Stress and adversity are an inevitable part of family life, and these are mostly dealt with in ways that are both healthy and resourceful. Few situations, though, are as stressful or provoke more crises within families than domestic violence (DV) and child maltreatment (CM). These social problems, at once separate and intertwined, are all too frequent and debilitating. Lifetime worldwide estimates of the prevalence of physical assault by males against females range between 10 and 69% (Heise, 2002), making intimate partner violence (IPV) one of the most common forms of trauma experienced by women. Estimates of the prevalence of child abuse are more difficult to ascertain and vary by age, but data from North America suggest that 6 per thousand to 22 per thousand children had a confirmed allegation of maltreatment in 2004 (U.S. Department of Health and Human Services Administration for Children and Families, 2006; Trocmé et al., 2005; Trocmé, in press). However, this is generally considered an underestimate of the actual rate of child maltreatment as most child abuse and neglect likely goes unreported (Trocmé, in press).

The intersection between child maltreatment and DV is substantial, by any measure reaching into a large number of households. The co-occurrence of DV and child maltreatment may reach as high as 60% (Edleson, 1999) and, when measured as a form of maltreatment as it is in some provinces in Canada, accounts for over one quarter of all substantiated maltreatment reports (Trocmé et al., 2005). In addition to the obvious trauma and related difficulties faced by women who are abused, childhood exposure to DV has been associated with elevated levels of psychosocial and behavioral difficulties (Edleson, 1999; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). There is also reason to believe that children are present in a large proportion of homes where DV occurs and are often witnesses to the violence between their caregivers (Catalano, 2007; Johnson, 2006).

Despite the large overlap between child protective services and DV services, the two sectors have traditionally been uncoordinated, reflecting differences in mandates and ideological underpinnings (Edleson, 1999; Hartley, 2004). Inconsistencies and lack of coordination of services at pivotal moments in the lives of families, whether due to misunderstandings between systems or inadequate funding, limits effective treatment and may even escalate the crises faced by families. This special issue is part of an effort to understand this disjunction, further evaluate the epidemiology of the co-occurrence of DV and child maltreatment, evaluate new interventions, and propose conceptual,
practical, and policy relevant ways of better serving children and families who are, by the very nature of the problems they face, in a state of crisis and extreme vulnerability.

The issue begins with a broad introductory article by Shlonsky, Friend, and Lambert (2007) containing a brief review of three decades of discourse surrounding DV and the provision of DV services, reviews of the treatment literature for adult and child victims of DV, a review of the evidence of effectiveness of batterer intervention programs, and the introduction of a philosophical framework (harm reduction) and practical methodology (evidence-based practice) that promotes the use of evidence across disparate approaches to service.

In the first article, Fowler and Chanmugam (2007), after noticing differences in findings from two meta-analyses conducted in the same year, critically review four meta-analyses and one mega-analyses on the effects of childhood exposure to DV. Beyond confirming the finding of a small to moderate effect of exposure on children’s psychosocial outcomes, which is an essential starting point for configuring key services, their effort sheds new light on differences in findings based on key definitional issues, the identity of the reporter, and study inclusion criteria. They also call for a greater effort to understand childhood resilience in the face of such adversity; that facilitating or enhancing the strengths of children in violent homes may be an immediate and practical form of intervention.

Next, in one of the few studies to examine the co-occurrence of IPV with a range of child maltreatment types using a representative sample, Zolotor, Theodore, Coyne-Beasley, and Runyan (2007) find that mothers reporting IPV are much more likely to report that their children also experienced physical abuse, neglect, psychological abuse, and sexual abuse. Their results lead them to conclude that children in homes where IPV has occurred should also be assessed for child maltreatment, separate and apart from their exposure to DV. That is, in a crisis situation, service providers may move too quickly to address IPV issues and ignore the fact that many victims of IPV may also have children who are maltreated above and beyond exposure to DV, and that the maltreatment may extend beyond physical abuse.

Decisions about the type and scope of child welfare services rely on the accurate assessment of risk. If cases are to be serviced according to risk and service need as would be the case in any reasonable differential response model (Waldfogel, 1998), accurate assessments of risk are of paramount importance. Shlonsky and Friend (2007) explore the uses of decision aids in cases of child maltreatment and DV, illustrating an approach that utilizes validated instruments from both service sectors. Different types of child maltreatment may be present in homes where DV occurs, and these variations may require unique treatment approaches. Further elaborating on the co-occurrence of DV and one of the most common but least understood forms of maltreatment, child neglect, Antle et al. (2007) use a sample of child protection cases to explore child welfare workers’ perception of risk and their subsequent action in cases where DV was identified. They find that, despite elevated perceived levels of risk when DV is present in neglect cases, service plans do not address DV in a majority of such cases. This oversight will likely lead to further crises and subsequent involvement with child welfare or DV services.

Yet even with increased awareness of the link between DV and CM, calls for increased screening and assessment procedures will do little good without effective services. Alaggia, Jenney, Mazucca, and Redmond (2007) use a participatory action framework to qualitatively examine the experiences of a wide range of service providers and recipients involved with both the DV and CM service systems. Their
findings indicate that, despite recent reforms of the child welfare system, there is still a widespread mistrust of child protection workers, services are as yet uncoordinated, and there is a feeling that perpetrators are not held accountable for their actions. Such structural impediments to the delivery of crucial services cannot be ignored.

Although the effectiveness of batterer intervention programs has been fairly disappointing to date (Feder & Wilson, 2005), there are new approaches being tested and these appear to hold promise. Scott and Crooks (2007) report on preliminary findings from a program specifically designed for men who have maltreated their children or have exposed them to DV. The unique inclusion of parenting education and the focus on issues related to children may prove more effective than previous efforts focusing more exclusively on the structural elements of violence against women.

Finally, Crook and Oehme (2007) conduct an exploratory study of the characteristics of 47 supervised visitation programs in Florida. These agencies are designed to monitor parent–child visits, sometimes providing guidance for interactions between children who have been placed in care and their parents. Such visits are difficult in the best of circumstances but are made unpredictable and potentially volatile when DV between family members is an issue. Unfortunately, findings from the study indicate that agencies are underfunded, understaffed, and generally ill equipped to deal with complicated and potentially violent interactions between batterers and other family members.

This collection of articles and the unresolved issues they bring forth indicate a large, unmet need for the effective assessment and treatment of families experiencing the co-occurrence of DV and CM. Despite differences in mandates and philosophical underpinnings, both DV advocates and child protection workers provide services to many of the same clients. All parties, including clients, would benefit if the two sectors were to adopt a more collaborative approach to servicing families that includes knowledge and resource sharing. When DV advocates and child protection workers can put their philosophical differences aside, we will likely be in a much better position to collectively meet the multiple needs of vulnerable families.

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References


