



Training child protective services workers about domestic violence: Needs, strategies, and barriers

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ABSTRACT

Research demonstrates a strong relationship between child abuse and domestic violence. This study assesses the domestic violence training needs of child protective services workers. Surveys were completed by 187 social services supervisors in Virginia. Attention was given to the training needs of child protective services workers, how those needs compare to the domestic violence training needs of other social services workers, the strategies identified as most effective, and barriers to training. Results suggest that child protective services workers presumably know more about domestic violence than other workers, but they need more knowledge in certain areas. Implications are provided.

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1. Introduction

Over the last several decades, research has examined the rates of intimate partner violence and child maltreatment (Cowan & Schwartz, 2004; Jones & Gross, 2000; Magen, Conroy, & Del Tufo, 2000). More recently, scholars have looked beyond the theoretical lines that separate these two types of family violence and have found that domestic violence and child abuse frequently co-occur (Lessard, Lavergne, Chamberland, Turcotte, & Damant, 2006; Mills et al., 2000; Mills & Yoshihama, 2002). Evidence suggests that the average rate of joint partner abuse and child battering ranges between 30% and 60% (Edleson, 1999b). Research conducted by Carlson (2000) reveals that as many as one in three children witness interparental abuse at some point during their childhood.

Both witnessing intimate partner violence and experiencing child abuse result in a variety of negative behavioral, emotional, and social problems. Child victims often experience emotional distress, fear, anger, and anxiety. Children living in homes with interspousal abuse often suffer from emotional and mood disorders, report having trouble with relating to peers, and display aggressive behaviors. Long-term adjustment problems include depression, low self-esteem, and violence within their own intimate relationships (Carlson, 2000; Edleson, 1999a; Hosser, Raddatz, & Windzio, 2007).

When considering that nearly one-half of women in shelters report that their abusers engaged in some form of child maltreatment (Mills & Yoshihama, 2002), the tendency to address these two forms of

violence separately must be questioned (Cowan & Schwartz, 2004; Magen et al., 2000). Due to the growing evidence that interparental violence and child maltreatment seldom occur in isolation, there has been a petition for collaboration among service providers—particularly among domestic violence advocates and child welfare workers (Cowan & Schwartz, 2004; Lessard et al., 2006). More specifically, researchers have suggested increased domestic violence awareness training among child service agents (Mills et al., 2000).

Arising from this call for increased training are a number of different types of questions focusing on the nature, content, and need for training. This study considers what types of training child protective services workers need about domestic violence, the types of information child protective services workers need to know, the barriers to training, and the gaps between awareness and levels of awareness about specific domestic violence issues. Attention is given to how child protective services supervisors define each of these areas and comparisons are made between child protective services workers and other social services workers.

2. Literature review

For some time now, there has been a clear distinction between domestic violence advocates and child protective workers (Cowan & Schwartz, 2004; Jones & Gross, 2000; Lessard et al., 2006; Magen et al., 2000). The roots of child abuse intervention stem from the 1960's child saving movement. Advocates highlight children's rights, child safety, and family preservation. These social agents operate from a child-centered perspective, always working in the "best interests of the child." The reaction to child abuse has historically been from a social response stand point (Cowan & Schwartz, 2004; Jones & Gross, 2000; Magen et al., 2000).

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Alternatively, the paradigm that guides domestic violence activists arose from the feminist movement. From the 1970s, individuals advocating for the end of partner abuse have focused on the criminal justice system and law enforcement to control domestic battering. Domestic violence advocates function from an adult-victim centered perspective and believe that both the mother and the children are victims in need of services (Cowan & Schwartz, 2004; Jones & Gross, 2000; Magen et al., 2000).

The need for training child protective services workers about domestic violence is justified on four grounds. These grounds can be characterized as (1) historical disconnect, (2) misconceptions about domestic violence, (3) worker safety, and (4) breaking the cycle of violence. With regard to historical disconnect, according to some, a disconnect between the services provided by domestic violence advocates and child welfare workers has existed over the years (Findlater & Kelley, 1999; Jones & Gross, 2000; Mills et al., 2000). In contest for scarce resources, communication pathways have been relatively limited as each group feels the other is “threatening to the safety of... their respective clients” (Mills et al., 2000, p. 319). Without communication connecting these two units, assumptions and stereotypes develop deepening the gap between domestic violence workers and child service providers. Indeed, domestic violence advocates often criticize child protective workers for minimizing the impact of intimate partner abuse while blaming battered women for being submissive, not protecting their children, and neglecting their children’s best interests. Additionally, some advocates may believe that workers inaccurately place the burden of child protection with the mother and overlook offering abused women support services (Humphreys, 1999; Jones & Gross, 2000; Saunders & Anderson, 2000).

With regard to misconceptions, while some of the assumptions of domestic violence advocates may be unchecked, research shows that child welfare providers have misconceptions about domestic violence. For example, research shows that child protective workers tend to define abuse as physical and may fail to recognize other forms of abuse and how they affect children (Jones & Gross, 2000; Mbilinyi, Edleson, Hagemester, & Beeman, 2007; Saunders & Anderson, 2000). Also, child protective services workers may narrowly or inaccurately define the causes of abuse, placing individuals at risk. Focusing solely on individual-level characteristics negates the importance that macro-level factors (cultural and sub cultural), exosystem variables (community and social networks), and micro-level characteristics (relationships) have on the continuance of intimate partner violence and child abuse (Schumacher Feldbau-Kohn Smith Slep & Heyman, 2001).

Misconceptions also appear to exist with the use of safety planning in child protective services cases. Although research shows that child protective services define safety planning as the most common intervention (Jones & Gross, 2000), according to the domestic violence community, child service providers often ignore the issue of women’s safety (Humphreys, 1999; Jones & Gross, 2000). This may be due to the fact that while workers discuss safety plans, only half actually develop one (Saunders & Anderson, 2000). Note that workers frequently utilize conjoint counseling as an intervention strategy. Research suggests that couples counseling is an unsuccessful method to deter domestic violence as it “may increase the potential for exposing the woman and child to further violence in the home” (Saunders & Anderson, 2000). Additionally, substance abuse treatment, another common intervention, “may be needed but [does] not attend to immediate safety needs” (Jones & Gross, 2000, p. 363). While research shows that only about 12–15% of workers suggest restraining orders, urge separation, and remove the child as intervention strategies (Saunders & Anderson, 2000), it is important to recognize that these strategies are clearly documented as having ineffective outcomes or negative ramifications (Bourassa, Lavergne, Damant, Lessard, & Turcotte, 2006; Saunders & Anderson, 2000; Sherman, 1992).

In terms of worker safety, it is important to recognize that working with domestic violence cases can be dangerous. Research shows that

social services workers have higher rates of workplace violence than health care workers, nursing home workers, and the general population (Respass & Payne, 2007). In fact, the rate of workplace violence is nearly six times higher for social services workers than for all other occupations combined. Much of this workplace violence is attributed to working in domestic violence cases. Research shows that these cases present dangers to all human services professionals (Payne & Gaine, 2006).

Training of child protective services workers is further justified as an effort to break the cycle of violence. In this context, child protective services workers’ involvement in domestic violence cases can break the cycle in one of two ways. First, because safety planning is critical to serving domestic violence victims, child protective services workers can help to develop safety plans for at-risk women (Kellogg & Menard, 2003). Second, because of the widespread belief that violence begets violence, and the consistent finding that abused children will be more likely to be abusive adults (Kaufman & Zigler, 1986; Pears & Capaldi, 2001; Schumacher et al., 2001) child protective services workers’ involvement in domestic violence cases can be seen as deterring second generational violence (see Doerner & Lab, 2006) that would potentially be committed by child abuse victims who might otherwise graduate into spousal abuse.

Certainly, training child protective services workers about domestic violence should theoretically (a) reduce disconnect between social services and domestic violence advocates, (b) overcome misconceptions that workers have about domestic violence, (c) provide for worker safety, and (d) help to break the cycle of violence. While many have suggested the need for training in this area, few have empirically assessed the barriers to domestic violence training, the content addressed, or the need for the training. To address this void in the literature, this study considers the following three questions:

- (1) What kinds of barriers exist limiting training about domestic violence for child protective services workers?
- (2) Do child protective services workers know enough about specific domestic violence issues?
- (3) How do the domestic violence training needs of child protective services workers compare with the domestic violence training needs of other social services workers?

Addressing these questions will help demonstrate ways to ensure that child protective services workers are receiving the appropriate type of domestic violence training.

3. Methods

This study is part of a broader research project examining domestic violence training for all social services workers. Surveys were mailed to all 122 social work agencies in the Commonwealth of Virginia. A total of 339 social work program supervisors were contacted for data collection. Prior to receiving the questionnaire, the Department of Social Services (DSS) commissioner and the director of the Office of Family Violence sent letters to the supervisors encouraging participation. Approximately one month after the surveys were distributed, those who did not respond by mail were contacted by telephone and offered a chance to complete the survey by phone, fax, or e-mail. Agency response rate was 92%, and supervisor response rate was 55%. A total of 186 surveys were returned from 114 agencies. In all, 95 of the 122 child protective services supervisors returned the survey. Thus, among child protective services workers, the response rate was 78%. Most of the analysis in the current study will be limited to child protective services supervisors. Where appropriate, comparisons are made to the broader sample.

On the surface, supervisors seemed to represent a variety of communities in Virginia. Just over half of the agencies (55%) served a predominately rural community, 27% served a mixed community, 11% served an urban area, and 7% served a suburban area. The programs

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