



# A Good Call?: Contextual Factors Influencing Mandated Reporting in Domestic Violence Programs

Melanie L. Carlson<sup>1</sup> · Erik Wittrup<sup>1</sup> · Carrie A. Moylan<sup>1</sup> · Daniel Vélez Ortiz<sup>1</sup>

Published online: 10 November 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

## Abstract

Domestic violence shelter advocates closely guard the confidentiality of survivors in their shelter programs, yet they are simultaneously mandated reporters of child abuse and neglect. The mandate to report child abuse and neglect may include a child's exposure to domestic violence, which may be disclosed when assessing danger for program entry. The purpose of this study is to understand what decision making factors influence domestic violence shelter advocates' decision to override survivor's confidentiality and report child abuse and neglect. A survey of 142 domestic violence shelter advocates found that advocates that holistically consider the impact of reporting are less inclined to report child abuse and neglect. At the same time, advocates who perceive that their agency has a better relationship with child protective services are more inclined to report child abuse and neglect. Implications of these findings are discussed in relation to research, policy and practice.

**Keywords** Domestic violence · Advocacy · Ethics · Mandated reporting · Child abuse and neglect · Shelters

## Introduction

There are varying statutory definitions of child abuse and neglect (CAN) by jurisdiction, including whether the witnessing of domestic violence (DV) is itself a form of CAN. Exposure to DV has been shown to have significant adverse impacts on children, such as emotional, relational and psychological problems (Herrenkohl et al. 2008; Moylan et al. 2010). Furthermore, the problems associated with exposure to DV may be compounded by children experiencing other forms of CAN. Survivors with children have been held legally accountable for being in a DV relationship, such as being charged with "failure to protect" their children when the children have been exposed to DV (Edleson 2004). At the same time, the use of confidential DV services by survivors has been shown to reduce rates of revictimization for survivors (Xie and Lynch 2017). While ensuring the safety of a child exposed to DV is an imperative, ensuring the safety of the abused caregiver is often essential to establishing the safety of the child. Confidential DV services may eliminate a child's exposure

to DV in the long term, which benefits both the abused caregiver and child. Domestic violence advocates (DVAs) may have to breach confidentiality due to the legal mandate to report CAN, yet doing so could jeopardize a survivor's ongoing engagement with DV services. Therefore, the legal or ethical obligation to report CAN, including exposure to DV, may place DVAs in an ethical quandary because reporting exposure to DV could have detrimental long-term impacts on the family's health and safety. Yet, not reporting CAN may also adversely affect the family. Further study is needed to understand this ethical quandary by ascertaining the contextual factors that contribute to DVAs decision making process when reporting a child's exposure to DV.

## Literature Review

### Domestic Violence and Child Abuse and Neglect

The prevalence of children exposed to DV annually is 6% and is 16% - 18% over the course of childhood (Hamby et al. 2011). DV and CAN are both broad terms that encompass patterns of behaviors that occur in families and that span a range of types of abusive actions. DV is generally defined as abuse perpetrated by an intimate partner that can include sexual, psychological, physical, and financial abuse, as well as

✉ Melanie L. Carlson  
carls445@msu.edu

<sup>1</sup> School of Social Work, Michigan State University, 655 Auditorium Rd., East Lansing, MI 48822, USA

coercive control (Postmus et al. 2018). CAN may involve physical assault, physical neglect, emotional harm and sexual abuse of a minor or the failure to prevent such harm by a parent, guardian and/or caretaker (U.S. Department of Health & Human Services 2019). One review found that within a family experiencing male to female DV the co-occurrence of any form of CAN may be as high as 75% (Jouriles et al. 2008). Beyond traditional forms of CAN, children's exposure to DV is increasingly identified as a discrete type of CAN and is globally included in many mandatory reporting (MR) laws (McTavish et al. 2016). Exposure to DV can be conceptualized as simply having awareness of the DV, which is a broader definition than actually witnessing DV (MacMillan and Wathen 2014).

The high prevalence of the co-occurrence of DV and CAN means that there is a prominent overlap in the families that receive services from DV agencies and child protective services (CPS). The co-occurrence of DV and CAN, and therefore the overlap between agencies, may be especially high when the jurisdiction's definition of CAN includes exposure to DV. However, there is a profound difference in the practice approaches of DV organizations and CPS. Zannettino and McLaren (2014) summarize this difference by explaining

Child protection agencies are government services with a statutory basis that typically work with mostly involuntary clients to address child safety and developmental needs. On the other hand, domestic violence services are more often provided by non-government organizations that traditionally work from philosophical frameworks, such as feminist and empowerment models, with voluntary clients (p.421).

DV agencies generally view a child's exposure to DV as a consequence of the victim's disempowerment due to DV and that holding the survivors accountable for their abuser's actions blames a survivor for the abuse they experience (Douglas and Walsh 2010). Some abusers specifically denigrate and decrease a mother's ability to parent as a function of the abuser's power and control over the survivor (Heward-Belle 2017). Conversely, family court and CPS have historically viewed exposure to DV as a survivor's failure to protect their child and this can result in court actions that may result in a loss of custody. Currently, many CPS agencies have DV specialists, although one study found these CPS agencies are less likely to refer clients to external DV agencies and more research is recommended to understand what DV services are provided by CPS' DV specialists (Nwabuzor Ogbonnaya and Kohl 2018). Even if a child's removal from their parents' custody is short term it can have negative long-term impacts (Sankaran and Church 2016). The experience of a survivor losing custody can worsen their health and social situation, which may inhibit their likelihood of reunification with their

children (Wall-Wieler et al. 2017). Instead, DVAs prefer to focus on assisting a survivor in finding safe housing and establishing autonomy from the abuser, with the assumption that doing so will increase safety and well-being for the survivor and her children (Sullivan and Olsen 2016). For these reasons, DVAs may be reluctant to collaborate with CPS because of the potential for adverse outcomes for survivors and their children should CPS seek to remove the children due to failure to protect concerns (Goodman et al. 2019).

Despite the frequent overlap in the clientele of DV shelters and CPS, there is very little training on the co-occurrence of DV and CAN and these collaborations are commonly strained. Fusco (2013) conducted a study with 19 CPS workers about their knowledge about the co-occurrence of DV and CAN and their perceptions about working with these clients. The sample included is mostly white and female with a few males ( $n = 5$ ), African-Americans ( $n = 4$ ), and one biracial participant. During qualitative interviews CPS workers described how they lacked training on DV and found collaborations with DVAs difficult. This was due to tension in those working relationships and CPS workers' belief that DVAs discourage a survivor's engagement with CPS. These circumstances can create a reluctance among the CPS workers to work on cases that involve DV and CAN, expressly because they perceive that DVAs discourage survivors from cooperating with CPS (Fusco 2013). DVAs on the other hand, have reported that they routinely perceive CPS as using punitive approaches when working with DV survivors (Mennicke et al. 2018). Therefore, studies have shown that from both CPS and DVAs' perspectives these collaborations are habitually strained (Coulter and Mercado-Crespo 2015; Langenderfer-Magruder et al. 2018; Peckover and Golding 2017).

### Mandated Reporting in Domestic Violence Agencies

MR laws require that certain professionals that interface with children are required to report suspected CAN to CPS, such as teachers or healthcare providers. In the United States, MR laws were enacted in the 1960s within all 50 states and greatly expanded the scope of CPS' work to substantiate cases of CAN (Kesner 2008). Although lay people can report CAN, mandating the reporting of CAN by professionals appears to greatly increase the number of CAN cases that are reported and subsequently substantiated. King et al. (2013) conducted a 5 year longitudinal study that involved 59,413 cases of CAN that found that those reported by mandated reporters were 6.3 times more likely to be substantiated, even when controlling for abuse type and socio-demographic characteristics of the child. This may be a function of the type of interactions mandated reporters have with children, such as in medical or educational settings. Therefore, increasing the number of mandated reporters may have greater implications for families because these reports are more likely to be substantiated by CPS.

DVAs are typically mandatory reporters and are likely to work with children exposed to DV, but may be reluctant to report to CPS (Goodman et al. 2019). This may be because there is no overwhelming professional consensus on whether exposure to DV should be included under the umbrella of MR laws. McTavish et al. 2017 conducted a meta-synthesis of 42 qualitative studies of mandated reporters across 12 countries found that there is no conclusive answer as to whether exposure to DV should be considered by mandatory reporters. Although, in this study the mandatory reporters were both less likely to identify and address less severe types of abuse, particularly those without physical evidence (McTavish et al. 2017). The mandated reporting of a child's exposure to DV may be especially troubling to DVAs. First of all, DVAs may use DV risk assessments to determine the severity of the DV when assessing for the need for shelter; some DV risk assessments may include the need for survivors to disclose their children's exposure to DV (Dutton and Kropp 2000). The effect of DV exposure on their children is a documented turning point in many survivors' decisions to leave a DV relationship (Murray et al. 2015). DV shelters are often a last resort to facilitate a survivor's ability to leave, principally for vulnerable survivors with limited economic resources and social supports (Grossman and Lundy 2011). Additionally, once a survivor enters shelter it can be a particularly demanding location in which to parent. Parenting in a DV shelter is especially challenging, even beyond the difficulty of parenting while in crisis, because it is a chaotic communal space that is outside of children's normal routines, but also because being in a shelter opens up mothers to more scrutiny of their parenting (Krane and Davies 2007). Therefore, mandated reporting laws may make survivors even more vulnerable to DV if they inadvertently discourage survivors from obtaining DV services or if they trigger CPS involvement.

There is scant research on DVAs and their experiences as mandatory reporters. Historically, DVAs have viewed CPS as problematic and resisted extensive collaboration (Malik et al. 2008). DVAs shunned MR laws as it relates to DV because they reasoned it takes away a survivor's agency (Hafemeister 2011). Although there are few studies exploring mandated reporting laws in the context of DV, the impact of mandatory criminal intervention, such as mandatory arrest laws and no-drop prosecution, have limited survivors' legal rights (Houston 2014). Steen (2008, 2009) conducted two studies of DVAs as mandatory reporters of CAN, which included a sample size of 82. While a majority of the DVAs generally supported MR, DVAs no longer supported MR if it required the reporting of witnessing DV (Steen 2008). In another study, DVAs relayed that they experienced the most negative impacts of reporting when the survivors perpetrated the CAN or if the report concerned a child's exposure to DV (Steen 2009). The negative impacts discussed by DVAs include damage to the survivor/advocate relationship, disempowerment of the

survivor, reluctance of the survivor to seek further help, more trauma to the child, loss of custody of the child and further family disruption. Similarly, Coulter and Mercado-Crespo (2015) found that DVAs who report CAN relay that MR can have an adverse effect on the survivor's life circumstances and diminished relationships with their DVAs.

This study fills a gap in the literature by trying to discern more about DVAs' decision making process when reporting CAN. Exposure to DV can be very harmful to a child, but whether it is defined as CAN and whether a survivor is responsible can vary by law or perception. DVAs and CPS often serve the same families and have differing practice approaches to working with said families. MR laws were enacted to protect vulnerable children from harm, however DVAs may worry that the act of reporting exposure to DV will have unintended detrimental impacts on a family. In summary, there is little known about DVA' decision making for reporting CAN, in relation to exposure to DV, and whether there are contextual factors that influence whether a DVA reports CAN.

## Theoretical Framework

This study adapts the decision making ecology approach to understand an advocate's decision to report CAN. The Decision-Making Ecology (DME) model was developed to be able to assess the decision making process used by child welfare workers (Baumann et al. 2010, 2011; Fluke et al. 2014). The DME incorporates contextual factors that influence the decision making process. These contextual factors include the type of case, the individual case workers considerations of the family's context, the organizational context of their agency, and external factors. These contextual factors influence the decision making process and the threshold to make a decision to take action related to a child's welfare. Ultimately, the outcomes of those actions feed back into future decision making processes.

For the purpose of this paper the DME has been adapted by refining a list of contextual factors that contribute to the decision of an advocate to report a survivor's child's exposure to DV (Fig. 1). Specifically, we use an individual's internal decision making factors when deciding to report. Internal

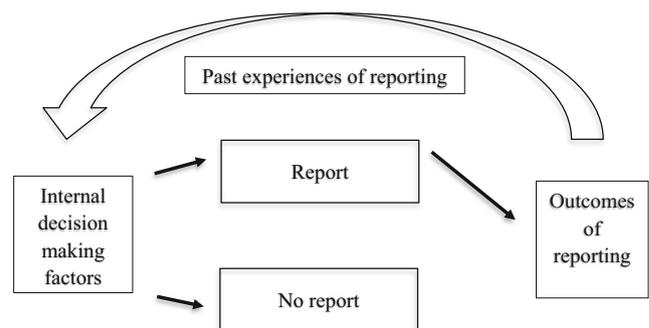


Fig. 1 Decision Making Ecology of Reporting Child Abuse and Neglect

decision making factors include considerations of the family unique circumstances, such as the family's cultural context, and the potential long term impacts of reporting CAN. The internal decision making factor questions are broad and encompass reporting of CAN in the context of DV whether or not the concern being reported is the exposure to DV or CAN that occur in addition to DV. Additionally, an individual's perception of their organization's relationship with CPS is measured because it may influence their decision to report.

## The Present Study

The purpose of this exploratory study is to investigate what factors influence DVAs in shelter settings decision to report CAN.

### Hypothesis 1

A DVAs internal decision making factors that consider the family context and impact of reporting will decrease the likelihood of reporting.

### Hypothesis 2

The likelihood of reporting will increase based on a participant's perception of their DV agency having a good relationship with CPS.

### Procedure

This study utilized Qualtrics, which is a web-based program that is used to generate and host surveys on their computer network (Qualtrics 2018). The researchers recruited individual participants within a midwestern state in the United States. The determination to recruit from only one state was made because MR laws vary among states, although they may also be differentially applied at the local level (Lau et al. 2008). The study was approved by the Institutional Review Board at [Michigan State University] that oversees the protection of human subjects.

Promotion of the survey began at the statewide domestic and sexual violence coalition's (DSVC) annual conference. This was done via a verbal announcement to all attendees during the commencement of the conference. The statewide DSVC includes approximately 200 domestic and sexual violence programs and other affiliated organizations and individuals. For this study, only DVAs that work with survivors in DV shelters were recruited, including part-time and full-time staff, but excluding volunteers and interns. This was based on the rationale that volunteers and interns may have limited experience and training or may not be empowered to make reporting decisions by themselves. A few months following

the conference an e-mail invitation to take the survey was distributed by the director of the statewide DSVC through their listserv. A week following the initial recruitment e-mail a survey reminder letter was sent to 50 individual DV agencies that were identified through the statewide DSVC. One week following the first reminder to individual DV programs another reminder was sent. After the second reminder, DV agencies in counties with no participants were targeted for reminder phone calls. Survey participation was voluntary and anonymous and participants were offered a \$5 gift card as a token of appreciation.

### Sample

The resulting sample includes 142 participants. The participants were 98% female ( $n = 139$ ), 1.4% male ( $n = 2$ ), and 1 participant self-identified as other. Participants were able to pick multiple race categories and identified as 8.5% ( $n = 12$ ) black, 2.9% ( $n = 4$ ) Asian, 85% ( $n = 121$ ) white, 4.9% ( $n = 7$ ) Native American, and 3.5% ( $n = 5$ ) as other. Participants were 3.5% ( $n = 5$ ) Hispanic/Latina and 96% ( $n = 136$ ) not Hispanic/Latina or identified as a different ethnicity <1% ( $n = 1$ ). The various levels of education included having a high school diploma 3.5% ( $n = 5$ ), some college 12% ( $n = 17$ ), associates 14.8% ( $n = 21$ ), bachelors 43.7% ( $n = 62$ ) or master's degree 26% ( $n = 37$ ). Years of experience with DV clients averaged 6.9 years, with a median of 4 years, a mode of 2 years and a range of less than a year to more than 25 years. Additionally, 16.9% ( $n = 30$ ) identified as currently being supervisors at their DV agency.

### Measures

The survey content included DVA demographic factors, organizational factors, decision making factors and case factors.

### Demographic Factors

The demographic section included questions regarding the DVA's sex, race, ethnicity, education level, and the total years of experience working with survivors of DV. An additional question asked was whether the DVA is a supervisor. For the purpose of analysis sex was omitted due to the overwhelming number of female-identified participants. Age was omitted due to a clear skip pattern, though age was correlated (Pearson Correlation .575,  $p < .01$ ) with years of experience which is included in the model. Dummy variables were used to analyze levels of education as either having a master's degree or not. The following variables were dichotomous: years of experience (3 years or less/ 4 or more years), race (only white/ any identification other than or in addition to white) and supervisor (Yes/No).

### Decision Making Factors

To understand factors that relate to a DVA’s decision making to report CAN an instrument designed by Dettlaff et al. (2015) was adapted to match the research question of this study. The original instrument was created to measure child protection workers’ decision making process to place a child in foster care. We made minor word changes to the original items capturing internal motivations for a decision maker’s removal decisions so that it instead reflected the likelihood of a participant’s decision to report CAN (e.g replacing “removal of a child” with “reporting abuse”). The scale of internal decision making factors to report, included questions such as: “I consider the short and long term impact of reporting abuse and neglect before I make this decision”, “I believe that reporting can cause significant trauma to a child and their parents”, and “Before making the decision to report, I try to consider how a family’s culture affects their parenting decisions.” Questions were measured using a Likert scale of seven values, from one being strongly disagree, to seven being strongly agree. A Cronbach’s alpha score of .744 was reached to assess reliability of the 5 item measure. In addition to the internal decision making factors scale an agency level question was included: “Staff have a good working relationship with Child Protective Services”.

### Likelihood of Reporting

A case scenario adapted from Britner and Mossler (2002) was used to assess likelihood of reporting. The base case scenario concerned a survivor of DV whose abuser hit her while she was holding her child and included no information regarding whether the incident had already been reported. Following the base case scenario, ten statements were provided that represented increasing degrees of severity of a child’s exposure to DV (Table 1). The DVA indicated their likelihood of reporting for each of the ten statements. The Likert scale was from one

(not likely to contact child protective services) to seven (definitely would contact protective services). An  $\alpha = .93$  was reached to assess reliability of the measure. The mean of all 10 statements was calculated and then used in analysis to gauge the overall likelihood of reporting. The mean of the overall likelihood of reporting is 4.5, with a standard deviation of 1.4 and a range of 1.3 to 7.

### Results

The statistical software package SPSS was used to run a multivariate regression to determine the relationship between how internal decision making factors and the agency’s relationship with CPS affect the overall likelihood of reporting, while controlling for race, years of experience, level of education, and supervisor status. The likelihood of reporting was calculated using the mean of the ten case scenario statements. The regression model was significant ( $F = 3.60, df = 6, p < .01, R^2 = .140$ ). None of the included demographic factors were found to be significant (see Table 2). The higher a DVA rated on the internal decision making scale the less likely they were to report CAN in the case scenarios ( $\beta = -.253, p < .01$ ). Having a better organizational relationship with CPS was associated with an increased likelihood of reporting ( $\beta = .252, p < .01$ ).

### Discussion

The significant findings from this study suggest that internal decision making factors decrease the likelihood of reporting CAN, while a perceived good relationship with CPS increased the likelihood of reporting. This study suggests that rating higher on a scale of internal decision making factors, that consider a family’s context and the effect of MR, reduces the overall likelihood of reporting CAN, while a perceived good

**Table 1** Means and ranges of case scenario items

	Mean	Range
The mother’s injuries were minimal.	4.21	1–7
If the child has a small bruise without an explanation.	4.86	1–7
If the child has a small bruise and the mother denies it’s from the domestic violence incident.	4.25	1–7
If the child has a small bruise and the mother says it was from the domestic violence incident.	5.98	1–7
If you know the mother has been a victim of domestic violence in the past.	4.25	1–7
If the mother said her boyfriend would kill her if you contacted Child Protective Services.	5.01	1–7
If the boyfriend was the biological father to the 2-year-old child.	5.02	1–7
If the 2 year-old child was in the next room when the incident occurred and could only hear what happened.	3.28	1–7
If the child was 8 years old.	4.58	1–7
If the child was 8 years old and the child was in the next room when the incident occurred and could only hear what happened.	3.38	1–7

**Table 2** Multiple regression coefficients predicting likelihood of reporting

	B	SE	$\beta$
(Constant)	4.95	.77	
Race (white)	.14	.29	.04
Education (master's degree)	-.06	.26	-.02
Years of experience (> 3 years)	-.42	.24	-.16
Supervisor (yes)	-.22	.29	-.07
Internal motivation	-.34	.11	-.25***
CPS relationship (good)	.29	.09	.25***
$R^2$		0.14	
$F$ ( $df= 6$ )		3.61***	

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

relationship with CPS increases the likelihood of reporting. The internal decision making factors include considering the impact, trauma and feelings of families when reporting CAN, as well as considering one's own biases and the family's culture. All of the internal decision making factor items were relatively broad and may have been interpreted by participants in various ways. The items do not capture the specific meaning or thought process guiding DVAs' decision making process and therefore the findings should be interpreted with some caution. For example, an item asked whether the DVA considered a client's culture when deciding whether to report, but we do not know whether this means that DVAs interpreted parenting practices through cultural lenses or whether they considered factors like racial disproportionality in child welfare outcomes when deciding whether to make a mandated report. This finding may be indicative of the goals of DV programs and best practices that have been found to be effective when working with survivors. A primary goal of DV shelters is to empower survivors using numerous methods, including identifying and achieving goals, building social supports and attaining resources (Cattaneo and Chapman 2010). The most effective approaches to enacting these methods are survivor centered, trauma informed, and culturally relevant approaches that "emphasize the importance of survivor autonomy, choice, and context." (Nnawulezi et al. 2018, p. 2). All services should be voluntary, which empowers survivors to choose the services they receive (Nnawulezi et al. 2018). Survivors have been shown to benefit from holistic shelter services, non-hierarchical dichotomies of staff and clients, and voluntary services (Allen et al. 2013; Glenn and Goodman 2015). Ultimately, this study's finding that internal decision making factors are significant is consistent with the philosophical underpinnings of DVAs to assist survivors through holistically considering their unique context and respecting their self-determination.

A residential setting allows the process of helping survivors occur within a dynamic setting with endless opportunities for

staff to integrate the empowerment approach. DV services have been shown to provide long term benefits to clients, although the discretion in how DVAs deliver those services may be even more important than the approach itself (Sullivan 2018). Numerous qualitative studies have found that the discretion DVAs' use when delivering services can have profoundly negative or positive effects on a survivor's experience in shelter (Glen and Goodman 2015; Haj-Yahia and Cohen 2009; Fisher and Stylianou 2016). As such, internal decision making factors of DVAs when reporting CAN may be a function of how they attempt to balance concern for the survivor with that of the child, beyond the legal mandate to report. Child advocacy services are often available in DV programs. In a recent National Census of Domestic Services it was reported that 84% of DV programs provide child advocacy or support (National Network to End Domestic Violence 2017). Although child advocacy is often available, tension may still exist for DVAs when trying to interpret who is the primary client(s): the survivor, the child or the family unit.

This study also found that when a DVA perceived that their DV agency has a better relationship with CPS then DVA's are more likely to report. Due to the high co-occurrence of DV and CAN social service providers must be able to effectively collaborate to serve these families with appropriate support, resources, and services. DVA and CPS often work with clients experiencing both DV and CAN, yet may have differing views of what is CAN and/or DV and how these phenomena intersect (Coulter and Mercado-Crespo 2015). This may result in conflict and missed opportunities for DVAs and CPS workers to collaborate, which can have detrimental impacts on the vulnerable families both agencies serve. This also suggests that reporting CAN by DVAs may not occur when it would be beneficial to the family or to the child's safety and well-being. DVAs typically operate from an empowerment framework that seeks to increase the agency of survivors, which requires that survivors are able to voluntarily engage in services. The act of reporting CAN also potentially leads to collaboration on the case with CPS, which both CPS and DVAs can find frustrating due to disciplinary tensions. Collaboration has also found to be a significant challenge for CPS workers when they work with DVAs. Langenderfer-Magruder et al. (2018) found that CPS workers relay that DV cases are complex and that DVAs see the parent as the victim, whereas CPS sees the child as the victim. At the same time, DVAs have been shown to perceive CPS workers as using problematic behaviors with survivors, such as the use of coercion or manipulation (Mennicke et al. 2018). The current study suggests that the reluctance to report CAN may be another facet of how the underlying tension between DV agencies and CPS manifests itself and whether the needs of the survivor or the child should be prioritized.

DVAs often work with survivors and their children in shelters, which affords many opportunities for DVAs to interact

with survivors in an informal setting. In spite of this fact, shelter settings also may increase the opportunity to surveil clients and observe potentially problematic behavior. More importantly survivors must also demonstrate a need for a DV shelter to be able to access safety and DV shelter services, which may include the disclosure of their child's exposure to DV. DVAs may need ongoing details of a child's exposure to DV to assess a child's trauma and deliver appropriate therapeutic services. Yet, disclosing a child's exposure can also lead to the need to report CAN, which can harm the relationship of the survivor both with their child and their advocate. Although, actions can be taken to mitigate the damage of reporting CAN on the therapeutic relationship (Tufford et al. 2010). DVAs have a professional obligation to maintain client confidentiality, yet are also mandated reporters of CAN. This ethical tension of for DVAs in reporting CAN may be compounded by the differential outcomes for vulnerable families involved with CPS and the ability of CPS to compel services. CPS involved families who have had a finding of CAN have conveyed that CPS intervention was a net positive experience when they had strong informal and formal supports (Campbell et al. 2017). However, having fewer informal supports, including having an abusive partner, and fewer formal supports, as might happen if a mandated report breaks trust with a DVA, complicates the experience of CPS involvement. The decision to report may be particularly fraught when CPS may perceive exposure to DV as a survivor's failure to protect a child, while DVAs' may exclusively put the blame on the abusive partner and perceive it as a function of a survivor's disempowerment or lack of material resources (Heward-Belle 2017). There is still much to be learned about how DVAs decide to report CAN, how they balance the desire to promote safety for children with the potential negative impacts of CPS involvement, and whether some cases of CAN go unreported leaving children at risk to harm. This study explored how internal decision making factors, agency perceptions of CPS and DVA demographics affect the likelihood of reporting CAN. It contributes a new application of the Decision Making Ecology and demonstrates that the ethical decision making process may vary across practice domains.

## Implications

This exploratory study provides a number of implications for DVAs that work with families that are experiencing the co-occurrence of DV and CAN. There is evidence that the policy of mandated reporting involves a degree of discretion, despite the mandate to report. Universal mandated reporting may not in fact identify more CAN and while locales with MR have more reports, these reports are less likely to be confirmed (Ho et al. 2017). Research should seek to understand how the decision making process of mandated reporting occurs so that reporting occurs when it is required and to minimize

unsubstantiated reports. This will ensure that initiating CPS involvement into a family's life and breaking client confidentiality is only done by DVAs when necessary to holistically address their current challenges. A meta-synthesis of mandated reporting found that across many disciplines, reporting CAN may result in the disengagement with voluntary services so that by reporting CAN, a DVA may no longer be able to assist families at a critical time of familial stress (McTavish et al. 2017). Interventions with parental involvement when addressing CAN have been found to be a predictor of preventing future CAN (Chen and Chang 2016). It appears that maintaining families' involvement in voluntary services may avoid the need for compulsory services.

In practice, trust is a multilevel factor when assisting families experiencing DV and CAN. From this study it appears as if DVAs with a good relationship with CPS are more likely to report CAN. Stewart (2014) found that interprofessional collaborations between DV services and CPS are best when all parties have a singular victim focus. This may be a function of DVAs' ability to trust that involving CPS will result in better overall outcomes for families experiencing DV and CAN. Trust has been found to be a key and dynamic aspect of interprofessional collaboration between individuals and organizations (Costa et al. 2018). Institutional mistrust is a prominent factor that inhibits families from engaging with CPS. A scoping review of CPS-involved families found that participatory CPS practices that focused on building service relationships that included trust were the most likely to foster engagement (Toros et al. 2018). Additionally, it has been demonstrated that CPS-involved families fare better when they have institutional trust for the child welfare system (Pinkney 2018) and trust is imperative for children to successfully interact with their CPS worker (Cossar et al. 2016).

## Limitations

Comprehending this research should be done cautiously as this is an exploratory study and includes a number of limitations. We were unable to determine the total number of DVAs within this midwestern state and as a result cannot calculate the representativeness of our sample and its generalizability for this state's DVAs (Remler and Van Ryzin 2015). There are 52 domestic violence shelter programs in this state, ranging from a few staff to over 50. It is unclear how many of those staff members would be eligible to participate in this study. We are unable to determine if all eligible DVAs received the survey invitation from their program directors. Given these limitations, we estimate this is a moderate response rate. Due to the anonymous nature of the survey we are unable to conduct multilevel modeling to calculate the effect of potential nesting within counties or shelters (Kahn 2011). Since there are very few studies exploring this subject it is unclear if our findings are similar to what other researchers may find.

Additionally, MR laws vary between states so that there is variability in the threshold for reporting CAN. Ultimately, it appears that even within one state's CPS system there is divergence in how DV agencies perceive their DV agency's relationship with CPS. Consequently, it is imperative that future studies explore what variables facilitate effective collaborations so that families experiencing the co-occurrence of DV and CAN may be safely and effectively helped.

In conclusion, this study suggests that the decision of DVAs to report CAN is associated with the worker's holistic concern for the family unit, the particulars of the CAN, and the DV agencies' relationship with CPS. This study suggests that the importance of internal decision making factors for DVAs reporting CAN may be similar to other general studies of mandatory reporters that have shown the influence of internal decision making factors on mandated reporters, such as considering the benefit or harm of the family as a unit (Feng et al. 2012). Internal decision making factors have also been shown to be influential by CPS workers' decision making process when placing children into foster care (Graham et al. 2015). DVAs are in an especially unique position than many mandated reporters since they have far more nonclinical contact with families due to being in a residential setting. Primarily, this affords DVAs more access to empowering clients (Hughes 2017), on the other hand it also provides more opportunities for surveillance (Monahan 2017). Fundamentally, a focused priority of helping professionals should be to facilitate vulnerable families in accessing help and by doing so professionals do not create additional burdens for these families. This paper suggests that there may be a need for DV agencies to build better collaborations with CPS so there can be a more effective interagency collaboration when their clients overlap. Strong collaborations with CPS would increase DVAs' trust that when they report to CPS the survivor and their family will not be adversely impacted and therefore promote CAN reporting when doing so could increase the safety and well-being of the child and family. Specifically, future research should seek to better understand how to intervene when DV and CAN co-occur. This will enable DVAs and CPS to serve their mutual clients more holistically, while respecting personal agency.

## References

- Allen, N. E., Larsen, S., Trotter, J., & Sullivan, C. M. (2013). Exploring the core service delivery processes of an evidence-based community advocacy program for women with abusive partners. *Journal of Community Psychology*, 41(1), 1–18. <https://doi.org/10.1002/jcop.21502>.
- Baumann, D. J., Dalgleish, L., Fluke, J., & Kern, H. (2011). *The decision-making ecology*. Washington, D.C: American humane association.
- Baumann, D. J., Fluke, J., Graham, J. C., Wittenstrom, K., Hedderson, J., et al. (2010). *Disproportionality in child protective services: The preliminary results of statewide reform efforts*. Austin: Texas Department of Family and Protective Services.
- Britner, P. A., & Mossler, D. G. (2002). Professionals' decision-making about out-of-home placements following instances of child abuse. *Child Abuse & Neglect*, 26(4), 317–332. [https://doi.org/10.1016/S0145-2134\(02\)00311-3](https://doi.org/10.1016/S0145-2134(02)00311-3).
- Campbell, K. A., Olson, L. M., Keenan, H. T., & Morrow, S. L. (2017). What happened next: Interviews with mothers after a finding of child maltreatment in the household. *Qualitative Health Research*, 27(2), 155–169. <https://doi.org/10.1177/1049732315625197>.
- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: A model for use in research and practice. *American Psychologist*, 65, 646–659. <https://doi.org/10.1037/a0018854>.
- Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma, Violence & Abuse*, 17, 88–104. <https://doi.org/10.1177/1524838014566718>.
- Cossar, J., Brandon, M., & Jordan, P. (2016). 'You've got to trust her and she's got to trust you': Children's views on participation in the child protection system. *Child & Family Social Work*, 21(1), 103–112. <https://doi.org/10.1111/cfs.12115>.
- Costa, A. C., Fulmer, C. A., & Anderson, N. R. (2018). Trust in work teams: An integrative review, multilevel model, and future directions. *Journal of Organizational Behavior*, 39(2), 169–184. <https://doi.org/10.1002/job.2213>.
- Coulter, M. L., & Mercado-Crespo, M. (2015). Co-occurrence of intimate partner violence and child maltreatment: Service providers' perceptions. *Journal of Family Violence*, 30, 255–262. <https://doi.org/10.1007/s10896-014-9667-5>.
- Dettlaff, A. J., Graham, J. C., Holzman, J., Baumann, D. J., & Fluke, J. D. (2015). Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions. *Child Abuse and Neglect*, 49, 24–34. <https://doi.org/10.1016/j.chiabu.2015.04.007>.
- Douglas, H., & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence Against Women*, 16(5), 489–508. <https://doi.org/10.1177/1077801210365887>.
- Dutton, D. G., & Kropp, P. R. (2000). A review of domestic violence risk instruments. *Trauma, Violence & Abuse*, 1(2), 171–181. <https://doi.org/10.1177/152483800001002004>.
- 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. Cunningham (Eds.), *Protecting children from domestic violence: Strategies for community intervention* (pp. 8–29). New York: Guilford.
- Feng, J. Y., Chen, Y. W., Fetzer, S., Feng, M. C., & Lin, C. L. (2012). Ethical and legal challenges of mandated child abuse reporters. *Children and Youth Services Review*, 34(1), 276–280. <https://doi.org/10.1016/j.childyouth.2011.10.026>.
- Fisher, E. M., & Stylianou, A. (2016). To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. *Journal of Interpersonal Violence. Advance online publication*. <https://doi.org/10.1177/0886260516645816>.
- Fluke, J. D., Baumann, D. J., Dalgleish, L. I., & Kern, H. D. (2014). Decisions to protect children: A decision making ecology. In J. Korbin & R. Krugman (Eds.), *Handbook of Child Maltreatment. Child Maltreatment (contemporary issues in research and policy)* (Vol. 2). Dordrecht: Springer. <https://doi.org/10.1111/bjop.12008>.
- Fusco, R. A. (2013). "It's hard enough to deal with all the abuse issues": Child welfare workers' experiences with intimate partner violence on their caseloads. *Children and Youth Services*, 35, 1946–1953. <https://doi.org/10.1016/j.childyouth.2013.09.020>.
- Glenn, K., & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents'

- experiences. *Affilia*, 21, 1481–1506. <https://doi.org/10.1177/1077801215596242>.
- Goodman, L. A., Fauci, J. E., Hailes, H. P., & Gonzalez, L. (2019). Power with and power over: How domestic violence advocates manage their roles as mandated reporters. *Journal of Family Violence*. Advance online publication, 1–15. <https://doi.org/10.1007/s10896-019-00040-8>.
- Graham, J. C., Dettlaff, A. J., Baumann, D. J., & Fluke, J. D. (2015). The decision making ecology of placing a child in foster care: A structural equation model. *Child Abuse & Neglect*, 49, 12–23. <https://doi.org/10.1016/j.chiabu.2015.02.020>.
- Grossman, S. F., & Lundy, M. (2011). Characteristics of women who do and do not receive onsite shelter services from domestic violence programs. *Violence Against Women*, 17, 1024–1045. <https://doi.org/10.1177/1077801211414169>.
- Hafemeister, T. L. (2011). If all you have is a hammer: Society's ineffective response to intimate partner violence. *Catholic University Law Review*, 60, 919. Retrieved from <https://scholarship.law.edu/lawreview/vol60/iss4/3>
- Haj-Yahia, M. M., & Cohen, H. C. (2009). On the lived experience of battered women residing in shelters. *Journal of Family Violence*, 24, 95–109. <https://doi.org/10.1007/s10896-008-9214-3>.
- Hamby, S. L., Finkelhor, D., Turner, H., & Ormrod, R. (2011). *Children's exposure to intimate partner violence and other family violence*. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <https://doi.org/10.1186/1471-2180-11-204>.
- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence & Abuse*, 9(2), 84–99. <https://doi.org/10.1177/1524838008314797>.
- Heward-Belle, S. (2017). Exploiting the 'good mother' as a tactic of coercive control: Domestically violent men's assaults on women as mothers. *Affilia*, 32, 374–389. <https://doi.org/10.1177/0886109917706935>.
- Ho, G. W. K., Gross, D. A., & Bettencourt, A. (2017). Universal mandatory reporting policies and the odds of identifying child physical abuse. *American Journal of Public Health*, 107, 709–716. <https://doi.org/10.2105/AJPH.2017.303667>.
- Houston, C. (2014). How feminist theory became (criminal) law: Tracing the path to mandatory criminal intervention in domestic violence cases. *Michigan Journal of Gender & Law*, 21(2), 217–272. Retrieved from <https://repository.law.umich.edu/mjgl/vol21/iss2/1/>
- Hughes, J. (2017). Women's advocates and shelter residents: Describing experiences of working and living in domestic violence shelters. *Journal of Interpersonal Violence*. Advance online publication. <https://doi.org/10.1177/0886260517707307>.
- Jouriles, E. N., McDonald, R., Slep, A. M. S., Heyman, R. E., & Garrido, E. (2008). Child abuse in the context of domestic violence: Prevalence, explanations, and practice implications. *Violence and Victims*, 23, 221–235. <https://doi.org/10.1891/0886-6708.23.2.221>.
- Kahn, J. H. (2011). Multilevel modeling: Overview and applications to research in counseling psychology. *Journal of Counseling Psychology*, 58, 257–271. <https://doi.org/10.1037/a0022680>.
- Kesner, J. (2008). Child protection in the United States: An examination of mandated reporting of child maltreatment. *Child Indicators Research*, 1, 397–410. <https://doi.org/10.1007/s12187-008-9019-1>.
- King, B., Lawson, J., & Putnam-Hornstein, E. (2013). Examining the evidence: Reporter identity, allegation type, and sociodemographic characteristics as predictors of maltreatment substantiation. *Child Maltreatment*, 18(4), 232–244. <https://doi.org/10.1177/1077559513508001>.
- Krane, J., & Davies, L. (2007). Mothering under difficult circumstances: Challenges to working with battered women. *Affilia*, 22, 23–38. <https://doi.org/10.1177/0886109906295758>.
- Langenderfer-Magruder, L., Alven, L., Wilke, D. J., & Spinelli, C. (2018). "Getting everyone on the same page": Child welfare workers' collaboration challenges on cases involving intimate partner violence. *Journal of Family Violence*. Advance online publication, 34, 21–31. <https://doi.org/10.1007/s10896-018-0002-4>.
- Lau, K. J., Krase, K. S., & Morse, R. (2008). *Mandated reporting of child abuse and neglect: A practical guide for social workers*. New York: Springer.
- MacMillan, H. L., & Wathen, C. N. (2014). Children's exposure to intimate partner violence. *Child and Adolescent Psychiatric Clinics of North America*, 23, 295–308. <https://doi.org/10.1016/j.chc.2013.12.008>.
- Malik, N. M., Ward, K., & Janczewski, C. (2008). Coordinated community response to family violence: The role of domestic violence service organizations. *Journal of Interpersonal Violence*, 23, 933–955. <https://doi.org/10.1177/0886260508315121>.
- McTavish, J. R., MacGregor, J. C. D., Wathen, C. N., & MacMillan, H. L. (2016). Children's exposure to intimate partner violence: An overview. *International Review of Psychiatry*, 28, 504–518. <https://doi.org/10.1080/09540261.2016.1205001>.
- McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C. D., Wathen, C. N., & MacMillan, H. L. (2017). Mandated reporters' experiences with reporting child maltreatment: A meta-synthesis of qualitative studies. *BMJ Open*, 7, e013942. <https://doi.org/10.1136/bmjopen-2016-013942>.
- Mennicke, A., Langenderfer-Magruder, L., & MacConnie, L. (2018). "It's tricky...": Intimate partner violence service providers' perspectives of assessments and referrals by child welfare workers. *Journal of Family Violence*, 34(1), 47–54. <https://doi.org/10.1007/s10896-018-9991-2>.
- Monahan, T. (2017). Regulating belonging: Surveillance, inequality, and the cultural production of abjection. *Journal of Cultural Economy*, 10(2), 191–206. <https://doi.org/10.1080/17530350.2016.1273843>.
- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Russo, M. J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence*, 25, 53–63. <https://doi.org/10.1007/s10896-009-9269-9>.
- Murray, C., Crowe, A., & Flasch, P. (2015). Turning points: Incidents prompting survivors to begin the process of terminating abusive relationships. *The Family Journal*, 23(3), 228–238. <https://doi.org/10.1177/1066480715573705>.
- National Network to End Domestic Violence (2017). *National census of domestic services*. Retrieved from <https://nnedv.org/resources/?mdocs-cat=mdocs-cat-34&att=null#content>
- Nnawulezi, N., Godsay, S., Sullivan, C. M., Marcus, S., & Hacskaylo, M. (2018). The influence of low-barrier and voluntary service policies on survivor empowerment in a domestic violence housing organization. *American Journal of Orthopsychiatry*. Advance online publication. <https://doi.org/10.1037/ort0000291>.
- Nwabuzor Ogbonnaya, I., & Kohl, P. L. (2018). Profiles of child-welfare-involved caregivers identified by caseworkers as having a domestic violence problem: Then and now. *Journal of Interpersonal Violence*, 33(18), 2802–2825. <https://doi.org/10.1177/0886260516632352>.
- Peckover, S., & Golding, B. (2017). Domestic abuse and safeguarding children: Critical issues for multiagency work. *Child Abuse Review*, 26, 40–50. <https://doi.org/10.1002/car.2392>.
- Pinkney, S. (2018). Trust in relations between children and social welfare professionals. 167–192. In *New directions in child welfare* (pp. 167–192). London: Palgrave Macmillan.
- Postmus, J. L., Hoge, G. L., Breckenridge, J., Sharp-Jeffs, N., & Chung, D. (2018). Economic abuse as an invisible form of domestic violence: A multicountry review. *Trauma, Violence & Abuse*. Advance online publication. <https://doi.org/10.1177/1524838018764160>.
- Qualtrics (2018). Retrieved April 27, 2018 from <https://www.qualtrics.com/>, DOI: 10.1093/neuonc/noy156

- Remler, D. K., & Van Ryzin, G. G. (2015). *Research methods in practice: Strategies for description and causation* (2nd ed.). Thousand Oaks, CA: Sage.
- Sankaran, V. S., & Church, C., (2016). Easy come, easy go: The plight of children who spend less than thirty days in foster care. *University of Pennsylvania Journal of Law and Social Change*, 19(3), 207–237. Retrieved from <https://scholarship.law.upenn.edu/jlasc/vol19/iss3/2>
- Steen, J. A. (2008). Attitudes of domestic violence shelter workers toward mandated reporter laws: A study of policy support and policy impact. *Journal of Policy Practice*, 8, 21–33. <https://doi.org/10.1080/15588740802282367>.
- Steen, J. A. (2009). The perceived impact of a child maltreatment report from the perspective of the domestic violence shelter worker. *Journal of Interpersonal Violence*, 24, 1906–1918. <https://doi.org/10.1177/0886260508325495>.
- Stewart, S. L. (2014). Learning domestic violence interagency work: Enacting "practice multiple". *Journal of Workplace Learning*, 26, 432–443. <https://doi.org/10.1108/JWL-10-2013-0089>.
- Sullivan, C. M. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence*, 33, 123–131. <https://doi.org/10.1007/s10896-017-9931-6>.
- Sullivan, C. M., & Olsen, L. (2016). Common ground, complementary approaches: Adapting the housing first model for domestic violence survivors. *Housing and Society*, 43(3), 182–194. <https://doi.org/10.1080/08882746.2017.1323305>.
- Toros, K., DiNitto, D. M., & Tiko, A. (2018). Family engagement in the child welfare system: A scoping review. *Children and Youth Services Review*, 88, 598–607. <https://doi.org/10.1016/j.childyouth.2018.03.011>.
- Tufford, L., Mishna, F., & Black, T. (2010). Mandatory reporting and child exposure to domestic violence: Issues regarding the therapeutic alliance with couples. *Clinical Social Work Journal*, 38(4), 426–434. <https://doi.org/10.1007/s10615-009-0234-0>.
- U.S. Department of Health & Human Services (2019). Definitions of child abuse and neglect in federal law. Retrieved from <https://www.childwelfare.gov/topics/can/defining/federal/>, DOI: <https://doi.org/10.3310/phr07180>
- Wall-Wieler, E., Roos, L. L., Bolton, J., Brownell, M., Nickel, N. C., & Chateau, D. (2017). Maternal health and social outcomes after having a child taken into care: Population-based longitudinal cohort study using linkable administrative data. *Journal of Epidemiological & Community Health*, 71, 1145–1151. <https://doi.org/10.1136/jech-2017-209542>.
- Xie, M., & Lynch, J. P. (2017). The effects of arrest, reporting to the police, and victim services on intimate partner violence. *Journal of Research in Crime and Delinquency*, 54, 338–378. <https://doi.org/10.1177/0022427816678035>.
- Zannettino, L., & McLaren, H. (2014). Domestic violence and child protection: Towards a collaborative approach across the two service sectors. *Child & Family Social Work*, 19, 421–431. <https://doi.org/10.1111/cfs.12037>.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.