



Child welfare professionals' responses to domestic violence exposure among children

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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.

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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

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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, Laverger, 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

domestic violence and child maltreatment were classified under the maltreatment type of neglect as failure to protect. Similarly, Kohl, Edleson, English and Barth (2005) found in a nationally representative sample of child welfare cases that families with active domestic violence were substantiated for child maltreatment at higher rates than others, but the presence of domestic violence did not contribute strongly to the workers' decision making. In addition, the categories of maltreatment for which families were substantiated were not different between those with or without domestic violence. What Kohl et al. (2005) did find was that families with co-occurring domestic violence and child maltreatment often had high levels of cumulative risks present, and children in families with the highest level of cumulative risk were 10 times more likely to be placed into foster care than children in families assessed with low levels of risk.

1.5. Current study

The above findings acknowledge that large numbers of children in child welfare caseloads live in families where adult domestic violence is present. Efforts to improve identification, assessment and intervention with these families are underway. The purpose of this study was to explore the issue of how child welfare professionals assess exposure to domestic violence. Specifically, the project examined how child welfare professionals would use information generated by administering a structured assessment tool, the CEDV, in their practice.

One hundred fifty-two child welfare professionals were surveyed in a midwestern state using CEDV items on the level of violence the child reports in his or her home and how involved he or she reported being in violent events. In addition, child welfare professionals were asked how they might use the information they gathered from administering the CEDV to determine risk and provision of services. Thus, the guiding research questions of this study were:

- (1) Are varying levels of adult domestic violence in the home and child involvement in such violence weighted differently in child welfare professionals' assessments of risk?
- (2) In what ways does information on a child's exposure to and involvement in domestic violence affect how child welfare professionals report they would provide services to this child and his or her family? and
- (3) In what ways would child welfare professionals use the CEDV in their day-to-day decision making?

The following sections of this article describe the methods used in this survey, the results and the meaning of these results for child welfare practice with exposed children and their families.

2. Method

2.1. Sampling procedures

The survey population for this study included child welfare professionals in a midwestern state. The principal investigators attended a monthly meeting with county child welfare directors in the state where they presented the study, solicited participation and requested e-mail addresses of child welfare professionals who would participate in an online survey. A follow-up e-mail was sent to all county directors explaining the purposes of the study and asking for county participation including the e-mail addresses for professionals in each agency.

Twenty county agencies (23% of the state's counties) agreed to participate and provided the e-mail addresses for child welfare professionals in their agencies. In total, 288 e-mail addresses, approximately 33% child welfare professionals in those 20 counties, were collected. All of these child welfare professionals were sent an electronic invitation to complete a 20-minute online survey about a new assessment tool for children exposed to domestic violence. The survey

was explained, and they were reassured that their information and responses would be anonymous. Participants were sent four reminder e-mails to complete the survey over the following five weeks. A total of 152 child welfare professionals (52.8% of 288 invited) consented to and completed the survey online, an additional 10 went online but did not consent to participate after reading the informed consent information and two provided incomplete answers to the survey.

2.2. Sample description

A total of 152 respondents' answers were included in the final analyses. As seen in Table 1 below, all of the 152 child welfare professionals completing the survey had direct contact with children and families. Nearly 74% ($n = 112$) of the respondents were female and 26% ($n = 40$) were male. In terms of education, 61.8% ($n = 94$) reported they had earned a four year college degree and 36.8% ($n = 56$) had earned a Master's degree. Questioned about their job category, 16.4% ($n = 25$) reported being in investigation/assessment, 14.5% ($n = 22$) in ongoing family intervention, 11.8% ($n = 18$) as generalist workers for child welfare, and 10.5% ($n = 16$) identified themselves as alternative

Table 1
Demographic characteristics of the participants ($n = 152$).

Variable	%	<i>n</i>	Mean	SD
Gender				
Male	26.3%	40		
Female	73.7%	112		
Education				
AA or 2 year degree	.7%	1		
Four year degree	61.8%	94		
Master's degree	36.8%	56		
Doctoral degree	.7%	1		
Job category				
Adult mental health worker	0.0%	0		
Alternative response/family assessment	14.5%	25		
Child mental health worker	4.6%	7		
Foster and kinship worker	2.0%	3		
Generalist worker for child welfare	11.8%	18		
Generalist worker for all social service cases	4.6%	7		
ICWA worker	0.0%	0		
Intake/referrals	5.3%	8		
Investigation/assessment	16.4%	25		
Ongoing family intervention	14.5%	22		
Permanency worker	.7%	1		
Youth worker (adolescent services)	4.6%	7		
Other	7.2%	11		
Missing/no response	13.8%	21		
Job position				
Worker	88.2%	134		
Supervisor	11.2%	17		
Missing/no response	.7%	1		
Length of time employed in child welfare			12.16	8.79
Length of time employed in current position			6.56	5.87
Completed child welfare training specific to DV				
Yes	49.3%	75		
No	25.0%	38		
Missing/no response	25.7%	39		
Other domestic violence experience ^a				
Personal experience	16.4%	25		
Friend or family member experienced domestic violence	43.4%	66		
Volunteer work at a domestic violence agency or shelter	16.4%	25		
Paid employment at a domestic violence agency or shelter	9.9%	15		
None	27.0%	41		
Other	10.5%	16		
Missing/no response	13.6%	21		

^a Multiple responses are presented for other domestic violence experience; therefore, percentage will not add up to 100%.

Table 2
Frequency, mean, SD, and *t*-test of CEDV subscales (*n* = 152).

CEDV variable	Not at all important (%)	Slightly (%)	Somewhat important (%)	Quite a bit (%)	Very important (%)	Mean (SD)
<i>Level of violence</i>						
V-1. Adults in your family disagree	6 (3.9)	31 (20.4)	56 (36.8)	38 (25.0)	20 (13.22)	3.23 (1.05)
V-2. Mom's partner hurt her feelings	3 (2.0)	6 (3.9)	24 (15.8)	49 (32.2)	70 (46.1)	4.16 (.97)
V-3. Mom's partner stopped her from doing something	4 (2.6)	4 (2.6)	17 (11.2)	44 (28.9)	83 (54.6)	4.30 (.96)
V-4. Mom's partner stopped her from eating/sleeping	4 (2.6)	6 (3.9)	23 (15.1)	36 (23.7)	83 (54.6)	4.24 (1.02)
V-5. Mom and her partner argued about you	2 (1.3)	11 (7.2)	44 (28.9)	55 (36.2)	40 (26.3)	3.79 (0.96)
V-6. Mom's partner hurt pet in the home	5 (3.3)	2 (1.3)	18 (11.8)	43 (28.3)	84 (55.3)	4.31 (0.96)
V-7. Mom's partner broke/destroyed something	4 (2.6)	2 (1.3)	8 (5.3)	40 (26.3)	98 (64.5)	4.49 (0.87)
V-8. Mom's partner hurt her body	4 (2.6)	1 (0.7)	0 (0)	8 (5.3)	139 (91.4)	4.82 (0.71)
V-9. Mom's partner threatened to use weapon	5 (3.3)	0 (0)	1 (0.7)	8 (5.3)	138 (90.8)	4.80 (0.76)
V-10. Mom's partner hurt her with knife, gun, object	4 (2.6)	1 (0.7)	2 (1.3)	6 (3.9)	139 (91.4)	4.81 (0.74)
<i>Level of involvement</i>						
I-1. Yelled at mom and partner during fight	4 (2.6)	5 (3.3)	26 (17.1)	44 (28.9)	72 (47.4)	4.16 (1.00)
I-2. Yelled at mom and partner during fight (same room)	4 (2.6)	4 (2.6)	13 (8.6)	28 (18.4)	102 (67.1)	4.46 (0.95)
I-3. Called for help when partner hurts your mom	4 (2.6)	2 (1.3)	9 (5.9)	30 (19.7)	105 (69.1)	4.53 (0.88)
I-4. Physically tried to stop mom and partner's fight	4 (2.6)	2 (1.3)	1 (0.7)	10 (6.6)	133 (87.5)	4.77 (0.77)
I-5. Partner did something to you to hurt/scare mom	4 (2.6)	1 (0.7)	4 (2.6)	21 (13.8)	121 (79.6)	4.68 (0.80)
I-6. Tried to get away from the fighting	4 (2.6)	3 (2.0)	10 (6.6)	21 (13.8)	113 (74.3)	4.56 (0.91)
I-7. Mom's partner asked you to tell on your mom	8 (5.3)	8 (5.3)	20 (13.2)	68 (44.7)	48 (31.6)	3.92 (1.06)
	<i>M</i> (SD)		Mean difference		<i>t</i>	
Level of violence	4.29 (.68)		-.15		-4.077*	
Level of involvement	4.44 (.78)					

**p* < .001, paired sample *t*-test.

response/family assessment workers. Among the respondents, 88.2% (*n* = 134) classified themselves as workers and 11.2% (*n* = 17) as supervisors. The average length of time working in child welfare was 12.16 years (*SD* = 8.79) with 6.56 years (*SD* = 5.87) at their current position. In regard to professional experiences related to child exposure to domestic violence, half of all participants (49.3%, *n* = 75) had received child welfare training specific to domestic violence. Asked to report their familiarity with domestic violence experiences, 16.4% (*n* = 25) reported direct personal experience with domestic violence, 43.4% (*n* = 66) of the participants reported having a friend or family member who had experienced domestic violence, 16.4% (*n* = 25) had worked as volunteers at a domestic violence agency or shelter while 27% (*n* = 41) had no other experience with domestic violence.

2.3. Measurement procedures

Measures used in the current study consisted of three components: (1) 17 CEDV items, (2) two hypothetical scenarios and (3) a set of demographic questions.¹ The survey focused on two subscales of the CEDV (Edleson, Shin, et al., 2008; Edleson, Silverman, et al., 2008) including 10 items asking about the level of violence in a child's home and seven items asking about the level of a child's involvement in those violent events. Reliability coefficient alphas for Violence and Involvement subscales are .78 and .67 respectively (Edleson, Shin, et al., 2008; Edleson, Silverman, et al., 2008). Subjects were asked to rate how important each of these 17 items from the CEDV subscales were in the child welfare professional's assessment while working with children and their families. For example, a level of violence item included "How often has your mom's partner *threatened* to use a knife, or other object to hurt your mom?" and a level of involvement item included "When your mom's partner hurts your mom, how often have you gotten physically involved trying to stop the fighting?" For each of these 17 CEDV items respondents were asked "Please rate each question on the level of importance to your decision making on the scales following each question" and then directed to rate the importance of the item on

a five-point Likert scale ranging from "Not at all important (1)" to "Very important (5)."

Respondents were also asked how they might use the CEDV subscales in their work with children and were given seven options: (1) administer the measure to all children where domestic violence is in the home; (2) administer the measure to all children where domestic violence is reported; (3) use the child's responses when submitting documents to the court; (4) discuss the child's response in a family decision-making process; (5) use the child's responses to assess the risk for future child maltreatment; (6) none of the above; and (7) an option to write in other uses.

The second section of the survey provided two hypothetical scenarios of children exposed to domestic violence. The scenarios included only information that could be gathered using the CEDV. The first scenario portrayed a child exposed to high violence in the home and highly involved, and the second portrayed a child exposed to low violence but also highly involved (see Appendix 1). After reading each scenario, respondents were asked to rate the child's level of risk on a scale of "Low (1)" to "High (5)." They were then asked what child welfare action should be taken, if any, given what they know of the child's situation at home. They were given the following options to choose from: (1) accept for investigations and possible traditional child protection; (2) accept for family assessment (alternative response/differential response); (3) do not accept the case, but provide resource information to the family; (4) nothing; and (5) an option to write in a different response. They were also asked how likely this information would be to influence a formal (system driven) and an informal (family driven) out-of-home placement on a five-point Likert scale ranging from "Not at all likely (1)" to "Very likely (5)."

The final section of the survey consisted of demographic questions asking participants' gender, education, job position, years in the field, any experience with child welfare training specifically related to domestic violence, and other experience with domestic violence issues.

2.4. Data analysis procedures

In order to understand the participants' use of the CEDV and information generated by the scale in hypothetical scenarios, a series of univariate analyses and bivariate comparisons were examined in

¹ A copy of the full survey is available by request from the first author.

addition to an exploratory factor analysis to better understand the inter-relationships among variables and explore child welfare professionals' response patterns.

3. Results

The results are divided into three sections focusing on child welfare professionals' responses to individual CEDV items, their use of the overall set of items and information generated in two hypothetical scenarios, and finally how child welfare professionals differentiated among item content in making decisions.

3.1. Workers' responses to CEDV scale items

As stated earlier, participants were asked how important each CEDV violence and involvement item would be in their professional decision-making activities regarding child welfare. As seen in Table 2, almost all questions were rated as important or very important generating sample means of over "4." Thus, most of the participants indicated that responses to these questions would give them important information about the children and their family environment. Only three questions asking about adults disagreeing in the family (V-1: $M = 3.23, SD = 1.05$), the mother and her partner arguing about a child (V-5: $M = 3.79, SD = 0.96$), and the mother's partner asking a child to provide

information about the mother (I-7: $M = 3.92, SD = 1.06$) showed comparatively low mean scores under "4". The most highly rated level of violence item was the item focused on a child being exposed to his or her mother's partner hurting the mother's body (V-8; $M = 4.82, SD = 0.71$). In addition, the most highly rated involvement item was an indication that the child physically tried to stop a fight between his or her mother and her partner (I-4: $M = 4.77, SD = 0.77$). Reviewing the responses overall, a pattern of responses is revealed: highly rated questions reflected direct physical abuse, whereas items rated less important focused on non-physical violence toward the child's mother by her partner.

Items indicating a child's level of involvement ($M = 4.44, SD = .78$) were more highly rated than the level of violence in the home ($M = 4.29, SD = .68$), which shows statistically significant difference between two subscales ($t = -4.077, p < .001$). This result indicates that respondents working in child welfare consider the child's involvement in domestic violence between adults as more important for assessment than exposure itself.

As seen in Table 3, a series of bivariate comparisons were performed to examine any potential difference in responses regarding importance of CEDV questions for professional decision-making process based on respondents' demographic factors. In the level of violence and involvement, significant differences were not shown based on a respondent's education, job position and completed domestic violence training. Differences in responses were observed in gender and job position. That is, female child welfare professionals rated questions as more important than male child welfare professionals for both levels of violence ($t = -3.240, p < .10$) and involvement ($t = -18.554, p < .001$). In terms of job position, supervisors seemed to consider violence ($t = 2.905, p < .10$) and involvement questions ($t = 4.611, p < .05$) as more important than did frontline child welfare workers. No significant differences were found between groups by education level and completed domestic violence trainings.

3.2. Professionals' use of the CEDV scale information

Respondents were asked when they would use the CEDV items while working with families. As shown in Table 4, 78.9% ($n = 120$) answered that they would use the measurement with all children when domestic violence was reported in the case. Also, 75.7% ($n = 115$) of the child welfare professionals indicated they would administer the measurement to all children where domestic violence is suspected and almost as many (75%, $n = 114$) stated they would use the CEDV items to assess the risk for future child maltreatment.

Two hypothetical scenarios were created using answers from the CEDV to assess how respondents might use such information in their practice (see Appendix 1). As stated earlier, the first scenario provided

Table 3
Comparison of respondents' rate.

	N	Mean	t or F	p
<i>Level of violence</i>				
<i>Gender</i>				
Male	40	41.38	-3.240***	.074
Female	111	43.48		
<i>Education</i>				
Four year degree and lower	95	42.52	.002	.964
Master's degree and higher	56	43.61		
<i>Job position</i>				
Worker	133	42.62	2.905***	.090
Supervisor	17	44.82		
<i>Job category^a</i>				
Generalist direct service child welfare	25	43.12	.568	.625
Specialist direct service child welfare	80	42.95		
Mental health professional	7	39.71		
Others	18	43.33		
<i>Completed domestic violence training</i>				
Yes	74	43.18	.099	.754
No	38	41.84		
<i>Level of involvement</i>				
<i>Gender</i>				
Male	38	29.05	18.554*	.000
Female	106	31.85		
<i>Education</i>				
Four year degree and lower	91	31.10	.254	.615
Master's degree and higher	53	31.13		
<i>Job position</i>				
Worker	126	30.83	4.611**	.033
Supervisor	17	32.94		
<i>Job category^a</i>				
Generalist direct service child welfare	25	31.00	1.390	.249
Specialist direct service child welfare	78	31.09		
Mental health professional	6	27.33		
Others	17	32.47		
<i>Completed domestic violence training</i>				
Yes	72	31.42	1.890	.172
No	35	29.66		

* $p < .01$, ** $p < .05$, *** $p < .10$.

Note: a. 13 job categories were summarized into four to compare means: (1) generalist worker for child welfare and all social service cases as generalist; (2) alternative response/family assessment, foster and kinship worker, ICWA worker, investigation/assessment, ongoing family intervention, permanency worker, and youth worker as specialist direct service child welfare; (3) adult mental health worker and child mental health worker as mental health professional; and, (4) others.

Table 4
Usefulness of the CEDV scale.*

	%	N
Administer the measure to all children where DV is suspected in the home	75.7	115
Administer the measure to all children where DV is reported	78.9	120
Use the child's responses when submitting documents to the court	41.4	63
Discuss the child's responses in a family decision-making process	51.3	78
Use the child's responses to assess the risk for future child maltreatment	75.0	114
<i>Other uses</i>		
-Share information with therapist or counselor	-	4
-Use for a training with children	-	2
-Assessment	-	5
-Safety planning	-	5
-Service planning	-	1
-Others	-	8
None of these	2.0	3

*Multiple responses are presented for potential usefulness of the CEDV scale; therefore, percentage will not add up to 100%.

information about a child in a high violence and high involvement situation. The second scenario provided a different child's situation, this time one involving low violence and high involvement.

Table 5 reveals how the respondents in the sample would employed CEDV-generated information when assessing and intervening with children exposed to domestic violence. Clearly, child welfare professionals rated the child in the high violence/high involvement scenario as at greater risk of future child maltreatment ($M=4.07, SD=.81$) compared to the child in the low violence/high involvement scenario ($M=3.08, SD=.96$). Interestingly, despite the differences in assessing future risk, similar percentages of child welfare professionals stated they would accept the case for family assessment for both the first (57.2%, $n=87$) and second (58.6%, $n=89$) scenario.

3.3. Explorative factor analysis of workers' responses

Explorative factor analysis was employed to examine the structure of participants' responses based on relationships among CEDV items. Table 6 provides evidence that child welfare professionals' responses to the 17 CEDV items were empirically grouped into two sets of underlying factors that we labeled "physical abuse" and "non-physical abuse." Consistent with the findings above, child welfare professionals' responses clustered along two semantic dimensions that were conceptually different on levels of violence and involvement supported by the original subscales. Respondents clearly viewed items indicating physical abuse and child involvement in violent events as distinctly different from items indicating non-physical forms of abuse.

Comparing two factors based on child welfare professionals' responses, the physical abuse factor attained a significantly higher mean score than the non-physical abuse factor in the paired t -test ($t=12.876, p<.001$). It is worthy to note that respondents considered questions regarding physical abuse as more important when they work on assessing a child welfare case.

4. Discussion

Numerous competing mandates face child welfare professionals; domestic violence is but one of the many critical issues at hand. Despite this, there are emerging efforts to identify and assess children exposed to domestic violence. In 2000, the Children's Bureau finalized an evaluation process called the Child and Family Service Reviews (CFSR)

Table 5
Risk assessment and intervention.

	N (%)		M (SD)	
	Scenario One	Scenario Two	Scenario One	Scenario Two
<i>Assessment</i>				
Child's level of risk for future child maltreatment			4.07 (.81)	3.08 (.96)
<i>Intervention</i>				
Accept for investigation and possible traditional child protection	50 (32.9)	16 (10.5)		
- If so, provide formal out-of-home placement			3.67 (1.07)	3.67 (.98)
Accept for family assessment	87 (57.2)	89 (58.6)		
- If so, provide informal out-of-home placement			3.21 (1.14)	2.98 (1.1)
Do not accept the case, but provide resource information to the family	5 (3.3)	34 (22.4)		
Nothing	0 (0)	4 (2.6)		
Others	10 (6.6)	8 (5.3)		
Missing	0 (0)	1 (.7)		

in order to "ensure conformity with Federal child welfare requirements, determine what is actually happening to children and families as they are engaged in child welfare services, and assist States to enhance their capacity to help children and families achieve positive outcomes" (Children's Bureau, n.d). While the CFSRs do not specifically speak to domestic violence in any of the outcome measures, the three broad outcome areas of safety, permanency, and family and child well-being do address the broader concepts of domestic violence in a variety of ways, e.g. risk assessment and safety management.

The second round of CFSRs is currently underway, and of the 20 available final reports nearly half commented on the correlation between repeated child maltreatment and domestic violence (Taggart, 2009). In light of this, both child welfare and domestic violence professionals have engaged to strategize ways to improve the States' responses to domestic violence through requisite program improvement plans (PIP). Taggart (2009) identifies five specific strategies child welfare agencies can employ to improve their response to domestic violence in the lives of the children and families they serve. These strategies include: (1) analyzing available domestic violence data (and/or building the capacity to capture such data), (2) clarifying intake and removal thresholds related to children's exposure to domestic violence, (3) developing and implementing domestic violence protocols or practice guidance, (4) expanding or deepening domestic violence training, and (5) ensuring that CPS staff have access

Table 6
Factor loadings for exploratory factor analysis.

Variable	Factor 1 ^a		Factor 2	
	Physical abuse		Non-physical abuse	
V-8. Mom's partner hurt her body	.938			
I-4. (When your mom's partner hurts your mom) Physically tried to stop mom and partner's fight	.925			
V-9. Mom's partner threatened to use weapon	.911			
V-10. Mom's partner hurt her with knife, gun, object	.901			
I-5. (When your mom's partner hurts your mom) Partner did something to you to hurt/scare mom	.897			
I-3. (When your mom's partner hurts your mom) Called for help when partner hurts your mom	.877			
I-6. (When your mom's partner hurts your mom) Tried to get away from the fighting	.797			
V-7. Mom's partner broke/destroyed something	.791			
I-2. (When your mom's partner hurts your mom) Yelled at mom and partner during fight (same room)	.783			
V-6. Mom's partner hurt pet in the home	.762			
I-1. (When your mom's partner hurts your mom) Yelled at mom and partner during fight	.687			
V-3. Mom's partner stopped her from doing something			.844	
V-2. Mom's partner hurt her feelings			.842	
V-4. Mom's partner stopped her from eating/sleeping			.741	
I-7. Mom's partner asked you to tell on your mom			.654	
V-5. Mom and her partner argued about you			.551	
V-1. Adults in your family disagree			.524	
	M (SD)	Mean difference	t	
Factor 1 (physical abuse)	4.58 (.74)	.65	12.876*	
Factor 2 (non-physical abuse)	3.93 (.77)			

* $p<.001$, paired sample t -test.

^a This analysis was a Principal Axis Factor Analysis, using Squared Multiple Correlation coefficient as Communality Estimates, and an Oblique Rotation.

to domestic violence specialized expertise. Findings from the current study support the need to employ the third and fourth strategy while offering a specific tool in the CEDV. These two strategies are the focus of the remaining sections.

4.1. Domestic violence protocols or practice guidance

Respondents in the current study found the new CEDV instrument useful to assess children in child welfare cases for future risk of exposure to domestic violence. They reported that it is a valuable tool and indicated a variety of ways in which they would incorporate it into their case activities. However, some concerns did exist specifically as to how child welfare professionals would or would not use assessment information gathered through the use of the CEDV instrument. Three primary concerns were noted. The first concern was *how* child welfare professionals will use the information that children report. For instance, over half of the respondents (51.3%) reported they would use the child's responses in family decision-making processes. Similarly, slightly less than half of the respondents (41.1%) reported they would use the child's responses when submitting documents to the court. In both of these instances child welfare professionals would be putting the child in a difficult and potentially unsafe position. The second concern stemmed from the respondents who did not indicate they would administer the CEDV in child welfare cases involving either suspected or reported domestic violence. Approximately a quarter of the respondents in each of these circumstances (24.3% and 21.1% respectively) would not offer the CEDV to the child. Additional information is needed to understand if this decision was specific to the instrument or generalized to any type of assessment that would elicit a child's report about their exposure to domestic violence. A final concern noted in this area of the study was the lack of self-initiated answers pertaining to the case specific, child welfare uses for information gathered using the CEDV instrument. Researchers purposely omitted obvious uses of CEDV information from the list of options in a particular question calling upon the respondent to self-initiate a list of uses. Respondents were asked to mark ways in which they would use information obtained from the CEDV from a short list and to provide additional ways they could envision the information being used in their casework. The write-in section was designed to gain a better understanding of respondents' knowledge of how to use domestic violence information in their case activities. Very few respondents completed this section of the item. Those who did complete this section provided some insightful responses (e.g. share information with therapist, use for training with children, assessment, safety planning, and service planning). It is unclear if the lack of response to the question indicates that child welfare professionals are unsure of how to use domestic violence information in their casework activities or if it is simply that they just neglected to complete this item. Regardless, it is clear that while respondents found the CEDV to be a valuable tool that the majority would use in their practice, protocols and guidance for its use in child welfare must be created. Thorough training in the use of the CEDV or others instruments and adherence to the newly developed protocols would likely result in appropriate application and, subsequently, improved responses to children and families who face domestic violence in their lives.

4.2. Expanding or deepening domestic violence training

The ongoing need for domestic violence training in child welfare goes beyond training for protocols and new assessment tools. The current study demonstrates a continued and deeply rooted focus on physical harm as the guide for risk assessments. Findings confirmed that professionals rate risk higher in domestic violence situations when direct physical violence is present as opposed to non-physical violence.

In the current study, physical and non-physical violence are rated statistically different by professionals. Within those findings, female respondents generally rated all risk levels higher than their male counterparts as did the social work supervisors in the study; these may arguably be much the same group of respondents. There were no differences in the ratings when examining respondents who did and did not have previous domestic violence training which may simply point to old training, poor training, inattentiveness on the part of the learner, or other varied explanations. A similar finding in this area related to the child's exposure. Respondents reported that any direct involvement by the child was more important than their overall exposure to domestic violence. Again, as in the finding discussed above, this points to the more concrete focus on physical risk and safety of child welfare professionals. While this is certainly a critical component of safety assessments, the impact of childhood *exposure* to domestic violence, a less tangible and often elusive circumstance should not be overlooked or easily dismissed. A child's exposure to domestic violence must be examined through a careful and balanced lens, without a race to judgment and possible removal and yet with an awareness for the need for safety planning, the provision of supports and services, and collaboration with skilled and experienced domestic violence colleagues. The field of child welfare has historically struggled with the concept of exposure and how to intervene or not intervene without consistent and effective practices being adhered over time.

In each of the areas of this discussion section, and throughout the findings of this study, a need to develop training was clear. The demonstrated need is for consistent ongoing training on domestic violence involving children underscored by auxiliary training focused on childhood exposure and ways to engage and support youth who are experiencing domestic violence. To that end, a series of multimedia interactive online training modules (consistent and delivered uniformly each time they are used) have been developed for use by child welfare workers and supervisors. These training modules provide a basic foundation of understanding of childhood exposure to domestic violence with instruction graduating to the explicit use of the CEDV within the context of public child welfare (<http://www.cehd.umn.edu/SSW/cascw/research/learningModules/>).

This study was limited in several ways. First, the sample was biased toward respondents who self-selected to participate in the study. They reported having an average of over 12 years of child welfare experience and an average tenure in their current child welfare position of 6.5 years or more. Also limiting was the size of the sample and the participation of a minority of counties in the state. The sample was not large enough to generalize findings across the state in which it took place.

5. Conclusion

Child welfare workers have a nearly impossible job requiring expertise in half a dozen human service fields (child development, chemical health, public health, social work and others) simultaneously. At minimum, professionals from across these disciplines must collaborate and build practice guidance for the intersections of human service systems. This survey of child welfare professionals and the use of the CEDV instrument provides insight into how practice guidance for the assessment of youth exposed to domestic violence can be developed for the child welfare field. Subsequent protocols can also be developed based upon information learned through this study.

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Appendix 1. Hypothetical scenarios

<p>One: High violence & High involvement</p>	<p>An 11 year old girl lives in a domestic violence shelter with her mother. Through her responses on the CEDV scale, she reports that her mom and dad have been fighting for as long as she can remember. She says that adults in her family disagree often and she is nearby when disagreements happen. Her dad often stopped her mom from doing things she wanted to do (like leaving the house, using the telephone, visiting friends or relatives) and would directly observe it happening. She heard her mom and dad arguing about her. She has directly observed dad threaten to hurt pets in her home. She has seen and heard her dad breaking objects in her home. She reports that her dad is physically violent to her mom and she has been nearby when it happens. She has also heard her dad hurting her mom with a weapon. When asked about how she has intervened when her parents are fighting she says that she sometimes hollers or yells at them from a different room and she yells at them when she is in the same room. She has called other people to intervene and a lot of the time gets physically involved trying to stop the fighting. She reports that she hides in her home, leaves the house, or locks herself in a room to avoid the fighting.</p>
<p>Two: Low violence & High involvement</p>	<p>The following information was collected from a 14 year old boy's responses to the CEDV scale. He is living in a house with his mom and mom's lesbian partner and younger sister. He says that his mom and her partner started fighting over 4 years ago. His mom and her partner disagree sometimes and he has seen and heard the disagreements from a nearby location while it was happening. His mom's partner hurts his mom's feelings often by calling her names, swearing, yelling, threatening her, and things of that nature. He has observed this from a nearby location while it was happening. His mom's partner has ruined and broken or destroyed objects in their home on purpose sometimes. He has seen this happen both from a distance and nearby while it was happening. He often gets physically involved when they are fighting. He also shouts things at them while in the same room and from other rooms. He has also called other people, such as neighbors, to help him when his mom and her partner are fighting. He sometimes tries to get away from the fighting by hiding, leaving the house, and locking himself in a different room.</p>

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