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Child welfare as a gateway to domestic violence services

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Abstract

This paper uses data from the National Survey of Child and Adolescent Well Being to examine the identification of domestic violence (DV) by child welfare workers during investigations of maltreatment and determine how this contributes to the receipt of DV services. The study focuses on female caregivers of children remaining in the home following the investigation ($n=3165$). While child welfare workers indicate that active DV is present in only 12% of families investigated for maltreatment, 31% of caregivers reported DV victimization in the past year. The sensitivity of reports of DV is low between caregivers and workers, with both reporting active or recent DV in only 8% of families. Substance abuse by the primary caregiver is a strong predictor of under identification of DV by the child welfare worker (OR=7.6). Overall, about half of the caregivers with active DV identified by the worker received DV services over the 18 months following the investigation. Logistic regression analyses examined whether receipt of child welfare services (CWS) increases the likelihood that a referral will be made to DV services and whether caregivers will then obtain these services. Both the identification of DV by the worker and having an open CWS case are significant contributors to receipt of DV services.
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1. Introduction

Previous research on the co-occurrence of domestic violence (DV) and child maltreatment strongly suggests that children who have been involved with child welfare services (CWS) are often exposed to DV. Child welfare workers concluded that DV was present in 28% of the 125 caregivers indicating a current or recent relationship in a sample drawn from families in CWS in New York City (Magen, Conroy, Hess, Panciera, & Levy Simon, 2001). In another study of 74 CWS cases, workers expressed a belief that DV had happened or had a high risk of happening in 32% of the cases (Shepard & Raschick, 1999). More than half (57%) of caregivers with a history of severe DV victimization entering the child welfare system have had previous contact with CWS (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). On the basis of the recognition of this co-occurring risk, states have begun to change their risk assessment procedures and laws to ensure preemptive attention to children in families with DV. Yet, the estimates on which new policies and practices are based are from small samples drawn from local agency case record reviews and do not capture the majority of child welfare cases.

CWS procedures regarding DV are emerging as the child welfare system grapples with growing public and professional pressure to find more balanced and effective means to respond to families with co-occurring DV and child maltreatment. Some have called for greater vigilance and higher levels of intervention in DV cases. A trend toward including exposure to DV as a form of maltreatment that warrants child welfare intervention is evident (Barnett, Miller-Perrin, & Perrin, 1997; Edleson, 1999). Calls for more vigilance and CWS involvement with DV cases are countered by a growing sense of unfairness about the penalties to mothers who are victims of DV when they are charged with maltreatment or have their children placed into foster care. Some states (e.g., New York) now require that courts must consider the presence of DV in the home when determining whether the need to place a child can be eliminated by removing the abuser from the home (New York State Adoption and Safe Families Act, 1999); however, New York's efforts to remove children and prosecute the victim of DV for child neglect were challenged in a class action lawsuit against child protective services in New York City (Allen & Bisell, 2004; Kantor & Little, 2003). In early 2002, the United States District Court ruled, in Nicholson v. Williams, that the presence of DV is "not sufficient grounds for taking children away from their mothers" (Kaufman, 2003).

Another concern is that referrals to child welfare services for a child's exposure to DV will inundate an already stressed system. In addition to New York, a few other states have also unsuccessfully attempted to implement legislation mandating across the board responses to all cases entering the child welfare system with co-occurring domestic violence and child maltreatment. For instance, Florida required that all cases with DV automatically be flagged as high risk, and a child protective services case be opened and filed with the court (Weithorn, 2001); however, the state was inundated with cases and had to amend the statute. Minnesota had a similar experience with a policy that included exposure to DV as a form of maltreatment and had to repeal the statute until additional funds could be found to provide an adequate CWS response (Edleson, 2004).

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