety. Most CPS safety evaluation models recognize this and include domestic violence as a factor that increases concern for the safety of maltreated children (DePanfilis and Scannapieco, 1994; Scannapieco and DePanfilis, 1994). CPS workers must further recognize that when mothers are at the point of making a decision to leave the home, legally separate or divorce, the potential danger to the mother and children increases. Therefore, safety planning should consider the need for developing safe alternatives to support mothers when they make these decisions (DePanfilis and Brooks, 1989).

Recognizing that exposure to spouse abuse is emotional abuse

Research suggests that children who witness spousal violence exhibit symptoms that are similar to children who have been emotionally, physically, or sexually abused and are in need of protection (Echlin & Marshall, 1995). The family dysfunction model of co-occurring spouse and child abuse suggests that witnessing marital violence can lead to externalizing behavior in children which disrupts the parent-child relationship, and may escalate into child abuse.

The implications of this research should be considered as CPS workers evaluate the degree to which children are exhibiting symptoms from witnessing violence and whether the conditions observed meet the state's definition of emotional abuse, psychological maltreatment, or mental injury.

Targets for intervention

Marital relationship: Who gets treatment?

Schechter and Edleson (1994) describe the opposing views of child protective workers and battered women advocates in their interpretations of "the best

interest of children." Traditionally, child protective workers approach the problem with the child's safety as the sole priority, while battered women advocates believe that keeping the mother safe from violence is a necessary precursor to keeping the child safe.

There are several important factors to consider when making decisions about the perpetrator's visitation or custody rights or when assessing the most appropriate treatment plan for the family. These factors include the perpetrator's psychological profile, the likelihood of intra-agency collaboration, and the safety of the victims.

Saunders (1994) suggests that efforts to help battered women overcome their psychological trauma and become better parents have a higher likelihood of success than services targeting the perpetrator of violence, whose problems may be more chronic and less amenable to current treatment. Individuals who are violent to their families exhibit a variety of family of origin backgrounds, emotional and personality disorders which are important to assess when deciding if the currently available treatment is recommended. For treatment to be effective, the perpetrator's profile must be one that would allow for long term behavioral change in the perpetrator's family relationships. Many violent perpetrators need a combination of batterer intervention programs and law enforcement sanctions to prevent future violent incidents from occurring in the family. In order for a family approach to treatment to be put into practice, the safety of

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victims of violence must be ensured by collaborating agencies.

Parent-child relationship

The family dysfunction model supports the idea that spouse abuse is a necessary intervention target in the treatment of child abuse, because both forms of abuse are interacting to develop and maintain each other in the family system. However, family systems researchers like Margolin and John (1995) point out that treating the spouse abuse by itself will not have a significant effect on child adjustment because the quality of parenting is such a strong mediator between spouse abuse and child psychological adjustment. In order to have a significant effect on the family system, parenting must also be an intervention target. The family dysfunction model supports the idea that harsh, inconsistent parenting plays a significant role in the emergence of externalizing behavior problems in children who are witnesses to domestic violence.

The parent-child relationship becomes an essential target for intervention when the battered woman is also an abusive parent. This is an especially troublesome situation for child protective workers, because the goals of child safety and family preservation may be in serious conflict. The family dysfunction model suggests that mothers may be aggressive toward their children as a consequence of the stress they are experiencing in the battering relationship. Once the mothers are out of that relationship, they may become less punitive (Holden, Stein, Ritchie, Harris, & Jouriles, in press). Alternatively, if some mothers are chronic abusers, perhaps for reasons apart from their victimization, then it would be important for child protective workers to assess mothers' amenability to current treatment when making decisions about family preservation. Peled & Edleson (1992) suggest that treating battered women in parent groups, concurrently with groups for the children of battered women, may be an effective approach in situations in which battered women are also abusive mothers.

Conclusion

The collaborative approach that is suggested by this model is based on the idea that family violence is a result of a dysfunctional family system. Recognizing that child abuse and spouse abuse are interacting together to develop and maintain each other, professionals who work with families in which child abuse and spouse abuse co-occur need to assess and treat all forms of family violence. Targets for intervention in a family characterized by domestic violence should include the marital relationship and the parent-child relationships. Because the systemic model suggests that intervention targets include both the marital and parent-child relationships, collaboration with other agencies is essential. Child protective workers trained in domestic violence need to take a collaborative approach and work with battered women's advocates and the police and criminal justice system to respond to the family, as opposed to an individualized agency

response (Magen et al., 1996). As many researchers have pointed out, there must be coordination of child protective services, battered women's agencies, batterer treatment programs, the police and the criminal justice system for all individuals in the family system to be treated safely and effectively (e.g., Echlin & Marshall, 1995).

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