

# Bridging the divide between child welfare and domestic violence services: Deconstructing the change process

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## Abstract

In spite of the long and well-documented history of tension between the domestic violence and child welfare systems in the United States, a number of communities have developed effective collaborations between the two in order to better meet the needs of families involved with both. After setting the historical context for the tensions between providers of child welfare and domestic violence services, the changing relationship between the two systems is examined from the perspective of professionals in both fields in one large urban community, New York City. Recommendations are made for continued progress. Communities seeking to improve their own response to the co-occurrence of domestic violence and child maltreatment may be able to gain from developing a broader understanding of the challenges and successes of the change process in a community which has struggled to improve collaboration.

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## 1. Introduction

From the time that the first organized services for battered women appeared in the United States in the 1970s, domestic violence services operated separately from child welfare services, with little collaboration and often a great deal of tension and distrust between the two (Fleck-Henderson, 2000; Findlater & Kelly, 1999; Magen, Conroy, & DelTufo, 2000; Mills, 1998a; Peled, 1996; Schechter, 1996; Schechter & Edleson, 1999; Stark, 2007). Until recently, child welfare agencies have largely ignored the presence of intimate partner violence (IPV) in families when there was no indication that a child was being directly abused (Findlater & Kelly, 1999; Gordon, 1988; Stark, 2007; A. Williams-Isom, personal communication, April 21, 2006). At the same time domestic violence service providers have often avoided collaboration with child welfare agencies because of their distrust in that system's willingness or ability to be sensitive to the needs of abused mothers (Beeman, Hagemester, & Edleson, 1999; Findlater & Kelly, 1999; E. Roberts, personal communication, September 20, 2007; Stark, 2007).

Practitioners in both the child welfare and domestic violence service systems may agree on broader common goals, including the well-being of families, the empowerment of non-abusive parents to protect their children, accountability

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for the abusive partner, and the interruption of the intergenerational transmission of family violence. Improved communication and collaboration between the systems is necessary to achieve these goals (Conroy, 2000; Findlater & Kelly, 1999; Fleck-Henderson, 2000; Schechter & Edleson, 1999). Collaboration, or the act of working jointly toward common goals, in this case entails two distinct social service systems working together to address the overlapping issues of intimate partner violence and child maltreatment in a population which is served by both. This collaboration may be served if members of both communities develop a better understanding of the history, values and missions of both systems, as well the current struggles to reconcile the conflicts between them.

This paper examines the progress in the collaboration of the two systems, using New York City as an example to deconstruct the change process. While it is acknowledged that IPV occurs with similar frequency among same-sex couples as heterosexual couples, and that women perpetrate IPV against men, this discussion generally refers to abused mothers whose perpetrators are men, as these are the vast majority of cases that come into contact with the child welfare system.

## 2. The historical context

The first social agencies devoted to issues of family violence arose in the United States in the 1870s, called Societies for the Prevention of Cruelty to Children (SPCC's) (Gordon, 1988). While these agencies focused on child abuse, child welfare workers were well aware of the high incidence of IPV in their caseloads. In her analysis of hundreds of case records of child protection agencies in the United States from 1880 to 1960, Gordon (1988) identified IPV in 34% of the cases, found that 28% of battered women were alleged to be neglectful, 13% of abused mothers were also child abusers, and 41% of men who abused their wives also abused their children. In light of the current themes of distrust many abused women feel for child welfare workers, it is ironic that battered women "... virtually dragged the child protection workers into wife-beating problems ..." in spite of a strong professional disinclination on the part of child protection workers to get involved (Gordon, 1988).

Battered mothers turned to child protection agencies in part because of the inadequacy of police protection, but child protection workers were not much more helpful. Gordon (1988) traces the evolution of what domestic violence service providers today term 'victim blaming' on the part of child protection workers. When they were unable to ignore the wife-beating but could not reform violent men, many caseworkers began to define IPV as a problem for the woman to work on (Gordon, 1988). Victim blaming became even more pervasive after the 1930s, in part due to changes in procedures that required social workers to "map the problem onto the client who was present and influenceable" (Gordon, 1988, p. 281). Fewer men were seen as casework became increasingly professionalized and moved out of the home and into the office; women were more introspective and self-critical, while men were more defensive about their behavior. "In search of any ways to influence troubled families, social workers not unnaturally focused on those most open to influence" (Gordon, 1988, p. 282). Then in the 1950's, the psychiatric influence led social workers to pathologize and blame women for their husband's abuse, with labels like 'masochist,' 'neurotic,' 'frigid' or 'provocative' (Gordon, 1988). This theme has been a constant to this day: Mills et al. (2000) found a tendency among child welfare workers to view the battered woman, rather than the batterer, as responsible for the abuse, and to perceive a woman who stayed in an abusive relationship as complicit.

During the revival of feminism in the 1970's, as the first domestic violence shelters were established and large-scale organized activism began, the feminist movement declared domestic violence a social and political issue. Until this point, family violence in general was treated as resulting from individual maladies: child abuse was attributed to poor parenting skills, anger management problems, stress, substance abuse or mental illness, while IPV was attributed to poor interpersonal relations, the stress of poverty, a man's alcoholism or short-temper, or a woman's emotional instability. In the 1970's, IPV was redefined in terms of the social and political maladies of patriarchy, sexism, and the historical subjugation of women. The Battered Women's movement developed its own set of philosophies, responses, institutions, legislation and funding. Thus the problem of family violence had 'split' into two distinct issues: child abuse and woman abuse. This was an important paradigm shift which greatly widened the chasm between domestic violence and child welfare service providers.

Other sources of tension are the differing and sometimes conflicting missions of child welfare and domestic violence professionals. The priority of child welfare organizations is the protection of children and the preservation of families, while the priority of domestic violence services is the safety and empowerment of women. These philosophical differences affect the approach, focus and impact of each system's interventions with clients. The child protective

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