Despite the established link between domestic violence and child abuse, only one study in California has explored whether Child Protective Services agencies have integrated domestic violence into their written child abuse assessment formats. This national study analyzes data gathered from every state in the U.S. (except California) to determine the extent to which CPS workers are encouraged through their assessment forms to inquire about domestic violence when assessing for child abuse. These preliminary findings suggest that although 90% of the states studied have, in one way or another, now integrated domestic violence into their child abuse assessment forms, states have only incorporated domestic violence to the extent that it may be a threat to the child. According to the assessment forms reviewed, no states have taken the critical next step of fully integrating domestic violence into their child abuse evaluations for the specific purpose of empowering the mother to protect the child. To respond to the call for a more comprehensive assessment, a screening questionnaire is proposed for CPS agencies that are truly interested in developing strategies that protect both the mother and the child. The perceptions of child welfare workers related to how they define the problem of domestic violence, and their ability to empower battered women in the child welfare process are also discussed as an important precursor to practice interventions chosen. Ample theoretical and empirical research suggests that children will be protected in the long-term by addressing the needs of battered women. [Brief Treatment and Crisis Intervention 2:153–172 (2002)]

KEY WORDS: child welfare, domestic violence, child protective services, child abuse, child neglect, empowerment.
AHA, 1994; Bowker, Arbitell, & McFerron, 1990; Edleson, 1999; Hart, 1992; Hotaling & Sugarman, 1986; Lyon, 1999; McKay, 1994; Mills, 1998a; O’Keefe, 1995; Shepard & Raschick, 1999; Stark & Flitcraft, 1988; Straus & Gelles, 1986; Straus, Gelles, & Steinmetz, 1980; Zorza, 1995). Typically, the relationship between domestic violence and physical abuse has been examined. More recently, domestic violence has been studied in conjunction with other types of abuse including emotional abuse (Jellen, McCarroll, & Thayer, 2001), neglect (Hartley, 2001), and neglect, physical abuse, and psychological abuse simultaneously (McGuigan & Pratt, 2001). Child witnessing of domestic violence and physical abuse have also been linked to violent juvenile offending (Herrera & McCloskey, 2001). Furthermore, a temporal order is suggested by McGuigan and Pratt’s work, in which they followed a cohort of 2,544 at-risk mothers for 5 years and found that domestic violence occurring in the first 6 months of a child’s life was a significant predictor of all three types of abuse: psychological, physical, and neglect (McGuigan & Pratt, 2001).

Exact percentages of the cooccurrence of domestic violence and child abuse vary. Based on a volunteer sample of 1,000 women, Bowker et al. (1990) found a 70% rate of cooccurrence. In his review of 35 studies, Edleson (1999) found a 30% to 60% range of overlap. More recent studies are in general support of the lower half of these figures. In a random sample of child welfare cases in Duluth, caseworkers identified 32% of the abuse cases with domestic violence having occurred or at risk of occurring (Shepard & Raschick, 1999). A Michigan study indicated a 37% overlap, based on the family’s report (Findlater & Kelly, 1999). A study in England found a 22% overlap when analyzing official records but a 46% overlap when caseworker’s notes in the case file were analyzed (Browne & Hamilton, 1999). An Iowa study used multiple methods to identify domestic violence in a 3-year cohort of child welfare cases in one city and found a 46% overlap between domestic violence and neglect cases and a 44% overlap between domestic violence and physical abuse cases (Hartley, 2001).

Of equal concern is that when child protection workers identify domestic violence, tensions surrounding how to handle both issues have emerged (Beeman, Hagemester, & Edleson, 1999; Findlater & Kelly, 1999; Magen, 1999; Whitney & Davis, 1999). Child welfare workers have been accused of blaming the mother for the domestic violence and in the most extreme cases, removing the children due to a mother’s “failure to protect” the child. Domestic violence advocates have been accused of not placing enough importance on child abuse perpetrated by abused women, risking the safety of the child. Not surprisingly, women who come in contact with child welfare workers often hide the presence of domestic violence for fear that their children will be removed.

The cooccurrence of these two types of abuse suggests the need to consider practice implications when child protective services (CPS) workers detect domestic violence in a family with which they are working. Yet, little research has been done to explore the extent to which child protective agencies have integrated domestic violence into their actual assessment practices. Research generally focuses on efforts to train CPS workers to be sensitive to issues related to domestic violence (Aron & Olson, 1997a, 1997b; Fleck-Henderson & Krug, personal communication to Mills & Friend, 1997; Magen, Conroy, McCart Hess, Panciera, & Levy Simon, 1995; Mills, 1998a; Mills et al., 2000). If we consider that in 1999, almost 3 million referrals to child welfare were made with 60% of these requiring investigation and assessment (U.S. Department of Health & Human Services, 2001), with even a 30% rate of cooccurrence, the scope of the need for domestic violence assessment becomes clear.

What do we lose in our child welfare inter-
ventions by ignoring the presence of domestic violence, and if it is known, by mishandling it? These questions motivated this exploration of domestic violence assessment within child protection agencies. In this article, we highlight what is known about risk assessment in child welfare and domestic violence practice. We then attempt to discover to what extent domestic violence is considered within child welfare practice through a national study of child welfare risk assessments. Based on these findings, we present several theoretical approaches that can guide models of practice in child welfare. Throughout, we highlight the importance of how domestic violence is perceived by the child welfare worker as an influential factor in how interventions for domestic violence are approached. The purpose of this article is to explore the current state of domestic violence assessment in child welfare and to share promising approaches for use in child welfare practice. It is hoped that specific identification of the complexities of the cooccurrence of domestic violence and child abuse and neglect will serve as a step toward understanding how the well-being of children and families can be improved through effective child welfare interventions.

Risk Assessment, Child Welfare, and Domestic Violence Practice

Prior to the national study discussed in the next section, only one study to date has examined the extent to which domestic violence has been integrated into child protective services assessment forms. In 1998, Mills (1998b) analyzed data from all 58 counties in California to determine the extent to which CPS risk assessment instruments have incorporated factors related to domestic violence. Mills found that many counties in California had not incorporated domestic violence into their assessment forms and that no counties had taken explicit steps to integrate the mother’s needs into their assessment forms. The national study builds on that work and analyzes assessment forms gathered from every state in the U.S. to determine the extent to which domestic violence was integrated into the forms that public child welfare workers use to assess families. Before addressing domestic violence specifically, it is instructive to look at the risk assessment literature as a backdrop to the issues that may be faced when incorporating domestic violence.

Risk assessment instruments are the tools used by CPS workers to assess and determine appropriate interventions in a given case. They reflect agency policy insofar as the instrument itself represents the criteria any given agency wants workers to consider when dispatched to a family. Agency handbooks and training materials are also relevant to determining agency practice in relation to domestic violence. However, this study focuses exclusively on the forms workers complete when they assess family functioning. Although this analysis is narrower than a more comprehensive review of agency policies and practices, it nevertheless provides a glimpse into agency functioning in relation to domestic violence. Assessment forms—the papers workers fill in during their interviews with families—are specifically designed to focus the worker’s attention on what is the most important information to collect in order to assess a family and intervene appropriately.

The reliability of child welfare decision-making has been called into serious question, and has motivated much of the recent work in this area (Gambrill & Shlonsky, 2000). A renewed emphasis on CPS agency accountability may also be a contributing factor. From a practical standpoint, the systematized collection of information enables caseworkers to manage their increasing workloads (Doueck, English, DePanfilis, & Moote, 1993a). Risk assessment has been defined as “[t]he systematic collection of information to determine the degree to which a child...
is likely to be abused or neglected at some future point in time” (Doueck et al., 1993a, p. 442).

Risk assessments seek to address two questions: will the child be reabused, and what is the probability that the child will be reabused (Gambrill & Shlonsky, 2000)? An alternative definition of risk assessment seeks to model it after approaches used in corrections and medicine (Baird & Wagner, 2000). Rather than focusing on a dichotomous outcome of a substantiated or unsubstantiated future incident of abuse as the measure of a successful risk assessment instrument, the authors of this view prefer thinking of risk assessment as a method of classification of children and families into risk categories.

Even with this slightly different emphasis in definition, risk assessment accomplishes the same goal of guiding intervention decision-making (Baird & Wagner, 2000). Risk assessment instruments are comprised of lists of variables believed to predict abuse or reabuse (Gambrill & Shlonsky, 2000). They are intended to improve the consistency and reliability of decision-making in child protection in a high pressure environment with staff that have varying levels of training and experience (Baird & Wagner, 2000).

The accuracy of risk assessments has never been confirmed (Baird & Wagner, 2000; Camasso & Jagannathan, 2000; Doueck et al., 1993a; Doueck, Levine, & Bronson, 1993b; Gambrill & Shlonsky, 2000; Inkelas & Halfon, 1997; Milner, 1989; Murphy-Berman, 1994). By nature, they are subject to two errors with serious implications for practice: overestimating risk and underestimating risk (Gambrill & Shlonsky, 2000). Moreover, it is impossible to remove subjectivity from such concepts as “harm” and “temporality” (risk now vs. risk at some point in the future). Some authors have suggested that to help remove subjectivity or uncertainty we should agree on “a set of basic harms from which the child should be protected” (Murphy-Berman, 1994, p. 194). Another concern is that risk assessments have always been inherently biased in favor of deeply rooted causes of behavior, rather than external factors that focus on environmental or situational factors (Gambrill & Shlonsky, 2000; Murphy-Berman, 1994). In addition, sources of information differ; that is, some reports are based on first-hand information, others on second-hand information from such “witnesses” as neighbors or relatives. Finally, the danger of false positives (assessing for risk that does not materialize) adds great uncertainty to the process of assessment (Murphy-Berman, 1994).

Another debate currently surrounds the accuracy of actuarial methods of risk assessment versus risk assessment based on clinical judgment (Baird & Wagner, 2000; Camasso & Jagannathan, 2000; Gambrill & Shlonsky, 2000). Actuarial methods of risk assessment in child welfare are instruments that have been tested with large populations of children through longitudinal retrospective research that encompasses a host of key variables. This allows the relationship between specific risk factors and outcomes to be thoroughly analyzed statistically. A large number of studies have indicated that given the same information on the same case situation, clinicians typically do not make the same case decision. Actuarial decision making processes, on the other hand, bring a consistency to decision-making based on similar criteria (Gambrill & Shlonsky, 2000). One recent study that compared two consensus based risk assessment instruments with an actuarial risk assessment found that the actuarial risk assessment instrument was far more accurate in classifying cases into levels of risk (Baird & Wagner, 2000). However, the rate of correct decisions based on a retrospective analysis of what occurred in the case still reaches only approximately 75%, leaving one out of four cases incorrectly assessed for risk, so no method is foolproof (Gambrill & Shlonsky, 2000).

Other problems around implementation of risk assessment are worthy of mention. Practitioners may misuse an instrument, believing its
capabilities to be beyond what it was intended to do. Milner (1989) studied 307 administrators, researchers, and direct service providers to determine whether they understood the uses of the Child Abuse Potential Inventory (CAP). Twenty-three percent of these professionals indicated that CAP can be used to differentiate between abusive and neglectful parents, and parents of children who suffer from failure-to-thrive. This is not what the instrument is intended to do, however. Milner’s (1989) study reveals that CPS personnel may think they know the purpose of the instrument they use, but are unaware of its shortcomings.

DePanfilis (1996) recognizes the complexities of the implementation process of risk assessments and highlights several key ingredients surrounding successful implementation: an instrument that has realistic expectations, is based on a credible model intended to improve practice, and specifically identifies worker resistance. More important, risk assessment can be effective only when people are thoroughly trained to use it. An advantage to risk assessments that might address worker resistance is to stress that formalized risk assessments enable workers to state specifically how they came to their assessment and intervention decisions (Doueck et al., 1993b). Further implementation issues include the implementing agency having the resources to evaluate their use of risk assessments and to examine their accuracy. This can also serve as a feedback loop back to practice so that caseworkers can compare outcomes for themselves as the case progresses. Allowing for easy computer data entry and review of the assessments is another suggested practice (Gambrill & Shlonsky, 2000).

Much work remains to improve the reliability and validity of existing risk assessments. The consensus among researchers seems to be, however, that more is gained in consistent child welfare decision-making than is lost through carefully and well-developed actuarial risk assessment methods, and that it is a venture worth pursuing.

The Integration of Domestic Violence Assessment Into Child Welfare Practice

The child welfare assessment process is critical to the CPS agency’s ability to determine the best interests of the child. A comprehensive assessment form, one that includes questions regarding child and spouse abuse, is most likely to reveal facts helpful to determine the best outcome. Hansen and Warner (1992) argue that domestic violence assessment can be helpful “to validate occurrence of maltreatment for the judicial system” (p. 126). In addition, they found that it can “identify target areas for intervention and monitor progress throughout treatment” (p. 126).

Several authors believe in the efficacy of domestic violence risk assessment and many standardized instruments are either currently available or are being developed. However, standardized instruments often address domestic violence from a limited perspective, for example from either the mother or the child’s point of view, and are seldom comprehensive in nature. This is not to suggest that these instruments do not have value. It is mentioned only to underscore that implementation by child protective services agencies may prove difficult by having to pull together a series of instruments for each person involved (the batterer, the mother, and the child), having these instruments available, as well as cost considerations. Several instruments will be discussed here, as an example of what is available. This is not intended to be a comprehensive listing of all risk assessments, as they are too numerous to enumerate. Rather, the instruments discussed are meant to provide an overview. Key citations will be provided and when applicable, Web sites will also be provided from which the reader can download purchasing information and
sometimes the instrument itself. Instruments are also often included as appendices in the citations provided. Additional book references are listed in the Appendix.

In the case of assessing men who batter, Kropp and Hart (1997) have developed a risk assessment specifically for batterers, the Spousal Assault Risk Assessment (SARA). This instrument has been copyrighted and is now a “proprietary instrument,” meaning that it can only be utilized if purchased (see www.mhs.com for further information). The cost is approximately $1 per instrument. Even if the issue of cost were surmountable, caseworkers would need to have these standardized instruments with them in the field, perhaps in more than one language. This would mean child welfare agencies would need to continually keep available a sufficient number of instruments for all their workers. For large county agencies that have hundreds of workers in the field at once, the cost for this could be prohibitive, particularly if more than one instrument had to be purchased and stocked. Other instruments for batterers have been developed not all of which must be purchased. These include the Taylor-Johnson Temperament Analysis (Bersani, Chen, Pendleton, & Denton, 1992) and instruments listed below that can be administered to both partners.

To assess domestic violence experienced by women, several instruments are available. The Measure of Wife Abuse (Rodenburg & Fantuzzo, 1993) is a 60-item nonproprietary measure that assesses type, severity, and frequency of physical, sexual, psychological, and verbal abuse. The Severity of Violence Against Women Scales (Marshall, 1992) is another nonproprietary measure. It assesses intent of harm by asking about “threatened, attempted, and completed behaviors” (p. 104) causing physical harm to women by their partners. The Index of Spouse Abuse (Hudson & McIntosh, 1981) and the Partner Abuse Scales for physical and nonphysical abuse are based on Hudson’s work and are available at a low cost (usually $15 for a pad of 50 questionnaires; see www.walmyr.com/scales.htm for downloadable information).

Standardized instruments that can be administered to both the male batterer and the woman who has been abused have also been developed. The most well known among these is the Conflict Tactics Scale (Straus, 1979), which is based on conflict theory. Several versions of this instrument have been developed. The most commonly used is a 19-item survey that measures reasoning, verbal aggression, and physical assault (categorized as minor and severe violence). The Revised Conflict Tactics Scale adds scales on negotiation, psychological aggression, sexual coercion and physical injury, and is consequently much longer with 39 items (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). This instrument is widely used around the world, and can be used at no cost (see pubpages.unh.edu/~mas2/ for downloadable information). The Abusive Behavior Inventory (Shepard & Campbell, 1992) assesses for both physical and psychological abuse of women by their partners. It has 30 items and can be administered to both the woman and her abusive partner. It is based on a feminist model and was developed from the education curriculum for batterers (Pence & Paymar, 1985). It focuses on several specific aspects of psychological abuse from that curriculum (emotional abuse, isolation, intimidation, threats, use of male privilege, and economic abuse) as well as severity of physical abuse, including sexual coercion (Shepard & Campbell, 1992). This instrument is also nonproprietary and can be used at no cost. To look specifically at psychological abuse, Tolman (1989) has developed the Psychological Maltreatment of Women by Their Partners Scale. This is a 58-item nonproprietary questionnaire that focuses on two dimensions of psychological abuse: dominance-isolation and emotional-verbal (see www-personal.umich.edu/~rtolman/ to download this instrument).

Despite general support for the use of risk as-
essment in domestic violence cases, we are only just beginning to learn about the impact of domestic violence on children. Child witnessing of mother-assault has only recently become a topic of serious study (Lehmann, 2000). More specifically, the results of studies suggest that children can suffer from internalizing and externalizing behaviors when witnessing domestic violence (Jaffe, Wolfe, & Wilson, 1990). Some children may also be resilient in the face of violence between the adults and/or have delayed responses (Carlson, 1996). As is the problem with risk assessments generally, there remains a great deal of uncertainty about which harms children should avoid. Several risk assessment instruments incorporate child witnessing within a larger victimization study, in an assessment of domestic violence, or exclusively to address child witnessing (see Hamby & Finkelhor, 2001, for a review; to download this document, go to www.ojdp.ncjrs.org/pubs/violvict.htm#186027). For children in families in which domestic violence occurs, Grahamm-Bermann (1996) has developed the Family Worries Scale. This scale measures how much children worry about specific family members when certain events happen such as getting sick, fighting, getting arrested, or not having a place to live. It is available online from the author at no cost (www.sandragb.com/fears.htm).

Comprehensive assessments that include family violence among a constellation of other family problems are also available. Hudson and McMurtry (1997) have developed the Multi-Problem Screening Inventory (MPSI) (see www.walmyr.com/scales.htm for downloading and purchasing information). Several others are listed under the category of “multidimensional questionnaires” in Hamby and Finkelhor (2001).

The integration of child welfare and domestic violence risk instruments poses unique implementation problems. Before the added barrier of use of a standardized measure that must be purchased enters into the question, other issues emerge as problematic. The invasiveness of the questions that must be posed to the mother, adding an additional assessment process on top of an already overwhelming paperwork load, and balancing the best interests of the child with being an advocate for battered women have all been noted as concerns (Magen et al., 1995; Mills, 1998a). For example, a domestic violence protocol that included CPS assessment of domestic violence issues was carried out as part of a study conducted by Columbia University with New York City preventive services agencies. These agencies are charged with averting unnecessary placement of children into foster care. More than half of the workers felt such questions as “Has your companion forced you to have sex” were too direct. In addition, some workers felt the protocol needed to be shortened and that the paperwork was “too time consuming” or an unwelcome task. Further, a small number of workers felt that domestic violence should not be addressed at the first home visit. Workers believed the instrument should be tested cross-culturally. Overall, two-thirds of the workers who were interviewed reported that the protocol should be state-mandated and that domestic violence assessment should be conducted in all child welfare cases. Despite this expression of support, a majority of workers felt that their mandate was the safety of the child; workers did not perceive themselves as advocates for battered women (Magen et al., 1995).

These empirical results confirm what many scholars have observed about the functioning of the child welfare system when domestic violence is at issue (Edleson, 1999; Mills, 1998a; Mills et al., 2000; Peled, 1996). The tension between the mandate to protect children and the need to assist and support battered mothers has been linked to agency demands and caseloads, differing philosophies, and the competition for support for what has been formulated as “competing causes” (Schechter & Edleson, 1994). Despite these tensions, clinicians and practitioners
have stressed the importance of maintaining a positive bond between the battered mother and the child (Groves, 1999). Feasible domestic violence assessments that can be integrated smoothly into child welfare practice are needed.

The National Study

Methodology

Forty-nine state CPS agencies, excluding California, were contacted via letter and telephone from the period of July 1998 through August 1999 (this study excluded California because an extensive study had already been conducted on California; see Mills, 1998b, for the results of the California survey). All state CPS agencies, except Vermont, complied with a request to provide a copy of the initial assessment form used by its children’s social workers to assess the risk of abuse in children. Vermont does not use a standardized assessment form. The reason this study focuses on assessment forms is because CPS workers use these forms to collect data on the families they investigate. Assessment forms help workers and supervisors make judgments about which families will have their children temporarily or permanently removed. Towards this end, the forms represent a statement about what the agency values in terms of information-gathering. Obtaining the forms proved difficult enough, and hence we decided not to ask for supporting materials such as policy and training manuals. The limitations of this data collection method are elaborated below.

Using a content analysis method, the risk assessment forms were examined to determine: (a) whether domestic violence was included on the form and hence was considered a risk factor in cases being assessed for child abuse, and (b) the extent to which domestic violence was considered a risk factor. To determine extent, five categories were developed to help group findings: no mention, simple mention, brief description, general description, and explicit description.

Findings

Since Vermont does not use a standardized assessment form, no analysis could be performed on this state and it was therefore excluded from the sample. The remaining 48 states were analyzed to determine how domestic violence was listed as a risk factor, and the following percentages are based on this group. The current study reveals that only four states—Arkansas, Minnesota, New Jersey, and Wyoming—did not include domestic violence as a risk factor for child abuse (see Table 1).

Twelve states (25%) refer to domestic violence using the simple mention format. A “simple mention” describes an assessment form that simply mentions domestic violence as a risk factor. For example, a “simple mention” would simply list domestic violence as one of several risk factors or ask if the interviewee “has a history of domestic violence as a victim or perpetrator.”

Fifteen states (31%) refer to domestic violence using the brief description model. An assessment form with a “brief description” is one that screens for domestic violence during more than one phase of the interview, but asks only whether some form of violence exists, without defining the violence more precisely. A typical example of a brief description assessed whether the “caretaker’s behavior is violent or out-of-control” in the safety assessment section, and then assessed whether there are “problematic adult relationships in the household” in the child abuse and neglect, and/or risk sections of the form. In the brief description forms there was no place for the CPS worker to describe the nature of the intimate violence because the form itself presented the only relevant description.

Five states (10%) refer to domestic violence using the general description approach. An as-
### TABLE 1. Summary of State Departments of Children and Family Services Risk Assessment Forms (N = 48)

<table>
<thead>
<tr>
<th>State</th>
<th>Domestic violence as risk factor?</th>
<th>Extent of consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluded (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Vermont</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Included (48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Minnesota</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>New Jersey</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Wyoming</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Alaska</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Arizona</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Florida</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Idaho</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Illinois</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Montana</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Nevada</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Texas</td>
<td>Yes</td>
<td>Simple mention</td>
</tr>
<tr>
<td>Alabama</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Delaware</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Iowa</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Kansas</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Maine</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Maryland</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>New Mexico</td>
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<td>Brief description</td>
</tr>
<tr>
<td>New York</td>
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<td>Brief description</td>
</tr>
<tr>
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<td>Brief description</td>
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<tr>
<td>Virginia</td>
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<td>Brief description</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Yes</td>
<td>Brief description</td>
</tr>
<tr>
<td>Wisconsin</td>
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<td>Brief description</td>
</tr>
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<td>Connecticut</td>
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<td>General description</td>
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<td>Indiana</td>
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<td>General description</td>
</tr>
<tr>
<td>Michigan</td>
<td>Yes</td>
<td>General description</td>
</tr>
<tr>
<td>Missouri</td>
<td>Yes</td>
<td>General description</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% (5 of 48)</td>
</tr>
</tbody>
</table>

(continued)
essment form with a “general description” defines the different levels of the risk of domestic violence, from no risk to high risk; however, it does not provide a space for the worker to describe the violence. For example, a general description assessment form may contain a matrix that ranks the severity of domestic violence risk. Examples of categories in the matrix include: “no current or history of domestic violence” constitutes no risk; “past but no current domestic violence” constitutes a low risk; “very recent violent relationship, but perpetrator out of home or history of repeated violent relationships” as a moderate risk; and “current and frequent domestic violence” as evidence of high risk. In the general description assessment, no definition of domestic violence is given.

Twelve states (25%) refer to intimate abuse using the explicit description method. An assessment form that defines domestic violence and provides guidelines to the workers as to how to determine the severity of the violence falls under the “explicit description” label. For example, explicit description forms include matrices that consider “outburst of violence, resulting in physical injuries or serious threats of harm” as evidence of high risk. Explicit descriptions were distinguishable from the other categories because they defined the intimate violence specifically by “injury” and “harm” rather than by a broad label such as “violent relationship.” The importance of this distinction must be underscored. CPS workers seem to have very different views about how to assess for domestic violence (Shepard & Raschick, 1999); explicit definitions help standardize how workers characterize what they are told during interviews. In other words, the explicit description category was distinguished by the requirement that the worker obtains specific information about the abuse (was there a physical injury?) rather than be satisfied with simply stating the occurrence of abuse (was there domestic violence?). In addition, detailed data is important for holding the perpetrator accountable for the abuse inflicted on the family. If the questions are too general, there is the propensity to blame both parents rather than the one abusing the family.

Ninety percent of all states, excluding California, have integrated domestic violence into their assessment formats, in one way or another. At a minimum, most states (65% or 32 out of 49) have included domestic violence as a criterion for as-

**TABLE 1. continued**

<table>
<thead>
<tr>
<th>State</th>
<th>Domestic violence as risk factor?</th>
<th>Extent of consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Yes</td>
<td>Explicit description</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Yes</td>
<td>Explicit description</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Yes</td>
<td>Explicit description</td>
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<td>Washington</td>
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25% (12 of 48)
sessing child abuse (simple mention, brief description, general description). A smaller percentage of states (24% or 12 out of 49), using the explicit description model, have required workers to do more than just assess domestic violence as it relates to the abuse of a child. These states have taken deliberate steps to encourage workers to ask detailed questions about the kind of violence that is occurring.

For the 12 states using a simple mention format—workers gather data on domestic violence as one of several risk factors, or otherwise as part of the parent-interviewee’s history (as victim or perpetrator). No additional information is gathered to determine the nature of the violence or its impact on the adult victim. Similarly, using the brief description model, 15 states require workers to define whether domestic violence is occurring. In these instances, intimate abuse is superficially defined as “problem adult relationships” or behavior that is “out of control.” No reference is made to the impact of the violence on the victimized parent. Along these same lines, a very small number of states use the general description method in which the worker is directed to assess the domestic violence risk to the child (from no risk to high risk). No specific definition of intimate abuse is provided in these assessment forms and hence no effort is made by the CPS worker to determine the nature or extent of the risk posed to the adult victim.

Only 12 states direct workers to do a detailed assessment of the domestic violence detected, using an explicit description approach. States using this format require workers to detail the extent of the domestic violence and its more general impact on the family. This explicit description approach requires workers to define, in specific detail, the kind of injury experienced by the child and the adult victim. Using this approach, workers are required to inquire into the injuries of other members of the household, in addition to the children. Although the explicit description format allows workers to define the intimate abuse in greater detail, it still fails to provide specific steps for assessing the adult victim’s injury and corresponding trauma.

The primary limitation of this study is that only assessment forms were considered, to the exclusion of policy and training manuals, or CPS worker documentation later in the case. However, the focus of this study was to what extent domestic violence was considered in the assessment process, and the standardized assessment forms seemed the best means to learn this. Limitations are discussed in greater detail elsewhere (Mills & Petrucci, 2002).

Implications for Domestic Violence Practice and Policy in CPS Agencies: New Models and Intervention Approaches

This review of CPS assessment forms suggests that on the surface, CPS agencies have truly begun to integrate domestic violence into their assessment formats. However, two important lessons can be drawn from these findings. First, most state forms only focus very generally on domestic violence and do not inquire about the specifics in cases they are investigating. Gathering only “general” information increases the possibility of gathering inadequate or inaccurate data. In addition, detailed questions are important for providing specific interventions that address domestic violence in the family. Magen, Conroy, and Del Tufo (2000) found that with direct and specific domestic violence screening, there was “an almost 300% increase in the number of women identified as having been battered” (p. 265). Shepard and Raschick (1999) found that even when CPS workers discussed safety issues with victimized mothers, they did not make referrals to domestic violence services. These findings suggest the importance of developing specific protocols that encourage workers to engage the mother in the assessment and in-
tervention process in a targeted and specified manner.

In addition, gathering specific information helps hold the abusive party accountable for the violence, rather than collapsing batterer and battered woman together and assuming both are equally culpable. Case examples from training efforts raise critical questions about how CPS workers understand domestic violence and its impact on children and adult victims. In a study of a domestic violence training effort in New York City, Magen and colleagues (1995) found that workers had made certain assumptions about adult victims, including that the victim was to blame for the abuse. Whitney and Davis (1999) found that CPS workers typically viewed the mother’s behavior as negative rather than seeking to understand the domestic violence issues. In a study of four CPS-based domestic violence training programs, Mills et al. (2000) found that three recurring issues all too often influenced the responses of CPS workers on cases involving domestic violence. CPS workers held negative stereotypes about adult victims, were not necessarily prepared to empower battered women to protect their children, and were uncertain what action to take when a child witnessed domestic violence, but was not directly abused.

Second, we learn from our review of assessment forms that of the 49 states included, domestic violence has now been integrated into 90% of CPS agency child abuse assessment forms. However, we also learn that the assessment only considers the effect of the violence on the child. In some cases, child welfare agencies have begun to recognize the usefulness of gathering data about the adult victims’ experience of the violence and the impact of the intimate abuse on the family as a whole (see for example, Magen et al., 2000). No states use assessment forms that consider the impact of the domestic violence on the adult victim, and assess the capacity of the adult victim to be empowered to protect her children. It is possible that workers have been trained in these techniques and therefore do not need to rely on the forms to reflect their commitment to a practice that integrates mother and child into their interventions. Magen et al.’s (2000) study, however, suggests that if workers are not required through the use of forms to attend to issues related to domestic violence, they will be reluctant to collect specific information regarding domestic violence and its impact on the battered mother.

Additional data is necessary to understand more precisely how CPS workers interact with mothers and the ways they integrate policy and training into practice. The forms give us a glimpse into that practice and provide an important first step toward understanding how domestic violence has been integrated into child welfare practice. However, more research is necessary to fully understand how CPS workers may blame victims of domestic violence, or otherwise be ill-equipped to address the adult victims’ injuries or corresponding trauma (Magen, 1999).

**Integrating Women Who Are Abused: Problem Definition and Empowerment as a Foundation for Practice**

These findings highlight two interconnected ideas in how domestic violence is perceived by child welfare workers—how caseworkers define the problem of domestic violence may have a direct influence on how they view the mother. These perceptions in turn guide the intervention process (Ericksen & Henderson, 1998; Humphreys, 1999; Jones & Gross, 2000; Mills, 1998a). The importance of how CPS workers define the problem of domestic violence (that is, whether they blame the mother for the violence) has a direct influence on how they view the abused mother and their involvement of the abused mother in the caseplan for the child.
In their discussion of cooccurrence models of child abuse and domestic violence, Appel and Holden (1998) put forth a bidirectional view of abuse that explains how domestic violence and child maltreatment interact and place children at further risk. Domestic violence occurring between parents contributes to acting out behaviors by the child, which then put the child at greater risk of maltreatment. Intervention strategies need to focus on the spouse abuse as well as the parent-child relationship. This can take the form of parenting support groups for women who are abused concurrently with children's groups (Appel & Holden, 1998; Peled & Edleson, 1992). However, this approach could not be taken in the absence of a clear understanding of how these two types of abuse cooccur, as well as a belief in the empowerment of battered women. This link between empowerment (or the absence of it) and intervention strategies is further supported in several study findings on perceptions of child welfare workers. These studies indicate a widely held belief by caseworkers that battered women can just leave in order to protect the children (Humphreys, 1999; Jones & Gross, 2000; Mohr, Fantuzzo, & Abdul-Kabir, 2001). This view bypasses much needed attention to the parent-child interaction between the mother and her child.

The empowerment view advocated by feminists sees the battered woman as the expert in her situation (Ericksen & Henderson, 1998; Nabi & Horner, 2001). This opens up new possibilities to intervention and research strategies. Rather than seeing only the deficits, viewing battered women as experts allows caseworkers to see their competencies and also appreciate the creative ways that battered women survive. By focusing on competencies, the caseworker can use the woman who is battered as a resource in how to address the situation, including her in the decision-making (Mohr, Fantuzzo, & Abdul-Kabir, 2001). The wealth of information available by viewing battered women as experts is exemplified in another study. In a random sample of 1,850 residents of Philadelphia, it was the abused women who were more likely to see domestic violence as an important issue and to point out that children suffer psychological harm from witnessing domestic violence. Abused women in this study also saw a connection between people's unwillingness to talk about domestic violence and the tacit social acceptance of its occurrence. They clearly stated that if people talked about domestic violence more, than perhaps this social norm of acceptance would be broken (Nabi & Horner, 2001). Studies putting battered women at the center of the dialogue on domestic violence would not be possible if these women were not viewed as having something worthwhile to say.

Ericksen and Henderson's (1998) work emphasizes how much may be at stake for children if we do not integrate abused mothers into the intervention process. Using a phenomenological approach in which they considered both the child's and the mother's points of view in a series of in-depth interviews, the authors identified several “diverging realities” for abused mothers and their children. Among the most important within these was that children wanted emotional support specifically from their mothers as they dealt with the many changes inherent to disclosure of domestic violence. Mothers, on the other hand, felt inadequate to deal with their children's emotional needs because they were so overwhelmed with basic survival as well as their own emotional needs. This research suggests that the mother's support may be the best source of enhancing the well-being of the child. Our child protection interventions would very likely be strengthened by enhancing the mother's ability to deal with her child's emotional needs, as she has the greatest potential to provide the long-term emotional support that will act as a protective factor for children (Ericksen & Henderson, 1998). Simultaneous support groups for battered women and their children have been
advocated as a means to strengthen battered women’s parenting abilities as well as to provide this emotional support to children (Appel & Holden, 1998; Ericksen & Henderson, 1998; Peled & Edleson, 1992). However, this cannot be accomplished if a child welfare worker has a negative view of the mother, as the previously discussed studies point out.

On the surface, a discussion of empowerment of battered women seems to conflict with the child-centered focus of interventions in child welfare. For a discussion of empowerment to take place, it assumes that the welfare of the mother will be considered along side of the welfare of the child. Once again, research has highlighted how this conflict plays out in practice. In an in-depth analysis of 32 child welfare families in which domestic violence was present, contrasting themes of avoidance/minimization and confrontation were found (Humphreys, 1999). Child welfare workers clearly stated that they did not see domestic violence as a pertinent issue because it did not seem to directly affect the child. Tied into this was the invisibility of domestic violence as an issue. Or domestic violence might remain unnamed, but clearly be evident under the auspices of “marital conflict” or “fighting.” Alcohol abuse more easily became the center of the intervention, particularly on the part of the mother (Humphreys, 1999).

Ericksen and Henderson (1998) see empowerment as inextricably linked with a feminist approach that considers the social context that abused families operate within, and the importance of advocacy. Domestic violence advocacy can be case, community, or cause oriented with the focus on the individual client or a legislative agenda to help thousands of clients (Roberts, 2002). Advocacy helps abused women become aware of their own abuse and educates them on how they can protect themselves and their children. An important part of this empowerment process is for battered women to become aware of what they are and are not responsible for—they are not responsible for the violent acts committed by their significant other. By acknowledging this, they can learn to let go of the guilt they may feel for leaving their spouses if that is a step that they take and for the way their children have been affected (Ericksen & Henderson, 1998). Child welfare workers are in an excellent position to advocate on behalf of battered women and to aid in their empowerment, but this cannot occur if the caseworkers themselves do not understand or support these ideas.

A last point on empowerment bears mentioning, particularly in the context of child welfare workers, many of whom are female. Blaming the victim for intimate violence may serve as a form of protection for women who have not been abused. By blaming the victim, women who have not been abused can see themselves as separate from women who have been battered and somehow immune from its dangers (Yllö & Bograd, 1990). This is analogous to blaming rape on the woman who was raped rather than the rapist—she did something to bring it on, I won’t do those things, therefore I am safe from being raped. According to attribution theories (Weiner, 1992), blame indicates control and responsibility—if you had done things differently, then the violence would not have occurred. In other words, the violence can be controlled because women can control it, and therefore, they are to blame when it does occur. The failure-to-protect argument follows a similar line of reasoning: women can control the violence and indeed, ought to, in order to protect their children. By failing to do so, it is implied that they had the ability to control the situation to start out with (Magen, 1999). This point of view may be tied to an oversimplification of how domestic violence occurs. In their study of 200 child welfare workers, Jones and Gross (2000) found that psychological and cultural explanations of domestic violence were favored by workers over
views that domestic violence occurred as a result of women’s status in society. In the same study, 26% of the child welfare workers saw the women as responsible, and 48% said that the woman should just leave. The authors stressed the use of an ecological approach in order to emphasize the importance of individual, family, and societal factors in domestic violence.

The commonly used strengths perspective (Saleeby, 1992) in social work has much in common with feminist approaches and consequently can result in similar intervention techniques. The strengths perspective assumes that people have the capacity to change and grow, that they are knowledgeable (or expert) in their situations, and that they are resilient to overcome adversities (Early & GlenMaye, 2000). Empowerment, referring to helping people use the resources available to them as well as becoming aware of how they might be oppressed is also a key aspect of the strengths perspective (Saleeby, 1996). Interestingly, it is only recently that the strengths perspective has been applied to families rather than individuals. Common mechanisms of a strengths-based approach are collaboration and partnership with clients. Unlike the problem-solving approach, a strengths-based approach will focus more on realizing strengths and competencies rather than explaining how the problem occurred. Strategies to enhance resiliency include reducing risk and enhancing protective factors (Early & GlenMaye, 2000). These strategies converge with a feminist emphasis on empowerment and advocacy, and stress the importance of seeing the battered woman as the expert in her situation and using her as a resource. Strengths-based practice would also seem to argue for similar intervention strategies, most notably, enhancing the battered woman’s ability to provide the emotional support to her child as a long-term protective factor to the child’s emotional health and safety.

One final point on problem definition to consider are the structural issues faced by child welfare workers in identifying domestic violence as a type of abuse. We pay attention to various types of abuse (physical, sexual, emotional, neglect) because they are specifically named in the law. Therefore, there is the concomitant focus in practice (and research). Some researchers advocate that domestic violence in families be handled outside the child welfare system (Findlater & Kelly, 1999; Humphreys, 1999). Should child witnessing of domestic violence be named specifically in the law as a form of emotional abuse? If this were to occur, would this lead to wholesale change in how child welfare workers handle domestic violence? Would child welfare professionals be encouraged to work collaboratively with battered women toward the protection of their children, or would it swing the pendulum the other way, resulting in children being removed too quickly when child witnessing of domestic violence occurs? Policies on child abuse can also advance or detract from a child-focused practice versus a family-focused process. For example, the Victims of Child Abuse Act of 1990 specifically states that funds cannot go toward any treatment services for perpetrators of child abuse (42 U.S.C. § 13001a). If a battered woman is defined as a perpetrator of domestic violence, the law dictates a practice that excludes her from the process. It is difficult to know whether bringing domestic violence to the forefront in child abuse policy will help or hinder a collaborative and empowering process.

A number of scholars have underscored the importance of developing CPS models of intervention that do not revictimize the battered mother (Edleson, 1999; Magen, 1999; Mills, 1998a; Shepard & Raschick, 1999). Essential in this process is how child welfare workers view battered women—as an equal partner or as someone incapable of protecting her children now or in the future. Toward this end, it is important to develop an assessment process that
integrates the battered mother and acknowledges the important role she could play in healing the victimized family. One model currently being tested will be described next.

The Domestic Violence Screening Questionnaire

Magen et al.’s (2000) Domestic Violence Screening Questionnaire provides specific descriptions of domestic violence and responds to many of the concerns raised by this study. We suggest that child welfare agencies incorporate the Domestic Violence Screening Questionnaire into their risk assessment formats.

The screening questionnaire collects basic demographic information, and detailed information about conflicts, arguments, and abusive behavior. The questionnaire involves reading a very specific statement regarding domestic violence including definitions of emotional, sexual, physical, and material abuse. Clients are asked regarding types of abuse, frequency of abuse, and current and past family history. Data is also collected regarding the woman’s efforts to seek help. In addition, workers are asked to describe what actions they have taken to help battered mothers deal with the abuse. The form also includes a “consumer” satisfaction component in order to determine “how helpful it was to have been interviewed about domestic violence” (p. 256).

A more proactive adult victim-oriented approach should be integrated into the CPS assessment process to help address the battered woman’s ongoing concerns. Trainings should correspond with the states’ efforts to include domestic violence in their assessment formats. The goal of these trainings should be to help create partnerships between CPS workers and battered mothers. The screening questionnaire developed by Magen et al. (2000) could help focus child welfare workers on interviewing battered mothers in ways that help assess the extent of the violence and also provide interventions that incorporate battered mothers without blaming them for the perpetrator’s abuse.

Implications for Future Research

The data gathered from all states tell us that most public child welfare agencies have not sufficiently incorporated domestic violence into their assessment forms. Assessments for domestic violence are integrated only to the extent that they may be affecting the child. Using a content analysis of the assessment forms, our data reveal that no states encourage workers to explicitly consider how intimate abuse may be affecting the victimized mother. It is possible that such policies are embodied in other documents, trainings, or policies, but not included in the forms. We therefore call for more research to determine the extent to which these narrow criteria are used to assess families suffering from domestic violence. Many standardized risk assessments that either focus exclusively or include domestic violence are currently available. Whether these assessments can easily be integrated into child welfare practice remains to be seen, as does their utility if they were used. Future research could take a closer look at any existing child welfare agencies using standardized instruments, including the implementation process and whether outcomes vary in comparison to agencies that do not use standardized instruments.

This study suggests that states have not done a great deal to integrate domestic violence into their assessment forms. It also suggests the importance of thinking critically about current strategies that focus exclusively on the child and are therefore less likely to inquire specifically about the abuse the mother is enduring. Additional research is necessary to fully understand the importance of assessments that gather specific information and that highlight the individual roles each parent plays in the abuse to which the child may be exposed. To do so provides oppor-
tunities for a more comprehensive and detailed assessment method and the possibility for holding the batterer accountable for the abuse. A more comprehensive assessment method could also focus child welfare workers on providing supportive services to battered mothers who are in need of such assistance. In turn, battered mothers can be helped to develop the internal and external resources they need to help their children. Key in this process is how child welfare workers perceive battered women. How caseworkers define domestic violence and their ability to empower battered women in the child welfare process seem to be inextricably linked to each other and to the type of intervention approach taken. Ample theoretical and empirical evidence exists to suggest that the safety of children might best be served by focusing on the strengths and competencies of battered women so that they are prepared to provide the long-term emotional support and physical protection that will keep their children safe and healthy.

Appendix

Included here are references that contain a host of risk assessments and outcome measures that focus on a wide variety of areas, including domestic violence.


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References


