



Family violence: Fathers assessing and managing their risk to children and women



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ARTICLE INFO

Article history:

Received 30 April 2013

Received in revised form 15 September 2013

Accepted 6 November 2013

Available online 16 November 2013

Keywords:

Domestic violence

Child maltreatment

Fatherhood

Risk assessment

Risk management

Qualitative comparative analysis

ABSTRACT

All too often, child protective workers fail to identify domestic violence, thus, endangering both child and adult family members. A potential solution is engaging men who abuse in assessing and managing their own risk to family members. This was the aim of a psycho-educational fathering program developed and tested in the southeastern United States. Over the course of the group, the men set goals on how to relate to their children and to their current or former partners, and they reflected on their achievement of these goals. The men's self-appraisals were supported by their caseworkers' assessments. A comparison of child protection data before and after entry in the group showed an extensive decrease in the families assessed with child protection findings and with household domestic violence. The evaluation used a qualitative comparative analysis (QCA) that identified configurations of conditions overlapping with child protection outcomes. Some of the men's characteristics included in these configurations ran counter to predictors usually associated with child maltreatment and domestic violence. The evaluation results point to the unique contributions that QCA can make to risk assessment.

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1. Introduction

In assessing risk, child welfare agencies face competing demands. On the one hand, they are mandated to investigate child maltreatment and intervene to prevent recurrences. On the other hand, they are expected to engage families in collaborative processes to address their needs and concerns. The complexity of these demands heightens when fathers abuse their partners, putting both the mothers and the children at risk of future harm.

A potential strategy for mitigating the recurrence of family violence is to support the men in assessing and managing their own risk to family members. This was the aim of the Strong Fathers program that was developed and tested in North Carolina, a state in the southeastern United States. The program was a parenting group for men with a history of committing domestic violence and whose families received child protection services.

The overarching framework of Strong Fathers moved away from crime-centered risk approaches (Baird, 2009) to engage men in solution finding (Hoyle, 2008). Guided by this theory of change, the program encouraged the men to specify their change goals, develop skills for reaching these goals, and reconstruct themselves as responsible fathers. The program evaluation examined the extent to which the men, from their own perspective, attained their goals. The men's self-assessments were checked against state administrative data on child maltreatment and domestic violence.

Given the blurred and shifting boundaries on goal achievement, the evaluation used a qualitative comparative analysis and categorized the degree of achievement into fuzzy sets (Ragin, 2000; Smithson & Verkuilen, 2006). This methodology also made it possible to identify configurations of conditions predicting child protection findings and domestic violence before and after entry into the Strong Fathers program. Because the program focused on changing how abusive fathers relate to their children and their partners, the authors begin by reviewing the prevalence and interaction of co-occurring domestic violence and child maltreatment.

2. Co-occurrence of domestic violence and child maltreatment

The US state administrative data show that 25.1% of child victims in 2011 were exposed to domestic violence (US DHHS, 2012). These data further indicate that 16.7% of child fatalities were associated with domestic violence, a higher rate than for either alcohol abuse at 5.7% or drug abuse at 12.8%. Although fathers usually spend less time with children than mothers, they were identified as involved in 47.7% of parent-perpetrated child maltreatment and 49.7% of parent-perpetrated child fatalities (US DHSS).

These agency figures underreport the rate of co-occurring women abuse and child maltreatment. Victims, especially women of color and indigenous women, often hide the abuse committed against them. The women may fear that child protection will use their victimization as grounds for removing children from their care, or they may fear that the workers will give them an ultimatum to leave the perpetrator without regard to the impact on the family (Douglas & Walsh, 2010).

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A US study (National Survey of Child and Adolescent Well-Being) interviewed female caregivers who had been investigated as well as their caseworkers. Analysis of the data found that 31% of the women identified that they suffered physical abuse by their partners in the past year (Kohl, Barth, Hazen, & Landsverk, 2005). In contrast, their workers identified the women's victimization in only 8% of these cases. Women whose workers did not identify active abuse were seven times less likely to receive domestic violence services (Kohl et al.). Not surprisingly, without adequate services in place, physically abused women in this national study had twice the rate of being reported to child welfare than mothers who did not experience such violence (Casanueva, Martin, & Runyan, 2009). Moreover, the speed of repeat reports was almost twice as rapid for the abused women (Casanueva et al.). The abused women's high rates of repeat reports may be a function of their parenting under stress or of efforts by their abusers to undermine them in the eyes of child protection workers.

Men who batter directly harm their partner and also compromise the mother's authority as a parent and her capacity to care for and protect her children. The father's tactics may take the form of abusing her in front of the children or swinging between authoritarian and laissez-faire parenting styles that destabilize the family (Bancroft, Silverman, & Ritchie, 2012). All this can create traumatic bonds that ally the children with the father against the mother and models disrespect toward women. If a mother attempts to leave or leaves the battering father, the violence is likely to escalate, and the father may seek child custody in order to intimidate her (Hannah & Goldstein, 2010).

The interaction of physical child abuse and intimate partner violence is specifically of concern in North Carolina where the Strong Fathers program is being tested. North Carolina has the fourth highest rate, among US states, of lifetime prevalence of partner violence against women (Black et al., 2011). Located in the Southern United States, North Carolina is in a region with elevated levels of child maltreatment fatalities (Douglas & McCarthy, 2011). Corporal punishment, which is associated with child abuse (Chu, Pineda, DePrince, & Freyd, 2011), remains normative in North Carolina. The state, along with neighboring South Carolina, had notably higher self-reported rates of parents' hitting children with an object than other parts of the country (343/1000 versus 332/1000), with nearly half of the children ages eight and nine years in the Carolinas struck by an object (Zolotor, Theodore, Chang, & Laskey, 2011).

3. Risk assessment of domestic violence

The frequency and consequences of co-occurring domestic violence and child maltreatment point to the necessity of assessing the likelihood, imminence, and severity of future harm committed by men against their intimate partners. Today, risk assessment tools in child protection take into account children's exposure to a battering father. A widely used instrument is the *Children's Research Center's* (2009) Family Risk Assessment which includes items associated with future harm. Examples of predictors are a history of prior child protection assessments, a household with more than two children, and a caretaker under 30 years of age. The numeric scores on different items are added to "structure" child protection workers' assignment of total risk scores for child neglect and for child abuse. The instrument permits policy or worker overrides given the severity of a situation. A validation study showed that the level of risk identified by this structured professional judgment tool positively correlated with recurrence of subsequent substantiation of child maltreatment, placement, and injury (Shlonsky & Wagner, 2005). The North Carolina Division of Social Services requires workers to complete this decision-making form (NC DHHS, 2009).

The difficulty, as previously outlined, is that workers commonly do not identify domestic violence on their caseloads (Kohl et al., 2005). Domestic violence poses a challenge in determining how risk factors interact and change over time in diverse community contexts. For instance, younger age, lower academic achievement, and blue-collar occupation

are treated as generic factors without consideration as to how they translate across different cultural groups (Aldarondo & Castro-Fernandez, 2011). Added complications for co-occurring domestic violence and child maltreatment can result from divisions between women's advocates and child protection workers. As a North Carolina study reported, their differing mandates and approaches can generate mutual distrust and impede their sharing information and collaborating on family safety (Francis, 2008).

Using risk assessment tools can guide workers to pay attention to likely predictors of victimization. This structure can mitigate professional judgments skewed by racial and ethnic biases and can assist with managing risk so as to protect victims. The link between assessed risk and its management, however, is tenuous. A British study found that domestic violence workers, out of a sense of caution and under the pressure of processing a high volume of cases, rarely downgrade high risk scores but frequently upgrade low risk scores (Robinson & Howarth, 2012). Some of these workers' decisions are supported by the same study's findings on physical revictimization. For instance, the workers elevate the risk level if the victims have children, which maps onto the association of repeat abuse and disputes over child contact.

Other decisions by the workers in this British study do not fit with the findings on revictimization. For instance, the workers do not elevate risk when women separate from perpetrators, a juncture when abuse often turns lethal (Campbell, Webster, & Glass, 2009). As common among practitioners, domestic violence workers overlook static factors which they cannot change such as the perpetrators' past violence and instead focus on dynamic factors that they can address such as the women's current level of fear (Robinson & Howarth, 2012). Both historical and contemporaneous factors need to be considered in risk assessment.

In assessing the risk posed by perpetrators of domestic violence, indicators include the perpetrator's violent acts, threats, and attitudes; escalation of violence; use of weapons; violation of court orders; general criminality; childhood experience of child abuse and exposure to interparental violence; and problems with intimate relationships, employment, substance use, and mental health (Bowen, 2011; Kropp, 2008). Risk assessment instruments using these types of factors can modestly increase accuracy in predicting recidivist domestic violence but need to be administered as recommended (Kropp & Gibas, 2010). A perfect instrument would have a sensitivity of 1.0 (predicting all instances of recidivism) and a specificity of 0 (not falsely predicting recidivism). An instrument that does not improve prediction over chance would have an accuracy of 0.5. Tests of the predictive validity of five domestic violence instruments show an average of .615, demonstrating improved accuracy but leaving room for further advancement (Messing & Thaller, 2013). Any instrument cannot cover all contingencies, and in order to develop an effective service plan, other means of assessing risk need to be incorporated.

A strategy for enhancing the accuracy of risk assessment is to involve the survivors in the assessment, an approach supported by research findings that abused women provide somewhat different perspectives on risk than victim advocates (Bennett Cattaneo, 2007). A caution is that abused women may minimize or deny the risk, and this is especially likely if they are fearful that their own victimization could lead to removal of their children (Humphreys & Absler, 2011). Asking the men about their level of risk raises questions regarding willingness and capacity to identify their own potential for reoccurring abuse. Nevertheless, self-report of violence, at least in the mental health field, is more accurate than either collateral observation or official records (Monahan et al., 2001). The validity of self-reports, though, is called into question if individuals fear negative repercussions.

Much of the violence risk assessment literature has focused on structured professional judgment and empirically based instruments with a third approach called anamnestic assessment given far less attention (Heilbrun, Yasuhara, & Shah, 2010). Anamnestic assessment refers to a process of individuals' recounting in detail their own history, thus,

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