



Child welfare professionals' responses to domestic violence exposure among children

Traci LaLiberte*, Jessie Bills, Narae Shin, Jeffrey L. Edleson

School of Social Work, University of Minnesota, MN, United States

ARTICLE INFO

Article history:

Received 8 March 2010

Accepted 26 June 2010

Available online 3 July 2010

Keywords:

Child welfare

Domestic violence

Child exposure to violence

ABSTRACT

Child welfare professionals are expected to promptly assess the current safety and future risks of children reported to them. Developing more accurate assessment methods has been a growing concern in child welfare. The presence of domestic violence and children's exposure to it are factors that have been included in many current risk assessment models used by child welfare professionals.

An online survey of 152 child welfare professionals was conducted in twenty counties in one midwestern state. Professionals reported on the importance of (a) types of violence in a child's home and (b) the child's level of involvement in that violence; they also responded to how two hypothetical scenarios of child exposure to and involvement in violence would affect their decision making. The results provide insight into how child welfare professionals assess child exposure and involvement in domestic violence as a perceived risk and guidance on the training needs of these professionals.

Published by Elsevier Ltd.

1. Introduction

Child welfare agencies are expected to promptly assess the current safety and future risks of children reported to them. Developing more accurate assessment methods has been a growing concern among child welfare agencies. This has led to the development of several highly structured and widely used assessment tools but also concerns about the depth of assessment regarding specific issues in families and how assessment information is applied.

1.2. Adult domestic violence in the child welfare caseload

One specific assessment area on which the attention of child welfare agencies has focused in recent years is the degree to which children in their caseloads have been exposed to adult-to-adult domestic violence. A recent national survey found that 16.3% of American children of all ages have been exposed to domestic violence over their lifetime. Among children 14 years or older, more than one in three (34.6%) report lifetime exposure to domestic violence (Finkelhor, Turner, Ormrod & Hamby, 2009). Exposure to adult domestic violence is also thought to co-occur frequently with child physical abuse in many of these families (Jouriles, McDonald, Slep, Heyman & Garrido, 2008).

A number of studies indicate that child welfare agencies have contact with many children from homes where adult domestic violence is occurring or has occurred. For example, nearly a third of 74 randomly selected families with open child protection cases in one small midwestern city were assessed by workers to also be experiencing

domestic violence (Shepard & Raschick, 1999). In other studies, child welfare workers identified domestic violence as a risk factor in 36% of 407 families referred for an investigation of maltreatment in New Hampshire (Kantor & Little, 2003) and again in 36% of 383 cases investigated in a large urban center in Minnesota (Edleson & Beeman, 1999). Two more recent and larger studies have found high levels of domestic violence in child welfare caseloads. One, a statewide study of 2000 randomly selected child protection referrals (English, Edleson & Herrick, 2005), found that domestic violence was present in almost half (47%) of cases accepted for investigation and assigned a moderate to high level of risk. The other, a study of 5504 children in a nationally representative sample of child welfare cases (Hazen et al., 2007), found a 44.8% lifetime prevalence of domestic violence among these children's families and a past-year incidence level of 29.0% in the same families.

The impact of a child's exposure to adult domestic violence has been a major area of research in recent years. Studies have shown widely varying but negative associations between children's problems and exposure to violence between their parents. Meta-analyses of this body of research reveal that exposed children often show greater behavioral, emotional, attitudinal, and cognitive difficulties compared to those who are not so exposed (Kitzmann, Gaylord, Holt & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003) but that these impacts vary depending on a host of protective and risk factors in each child's life (Edleson, 2004).

1.3. Innovation in child welfare responses

The growing recognition of the presence of exposed children in their caseloads and the impact of such exposure on children has led to a variety of innovative efforts to address this exposure by child welfare

* Corresponding author. Tel.: +1 612 624 2279.

E-mail address: lali0017@umn.edu (T. LaLiberte).

agencies. The largest of these efforts has been the federally-supported *Greenbook Initiative*, a multi-pronged effort by several federal agencies to demonstrate a set of best practice guidelines published as *Effective Intervention in Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice* (NCJFCJ, 1999; see <http://www.thegreenbook.info/>). These guidelines have become known as the *Greenbook*, a name derived from the color of the document's cover. The National Association of Public Child Welfare Administrators (NAPCWA, 2001) followed up on the *Greenbook* by publishing more specific guidelines for child welfare agencies. Several federal agencies supported a multi-million dollar, five-year demonstration project in six communities located in five states that focused on collaboration, identification of co-occurring issues, information sharing, batterer accountability, improved access to services, and improved advocacy among a variety of agencies, including child welfare (see Edleson, Silverman, Griffiths, Banks & Malik, 2008). Other similar projects funded through non-federal sources have also been developed in many locations with one being in Olmsted County, Minnesota (Sawyer & Lohrbach, 2005).

1.4. Identification of child exposure in child welfare agencies

The use of standardized risk, safety and well-being assessments has become widespread in child protection agencies as they have attempted to prioritize cases by the level of risk for future maltreatment (D'Andrade, Austin & Benton, 2008; Cash, 2001; English & Pecora, 1994; Rycus & Hughes, 2003) and have gathered information about the family on a variety of identified factors, including domestic violence, in order to make a determination about how to proceed with the case (D'Andrade et al., 2008; English & Pecora, 1994; Rycus & Hughes, 2003).

While the need to assess risk, safety and well being in child protection cases is obvious, there has been little consensus around the methods and instrumentation with which to accomplish this (D'Andrade et al., 2008; Rycus & Hughes, 2003). For example, the literature documents years of struggle in standardizing the assessment of risk in child welfare particularly related to the purpose and scope of instrumentation, measures of the identified risks, as well as the underlying design and development methodologies (actuarial or consensus models) of the instrumentation itself (D'Andrade et al., 2008; Rycus & Hughes, 2003). To some degree these "risk assessment wars" (Johnson, 2006) continue today and, despite the lack of consensus, most include some minimal identification of domestic violence. As child welfare professionals complete these standardized assessments, they inevitably examine the presence of domestic violence within the family. The way in which domestic violence is assessed however varies greatly.

As an example, the Structured Decision Making (SDM) model encompasses several assessment tools (risk, safety, or family strengths and needs), some of which are based upon statistical modeling and others based upon consensus modeling (Children's Research Center, n.d). SDM is one of the most widely used standardized assessment models (currently used in practice in over 20 states). In each of the SDM assessment tools, the information gathered is limited to occurrence "in the household." The inclusion of domestic violence indicators across the SDM model include: Safety Assessment – item 10 "Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child" (Yes/No); Risk Assessment – item A6 "Two or more incidents of domestic violence in the household in the past year" (point values are assigned as; No = 0 or Yes = 1); and Family Strengths and Needs Assessment – item SN6 "Household Relationships/Domestic Violence" (point values are assigned as; Supportive = 2 points, Minor occasional discord = 0 points, Frequent discord or some domestic violence = –2 points, or Chronic discord or severe domestic violence = –3points) (Children's Research Center, n.d).

Regardless of which design framework or assessment tool is used in an agency, a minimal assessment of domestic violence is included. Even

if more detailed assessments were implemented, there is evidence that child welfare workers would narrowly define child exposure as *only* the seeing and hearing of violent events (Bourassa, Lavergén, Damant, Lessard & Turcotte, 2006). Broader definitions of child exposure include experiencing events before and after the violence and even being used as a tool of the perpetrator (Edleson, 2004).

More detailed assessments of a wider variety of child exposures have relied on adaptations of existing domestic violence scales, such as the Conflict Tactics Scales (CTS, CTS2; Straus, 1979; Straus, Hamby, Boney-McCoy & Sugarman, 1996; adapted for child exposure in Kolbo, 1996). Several self-report scales currently exist to measure children's exposure to domestic violence though often this is not the purpose for which they were originally developed. Edleson et al. (2007) reviewed five such scales and concluded that they "fail to reach beyond exposure to physical violence, do not identify the victims or perpetrators, or ask too few questions regarding domestic violence exposure in general" (p. 968).

This gap in assessment tools led to the development of a new 42-item measurement tool called the Child Exposure to Domestic Violence (CEDV) Scale. The CEDV is a self-administered questionnaire for children ages 10–16 that directly assesses children's exposure to violence on six subscales: (1) level of violence in the home; (2) exposure to violence in the home; (3) involvement in violent events at home; (4) exposure to violence in the community; (5) presence of other risk factors; and (6) other forms of child victimization (Edleson, Shin & Armendariz, 2008). This measure was developed for children with the ability to read and respond to questions on their own, thus the focus on 10 to 16 year olds. It offers child welfare professionals and others a tool for in-depth assessment of child exposure with adolescent and teenage populations and is freely available online (<http://www.mincava.umn.edu/cedv/>).

How domestic violence is assessed and how the information generated is used have sparked a lot of interest. For example, in a class action lawsuit filed against the City of New York's child protection agency and decided in favor of a group of battered mothers whose children had been removed from their custody (Lansner, 2008), the courts found that the city had unconstitutionally removed children from the custody of their non-abusive battered mothers after substantiating mothers for "engaging in domestic violence." Often mothers were substantiated simply as a result of being a victim at the hands of an adult male perpetrator. This case confronts practices and policy in New York City's child protection agency. Across the country, however, similar categories such as "endangerment," "failure to protect," and like terms are thought to be used against non-abusive battered mothers, usually when the male perpetrator has no legal relationship to the child (Magen, 1999).

National and state data reveal varying degrees of worker assessments of domestic violence and use of these data in decision making. For example, in one urban Minnesota county, Beeman, Hagemeyer and Edleson (2001) found that workers assessed child protection cases in which domestic violence was also occurring to be significantly more often at higher risk: 45% for such cases vs. 26% for child maltreatment only cases. Families in the CPS caseload and who are experiencing domestic violence were more likely to have their case opened for services: 22.6% for such cases vs. 10.4% for child maltreatment only cases. Although they found no statistically significant differences in overall classifications of maltreatment type (e.g., physical abuse vs. neglect) for families with and without adult domestic violence present, families with domestic violence present were significantly more likely than other families (46.4% vs. 24.1%) to be substantiated for "disregard for child's safety." In another larger study, English et al. (2005) found that children in families where adult domestic violence was indicated were significantly more likely to be placed out of home than were children from families with no domestic violence indicated (80.7% vs. 62.3%). Somewhat contrary to these findings, Kantor and Little (2003) found that only 8% of the families with co-occurring

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات