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Social Services
and the California Leadership Group
on Domestic Violence and Child Well-being

Special Topic Report on Domestic Violence in Families Served by Child Welfare Services in the State of California

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Andrea Bogie, MSW
Raelene Freitag, PhD
Theresa Healy, MS

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The Children’s Research Center is a nonprofit social research organization and
a center of the National Council on Crime and Delinquency (NCCD).

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ACKNOWLEDGMENT

Many children in California are exposed to domestic violence; they often go unidentified, making it difficult for them to receive the help they need to address trauma they may have endured. The California Leadership Group on Domestic Violence and Child Well-being (Leadership Group) seeks to ensure that children and their families—including the victimized parent and the abuser—achieve safety and heal from trauma. Until now, there has been limited ability to obtain information about the number of families served in the child welfare system who have experienced domestic violence (DV), or how child welfare families with domestic violence may differ from other families in the system.

Child welfare services (CWS) is one system in California with the capacity to routinely screen and assess for domestic violence. As a result, the Leadership Group sought this statewide analysis of the data collected by the screening and assessment tools used most widely by CWS agencies in the state: the Structured Decision Making® (SDM) system. The California Department of Social Services (CDSS) shared this interest and supported completion of this special topic report.

Through this analysis, the Leadership Group and CDSS hope to advance understanding of families and children in the CWS caseload who experience domestic violence in order to strengthen responses that will enable families and children to achieve safety and heal, as well as to prevent such violence in the future.

The California Leadership Group on Domestic Violence and Child Well-being

*The California Department of Social Services
Children and Family Services Division*

INTRODUCTION

In March 2012, the California Department of Social Services (CDSS) and the California Leadership Group on Domestic Violence and Child Well-being asked the NCCD's Children's Research Center (CRC) to conduct an examination of the prevalence of domestic violence (DV) in families served by county child welfare services (CWS) agencies in California.¹ The reason for the examination is twofold: 1) to provide critical information about how often DV is present in families served by the CWS system; and 2) to describe decisions made for families in which DV was present compared to those in which it was not.

This report uses Structured Decision Making® (SDM) assessment findings completed by workers in the field and recorded in California's CWS case management system (CWS/CMS) as well as webSDM, the electronic database that houses all SDM® assessments completed by child welfare workers in California. It identifies families encountered during CWS investigations and served in ongoing cases during 2011. Indications that DV was present in the family are based on workers' observations of and interactions with families.

Background

Recent studies of nationwide data have found a DV history (variously defined) among a significant percentage of child welfare agency client families. For instance, DV was identified as a "risk factor" for 36% of families investigated by New Hampshire child welfare workers (Kaufman, Kantor, & Little, 2003) and also among 36% of those investigated in a large urban county in Minnesota (Edleson & Beeman, 1999). A study of a nationally representative sample of 5,500 US child welfare cases found a 44% lifetime history and a 29% past-year prevalence of DV (Hazen et al., 2007).

While child maltreatment and DV intersect in a significant number of child welfare-involved families, this may take several forms. As Shlonsky and Friend (2007) have noted, DV incidents may or

¹ This report reflects information from 54 counties currently using SDM assessments.

may not be directly related to child maltreatment. However, even if violence between caregivers does not physically injure a child, observing DV may cause emotional harm. A parent's capacity to care for children may also be diminished by the physical or emotional harm he/she experiences. Since determining how DV affects children is difficult, these cases present child welfare agencies with a variety of problems in terms of assessment and case decision making.

The impact of DV on children has been extensively researched in recent years, and the evidence is clear. While findings vary, they consistently report adverse behavioral effects (Edleson, 1999; Holden, 1998; Kolbo, Blakely, & Engleman, 1996). When compared to other children, DV-exposed children exhibited higher rates of school-related problems as well as somatic complaints and physical ailments, such as headaches, stomach aches, and intestinal problems (Kolbo, 1996). They are also more likely to display externalized aggressive behavior, such as acting out or delinquent or criminal activity (Davis & Carlson, 1987; Hershorn & Rosenbaum, 1985; Holden & Ritchie, 1991; Hughes, 1988; Hughes, Parkinson, & Vargo, 1989). The incidence of depression, anxiety, trauma, and other psychological problems (Graham-Bermann & Levendosky, 1998; Hughes, 1988; Maker, Kimmelmeier, & Peterson, 1998; Sternberg et al., 1993) has also been found to be higher. These adverse effects on children appear to persist even when positive or protective factors, such as the quality of the relationship between mother and child; socioeconomic status; and children's individual characteristics, such as temperament and academic ability (Mathias, Mertin, & Murray, 1995; O'Keefe, 1994), are taken into account.

Even when children are not direct witnesses of DV, they may be affected by overhearing it, viewing the consequences (e.g., mother's injuries), or by changes in a parent's behavior after it occurs (Jouriles, McDonald, Norwood, & Ezell, 2001). As a result, the level at which exposure may harm a child is not clear. Some studies have examined the co-occurrence of spousal DV and child abuse (Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Henning, Leitenberg, Coffey, Turner, & Bennet, 1996). Those which examined the combined effects of witnessing DV and experiencing direct parent-child

abuse find that witnessing significantly increases the adverse effects of direct abuse alone (Hughes, 1988; Hughes et al., 1989; Markward, 1997; O'Keefe, 1995; Sternberg et al., 1993).

Identifying Domestic Violence in Child Welfare Client Families

This report employs data from CWS/CMS and webSDM to describe families involved in DV. It includes families with completed SDM assessments who were involved in a child maltreatment investigation² or who were provided with ongoing protective intervention between January and December 2011. The SDM assessment findings make it possible to identify DV among families and describe the characteristics of the children and caregivers who are part of those families. CWS workers in 54 of 58 counties in California currently use the SDM system that was designed for the State of California.

The SDM system consists of a series of assessment instruments designed to support workers' decisions at critical points in the CWS delivery system. Workers can indicate DV involvement on four separate SDM assessments: 1) the screening criteria applied to child protection concerns prior to investigation; 2) the safety assessment completed during an investigation after family contact; 3) the SDM family risk assessment completed at investigation close; and 4) the family strengths and needs assessment (FSNA). The assessments are described below.

- The *hotline screening assessment* is completed at intake for each report made to a county's CWS office. Intake workers complete the assessment based on allegations made during the intake call and use results to determine whether the allegations meet the criteria for an in-person response. If the allegations meet the criteria, the intake is assigned for investigation.
- The *safety assessment* is completed in the early stage of the investigation, typically at the time of the first contact with the family. A safety assessment is completed for every family under investigation for child maltreatment. Workers use results to determine if children can remain safely in the home and/or if there are any immediate threats to

² Investigation started and ended in 2011. Selecting an exit cohort (investigations that closed) provides the most information about the presence of DV and family functioning when DV was present. Data files compiled by CRC for CDSS contained investigations that started during 2011; these files were used as the basis of this report.

child safety. If immediate threats exist, the worker can identify interventions that, in the short term, can mitigate safety threats and allow the children to remain in the home. If there are no options for safety interventions, the children are removed from the home.

- The *family risk assessment of abuse/neglect* is used to reliably and validly assess the likelihood that a family may become involved in child abuse or neglect during the next 18 to 24 months. The risk assessment is completed at the close of the investigation, after the worker has reached an investigation finding. The risk assessment is required for all investigations in which allegations of maltreatment are substantiated or there is inconclusive evidence of child maltreatment. The risk assessment can also be conducted for investigations in which allegations were unfounded.³ Workers use results to estimate the likelihood that a family will become involved in future maltreatment. Families at higher risk are eligible for ongoing services.
- The *FSNA*⁴ is used to identify the critical issues that must be addressed in each family's case plan. Family strengths and needs are assessed at the time the case is opened for ongoing protective services and at least every six months until the case is closed. The FSNA consists of assessments of caregiver and child functioning across a broad set of domains. A case plan is developed to focus upon priority issues, and in collaboration with the family, workers plan specific service interventions to address them. FSNA reassessments are used to gauge the family's progress on the case plan goals and to update the goals if necessary.

DV is defined differently on each assessment to reflect how DV is incorporated into key decision points along the CWS delivery system. DV is defined at each assessment in the following ways:

³ Some counties require workers to complete risk assessments for unfounded investigations; in other counties, risk assessments are optional for unfounded investigations.

⁴ Additional SDM system components are the response priority assessment, the child strengths and needs assessment, the risk reassessment, and the reunification reassessment.

Table 1

Definitions of Domestic Violence in California's SDM® System in CWS

SDM® Assessment	When	Item	Definition
Intake screening	At the time of the child abuse/neglect report	Threat of emotional abuse that is related to domestic violence	Caregiver actions are so persistent and/or severe that they are likely to result in the child's severe anxiety, depression, withdrawal, or aggressive behavior. Actions must be related to domestic violence. The child has witnessed or is otherwise aware of physical altercations between adults in the home on more than one occasion, or a single occasion that involved weapons or resulted in any injury to an adult.
Safety assessment	Start of child abuse/neglect investigation	10. DV exists in the home and poses an imminent danger of serious physical and/or emotional harm	Examples may include but are not limited to the following: a child previously injured in DV incident; child exhibits severe anxiety related to situations associated with DV; child is at potential risk of physical injury. (See State of California SDM in CWS policy and procedures manual for more detail.)
Risk assessment	Close of the child abuse/neglect investigation	A7. Two or more incidents of DV in the household in the past year	Score if in the previous year there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caregivers or between a caregiver and another adult.
Family strengths and needs assessment	Within 30 days of case service start	SN2. Household relationships/domestic violence	<p><u>Supportive:</u> Internal or external stressors may be present, but the household maintains positive interactions.</p> <p><u>Minor or occasional discord:</u> Internal or external stressors are present, but the household is coping despite some disruption of positive interactions.</p> <p><u>Frequent discord or some domestic violence:</u> Internal or external stressors are present, and the household is experiencing increased disruption of positive interactions coupled with lack of cooperation and/or emotional or verbal abuse.</p> <p><u>Chronic discord or severe domestic violence:</u> Internal or external stressors are present and the household experiences minimal positive interactions; regular and/or severe physical violence. (See State of California SDM in CWS policy and procedures manual for more detail.)</p>

The intake screening criteria are derived from the information provided, often during an intake phone call, by reporters of child maltreatment. By comparison, the safety, risk, and FSNA findings are based on workers' direct observation of and interaction with each family. Since the direct observation by a worker may be more reliable, and the first indications of DV may be at the intake and investigation stage, safety and risk assessment indications were used to profile families when DV was present compared to when it was not.

Somewhat different definitions of DV appear on the safety assessment and risk assessment. Item A7 on the risk assessment asks workers to indicate if the family has experienced two or more incidents of DV in the last year. The safety assessment (item 10) asks workers to document DV indications related to the current investigation. The definition applied in this analysis combines both indicators. A family is considered to be DV-indicated if DV was indicated on the risk assessment or safety assessment completed at the time of the investigation.

METHODOLOGY

During 2011, 188,536 investigations were conducted.⁵ There were also 34,934 families with open case services for whom an FSNA was completed. These records were used to examine the prevalence of DV in families along the CWS delivery system.

DESCRIPTION OF CHILD WELFARE FAMILIES INVOLVED IN DOMESTIC VIOLENCE

Domestic Violence as a Threat of Emotional Abuse

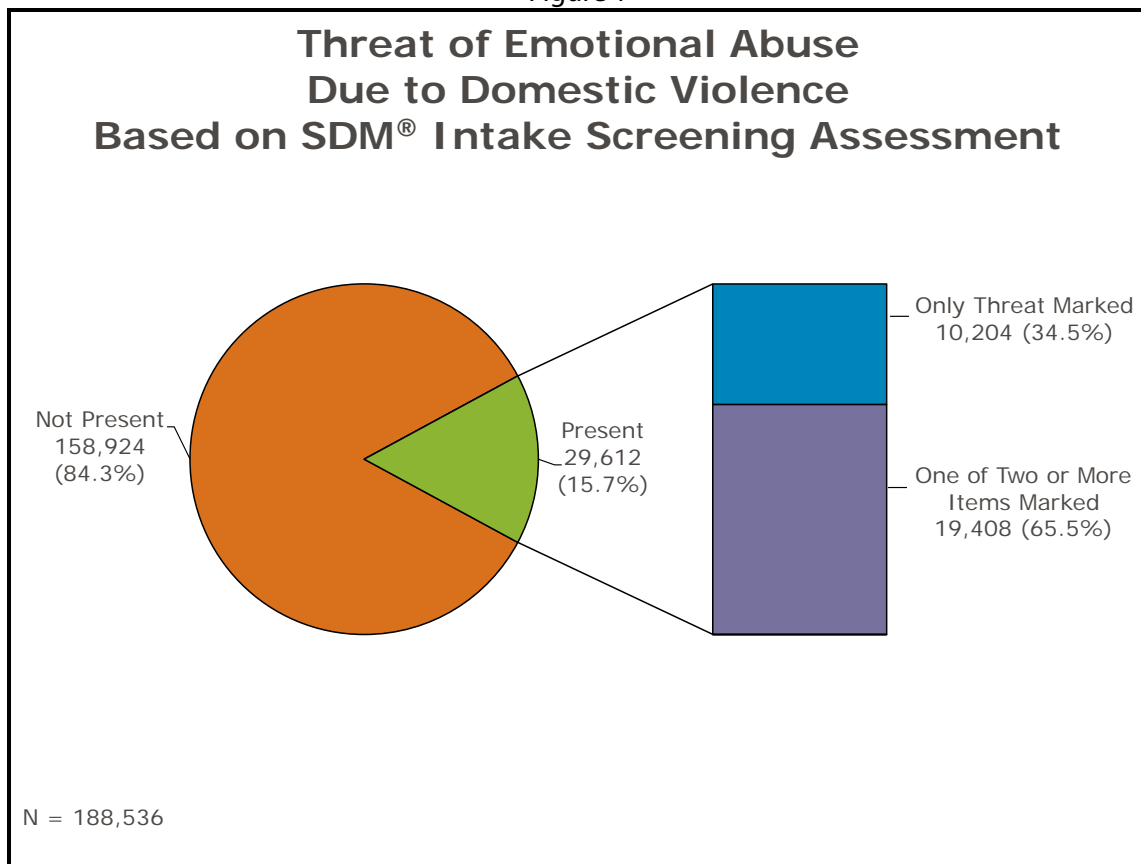
The SDM hotline screening assessment consists of a number of screening items related to physical abuse, emotional abuse, neglect, and sexual abuse. If any of the items are marked, it indicates

⁵ Reflects investigations that began and ended in 2011 and were screened in for investigation based on SDM hotline and CWS/CMS indicators. Subsets include investigations for which SDM safety and risk assessments were completed. Data files compiled by CRC for an annual SDM report to CDSS formed the basis for this report. An exit cohort was selected (investigations that closed) to maximize information about family functioning and decisions made by CWS agencies for families in which DV was present.

that the allegation met the criteria for an in-person response and the referral is investigated. DV presence is recorded if it contributes to the threat of emotional abuse.

During 2011, a threat of emotional abuse due to domestic violence was alleged in 29,612 (15.7%) of 188,536 investigations of child maltreatment. Of those homes, DV was the only threat alleged in 34.5%; in the remaining 65.5%, at least one other threat was present in addition to DV (Figure 1).

Figure 1



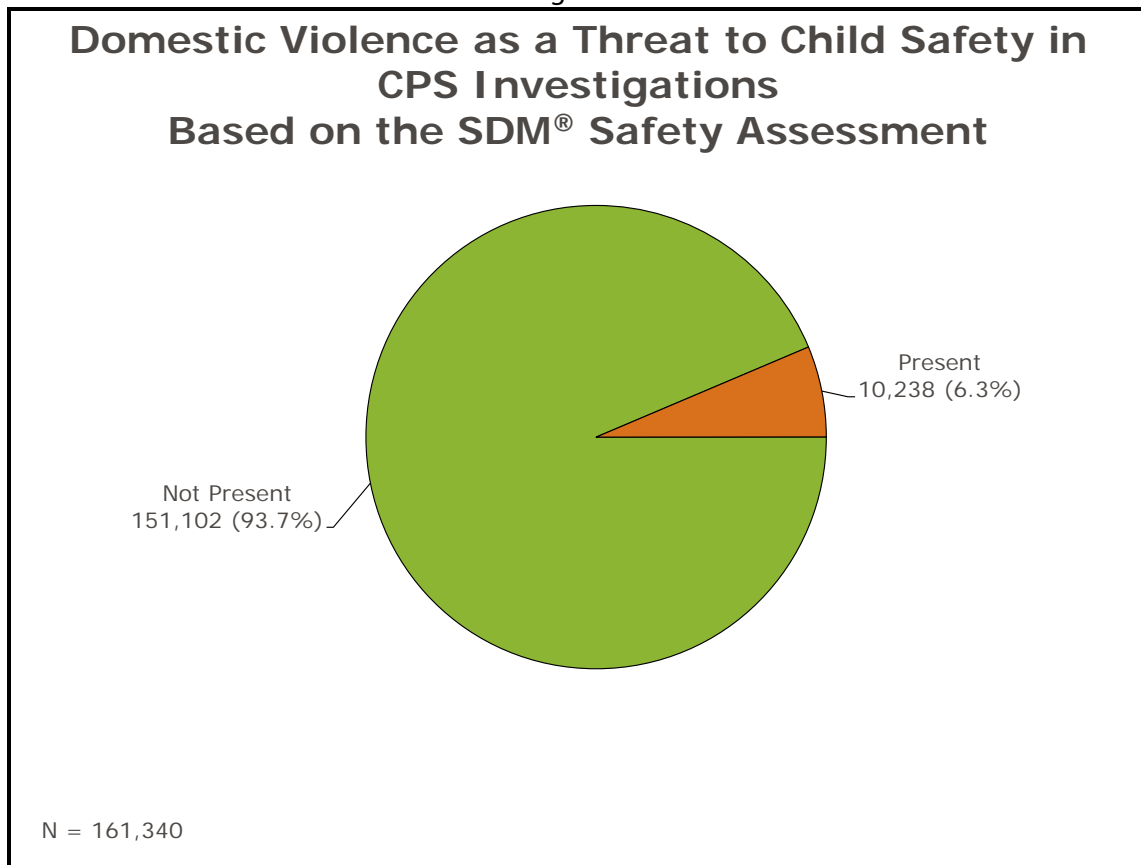
Domestic Violence as a Safety Threat

The SDM safety assessment consists of 12 items that, if present, indicate a threat to child safety. The assessment is conducted at the start of a child abuse/neglect investigation at the time the

worker makes his/her first face-to-face contact with the family, and it reflects conditions in the household at the time of the assessment. One of the items on the safety assessment asks workers to indicate if DV exists in the home and poses a threat of serious physical and/or emotional harm to the child. Threats to child safety must be imminent and require immediate intervention to ensure that children can remain in the family home. If the threat cannot be immediately mitigated, workers are required to remove children from the home and find alternate living arrangements. While the assessment does not capture every incident of DV, it is a valid and reliable measure of the degree to which domestic violence rises to the level of a threat of immediate harm to a child.

Based on the safety assessment definition, domestic violence posed a threat to child safety in 10,238 of 161,340 homes investigated for child maltreatment (Figure 2).

Figure 2



CRC also examined the presence of DV in combination with other threats to child safety. In 38,553 households, at least one threat to safety existed. Among these, 6,069 (15.7%) were DV only; 4,169 (10.8%) were instances in which DV occurred in conjunction with another threat; and in 28,315 (73.4%) instances, there was no DV in the home (Figure 3). The three most common threats that occurred in conjunction with DV were caregiver failure to protect a child (43.1%), caregiver substance abuse (42.0%), and child immediate needs not met (24.2%; Figure 4). Additional safety decision, safety threat, and protective capacity information for families with at least one threat identified is available in Appendix B.

Figure 3

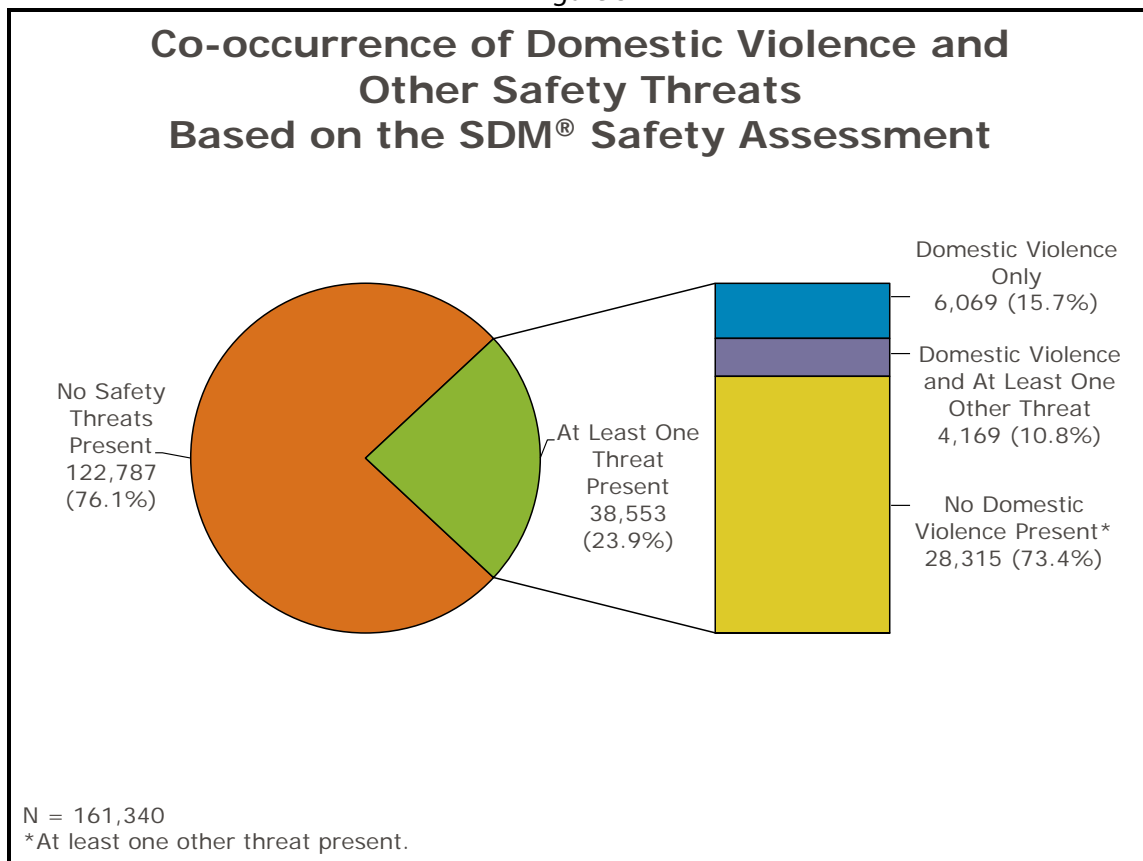
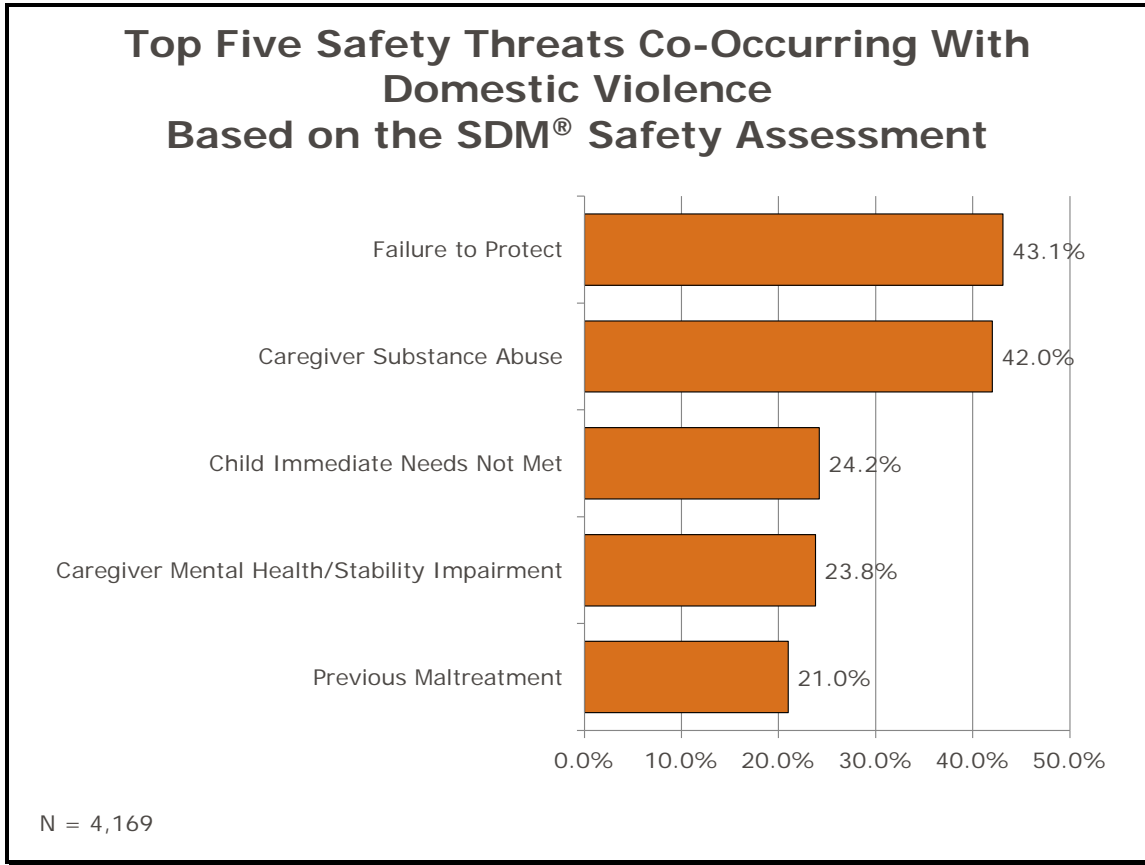


Figure 4



Domestic Violence as a Risk Factor

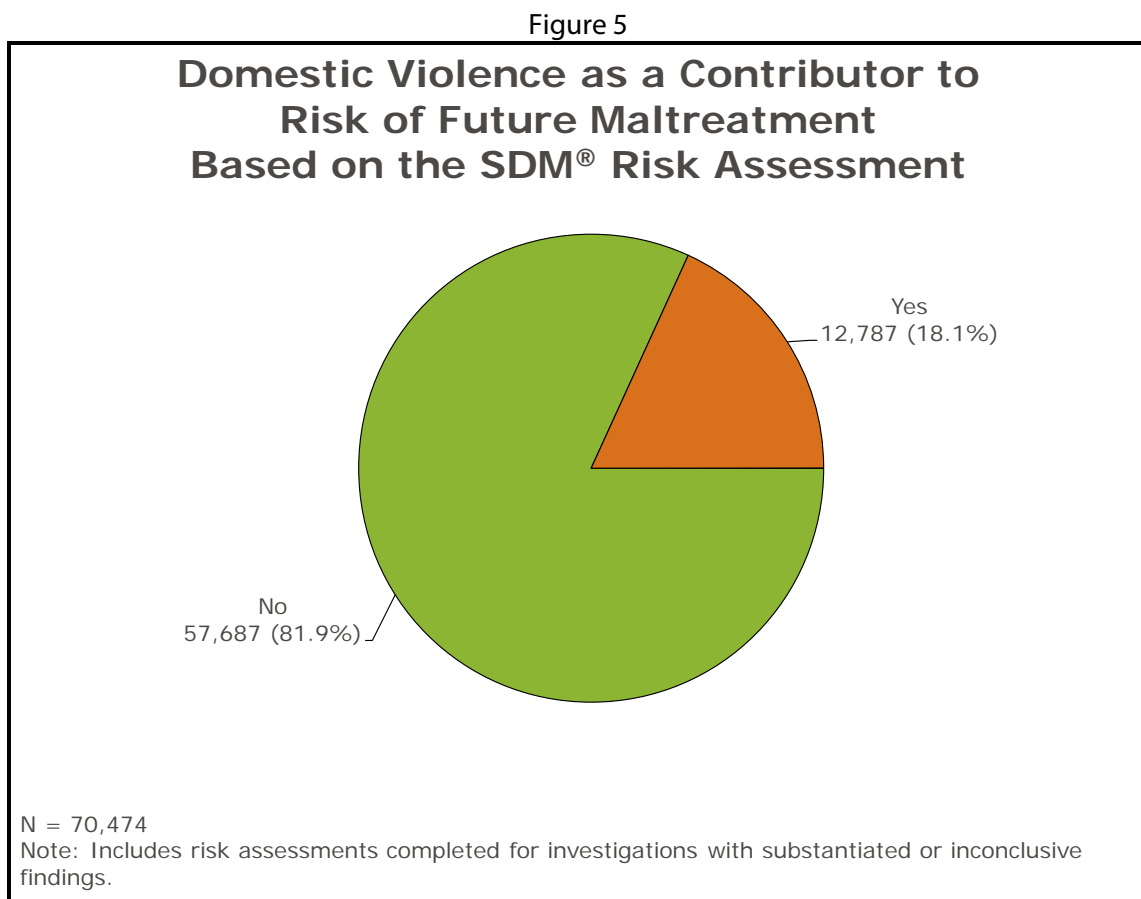
The risk assessment consists of a 12-item neglect scale and an 11-item abuse scale. Items on each scale are scored and totaled. Totals are translated into a risk level of low, moderate, high, or very high; the higher the score, the higher the risk level. Risk assessments are required if allegations are substantiated or findings are inconclusive.⁶

CRC research has shown a relationship between DV and the risk of child abuse/neglect. Therefore, an item on the abuse scale asks workers to indicate if there have been two or more incidents of DV in the home during the past year. DV includes physical assaults or periods of

⁶ Risk assessments are optional for investigations in which all allegations are unfounded. This study includes assessments of families for whom child maltreatment allegations were substantiated or for whom there was inconclusive evidence of abuse or neglect.

intimidation, threat, and/or harassment between caregivers and/or between a caregiver and another adult. If there has been a pattern of incidents of DV in the past year, the item is scored one point; otherwise, it is scored zero.

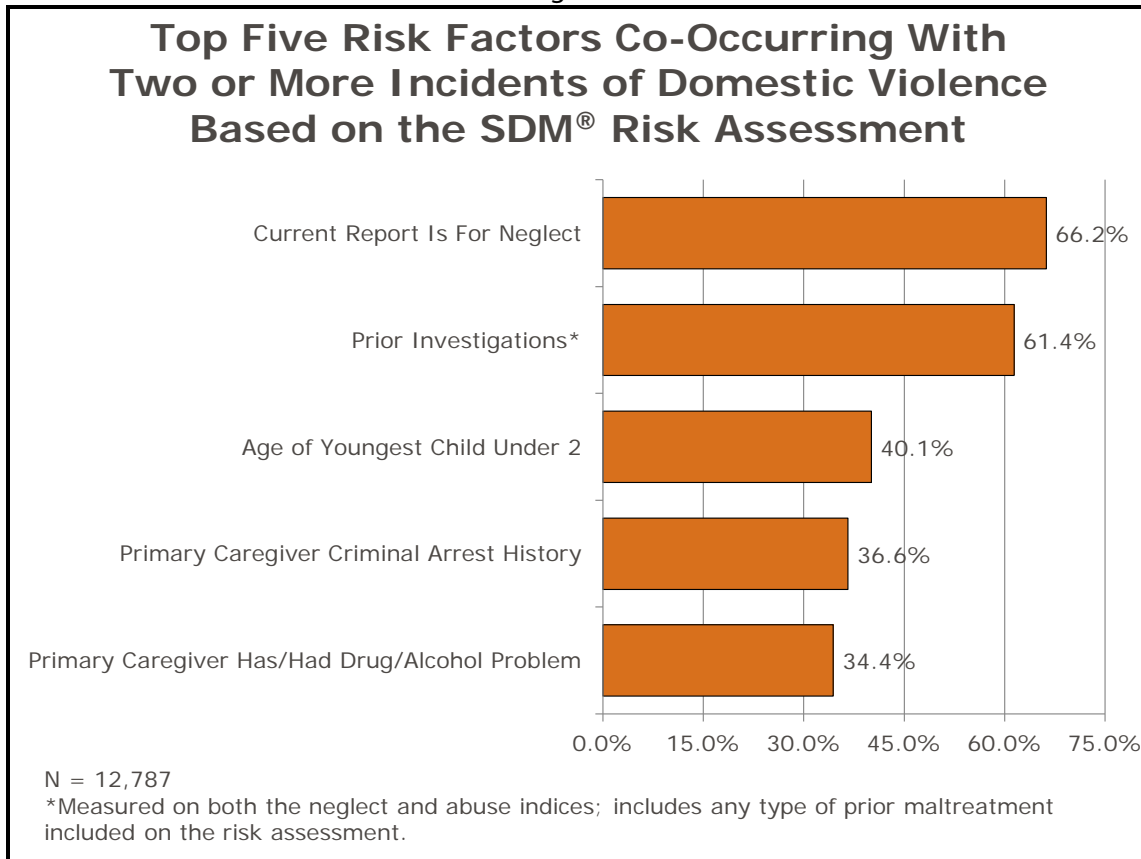
As illustrated in Figure 5, DV was a risk factor in 12,787 (18.1%) of 70,474 homes in which findings of child maltreatment were substantiated or inconclusive.



The most common co-occurring risk factors were as follows: The current report was for neglect, the family had previously been investigated for child maltreatment, and the youngest child was less than 2 years old. This means that 66.2% of families in which DV was present were referred for neglect; 61.4% of them had a prior CWS history (i.e., they had been investigated for child

abuse/neglect on at least one prior occasion); and in 40.1%, the youngest child in the family was less than 2 years old (Figure 6).

Figure 6



Domestic Violence as an Ongoing Family Issue

At the start of each ongoing service case, the worker completes an FSNA for the household. The FSNA consists of eight domains in which workers assess family functioning. Each domain is scored on a four-point scale that reflects the strength of the domain or the severity of the issue; the lower the score, the greater the need. Based on item responses in each domain, the worker can identify up to three priority family needs and three priority strengths that are used to develop the family's case plan. Strengths and needs are reassessed at least every six months during the case to assess family progress

and to update the case plan if necessary. The reassessment is conducted using the same format as the initial FSNA.

DV in the household is captured in the household relationship/domestic violence domain. A minor problem with household relationships may include some DV, and a significant household relationship issue may include severe DV. Based on the most recent FSNA, workers found that 28.3% of families had at least a minor household relationship problem, and in 21.3% of households, workers indicated that family relationships were one of the top three issues in the family, i.e., a priority family need (Figure 7). The issues that most often co-occurred with DV were parenting skills (77.2%), mental health/coping skills (67.3%), and substance abuse/use (57.9%; Figure 8). Additional information regarding presence of family needs by service type can be found in Appendix C.

Figure 7

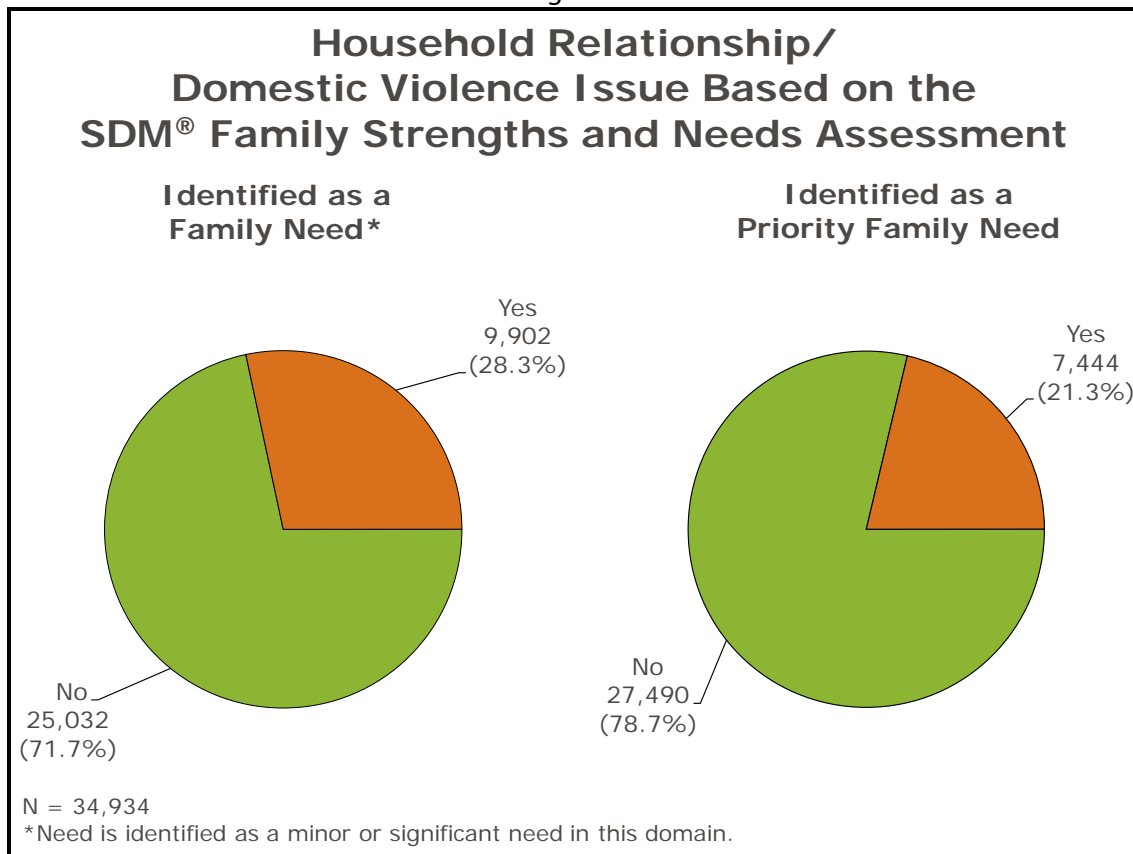
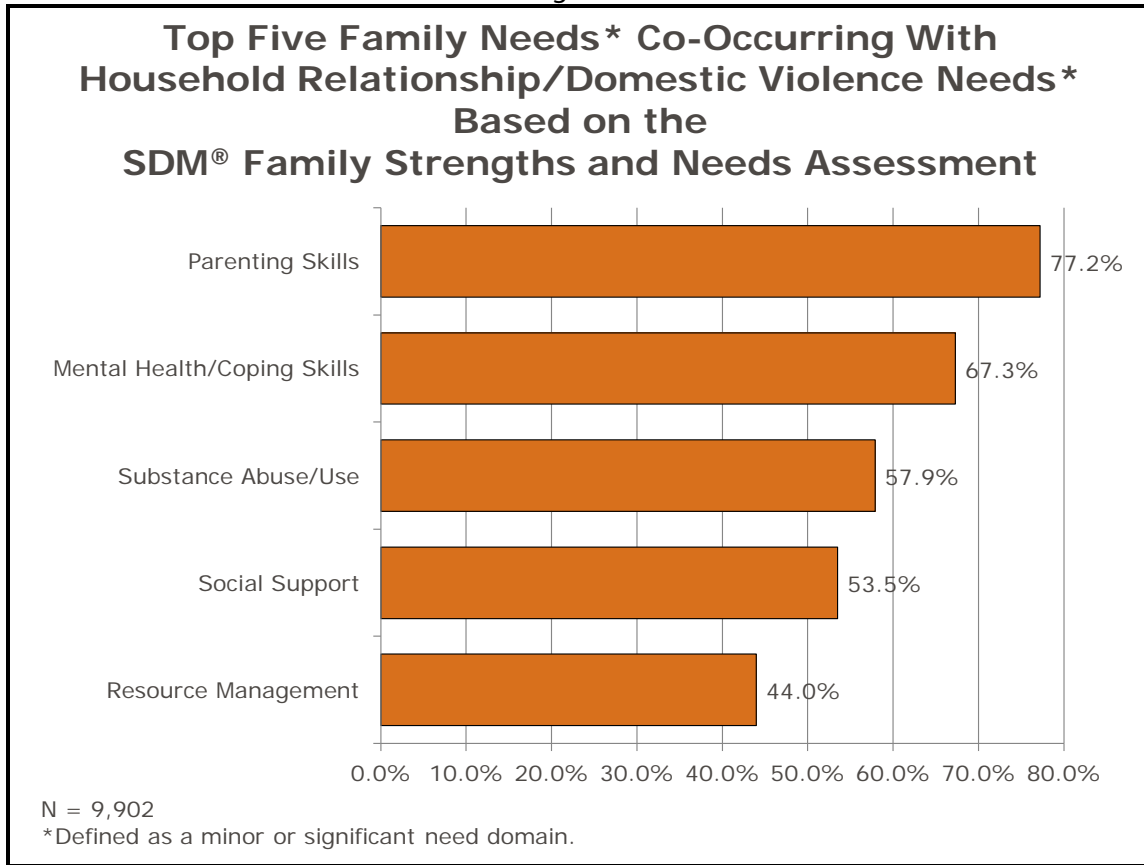


Figure 8



PROFILE OF FAMILIES

Based on results of the safety and risk assessment, 14,949 families had recently been involved in DV. In 6,103 families, DV posed both a safety threat and contributed to the risk of maltreatment; in 2,753 families, DV presented a threat to child safety; and in 6,093 families, DV contributed to the risk of future child maltreatment. Cases in the shaded cells are those in which families were recently involved in DV (Table 2).

Table 2			
Domestic Violence Indicated Based on SDM® Safety and Risk Assessment Results			
DV Identified on Safety Assessment	DV Identified on the Risk Assessment		Total
	No	Yes	
No	49,464	6,093	55,557
Yes	2,753	6,103	8,856
Total	52,217	12,196	64,413

The following tables compare families recently involved in DV to those who were not, based on the safety and risk assessment findings (i.e., either assessment indicated DV). They present case profiles of family characteristics observable at the time of the investigation, including 1) family and child demographics; 2) prior protective services history; and 3) SDM safety assessment and risk assessment findings and case dispositions. Although limited, the risk assessment provides the best available information about caregiver and child behavioral functioning for the cohort of families for whom investigations were conducted during the year.

In each table, findings for the 14,949 families with a DV indication appear in columns one and two. Other, also known as non-indicated, families (n = 49,464) are shown in the third and fourth columns. The total findings appear at far right but are infrequently referenced since the report's primary purpose is to profile DV-involved families compared to those with no DV indication.

The descriptive information displayed here was selected to help develop a profile of families in which DV is present versus those in which it is not. It identifies the presenting problems of children or adult caregivers in families where DV was observed, and it examines how these cases were processed at the investigation. Appendix A describes the race/ethnicity and age group of children in homes in which DV was indicated.

Child and Caregiver Characteristics and Prior Protective Services History

Families in which DV was indicated are somewhat larger; Only 38.2% have one child versus 43.8% of the other, non-indicated families.⁷ The children also tended to be younger. In 52.1% the youngest child was under 3 years old versus 35.7% of other families.

There are significant differences in CWS history. The DV-indicated households had *lower* rates of prior CWS involvement. Excluding the 2011 investigation, 33.9% of the non-indicated families had no prior investigations, whereas nearly 40% of DV-indicated families had no prior investigative history. Evidence of a prior case opening preceding the sample investigation was also lower among DV families; 22.9% had been involved in a case prior to the 2011 investigation, compared to 25.7% of other families. Prior history of substantiated physical abuse of a child was also lower among DV-indicated families—3.9%, compared to 4.5% in which DV was not indicated. Generally, DV-indicated families tended to be larger with much younger children and less CWS history.

⁷ Number of children in the child abuse/neglect investigation was used as a proxy for family size.

Characteristic		DV-Indicated Families		Other Families		Total	
		Cases	%	Cases	%	Cases	%
Column Total		14,949	100.0%	49,464	100.0%	64,413	100.0%
Children in CA/N Incident	1	5,706	38.2%	21,648	43.8%	27,354	42.5%
	2	4,567	30.6%	13,448	27.2%	18,015	28.0%
	3	2,822	18.9%	8,154	16.5%	10,976	17.0%
	4+	1,854	12.4%	6,214	12.6%	8,068	12.5%
Age of Youngest Child	Less Than 3	7,794	52.1%	17,645	35.7%	25,439	39.5%
	3 to 6	3,320	22.2%	9,532	19.3%	12,852	20.0%
	6 to 12	2,710	18.1%	12,364	25.0%	15,074	23.4%
	12+	1,125	7.5%	9,923	20.1%	11,048	17.2%
Prior Substantiated Physical Abuse	No	14,371	96.1%	47,221	95.5%	61,592	95.6%
	Yes	578	3.9%	2,243	4.5%	2,821	4.4%
Prior Investigations	None	5,868	39.3%	16,785	33.9%	22,653	35.2%
	1+	9,081	60.7%	32,679	66.1%	41,760	64.8%
Prior Ongoing Service Event		3,426	22.9%	12,720	25.7%	16,146	25.1%

Characteristics Observed at the Investigation

In California, DV is generally associated with allegations of emotional abuse (Table 4). Of the DV-indicated families, 58.0% were referred for emotional abuse versus only 23.1% of the non-indicated cases. Allegations of physical abuse and neglect were similar: 32.9% versus 31.2% for physical abuse and 68.8% versus 70.0% for neglect. Sexual abuse occurred less frequently among DV-indicated families (3.6% versus 11.6%).

The SDM safety assessment findings provide an early indicator of how the agency responds to the investigation findings. In terms of the immediate harm indicators workers note on the assessment, the DV-indicated families were no more likely to have caused physical harm to a child during the

incident than other families (6.7% and 9.8%), and suspected sexual abuse was noted much less frequently (2.0% versus 4.3%). The primary difference is that substance abuse appears to impact child safety more frequently among DV-indicated families (14.7% versus 10.9%).

After completing the safety assessment, workers found at least one child to be unsafe in 18.6% of the DV-indicated families. This is higher than the rate observed among other families (14.8%). An “unsafe” finding implies the removal of a child from the home due to threats to his/her safety. A “conditionally safe” finding indicates that a worker deployed in-home intervention(s) to protect children. A conditionally safe disposition was necessary for 52.9% of the DV-indicated families, nearly twice the rate of other families (28.0%).

Investigation disposition of DV-indicated cases follows a similar pattern. The DV-indicated families were more likely to be substantiated (72.2%) than other families (53.1%). Clearly, workers are intervening much more actively with DV-indicated families to protect children during the investigation, and they are more likely to find a substantiated incident of child maltreatment afterward.

Table 4							
Allegation and Safety Assessment Findings at Sample Investigation							
Characteristics	DV-Indicated Families		Other Families		Total		
	Cases	%	Cases	%	Cases	%	
Column Total	14,949	100.0%	49,464	100.0%	64,413	100.0%	
Intake Allegations							
Neglect	10,289	68.8%	34,616	70.0%	44,905	69.7%	
Physical Abuse	4,913	32.9%	15,445	31.2%	20,358	31.6%	
Emotional Abuse	8,667	58.0%	11,413	23.1%	20,080	31.2%	
Sexual Abuse	533	3.6%	5,729	11.6%	6,262	9.7%	
Select Safety Threats*							
1. Serious Physical Harm to Child	997	6.7%	4,862	9.8%	5,859	9.1%	
2. Suspected Sexual Abuse	298	2.0%	2,118	4.3%	2,416	3.8%	
3. Substance Abuse Impairs Care	2,192	14.7%	5,402	10.9%	7,594	11.8%	
Safety Decision	Unsafe	2,779	18.6%	7,296	14.8%	10,075	15.6%
	Conditionally Safe	7,905	52.9%	13,832	28.0%	21,737	33.7%
	Safe	4,265	28.5%	28,336	57.3%	32,601	50.6%
Investigation Disposition**	Substantiated	10,794	72.2%	26,245	53.1%	37,039	57.5%
	Inconclusive	4,155	27.8%	23,219	46.9%	27,374	42.5%

*Presence of all safety threats for DV-indicated and other families is available in Appendix B.

**Note that this section includes only substantiated and inconclusive investigations.

Caregiver Functioning

Workers assess several areas of primary (or secondary) caregiver functioning during an investigation that are recorded on the risk assessment. Table 5 indicates that workers report a higher incidence of caregiver behavioral problems among DV-indicated families in many areas. For instance, mental health problems among caregivers in DV-indicated families were observed at a significantly higher rate (9.3% versus 7.2% prior to the last 12 months, and 16.4% versus 12.6% during the last 12 months). Other problems with caregiver functioning demonstrating significant differences were caregiver history of abuse and neglect as a child, which was dramatically higher, and caregiver

criminal history. A history of abuse and neglect as a child was reported for at least one caregiver in 29.0% of the DV-indicated families but only 20.7% of non-involved cases.

With one notable exception, the behaviors of DV-indicated caregivers toward children were not more problematic. Investigating workers were no more likely to characterize DV caregivers as providing care inconsistent with child needs, employing inappropriate or excessive discipline, or causing a prior injury to a child. The one exception was that in the DV-indicated families, workers found primary caregivers to be domineering much more frequently (7.3% versus 4.4%).

Table 5						
Caregiver Functioning at the Sample Investigation						
Characteristics	DV-Indicated Families		Other Families		Total	
	Cases	%	Cases	%	Cases	%
Column Total	14,949	100.0%	49,464	100.0%	64,413	100.0%
Caregiver Problem Indications						
Mental Health History	1,384	9.3%	3,567	7.2%	4,951	7.7%
Mental Health Last 12 Months	2,447	16.4%	6,242	12.6%	8,689	13.5%
Substance Abuse History	2,326	15.6%	7,283	14.7%	9,609	14.9%
Substance Abuse Last 12 Months	3,803	25.4%	11,296	22.8%	15,099	23.4%
Caregiver History of Abuse/Neglect	4,330	29.0%	10,217	20.7%	14,547	22.6%
Criminal History	5,307	35.5%	15,005	30.3%	20,312	31.5%
Caregiver Behavior Toward Child						
Physical Care Inconsistent With Child's Needs	1,636	10.9%	5,658	11.4%	7,294	11.3%
Primary Caregiver Domineering	1,084	7.3%	2,192	4.4%	3,276	5.1%
Employs Inappropriate/Excessive Discipline	857	5.7%	3,491	7.1%	4,348	6.8%
Prior Child Injury Due to Abuse/Neglect	300	2.0%	910	1.8%	1,210	1.9%

Child Developmental Issues

Child functioning captured on the SDM family risk assessment identifies problems in three areas: developmental or physical functioning, mental health or behavioral issues, and past delinquency history. As Table 6 indicates, children in DV-indicated families have fewer developmental or physical functioning issues (7.3% versus 9.7%), mental health problems (8.6% versus 16.5%), and delinquent histories (1.2% versus 3.1%). As the demographic comparison indicated, children in DV-indicated families tend to have younger children (under school age) whose problems may be more difficult to assess. While evidence indicates that DV exposure places children at high risk for behavioral problems, these observations were often made over an extended time period following exposure. Children in this cohort were observed at investigation only.

Child Functioning at the Sample Investigation						
Characteristic	DV-Indicated Families		Other Families		Total	
	Cases	%	Cases	%	Cases	%
Column Total	14,949	100.0%	49,464	100.0%	64,413	100.0%
Developmental/Learning/ Physical Disability	1,090	7.3%	4,788	9.7%	5,878	9.1%
Mental/Behavioral Problem	1,281	8.6%	8,148	16.5%	9,429	14.6%
Delinquent History	185	1.2%	1,528	3.1%	1,713	2.7%

SDM® Risk Classification Findings and Case Opening

Based on investigation findings, caregivers in DV-indicated families are more likely to have adverse individual characteristics, particularly substance abuse and a childhood history of maltreatment. Since these factors are scored on the actuarial risk assessment, the risk classification profile of DV-indicated families is much higher than for other families. As Table 7 indicates, 52.3% of the DV-indicated families were assessed by workers as very high risk (15.0%) or high risk (37.3%) and

approximately 48% as low or moderate risk.⁸ Only 45.3% of the non-indicated families were high or very high risk, and a majority (54.7%) were moderate or low risk.

In California, risk assessment classification influences the case opening decision. As a result, workers were much more likely to provide ongoing intervention services for DV-indicated families (45.6% versus 32.9%; Table 7).

Table 7							
SDM® Risk Classification Findings and Case Opening at the Close of the Sample Investigation							
Risk Level and Case Opening		DV-Indicated Families		Other Families		Total	
		Cases	%	Cases	%	Cases	%
Column Total		14,949	100.0%	49,464	100.0%	64,413	100.0%
Final Risk Level	Very High	2,244	15.0%	6,824	13.8%	9,068	14.1%
	High	5,571	37.3%	15,564	31.5%	21,135	32.8%
	Moderate	5,184	34.7%	18,671	37.7%	23,855	37.0%
	Low	1,950	13.0%	8,405	17.0%	10,355	16.1%
Case Opened	Yes	6,822	45.6%	16,297	32.9%	23,119	35.9%
	No	8,127	54.4%	33,167	67.1%	41,294	64.1%

⁸ Includes overrides.

As illustrated in Table 7, agencies are much more likely to provide ongoing protective intervention to DV-indicated families, in part because DV-indicated families were more likely to be at higher risk of child maltreatment.

Case opening rates for DV-indicated families simply reflect county policy to open cases for high- and very high-risk families and to close cases for low- and moderate-risk families at the conclusion of the investigation. For example, 70.6% of high- and 84.1% of very high-risk, DV-indicated families were provided ongoing services, whereas services were provided to 53.9% of high- and 75.7% of very high-risk, other families (Table 8.)

Table 8							
Case Open Decision by SDM® Risk Classification by DV Indication							
	Risk Level	Case Opened/ Continued		No Case Opened		Total	
		N	%	N	%	N	%
DV-Indicated Families	Low	103	5.3%	1,847	94.7%	1,950	100.0%
	Moderate	900	17.4%	4,284	82.6%	5,184	100.0%
	High	3,931	70.6%	1,640	29.4%	5,571	100.0%
	Very High	1,888	84.1%	356	15.9%	2,244	100.0%
	Subgroup Total	6,822	45.6%	8,127	54.4%	14,949	100.0%
	Other Families	Low	387	4.6%	8,018	95.4%	8,405
Moderate		2,354	12.6%	16,317	87.4%	18,671	100.0%
High		8,390	53.9%	7,174	46.1%	15,564	100.0%
Very High		5,166	75.7%	1,658	24.3%	6,824	100.0%
Subgroup Total		16,297	32.9%	33,167	67.1%	49,464	100.0%

LIMITATIONS

While the DV indications recorded on SDM assessments are useful and have often been employed by DV researchers (see LaLiberte, Bills, Shin, & Edleson, 2010), they do not disclose details about the nature of the DV problem (relationship of involved caregivers, physical injury to children or caregivers, etc.) or describe how children were involved in the incidents. Workers simply record evidence that a DV incident(s) occurred recently that may pose danger to children.

Second, this report relies solely on administrative data; it has limitations because it uses data collected for operational/administrative purposes to examine a discrete issue: domestic violence. This report is accurate to the extent that workers reliably and accurately complete SDM assessments and record results.

DISCUSSION

The prevalence of DV in the counties in this study is lower than in other studies. Approximately 23.2% of families recently investigated by county CWS agencies were recently involved in DV. This is lower than the 36% rate found in New Hampshire and Minnesota (cited above) and the 29% past-year prevalence found by Hazen (2007) in a large, national sample of US families involved in child welfare. Results may reflect differences in how DV is recorded and/or tracked, or they may indicate that DV in California counties is not as prevalent among child welfare-served families as in other parts of the United States.

Caregivers in DV-indicated families were more likely to have higher incidences of mental health problems, caregiver criminal history, and caregiver history of abuse and neglect as a child, all of which contribute to higher risk of child maltreatment. DV-indicated families tended to be at higher risk of maltreatment, and as a result, agencies were more likely to provide ongoing protective

intervention to them. Controlling for risk level, DV-indicated families were more likely to be opened for ongoing services compared to non-DV-indicated families.

California counties that use SDM assessments are well-positioned to monitor and detect fluctuations in DV prevalence. DV indications recorded on SDM assessments are useful in a number of ways. Assessment results can be used to examine prevalence rates along the child welfare delivery system, describe decisions made for families in which DV was indicated, and provide a profile of family functioning across a broad spectrum. Importantly, SDM assessment results combined with information contained in CWS/CMS can be leveraged in numerous ways to provide critical information about child welfare response to families in which DV is present. This report can serve as a model for leveraging SDM assessment information, in combination with other CWS/CMS data, to examine a variety of topics important for child welfare systems.

ADDITIONAL RESEARCH

CWS/CMS and webSDM data can be used to determine if DV-indicated families return to the child welfare system more often, the type of maltreatment their children experience, and if children are frequently exposed to DV. In addition, these data sources can be used to support a variety of research efforts. Additional research could include the following (note that the following is not an exhaustive list of possibilities; it is for discussion purposes only):

1. The threat of emotional abuse due to DV by reporter type—is the threat reported more often by some reporter types than others?
2. Demographic variables, such as age of mother and/or household composition, and their relationship to rates of DV.
3. Longitudinal studies of the experiences of DV-indicated families in the CWS system. For example, examining the following:
 - a. Patterns of abuse/neglect and the presence of DV;

- b. Early versus later identification of DV, e.g., DV identified at the time of the child maltreatment report, the investigation, or after a subsequent review; and
 - c. Examination of the impact of various interventions.
- 4. Cross-system studies such as:
 - a. Comparing police and/or court actions with CWS actions;
 - b. Examining the impact of DV incidents on school performance and attendance; and
 - c. Examining the relationship between child welfare, juvenile justice, adult corrections, and public economic support systems (e.g., TANF).
- 5. Geo-mapping key variables to identify communities where DV is prevalent, and in particular, where the rate of removal related to DV is higher versus lower. This may help to identify differences in community resources, or in local strategies that have been developed to effectively protect children from DV without removal, whenever possible. Mapping DV service provider information in addition to DV presence and removal information could provide additional information about community support available through the network of DV service providers.
- 6. Further exploration into the connections between safety threats, protective capacities, interventions, and the removal decision to explore what drives the removal decision.

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Appendix A

Domestic Violence, Child Ethnicity, and Child Age

The following information describes the race/ethnicity and age groups of children in homes in which DV posed a threat to child safety or contributed to the risk that a child would be maltreated (i.e., DV-indicated on the SDM safety or risk assessment.) The *n* size in these tables differs from that in the body of the report because the body of the report describes domestic violence in terms of the number of investigations conducted during the time period. However, there can be multiple children involved in a single CWS investigation. The following tables reflect the number of *children* in the investigations described in the body of the report. (The body of the report is based on number of families.)

Domestic Violence and Child Ethnicity

Table A1 shows the prevalence of DV during CWS investigations by child ethnicity. There were 31,601 children in DV-indicated homes; as shown, DV posed a threat to 23.7% of children. DV appeared to be slightly more prevalent among Native American children than other races/ethnicities.

Table A1						
Domestic Violence in CWS Investigations By Child Race/Ethnicity*						
Race/Ethnicity	DV-Indicated Household		Other Household		Total	
	N	%	N	%	N	%
Hispanic	16,661	25.5%	48,646	74.5%	65,307	100.0%
White	7,538	22.0%	26,766	78.0%	34,304	100.0%
African American	4,593	22.0%	16,275	78.0%	20,868	100.0%
Asian	920	24.1%	2,902	75.9%	3,822	100.0%
Native American	399	27.8%	1,035	72.2%	1,434	100.0%
Other	106	24.8%	322	75.2%	428	100.0%
Missing/Unable to Determine	1,384	19.8%	5,605	80.2%	6,989	100.0%
Total	31,601	23.7%	101,551	76.3%	133,152	100.0%

*There were 133,152 children listed on the 64,413 substantiated or inconclusive investigations with completed safety and risk assessments.

Domestic Violence and Child Age

Children in DV-indicated homes ranged in age from 0 to 18 years.⁹ The median age was 7.0 and the average age was 7.4 years (not shown). As illustrated in Table A2, DV tended to be a threat to children in the under 2 age range more than any other age group.

Age Group	DV-Indicated Household		Other Household		Total	
	N	%	N	%	N	%
2 or younger	9,231	30.6%	20,966	69.4%	30,197	100.0%
3 to 5	7,021	28.0%	18,059	72.0%	25,080	100.0%
6 to 10	8,378	23.5%	27,337	76.5%	35,715	100.0%
11 to 15	5,515	17.4%	26,210	82.6%	31,725	100.0%
16 or older	1,456	14.0%	8,979	86.0%	10,435	100.0%
Total	31,601	23.7%	101,551	76.3%	133,152	100.0%

*There were 133,152 children listed on the 64,413 substantiated or inconclusive investigations with completed safety and risk assessments.

⁹ Age at the time of the referral.

Appendix B

Safety Assessment and Domestic Violence: Additional Analyses

Table B1								
Safety Decision by Safety DV Indicator Families With at Least One Threat Marked								
Safety Decision	DV Only		DV Plus at Least One Other Threat		One or More Safety Threats, But No DV		Total	
	N	%	N	%	N	%	N	%
Safe With Plan	5,764	95.0%	2,303	55.2%	19,645	69.4%	27,712	71.9%
Unsafe	305	5.0%	1,866	44.8%	8,670	30.6%	10,841	28.1%
Total	6,069	100.0%	4,169	100.0%	28,315	100.0%	38,553	100.0%

Table B2				
Presence of Safety Threats and Removals in Households With DV and at Least One Other Threat Present Families With at Least One Threat Marked				
Safety Threat	Safety Threat Present in Addition to DV (N = 4,169)		% of Households With Threat Present Resulting in Removal	
	N	%	N	%
Failure to Protect	1,796	43.1%	982	54.7%
Caregiver Substance Abuse	1,752	42.0%	940	53.7%
Child Immediate Needs Not Met	1,010	24.2%	725	71.8%
Caregiver Mental Health/Stability Impairment	991	23.8%	535	54.0%
Previous Maltreatment	874	21.0%	546	62.5%
Physical Harm	715	17.2%	372	52.0%
Hazardous Living Conditions	502	12.0%	346	68.9%
Questionable Explanation of Injury	214	5.1%	155	72.4%
Caregiver Negative About Child	205	4.9%	116	56.6%
Sexual Abuse	191	4.6%	105	55.0%
Family Refuses Access to Child	188	4.5%	118	62.8%
Other Safety Threat	425	10.2%	169	39.8%

Table B3**Presence of Protective Capacities by Safety DV Indicator
Families With at Least One Threat Marked**

Safety Decision	DV Only (n = 6,069)		DV Plus at Least One Other Threat (n = 4,169)		One or More Safety Threats, But No DV (n = 28,315)		Total (N = 38,553)	
	N	%	N	%	N	%	N	%
Caregiver Capacity to Participate in Interventions	4,052	66.8%	1,592	38.2%	13,453	47.5%	19,097	49.5%
Caregiver Willingness to Recognize Problems	3,606	59.4%	1,356	32.5%	11,244	39.7%	16,206	42.0%
Caregiver Ability to Access Resources	3,243	53.4%	1,421	34.1%	10,530	37.2%	15,194	39.4%
Caregiver Has Supportive Relationships	2,331	38.4%	1,289	30.9%	9,117	32.2%	12,737	33.0%
Willing to Accept Temporary Interventions	2,239	36.9%	1,280	30.7%	8,822	31.2%	12,341	32.0%
Healthy Child/Caregiver Relationship	2,493	41.1%	1,107	26.6%	7,733	27.3%	11,333	29.4%
Caregiver Committed to Meeting Child Needs	2,257	37.2%	875	21.0%	7,280	25.7%	10,412	27.0%
Child Capacity to Participate in Interventions	1,238	20.4%	830	19.9%	7,295	25.8%	9,363	24.3%
At Least One Caregiver Takes Protective Action	2,196	36.2%	900	21.6%	4,675	16.5%	7,771	20.2%
History of Effective Problem Solving	653	10.8%	251	6.0%	2,469	8.7%	3,373	8.7%
Other	161	2.7%	197	4.7%	1,341	4.7%	1,699	4.4%

Table B4**Safety Threats at Sample Investigation**

Safety Threat	DV-Indicated Families		Other Families		Total	
	Cases	%	Cases	%	Cases	%
Column Total	14,949	100.0%	49,464	100.0%	64,413	100.0%
Caregiver Substance Abuse	2,192	14.7%	5,402	10.9%	7,594	11.8%
Failure to Protect	2,135	14.3%	4,102	8.3%	6,237	9.7%
Child Immediate Needs Not Met	1,443	9.7%	5,716	11.6%	7,159	11.1%
Caregiver Mental Health/Stability Impairment	1,270	8.5%	2,580	5.2%	3,850	6.0%
Previous Maltreatment	1,105	7.4%	2,636	5.3%	3,741	5.8%
Physical Harm	997	6.7%	4,862	9.8%	5,859	9.1%
Hazardous Living Conditions	656	4.4%	2,294	4.6%	2,950	4.6%
Sexual Abuse	298	2.0%	2,118	4.3%	2,416	3.8%
Questionable Explanation of Injury	293	2.0%	1,200	2.4%	1,493	2.3%
Caregiver Negative About Child	263	1.8%	916	1.9%	1,179	1.8%
Family Refuses Access to Child	221	1.5%	440	.9%	661	1.0%
Other Safety Threat	732	4.9%	3,615	7.3%	4,347	6.7%

Appendix C

Family Strengths and Needs Assessment and Domestic Violence: Additional Analyses

Table C				
Presence of Minor or Severe Family Need by Case Service Type				
Family Need Domain	Case Service Type			
	Family Maintenance (N = 19,520)		Family Reunification (N = 10,076)	
	N	%	N	%
Household Relationships/DV	4,264	21.8%	3,797	37.7%
Substance Abuse/Use	4,536	23.2%	5,315	52.7%
Social Support	4,429	22.7%	4,478	44.4%
Parenting Skills	6,572	33.7%	6,736	66.9%
Mental Health	6,368	32.6%	5,747	57.0%
Resource Management	3,170	16.2%	4,167	41.4%
Cultural Identity	909	4.7%	691	6.9%
Physical Health	1,624	8.3%	1,409	14.0%
Other Need	1,734	8.9%	1,170	11.6%

Note: FSNA's were completed for 34,934 households in the period; of those, the focus child for 19,520 families was in FM services, and the focus child for 10,076 families was in FR services at the end of the period. Of the remaining households, the focus child was in ER services for 504 families, in PP services for 4,189 families, and case service was not available for the remaining 645 families.