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Domestic violence and physical child abuse: Do social workers see the risk?

Virginia Faye Johnson

DOMESTIC VIOLENCE AND PHYSICAL CHILD ABUSE: DO SOCIAL WORKERS SEE THE RISKS?

A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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Master of Social Work

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by

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ABSTRACT

Social work professionals know that the abuse of both children and women have plagued this nation since our forefathers landed at Plymouth Rock. At San Bernardino County Department of Children's Services (DCS), domestic violence is an issue that co-occurs with child abuse in many of the cases investigated. As such, the purpose of this study was to explore factors, which social workers use in the identification of critical risk in cases of physical child abuse and domestic partner abuse.

Data was gathered from 31 Juvenile Dependency Court cases in order to determine the percentage of domestic violence allegations that were actually made in cases where domestic violence and physical child abuse occur. Then, 14 Emergency Response Social Services Practitioners (ER SSPs) from San Bernardino County DCS, who investigated these cases, responded to a survey regarding their ideas about critical risk in situations that include both domestic violence and physical child abuse. The two sets of data could not be compared in a literal sense. However, they do provide a conceptual link between what ER SSPs say about the way they evaluate risk in these situations and actual evaluations and decisions that are being made in the cases.

Results did not yield any statistically significant relationships between the variables in either the case or survey data. This can most likely be attributed to the small size of both samples. However, some interesting themes were present, indicating a need for further research on this topic. Findings of future studies should be used to develop in-depth training for child welfare services (CWS) social workers and their administrators. With a specific focus on the dynamics of the violent family in terms of investigations, risk assessment, personal safety, and development of client specific services, CWS staff can learn to promote a successful break in the cycle of this kind of family violence.

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To David Williams and Karen DePriest: The gratitude I feel for the wisdom, support, and friendship you've shown me cannot be expressed with mere words. Knowing each of you has made me a better person.

DEDICATION

For the two most important people in my life:

James Johnson: my husband, soul mate, and best friend. Thank you for always believing me, especially when I struggle to believe in myself. You are my anchor! I am inspired and blessed to have the love of such an amazing man.

Virginia Moleski: my mother and, despite our ups and downs, always my champion. It was your truly heartfelt desire for me to have a better life, which started me on the journey, and carried me to this point.

I love you both very much!

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CHAPTER ONE

INTRODUCTION

The contents of Chapter One present an overview of the project. The problem statement, including policy, and practice considerations, are discussed, as is the purpose of the study. Finally, the significance of the project for social work is presented.

Statement of the Problem

Social work professionals know that the abuse of both children and women dates back to the earliest periods of American history. During the Progressive period, advocates hoped to strengthen the male headed, nuclear family. In doing so, they believed that children would not have to be removed from parents who were most probably abusive and/or neglectful. Along these same lines, their intervention would keep marriages intact. Davis (1991) reminds us that early champions of women's rights such as Elizabeth Cady Stanton and Susan B. Anthony realized that power belonged to men. They knew that abusive domestic environments would be outdated only when women had the right to divorce, to gain custody of their children, and earn a living comparable to men.

It is obvious that services to battered women and children did not develop because there was a sudden increase in incidents of domestic violence and physical child abuse. Instead, services were developed because people decided to do something different about issues that have plagued us since our forefathers landed at Plymouth Rock. This history of family violence is woven into the fabric of American history, however its definition has yet to be firmly established. Many households where women are battered contain children who have been battered as well. In fact, homes plagued by domestic violence and physical child abuse, are embroiled in what Magen describes as the most common, as well as the most dangerous type of violence in America (Magen, et al., 1995).

In recent years, many organizations have collected data regarding incidents of child abuse. The Child Welfare League of America (CWLA) conducted a national study in 1998, which produced incredibly disturbing results. Findings indicated that 2,898,849 child abuse reports were made during this time. Even more disheartening was that, of the nearly three million reports mentioned in this study, 878,877 of these children were found to be victims of abuse or neglect. The data collected from the CWLA in their 1998 study included more

than 400,000 reports in California. In fact, the State Department of Social Services indicated that 157,683 of these reports were substantiated. January 2001 found that roughly 105,000 of California's children were Court Dependents, placed out of their parents' home.

A look at abuse statistics regarding women is just as grim. Between one and four million incidents of violence are perpetrated on women every year. Of all of the women murdered in California, approximately 50% died at the hands of a husband or boyfriend. In fact, injuries stemming from domestic violence are more prevalent than injuries resulting from any other form of violence (National Domestic Violence Hotline, 1998).

Many different professionals are concerned with the issue of violence toward children and women. Child Welfare Agencies and the Juvenile Dependency Courts they work with should look at this issue closely. Family violence, specifically domestic violence and physical child abuse, has been found to be a factor that contributes to the re-entry of abused and neglected children into the Child Welfare System following an unsuccessful family reunification (Magen, et al., 1995). This has implications for the way risk assessments are

conducted, court orders are made, and service plans are carried out.

Schools and law enforcement also have a stake in the fallout from violent families. Results from Pfouts, Schopler and Henley's (1982) study indicate that among their sample of children from violent homes who were witnesses of abuse, 33% acted out with peers, 33% acted out with teachers, 16% appeared in Juvenile Court, 20% were labeled truant and 58% were below average or failing in school (Magen, et al., 1994).

The District Attorney is another entity concerned with understanding the dynamics and outcomes of violent families. This office is responsible for prosecuting violent offenders, including perpetrators of child and domestic abuse. These key personnel could benefit from the findings of a study that explores how Emergency Response Social Service Practitioners (ER SSPs) evaluate risk in these cases. A common base of knowledge and universal language of sorts could be established, which would aid in networking regarding cases involving both physical child abuse and domestic violence.

Focus of the Problem

The purpose of the study was to look at whether domestic violence is being viewed as a risk factor in

homes where there is also physical child abuse. Historically a misconception has existed that child abuse occurs in a vacuum of sorts, isolated from other family problems. Roy (1988) believes that this type of situation is a rare occurrence and that children of battered women are in a high-risk zone. She posits that when an adult woman is living in a battering environment there is reason to suspect that the children in that household are in grave imminent danger; specifically that they can be the victims of neglect, physical, and emotional abuse.

The connection between the battering of women and children is a growing area of understanding for Child Welfare Services (CWS) social workers. These professionals operate on an interpretation of what is in the best interests of children. A focus on protection is not limited to basic needs such as food, clothing and shelter, but protection of their emotional and mental needs as well. The price of this interpretation is not always realizing that it might work against the needs of the battered woman. The agency goal of maintaining children in their families may need to be redefined in order to reassess what constitutes a safe family.

As social workers promote a safe living environment for children within their family home, it is important

that they identify domestic violence in their investigations and understand the risk of child abuse in homes where domestic violence is present. Additionally, they need to understand the overall dynamics of violent families in order to keep themselves safe. This understanding will allow for development of skills and tools needed to accurately assess issues of protection in violent homes, better train professionals, and develop services to assist this population.

It is hoped that in-depth training will be instituted with CWS social workers and their administrators, which will focus specifically on the dynamics of the violent family in terms of investigations, risk assessment, personal safety, and development of client specific services that promote a successful break in the cycle of family violence. With proper training, investigations can be conducted in a way that allows for personal safety, while at the same time eliciting the information needed to first determine if domestic violence exists and then accurately assess risk.

In 1999, San Bernardino County Department of Children's Services (DCS) received 47,601 reports of child abuse and/or neglect. Of those reports, 15,852 were substantiated for physical abuse of the children

(Children's Network Annual Report, 1999). From these 15,852 cases, there were no available statistics for the co-occurrence of domestic partner abuse. Several studies delve into the link between domestic violence and physical child abuse. However there is some variation in findings, with the most staggering reports indicating that 70% of cases involving domestic violence may also include physical child abuse.

With the need for accurate risk assessment in, and reporting of this type of situation, the question is asked: "How do social workers identify critical risk factors in child welfare cases, in which both domestic partner abuse and serious physical child abuse are present?"

Significance of the Project for Social Work

Those in the Child Welfare Services (CWS) profession see evidence that domestic violence is becoming a more prevalent factor in child abuse/neglect referrals. Accurately addressing the issues of risk assessment in homes where women and children are abused is paramount if social workers are to provide comprehensive intervention that takes into consideration the needs of the both the battered children and the battered woman.

Armed with specific training, the method used to conduct child abuse risk assessments will change as workers come to understand that assessing the needs of the battered woman is an important part of assessing risk to the child(ren). For instance, because they understand the dynamics of a violent family, the CWS investigator can operate from the perspective that a battered woman is often more afraid of her abusive partner than of any other consequence, no matter how much she loves her children.

From this premise it follows that assistance can be rendered via an assessment of risk that takes the individual needs of the woman and children into consideration. If Court intervention is necessary, the domestic violence must be included in the allegations so that the service plan can address it, as well as the physical abuse to the children. Doing so promotes the dual mandate of the Department of Children's Services (DCS), which is to protect children while strengthening families.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Domestic violence is an issue that has been paid more attention in recent years. At San Bernardino County Department of Children's Services (DCS), it is an issue in many of the child abuse investigations. With changes in the law, it is formally recognized as a factor that can be considered a serious risk to the children in the home. As such, more mandated reporters are calling in referrals. Although it is more widely recognized in the agency, this study may be the first to look at how social workers are identifying risk factors in these situations. San Bernardino County Emergency Response Social Service Practitioners (ER SSPs) have seen a growing number of referrals involving domestic violence recently, which is the reason this topic is of interest and could be used to further understanding of risk assessment at an agency level.

The Concept of Assessment

As of 1996 at least 76% of U.S. states used some type of risk assessment measure as a decision-making aid in child welfare cases, however these instruments are often

subject to a host of errors (Gambrill and Shlonsky, 2000). When looking at identifying risk factors in Child Welfare Services (CWS) cases, social workers must make decisions in a blur of uncertainty and personal values. They are called on to distinguish what might be abuse or neglect from factors such as poor parenting or the effects of poverty. At an agency level, the values and policies of the agencies and the broader communities they serve affect decisions made in these cases.

There is a great deal of discussion in the child welfare profession about assessing the level of risk to children. The more enlightened professionals go so far as to also recognize that assessing risk to the mother provides a more complete assessment of the children. However, if risk assessment is to be comprehensive it needs to include the assessment of the batterer as well. Milner and Gold (1986) point out that men who batter women share many of the same characteristics as those who batter children. Spouse batterers usually have low self-esteem, lack self-control, blame others for their own actions, are socially isolated, and show a pattern of inconsistency, rigidity, and distress. Similarly, child abusers showed evidence of distress, rigidity, unhappiness, loneliness, and a negative concept of themselves and their children.

Risk assessment is a complex and multifaceted process. With high caseloads and the unspoken rule that the investigating social worker needs to, "get in and get out," important information can often fall through the cracks. Gambrill and Shlonsky (2000) point out that, as social workers and humans, we can only consider a limited number of possibilities at one time. Additionally, we usually attend to events that are vivid and often ignore data that are less vivid (but perhaps far more informative). Further, not only are our initial beliefs resistant to new evidence, they also are remarkably resistant to challenges of the evidence that led to them. As a result, social workers tend to use certain strategies to interpret the flow of information such as (1) selective perception, (2) sequential processing of information, and (3) reliance on "heuristics" to reduce the amount of effort needed to assess risk.

In light of this, the authors champion the use of Actuarial as opposed to Consensus-Based or Clinical Decision-Making models of risk assessment, because the former are based on empirical relationships between certain predicted variables and outcomes rather than "expert consensus." As such, these tests are considered more reliable predictors of risk.

Previous Case Studies

Craft, Epley, & Clarkson (1980) investigated the relationship between child protective services (CPS) workers' determination of the presence of abuse and the interventions they chose. What they found was that workers more often recommended Court action when there were previous reports, a negative reaction by the parent, and when the explanation of the child's injury was suspect. The results of this study were expanded upon by Alter in 1985. This approach studied how CPS workers assess risk and make decisions to substantiate allegations when there is an absence of evidence that the child(ren) has been seriously harmed.

She found that in these cases, workers relied on issues that were more abstract than physical injury to the child(ren); such as whether the neglect is willful, the parent-child relationship poor, the parents engage in high risk or other socially deviant behaviors, and the parents willingness to make necessary changes. When workers were presented with a variety of hypothetical situations, moderate physical harm alone was not sufficient to substantiate the case. However, willful neglect and a poor parent-child relationship combined with moderate physical harm led to agreement to substantiate roughly

four-fifths of the 73 workers studied. When all four of these variables were present, 97% of the workers agreed to substantiate the allegations.

Magen, et al. (1994) looked at a Child Welfare Services (CWS) agency in New York whose social workers were given training about domestic violence and then asked to use a domestic violence risk assessment tool (in addition to the traditional risk assessments). During the process of conducting the study, it was found that the agency's existing risk assessment document did not have questions regarding domestic violence, however a special questionnaire for this purpose did exist in the agency. It was determined that the supplemental questionnaire was unknown to many workers and was only to be used when the report specifically mentioned domestic violence. As a result, it was utilized in less than 1% of all child abuse investigations.

Jones and Gross (2000) conducted a study in San Diego, which looked at several questions. (1) What are CWS workers' definitions of, and attitudes toward domestic violence? (2) What are their beliefs about the causes? (3) Do they employ contextual justifications for the use of violence? (4) How is their practice with domestic violence victims and perpetrators described? There have

also been training studies conducted in which social workers and administrators have received intensive training on the dynamics of domestic violence.

Case studies that look at practice issues around this topic are obviously important. However of equal importance is consideration of a perspective that looks at the dynamics of the violent family itself. In her study of family violence, Lenore Walker (Hotaling et al, eds, 1988) looked at gender roles and learned helplessness factors in families where both violence toward women and children were present. Results indicated that over half of the wife batterers reportedly had abused their children and one-third threatened to do so during a violent episode. The battered women were eight times more likely to batter children when living with a batterer than with a nonbatterer.

Philosophical and Theoretical Considerations

A review of the literature, beyond that previously mentioned, produced several studies and editorials, on the subject of domestic violence, child abuse, and the role of CWS social workers and agencies. It seems that the theme has been this: domestic violence advocates and child

protection advocates have two different goals that never seem to fit together for the good of the victims.

Jones and Gross (2000) point out that the two sides are products of different historical epochs. Child abuse intervention developed in the 1960's as part of the child saving movement and the dual emphasis on rights of the child and later emphasis on family preservation. The domestic violence community grew out of the feminist movement and interest in using law enforcement to protect victims. The gap in philosophy comes from one being adult-centered and the other placing responsibility for the protection of the children on the adults.

Colleen Friend (2000) points out that, CWS social workers are frequently called upon to assess the "risks" of domestic violence to children. We know that domestic violence and physical child abuse occasionally reaches a fatal level of lethality. However, we know very little about the antecedents of harm-causing behavior, which is a more frequent phenomenon. Therefore, the following interventions must be institutionalized: an intake screening protocol, a model of practice that includes integration of domestic violence advocates, and the creation of domestic violence specialists among the ranks of the workers.

Linda Mills (2000) goes on to point out that in Child Welfare Services (CWS) agencies, the mother is still viewed as the primary caretaker and is therefore judged more harshly by the CWS agency than her husband or partner. Consistent with this conclusion is the assumption that the battered woman can (and will) give everything up to leave the abusive relationship. Change needs to come in the form of the CWS agency's recognition of a heightened responsibility to respond to battered women in ways that serve the combined interests of mothers and their children. This includes operating from the knowledge that families involved in domestic violence require time to resolve their problems.

McKay (1994) points out that in planning interventions, CWS social workers have traditionally viewed battering not as the primary target problem within the family, but as a symptom of an underlying problem. However, the dynamics of domestic violence must be considered at the forefront of an assessment of whether the children should be removed from the home. Unless the children are in imminent danger from the mother, offering a mother and her children shelter services first and prolonging the assessment process would allow the social

worker to get a clearer understanding of the mother's capacities.

Although different viewpoints are represented, previous research suggests that the dynamic of family violence often leaves the mother with an overpowering sense of learned helplessness in relation to the abuse. The theory suggests that the victim feels she doesn't have any control over her situation. Nor does she believe that she can do anything to gain control and make needed changes. This is interrelated with the theory that there is a cycle of violence and abuse families can get caught up in.

Assessments completed by those in the Social Work profession are rooted in ecological theory; meaning that the interaction between the individual, the family unit, and the environment they exist in are of the utmost importance. This approach makes clear the need to see people and their environments within their historic and cultural contexts and in relationship to each other. The exchanges that a person has with their environment are reciprocal: changing, shaping, and influencing the other over time.

A person-in-environment perspective suggests that family violence is often multigenerational in nature;

specifically that this interpersonal violence is learned in the home, being passed down from one generation to another. Thus, growing up witnessing rigid, violent, and sometimes self-destructive behaviors is not only frightening, but it is also a learning experience. Even children who are only witnesses of violence can be seen as emotionally abused by their mother's batterer, who influences them by being a negative and limiting role model.

However, the impact of violence goes beyond the emotional and behavioral realm. It affects children's views of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness, and their moral development. Thus, a child's perception of their home environment is violated while their adult caretakers are often rendered less available to meet their physical and emotional needs. All the while, they cannot make the violence stop or disappear. Rather they are forced by age and circumstance to learn how to live with it.

Training Possibilities

All of the reviewed literature has made strong points for the fact that there is a link between battered women and battered children and that better risk assessment is

needed. However, they seem to stop short of actually discussing how risk assessment should be changed or how assessment tools should be developed. Many have gathered data from women in shelters, but few have studied this link in child welfare cases.

Magen and Conroy (1998) acted on a recommendation made by the U.S. Advisory Board on Child Abuse and Neglect in 1995 that, "[P]rograms should integrate services on child abuse and domestic violence and address the need for interagency training." Their pilot project was based on four operating assumptions, which drove the curriculum. First, the curriculum was designed to start where the CWS workers were, assuming they all had some knowledge and expertise. Second, it assumed that people do not have to be convinced that domestic violence exists. Third was the need for workers to acknowledge a function in child protection work for assessing domestic violence. Finally, the curriculum was designed with the idea that the best way for people to learn the material was to be involved with it, for the training to be interactive.

They assessed the effectiveness of the training by using pre-and post-test questionnaires. Findings show that the training was effective for raising the consciousness of social workers with regards to family

dynamics where domestic violence and child abuse is present. No matter the importance of more focused and in-depth risk assessment training, there are limitations to a project like this. The most obvious and difficult barrier is getting social workers to attend training. Because of their constantly time-consuming and unpredictable schedules, workers need the support and flexibility of their supervisors and their agency.

Another important factor is that any agency budget constraints may take priority over the benefits of a structured training program such as this. Lastly, but vitally important to the success of this sort of training is that social workers must confront personal values and biases in order to buy into the need for learning better risk assessment skills.

Summary

From these themes come some common conclusions: The use of poor risk assessment tools and methods, compounded by the lack of training and absence of policies regarding the coexistence of domestic partner and child abuse lead to social workers' asking questions which could cause greater harm than good. Throughout the literature there is general agreement that social workers need training to improve their skills and knowledge. The following areas

are suggested starting points (Gross & Jones, 2000; Magen, et al., 1994; and Peled, 1997):

- Assessment methods that accurately identify domestic violence and its impact on children.
- Knowledge of the causes and contexts of domestic violence in order that a non-judgmental attitude toward victims can be maintained.
- Understanding of the psychological foundations and social structural stressors associated with domestic violence.
- Development of intervention and referral strategies that address safety needs of the victims, including procedures for cooperative and effective work with domestic violence advocates and agencies.

CHAPTER THREE

METHODS

Introduction

The study examined how social workers identify critical risk factors in Child Welfare cases, in which both domestic partner abuse and serious physical child abuse are present. Identification of risk factors was determined in the following ways. (1) An analysis of Juvenile Court cases was conducted to determine the number of cases with specific references to domestic violence (as well as physical child abuse). Once this was determined, the cases were analyzed in terms of how often social workers filed allegations that included the domestic violence. (2) A survey was then given to the Emergency Response, Social Services Practitioners (ER SSPs) who investigated the aforementioned cases in order to determine the factors they theoretically perceive to be important in their assessment of risk.

Study Design

This two-part study was exploratory in nature. The first part examined data from 31 Juvenile Court cases, in which both physical child abuse and domestic violence were present. Information from the Court cases was obtained

through the Child Welfare Services Case Management System (CWS/CMS). These cases were filed between June 1, 2000 and December 31, 2000. Their content included empirical data, which could be directly measured. Although the Court Report Abstraction Tool (Appendix A) was created by another researcher (Wing, 2001), it was adapted for use in this study. While collecting the case data, the social workers' names were noted so that a survey could be distributed to them.

After completing the case analysis, the second phase of the study was begun. The social worker surveys (Appendix B) were administered to the ER SSPs who investigated and filed the cases in the sample. They also contained empirical data such as gender, years of experience, education, and domestic violence training received. However, a majority of questions sought to understand the reasoning behind social workers' decisions to file allegations in cases of both physical child abuse and domestic violence.

The survey instrument was created by the researcher for the purposes of this project. Surveys were self-administered as this method reduced the cost and time constraints, which must be considered in face-to-face surveys. In the first phase of this study, the Juvenile

Court cases were analyzed to explore the actions ER SSPs take in actual investigations. The second phase of the study used surveys, which included hypothetical vignettes similar to cases seen in Court. Information from the surveys was used to explore the reasoning this same group of ER SSPs might use to identify and assess risk.

CWS/CMS was a very important factor in the study because the system has only been in place for approximately five years. Thus, researchers would not have had this access if the same study had been conducted in the recent past. They would have had to gather the information by pulling and looking through all of the cases by hand. Time alone would have created roadblocks to completing the data collection in a comprehensive manner.

This system provided a pool of consistent information because all of the quantitative data was drawn from information entered into mandatory fields. However, the possibility of a great deal of inconsistency was very real, due to the fact certain components of the system came on line at different times. This fact was one of the primary reasons for choosing the time frame for this sample. If an earlier sample were chosen, access to Court

reports would not have been available on CWS/CMS because it was one of the last components to come on line.

Sampling

Via a review of 31 Juvenile Court cases, San Bernardino County Department of Children's Services (DCS) clients were indirect participants, as their family issues, along with social worker surveys, were the focus of the study. The direct participants for the study were 14 Emergency Response Social Service Practitioners (ER SSPs) from San Bernardino County DCS. As San Bernardino County is the largest county in the United States in terms of area, social workers cover a spectrum of communities ranging from urban to rural. Those who responded to the surveys were male and female and they encompassed a variety of experience in the field of social work.

This group of social workers was chosen because they investigated the cases, which were analyzed for both physical child abuse and domestic violence. It was their job to determine if the risk to the children was such that Juvenile Court intervention was necessary. They were then responsible for writing the allegations, Detention reports, and Jurisdictional/Dispositional (J/D) reports. The purpose of the surveys was to explore what workers indicate they would do in a hypothetical, but similar

situation, to the cases analyzed. In turn, the case data provided evidence of decisions made by the same social workers in actual investigations. Due to the accessibility of both SSPs and Court reports, the amount of available data was sufficient for the purposes of the proposed study.

Data Collection and Instruments

Many researchers run into the proverbial "wall" when attempting to gain access to the data sources they seek for their studies. This study not only included information about children, but information about abused children, which needed to be gleaned from Dependency Court documents. Confidentiality is of the utmost importance in these cases, so access to the information was not granted casually.

Based on the sensitive nature of the information, an unobtrusive data collection method was used. The sources of data for this study came from Emergency Response Social Services Practitioners (ER SSPs) and Child Welfare Services Case Management System (CWS/CMS), a computerized database, which holds the cases of all children who have had some form of involvement with a California Child Welfare Agency. An appointee in the Administrative Resources Division (ARD) of the Department of Children's

Services (DCS) compiled the initial data list, which consisted of 137 cases involving 217 children, removed from their homes by San Bernardino County DCS, due to physical abuse. Determination of the presence of both physical abuse and domestic violence in the original sample involved reviewing the initial referral document, the social worker's investigative narrative, the Detention report, and the Jurisdictional/Dispositional report for each case.

After this analysis produced the final sample of 31 cases involving 83 children, the needed information was entered on a Court Report Abstraction Tool (Appendix A). This instrument allowed for documentation of both the dependent and independent variables. The advantage of using this instrument was that it allowed for the collection of sensitive data while avoiding the intrusive questioning of clients. However, a distinct disadvantage was that it has not been tested for reliability and validity.

The process of developing the final sample included identifying the investigating social workers so that a survey could be distributed to them. Each survey (Appendix B) was assigned a number in order to maintain the anonymity of the respondent. Surveys included

information regarding social worker education and experience as well as case scenarios designed to explore the factors that social workers perceive to be critical in risk assessment.

A review of the court reports, combined with information from the surveys, provided a conceptual link between the reasoning and actions of social workers, thus providing insight into how they identify risk. The dependent variable for this research question is the presence of allegations for both physical child abuse and domestic violence in the initial filing of the Detention Report.

Independent variables for this research question came from two sources. The case analysis included the following demographic data:

- Region the case came from (Victorville, Barstow, Yucca Valley, San Bernardino, or Rancho Cucamonga).
- Where the issue of domestic violence was documented (Initial Referral Document, Investigative Narrative, Detention Report, & Jurisdictional/Dispositional Report).

- Type of allegation filed (Welfare & Institutions Code 300(a), (b), (c), or a combination of said subsections).
- Family structure (Mother/Father, Mother/Step-Father, Mother/Live-in Boyfriend, & Father/Step-Mother).
- Age of each adult partner.
- Number of children in the home.
- Family ethnicity (Caucasian, Hispanic, African-American, Asian, & Other).
- History of domestic violence.
- Child welfare history.

The social worker surveys were a combination of empirical and narrative data. Demographic data regarding the respondents included the following:

- Education of the social worker (BSW, Other Bachelors Degree, MSW, Other Masters Degree).
- Age of the social worker.
- Gender of the social worker.
- Years the social worker has been an Emergency Response Worker.
- Years of social work experience.

- Domestic violence training received (Conference, Seminar, Course, or any combination thereof).

The following narrative responses were also gleaned from the surveys. They were listed verbatim and grouped according to common themes:

- What did the social worker consider the critical issue in each vignette to be?
- What level of risk did the social worker assign to the child in each vignette?
- What level of risk did the social worker assign to the mother in each vignette?
- Would the social worker file allegations in either of the vignettes?
- What was the deciding factor(s) in the social worker's decision to remove or not to remove the child in each vignette?

Procedures

Procedurally, the most important step in this study was to obtain permission from the agency. The Assistant to the Director of San Bernardino County Department of Children's Services (DCS) was contacted regarding the study and a synopsis of the proposal was sent to him. This included the premise of the study, the data needed,

what the data were going to be used for, and the type of case records from which the data were to be collected. Copies of the Court Report Abstraction Tool (Appendix A) and the social worker survey (Appendix B) were also provided. The Director of DCS gave final approval after a review of the synopsis (Appendix C).

As part of this process, the Assistant to the Director contacted County Counsel (attorney for DCS) in order to determine the legality of accessing the Court records and clearance was given. Rather than being responsible for all aspects of the data collection, DCS assigned a representative from the Administrative Resources Division (ARD) to compile an initial data set. The source and content of the required data was clearly defined and communicated accurately to the person assigned to compile it. What resulted was a listing of the names, case numbers, and removal dates of all children placed into protective custody, in San Bernardino County, due to physical abuse. The specified time parameter started June 1, 2000 and ended December 31, 2000.

A great deal of previous research points to the difficulty encountered in having social workers complete surveys, mostly due to their large workloads. With this in mind, the social worker surveys were designed to take a

maximum of 30 minutes to complete and were distributed as early in the process as possible so that they would have time to complete them. Each survey was assigned a number, in place of names, for identification purposes. Further, a return envelope was provided. All surveys were sent via interoffice mail. Reminders were sent out and all identification numbers were placed into a raffle for two movie passes.

Faculty Research Advisor, Dr. Ray Liles, supervised this study starting in the summer of 2001. Dr. Liles is an Assistant Professor with the Department of Social Work at California State University, San Bernardino (CSUSB). After the Director of DCS and the Institutional Review Board of CSUSB granted approval for the study, work began on data collection. An initial data run was competed by the representative of DCS in September of 2001. Data collection started on January 13, 2002 and it was completed on February 3, 2002. The first distribution of 22 social worker surveys began on February 4, 2002 with a return deadline of February 28, 2002.

The list of Emergency Response Social Services Practitioners (ER SSPs) compiled from the case analysis included 26 names. However, it was immediately determined that four of the ER SSPs were no longer employed by DCS.

Therefore, the initial distribution included 22 ER SSPs. One of these surveys was subsequently returned because the worker had also terminated their employment with DCS. A second survey was returned because the worker was on extended medical leave. This left 20 surveys, which could be completed and analyzed. Due to a slow response rate, a second distribution was completed on March 8, 2002 with a deadline of March 26, 2002. Analysis of said data was completed on April 26, 2002.

Protection of Human Subjects

In an effort to protect the confidentiality of all social workers and Department of Children's Services (DCS) clients, client names were not included in the data collection process. Social worker names were noted for survey distribution purposes only, but were not indicated anywhere on the survey forms. Data from the Court reports were recorded on a report abstraction tool. In the process of transferring data to the abstraction tool, names of social workers and clients were visible, however the tool did not record information such as names or other identifying information such as address, date of birth, or social security number.

State law and San Bernardino County policy mandate that all Child Welfare records be kept confidential.

Additionally, employees are required to sign a statement acknowledging this mandate at the time they are hired. Social worker surveys were issued a number for identification purposes. Survey participants were provided with an Informed Consent (Appendix D), which allowed them to indicate their willingness to participate with an "X" and provided an assurance that they could withdraw their survey at any point. Further, a Debriefing Statement (Appendix E) was also included.

Data Analysis

Data was initially compiled by a representative of the Department of Children's Service (DCS), Administrative Resources Division (ARD) to determine the number of Court cases where there were allegations of physical child abuse. It was further analyzed for content, to provide a final sample of those cases that also included allegations of domestic violence. Initially, information from the social worker surveys were complied into categories based on their responses to the vignettes (either detain the child[ren] or don't detain the child[ren]). Narrative statements provided by the Emergency Response Social Service Practitioners (ER SSPs) were recorded in writing, verbatim. The data were examined for content and organized around recurring themes.

First, all nominal and continuous data were analyzed on a univariate level to obtain a frequency distribution. This distribution allowed the visual examination of how many responses there were for each variable via an absolute frequency, cumulative frequency, and percentage of each variable in the total sample. A bivariate analysis, in the form of Pearson Chi-Square, and Independent Means T-tests (where indicated by the presence of continuous variables) were also conducted to determine if the independent variables were related to the presence or absence of a domestic violence allegation in the court cases.

Independent variables from the Court cases were analyzed individually to determine frequencies, but were grouped for analysis by Chi-Square. The percentage of court cases where there were both domestic violence and physical child abuse allegations were discussed along with the results of the social worker surveys. Since there wasn't a 100% response rate for the surveys, they could not be matched to the sample of cases. Thus, the comparison is strictly conceptual. Results of the analysis were to be used to explore whether social workers recognize the critical risks in violent families during

their investigations and then translate that recognition into their written allegations.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the results of this two-part exploratory study. Data from both the case analysis and the social worker surveys are reported. Findings for the Juvenile Court cases are presented first. The frequency with which each quantifiable variable in the cases occurred is reported and analyzed for possible trends. Next, the social worker surveys are examined in terms of the frequencies of certain variables, as well as for commonalities found in the narrative portion of the responses.

Presentation of the Findings

Juvenile Court cases were examined to determine whether Emergency Response Social Service Practitioners (ER SSPs) were filing allegations regarding domestic violence as well as physical child abuse, when both were issues of risk in a given case. The sample was 31 cases with the following characteristics. Eleven of the cases (35.5%) came from the San Bernardino Region. Seven of the cases (22.6%) came from the Victorville Region. Six of the cases (19.4%) came from the Rancho Cucamonga Region.

Four of the cases (12.9%) came from Yucca Valley Region. Three of the cases (9.7%) came from the Barstow Region.

Family composition in these cases was most often made up of a mother and father (38.7%). Their average ages were 28.48 years and 31.61 years respectively. The youngest age reported for the females was 19 years old and the oldest was 47. Males did not differ from females significantly in age, with the youngest in the sample being 20 years old and the oldest being 48. The couples in the case sample had an average of 2.68 children, with the maximum number of children in a family being six. Fifteen (48.4%) of the families were Caucasian.

Each of the case records had documented incidents of domestic violence. Twelve cases (38.7%) indicated domestic violence in the initial referral document, while 17 cases (54.8%) included a reference to domestic violence in the social worker's investigative narrative. In 11 of the 31 cases (35.5%), there were no allegations filed with regards to domestic violence, despite the fact that all but two of the cases had documented incidents of domestic violence, in either the referral or investigative narrative, or both. Of the 31 cases, 24 of the families (77.4%) were found to have a history of domestic violence.

Additionally, 21 of the families (67.7%) had a history of prior child abuse referrals.

Another variable examined in the first phase of this study was the type of allegations filed by the ER SSPs who investigated the cases. The allegations social workers file in Court are dictated by the Welfare and Institutions Code (WIC) of the State of California; specifically Section 300, which contains 10 subsections. In this study ER SSPs filed allegations based on the following subsections:

- WIC 300(a) - Minor has suffered, or is at risk of suffering, serious physical abuse that is non-accidental.
- WIC 300(b) - Parent(s) failure or inability to adequately supervise or protect child(ren) from abuse or from the other custodian. Willful or negligent failure to provide for needs of the child(ren).
- WIC 300(c) - Serious emotional damage to child(ren) as evidenced by severe anxiety, depression, withdrawal, or aggression.

Of the 31 cases analyzed, 20 contained allegations regarding physical abuse, domestic violence, or both. In nine of the 20 cases (29%), ER SSPs filed a WIC 300(b)

allegation. In eight of the nine cases, the allegation addressed the issue of domestic violence. This was followed by six people (19.4%) who filed WIC 300(a) allegations. Three of these six allegations actually addressed the risk to the child as a direct result of domestic violence.

The nominal variables in this initial case data were analyzed using Pearson Chi-Square. The purpose of the analysis was to determine the presence of relationships between the dependent variable and the independent variables in the case sample. Specifically, the presence or absence of domestic violence allegations (dependent variable) was paired with the following nominal, independent variables to determine if any statistical relationships existed:

- Location of the initial domestic violence documentation (initial referral or investigative narrative).
- Presence of a domestic violence history.
- Presence of a child welfare history.
- Department of Children's Services Region where the case was investigated.
- The type of allegation filed by the social worker.

- The type of parental relationships in the family (i.e., Mother/Father, Mother/Stepfather, Mother/Live-in Boyfriend, and Father/Stepmother).
- Ethnicity of the family.

Continuous data were analyzed using an Independent Means T-test. The purpose of this analysis was to determine if statistical relationships existed between the nominal, dependent variable and the following continuous, independent variables:

- Age of the adult female in the home.
- Age of the adult male in the home.
- Number of children in the home.

Although none of the relationships reached statistical significance, some trends did appear to be evident. The sample included nine cases (29.1%) in which the presence of domestic violence was obvious, in that it was documented throughout the investigative reports (initial referral and social workers' investigative narrative). However, in three of those nine cases (9.7%), there were no allegations of domestic violence filed.

In the second phase of this study, a survey was provided to 20 Emergency Response Social Service Practitioners (ER SSPs). Their selection was nonrandom because they investigated the Juvenile Court cases used in

first phase of the study. The final sample included responses from the 14 ER SSPs who completed and returned the survey. The purpose of the surveys was to explore what workers indicated they would do in a hypothetical, but similar situation, to the cases analyzed. In turn, the initial case analysis provided the results of decisions made by these ER SSPs in actual investigations. In the surveys, social workers also provided information regarding their gender, age, education, and type of domestic violence training they had completed. Eleven of the ER SSPs (78.6%) were female, with half of them between the ages of 31 and 40 years old. Fifty percent held a Masters Degrees in Social Work (MSW).

It is interesting to note that four of the ER SSPs (28.6%) held a Bachelors Degree only. Of these four respondents, two held Bachelors Degrees in a field other than Social Work. Eleven the ER SSPs (78.6%) indicated that they had been performing Emergency Response duties for five years or less, with a mean of 4.93 years and a median of 3 years. Five ER SSPs (35.7%) had between one and five years experience in the field of Social Work. An equal number had between six and ten years of Social Work experience. The mean of 32.86 years and median of 6.50 years for this variable was due to the years of Social

Work experience attributed to the remaining two respondents. One had 16 years of experience and the second had 36 years of experience. With regards to domestic violence training, only three people (21.4%) stated that they had no training.

As stated above, a qualitative section was included in the surveys, in the form of vignettes (Appendix B). ER SSPs were asked to read two vignettes and provide narrative answers to the following:

- Their evaluation of the most critical issues in the vignette.
- Their evaluation of the level of risk to the child and the mother in each vignette.
- The deciding factor in their choice to remove or not to remove the child.
- Allegations they would file if they chose removal.
- What interventions they would suggest if they chose not to remove the child.

Each vignette was slightly different in that there was a threat of injury to the child in Vignette #1 and actual harm to the child in Vignette #2. In both vignettes the mother was being abused: by her husband (vignette #1) and her boyfriend (vignette #2). Narrative statements were listed and grouped by similarity to

determine the percentage of each response. The small sample size made it difficult to reach any statistically significant results using Pearson's Chi-Square and Independent Means T-test.

The following results are from Vignette #1. Overall, eight of the ER SSPs (57.1%) surveyed stated that they would remove the child. Of the eight who thought the child should be removed, three (37.5%) stated that "domestic violence" was the critical issue in the vignette. This was followed by "Mother's failure to protect," and "The threat to the child," each of which was listed as the critical issue in the case by two of the ER SSPs (25%) who said they would remove. When asked about the deciding factor for removal, four of the ER SSPs (50%) responded with "Mother's failure to protect the child." All eight ER SSPs evaluated the risk to both the mother and child as "High." Three of the eight ER SSPs (37.5%) stated that they would file a combination of allegations based on WIC 300(b) and (c), while two ER SSPs (25%) stated that they would file WIC 300(b) allegations only.

With regards to the six ER SSPs who stated that they would not remove the child, three (50%) stated that "Mother's failure to protect" was the critical issue in the case. Further, five of the six evaluated the risk to

the child as "Moderate" and the sixth said the risk to the child was, "Low." With regards to risk to the mother, four evaluated the risk as, "High" and two said the risk was, "Moderate." Fifty percent gave their reason for not removing as "No current injury to the child."

The following responses were in regards to Vignette #2. In this vignette, the mother was being abused by the boyfriend, which resulted in the child suffering a minor injury. Thus, the effect of the domestic violence on the child was more evident. As such, 10 of the SSPs (71.4%) stated that they would remove the child. Of those ER SSPs who stated that they would remove the child, four (40%) responded that, "Injury to the child" was the critical issue in the case. This was followed by, "Domestic violence," which was listed by three (30%) of the respondents.

Five of the ER SSPs (50%) listed their deciding factor for removal as "Injury to the child." Further three ER SSPs (30%) responded that, "Mother's failure to protect" was their deciding factor. All 10 of the ER SSPs evaluated the risk to the mother and child as "High." Of the ten ER SSPs, who would file allegations in Vignette #2, six of them (60%) stated that they would file based on a combination of WIC 300(a) and (b). This was followed

distantly by two ER SSPs (20%) who said they would file allegations based on WIC 300(b) only.

Four ER SSPs (28.6%) stated that they would not remove the child, despite the fact that "Mother's failure to protect" was a critical issue listed by all four of them. Although they could agree on the critical issue in the case, each one of the four ER SSPs gave a different deciding factor for not removing: "Can't prove emotional abuse of the child," "Mother appears protective of the child," "No previous injury to the child," and "No child welfare history." Two of the ER SSPs (50%) evaluated the level of risk to the mother and child as "High" and two (50%) evaluated the risk to the mother and child as "Moderate."

The interventions ER SSPs offered as alternatives to removal of the child were strikingly similar in both vignettes. In 100% of the ER SSPs responses, the following interventions were proposed: "Encourage mother to get a restraining order and get the abuser out of the house," "Provide mother with referrals to a shelter and a support group and encourage her to go," and "Counseling, parenting, and substance abuse treatment."

Summary

Chapter Four reviewed the results produced by this project. Juvenile Court cases were reviewed for the presence of both physical child abuse and domestic violence. The presence of domestic violence allegations was the dependent variable. The frequency distributions produced evidence that 11 of the 31 cases had no allegations of domestic violence, despite the fact that domestic violence was documented in the investigation. The social worker surveys were analyzed via the recording of verbatim narrative responses made by the ER SSPs with regards to evaluating risk and decisions about removal of the child in each of two vignettes. More ER SSPs stated that they would remove the child in cases of domestic violence when the child was actually injured than when there was a threat of injury only.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five presents the conclusions, which resulted from the completion of this project. The initial phase of the study examined data extracted from Juvenile Court cases. The second phase involved the distribution of surveys to Emergency Response Social Services Practitioners (ER SSPs) who investigated the aforementioned cases. The purpose was to explore the factors they perceive to be important in identifying and assessing risk. Although statistical significance was not achieved when the quantitative data were analyzed, some themes emerged that certainly merit further discussion and research. Thus, information extracted from both phases of the research process will be discussed in terms of recommendations for future research and training possibilities.

Discussion

This two-part study was undertaken to explore how social workers identify critical risk in cases where there was both physical child abuse and domestic violence. The first phase of this exploratory study was to look at

whether social workers were filing allegations specific to domestic violence or relegating it to an ancillary issue within the body of their Jurisdictional/Dispositional (J/D) reports. In the second phase of the study, the ER SSPs who investigated the cases in the sample were asked to complete a survey, which examined their reasoning with regards to risk assessment in such cases.

The variables analyzed by Pearson Chi-Square and Independent Means T-test did not yield any statistically significant relationships. It is believed that had the sample size been larger, statistically significant relationships would have been evident. This issue merits further examination and will be looked at in terms of what the results might yield with a larger sample.

In this study, domestic violence was an issue documented in cases that were analyzed. However, in 11 of the 31 cases, no allegations of domestic violence were filed. This raises the question of exactly how much danger the child has to be in before the issue of domestic violence is presented in Court as an allegation. Not withstanding the abuse endured by the mother, the threat domestic violence creates for the child is a risk that needs to be taken seriously. However, in some cases, it seems to be unrecognized or minimized by the child welfare

system. Do both the mother and child(ren) have to be seriously injured before child welfare staff can intervene?

Additionally, from this study, it appears that both a history of domestic violence and child welfare intervention have some bearing on the decision to file allegations. A possible issue here could be that ER SSPs reason that, a history of either domestic violence or child welfare intervention provides a foundation on which to build current allegations. Another possibility is that ER SSPs think that families who have either, or both of these histories create a higher level of risk to the child(ren). If this is the case though, what does that mean for the family who doesn't have a history, despite the fact that violence toward the mother and the children has been occurring behind a veil of secrecy.

Another interesting association is in regards to the ages of the adults in these homes and whether allegations were filed. It seems that the younger the adults (between 20 and 30 years old) the more likely that allegations would be filed. Possibly, younger parents are perceived to have fewer parenting skills, more immature coping mechanisms, and poorer impulse control than their older

counterparts, thus, creating a higher perceived risk to the child.

Given the complexity of investigations of this nature, other important questions arise. Exactly how critical is a domestic violence or child welfare history when making a decision to file allegations? Is the weight given to age of the adults in the home heavier than it should be? Does this mean that ER SSPs are overlooking the multiple factors involved in a domestically violent family? The datum seems to be pointing in this direction, however further study, with a larger sample would be necessary to determine the answers to these questions.

As mentioned earlier, the basis for the allegations social workers file in Juvenile Court is found in the Welfare and Institutions Code (WIC), Section 300. Currently, WIC does not contain any provisions, which specifically address issues of domestic violence. Wording in the WIC subsections is somewhat broad and this leaves them open to interpretation. As such, in cases where issues of risk, due to domestic violence, are less obvious (i.e., no injury to the child), but nonetheless present, the social worker must provide enough supporting evidence and explanation that Bench Officers (Judges,

Commissioners, or Referees) understand how the allegation is connected to the level of risk.

If a connection isn't made, Bench Officers may determine that the evidence is not sufficient to support a given allegation. This is probably most likely when an emotional abuse allegation (WIC 300(c)) is presented to the Court. Emotional abuse is a more abstract concept, thus it is harder to prove. When making a WIC 300(c) allegation, ER SSPs must prove that the domestic violence has resulted in serious emotional damage to the child. Although studies show that children suffer serious effects from just witnessing domestic violence (Roy, 1988), the allegation seems to be dismissed in all but the most serious cases.

The sample size of social worker surveys was also relatively small, however most of the pertinent information was narrative in nature. It is interesting that seven of the ER SSPs did not hold a Masters Degree in Social Work (MSW). Additionally, two of the four Bachelors level staff hold a Bachelors Degree in a field other than Social Work. Also worth noting is that despite this breakdown in formal degrees, the vast majority of the 14 ER SSPs had five or less years of experience working in Emergency Response (ER). This raises the question; what

is more pertinent to the task of evaluating risk, a degree or experience?

In the survey portion of this study, the two vignettes that ER SSPs were asked to respond to had similarities, in that domestic violence was present in both. However, one of the main differences was the threat of physical abuse to the child (vignette #1), verses actual injury to the child(vignette #2). Based on narrative responses, fewer ER SSPs stated that they would remove the child in Vignette #1 and half of them gave the reason for their decision as "No current injury to the child." This finding deserves further attention because the risk to the child is very real, despite the fact that, at that point, there was no injury. Those who chose to remove cited "Mother's failure to protect" as the deciding factor. Despite the fact that there was no injury to the child, they recognized that risk was present and decided that Court intervention was necessary.

Although more of the ER SSPs responded they would remove the child in Vignette #2, not all of them said that they would file allegations specific to domestic violence. In fact, most ER SSPs said that they would only file physical abuse allegations regarding the injury to the child. This again could indicate that domestic violence

is viewed as an ancillary issue, especially given the fact that physical abuse allegations could be substantiated. If this is the case, then the question becomes one of how the domestic violence issue is confronted and resolved within the scope of the child welfare case.

The survey was meant explore how ER SSPs might evaluate risk in hypothetical situations similar to those seen in Court. Looking at the process they use to assess risk could provide insight into the factors they determine to be important when making decisions about which allegations to file. Thus, a link can be seen between the decision-making process ER SSPs use when assessing the need to file domestic violence allegations and whether the same ER SSPs actually filed these allegations in the case sample. Based on the findings in this study, it is believed that ER SSPs who completed the surveys appeared more willing to indicate that they would file allegations directly related to domestic violence in the hypothetical survey vignettes, than in the actual cases analyzed.

It seems that social workers often do not believe that they have enough evidence to allege that children are at risk of physical or emotional harm due to domestic violence if there are no injuries. As such, are social workers daunted by the prospect of having to locate and

provide the necessary supporting evidence in order to get allegations related to domestic violence sustained? Further, is this why these allegations are not included even when domestic violence is creating a risk to the child(ren)? If child welfare agencies are going to provide comprehensive services to clients, it will be necessary to look at these factors in child abuse investigation.

Another aspect of the ER SSP's job is to provide referrals to services and, as warranted, assistance in obtaining them. Whether the abuse to the child in the vignettes was actual, or threatened, those workers who stated that they wouldn't remove the child in either one or both of the vignettes provided strikingly similar responses to the types of intervention they would suggest.

Further, the interventions were contradictory to previous research (Guberman & Wolfe, 1985), which indicates that the level of risk increases dramatically for women and children when they try to either leave the batterer or try to make changes within the family system while the batterer is still in the home. Therefore, when ER SSPs provide referrals for counseling, parenting, and substance abuse treatment, or encourage mothers to enter a shelter, get restraining orders, or ask the batterer to leave the home (as they indicated in the surveys), how

does this diminish the level of risk to the mother and child(ren)?

Limitations

The findings in this study were limited by the sample size, with regards to both the initial case analysis and the social worker surveys. More data could have been gathered if the sample came from a one-year period, rather than a six-month period. As was discussed previously, a larger sample might have led to statistically significant relationships between the variables. Further, additional cases would have in turn, produced more Emergency Response Social Services Practitioners (ER SSPs) who could respond to the social worker surveys. However, a high response rate from the ER SSPs would also be important. Reduced response rates could have potentially been caused by the large caseloads and high level of Court responsibility ER SSPs have. As such, time for completing research surveys is limited by the rapid pace of their work schedules.

The surveys completed by the ER SSPs who investigated the cases in the case sample were meant to provide a link between factors ER SSPs say are important in their decision to file allegations and whether they actually filed allegations in practice. When surveys are used as a research instrument, respondent bias is something that

must be looked at as a limitation. The ER SSPs who completed surveys for this study might have felt that there would be certain expectations with regards to how the questions should be answered. As a result, their answers could have reflected a desire to please the researcher. Further, if they felt that their competence as a social worker was being scrutinized, they might have given what they thought were answers based on best-case practice. Either of these possibilities could prevent responses from being a realistic reflection of each individual's knowledge and experience.

The Child Welfare Service/Case Management System (CWS/CMS) is another possible limitation that merits discussion. Developers of CWS/CMS intended information to be entered into the database in a standardized fashion. Despite this, the client data is entered by individual social workers, rather than just one person. This creates inconsistency in case documentation, in that each social worker has his or her opinion about what is important. Thus, cases may differ in the amounts, and quality of, demographic information they contain, making it more difficult to extract the data for research purposes. Further, to get the most complete information from CWS/CMS, such as Court documents and case plans, only the

most recent cases can be used. Therefore, including the first six months of the year 2000, in order to enlarge the sample for this study, might have created problems in accessing the needed data in CWS/CMS.

Overall, the absence of statistically significant relationships between the variables from both the case data and the social worker surveys has limited the validity of this study. Without statistical significance, the results are not as meaningful as they might otherwise be. Further, the small sample sizes makes generalizing to the larger population impossible. This issue might be resolved if future studies in this area use a larger sample.

Recommendations for Social Work Practice, Policy and Research

One of first things that can be gained from this exploratory study is that research of this nature is important. It is worth noting that a large portion the case sample included both domestic violence and physical child abuse, however they made no mention of domestic violence in the allegations. Additionally, with regards to Vignette #1 in the social worker surveys, several Emergency Response Social Services Practitioners (ER SSPs) indicated that they would not remove the child, despite

the fact that risk to the child was present and they assessed the risk to the child as "High." Further, half of them stated that the reason was that there was no actual injury to the child.

The Public Child Welfare Training Academy provides a Core Training program that all newly hired social workers must attend. Currently, the only mandatory domestic violence training received by social workers is a five and one half-hour block during the Core Training. If child welfare personnel are to have a more in-depth understanding of this dynamic and how to assess it, comprehensive, mandatory domestic violence training is needed.

It is equally important that the Bench Officers in Juvenile Dependency Court gain a deeper understanding of the complexities of domestic violence and its impact on the family system. The Department of Children's Services (DCS) and the Court networking with each other on this front is of the utmost importance. Collaboration of this nature could create an avenue for social workers to have confidence that domestic violence allegations will be sustained, and the Court to understand the reason for the inclusion of such allegations.

Conclusions

Social workers have the responsibility of working with a wide spectrum of complex family issues. They must take the puzzle pieces they are handed, evaluate the needs and risks of the family, and assist them in recreating a healthy and safe family environment. Domestic violence is one such issue that is gaining in prevalence in the child welfare system. It is important that in-depth training in all aspects of domestic violence be mandatory for child welfare social workers, especially those who work in Emergency Response.

This study only begins to scratch the surface in terms of how social workers evaluate risk in cases of domestic violence and physical child abuse. Based on the results that were generated from this study, despite the lack of statistical significance, it appears that the concept of risk is a viewed through a somewhat subjective lens. Further research could be helpful in fostering a better understanding of risk assessment in child welfare cases that involve domestic violence and physical child abuse.

APPENDIX A

COURT REPORT ABSTRACTION TOOL

COURT REPORT ABSTRACTION TOOL

Dependent Variable

1. Allegations Filed: Yes: 01 No: 02

Independent Variables

2. Type of Allegation: _____

3. Documented Domestic Violence Issues:

   Ref: _____ I.N.: _____ DET/PET: _____ J/D: _____

4. Parent Information:

Parent 1: **Sex:** Male (01) - Female (02)	Parent 2: **Sex:** Male (01) - Female (02)
Age: ____	**Age:** ____
Race: Cauc. (01) Hisp. (02)	**Race:** Cauc. (01) Hisp. (02)
African-American (03) Asian (04)	African-American (03) Asian (04)
Other (05)	Other (05)
Domestic Abuse: Victim (01) Perp. (02)	**Domestic Abuse**: Victim (01) Perp. (02)
Physical Child Abuse: Yes (01) No (02)	**Physical Child Abuse**: Yes (01) No (02)
Substance Abuse Hx: Yes (01) No (02)	**Substance Abuse Hx**: Yes (01) No (02)

5. Child Information:

Child #1:**Sex:** Male (01) - Female (02)	Child #2:**Sex:** Male (01) - Female (02)
Age: ____	**Age:** ____
Race: Cauc. (01) Hisp. (02)	**Race:** Cauc. (01) Hisp. (02)
African-American (03) Asian (04)	African-American (03) Asian (04)
Other (05)	Other (05)
Child #3:**Sex:** Male (01) - Female (02)	Child #4:**Sex:** Male (01) - Female (02)
Age: ____	**Age:** ____
Race: Cauc. (01) Hisp. (02)	**Race:** Cauc. (01) Hisp. (02)
African-American (03) Asian (04)	African-American (03) Asian (04)
Other (05)	Other (05)

6. Prior CWS History (# of prior reports):_____

7. Prior Domestic Partner Abuse History (Police intervention/Personal reports):_____

APPENDIX B

SOCIAL WORKER SURVEY

SOCIAL WORKER SURVEY

ID#_____

For the following 12 questions, please either circle, check, or provide a narrative for each answer.

1. What is your Gender? M F

2. What is your age? _____

3. What is your education level?

   BSW _____

   BA/BS (specify) _____

   MSW _____

   MA (specify) _____

4. How many years have you worked for San Bernardino DCS in an ER SSP Capacity? _____

5. How many years have you worked in the field of Social Work? _____

6. Of the years listed in question #5, how many years were spent working with domestic violence issues? _____

7. Have you participated in any training specific to domestic violence? Y N

   - If yes, where did you receive training?

     _____

- What type of training? Conference _____
  Seminar _____ Course _____
- For what length of time? _____
- In what year did you receive the training? _____

8. In your best estimation, how many referrals have you investigated, which included issues of both physical abuse and domestic violence? _____

9. Of the number listed in question #8, how many identified domestic violence as an issue in the referral narrative? _____

10. Of the number listed in question #8, how many had domestic violence issues identified as part of your investigation? _____

11. To your best recollection, how many of those listed in question #9 did you file on? _____

12. To your best recollection, how many of those listed in question #10 did you file on? _____

INSTRUCTIONS FOR VIGNETTES

Please read and respond to the following vignettes. After each vignette, you will find a list of questions, some of which require narrative answers. Although the vignettes are different, the set of questions for each is the same.

VIGNETTE #1

The agency receives a report from a Principal who suspects neglect of 10-year-old Danny. The child's teacher noticed that Danny could not stay awake in class. He also told the teacher that he was hungry. Danny tells the Principal that his mother spends most of her time in bed and has not really cooked lately. He is worried because of arguing between his parents late at night. Last night his father left home and did not return.

During an interview with the mother, Tina, the following information is provided. She has been married to Danny, Sr. for 10 years. They are both 29 years old. In addition to Danny, they have a four-year-old daughter, Ashley. Her husband's use of alcohol has increased over the last month after learning that he may soon be laid off. He has also been telling Tina that Ashley is not his child. The children overhear the accusations of infidelity that he makes to their mother. They also hear him call her names like "whore," "stupid," and "lousy mother." When Tina disagrees, Danny Sr. slaps her or stomps out of the house, slamming the door behind him. The children usually witness this use of force or see their mother crying soon afterwards. Danny Sr. has insisted that Tina not work outside the home because then she "would whore around with all the guys at work."

Tina reports that she has been too sore and too depressed lately to fix regular meals for the children. She reports that neither she nor her husband physically abuses the children. The child, Danny also denied that he is physically abused. However, upon further questioning, Tina admitted that Danny Sr. has slapped Danny, "a few times in the past." She further reports that she has thought about leaving the marriage, but believes that Danny Sr.'s threats to gain custody of the children would come true. In addition, she hasn't worked since before the marriage and doesn't feel confident that she could financially support the children. About three months ago, Danny saw his father choking his mother and called the police. They went to a shelter for one night and returned home the next day. Danny Sr. was arrested, but was soon released from jail. Tina admitted that when he returned home, he put his hands lightly around Danny's neck and said he would, "get the same treatment" if he ever called the police again. When asked about this incident, Danny Jr. at first said, "I don't remember," and then said, "I don't want to talk about this anymore."

1. In your opinion, what are the most critical issues in this case?

2. What is your assessment of risk to the mother in this case?

3. What is your assessment of risk to the child(ren) in this case?

4. Would you substantiate any of the allegations? **Y** **N**
   - Which allegations would you substantiate?

5. Would you add any allegations to the case? **Y** **N**
   - If yes, what type of allegation(s) would you add?

6. Would you consider removal of these children? **Y** **N**

7. If you answered **YES** to question #6:
   - What would be the deciding factor?

     _____

   - What allegations would you file?

     _____

8. If you answered **NO** to question #6:
   - What was the deciding factor?

     _____

   - What interventions would your provide to stabilize the family?

     _____

VIGNETTE #2

The police contact the Department to investigate the possible abuse of seven-year-old Karen. Karen's neighbors called the police when she came to their apartment screaming, with a small cut on her cheek. She said that she was trying to keep her mother from being hurt by her boyfriend.

When you interview Karen's mother, Susan she tells you that Karen grabbed the arm of her ex-boyfriend Robert as he started to throw her into the wall. Robert flung Karen off his arm and she hit her face on the kitchen counter. She reports that Robert never hurt Karen before and thought this was an accident, which would not happen again. Robert had become very angry because Susan had finished drinking the three beers that he left in the refrigerator. Karen also stated that, aside from this incident, Robert has "never really" hurt her. However, she stated that he drinks "a lot" and he scares her when he "gets mad" at her mom.

Susan has dated Robert intermittently for the past three years. They lived together for a year, but she moved away to another city after he pushed her down the stairs. He found out where she was living and harassed her by phone. He was then arrested for possession of cocaine and was incarcerated for a time. He recently contacted her and asked to see her. At first she refused, but was later convinced that he had changed. She let him move in with her three days ago when he said that he was attending drug abuse counseling regularly and because he seemed so attentive to her and Karen.

1. In your opinion, what are the most critical issues in this case?

2. What is your assessment of risk to the mother in this case?

3. What is your assessment of risk to the child(ren) in this case?

4. Would you substantiate any of the allegations? **Y** **N**
   - Which allegations would you substantiate?

5. Would you add any allegations to the case? **Y** **N**
   - If yes, what type of allegation(s) would you add?

6. Would you consider removal of these children? **Y** **N**

7. If you answered **YES** to question #6:
   - What would be the deciding factor?

     _____
   - What allegations would you file?

     _____

8. If you answered **NO** to question #6:
   - What was the deciding factor?

     _____
   - What interventions would your provide to stabilize the family?

     _____

APPENDIX C

AGENCY LETTER

Agency Authorization Letter

DEPARTMENT OF CHILDREN'S SERVICES

150 South Lena Road • San Bernardino CA 92415-0515

COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM

CATHY CIMBALO
Director

July 11, 2001

Dr. Teresa Morris
CALIFORNIA STATE UNIVERSITY SAN BERNARDINO
DEPARTMENT OF SOCIAL WORK
5500 UNIVERSITY PARKWAY
SAN BERNARDINO, CA 92407-2397

This letter serves as notification to the Department of Social Work at California State University, San Bernardino, that Faye Johnson, Jane Scarlett, and Bryan Wing have obtained consent from the Department of Children's Services (DCS) of San Bernardino County to conduct the research project concerning reunification outcomes of children removed from their home due to serious physical abuse.

This letter also serves as notification to the Department of Social Work that the Department of Children's Services, San Bernardino County, consents to DCS staff participation in this research project.

CATHY CIMBALO, LCSW
Director

APPENDIX D

INFORMED CONSENT

INFORMED CONSENT

The study in which you are about to participate is designed to investigate social workers' thoughts about risk assessment in cases where there is domestic violence and physical child abuse. Faye Johnson is conducting the study in partial fulfillment of the requirements for her MSW degree. She will be under the supervision of Dr. Ray Liles (909) 880-5557. Dr. Liles is a faculty member of the School of Social Work. The Institutional Review Board of California State University, San Bernardino, has approved this study, as has the Director of the Department of Children's Services.

In this study, you will answer questions, some of which require a narrative response to vignettes. The questionnaire is designed to take approximately 30 minutes to complete. To insure confidentiality, you are asked not to include your name. All questionnaires will be assigned a number and you will be asked to mark your consent with an "X" and the date. If you so chose, you may receive a report of the project's results once it is completed. Copies of the finished project will be on file at the Cal State, San Bernardino Library and San Bernardino DCS after June 15, 2002.

There are no foreseeable risks from participating in this research, however your participation is voluntary. You are free to withdraw at any time during the study without penalty, and to remove any data at any time during this study. Since the questionnaires are designed to be confidential, it is important that you record your ID number, so if you should wish to withdraw, your questionnaire can be tracked. All individual results will be combined and reported in group format.

By placing an "X" below, I acknowledge that I have been informed of, and understand, the nature and purpose of this study. I freely consent to participate and I acknowledge that I am at least 18 years of age.

_____ _____

"X" DATE

APPENDIX E

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The questionnaire you just completed is part of a study, which investigates how social workers identify critical risk factors in cases where there is both physical child abuse and domestic violence. Your responses will aid in understanding the assessment process social workers use in these cases. In addition to this questionnaire, Dependency Court documents will also be reviewed in order to ascertain the percentage of agency cases in which there are actual allegations regarding domestic violence in conjunction with physical child abuse.

The purpose of the study is to explore whether domestic violence, as a family dynamic, is being viewed as a critical risk to children in San Bernardino County. It is expected that sometimes social workers don't file allegations specific to domestic violence in these cases. Rather it is relegated to an ancillary issue in the body of the J/D report.

If you have any questions or concerns about this study, please contact Dr. Liles at Cal State San Bernardino (909-880-5557). Information regarding results of the study can be obtained after June 15, 2002. Both the library at Cal State, San Bernardino and San Bernardino DCS will have copies of the project on file.

Thank You.

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