



Pergamon

Children and Youth Services Review, Vol. 22, No. 5, pp. 315–332, 2000
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0190-7409/00/\$—see front matter

PII: S0190-7409(00)00083-9

Child Protection and Domestic Violence: Training, Practice, and Policy Issues

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This article traces the experiences of four of the five Department of Health and Human Services (DHHS) recipients who received funding to provide domestic violence training to child welfare agencies in four areas of the United States.¹ The article begins with the developing research that documents the connection between child abuse and domestic violence and explores the fertile ground for tensions between battered women and their advocates and child protective service (CPS) workers. The article also presents findings from the experiences of the DHHS funded programs, their accomplishments, and the obstacles they faced in integrating domestic violence into child welfare practice with the ultimate goal of protecting the mother-child unit. Finally, it concludes with practice and policy recommendations for researchers and practitioners who are working at the intersection of these abuses.

¹One program is not included in this collaborative presentation of the results of these DHHS-funded projects; that program did not respond to numerous inquiries.

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Domestic Violence: Statistics and Impact

Domestic violence describes a pattern of battering or abusive acts in the context of an intimate relationship. It takes many forms, including destructive acts, and hurtful words or actions. Physical, emotional, and sexual abuse are all forms of domestic violence. In 95% of the cases men abuse women, although in some cases, women are the primary aggressors (U.S. Department of Justice, 1994). Indeed, a recent study suggests that in the small percentage of cases involving women who are violent, the abuse is less significant than when perpetrated by men (Ross, 1996). It is now well documented that domestic violence probably occurs at the same rate in heterosexual and homosexual relationships (Lie, Schlitt, Bush, Montague, & Reyes, 1991; Lockhart, White, Causby, & Isaac, 1994; Loulan, 1987) and is evident in all cultural, ethnic and racial populations, including immigrants (Brownell & Congress, 1998) and people with disabilities (Carlson, 1997; Murphy & Razza, 1998). Some cross-cultural studies reveal cultures where domestic violence is not evident, raising the possibility that the incidence and prevalence of intimate abuse is contingent on a culture's tolerance for all forms of violence (Levinson, 1983).

Probably the greatest single risk factor for domestic violence is gender (Nurius, Hilfrink, & Rifino, 1996). In the United States it has been estimated that between 2 million and 4 million women experience severe violence by an intimate partner each year (Straus & Gelles, 1990). Nearly one in three adult women experience at least one physical assault by a partner in adulthood (American Psychological Association, 1996). In a national sample, 28% of married couples reported at least one episode of physical violence over the course of their relationship (Straus & Gelles, 1986). Violence against women by their intimate partners is a leading cause of injury and death to women. In 1992, the U.S. Surgeon General ranked domestic violence as the most common cause of physical injury to women between the ages of 15 to 44 (Novello, Rosenberg, Saltzman, & Shosky, 1992).

The Link Between Domestic Violence and Child Abuse

Batterers often abuse their children as well as their adult partners. According to the American Humane Association (1994), a review of several studies revealed that 45-70% of survivors in shelters reported that their abusers also committed some form of child abuse. The American Humane Asso-

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