

# Identifying Domestic Violence in Child Abuse and Neglect Investigations

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## Abstract

This study's primary objective was to evaluate the implementation and effectiveness of a domestic violence questionnaire introduced as a component of child abuse/neglect investigations by New York City Child Welfare Administration caseworkers. In addition, the study sought to identify the beneficial outcomes and obstacles to the implementation of the domestic violence questionnaire.

In-depth interviews were conducted with a voluntary sample of fifteen caseworkers, supervisors and administrators to solicit opinions and attitudes regarding the implementation and utilization of the domestic violence questionnaire. Case record data routinely collected by caseworkers as they carried out child protective service investigations provided additional qualitative information as well as quantitative data. 724 cases were received during the six months the questionnaire was implemented in one geographic area in New York City.

The domestic violence questionnaire resulted in a 100% increase in the number of battered women identified during child maltreatment investigations. The interview data revealed a range of feelings and opinions which were grouped into six categories: workload, characteristics of families in which battering occurs, the questionnaire document, training, service delivery, and roles and responsibilities. Although resistance to the implementation of the questionnaire was revealed, the interviewees generally conveyed a willingness to comply and complete the questionnaire as well as a sense of responsibility to provide services to combat domestic violence. Many of those interviewed tried to convey how difficult the job of child protective work is. Most respondents believed their number one mandate was to protect the child and questioned the role of identifying domestic violence in protecting children. The questions of how child protective workers should assess and intervene with domestic violence are complex and lead to an examination of the mission of child protective service agencies.

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## **Introduction**

The recognition of child abuse as a modern social problem occurred in the 1960's, while the acknowledgement of the problem of woman abuse emerged in the 1970's. For the most part social activists, social scientists, and social workers have focused on either the problem of child abuse or the problem of woman abuse. Very few efforts have centered on the coexistence of these two problems.

Child abuse and woman abuse are the most common as well as the most dangerous types of violence in America. A battered woman is almost three times more likely than other victims of assault to experience serial victimization (Klaus & Rand, 1984); domestic battering is the major cause of injury to women (Stark & Flitcraft, 1988); the rate of victimization by an intimate is ten times greater for women than for men (Bachman, 1994); and more than three children die each day from child abuse or neglect (McCurdy & Daro, 1993).

The need for child welfare workers to identify battered women in homes where they are conducting child abuse or neglect investigations emerges from two issues. First, data increasingly point to the prevalence of woman abuse in families where there is suspected child abuse or neglect ("The Social Issue"). Second, evidence from child welfare practice which points to a narrow interpretation of "in the best interests of the child" which often works against the needs of battered women ("The Institutional Issue").

This project sought to assist battered women in homes where there was suspected child maltreatment ("The Social Issue") through changes in policy and practice in a child welfare agency ("The Institutional Issue"). Specifically, Child Protective Service Workers in one area of New York City were provided intensive training then required to assess for woman abuse as a component of child abuse/neglect investigations. This paper reports on the implementation and evaluation of that project. First, the social issue and the institutional issue are explored in greater depth.

## **The Social Issue**

A variety of methodologies have been used to learn the extent of the coexistence of child abuse or neglect with woman abuse. These approaches have ranged from case studies and surveys of clinical populations to large scale random samples of the population and cross-national comparisons. While the quality of these studies has varied, together they paint a vivid picture of a serious problem.

The fact that child maltreatment has been identified as a social problem longer than has woman abuse has resulted in more research and evaluation efforts. Since 1974 the federal government has funded several large research studies which investigated the efficacy of treatment and prevention for child maltreatment. In three of these studies, the investigators reported the families' major presenting problems in addition to findings concerning child maltreatment. The

percentage of families reporting spouse abuse as a major problem ranged from 11% in a 1977 study (N = 1686 families) (Berkley Planning Associates, 1977) to 42% in a 1982 investigation (N = 903 families) (Berkley Planning Associates, 1983). In these families where there was substantiated child maltreatment, woman abuse was also present and acknowledged.

Exploring woman abuse as a factor in child maltreatment, Stark and Flitcraft (1988) examined the medical records of children in a hospital and suspected of being abused or neglected. Forty-five percent of the mothers of the 116 children seen had medical histories that indicated or were suggestive of woman abuse. The medical records of these battered women showed that over their lifetimes they had, on average, come to the hospital 4.2 times as a result of trauma. Further, in homes where the mother was battered, the percentage of children removed from the home was significantly higher when compared to non-battered mothers.

Stark and Flitcraft's study was replicated by McKibben, De Vos, and Newberger (1991) at Boston City Hospital. These researchers found that 59.4 percent of mothers of abused or neglected children had medical records which suggested they had been battered by their partners.

This incidence of woman abuse was significantly greater than in a matched sample of mothers of non-abused! non-neglected children. Thus, in a medical setting where the most injurious forms of child abuse or neglect would be seen, a high incidence of woman abuse appeared to coexist.

The most severe form of non-accidental injury to a child is death. In 32 states fatality review committees investigate deaths of children who have been reported to or involved with child protective services. In New York City, the Child Welfare Administration (CWA) operates a Child Fatality Review Panel with a similar mission. The CWA Fatality Review Panel reported that in 39.8% of the child deaths investigated between 1990 and 1993, the mother was being abused by a partner (Child Fatality Review Panel, 1993). Domestic violence was most closely associated with child homicide deaths, as opposed to accident, suicide, natural or undetermined causes of death; 55.6 percent of the families where there was a child homicide had a documented history of domestic violence in the four years preceding the fatality (Child Fatality Review Panel, 1993).

Family violence was found to be one of the factors that contributed to the re-entry of abused and neglected children into the child welfare system following an unsuccessful family reunification. Hess, Folaron and Jefferson (1992) found that in 56% (35) of the 62 cases studied, family violence was identified by the research team. However, in the majority of these 35 cases, family violence had either not been identified by professionals serving the family or adequate services had not been provided to address the woman abuse. Thus, children were returned to homes where the co-existence of family violence with child abuse and neglect placed them at risk and contributed to their re-entry into care.

Studies from the field of child welfare have consistently found a relationship between woman abuse and child abuse or neglect. These problems were found to co-exist even though the studies involved different populations, settings, and methodologies. The literature from research on woman abuse provides further confirmatory evidence of the co-existence of these problems.

One of the earliest studies into the experience of battered women found that 37 percent had abused their children while 54 percent of their batterers had been abusive toward their children

(Gayford, 1975). These data were gathered from women residing in a battered women's shelter in Great Britain. Similarly, in a survey of 1000 women who responded to local and national advertisements, 70% of the 543 women who had children reported that the man who battered them had also abused their children (Bowker, Arvitell, & McFerron, 1988). Other surveys of battered women have found similar incidence rates of child abuse. For example, 56 percent of Giles-Sims' (1985) sample of battered women recounted using violence against their children. These battered women reported that 63% of their abusive partners had engaged in child abuse. Significant in Giles-Sims' study was the finding that the abuse toward children was six times more frequent from abusive men than from battered women.

The only studies of the co-existence of woman abuse and child abuse which have not involved clinically identified samples have been conducted by Straus and his colleagues (e.g. Straus, Gelles, & Steinmetz, 1980). In their first survey in 1975, 2143 American families were randomly selected and interviewed. Straus, Gelles, and Steinmetz constructed various indices out of this interview data; relevant to our discussion here are the scale of "ordinary violence" and the measure of "severe violence." "Ordinary violence" includes pushing, slapping shoving, throwing things, and physical punishment of children but no other forms of violence. "Severe violence" on the other hand, includes other acts (e.g. punching, threatening with a weapon, etc.) which are likely to cause injury. "Severe violence" includes child abuse and woman abuse.

Straus' (1983) data indicates that 10 percent of women who were not battered reported having abused their children. The child abuse rate for mothers who had been abused by their partners was double that of non-battered mothers. For women who experienced "ordinary violence" from their husbands, about 25% recounted abuse toward their children. For women who were battered once or twice in the previous year, over 40% reported having engaged in child abuse; for women who experienced more frequent assaults from their partners, about 25% abused their children.

Straus (1983) also collected data on the rate of child abuse by men who did and did not batter their wives. For men who did not engage in spouse abuse, 7% admitted to having abused their children. This rate of child abuse remains fairly constant for men who perpetrated "ordinary violence" and up to two incidents of abuse toward their wives. For men who battered their wives three or more times, the rate of child abuse is almost double that of battered women, nearly 50%.

From Straus' national data, it appears that in those families where women are subjected to ~ny violence, the rate of child abuse is double that of families where there is no violence. When the woman abuse becomes more severe and more frequent, the rate of child abuse also seems to double.

While it is recognized that there are substantial differences in the antecedents, behavior, and consequences of child abuse as opposed to child neglect (Coohey, 1996; Pecora, Whittaker, Maluccio, Barth & Plotnick, 1992), the literature cited above often fails to make this distinction. The trend in the studies cited was to focus on child abuse. It appears that our knowledge of the coexistence of woman abuse with child maltreatment is not yet at the point where this more focused, and more useful, distinction can be made.

The data from both clinical samples and from nationally representative random samples suggests that the problems of woman abuse and child abuse or neglect co-exist in many American households. It appears that as abuse becomes more severe and frequent, whether it be child abuse

or woman abuse, the likelihood of a severe form of the other type of abuse co-existing increases. The above data suggest that in the population of abused and neglected children anywhere from 11% to 45% will have mothers who are being abused. Based on the fact that there were 992,617 substantiated cases of abuse and neglect in 1993 (United States Advisory Board on Child Abuse and Neglect, 1995) this means that between 109,000 and ~6,000 children will be in homes where there is both child abuse or neglect and woman abuse. In the population of abused women, anywhere from 37% to 63% will have abused or neglected children. Furthermore, it has been estimated that each year at least 3.3 million children may witness woman abuse (Carlson, 1984).

### **Child witness to domestic violence**

The overlap between child abuse and woman abuse necessitates that child welfare personnel, as well as others who work with children, be trained to assess the presence or absence of woman abuse (Hughes, Parkinson, & Vargo, 1989). There is considerable evidence that some children who witness their mothers being abused experience a variety of adverse outcomes (Rosenberg & Rossman, 1984). The effect of children witnessing abuse directed at their mothers has been studied, at least to some degree, since the early 1980's.

A number of studies have reported a panoply of responses on the part of child witnesses to domestic violence. For example, Pfouts, Schopler and Henley (1982) studied 25 children who witnessed their mothers being abused; 53% acted out with parents, 60% with siblings, 30% with peers, 33% with teachers; 16% had appeared in juvenile court, 20% were labeled truant, 58% were below average or failing in school; caseworkers labelled 40% as anxious and 48% as depressed. Penfold (1982) and Westra and Martin (1981) described children as possibly developing hearing, speech and learning difficulties. Roy (1988) hypothesized that teenagers who had been or were witnesses might turn to alcohol and drug abuse. Rosenberg and Rossman (1984) stated that child witnesses did poorly on measures testing their understanding of social situations and thoughts and feelings of others. Similarly, Shephard's (1992) study of 26 children, 3 years and older, documented child adjustment problems in a population of children of battered women. Saunders (1994), reviewing the literature on child witnesses to domestic violence divided the problems experienced by children into two groups (1) internalized problems such as withdrawn or anxious behavior and (2) externalized problems such as aggression and delinquency.

Studies which have compared child witnesses to domestic violence with other children have been reported less frequently. Hershorn and Rosenbaum (1985) presented the results of a study of the eight to ten year old children of 45 women divided into three groups: those who were married and battered, not battered but in a marriage of marital discord, and not battered with a satisfactory marriage. "Both marital violence and nonviolent marital discord were found to be related to behavioral and emotional problems in witnessing children" (p. 260). Similarly, Jaffe, Wolfe, Wilson and Zak (1986) found that 75% of the children of battered women in their study exhibited clinically significant behavioral problems compared to 13% in the control group.

Hughes, Parkinson and Vargo (1989) studied 40 children who were both witnesses to the violence directed at their mothers and abused themselves. Their findings indicated that abused/witness children exhibited more distress (on the Child Behavior Checklist, Achenbach & Edelbrock, 1983) than the control group. Using the notion of "cumulative stressors", these authors suggest that witnessing and experiencing abuse tax the children's resources beyond their

ability to cope.

There are numerous methodological and conceptual problems with the research on child witnesses. Most notably the studies failed to examine strengths, resources, or optimal coping on the part of child witnesses to domestic violence. In addition, the studies also rarely used a random sample, often over-relied on self-report, and frequently were of too limited a number of subjects to offer results or insights that are generalizable. However, each study raises a line of inquiry appropriate for child welfare workers to explore on a case by case basis, and offers direction for further research.

### **The Institutional Problem**

In examining the literature on family violence there is what Martin (1983) calls "an interesting division of labor" (p. 293). Men are described as the perpetrators of woman abuse while women are traditionally viewed as responsible for child abuse and neglect. While there is clear evidence that a significant proportion of abusive and neglectful parents are male (44.1% according to the American Humane Association, 1988) mothers are often viewed as being complicit in allowing children to be abused, neglected, or witness their mothers' own abuse (Stark & Flitcraft, 1988). A recent report by the National Council of Juvenile and Family Court Judges declared that the double standard found in child protection and custody cases, including failure to protect cases, is exacerbated when the mother is a victim of abuse. Citing numerous examples from case law, the report indicated that mothers are often prosecuted without a full recognition of the issues involved in woman abuse (Davis, 1995). Complicating a well-balanced judicial response is the fact that nationally many child protective service workers are untrained in domestic violence.

The separate historical development and delivery of services in child welfare and services to battered woman has been compounded by different philosophies, different professional terminologies, and even the value placed on different outcomes (Schechter & Edleson, 1994). These differences have led to a failure to recognize that efforts were often focused on the same family. Cummings and Mooney (1988) point out that while child protective service workers and battered women's advocates both "...share an interest in stopping the violence, their perspectives and approaches are frequently in conflict" (p. 4). Battered women's advocates usually adopt a woman-centered approach with the goal of empowering women. Child protective service agencies, on the other hand typically adopt a child-centered approach and follow the principle of working "in the best interests" of the child." Straus (1983) argues that because of the need for emergency intervention to be given immediately, there is some justification for separating out services to battered women from assistance to abused children.

Often the principle of "best interests of children" is translated into an assessment of who can keep the child safe and promote his or her well-being. These assessments are often conducted in relatively brief time-frames, typically with less than cooperative respondents. A greater responsibility for protecting the child is usually imposed on mothers than on fathers (Davis, 1995). Compounding these difficulties is the fact that the mother's own safety is typically not assessed.

While there have been advances in the reliability and validity of risk assessments utilized in child

protective services these data are equivocal (Camasso & Jagannathan, 1995; DePanfilis, 1996; Lyons, Doueck, & Wodarski, 1996; Ruscio, 1998). Furthermore, many risk indices do not screen parents for the presence of woman abuse (Nelson, 1984). The use of risk assessments which do make minimal inquires regarding woman abuse is compounded by the lack of training and absence of policies regarding the coexistence of woman abuse and child maltreatment. If child protective service workers do not have the knowledge and skill to assess woman abuse safely, there is the potential that asking the questions could cause greater harm to women and children. Furthermore, if agency policies do not promote the integration of services to battered women and their children, child protective service workers may be reluctant to assess for domestic violence. While a specialized questionnaire was developed and tested in this study, the ultimate goal of this project was for questions, training, and policy in the area of domestic violence to be integrated into the practice of child protective services.

There are many potential negative outcomes that can result from the failure of child welfare workers to understand the coexistence of woman abuse and child abuse. For example, the mother may be mandated to have contact with her abusive partner (McKay, 1994). In some cases, because of child custody issues, even when the battering has been acknowledged and legally documented, visitation orders between children and the mother's partner are enforced increasing the woman's exposure to danger (Hofford, 1995). Shepard (1987) found, "60% of women reported ongoing psychological abuse in the form of threats and intimidation, often involving mutual children, after legal intervention and counseling had taken place" (p. 357). In other cases, if the mother fears her partner more than she fears the consequences of not meeting a protective service mandate, she may stay with her abuser. Remaining in an abusive home often appears to CPS as "imminent danger" and can result in the removal of the abused woman's children. One consequence of the children's removal is the further isolation of the battered woman and an increased risk for woman abuse. The end result can be that children are unnecessarily removed from their homes, women are placed at greater risk for battering, and mothers are charged with failure to protect their children. On the other hand, if the principle of "imminent danger" includes keeping mothers safe, a much different outcome could result. The practice of assuming that the needs of battered women and their abused or neglected children are in conflict is "false but.. rarely challenged" (Schechter & Edleson, 1995, p. 4). Changes in policy and practice coupled with training of public child welfare workers can challenge this assumption and lead to interventions which assist both battered women and their children.

The covert belief that battered women need corrective intervention to be good parents is borne out in the recent work by Davis and Srinivasan (1995). Data from 9 focus groups of women in battered women's shelters indicated that some women believed the shelter placed a greater emphasis on parenting skills than on issues of being battered. This overemphasis on parenting issues by shelter staff is likely even more pronounced by child welfare workers whose traditional focus has been on children.

This difference in approach between child protective service workers and advocates for battered women parallels the historic tension between rescuing the child and saving the family within the field of child welfare. The recent trend toward a family-centered focus in child welfare has been an attempt to bridge these conflicting ideologies and most likely has been one of the factors contributing to the increased attention to domestic violence by professionals serving children and their families. Similarly, the efforts undertaken in the project reported in this paper brought

together the competing ideologies and theories of battered women's advocates and child protective service workers.

### **The New York City Child Welfare Agency Domestic Violence Questionnaire**

In New York City in 1993, a task force formed by the President of the Borough of Manhattan and a City Council Member released a report entitled *Behind Closed Doors: The City's Response to Family Violence*. This report contained several recommendations regarding how the child welfare system should respond to domestic violence. Among the recommendations were that all Child Welfare Agency Protective/Diagnostic (CPS) workers receive training in the area of family violence. In addition, the task force recommended the development and implementation of a new child protective service domestic violence questionnaire to assist child welfare workers in identifying and providing services to battered women (Task Force on Family Violence, 1993). The existing risk assessment document did not have questions regarding domestic violence; while a special questionnaire for assessing domestic violence did exist within the agency this questionnaire was unknown to many workers and was only to be used when the child maltreatment report specifically mentioned domestic violence. As a result the existing domestic violence questionnaire was utilized in less than 1% of all child maltreatment investigations.

As a result, the New York City Child Welfare Administration (CWA, now known as the Administration for Children's Services) developed a new domestic violence questionnaire. This new questionnaire was piloted in one service area of the agency referred to as Zone C. Zone C incorporated a range of neighborhoods, ethnic and racial groups, and socio-economic classes. Caseworkers, Supervisors, and Administrators in Zone C received specialized training on domestic violence as well as on the use of the questionnaire.

Caseworkers in CWA Zone C were required to complete the domestic violence questionnaire on all child protective investigations assigned during the six month pilot test. The questionnaire contained a series of questions about the characteristics of the adult companion relationship and required the caseworker to assess the adult relationship, the risk to children, and the ability of the parent to protect the children. Upon completion of the questionnaire caseworkers indicated the actions taken when domestic violence was found to exist in the relationship. The 26 items on the domestic violence questionnaire can be found in the appendix to this paper.

### **The Zone C evaluation**

An evaluation of the efficacy and replicability of the domestic violence questionnaire was conducted using data collected from two sources: 1) Child Welfare Administration case records and 2) in-depth interviews with a voluntary sample of Zone C staff. Several questions guided the evaluation of the questionnaire. First, was the new domestic violence questionnaire implemented in a consistent manner by caseworkers? Second, was the questionnaire sensitive enough to detect domestic violence? Third, how did the use of the questionnaire affect caseworker practice? Fourth, what individual or institutional factors affected the implementation and utilization of the domestic violence questionnaire? No assumptions were made about the criteria for an effective implementation of the domestic violence questionnaire. While it was hoped that the new

questionnaire would, to a much greater extent than had happened previously assist caseworkers in identifying and providing services to battered women, the absence of a priori assumptions allowed for the description of negative effects and consequences.

It was beyond the scope of the evaluation to collect data for causal inferences, the case records provided quantitative data from which the effects of implementing the questionnaire could be examined. First, the questionnaire was inspected to see if it had been completed. Second, data on the demographic characteristics of the family as well as individual responses to domestic violence questionnaire items were collected. Finally, the narrative sections of the case records were reviewed to determine if the information was consistent with that reported on the domestic violence questionnaire.

Fifteen Child Welfare Administration caseworkers, supervisors, and administrators were interviewed, regarding their perceptions of the implementation and utilization of the new Domestic Violence Questionnaire. The interviewees were asked questions regarding their knowledge of the causes of child abuse/neglect and woman abuse; and of existing services to women and children; their attitudes toward domestic violence and toward the questionnaire document; their perception of the role of CPS workers', and suggestions, if any, regarding revision of the questionnaire. Transcripts of the in-depth interviews were content analyzed and provided a rich source of information on the implementation and utilization of the domestic violence questionnaire.

## **Results**

### **Case record data**

During the six-month pilot test of the domestic violence questionnaire 724 new cases were received in Zone C. Over half the cases (57%) came from reports to the State Central Registry. A sample of these cases (N = 267) were read to evaluate whether and with what results the domestic violence questionnaire had been implemented. Of these 267 cases, 60 (23%) of the child abuse or neglect allegations were substantiated.

Based on the case record review it was determined that in over three-quarters (78.3%) of the cases the caseworkers had completed the new domestic violence questionnaire. The reasons for incomplete or absent questionnaires in the case records were varied and included the mother's unwillingness to answer questions as well as the caseworker forgetting to complete the form. However, the case record data are consistent with the interview data (see below) in confirming that caseworkers did comply with the mandate to utilize the domestic violence questionnaire.

The first question on the domestic violence questionnaire asked the respondent if she was currently in a relationship or had been in a relationship within the past 6 months. In the 267 cases in which records were reviewed 125 indicated they were currently in a relationship or had been within the past 6 months. We believe this is likely a low estimate (i.e., a somewhat unreliable figure) given the involuntary nature of the contact between the caseworker and the respondent. Of those 125 women, forty-eight (38%) of the women identified their partners as their husband,

62 (50%) identified the companion as a boyfriend and 13 were not currently in a relationship but had been within the past 6 months. Data collected in these 125 cases were used to evaluate the implementation and effects of the domestic violence questionnaire.

In 35 (28.0%) of the 125 cases in the sample, the caseworker determined that there was domestic violence in the household. In about half of these cases (n= 17) an allegation of domestic violence had been included on the report to the State Central Registry and was also identified through the use of the domestic violence questionnaire. In the other 18 cases the caseworker identified the presence of domestic violence through the use of the questionnaire. Thus, the questionnaire was effective in helping caseworkers identify households where women were being abused.

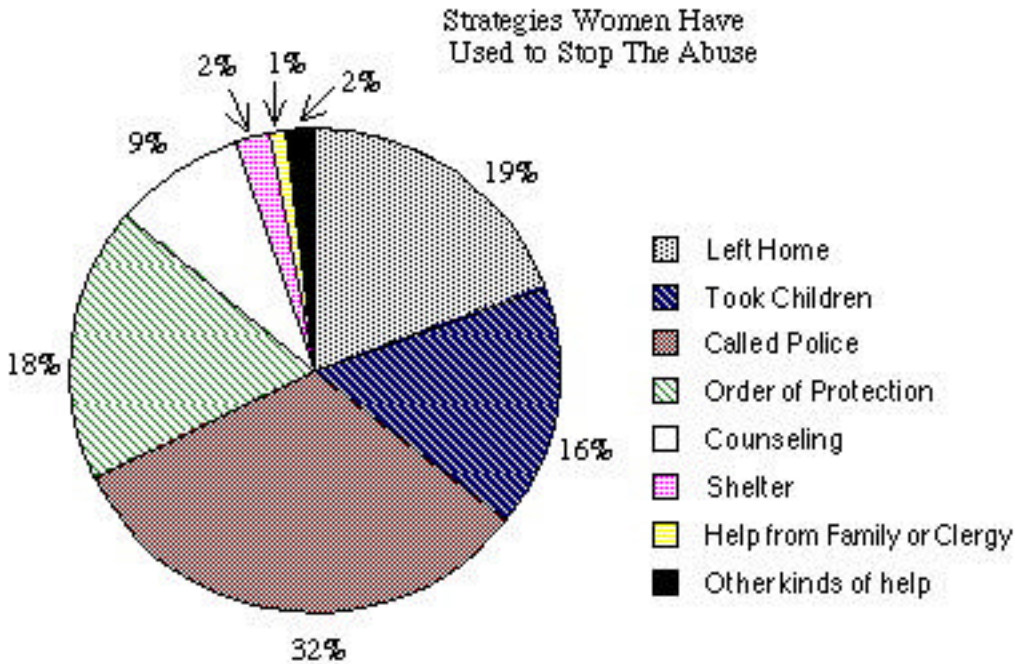
### **The Children**

Several questions on the domestic violence questionnaire helped the caseworker assess the risk domestic violence posed to the children in the household. When asked where the children were during fights, most respondents who answered this question responded "in bed" (60.4%), followed by "in the room" (28.3%), and "out of the house" (11.1%). While the majority of the respondents indicated that children were in the house during fights only a small number reported the reaction of their children to the fights. Specifically 14 respondents stated that their children were frightened by the fights and two reported that their children interceded in the fighting. Five parents reported that their children were afraid to leave their mother. The remaining parents (n = 14) did not report that their children reacted to the fighting in any manner. This suggests that respondents may minimize or may not understand the effect of violence on the lives of their children or perhaps that domestic violence does not directly affect some children.

One potentially negative side effect of the new domestic violence questionnaire was that Caseworkers could have identified more children at imminent risk solely on the basis of being exposed to domestic violence. This identification of imminent risk could have resulted in children being removed from their houses unnecessarily. However, caseworkers assessed only a small number of children at imminent risk from domestic violence (N=5) or believed that the mother was unable to protect their children. In four cases out of the 35 cases where domestic violence was identified children were removed from the home. A total of 14 children out of the 267 case records examined were removed from their homes because of imminent risk. The emergency removal of children and the uncovering of domestic violence were statistically unrelated,  $\chi^2(1 N =267) = 1.63, p = .20$ .

### **Actions Taken**

Many of the clients reported that they had taken action to deal with the domestic violence they experienced; most had used multiple strategies to stop the abuse (see figure 1).



The most common strategies were to call the police or leave home. On the other hand, at least two of the respondents had engaged in no action to stop the abuse.

Caseworkers offered a variety of services to help victims of domestic violence. For example, seventeen families were referred to purchased preventative services (PPRS) and six families were provided assistance obtaining an order of protection. A number of other referrals (N=3 1) were made by caseworkers to a host of social service agencies.

### Interview Data

An analysis of the data gathered from 15 interviews with staff revealed a range of feelings and thoughts about the usefulness of the new questionnaire. Issues were raised related to the questionnaire document, workload, worker knowledge, service delivery, and caseworker roles and responsibilities.

**Questionnaire Document** Over half of the interviewees liked the questionnaire indicating it was a good guide to asking questions about domestic violence, a useful tool for conducting thorough investigations, and a helpful instrument for assessing risk to women and children. Two-thirds of the respondents said questions should be asked about domestic violence in all cases. One interviewee was in favor of this policy because "lots of times it's hidden and if the worker doesn't ask about it, it is missed". Only two respondents had a generally negative attitude toward the domestic violence questionnaire. Workers interviewed stated that a benefit in the use of the questionnaire was that there were some clients who disclosed domestic violence, who would not have self-disclosed voluntarily if the questions had not been asked. Another reported benefit of

the questionnaire was that once domestic violence was identified, help could be offered to parents and children.

In terms of the wording of the document, several concerns were articulated. Over half the respondents felt the questions were too direct and that both clients and caseworkers were intimidated by parts of the document. One question in particular was identified as being personal and intrusive, namely, "Has your companion forced you to have sex?" Respondents noted that male workers felt particularly uncomfortable asking female clients this question. To resolve this, one supervisor reported allowing a female worker to accompany a male co-worker for purposes of assisting with the completion of the questionnaire.

Other suggestions commonly mentioned were to shorten the 26 item questionnaire and to tone down the harshness of the questions. "Integrating the questions into your regular casework practice and filling out the form in the office" was one worker's suggestion. Another worker viewed the questionnaire as a guide for asking questions about domestic violence, rather than as a questionnaire. Three workers suggested that a domestic violence assessment should be addressed at subsequent visits, only after the worker had established rapport with the client. One respondent maintained that the questionnaire needed to be culturally sensitive and suggested that input should be obtained from different cultural groups--implying that clients from some cultures might object to certain questions.

**Workload** Two-thirds of those interviewed stated that the questionnaire should be used in all investigations. However, seven of the interviewees felt the new questionnaire was a time-consuming and unwelcome task which contributed to the overwhelming amount of paperwork in CWA. A suggestion was made that in order to enforce the use of the questionnaire, it should be a state mandated document.

There were some reports of hostility toward the questionnaire. These strong feelings stemmed partly from the fact that caseworkers felt that they were not consulted or asked for their input before the questionnaire was developed. Two respondents stated it was "pushed on them". Three (20%) expressed ambivalent feelings, stating that, overall, the questionnaire was good, but its use is unfair to the workers in that it is another in the array of forms they are required to complete in the face of recent staff cutbacks. Two respondents claimed that a separate questionnaire was not necessary simply because they routinely asked questions to assess the existence of domestic violence.

**Worker Knowledge** Four respondents reported that the use of the questionnaire heightened their awareness of domestic violence and the importance of exploring it as a risk factor. One respondent said that using the questionnaire and discovering domestic violence helps in understanding why children are treated the way they are.

The issue of training came up several times. However, suggestions for the types of training needed were varied and not specific. One respondent said training should be available so that the workers' concerns and problems could be heard and supported. Another said that training should be given in how and when to ask the questions. Training on how the questionnaire will help in the assessment process was also perceived as necessary or, as one worker stated, "Train them to buy into it."

In response to a question about the causes of domestic violence, a majority of staff indicated a basic knowledge about the dynamics of domestic violence. Many of the workers interviewed indicated that domestic violence has an impact on the children. However four responses exemplified victim-blaming, "some women are very demanding, domineering, and independent" or conversely, "some women are passive; they allow it; whatever he wants, she accepts or gives in to." These four responses suggest the need for on-going staff training around the causes and dynamics of domestic violence.

**Service Delivery** With regard to the provision of services to families in which domestic violence and child abuse/neglect co-existed, all of those interviewed said it was their responsibility to arrange for services. Some of the commonly mentioned service referrals were battered women's shelters, the court for orders of protection for the woman, and preventive services (PPRS) for individual and family counseling.

Several obstacles to service delivery were also identified during staff interviews. Common complaints included the paucity of battered women's shelters (requiring some women and children to be sent to homeless shelters) and no services for the batterers. One caseworker summed up the lack of available programs and resources saying "It's frustrating when we spend time finding out about domestic violence and then we can't find the services." Others emphasized the need to have police back-up to insure worker safety and indicated problems coordinating CWA activities with both the police department and domestic violence shelters. Interestingly, only one interviewee mentioned that there should be more programs for children affected by witnessing domestic violence. Two staff talked about the frustration of helping a woman to extricate herself from family violence, only to return to the batterer. A few workers (N=3) expressed the frustration of working with women who do not want services.

**Roles and Responsibilities** Concerns about the implementation of the pilot questionnaire were also related to the agency's mission and to the perceived roles and responsibilities of child protective workers. The majority of the interviewees stated that their primary responsibility was to evaluate the safety of children and when children are in imminent danger, to remove them from their parent(s). When domestic violence is also a factor, most workers do not perceive a role change--they do not see themselves as battered women's advocates. If the violence is assessed as being less severe, caseworkers reported they make referrals to protect and preserve the family. If the family does not follow through with domestic violence referrals and the children are in danger, the result is removal. First and foremost, the worker's primary focus is on the protection of children.

Six (40%) of the interviewees pointed out that clients, too, are aware of the role of child protective service workers. Clients understand that CWA must address allegations of child abuse and neglect. Two workers said that clients became annoyed about the intrusiveness of the questionnaire and felt that workers had no legal right to ask the questions. Additionally, there were some intimations that domestic violence need not be addressed in all cases in which there are clearly unfounded allegations of child abuse/neglect.

## Conclusions

It is clear that the implementation of a domestic violence questionnaire assisted in the identification of families where women were experiencing domestic violence. In fact through the use of the questionnaire twice as many battered women were identified. While in some cases domestic violence had been reported to the State Central Registry, in a significant portion domestic violence was hidden until the caseworker asked the key questions on the questionnaire. Furthermore, caseworkers were able to fully assess family functioning which may have resulted in more referrals for service but not more emergency removals of children.

Although much staff resistance to the implementation of the questionnaire was described by interview respondents, the interviews generally conveyed staff willingness to comply and complete the questionnaire as well as a sense of responsibility to provide services to combat domestic violence. Some workers' attitudes about domestic violence, including workers' self-awareness, multicultural sensitivity, perception of clients, and expectations of clients were likely an impediment to the identification and provision of services to battered women. Many of those interviewed tried to convey how difficult the job is for child protective service workers. This was illustrated by the many details provided about the nature of their casework.

It is significant to note that nearly all the respondents believed it was their role to address the issue of woman abuse, even though their first priority was to assess the safety of children. Clearly, for those respondents the question is not whether child protective workers should assess for domestic violence but how this should be done. The answer to this question is complex and relates directly to the mission of the agency as well as the role of the worker. One respondent stated, "Workers haven't seen it as their role to address domestic violence specifically, but I think it's their role. It's part of assessing the whole family and determining everyone's service needs."

Another worker recognized the need for understanding the effects of domestic violence on children, yet conveyed the tension this created in the agency's long-standing mission, in noting "So, if they want us to focus more on the woman abuse, then change the agency".

This project was a collaborative effort between a university, a local child welfare agency, and battered women's advocates. While the initial efforts were spearheaded by one advocate, considerable time was spent in educating and connecting with key personnel in the child welfare agency. Once these key personnel were behind the effort then the agency became involved in gaining the cooperation of the workers union. While negotiating with the union the workers' did have some opportunity to comment on the questionnaire. Perhaps pilot-testing the questionnaire with a few workers would have identified some of the implementation difficulties with the questionnaire. However, it is clear that interviewing the workers' at the end of the project provided important information that would have been hidden by the descriptive analysis. Another notable aspect of this project was providing the final report to the workers, union, agency, and advocates.

Bringing together child welfare workers trained in domestic violence, with battered women's advocates and other service providers (e.g. police) should lead to a coordinated community response to domestic violence, as opposed to an individualized agency response. The recent literature on service delivery to battered women has emphasized the need for community responses. This project can be a model for including the public child welfare system in

community wide strategies to combat domestic violence.

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## Appendix

### CPS DOMESTIC VIOLENCE PROTOCOL

(Human Resources Administration Child Welfare Administration)

The following are questions which you should use in your investigation to validate the allegations and assess risk to the children.

#### I. TO VALIDATE ALLEGATIONS OF BATTERING

1. Does your partner ever prevent you from leaving the home, from working or returning to school? YES\_\_\_NO\_\_\_

2. Does your partner destroy possessions or things of value to you?

YES\_\_\_ NO\_\_\_

3. Does your partner monitor your activities or phone calls?

YES\_\_\_ NO\_\_\_

4. Does he accuse you of being unfaithful?

YES\_\_\_ NO\_\_\_

5. Has he ever threatened to commit suicide?

YES\_\_\_ NO\_\_\_

6. Has your partner ever threatened to injure you or kill you?

Regularly\_\_\_ Sometimes\_\_\_ Not often\_\_\_ No\_\_\_

7. Has your partner ever hit you, attacked you with a weapon, forced you to have sex, other  
Regularly\_\_\_ Sometimes\_\_\_ Not often\_\_\_ No\_\_\_

#### II. ASSESSMENT OF RISK TO THE CHILD(REN)

1. Has your partner ever threatened to hurt, kill or remove the children from the home?

YES\_\_\_ NO \_\_\_

If yes, how often?

2. Have your children ever witnessed your partner hit you? YES\_\_\_ NO \_\_\_

How Often? Regularly\_\_\_ Sometimes\_\_\_ Not often\_\_\_ No \_\_\_

3. Has your partner hit your child(ren) with belts, straps or other objects which have left marks, bruises, welts, or other serious injuries?

YES\_\_\_ NO\_\_\_

4. Has your partner touched your child in a way that made you or your child uncomfortable?

YES\_\_\_ NO\_\_\_

5 Does your child attend school regularly?

YES\_\_\_ NO\_\_\_

6. Do the teachers complain about your child(ren)'s behavior at school? (fighting, destroying property, not paying attention in class, or withdrawn)

YES\_\_\_ NO\_\_\_

7. Does your child(ren)'s behavior remind you or your partner?

YES\_\_\_ NO\_\_\_

If yes: describe:

8. Do you find you have to use physical punishment to get your child(ren) to behave?

YES\_\_\_ NO\_\_\_

If yes: describe:

9. Does your child ever try to hurt him/herself, pets, or destroy possessions?

YES\_\_\_ NO\_\_\_

10. Is your child anxious and fearful of leaving you?

YES\_\_\_ NO\_\_\_

### III. ASSESSMENT OF PARENT/CARETAKER'S ABILITY TO PROTECT CHILD(REN)

1. Have you ever left home as a result of abuse?

YES\_\_\_ NO\_\_\_

If not, why?

If yes, when? Where?

2. Have you taken the child(ren) with you?

YES\_\_\_ NO\_\_\_

If not, why?

3. Have the police ever been called for assistance?

YES\_\_\_ NO\_\_\_

If yes, what precinct?

4. Have you ever gone to court to get an order of protection against your partner?

YES\_\_\_ NO\_\_\_

If not, why?

5. Do you want assistance from CWA in seeking a temporary

battered women's emergency residence, court order of protection or other services for you and your child(ren)?

YES\_\_\_ NO\_\_\_

If not, why?

#### IV. CASEWORKER ASSESSMENT

1. The children are at risk if the parent answers "YES" to any of the following questions: Section I, questions 6,7, and/or Section II, questions 1,3.

Actions: Assess imminent risk to the children. If children are at risk from the batterer, assist parent to obtain temporary emergency residence or court order of protection. if the parent/caretaker refuses or is unable to accept necessary services to protect the children or is responsible for abusing the children: Follow procedure to remove children immediately.

2. If the allegations are indicated and the children are not at risk of physical injuries but exhibit serious emotional/behavioral difficulties:

Actions: Discuss your observations and assessment with the parent/ caretaker then refer to battered women's emergency residence or domestic violence counseling services for her and the children. If parent/caretaker refuses needed services for children: Request case conference with Supervisor regarding other approaches.

3. If the allegations of domestic violence and/or risk to the child(ren) is not clear because you believe the victim and/or family members are not responding to the questions truthfully:

Actions: Request case conference with Supervisor.

V. ACTIONS TAKEN (Reminder: on all cases, contact Precinct Youth Officer for additional information, if available.) Based on your assessment what actions have you taken?