When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs

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ABSTRACT

Over the past decade, Child Protective Services (CPS) has been challenged with how to adequately respond to families experiencing domestic violence and whether exposure to domestic violence constitutes child abuse. Research provides a limited understanding of what factors (i.e. professional, personal, training) influence the beliefs of CPS workers but much more information is needed. The research described in this paper provides another opportunity to explore these factors that influence the beliefs and attitudes of 64 workers from a CPS system in a Midwestern state. Anonymous and confidential surveys queried respondents on demographic information, their beliefs about domestic violence and the intersection of domestic violence and child abuse, prior domestic violence training, and their professional and personal experiences with domestic violence. The results provide insight into challenges of addressing workers' beliefs about domestic violence and its overlap with child abuse and instill the need for more research to fully grasp how best to respond to families experiencing domestic violence.

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1. Introduction

Millions of children are exposed to domestic violence in their homes each year (Carlson, 1984; Straus, 1991), with research indicating that children may be at risk of emotional, behavioral, academic, and social problems as a result of that exposure (Carpenter & Stacks, 2009; Edleson, 1999; Jaffe, Wolfe, & Wilson, 1990; Kernic et al., 2003; Lehmann, 2000; Wolak & Finkelhor, 1998; Wolfe, Crooks, McIntyre-Smith, & Jaffe, 2003). The literature is growing with recent attention given to exploring the risk and resiliency factors that may mediate the impact of exposure including such factors as the child's age and developmental stage (Carpenter & Stacks, 2009; Levendosky, Huth-Bocks, & Semel, 2002; Osofsky, 2003; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006); gender (Jaffe et al., 1990; Lehmann & Rabenstein, 2002); intrapersonal strengths (Bancroft & Silverman, 2002); the nature of interventions or support given (Osofsky, 1999; Werner & Smith, 1992; Wolak & Finkelhor, 1998); and the number and types of other victimization experiences (Sternberg et al., 2006).

Over the past decade, Child Protective Services (CPS) struggled with how to adequately respond to families experiencing domestic violence and whether exposure to domestic violence constitutes child abuse. National policy groups have been encouraging child protective services (CPS) to routinely screen for domestic violence in all of their cases (Caliber, 2004; Carter & Schechter, 1997). In one recent study, 90% of child protective service agencies surveyed included questions about domestic violence on their risk assessment forms; however, only 56% reported including similar questions on their investigation forms (Hazen et al., 2007), which are completed in the screening phase of a referral. Some states chose to leave their CPS policies and protocols ambiguous, leaving the decisions about investigating domestic violence or substantiating it as child abuse to the CPS worker and supervisor (Hazen et al., 2007). The frontline worker makes critical decisions about families, yet may use inconsistent behavior when screening or assessing for domestic violence (Hazen et al., 2007; Kohl, Edleson, English, & Barth, 2005). In cases where domestic violence was identified, CPS workers removed children at a far higher proportion than in other cases (English, Edleson, & Herrick, 2005).

Often, CPS workers assume that it is safer for the mother, and hence, the children, to leave the abuser; yet unwittingly may end up being a contributing factor in aiding the abuser in controlling his partner. To fully understand how abusers use delivery service systems to further the abuse, we turn to social entrapment theory (Ptacek, 1999) and coercive control theory (Stark, 2007). Elements of these theories include: 1) a focus on how social isolation, fear, and coercion are tactics used by abusers to keep women trapped in the relationship; 2) an acknowledgment of how powerful institutions (e.g. criminal justice, CPS, mental health) can demonstrate a lack of concern about battered women's experiences; and 3) an identification of how the tactics of the abuser can be exacerbated by structural inequalities of race, gender, and class (Ptacek, 1999; Stark, 2007).

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Consistent with social entrapment theory and coercive control, an abuser may have convinced his partner that, should she leave the relationship, his violence will increase, making it more dangerous for her and the children. He might also convince his partner that reaching out for help will result in her losing the children to CPS (Bachman & Saltzman, 1995; Fleury, Sullivan, & Bybee, 2000; Johnson & Sullivan, 2008; Stark, 2007). Taken all together, including the worker's discretion, the manipulative and violent behavior of abusers, and a CPS system that sets forth ambiguous guidelines for workers regarding appropriate responses to families experiencing domestic violence, inconsistent and erratic decision making will occur.

Some states have taken more proactive approaches, such as developing collaborations with domestic violence organizations and creating co-located services in CPS offices. The most well-known example of collaboration is found in the Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice, commonly known as The Greenbook. The final evaluation report indicates that the agencies involved with the collaboration benefited greatly from shared expertise, resulting in adjusted practice guidelines (Unknown, 2008). However, of the limited process evaluations available, several barriers to the effectiveness of collaboration efforts exist including a lack of trust among participating organizations, a limited willingness to work together to overcome ideological differences, inadequate resources, and members who compromised the ability for the organizations to work collaboratively (Caliber, 2004; Unknown, 2008).

Other states focus on training child welfare workers, specifically how to screen for and intervene with children exposed to domestic violence. These training programs are designed to help CPS workers become more knowledgeable about domestic violence and develop more empathic views towards mothers. Research on whether the training achieved these goals has been mixed with most studies finding positive changes in attitudes and behaviors about domestic violence (Magen & Conroy, 1998; Mills & Yoshihama, 2002; Postmus & Ortega, 2005; Saunders & Anderson, 2000; Waugh & Bonner, 2002).

While helpful, collaboration and training is not the panacea for multiple challenges with families experiencing violence. Applying Messerschmidt's (1997) structured action theory, the social environment of CPS, including supervisors, administrators, and policies or procedures, influence the attitudes and behaviors of frontline workers—and vice versa (Messerschmidt, 1997). The guiding philosophy of CPS to keep children safe is deeply entrenched into the CPS policies which guide the actions of its workers, often resulting in troubled relationships between CPS workers and domestic violence service providers and limited mandates to focus on other members of the family who may be victims as well.

In addition to contextual factors of CPS and stated policy guidelines are the worker's own personal and professional experiences with domestic violence as well as the individual's belief about what causes domestic violence. Studies are mixed regarding the influence of personal or professional experiences on workers with respect to domestic violence. Several studies report that child welfare workers or supervisors with greater tenure were less likely to remove a child than those with less professional experience (Postmus & Ortega, 2005; Saunders & Anderson, 2000); however, another study found length of employment did not affect a worker's decision to remove (Yoshihama & Mills, 2003).

Personal experiences with domestic violence also show mixed results when linking such experiences to attitudes of CPS workers toward domestic violence (Magen & Conroy, 1998; Yoshihama & Mills, 2003). There are no apparent correlations between personal experiences of domestic violence and attitudes toward victims or batterers. However, there is some indication that when workers identify with battered women, they were less likely to think that removal of children from the home was the most appropriate response (Yoshihama & Mills, 2003).

Others have assessed the impact of personal characteristics (i.e. age, gender, ethnicity, education) on the attitudes of CPS workers interfacing with domestic violence families. Inconclusive results have been found (Postmus & Ortega, 2005; Saunders & Anderson, 2000); more research is needed to fully recognize how personal characteristics influence CPS workers when interacting with families experiencing domestic violence.

Hence, mixing the contextual or organizational factors of CPS with training, personal and professional experiences and the added influences from individual attributes leaves CPS workers responding inconsistently to families experiencing domestic violence. Research provides a limited understanding of what influences the beliefs of workers but much more information is needed.

The research described in this paper provides another opportunity to explore professional and personal factors that influence the beliefs and attitudes of frontline workers at a CPS agency in a Midwestern state. Specifically, this paper intends to answer the following questions: 1) How do demographic factors (age, professional tenure, educational background) relate to the attitudes and beliefs of CPS workers regarding domestic violence and the intersection with child abuse? 2) What is the relationship between professional experiences with domestic violence and workers' beliefs? 3) What is the relationship between their personal experiences with domestic violence and their beliefs? 4) What is the relationship between previous domestic violence training and workers' attitudes and beliefs?

2. Methods

To answer the questions outlined above, this study employs an exploratory, quantitative research design utilizing a convenience sample.

2.1. Sample

All CPS workers from one small sized Midwestern county were asked to complete a short survey that measured their attitudes and beliefs about the intersection between domestic violence and child abuse as well as their personal and professional experiences with and previous training on domestic violence. These workers came from different parts of the CPS agency including protective investigation, foster care, and family preservation. Services are provided by both state and privatized agencies. Of the 93 staff who received the survey, sixty four (64) workers anonymously responded (69% response rate). These respondents are primarily women (90%) and mostly White (92%) with a mean age of 41 years. At the time of sampling, 87% of these respondents were currently working on the frontline of child welfare service delivery, and the remaining respondents identified as supervisors.

2.2. Measures

The anonymous, confidential survey used is a 41-item survey that queries respondents on demographic information, prior domestic violence training, their beliefs about domestic violence and the intersection of domestic violence and child abuse, and their professional and personal experiences with domestic violence. Please see Appendix A for the entire survey used in this study.

Beliefs about domestic violence and child abuse: These questions were adapted from a previous study that queried practitioners and researchers about their beliefs on domestic violence (Worden, Carlson, Postmus, & Ryn, 1999). Using a 4-point Likert scale, respondents were asked their degree of agreement or disagreement with each statement. Sample items include "The prevalence of domestic violence is due to sexism in our society," "Much domestic violence is caused by drugs and alcohol," "Some women who are