



Differences among battered mothers in their involvement with child protection services: Could the perpetrator's biological relationship to the child have an impact? ☆

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ABSTRACT

The co-occurrence of adult domestic violence and child physical abuse has been well documented. Although collaboration between domestic violence and child protection services has been the focus of new efforts for better serving women experiencing domestic violence and their children, there is limited information about the types of families experiencing intimate partner violence who are involved in child protection services. This article explores the distinguishing characteristics of families experiencing adult domestic violence (DV) that are involved in child protection services (CPS) in comparison with families that experience DV but are not involved in CPS. Using data from a four-city anonymous telephone survey, this study examined the participation of 107 women who utilized domestic violence services. Roughly one-third (29.9%) of those receiving DV services in this sample were also involved with the CPS system. While those families involved with CPS did not differ in most ways from the other families, they did differ regarding the biological relationship of the child to the adult male perpetrator of DV. Families in the sample in which the perpetrator of DV was the biological father of the child were less likely to be involved in CPS than when the perpetrator of DV was not the biological father of the child. These findings point to a need for greater awareness of the risk biological fathers pose to their children.

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1. Introduction

Adult-to-adult domestic violence (DV) and child physical abuse are among the most common and most severe forms of violence in the United States. In recent years, there has been a recognition that child physical abuse and DV are closely linked and co-occur in the same families (Appel & Holden, 1998; Edleson, 1999). Further, children who are exposed to DV but are not directly abused often have similar levels of behavioral and emotional difficulties as those who are directly abused (Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Recognition of the co-occurrence of child physical abuse and DV has brought about some changes in child protection services (CPS), including efforts at cross-training and collaborative work between CPS and DV service providers and advocates (Beeman & Edleson, 2000; Mills & Yoshihama, 2002; Sawyer & Lohrbach, 2005). While collaboration and referrals are now occurring between DV services and CPS, there is little empirical evidence on the characteristics of families that experience DV and are involved in CPS compared to those that are not. The purpose of this study is to explore the specific characteristics of families that have experienced DV, are receiving services from DV providers and are also involved with CPS. In particular, this study points to the importance of the relationship of the perpetrator to the child as having a significant impact on whether or not a family becomes involved with CPS.

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1.1. Co-occurrence of adult DV and child abuse

Over 15 million American children are estimated to be exposed to DV in their homes each year, with 7 million exposed to severe violence between adults in the home (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Exposure to DV is thought to co-occur with child physical abuse in many of these families. Attempts to measure the rate of the co-occurrence between DV and child physical abuse has resulted in widely varying estimates, from less than 10% to more than 90% (Appel & Holden, 1998; Edleson, 1999). The variance in these estimates can be attributed to differing study populations, definitions of terms, data collection methods and other factors.

Even children who do not experience child physical abuse may experience numerous negative effects of simply being exposed to violence against their parent. Children's exposure to DV has been a major area of research in recent years. Research has shown widely varying but negative associations between child problems and exposure to violence between their parents. Children exposed to DV often show greater behavioral, emotional, attitudinal, and cognitive difficulties compared to those who are not exposed (Kitzmann et al., 2003; Wolfe et al., 2003).

1.2. CPS involvement of families experiencing DV

Because of the high co-occurrence of DV and child physical abuse, it is not surprising that many families involved in CPS would also have a background of DV. There have been a number of studies examining the prevalence and characteristics of child welfare cases that include DV. The rate of co-occurring violence in child welfare populations ranges from 14% to as high as 47% (English, Edleson, & Herrick, 2005; Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004; Kohl, Edleson, English & Barth, 2005). Families involved in child welfare that have experienced DV tend to differ from families involved in child welfare without such a history. Families experiencing DV are more likely to have had multiple previous referrals to child welfare; have issues with substance abuse and mental health; and are more likely to have a criminal background (English, Marshall, Brummel, & Orme, 1999; Hazen et al., 2004; Jones, Gross, & Becker, 2002; Megan & Conroy, 1998). Further, CPS cases involving families with a history of DV are more likely to include more severe forms of child abuse (Megan & Conroy, 1998).

While CPS has always been involved with families experiencing DV, there is an increasing recognition that there has to be more structured collaboration between CPS and DV services; and more attention by the CPS system to issues related to DV (see Beeman & Edleson, 2000). The child welfare and domestic violence fields often approach this issue from very different perspectives. Such differing perspectives can impede collaboration between the two service networks (Fleck-Henderson, 2000). Child welfare workers have typically focused on the safety of children, and often hold mothers responsible for keeping their children safe. Domestic violence advocates have typically focused on the rights and safety of women, viewing children as secondary victims who benefit if their mothers are safe (Peled, 1997; Wilson, 1998).

Much of the focus on improving supports to families experiencing DV who are receiving child welfare services has been on improving the CPS systems' response to DV (National Council of Juvenile & Family Court Judges, 1999; see also <http://www.thegreenbook.info>). Likewise, many research efforts have focused on measuring and testing assessments, interventions and referrals related to DV by CPS workers (Hazen et al., 2007; Kohl, Barth, Hazen, & Landsverk, 2005; Megan, Conroy, Hess, Panciera, & Simon, 2001; Shepard & Raschick, 1999).

While there has been a growing effort to have the CPS system more effectively intervene in families experiencing DV and knowledge of the effectiveness of these interventions is improving, these interventions can only reach families that are involved in the CPS system. Unfortunately, we currently have little information about which families experiencing DV are likely to be involved with the CPS system, and do not know how they differ from similar families experiencing DV who are not involved with CPS. This study contributes to filling this knowledge gap by examining how characteristics of families experiencing DV that are involved with CPS are different from those of families experiencing DV but not so involved. The characteristics of families examined in this study include demographic information of women, their perpetrators, and their children; as well as the effects of violence on women and children. In addition, this study looks at the particular nature of familial relationships between the child and the perpetrator.

Understanding these differences can help us to: (1) better serve families experiencing DV who are already involved with CPS by providing baseline data on characteristics; (2) develop child abuse prevention strategies for those families not involved in CPS, by providing more information about them and (3) to determine whether there may be a need to improve efforts in training and supervising service providers to better assess and serve these families. This study will explore the following three research questions in order to bridge this information gap:

1. What is the proportion of CPS involvement among the families experiencing DV and receiving domestic violence services?
2. How are families involved with CPS different from families without such involvement in terms of demographic characteristics (including familial relationships), effects of domestic violence on women and children and the types of co-occurring violence against children and women?
3. What are the predictors of CPS involvement among families experiencing DV and receiving domestic violence services?

2. Methods

2.1. Data gathering procedure and participants

Sample recruitment was assisted by community-based domestic violence service agencies that provided crisis and support services to adult domestic violence victims and their children in four metropolitan areas: Dallas, Minneapolis/St. Paul, San Jose and Pittsburgh. The areas were selected to secure information from diverse locations and populations.

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