

Serving Two Masters: When Domestic Violence and Child Abuse Overlap

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ABSTRACT

Does exposure to domestic violence indicate a form of child maltreatment? It is imperative that child welfare workers identify and use interventions that protect families from domestic violence and eliminate harm to children without further stigmatizing victimized women. The research described in this article attempts a first step in understanding the factors involved in the decision making process of child welfare supervisors in domestic violence cases. Findings indicate that the attitudes and beliefs of child welfare supervisors about the overlap between domestic violence and child abuse are influenced by personal experiences, professional longevity, and training.

Does exposure to domestic violence indicate a form of child maltreatment? Concern about the impact of domestic violence on children who witness the violence is not new. Over the past 20 years, advocates and researchers have called for collaboration between workers in the domestic violence and child welfare fields to ensure safety of the entire family (Beeman, Hagemaster, & Edleson, 1999). Most of the collaborative efforts in the United States focused on training child welfare workers (Beeman et al., 1999; Edleson, 1999b; Magen & Conroy, 1998; Mills & Yoshihama, 2002). The goals of training were to increase the knowledge of child welfare workers about domestic violence, change workers' attitudes and beliefs about domestic violence, revise their screening procedures to identify families for domestic violence, and develop case plans that addressed safety and service needs of at-risk women.

An unintended outcome of these training efforts is that child welfare workers are removing children and charging mothers with failure to protect when domestic violence is occurring in the home. Stark and Flitcraft (1988) found that

children of battered women were more likely to be removed from the home than children of nonabused women (Stark & Flitcraft, 1988). This response is indicative of the clash between the worker's mandate to protect the child from harm and the knowledge gained through training about the potential violence occurring in the home. Furthermore, although their study is over 15 years old, no other study examines how often children are removed from homes with domestic violence; yet anecdotal reports from the field suggest that the clash in mandates remains a problem.

The practice of removing children when they are exposed to domestic violence led to a 2002 class action lawsuit in New York City: *Nicholson v. Scopetta*. The lawsuit alleged that New York City's child protection agency was removing children from homes in which domestic violence was taking place and charging the mothers with neglect. The judge ruled in his findings that "government may not penalize a mother, not otherwise unfit, who is battered by her partner, by separating her from her children; nor may children be separated from the mother, in effect visiting upon them the

sins of their mother's batterer" (Carter, 2002, p. 3). The findings from the lawsuit had a ripple effect across the country. Child welfare agencies began examining their strategies when intervening with families experiencing domestic violence.

It is imperative that child welfare workers identify and use interventions that protect families from domestic violence and eliminate harm to children without further stigmatizing victimized women. To understand how frontline workers intervene with families, we must first understand the knowledge, attitudes, and beliefs of their supervisors who oversee service delivery and the implementation of policies and provide direction to staff.

The research described in this article attempts a first step in understanding the factors involved in the decision making process of child welfare supervisors in domestic violence cases. This article concludes with the practice and research implications of findings.

Literature Review

Over the past 25 years, researchers have attempted to estimate the number of children exposed to domestic violence, (Carlson, 1984; Straus, 1991) the rate of overlap between the occurrence of domestic violence and child abuse (Edleson, 1999b), and the impact of domestic violence on children (Carlson, 1984; Edleson, 1999a; Jaffe, Wolfe, & Wilson, 1990; Wolak & Finkelhor, 1998). The results indicate that at least 3.3 million (Carlson, 1984) and up to 10 million children in the United States (Straus, 1991) witness domestic violence each year. Additionally, in families where either child abuse or domestic violence is present, 30–60% of these families have both. (See Edleson, 1999b for a review of the studies.) Researchers have also concluded that being exposed to domestic violence as a child is positively correlated to involvement in a domestic violent relationship as an adult (Browne & Saqi, 1988; O'Keefe, 1995; Rosenbaum & O'Leary, 1981; Straus, Gelles, & Steinmetz, 1980).

However, caution must be used as the research only points to a relationship between the two; exposure to domestic violence as a child does not predict future involvement in violent relationships. Yet anecdotal evidence suggests that child welfare workers and supervisors view children exposed to domestic violence as needing protection from their families and intervention from the system. Conventionally, child welfare supervisors are responsible for implementing policies and ensuring that frontline workers complete their tasks and responsibilities through case review and supervisory meetings. At times, supervisors may even carry a caseload, especially in areas with limited human resources or high staff turnover. Ultimately, supervisors influence the work environment or context by determining the priorities and procedures for frontline workers.

Thus, because supervisors have direct and indirect influence on frontline workers, the incongruence between

research and practice may be the result of the discretion afforded child welfare workers in their jobs or the influence of supervisors on their decisions. The contextual conditions that influence the discretion of frontline workers and supervisors may include their beliefs about domestic violence and the impact on children, training and professional experience, personal exposure to domestic violence (either as a child, adult, or through other family members or friends), and their demographic characteristics. Although the research cited below focused on frontline workers, the same influences apply to supervisors who are actively involved in the supervision and management of frontline workers.

Beliefs About Domestic Violence

Over the past 20 years, researchers have struggled to disentangle interacting and mediating variables to locate a single cause for domestic violence with little success (Kaufman Kantor & Jasinski, 1998). Instead, researchers have identified risk factors that are associated with domestic violence, but they cannot conclusively predict domestic violence. For example, the abuse of substances, especially alcohol, is associated with an increase risk of violence among perpetrators (Aldarondo & Kantor, 1997; Browne, 1987; Kaufman Kantor & Jasinski, 1998) and victims (Miller & Downs, 1993); yet research has been unable to determine whether substance abuse predicts violence or is a consequence of violence (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997).

Other risk factors include exposure as a child to parental domestic violence or child abuse. Research has shown that there is an association, not causation, of exposure as a child and perpetration or victimization as an adult (Kaufman Kantor & Jasinski, 1998; Miller & Downs, 1993; Straus et al., 1980; Weaver, Kilpatrick, Resnick, Best, & Saunders, 1997). Therefore, although many perpetrators and victims of adult violence have been exposed to childhood violence, not all exposed children become perpetrators or victims.

Researchers have speculated that practitioners' negative attitudes toward battered women and lack of knowledge regarding domestic violence can influence outcomes (Davis & Carlson, 1981; Saunders, 1986; Varvaro & Gesmond, 1997). Analyses of practitioner interviews (Worden, Carlson, Postmus, & Ryn, 1999) indicate a wide range of views regarding the causes of domestic violence among practitioners from several fields (criminal justice, human services, and medical fields). Explanations of domestic violence include sociocultural views, patriarchal ideologies, intergenerational transmission of violence, personal attributes or behaviors of victims and perpetrators.

Waugh and Bonner (2002) conducted a qualitative study in South Wales to explore the philosophies, concepts, and practice base of the strategies used by child welfare workers to ensure the safety of children and women. Their results suggest that the interventions used were influenced by the workers' attitudes and beliefs about domestic violence and child abuse. If the worker had a comprehensive understanding of

domestic violence, the dynamics of power and control, and located the responsibility of the violence with the perpetrator, then he or she was better able to address domestic violence in the family (Waugh & Bonner, 2002).

Training

Frequently, education in the form of training is the response to needing improvements in addressing worker attitudes and service delivery to a particular client population. Evaluations of training as a successful intervention to improve services to families experiencing domestic violence are inconclusive and warrants further study (Davis, 1984; Campbell & Johnson, 1997; Varvaro, 1997; Haase, 1999).

Davis (1984) sampled respondents from 24 organizations that provided services to victims in three different counties. Respondents included social workers from a variety of settings including medical, family services, public welfare, and criminal justice. Although professional experience and training were related to each other, there was “little evidence that training had any relationship to respondents’ beliefs about either the difficulties that impede change or the specific actions that wives and husbands should take” (Davis, 1984, p. 248).

In contrast, there is some evidence that domestic violence training can enhance the work of professionals who have brief contact with victims of domestic violence. For example, sexual assault training provided to police officers resulted in a greater understanding of sexual assault and a reduction in victim blaming (Campbell & Johnson, 1997). Health care professionals who received domestic violence training temporarily improved their skill in screening for domestic violence, their attitudes toward victims of domestic violence, and their knowledge about available resources (Haase, Short, Chapman, & Dersch, 1999).

In recent years, domestic violence training with child welfare workers has been evaluated to determine if training influences workers’ responses to families experiencing domestic violence. The results indicate that training on domestic violence does bring about changes in attitudes about, assessment of, and interventions for domestic violence (Magen & Conroy, 1998; Mills & Yoshihama, 2002; Saunders & Anderson, 2000).

Waugh and Bonner (2002) examined the influence of training on the strategies used by child welfare workers in South Wales. Their results indicate that the level of training varied greatly among the research participants; of those that did receive training, their understanding of

domestic violence influenced workers’ interventions with families (Waugh & Bonner, 2002).

Professional Experiences

Findings are inconclusive regarding the relationship between professional experiences with battered women and professional attitudes. An increased exposure to battered women may be associated with reduced victim-blaming attitudes among law enforcement (Campbell & Johnson, 1997). However, early research on a wide range of professional groups indicates that professionals who had more contact with victims were more likely to view *offenders* as less blameworthy (Davis & Carlson, 1981).

Several studies have recently been done to determine if the length of employment with a child protective services agency influences professional attitudes and responses. In one study, child welfare workers with longer professional careers were less likely to require a woman to leave an abusive situation than workers with shorter careers (Saunders & Anderson, 2000). However, another study indicated that the length of employment in a child welfare agency did not affect workers’ interventions with families experiencing domestic violence (Yoshihama & Mills, 2003).

Ultimately, supervisors influence the work environment or context by determining the priorities and procedures for frontline workers.

Personal Experiences

One out of every 2 women in the United States has experienced some form of violence

(physical or sexual) during their lifetime (Tjaden & Thoennes, 1998). The chance that child welfare workers are victims, survivors, or know someone from their family or friends who have been or are victims of domestic violence is quite likely. A few studies have found that between 11% and 32% of workers in the helping professions have experienced domestic violence (Hagen & Owens-Manley, 1998; Hansen et al., 1997; Magen & Conroy, 1998; Pope & Feldman-Summers, 1992). Do these experiences with violence influence the relationship between worker and client?

Few existing studies indicate a relationship between personal victimization and attitudes toward victims. One study of medical students suggests personal experiences are associated with appropriate responses to domestic violence (Cullinane, Albert, & Freund, 1997); however, other studies with medical providers found no relationship between personal experiences and attitudes (Moore, Zaccaro, & Parsons, 1998; Parsons, Zaccaro, Wells, & Stovall, 1995). Similarly, Coleman and Stith (1997), in their survey of nursing students, questioned them about their exposure to childhood violence and involvement in current abusive relationships. The results indicated that

there was no significance between childhood or current violence and their attitude toward battered women (Coleman & Stith, 1997).

Research examining the links between child welfare workers who were exposed to domestic violence and their attitudes toward families experiencing domestic violence produced mixed results (Magen & Conroy, 1998; Yoshihama & Mills, 2003). There are no apparent correlations between personal experiences of domestic violence and attitudes toward victims or batterers. However, there is some indication that when workers identified with battered women, they were less likely to think that removal of children from the home was the most appropriate response (Yoshihama & Mills, 2003).

Demographic Characteristics

Studies have attempted to identify an association between individual attributes with attitudes toward victims of domestic violence. Results from several studies are contradictory when comparing gender to attitudes about domestic violence. Several studies with medical providers indicate that female and younger physicians were more likely to screen for domestic violence (Best, Dansky, & Kilpatrick, 1992; Parsons et al., 1995; Saunders & Kindy, 1993) while others did not (Hansen et al., 1997). Specific to studies addressing child welfare workers and gender, one study found that female workers were more likely than male workers to insist that women leave abusive relationships (Saunders & Anderson, 2000).

Few studies have focused on other demographic characteristics such as race or marital status; more studies are needed to explore the association between demographic characteristics and their influence on outcomes of working with battered women.

Ultimately, research that identifies the knowledge, attitudes, and beliefs of child welfare workers toward domestic violence and how these beliefs influence their day-to-day decisions about the protection of children in families with domestic violence is inconclusive. Additionally, research is limited as to how the knowledge, attitudes, and beliefs of child welfare supervisors toward domestic violence directly or indirectly impact frontline workers in their work with families. In response to this lack of information, the study reported here was used to explore the knowledge, attitudes, and beliefs of child welfare supervisors at a 2002 conference held each year in a Midwestern state.

METHODS

Participants

The annual conference where this survey took place was grant funded and designed specifically for child welfare supervisors. Consequently, the 2-day training was provided at no cost to child welfare workers and included free registration, mileage, room, and meals. The conference was held at a retreat facility in the center of the state, drawing supervisors from rural and urban areas in this Midwestern state.

Of the 83 registered conference participants, 66 child welfare supervisors completed the survey (a response rate of approximately 80%). The supervisors represented a range of child welfare areas including family preservation, foster care, protective investigations, substance abuse, and administration. Although not all supervisors currently engage in direct practice, this convenience sample of child welfare supervisors was selected because of their influence over the practice attitudes and behaviors of line staff as well as influence over the actual services received by families experiencing domestic violence.

Measures

Participants completed a paper-and-pencil questionnaire that was available during the first day of the conference. Respondents placed their survey into a box and then chose a small token of appreciation from a basket of gifts next to the box. The questionnaire was anonymous and confidential with no identifying information on the survey and no monitoring of the collection box. The questionnaire covered topics such as their beliefs about domestic violence and the overlap with child abuse, their professional and personal experiences with domestic violence, any training received, and demographic information.

Beliefs About Domestic Violence and Child Abuse.

Participants were asked to communicate their beliefs about the causes of domestic violence. Items for the questionnaire were adapted from a previous study that questioned practitioners and researchers about their beliefs on domestic violence (Worden et al., 1999). Sample statements from the questionnaire follow: "The prevalence of domestic violence is due to sexism in our society." "Much domestic violence is caused by drugs and alcohol." "Some women who are abused secretly want to be treated that way." "Children who were abused or witnessed abuse in their homes often become abusers (or victims) as adults." Using a 5-point Likert scale, respondents were asked to indicate their degree of agreement or disagreement with each statement.

Respondents were also asked about their beliefs about the overlap of domestic violence and child abuse. Items for this part of the questionnaire were created for this study and were based on beliefs suggested by child welfare professionals as heard by the authors during their professional careers. Example statements follow: "Child abuse should be reported if a child is unintentionally injured during a domestic violence incident," "... if a child witnesses a domestic violence incident even if the child is not physically hurt," and "... if the child did not witness the event nor was injured." A similar 5-point Likert scale was used to give respondents the choice of agreeing or disagreeing with the statements. Because we generated these items for this study, we consulted with several practice and research experts from the child welfare field to ensure face validity for the items.

Training. Participants responded to several questions about the training they received on domestic violence, the

number of times they attended training seminars over 2 years, and about which training topics among a selection they were interested in learning.

Professional Experience. Participants were asked to identify the extent to which they have worked with victims and, if applicable, the extent to which they enjoyed working with victims of domestic violence. The response categories were comprised of a five-point Likert scale (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, 5 = *always*).

Personal Experiences With Domestic Violence. Personal experiences with domestic violence was ascertained by asking questions about the degree to which the participant, their friends, their parents, or their family members were physically or emotionally abused in an intimate relationship using a condensed version of the Revised Conflict Tactics Scale (Straus, Hamby, Sugarman, & Boney-McCoy, 1996). Participants were asked the following questions: “To what extent have you ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?” “To what extent has a current or previous intimate partner threatened to hurt you or your children, destroyed your personal property, behaved in an excessively jealous manner, kept you from seeing family or friends, or made you feel afraid?” The response categories were comprised of a five-point Likert scale (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, 5 = *always*). Respondents were then asked, “To what extent have your *friends* ... been pushed, slapped, kicked.” Respondents were then asked two similar questions which substituted either *parents* or *other family members* for *friends* in the question stem. Again, the response categories ranged from *never* to *always* on a 5-point Likert scale.

Results

Participant Characteristics

The average age of participating child welfare supervisors was 43 years with the youngest being 26 and the eldest 68. Respondents were predominantly female (60 female, 6 male) and White (White = 89%, African American = 8%, Native American = 3%). Tenure of supervisors in the human services varied between 1 month and 35 years ($SD = 9$ years, $M = 13$ years, mode = 5 years) and employed by their current agency for, on average, 6.7 years ($SD = 7$ years, range = 4 months to 31 years). The educational level of supervisors ranged from associate of arts degree to graduate degrees. Five percent of the participants had an associate of arts degree, 34% an undergraduate degree, 55% a graduate degree, and 6% selected other for level of education. The “other” category may include those people who have alcohol and drug certification.

Personal Experiences

Questions about supervisors’ personal experiences of domestic violence were recoded to capture the number of

participants who had ever experienced domestic violence or who had parents, other family members, or friends who had ever experienced domestic violence. Survey participants were not immune to experiences of domestic violence. Thirty six percent ($n = 24$) had parents who threatened, pushed, slapped, kicked, or otherwise physically hurt each other. Thirty three percent ($n = 22$) experienced intimate partner violence and 27% ($n = 18$) experienced emotional abuse at some point in their adult life. Sixty eight percent of the respondents had a family member ($n = 45$) and 85% had a friend ($n = 56$) who experienced domestic violence.

Beliefs About the Causes of Domestic Violence

The strongest belief about the causes of domestic violence was the intergenerational theory of family violence. In this sample, 89% of the supervisors believed that children who witness abuse would themselves become abusers. Likewise, 89% of the supervisors believed that children who witness domestic violence would become victims of intimate partner violence.

In general, 76% of the respondents believed that the prevalence of intimate partner violence was caused by sexism in society. Seventy six percent of responding supervisors believed that alcohol and drugs caused much of the domestic violence.

For the most part, child welfare supervisors believed that for a victim to leave an abusive relationship required more than just an intense desire (71%). Respondents also believed that men who engaged in intimate partner violence had psychological or personality problems (62%) and that some violence occurred because women initiated physical fighting (70%). A very small number of supervisors believed that women secretly wanted to be abused (8%).

Beliefs About Domestic Violence and Child Abuse

Supervisors held strong beliefs about the protection of children. Almost all the respondents (97%) believed that incidents of children who were unintentionally hurt during domestic violence occurrences should be reported as child abuse. Seventy-nine percent of participants believed that child abuse should be reported even when the child was not injured and 46% believed that an abuse report should be made even when the child had not witnessed domestic violence. Forty-seven percent believed children should be removed if the victim chose to remain with the abuser.

The Role of Training

Of the 66 participants, 29% ($n = 19$) never received training on domestic violence, 13% ($n = 9$) attended domestic violence training in the last 1–2 years, 20% ($n = 13$) attended domestic violence training in the last 6–12 months, 17% ($n = 11$) attended training in the last 2–6 months, and 3% ($n = 2$) attended training in the 4 weeks prior to survey completion.

Associations Between Personal and Professional Experiences and Beliefs

Spearman's rank correlation coefficient was used to analyze the association between experiences of domestic violence (ordinal scale) and beliefs about domestic violence and child abuse (dichotomous variables). Spearman's rank correlation coefficient was used for the analysis because the data were not normally distributed and were bimodal (Gibbons, 1993). Analytical results for the single-item questions indicate some significant associations between beliefs about domestic violence and experiences of domestic violence. The responses were recoded into dichotomous categories indicating agreement or disagreement. Respondents who selected *no opinion* were eliminated from the analysis.

Personal Experiences. Domestic violence between the respondents' parents was correlated with the belief that "A lot of what is called 'domestic violence' is really just a normal reaction to day-to-day stress and frustration" ($r_s = .290, p < .05$). Respondents experience of emotional abuse by an intimate partner was correlated with the belief that "Some violence is caused by women starting physical fights" ($r_s = .293, p < .05$). The belief that "some violence is caused by the way women treat men was correlated with the experience of emotional abuse ($r_s = .241, p < .05$) and physical abuse ($r_s = .255, p < .05$) by an intimate partner. Those respondents with friends who experienced domestic violence were correlated to the belief that "Some women who are abused secretly want to be treated that way" ($r_s = .291, p < .05$). Interestingly, emotional abuse by an intimate partner was associated with disagreeing with the statement, "When a victim returns to her abuser and then comes back [for services] I find it difficult to believe her story" ($r_s = -.455, p < .05$). Personal experiences of domestic violence were not correlated to attitudes or beliefs about child abuse and neglect.

Professional Experiences. The number of years that the supervisor worked in human services was negatively correlated with beliefs about reporting child abuse when the child was not physically injured ($r = -.267, p < .05$) or the child had not witnessed domestic violence ($r = -.266, p < .05$). Therefore, the longer that a supervisor had worked in the social service field the less they believed that abuse reports should be made unless the child was physically harmed. Those supervisors with more experience believed that children should not be removed if the victim remained with the abuser ($r = -.243, p < .05$). In addition, working with domestic violence cases was significantly associated with a belief that sexism was a cause of domestic violence ($r_s = .273, p < .05$).

Training. Supervisors who received domestic violence training also believed that the prevalence of domestic violence was due to sexism in society ($r_s = -.278, p < .05$). Lack of training about domestic violence was correlated with the belief that children should be removed when victims of domestic violence choose to remain with their abusers ($r_s = .420, p < .01$). Respondents who had not received training

found it difficult to believe the victim's story once she returned to the abuser and then returned for services.

Demographics. Other demographic characteristics had no relationship to the supervisors' beliefs about domestic violence and child abuse. Because very few of the respondents were African American ($n = 5$), First Nations ($n = 2$), Hispanic ($n = 0$), Asian ($n = 0$), or male ($n = 6$), no comparisons were made with regard to race or gender. However, interestingly, neither age nor educational degree was significantly related to supervisors' beliefs about domestic violence and child abuse.

Limitations

Caution should be used in making inferences or assuming cause and effect relationships related to the variables in this study. A small sample size and nonrepresentative sampling techniques were used (i.e., use of a convenience sampling of supervisors gathered for a conference). These limitations highlight the descriptive and exploratory nature of this research.

The scales and small sample size utilized in this study resulted in the limitations in applying statistical tests. The lesser power involved in nonparametric statistical methods may not have detected the strength of relationships between variables (Howell, 1992). Although 66 is an acceptable sample size for exploratory purposes, caution should be used regarding generalizing data to all child welfare supervisors or workers.

Discussion

The results of this study lend support to other published studies and offer new information that warrants greater study. Similar to other studies, many of the respondents had personal experiences with domestic violence—primarily through family and friends. As noted, other studies found that between 11% and 32% of workers in the helping professions have experienced domestic violence; this study found that 33% of respondents experienced domestic violence in their intimate relationships. Additionally, over two thirds (68%) of the respondents had family members who experienced domestic violence and an overwhelming majority of respondents (85%) had a friend who did.

Curiously, over three fourths of respondents believed that use of drugs or alcohol led to domestic violence, a result not supported in the literature but widely held as a possible cause of domestic violence (Kilpatrick et al., 1997). This belief about the influence of drugs and alcohol could be an indication of the type of struggles among families in the child welfare system. However, substance abuse is a risk factor for violence among perpetrators and victims—whether adult or child violence. Assessing for substance abuse among families involved in the child welfare system is routine among most workers; the challenge is for supervisors and workers to not overlook domestic violence when substance

abuse is identified or to assume that domestic violence is present when parents are abusing alcohol or drugs.

The results also indicate that the personal experiences of domestic violence influences the beliefs of supervisors about domestic violence. When respondents' parents experienced domestic violence, their beliefs about the causes centered on marital conflict and everyday stress. Interestingly, the single-item variables measuring the experience of emotional abuse and physical abuse by an intimate partner were correlated with the belief that blames the victim for the violence ("Some violence is caused by the way women treat men"). This belief is particularly striking and may indicate the consistent message from society given to victims that the abuse is "their fault." Further studies are warranted to fully understand this phenomenon.

Conversely, as professionals, the results indicate that workers with more professional experiences and tenure in human service fields believed that sexism in society lead to domestic violence and victims were *not* to blame for the violence; a result similar to Campbell and Johnson's study with law enforcement (Campbell & Johnson, 1997). When juxtaposed, the results indicate that professional experiences and tenure in human services results in less victim blaming whereas being a victim results in believing society's message that blames the victim. The challenge, then, is to further explore how personal or professional experiences with domestic violence influences beliefs about the causes of domestic violence.

In addition to their beliefs about domestic violence, respondents had strong beliefs about the overlap of child abuse and domestic violence. Almost all of the respondents (89%) believed that children who witness abuse would themselves become abusers. These beliefs, not supported fully by research, can be part of the rationale for the child welfare system to justify removing children from homes where domestic violence is present, in part, to protect the children and stop the violence. Curiously, the results also indicate that supervisors with more tenure in human service fields were less likely to believe that abuse reports should be made unless a child was physically injured and less likely to believe that children should be removed if the victim remains with the abuser; a finding similar to that of Saunders and Anderson (2000). Additionally, the results indicate that a lack of training on domestic violence resulted in supervisors not believing victims' stories and believing children should be removed—especially when the victim returned to the abuser.

Implications

The challenge then becomes, how does one change these beliefs? If supervisors influence the practice attitudes and behaviors of frontline staff, their beliefs could have a multiplicative effect on actions taken with families—actions that may result in an outcome similar to Nicholson v.

Scoppetta in which the judge required training of all child welfare employees and contractors. Judge Weinstein ruled that training must focus on understanding domestic violence, establishing reasonable efforts to remove the batterer from the family, learning to provide protection to the victim and the children, and instituting that mothers must be informed of their rights prior to separating them from their children (Carter, 2002). Historically, training, the preferred method, has been found to be successful in influencing workers' beliefs about the causes of domestic violence and their decisions about removing children (Magen, Conroy, & Tufo, 2000; Mills & Yoshihama, 2002; Saunders & Anderson, 2000; Waugh & Bonner, 2002).

Although training may help bring greater awareness, it is not the magic bullet that will change philosophies, policies, and practices. Child welfare workers—both supervisors and line staff—are steeped in a strong tradition of protecting children with policies that guide their work. Workload, inexperience, and policies (formal and informal) may restrict workers and their supervisors from responding with creative manners to effectively and appropriately help victims and their children remain safe. Attention must be given to the policies that tie workers', and ultimately supervisors', hands and may force women to go through the process of leaving abusers in a short period of time. Additionally, supervisors must be knowledgeable enough about domestic violence to adequately provide guidance to workers who struggle with families experiencing domestic violence and child abuse—guidance that may include how to assess for domestic violence and how to offer appropriate and sensitive interventions that give victims time to determine how to best keep themselves and their children safe.

Finally, more research is needed that evaluates the discretion and practices of line workers and the influences of supervisors on those practices. More information is needed to determine the overlap of domestic violence and child abuse and the practices of removing, reunifying, or terminating parental rights. In the end, the unifying goal should be one of keeping the entire family safe while holding batterers accountable for the violence inflicted on the family.

References

- Aldarondo, E., & Kantor, G. K. (1997). Social predictors of wife assault cessation. In G. K. Kantor & J. L. Jasinski (Eds.), *Out of darkness: Contemporary perspectives on family violence* (pp. 183–193). Thousand Oaks, CA: Sage.
- Beeman, S. K., Hagemeister, A. K., & Edleson, J. L. (1999). Child protection and battered women's services: From conflict to collaboration. *Child Maltreatment*, 4, 116–126.
- Best, C. L., Dansky, B. S., & Kilpatrick, D. G. (1992). Medical students' attitudes about female rape victims. *Journal of Interpersonal Violence*, 7, 175–188.
- Browne, A. (1987). *When battered women kill*. New York: Macmillan/Free Press.
- Browne, K., & Saqi, S. (1988). Approaches to screening for child abuse and neglect. In K. Browne, C. Davies, & P. Stratton (Eds.), *Early prediction and prevention of child abuse* (pp. 57–85). Chichester, NY: Wiley.

- Campbell, R., & Johnson, C. R. (1997). The role of work experience and individual beliefs in policy officers' perceptions of date rape: An integration of quantitative and qualitative methods. *American Journal of Community Psychology*, 23, 249–277.
- Carlson, B. E. (1984). Children's observations of interparental violence. In A. R. Roberts (Ed.), *Battered women and their families* (pp. 147–167). New York: Springer.
- Carter, J. (2002). *Policy talks*. Washington, DC: Family Violence Prevention Fund.
- Coleman, J. U., & Stith, S. M. (1997). Nursing students' attitudes toward victims of domestic violence as predicted by selected individual and relationship variables. *Journal of Family Violence*, 12, 113–138.
- Cullinane, P. M., Albert, E. J., & Freund, K. M. (1997). First-year medical students' knowledge of, attitudes toward, and personal histories of family violence. *Academic Medicine*, 72, 48–50.
- Davis, L. V. (1984). Beliefs of service providers about abused women and abusing men. *Social Work*, 29, 243–250.
- Davis, L. V., & Carlson, B. E. (1981). Attitudes of service providers toward domestic violence. *Social Work*, 17, 34–39.
- Edleson, J. L. (1999a). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14, 839–870.
- Edleson, J. L. (1999b). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5, 134–154.
- Gibbons, J. D. (1993). *Nonparametric measures of association*. Sage University Paper series on Quantitative Applications in the Social Sciences, series n0,01–091. Newbury Park, CA: Sage.
- Haase, Short, Chapman, & Dersch. (1999). Domestic violence education in medical school. *Academic Emergency Medicine*, 6, 855–857.
- Hagen, J. L., & Owens-Manley, J. (2002). Issues in implementing TANF in New York: The perspective of front-line workers. *Social Work*, 47, 171–182.
- Hansen, D., Bumby, K. M., Lundquist, L. M., Chandler, R. M., Le, P. T., & Futa, K. T. (1997). The influence of case and professional variables on the identification and reporting of child maltreatment: A study of licensed psychologists and certified masters social workers. *Journal of Family Violence*, 12, 313–332.
- Howell, D. C. (1992). *Statistical methods for psychology* (4th ed.). Belmont, CA: Wadsworth.
- Jaffe, P., Wolfe, D., & Wilson, S. (1990). *Children of battered women*. Newbury Park, CA: Sage.
- Kaufman Kantor, G., & Jasinski, J. L. (1998). Dynamics and risk factors in partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks, CA: Sage.
- Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, 65, 834–847.
- Magen, R. H., & Conroy, K. (1998). *Training child welfare workers on domestic violence: Final report*. New York: Columbia University, School of Social Work.
- Magen, R. H., Conroy, K., & Tufo, A. D. (2000). Domestic violence in child welfare preventative services: Results from an intake screening questionnaire. *Children and Youth Services Review*, 22(3/4), 251–274.
- Miller, B. A., & Downs, W. R. (1993). The impact of family violence on the use of alcohol by women. *Alcohol Health and Research World*, 17, 137–143.
- Mills, L., & Yoshihama, M. (2002). Training children's service workers in domestic violence assessment and intervention: Research findings and implications for practice. *Children and Youth Services Review*, 24, 561–581.
- Moore, M., Zaccaro, D., & Parsons, L. H. (1998). Attitudes and practices of registered nurses toward women who have experienced abuse/domestic violence. *Journal of Obstetric Gynecologic and Neonatal Nursing*, 27, 175–182.
- O'Keefe, M. (1995). Predictors of child abuse in maritally violent families. *Journal of Interpersonal Violence*, 10, 3–25.
- Parsons, L. H., Zaccaro, D., Wells, B., & Stovall, T. G. (1995). Methods of and attitudes toward screening obstetrics and gynecology patients for domestic violence. *American Journal of Obstetrics and Gynecology*, 173, 381–386.
- Pope, K. S., & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology*, 23, 353–361.
- Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. *Journal of Consulting and Clinical Psychology*, 49, 63–71.
- Saunders, D. G. (1986). When battered women use violence: Husband-abuse or self-defense? *Victims and Violence*, 1, 47–60.
- Saunders, D. G., & Anderson, D. (2000). Evaluation of a domestic violence training for child protection workers and supervisors: Initial report. *Children and Youth Services Review*, 22, 375–398.
- Saunders, D. G., & Kindy, P. (1993). Predictors of physicians' responses to woman abuse: The role of gender, background, and brief training. *Journal of General Internal Medicine*, 8, 606–609.
- Stark, E., & Flitcraft, A. H. (1988). Women and children at risk: A feminist perspective on child abuse. *International Journal of Health Services*, 18, 97–118.
- Straus, M. A. (1991). *Children as witness to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women*. Paper presented at the Ross Roundtable on Children and Violence, Washington, DC.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. Garden City, NJ: Anchor.
- Straus, M. A., Hamby, S. L., Sugarman, D. B., & Boney-McCoy, S. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283–316.
- Tjaden, P., & Thoennes, N. (1998). *Prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey*. Washington: National Institute of Justice.
- Varvaro, F. F., & Gesmond, S. (1997). ED physician house staff response to training on domestic violence. *Journal of Emergency Nursing*, 23, 17–22.
- Waugh, F., & Bonner, M. (2002). Domestic violence and child protection: Issues in safety planning. *Child Abuse Review*, 11, 282–295.
- Weaver, R. I., Kilpatrick, D. G., Resnick, H. S., Best, C. L., & Saunders, B. E. (1997). An examination of physical assault and childhood victimization histories within a national probability sample of women. In G. K. Kantor & J. L. Jasinski (Eds.), *Out of darkness: Contemporary perspectives on family violence* (pp. 35–46). Thousand Oaks, CA: Sage.
- Wolak, J., & Finkelhor, D. (1998). Children exposed to partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 73–112). Thousand Oaks, CA: Sage.
- Worden, A. P., Carlson, B. E., Postmus, J. L., & Ryn, M. v. (1999, November). *Practitioner perspectives on violence against women*. Paper presented at the Annual Meeting of the American Society for Criminology, Toronto, Canada.
- Yoshihama, M., & Mills, L. (2003). When is the personal professional in public child welfare practice? The influence of intimate partner and child abuse histories on workers in domestic violence cases. *Child Abuse & Neglect*, 27, 319–336.

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