

Child Protective Services Guidelines for Substantiating Exposure to Domestic Violence as Maltreatment and Assigning Caregiver Responsibility: Policy Analysis and Recommendations

Bryan G. Victor¹ , Ashley N. Rousson² , Colleen Henry³,
Haresh B. Dalvi¹, and E. Susana Mariscal¹ 

Abstract

The purpose of this study was to examine the range of policy approaches used by child welfare systems in the United States to guide workers in classifying and substantiating child exposure to domestic violence (CEDV) as an actionable form of maltreatment. To that end, we conducted a qualitative document analysis of child protective services (CPS) policy manuals from all state-administered child welfare systems in the U.S. ($N = 41$). Our findings indicate that a majority of state-administered systems (71%) have adopted policy requiring workers to demonstrate that children have endured harm or the threat of harm before substantiating CEDV-related maltreatment. Many state systems (51%) also include policy directives that require workers to identify a primary aggressor during CPS investigations involving CEDV, while far fewer (37%) provide language that potentially exonerates survivors of domestic violence from being held accountable for failure to protect on the basis of their own victimization. Based on our findings and identification of policy exemplars, we offer a recommended set of quality policy indicators for states to consider in the formulation of their policy guidelines for substantiating children's exposure to domestic violence that promotes the safety and wellbeing of both children and adult survivors of domestic violence.

Keywords

policy, decision-making, domestic/intimate partner violence, exposure to domestic violence, qualitative research

National and state level estimates indicate that child welfare workers in the United States attribute a significant share of substantiated maltreatment directly to child exposure to domestic violence (CEDV). Defined as visually witnessing or hearing an adult perpetrate physical and/or psychological abuse against an intimate partner or observing the aftermath of that abuse (e.g., injuries, property damage; Holden, 2003; Naughton et al., 2020), CEDV has been directly linked to 20.7% of substantiated referrals across the United States based on findings from the National Survey of Adolescent and Child Wellbeing II (Lawson, 2019). Results from state-level studies have shown similar prevalence. For example, Victor et al. (2019) reported that 18.8% of substantiated referrals in one Midwestern state's child welfare system involved CEDV-related maltreatment.

However, as in other countries such as Canada and Australia, jurisdictions in the United States vary as to whether exposure to DV merits action by the child welfare system (Cross et al., 2012). At the national level, the Child Abuse and Prevention Act of 2010 (CAPTA) establishes a broad framework for U.S. states in determining their own specific

maltreatment types and thresholds for formal child welfare intervention. Of note, CAPTA neither mandates nor prohibits the use of an explicit maltreatment type for CEDV. The law is also written in a way that would permit CEDV to be substantiated under other established maltreatment categories such as physical abuse or neglect (P.L.111–320; Henry, 2017).

As a result, differences exist in the thresholds set by states for substantiating CEDV as maltreatment and how that maltreatment is classified. For instance, beginning in 1999 the Minnesota legislature classified any exposure to DV (i.e., *exposure alone*) as a

¹ School of Social Work, Indiana University, Indianapolis, IN, USA

² School of Social Work, University of Washington, Seattle, WA, USA

³ Silberman School of Social Work at Hunter College, City University of New York, NY, USA

Corresponding Author:

Bryan G. Victor, School of Social Work, Indiana University, 902 West New York Street, Indianapolis, IN 46202, USA.

Email: bgvictor@iu.edu

form of child neglect (Edleson et al., 2006). The revised definition of neglect led to a significant increase in maltreatment referrals, and the definition was quickly re-adjusted given limited resources to respond and the fact that caregivers on most substantiated CEDV cases did not receive services (Edelson, 2004). Other states have adopted a substantiation threshold that requires workers to demonstrate that children exposed to DV have endured *harm or threat of harm* (physical and/or emotional) and classify CEDV-related maltreatment using established maltreatment types such as emotional abuse, failure to protect, improper supervision, and physical abuse (Coohey, 2007; Henry, 2017, 2018; Victor et al., 2019). Importantly, workers have substantiated adult survivors of DV as well as perpetrators using both thresholds (*exposure alone* and *harm or threat of harm*). This has led scholars and advocates to question whether it is counterproductive and/or unethical to hold DV survivors responsible for CEDV-related maltreatment in connection with their own victimization, noting that such action draws the child welfare system's attention away from perpetrators who are the source of harm and may punish survivors even when they take action to protect their children (Edleson, 2004; Henry et al., 2020; Magen, 1999; Nixon et al., 2007).

Yet beyond examples in the literature from a few specific systems, our knowledge about whether and how states across the U.S. conceptualize and substantiate CEDV as maltreatment and which caregivers should be held responsible remains limited (Henry, 2017). That is, we know little about how child welfare systems operationalize broad maltreatment statutes as policy guidance to their workers, and the connections drawn to CEDV. As Lawson (2019) observed, "the extent to which child welfare agencies are adopting policies that treat DV as child maltreatment is difficult to assess due to the lack of precise measurement data" (p. 33). The current study seeks to address this gap in the literature by systematically reviewing child protective service (CPS) manuals from across the United States to understand the range of policy approaches to conceptualizing and substantiating CEDV as an actionable form of maltreatment (i.e., meriting a system response), and to assess their alignment with evidence on promoting the safety and wellbeing of children and adult survivors of DV.

Substantiation Thresholds and Maltreatment Types

A general consensus now exists that CEDV has the potential to seriously harm children and negatively impact their development. For example, research suggests that exposure to DV can negatively affect infant and early childhood development by disrupting attachment relationships that form the basis for a child's ability to experience safety and regulate their emotions (Carpenter & Stacks, 2009; Holt et al., 2008). Children who are exposed to DV are also more likely than their non-exposed peers to develop externalizing behavioral challenges such as physical aggression and internalizing challenges such as anxiety and depression (Holt et al., 2008; Schnurr & Lohman, 2013). Based on this evidence, some have argued in the past that any CEDV (i.e., *exposure alone*) should be considered

grounds for CPS intervention, similar to physical or sexual abuse (Jaffe et al., 2003).

However, not all children exposed to DV experience these negative consequences. Indeed, many children demonstrate high levels of resilience following CEDV with consequences varying based on the magnitude and frequency of exposure, the child's developmental stage, gender, race/ethnicity, and personal and environmental protective factors (Anderson & Danis, 2006; Cameranesi et al., 2020; Fogarty et al., 2019). For instance, a recent study identified a set of personal and environmental protective factors among youth exposed to DV and under child maltreatment investigation (Mariscal, 2020). Personal factors included social and adaptive skills and spirituality, while environmental factors included caring adults (e.g., teachers, mentors; Mariscal, 2020). A scoping review of the literature identified 13 studies that included at least one "resilient profile" of adjustment (e.g., high functioning) among children and adolescents exposed to DV (Cameranesi et al., 2020). Protective factors included positive maternal mental health, positive mother-child relationships (e.g., warmth), and effective maternal parenting practices (Cameranesi et al., 2020). In sum, the literature emphasizes that warm and positive relationships with non-offending caregivers, peers, teachers and other school personnel provide instrumental and emotional support to children and adolescents in the midst of violence and can be critical for their resilience and overall well-being.

Based on this understanding of CEDV as potentially harmful to children but not always so, policy makers, administrators, and scholars have debated the appropriate threshold for defining and substantiating CEDV as child maltreatment (Edleson, 2004; Henry, 2017; Kantor & Little, 2003; Nixon et al., 2007). For instance, Edleson (2004) put forward guidance on whether and when to substantiate CEDV. Noting the academic literature on the variable impact of CEDV on children's long-term wellbeing and immediate risk of harm, Edleson argued for a nuanced approach to defining CEDV as maltreatment. This approach advocated against the use of an *exposure alone* threshold for substantiation and in favor of guidelines akin to a *harm or threat of harm* threshold that relies on severity indicators or demonstrated risk of harm. The advantage of such guidelines, Edleson argues, are their ability to account for the variable impact of CEDV and their recognition of the limited response capacity of child welfare systems.

The use of a *harm or threat of harm* threshold has also been influenced by legal action brought by DV survivors. During the 1990s, workers from New York City's CPS agency routinely substantiated mothers for failure to protect based on their "engagement in domestic violence" (Moles, 2008, p. 680). That is, the agency used an *exposure alone* threshold that viewed CEDV in and of itself as neglect. Believing the policy to be a violation of their Constitutional rights, a group of mothers in New York City filed a federal class action lawsuit—*Nicholson v. Scoppetta*—demanding an end to the practice of substantiating women for failure to protect solely on the basis of their DV victimization. After a series of federal and state supreme court hearings, a settlement agreement was signed with the City near

the end of 2004 requiring the agency to demonstrate that a child endured harm as a direct result of exposure to DV in order to substantiate CEDV-related maltreatment (Dunlap, 2005).

Holding Caregivers Responsible

Once a child welfare worker determines that a substantiation threshold has been met in connection with CEDV, they then finalize their substantiation decision by assigning responsibility for that maltreatment to one or more caregivers. The recommendations published by the National Council of Juvenile and Family Court Judges in 1999—commonly referred to as the Greenbook—were among the first in offering a general framework for thinking about caregiver responsibility in the context of CEDV-related maltreatment. Just prior to its publication, research emerged noting that children exposed to DV fared best when securely connected with non-offending caregivers (Cicchetti & Rogosch, 1997; Herrenkohl et al., 1994; Levendosky & Graham-Bermann, 1998). Grounded in these findings (Holmes et al., 2019), the Greenbook recommended that child welfare systems adopt policies and practices that strengthen the bond between children and non-offending caregivers, and focus on holding perpetrators of DV responsible for the harm that may result from CEDV. A clear recommendation was also offered that systems should avoid holding non-offending caregivers responsible for harm to children resulting from violence perpetrated by others (Schechter & Edleson, 1999).

More recently, the Safe and Together model (Safe & Together Institute, 2020) has built on the Greenbook initiative with the articulation of a “perpetrator pattern-based approach” to child welfare practice in connection with CEDV that is grounded in empirical evidence and practice knowledge (Mandel & Wright, 2019). A perpetrator pattern-based approach rests on a conceptualization of DV as a pattern of coercive control in which one intimate partner uses tactics inclusive of but not limited to physical, psychological, sexual, and financial abuse to gain and maintain power and control over another. Within this understanding of DV, the approach argues, workers should only hold DV perpetrators accountable for CEDV-related maltreatment. That is, the approach moves beyond a “failure to protect” framework in which a survivor’s perceived unwillingness to terminate a relationship is viewed as placing children at risk of harm, and instead directs focus and attribution of harm exclusively onto the perpetrators of DV. At the time of this writing, the Safe and Together Institute (2020) notes that eleven U.S. states have adopted its model, but the extent to which the substantiation guidelines of these and other states reflects a perpetrator pattern-based approach remains unknown.

Current Study

The first objective of the current study was therefore to describe the range of policy approaches to substantiating CEDV as maltreatment present in the CPS manuals of

state-administered child welfare systems in the United States. The second objective was to assess the alignment between these approaches and a set of quality policy indicators based on recommendations by the Greenbook initiative, the findings in the *Nicholson* case, and the framework established by the Safe and Together Institute. That is, we also sought to evaluate the extent to which state-administered systems directed workers to use a harm or threat of harm threshold and to hold DV perpetrators accountable for the harm or threat of harm generated by their perpetration. Accordingly, this study sought to answer the following research questions:

1. What threshold for substantiating CEDV as maltreatment are workers directed to use by CPS policy manuals in the United States?
2. What specific types of maltreatment are linked with CEDV in these manuals?
3. What types of guidance are workers provided in these manuals for determining which caregiver(s) are responsible for CEDV-related maltreatment?
4. To what extent is each state’s policy guidance aligned with past recommendations and emerging best practices in this area?

Method

In this study we employed qualitative document analysis, a method that combines elements of content and thematic analyses to systematically summarize categories of interest within written materials (Rapley, 2007). We followed the methodological framework described by Bowen (2009) which involves “finding, selecting, appraising (making sense of), and synthesizing data contained in documents” (p. 28). In this section, we first describe our data source and data collection process before detailing each stage of the document analysis and the steps we took to ensure the trustworthiness of our findings.

Data Source and Acquisition

Data for the current study was gathered from CPS manuals (hereafter *manuals*) from the 41 child welfare systems in the United States that are fully or partially administered at the state level (Child Welfare Information Gateway, 2018). These manuals provide guidance to child welfare workers on proper conduct, agency protocols, and decision-making at various points across child protection intake/screening, investigation, substantiation, and disposition. We limited our sample to manuals from systems fully or partially administered at the state level given the differences in policymaking between state- and county-administered systems. That is, a manual from a state-administered system (fully or partially) provides uniform guidance to workers throughout a state, whereas a manual from a county-administered system provides workers in a single jurisdiction with a blend of state and local guidance. Excluding county-administered systems offers greater clarity on the types of CEDV-related policy guidance provided by state-administered

child welfare systems, but does limit the generalizability of the study. We consider this point further in the limitations section.

Our first round of data acquisition involved searching for publicly available manuals on the websites of state-administered systems in May and June 2020. Through this search strategy, we were able to locate and download manuals for 39 of 41 systems (see supplemental materials for a list of websites where manuals can be obtained). If the manual was not available as a single document we downloaded each section related to intake, investigation, substantiation, and disposition along with any appendices related to these processes or DV. Downloaded sections were combined into a single machine-readable document that could then be searched for terms of interest. Manuals were not publicly available for Alabama and South Dakota. In these instances we filed public information requests and state administrators subsequently provided us with the manuals.

Finding and Selecting Document Data

After securing the manuals, our next step involved finding and selecting the text data within each manual that would be useful in answering our research questions. To identify and extract relevant passages, two authors began by independently searching through each manual for the following terms: “domestic,” “violence,” “DV,” “IPV,” “partner abuse,” “assault,” “exposure,” and “witness.” When these terms were identified in a manual the reviewer then assessed whether that section of the manual was discussing children’s exposure to DV as a form of maltreatment or if that section was providing guidance to workers on whether and how to substantiate CEDV as a form of maltreatment. If the passage of the manual served either of those two functions, the reviewer marked the section as relevant and extracted it along with other relevant sections for subsequent coding. Passages deemed relevant by either author were then retained for further analysis.

Appraising and Synthesizing the Data

Once relevant passages from the manuals were selected we then proceeded to appraise and synthesize the data in light of our research questions. This included a close re-reading of the passages and the development of codes and categories for classification. To start, the first and second authors independently read through passages from five selected manuals to deductively and inductively establish a preliminary set of codes for describing (1) the variation across states in the thresholds used to substantiate CEDV as child maltreatment, (2) the established maltreatment types linked to CEDV and (3) the guidance provided to workers around holding caregivers responsible for CEDV-related maltreatment. This preliminary codebook was subsequently tested using passages from an additional five manuals and revised to ensure the established codes were comprehensive. The first author then applied the codes to passages from the remaining manuals by recording codes in a spreadsheet along with the text that was relied upon for assigning each

code. The second author then reviewed this spreadsheet, comparing codes against the relied upon text to ensure confirmability (Drisko, 1997). Our findings are detailed in the following section in narrative form with the use of direct citations from the manuals to enhance trustworthiness (Elo & Kyngäs, 2008). Codes are also summarized in table and visual formats. Data visualization was completed in Tableau (2020) using open-source spatial files developed by Milligan (2017).

Findings

Substantiation Thresholds

The first aim of the study was to determine the substantiation thresholds for CEDV present in the manual for each state-administered child welfare system (see Table 1). That is, we sought to describe the broad conditions under which each manual instructed workers to conceptualize CEDV as an actionable form of maltreatment. Our qualitative analysis revealed three threshold categories—*exposure alone*, *harm or threat of harm*, and *none articulated*—the first two of which are described in further detail below.

Exposure alone. Of the 41 manuals reviewed, only two—those from Utah and Georgia—indicated that CEDV in and of itself met the substantiation threshold for maltreatment. In these states, workers did not need to demonstrate that a child had been harmed or was at risk of harm in order to substantiate CEDV. Exposure itself was deemed inherently abusive and therefore grounds for substantiation.

As an example, the Utah manual states that “domestic abuse in the presence of a child is ‘child abuse’ and therefore such conduct may result in juvenile court intervention and an abuse record in the Child and Family Services database” (Utah’s Division of Child and Family Services, 2020, p. 50). Similarly, the manual from the Georgia Division of Family and Children Services (2020) operationalizes exposure alone as sufficient grounds for substantiating maltreatment. The manual provides the following guidelines to workers for substantiating the maltreatment type *cruelty to children (family violence)*:

Any individual who is the primary aggressor and commits the acts described in a forcible felony, battery or family violence battery, while intentionally allowing a child to witness the act(s) or committing the act(s) while knowing a child is present and can see or hear the act(s) (p. 1).

The guidance indicates that an incident when (1) DV occurred in the presence of a child and (2) the perpetrator was aware of that child’s presence is sufficient for substantiation. There is no requirement that workers demonstrate harm or the threat of harm to the child when making a finding in this context.

Harm or threat of harm. A total of 29 manuals (71%) included language indicating that CEDV must be linked to harm or the threat of harm to children in order for workers to classify the

Table 1. Summary of Findings.

State	Maltreatment Threshold	Maltreatment Types Linked to CEDV	Instruction to Identify Primary DV Aggressor	Protections Against Holding Survivors Responsible for Failure to Protect
Alabama	Harm or threat of harm	other threats of serious harm: domestic violence	–	No
Alaska	Harm or threat of harm	mental injury	–	Yes: conditional
Arizona	Harm or threat of harm	emotional abuse; neglect: failure to protect; physical abuse	–	No
Arkansas	None articulated	no maltreatment types linked to CEDV	–	No
Connecticut	Harm or threat of harm	physical neglect, including domestic violence; emotional neglect, including domestic violence	–	No
Delaware	None articulated	no maltreatment types linked to CEDV	–	No
Florida	Harm or threat of harm	intimate partner violence threatens child; mental injury	✓	Yes: conditional
Georgia	Exposure alone	cruelty to children (family violence)	✓	No
Hawaii	None articulated	no maltreatment types linked to CEDV	–	No
Idaho	Harm or threat of harm (physical harm only)	unspecified	✓	No
Illinois	Harm or threat of harm	substantial risk of physical injury; environment injurious to health and welfare	–	No
Indiana	Harm or threat of harm	general neglect: exposure to domestic violence (violence between intimates) in the home; physical abuse	✓	No
Iowa	Harm or threat of harm	failure to meet the emotional needs of child; failure to provide proper supervision	✓	Yes: unconditional
Kansas	None articulated	unspecified	–	No
Kentucky	Harm or threat of harm	endangerment; failure to protect; physical abuse; neglect	✓	Yes: conditional
Louisiana	Harm or threat of harm	lack of supervision	–	No
Maine	Harm or threat of harm	emotional abuse; neglect: failure to protect	✓	Yes: conditional
Maryland	Harm or threat of harm (physical harm only)	physical abuse	–	No
Massachusetts	None articulated	no maltreatment types linked to CEDV	–	No
Michigan	Harm or threat of harm	threatened harm	✓	Yes: conditional
Mississippi	None articulated	unspecified	–	No
Missouri	None articulated	unspecified	–	No
Montana	Harm or threat of harm	physical neglect; psychological abuse or neglect	✓	Yes: conditional
Nebraska	Harm or threat of harm	neglect: domestic violence; physical abuse	✓	No
Nevada	Harm or threat of harm	mental injury/emotional abuse; neglect; physical abuse	✓	Yes: conditional
New Hampshire	Harm or threat of harm	physical abuse: psychological abuse	✓	Yes: unconditional
New Jersey	Harm or threat of harm	family violence harms the child: emotional abuse; family violence harms the child: neglect; family violence harms the child: physical abuse	✓	Yes: conditional
New Mexico	None articulated	no maltreatment types linked to CEDV	–	No
Oklahoma	Harm or threat of harm	exposure to domestic violence; mental injury	✓	No
Oregon	Harm or threat of harm	physical abuse; threat of harm: domestic violence	✓	Yes: unconditional
Rhode Island	Harm or threat of harm	domestic violence	–	No
South Carolina	Harm or threat of harm	unspecified	–	No
South Dakota	Harm or threat of harm	emotional maltreatment; physical abuse	–	No
Tennessee	Harm or threat of harm (physical harm only)	physical abuse	–	No
Texas	Harm or threat of harm	emotional abuse; neglectful supervision; physical abuse	✓	Yes: conditional
Utah	Exposure alone	domestic violence related child abuse; failure to protect	✓	No

(continued)

Table 1. (continued)

State	Maltreatment Threshold	Maltreatment Types Linked to CEDV	Instruction to Identify Primary DV Aggressor	Protections Against Holding Survivors Responsible for Failure to Protect
Vermont	Harm or threat of harm (physical harm only)	risk of physical harm	✓	No
Washington	Harm or threat of harm	child abuse due to domestic violence; child neglect due to domestic violence	✓	Yes: conditional
West Virginia	Harm or threat of harm	child exposed to domestic violence; mental or emotional injury	✓	Yes: conditional
Wisconsin	Harm or threat of harm	neglect	✓	Yes: unconditional
Wyoming	Harm or threat of harm	unspecified	–	No

Note. We elected to present maltreatment types as listed in their respective manuals to highlight the wide variation among states in how CEDV can be formally substantiated. Maltreatment types used exclusively for CEDV are bolded.

exposure as maltreatment. In general, evidence of either emotional or physical harm would be sufficient to meet the threshold, but in four manuals—those from Idaho, Maryland, Tennessee, and Vermont—only physical harm was considered. Evidence that the threshold was present came either in the form of general statements related to the *harm or the threat of harm* threshold or was specified in the substantiation guidelines for maltreatment types linked to CEDV.

General statements. The following excerpt from the CPS manual in Maine is representative of general statements in manuals that instructed workers to use a *harm or threat of harm* threshold when determining whether CEDV constituted maltreatment: “The presence of domestic violence alone may not constitute child maltreatment. Findings of child abuse/neglect must be based upon evidence of harm or active threat of harm to the children” (Maine Department of Health and Human Services, 2020, para. 5). The guidance provided here notes explicitly that in order to meet the threshold for child abuse or neglect CEDV should be linked to harm or the threat of harm. The Vermont manual—which also indicates use of the *harm or threat of harm* threshold—similarly states that the department does not intervene when “the only allegation is that a child has witnessed or been exposed to domestic violence” and instead substantiates maltreatment when “there is a significant risk of serious physical harm to a child due to an incident of domestic violence” (Vermont Department for Children and Families, 2018, pp. 8-9). The broad nature of these statements indicates the *harm or threat of harm* threshold applies to all substantiation decisions in the agency related to CEDV.

Substantiation guidelines. Other manuals did not provide generalized statements with respect to their *harm or threat of harm* threshold for substantiating CEDV-related maltreatment. Instead, the presence of the threshold was indicated in the guidance provided to workers about the conditions under which specific CEDV-related maltreatment types could be substantiated. The following example from Connecticut is representative of this approach. The state’s manual lists two maltreatment types with clear links to CEDV: *physical neglect, including*

domestic violence and emotional neglect, including domestic violence. Substantiation guidelines related to physical neglect note that evidence of such maltreatment is present when a parent has permitted “the child to live under conditions, circumstances or associations injurious to [their] well-being including, but not limited to . . . exposure to family violence which adversely impacts the child physically” (Connecticut State Department of Children and Families, 2019, p. 4). Similarly, emotional neglect can be evidenced by “exposure to family violence which adversely impacts the child emotionally” (ibid, p. 7). Also in line with this approach, the manual from the Florida Department of Children and Families (2018) makes clear that:

Whether the child is present in the room or home during an alleged incident should not ever be the sole determining factor for accepting or verifying [the maltreatment type of *intimate partner violence threatens child*]. This allegation must be fully assessed with regard to present and impending danger given the totality of the information reported, known and determined (p. A-22).

These examples again reflect the core tenet of the *harm or threat of harm* threshold that exposure alone is not sufficient evidence for substantiating maltreatment in connection with CEDV.

Maltreatment Types

The second aim was to identify the established maltreatment types in each manual that were explicitly connected to CEDV. Manuals linked CEDV to a range of maltreatment types across states (see Table 1). These included different forms of abuse (e.g., physical abuse, emotional abuse/mental injury), neglect (e.g., failure to protect, physical neglect), and threatened harm. Twelve manuals (29%) included at least one maltreatment type reserved exclusively for CEDV-related abuse and/or neglect (e.g., child neglect due to domestic violence). In a number of manuals, there was no explicit link made between CEDV and a specific maltreatment type, but sufficient information was available to indicate that the state did link CEDV to some form

of maltreatment. For example, the manual from the Idaho Department of Health and Welfare (2018) states that “Although [Child and Family Services] recognizes the emotional impact of domestic violence on children, due to capacity we can only respond to referrals of domestic violence that involve a child’s safety” (p. 6). The statement indicates there are circumstances under which CEDV constitutes maltreatment but the type(s) of maltreatment are unspecified.

Holding Caregivers Responsible for CEDV-related Maltreatment

The third aim of the study was to assess whether manuals provided workers guidance for determining which caregiver(s) were responsible for CEDV-related maltreatment and, if so, what form that guidance took. Our analysis revealed two primary types of guidance in this area: 1) instructions to identify a primary aggressor in connection with substantiation decisions, and 2) language that prohibited workers from construing DV survivors’ victimization as a failure to protect their children.

Instruction to identify a primary aggressor. In determining whether and how to hold caregiver(s) responsible for CEDV-related maltreatment, 21 manuals (51%) included language around identification of one partner as the primary aggressor and the other as the non-offending caregiver/survivor of DV. For example, the manual from the Kentucky Department for Community Based Services (2017) states that “the risks associated with domestic violence must be documented in detail in terms of the behaviors used by the perpetrator against the child and family” and that “field staff should attempt to identify a primary aggressor in cases where both parents are perpetrators of domestic violence” (p. 1).

This directive differed from other manuals that either provided no guidance in this area or that framed DV itself – and not the perpetrator – as the source of the problem. For instance, the manual from the Illinois Department of Children and Family Services (2019) describes CEDV-related maltreatment as:

an incident of past or current domestic violence when *the domestic violence creates* a real, significant, and imminent risk of moderate to severe harm to the child’s health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child (emphasis added; p. 45).

When no guidance is offered for identifying a primary aggressor the criteria for determining caregiver responsibility for maltreatment become less clear.

The designation of primary aggressor and non-offending caregiver also factored into the substantiation guidelines provided to workers in these manuals. For example, the DV protocol from the New Hampshire Division for Children, Youth, and Families (2009) made clear that “if domestic violence is the basis for a finding (of child maltreatment), the finding should be made only against the perpetrator of the

domestic violence” (p. 24). Some—such as the Texas manual—also provide distinct substantiation guidelines for the same maltreatment type based on whether an individual was designated as the primary aggressor or the non-offending caregiver.

Language that prohibits workers from construing DV survivors’ victimization as a failure to protect. In addition to identifying a primary aggressor, 15 manuals (37%) also included language that prohibited DV survivors from being held accountable for a failure to protect their children on the basis of their own victimization. Some provided survivors with broad, unconditional protection while others extended protection only under certain circumstances. In general, these exonerating statements reflected a conceptualization of DV as a pattern of coercive control and were intended to direct blame for CEDV-related harm to the DV perpetrator or primary aggressor. These protections were limited to a failure to protect and/or a failure to prevent harm, and did not extend to other forms of maltreatment such as physical abuse or threatened harm.

Unconditional protections. Four manuals included exonerating language that offered survivors blanket protection from being held responsible solely on the basis of their victimization. The following guidance to workers from the Iowa Department of Human Services (2011) is representative of the approach:

These (maltreatment) definitions shall not be construed to hold a victim responsible for failing to prevent a crime against the victim. The intent is to protect the victim of domestic violence from a founded or confirmed child abuse report for failure to protect from children exposure or involvement in domestic violence incidents (p. 4).

As another example, the manual from the Oregon Department of Human Services (2020) contains an exonerating statement intended to prohibit workers from substantiating survivors for a failure to protect children from exposure to DV:

If there is an allegation of abuse directly related to (domestic violence), the alleged perpetrator is the parent/caregiver who is the alleged batterer/perpetrator of the (domestic violence). The adult victim of the (domestic violence) should not be given an allegation of neglect related to inadequate protection/failure to protect solely due to the child being exposed to (domestic violence). There are significant reasons adult victims do not leave a relationship in which there is power and control; staying may be a protective measure if leaving puts the adult victim and their child in more danger (p. 93).

This statement recognizes that separation from an abusive partner does not inherently produce safety for survivors and their children (Adhia et al., 2019). Unconditional protections provide a framework for exonerating survivors from blame for the harm connected to CEDV, and can potentially protect

survivors from being substantiated for continuing a relationship with an abusive partner.

Conditional protections. Eleven manuals also included exonerating statements, but indicated some conditions under which survivors could be held responsible for CEDV-related maltreatment. For example, the manual from the Montana Department of Public Health and Human Services (2020) instructs that “the Child Protection Specialist should identify the offending parent appropriately and ensure that the non-offending parent is not blamed for the abuse that occurred and its impact on the children” (p. 4). However, the manual goes on to state:

The Child Protection Specialist needs to consider at some point, in those cases where [domestic violence] occurs and the non-offending parent repeatedly returns to the offending parent w/the children, to consider the non-offending parent and whether s/he is failing to protect the child(ren) or exposing them to unreasonable risk (which is part of physical neglect). (p. 4)

Thus the exclusionary protections extended to survivors of DV the first time that maltreatment is reported are potentially diminished upon subsequent reports if the survivor is perceived as choosing to remain with the offending parent to the detriment of their children. This differs from Oregon where the decision to stay can be construed as a protective measure, and not a failure to protect.

Exclusionary protections for survivors may also be predicated on perceived willingness to utilize supports deemed helpful and appropriate by child welfare workers. The manual from the Nevada Division of Child and Family Services (2018) manual includes the following conditional statement:

It is not acceptable to substantiate against the non-offending parent/caregiver victim solely for the actions of the perpetrator of domestic violence who caused the situation. Only when a non-offending parent/caregiver victim is given the necessary offers of help and the support system to protect themselves and the child; and the non-offending parent/caregiver acts contrary to that help and support, can the non-offending parent/caregiver be substantiated for failing to protect the child (p. 7).

Similar to the statement from Montana, this protection from substantiation rests in large part on the perceptions of the individual worker as to whether survivors are acting in the best interest of their children and views compliance with CPS directives as an indication of such action.

Quality Policy Indicators

Based on our deductive and inductive analyses, we then determined a set of four quality policy indicators to assess whether each state-administered system’s policy aligned with past recommendations and emerging best practices in this area. Those indicators are 1) the use of a harm or threat of harm threshold for substantiating CEDV as maltreatment, 2) the use of an exclusive maltreatment type for substantiating CEDV-related

harm or the threat of harm, 3) instruction to identify a primary aggressor on CEDV-related cases, and 4) unqualified protections for DV survivors that prohibit workers from construing their victimization as a failure to protect. Figure 1 displays the extent to which these indicators were observed in the manuals of each state-administered system.

Discussion

The purpose of this study was to systematically review substantiation guidelines in CPS manuals across the United States to summarize the range of approaches used by state-administered child welfare systems to classify and substantiate CEDV as a form of maltreatment. We focused in particular on the substantiation thresholds and maltreatment types linked to CEDV as well as the guidance provided to workers for determining which caregivers to hold responsible for CEDV-related maltreatment. Our findings suggest that many state-administered systems have adopted policy that instructs workers to substantiate CEDV-related maltreatment in a manner aligned with the recommendations of the Greenbook initiative, the spirit of the *Nicholson* case, and the perpetrator pattern-based approach put forward by the Safe and Together Institute. That is, the manuals from these systems promoted the use of a *harm or threat of harm* threshold rather than *exposure alone* for substantiating CEDV, and included guidance to workers that survivors should not be sanctioned in connection with their own victimization. Further, some state manuals provided explicit guidance on identifying a primary aggressor of DV and placing responsibility for CEDV solely with that caregiver. The presence of these policies is encouraging given their alignment with evidence on promoting the safety and wellbeing of children and adult survivors of DV. However, only one state-administered system—Oregon—met all four of the quality policy indicators in this study. In the following section we consider the implications of our findings and recommend further action to promote compliance with policy that advances the safety and wellbeing of children exposed to DV and adult survivors.

While a majority of states directed workers to use a *harm or threat of harm* threshold, eight states provided no direct guidance to workers on how to operationalize CEDV within established categories of maltreatment, nor did they have an explicit maltreatment type connected to CEDV. This lack of guidance can be problematic. More specifically, a lack of clear policy guidance could lead to increased variability in worker decision-making when CEDV is identified given that workers must rely on their own understanding and beliefs related to CEDV rather than established CPS policy. While considerable efforts have been made to standardize child welfare decision-making, a lack of CPS guidelines for classifying and substantiating CEDV-related maltreatment could run counter to that objective, and at a fairly large scale given the prevalence of DV among child welfare-involved families (Kohl et al., 2005). Administrators should therefore take steps—beginning with policy guidance—to ensure that substantiation decisions

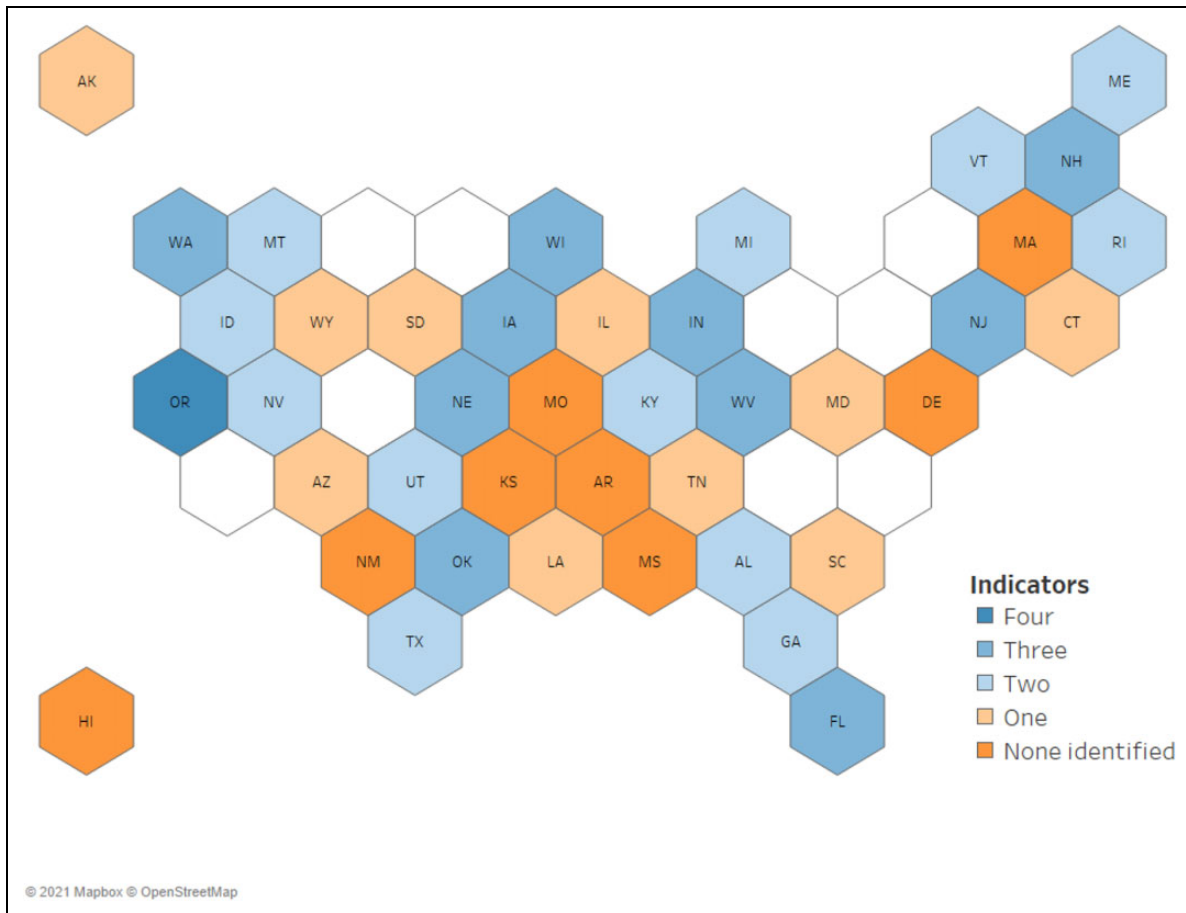


Figure 1. Number of quality policy indicators identified in the policy manual for each state-administered system. *Note.* White hexagons represent states with a county-administered child welfare system. These include California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, and Virginia (Child Welfare Information Gateway, 2018).

align with the system's overall philosophy and approach to referrals involving CEDV.

Additionally, although the wide scale adoption of the *harm or threat of harm* threshold is promising in its apparent acknowledgement of the need to consider the variable impact of CEDV, somewhat troubling was the limited policy in place for identifying the primary aggressor and exonerating survivors from blame on the basis of their own victimization. As prior research suggests (Armstrong & Bosk, 2020; Victor et al, 2019), the use of the *harm or threat of harm* threshold alone is unlikely to prevent survivors of DV from being substantiated for CEDV-related maltreatment. Continuing to hold survivors accountable for CEDV-related maltreatment, including when they do not terminate contact with an abusive partner, is likely to reflect what Magen (1999) framed as *attribution error* (Ross, 1977). That is, a decision to hold DV survivors accountable for CEDV-related maltreatment might reflect erroneous assumptions about a survivor's ability to prevent harm or the threat of harm resulting from their partner's perpetration of DV, and may disregard the range of protective actions taken by the survivor to ensure the safety and well-being of their children. The exonerating language presented in manuals with

unconditional protections could serve as exemplars for other systems given its alignment with the evidence that separation from abusive partners does not guarantee safety, and its recognition of the variety of actions taken by survivors – apart from separation – that enhances children's safety and well-being (Fleck-Henderson, 2000; Holmes et al, 2019; Thiara & Humphreys, 2017). Because sanctions from the child welfare system have been shown to reduce survivors' help-seeking (Douglas & Walsh, 2010), unconditional protections may also aid in improving rates of health and mental health service receipt for survivors and their children.

Another finding to highlight was the use of maltreatment types reserved exclusively for CEDV-related maltreatment (e.g., *neglect: domestic violence* in Nebraska). A couple advantages of this approach to classifying CEDV-related maltreatment are worth mentioning. First, explicit maltreatment types allow for clear and reviewable guidance on how to handle maltreatment attributable to CEDV. Once established, workers can be provided with detailed decision-making rules about when to substantiate this form of maltreatment, and allows for guidelines about the conditions under which survivors should or should not be substantiated. Second, explicit maltreatment

types for CEDV make this maltreatment visible within administrative records systems. This can meaningfully improve the ability of system administrators and supervisors to monitor the prevalence of CEDV-related harm over time and build system response capacity accordingly.

Creating these markers for CEDV-related maltreatment in administrative systems can also facilitate ongoing reviews around compliance with CPS policy with respect to substantiation decisions and documentation. For instance, many states have adopted the Safe and Together Model which instructs workers to document CEDV-related maltreatment using a perpetrator pattern-based approach (Mandel & Wright, 2019). However, recent evidence suggests that even in states that have adopted the Safe and Together Model, workers often deviate from the policy in practice (Armstrong & Bosk, 2020). These findings suggest that without robust monitoring and enforcement mechanisms, even the most well-crafted policy risks having little effect on workers' actions. Substantiating an explicit CEDV maltreatment type would allow for quick retrieval and periodic review of relevant case files to ensure compliance with system policies related to the conditions under which CEDV meets the threshold for maltreatment substantiation. Future research should examine the extent to which file reviews and other organizational factors can promote worker compliance with CEDV-related policy in their regular decision-making and documentation practices.

Limitations

The findings from this study need to be considered within the context of its limitations. Notably, the study primarily relied upon publicly available documents. While we were able to locate manuals for nearly all state-administered child welfare systems, we could only review and code those documents made available on public websites and portals. This means that we have very likely missed additional guidance offered to workers with respect to CEDV that could influence day-to-day practice and decision-making. As such, and considering that CPS policy changes on a fairly regular basis, the findings presented here should not be interpreted as a definitive characterization of a given system's policy concerning the classification and substantiation of CEDV as child maltreatment. Additionally, while our sample included manuals across all regions of the United States, we did not account for policy among the county-administered systems operating in California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, and Virginia. This necessarily limits the generalizability of our findings, and potentially biases our estimates on the prevalence of policy configurations related to CEDV in use across the country. County-level systems are likely to have additional approaches and exemplars for substantiating CEDV as maltreatment that would be useful for other systems in the United States to consider, and potentially adopt. Future work should therefore examine the interplay between state and local policy in these systems to determine whether additional and important guidance can be identified to

shape child welfare practice around the substantiation of exposure to DV.

Conclusion

Despite long-standing calls to move beyond the use of substantiation in child welfare practice (Kohl et al., 2009), the process of investigating and substantiating maltreatment and then assigning responsibility to caregivers remains an embedded practice within systems across the United States and a primary path toward service receipt. As such, approaches are required that enhance the safety and well-being of children within this enduring policy-practice context. With respect to CEDV, substantiation guidelines are needed that acknowledge the variable impact of such exposure and recognize that children remain safest when strongly bonded with their non-offending caregivers. The findings presented here provide an opportunity for child welfare systems to evaluate their existing substantiation guidelines connected to CEDV, and consider revisions in line with the evidence that holding perpetrators of DV accountable while supporting children and non-offending caregivers remains the most promising way forward.




Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Bryan G. Victor  <https://orcid.org/0000-0002-2092-912X>
 Ashley N. Rousson  <https://orcid.org/0000-0002-1104-870X>
 E. Susana Mariscal  <https://orcid.org/0000-0002-5250-4791>

Supplemental Material

Supplemental material for this article is available online.

References

- Adhia, A., Austin, S. B., Fitzmaurice, G. M., & Hemenway, D. (2019). The role of intimate partner violence in homicides of children aged 2–14 years. *American Journal of Preventive Medicine, 56*(1), 38–46.
- Anderson, K. M., & Danis, F. S. (2006). Adult daughters of battered women: Resistance and resilience in the face of danger. *Affilia, 21*(4), 419–432.
- Armstrong, E. M., & Bosk, E. A. (2020). Contradictions and their consequences: How competing policy mandates facilitate use of a punitive framework in domestic violence-child maltreatment cases. *Child Maltreatment*. Advance online publication. <https://doi.org/10.1177/1077559520969888>
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27–40.
- Cameranesi, M., Piotrowski, C. C., & Brownridge, D. A. (2020). Profiles of adjustment in children and adolescents exposed to intimate

- partner violence: A scoping review investigating resilience processes. *Journal of Positive School Psychology*, 4(1), 117–136.
- CAPTA Reauthorization Act, Publ. L. No. 111-320, 42 U.S.C. § 510. (2010).
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, 31, 831–839.
- Child Welfare Information Gateway. (2018). *State vs. county administration of child welfare services*. U.S. Department of Health and Human Services, Children's Bureau.
- Cicchetti, D., & Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology*, 9(4), 797–815.
- Connecticut State Department of Children and Families. (2019). Chapter 22-3: Operational definitions of child abuse and neglect. In *Volume 2—Child welfare program management*. <https://portal.ct.gov/-/media/DCF/Policy/Chapters/22-3.pdf>
- Coohey, C. (2007). What criteria do child protective services investigators use to substantiate exposure to domestic violence? *Child Welfare*, 86(4), 93–122.
- Cross, T. P., Mathews, B., Tonmyr, L., Scott, D., & Ouimet, C. (2012). Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse & Neglect*, 36(3), 210–216.
- Douglas, H., & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence Against Women*, 16(5), 489–508.
- Drisko, J. W. (1997). Strengthening qualitative studies and reports: Standards to promote academic integrity. *Journal of Social Work Education*, 33(1), 185–197.
- Dunlap, J. A. (2005). Judging Nicholson: An assessment of Nicholson v. Scoppetta. *University of Denver Law Review*, 88(4), 671–689.
- Edleson, J. L. (2004). Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? In P. G. Jaffe, L. L. Baker, & A. J. Cunningham (Eds.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 8–29). Guilford Publications.
- Edleson, J. L., Gassman-Pines, J., & Hill, M. B. (2006). Defining child exposure to domestic violence as neglect: Minnesota's difficult experience. *Social Work*, 51(2), 167–174.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115.
- Fleck-Henderson, A. (2000). Domestic violence in the child protection system: Seeing double. *Children and Youth Services Review*, 22(5), 333–354.
- Florida Department of Children and Families. (2018). CFOP 170-04, child maltreatment index. In *Policies and procedures of the Florida department of children and families*. <https://www.myflfamilies.com/admin/publications/cfops/CFOP%20170-xx%20Child%20Welfare/CFOP%20170-04,%20Child%20Maltreatment%20Index.pdf>
- Fogarty, A., Wood, C. E., Giallo, R., Kaufman, J., & Hansen, M. (2019). Factors promoting emotional-behavioural resilience and adjustment in children exposed to intimate partner violence: A systematic review. *Australian Journal of Psychology*, 71(4), 375–389.
- Georgia Division of Family and Children Services. (2020). Maltreatment codes. In *Child welfare policy manual*. <http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=3005777&verId=1>
- Henry, C. (2017). Expanding the legal framework for child protection: Recognition of and response to child exposure to domestic violence in California law. *Social Service Review*, 91(2), 203–232.
- Henry, C. (2018). Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice. *Child Abuse & Neglect*, 86, 79–88.
- Henry, C., Victor, B. G., Ryan, J. P., & Perron, B. E. (2020). Substantiated allegations of failure to protect in the child welfare system: Against whom, in what context, and with what justification? *Children & Youth Services Review*, 116, 1–9.
- Herrenkohl, E. C., Herrenkohl, R. C., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *American Journal of Orthopsychiatry*, 64(2), 301–309.
- Holden, G. W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, 6(3), 151–160.
- Holmes, M. R., Bender, A. E., Crampton, D. S., Voith, L. A., & Prince, D. M. (2019). Research foundations of Greenbook interventions to address the co-occurrence of child maltreatment and adult domestic violence. *Juvenile and Family Court Journal*, 70(4), 11–36.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32, 797–810.
- Idaho Department of Health and Welfare. (2018). Standards for intake. In *Child welfare standards: Providing direction and guidance to children and family services programs*. <https://healthandwelfare.idaho.gov/Portals/0/Children/AbuseNeglect/IntakeScreening.pdf>
- Illinois Department of Children and Family Services. (2019). Appendix B—The allegation system. *Procedures 300. Reports of Child Abuse and Neglect*. https://www2.illinois.gov/dcf/aboutus/notices/Documents/Procedures_300_Appendix_B.pdf
- Iowa Department of Human Services. (2011). Chapter A(4): Additional intake information. In *Employees' manual, Title 17: Child welfare*. <https://dhs.iowa.gov/sites/default/files/17-A4.pdf?030720211839>
- Jaffe, P. G., Crooks, C. V., & Wolfe, D. A. (2003). Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review*, 6(3), 205–213.
- Kantor, G. K., & Little, L. (2003). Defining the boundaries of child neglect: When does domestic violence equate with parental failure to protect? *Journal of Interpersonal Violence*, 18(4), 338–355.
- Kentucky Department for Community Based Services. (2017). CPS reports with risks associated with domestic violence tip sheet. In *Division of protection and permanency standards of practice online manual*. <https://manuals.sp.chfs.ky.gov/chapter2/02/Pages/23AcceptanceCriteria.aspx>
- Kohl, P. L., Edleson, J. L., English, D. J., & Barth, R. P. (2005). Domestic violence and pathways into child welfare services: Findings from the national survey of child and adolescent well-being. *Children and Youth Services Review*, 27(11), 1167–1182.
- Kohl, P. L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: Findings from a national probability study. *Child Maltreatment*, 14(1), 17–26.

- Lawson, J. (2019). Domestic violence as child maltreatment: Differential risks and outcomes among cases referred to child welfare agencies for domestic violence exposure. *Children and Youth Services Review, 98*, 32–41.
- Levendosky, A. A., & Graham-Bermann, S. A. (1998). The moderating effects of parenting stress on children's adjustment in woman-abusing families. *Journal of Interpersonal Violence, 13*(3), 383–397.
- Magen, R. H. (1999). In the best interests of battered women: Reconceptualizing allegations of failure to protect. *Child Maltreatment, 4*(2), 127–135.
- Maine Department of Health and Human Services. (2020). Section IV—Child protective services: D.4. Domestic violence and child abuse and neglect. *Child and Family Services Policy*. https://www.maine.gov/dhhs/ocfs/cw/policy/iv_-d-4_-domestic-violence-and.html
- Mandel, D., & Wright, C. (2019). Building on the Greenbook: A perpetrator pattern-based approach to improve child welfare's response to domestic violence. *Juvenile and Family Court Journal, 70*(4), 119–135.
- Mariscal, E. S. (2020). Resilience following exposure to intimate partner violence and other violence: A comparison of Latino and non-Latino youth. *Children and Youth Services Review, 113*, 104975.
- Milligan, J. (2017, December 21). Hex map spatial file. *VizPainter*. <https://vizpainter.com/hex-map-spatial-file/>
- Moles, K. (2008). Bridging the divide between child welfare and domestic violence services: Deconstructing the change process. *Children and Youth Services Review, 30*(6), 674–688.
- Montana Department of Public Health and Human Services. (2020). Appendix: Domestic violence. In *Child & family services policy manual*. <https://dphhs.mt.gov/CFSD/cfsdmanual>
- Naughton, C. M., O'Donnell, A. T., & Muldoon, O. T. (2020). Exposure to domestic violence and abuse: Evidence of distinct physical and psychological dimensions. *Journal of Interpersonal Violence, 35*(15–16), 3102–3123.
- Nevada Division of Child and Family Services. (2018). FPO 0513A—Guidelines for substantiating. In *Child welfare online policies and procedures manual*. <http://dcfs.nv.gov/Policies/CW/0500/>
- New Hampshire Division for Children, Youth, and Families. (2009). *Domestic violence protocol*. <https://www.doj.nh.gov/criminal/victim-assistance/documents/dcyf-protocol.pdf>
- Nixon, K. L., Tutty, L. M., Weaver-Dunlop, G., & Walsh, C. A. (2007). Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Children and Youth Services Review, 29*(12), 1469–1486.
- Oregon Department of Human Services. (2020). *DHS child welfare procedure manual*. https://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html
- Rapley, T. (2007). *Doing conversation, discourse and document analysis*. Sage.
- Ross, L. (1977). The intuitive psychologist and his shortcomings: Distortions in the attribution process. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 10., pp. 173–220). Academic Press.
- Safe & Together Institute. (2020). *About the model*. <https://safeandtogetherinstitute.com/about-us/about-the-model/>
- Schechter, S., & Edleson, J. L. (1999). *Effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. The National Council of Juvenile & Family Court Judges Family Violence Department.
- Schnurr, M. P., & Lohman, B. J. (2013). Longitudinal impact of toddlers' exposure to domestic violence. *Journal of Aggression, Maltreatment & Trauma, 22*(9), 1015–1031.
- Tableau Software, Inc. (2020). Tableau desktop: Professional edition. <https://www.tableau.com/products/desktop>
- Thiara, R. K., & Humphreys, C. (2017). Absent presence: The ongoing impact of men's violence on the mother-child relationship. *Child & Family Social Work, 22*(1), 137–145.
- Utah's Division of Child and Family Services. (2020). *Child protective services practice guidelines*. <https://dcfs.utah.gov/resources/practice-guidelines/>
- Vermont Department for Children and Families. (2018). Child safety investigations: Screening reports of child abuse and neglect. In *Family services policy manual*. <https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/51.pdf>
- Victor, B. G., Henry, C., Gilbert, T. T., Ryan, J. P., & Perron, B. E. (2019). Child protective service referrals involving exposure to domestic violence: Prevalence, associated maltreatment types, and likelihood of formal case openings. *Child Maltreatment, 24*(3), 299–309.