Children’s Exposure to Domestic Violence: How Child Welfare Professionals Assess Child Experiences

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Abstract
Child welfare professionals are expected to promptly assess the current safety and future risks for 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.

The Center for Advanced Studies in Child Welfare and the Minnesota Center Against Violence & Abuse jointly conducted an online survey of 152 child welfare professionals from 20 Minnesota counties and gathered their reports on the importance of types of violence in the home, the child’s level of involvement in that violence and two hypothetical scenarios of child exposure to and involvement in violence.

The results provide insight into how child welfare professionals assess child exposure and involvement in domestic violence as a perceived risk. These findings are being integrated into an online training system for child welfare professionals.

Introduction
Child welfare agencies have developed a multiple assessment tools to assess the risk of future child maltreatment. Structured assessment tools that have been developed to date raise concerns about the depth of assessment in the area of domestic violence. Recent years have witnessed a focus on gaining better understandings of children’s exposure to adult-to-adult domestic violence. Results of state and national studies have increased these concerns, for example:

• Up to 15 million American children are exposed to adult domestic violence annually, with seven million exposed to severe violence (McDonald, et al., 2006).

• The overlap between child maltreatment and domestic violence may be up to 50% (English, Edleson, & Herrick, 2005; Hazen, et al., 2004).

Many risk assessment tools used by child welfare professionals include domestic violence (i.e. Structured Decision Making), however domestic violence is often not the focus. This led to the development of the Child Exposure to Domestic Violence (CEDV) scale here at the University of Minnesota.

One fear expressed by advocates for battered women is that greater identification of child exposure to domestic violence will lead to more battered mothers being substantiated for endangering or failing to protect their children, yet the available studies present contradictory evidence regarding this concern. This study aims to shed light on how child welfare professionals actually do assess child exposure.

This Study
This study surveyed 152 child welfare professionals in 20 counties in Minnesota on their use of assessment information about child exposure to and involvement in domestic violence.

Study questions
1. Are varying levels of adult domestic violence in the home and child involvement in such violence weighted differently in child welfare professionals’ assessment of risk?
2. In what ways would child welfare professionals use the CEDV Scale in their day-to-day decision-making?
3. In what ways does information on a child’s exposure to and involvement in domestic violence impact how child welfare professionals report they would provide services to this child and his/her family?

Sampling procedure
The current study is an online survey. Twenty county agencies agreed to participate and provide the e-mail addresses for child welfare professionals. A total of 288 electronic invitations were sent asking professionals to complete a 20-minute online survey about children exposed to domestic violence and 152 completed the survey.

Measure
1. 17 CEDV scale items, 2, (2) hypothetical scenarios and (3) set of demographic questions were included in the current study.

Sample description
Demographic characteristics of participating child welfare professionals appear below in Table 1.

Results
Respondents were asked how important each CEDV violence and involvement item would be in their professional decision-making activities regarding children. Almost all questions were rated as very important, with sample means over 4.00.

The survey provided two hypothetical scenarios – one high violence and high involvement and a second low violence and low involvement – based on information gathered through the CEDV scale. Respondents stated they would respond according to the results presented in Table 3.

Discussion
The child welfare field is moving toward using a model of Comprehensive Family Assessment. The presence of domestic violence and the involvement of children in that violence must be seriously examined and considered of part of comprehensive assessment. One finding of this study raises concerns regarding child welfare’s consideration of assessment information. A full 20% of the survey respondents would not offer any child welfare services to children in scenarios with low level violence but high involvement. Training is warranted to assist child welfare professionals in recognizing any identified domestic violence including a child needing consideration for services through family assessment or traditional investigations (to be determined by level of violence).

A second area of training that appears necessary based upon the study findings is related to child welfare professionals’ sensitivity and understanding of the unique disclosure issues involved in domestic violence, particularly in areas such as court or family group conferences where the child providing assessment information could be identified by the perpetrator. Alternate methods of safely following up on domestic violence assessment information should be explored.

Next: Online Training
This study is informing the development of an online training series through the Center for Advanced Studies in Child Welfare and the Minnesota Center Against Violence & Abuse for child welfare professionals. Other professionals who work with children exposed to domestic violence may also be interested in this training and will be able to access it online as well. The four hour online training will include content:

• Research and practice with exposed children
• Risk and protective factors
• Comprehensive assessment techniques
• Incorporating assessment into service provision