IMPACT OF DOMESTIC VIOLENCE TRAININGS ON ATTITUDES
AND BELIEFS OF CWS FIELDWORKERS

A Thesis
Presented to the
Faculty of
San Diego State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work
and
Juris Doctor

by
Hannah Jean Engholm

Spring 2013
SAN DIEGO STATE UNIVERSITY

The Undersigned Faculty Committee Approves the

Thesis of Hannah Jean Engholm:

Impact of Domestic Violence Trainings on Attitudes and Beliefs of CWS Fieldworkers

Daniel Finnegan, Chair
School of Social Work

Loring Jones
School of Social Work

Janet Weinstein
California Western School of Law

April 8, 2013
Approval Date
DEDICATION

To survivors of abuse: may this research reach the hands of those who can serve you best.
ABSTRACT OF THE THESIS

Impact of Domestic Violence Trainings on Attitudes and Beliefs of CWS Fieldworkers

by

Hannah Jean Engholm

Master of Social Work and Juris Doctor
San Diego State University, 2013

The purpose of this study was to look at the impact of domestic violence trainings on attitudes and beliefs of child welfare services (CWS) social workers. The investigator administered a written survey to measure beliefs about domestic violence. Research subjects included participants of the Public Child Welfare Training Academy (PCWTA) Core training, which included a one-day training on domestic violence. Analysis of the survey questions measured participants’ attitudes about reporting child abuse, removal of children exposed to domestic violence, and victim blaming. Overall, data analysis revealed no significant change in attitudes after the DV trainings. However, the change in attitudes about victim blaming was significantly greater for participants identifying as White/Caucasian than the rest of the participants, and participants identifying as Hispanic/Latino reported a slight change in the opposite direction than the rest of the participants. These differences in responses by race and ethnicity call for further research and for trainers to re-look at the cultural application of their DV trainings. Finally, further research is needed to investigate the impact of these attitude changes upon the decision-making behaviors of the CWS workers in the field.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>v</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>ix</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>x</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>xi</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>1  INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Context for Current Research</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Theoretical Bases and Organization</td>
<td>3</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>5</td>
</tr>
<tr>
<td>2  REVIEW OF LITERATURE</td>
<td>6</td>
</tr>
<tr>
<td>Special Needs of Co-Occurrence Cases</td>
<td>6</td>
</tr>
<tr>
<td>Higher Rates of Re-Reports in Co-Occurrence Cases</td>
<td>7</td>
</tr>
<tr>
<td>Psychological Impact of Exposure to DV on Children</td>
<td>7</td>
</tr>
<tr>
<td>The Influential Role of a Child Welfare Services Social Worker</td>
<td>8</td>
</tr>
<tr>
<td>A Call to Integrate</td>
<td>9</td>
</tr>
<tr>
<td>Integrating Domestic Violence Interventions via Protocol</td>
<td>9</td>
</tr>
<tr>
<td>Integrating Domestic Violence Interventions via Training</td>
<td>10</td>
</tr>
<tr>
<td>The Need for Training</td>
<td>10</td>
</tr>
<tr>
<td>Impact of Training</td>
<td>10</td>
</tr>
<tr>
<td>Desire for More Training</td>
<td>11</td>
</tr>
<tr>
<td>Content of Training</td>
<td>12</td>
</tr>
<tr>
<td>A Call for Research</td>
<td>12</td>
</tr>
<tr>
<td>3  METHODOLOGY</td>
<td>14</td>
</tr>
<tr>
<td>Design of the Investigation</td>
<td>14</td>
</tr>
</tbody>
</table>
The Training........................................................................................................14
Hypothesis..........................................................................................................15
One Group Pretest/Posttest Design.................................................................16
Purpose of Design...........................................................................................16
Subject Involvement.........................................................................................17
Study Location.................................................................................................17
Risk Identification, Assessment and Management........................................17
Threats to Internal Validity.............................................................................18
  History.............................................................................................................18
  Maturation......................................................................................................18
  Testing............................................................................................................18
Sample..............................................................................................................19
Data Collection Procedure.............................................................................20
  The Instruments..............................................................................................20
  Survey Items..................................................................................................23
Data Analysis Procedures..............................................................................25
4 RESULTS .......................................................................................................26
  Demographics ...............................................................................................26
  Age and Gender.............................................................................................26
  Race/Ethnicity................................................................................................26
  Education Level..............................................................................................26
  Amount of Time Working in Public Child Welfare....................................28
  Prior Domestic Violence Training..............................................................28
  Prior Experience with Domestic Violence..................................................28
  Change in Attitudes between Pretest and Posttest.....................................29
  Relationship between Demographics and Change in Scale Scores between
  Time 1 and Time 2.........................................................................................31
  Change in Attitudes about Victim Blaming Differ by Race......................32
  Open-Ended Responses DV Interventions Before and After Training........33
5 DISCUSSION .................................................................................................35
  Factor 1: Reporting Child Abuse.................................................................35
  Factor 2: Removal..........................................................................................35
Factor 3: Blame Victim ........................................................................................................36
Participants’ Recommended Interventions .......................................................................37
Conclusion .......................................................................................................................38
REFERENCES ..................................................................................................................39
APPENDIX
A  DOMESTIC VIOLENCE TRAINING OUTLINE .........................................................41
B  DOMESTIC VIOLENCE AND CHILD ABUSE SURVEY ........................................48
C  INFORMED CONSENT ...............................................................................................54
D  AUTHORIZATION LETTER .........................................................................................56
E  IRB EXEMPT APPROVAL LETTER ...........................................................................58
LIST OF TABLES

Table 1. Reliability Coefficients ...............................................................21
Table 2. Demographics ...........................................................................27
Table 3. Factors Before and After DV Training: Paired Samples T-Test ..........30
Table 4. Hypothesis .................................................................................30
Table 5. Hispanic/Latino Responses Blame Victim Factor at Posttest ..........31
Table 6. Responses to Reporting Child Abuse Factor at Posttest ..................32
Table 7. Change in Attitudes about Victim Blaming from T0 to T1 .................32
LIST OF FIGURES

PAGE

Figure 1. Recommended DV interventions before and after DV training............................34
ACKNOWLEDGEMENTS

I am sincerely grateful for my two advisers, Dr. Dan Finnegan and Janet Weinstein, for sharing their expertise, wisdom, time and energy. Both of them advocated for me in ways I never expected. To Dr. Loring Jones, thank you for bringing knowledge and years of experience with child welfare and domestic violence into my research. I must also express my deep gratitude to the Public Child Welfare Training Academy and the training coordinators for allowing me to administer surveys with their very own trainees. To my dear family, dual degree cohort, and loving friends, thank you for supporting, motivating, and inspiring me.
CHAPTER 1

INTRODUCTION

Historically, child abuse advocacy and domestic violence advocacy emerged from different roots. Child abuse advocacy stemmed from a social response to seeking child protection, while domestic violence advocacy emerged from feminist movements (Button & Payne, 2009). Different perspectives and goals resulted in a disconnect between the two movements and, ultimately, a disconnect between the services provided (Button & Payne, 2009). Public agencies typically administer child abuse advocacy programs, or child welfare services (CWS). In contrast, domestic violence (DV) advocacy services are usually run by individuals at a grass-roots level (Banks, Hazen, Coben, Wang, & Griffith, 2009).

Although child abuse and domestic violence are often addressed independently, co-occurrence rates (percentage of child abuse cases that also involved domestic violence) are estimated at 35% (Coohey, 2007), 36%-47% (LaLiberte, Bills, Shin, & Edleson, 2010), and 30%-60% (Banks et al., 2009). As child protective workers face caseloads with 30%-60% of their cases affected by domestic violence, collaborative efforts between child protective services and domestic violence services become increasingly important. Movements at the local and national levels are currently making efforts to respond to the need.

The official publication of the National Council of Juvenile and Family Court Judges (NCJFCJ) includes recommendations on this subject for CWS agencies (Schechter & Edleson, 1999). The NCJFCJ recommends agencies provide CWS workers with a protocol to implement safety assessments and safety plans with adult and child victims, assess potential dangers of interventions, and avoid victim-blaming (Schechter & Edleson, 1999). The NCJFCJ recommendation is to implement protocol. However, as Postmus and Merritt (2010) found in a recent study, CWS workers’ personal beliefs may trump the agency’s specific protocol to drive worker decision-making. For example, rather than being driven by protocol, a worker’s personal beliefs about victim blaming may influence the worker to remove children when the victim remains with the abuser or not to believe victims’ stories (Postmus & Ortega 2005).
San Diego County is one area that has been highlighted in research and by the NCJFCJ. In 2008, the NCJFCJ’s “Greenbook report” highlighted San Diego’s efforts since 1994 to implement “cross-system collaborations” through its Family Violence Project (The Greenbook National Evaluation Team, 2008, p. 3). The County of San Diego 2009-2012 Child Welfare System Improvement Plan included three recommendations (Zanders-Willis & Jenkins, 2009). The following two recommendations are relevant to this study: (1) the plan recommended the County re-examine the policy for working with families affected by domestic violence to reduce the “challenges and obstacles to serving these families” as a result of policies in place; and (2) the plan recommended that CWS workers be provided more trainings “within regions to provide better access for all to attend” (Zanders-Willis & Jenkins, 2009, p. 13). The recommendation concluded that the Public Child Welfare Training Academy (PCWTA) is an “excellent” training program, and CWS workers should have better access to the PCWTA trainings (Zanders-Willis & Jenkins, 2009, p. 13).

**CONTEXT FOR CURRENT RESEARCH**

The NCJFCJ emphasizes the importance of training, and the recent Postmus and Merritt (2010) study suggests agencies provide training to workers as a way to impact CWS workers’ beliefs about domestic violence. Whether the training has the intended impact still needs to be addressed in research. As Postmus and Merritt (2010) found, the beliefs of CWS workers play a role in the decisions workers make. This study will begin to assess whether and how training like the domestic violence course offered by the PCWTA influences CWS workers’ beliefs about domestic violence. The results may help shape future trainings to improve the quality of services CWS workers provide to the community.

**STATEMENT OF THE PROBLEM**

Counties implement protocols and policies to regulate workers’ actions in handling cases involving domestic violence. However, as Postmus and Merritt (2010) found, workers’ personal beliefs may override policies. Trainings may prepare workers to implement the policies, but if the trainings do not help workers alter or reconsider personal beliefs that are inconsistent with the protocol requirements, a different avenue may need to be considered.
The major question to be addressed is: What is the impact of domestic violence training on a Child Welfare Services worker's attitudes and beliefs about domestic violence?

This research will also explore the following minor questions: What is the relationship between past trainings and current beliefs about domestic violence? What is the relationship between length of time working in the field and current beliefs about domestic violence? Is there a relationship between certain demographics (such as gender, age, race, and education level) and CWS workers’ beliefs about domestic violence? Will CWS workers suggest different interventions for DV victims after receiving domestic violence training?

**PURPOSE OF THE STUDY**

Up to 60% of families in the CWS system face problems with domestic violence. Without proper training and/or without following proper protocol, CWS workers may make either unnecessary child removals and/or encourage or require the victim of domestic violence to take an action that could further endanger the adult or child victim. This study will help certain CWS agencies assess whether their DV trainings are addressing a potential barrier to providing quality services.

Currently, research suggests that personal beliefs strongly influence CWS workers’ decisions about domestic violence cases (Postmus & Merritt, 2010). NCJFCJ and researchers recommend providing trainings, but there is a lack of research about the relationship between attending DV trainings and CWS workers’ personal beliefs.

**THEORETICAL BASES AND ORGANIZATION**

This study was a quantitative exploration of the potential relationship between DV training and CWS worker beliefs and attitudes about domestic violence. To gather information about CWS workers’ beliefs, CWS workers were asked to respond to written survey questions. The survey questions about beliefs came from a questionnaire originally created by Postmus and Merritt (2010), who initially used the questions to survey CWS worker supervisors.

The survey in the present study uses the questions that the original study found to measure relevant factors including (1) the need to report child abuse; (2) the need for
removal from homes with domestic violence; and (3) victim blaming. Survey items also sought responses about professional and personal experiences with domestic violence. Additionally, the present survey asked participants to indicate whether they had received trainings on domestic violence in the past and how long they had been working in the field of CWS.

The investigator hypothesized that domestic violence trainings will increase accuracy of workers’ understanding of domestic violence and reduce negative stereotypes that lead to victim-blaming and unnecessary child removal. Specifically, the investigator expected to find less victim blaming, more child abuse reporting, and a reduced propensity to remove children due to exposure to domestic violence after the trainings.

**LIMITATIONS OF THE STUDY**

Several limitations exist in the content and methodological delivery of this research. One limitation was location; all surveys were administered to social workers in one of three Southern California counties, which limits generalizability of the findings to this region. Additionally, the study was limited in time, as surveys were only administered to newly hired CWS workers who participated in trainings between May and September 2012. Finally, another limitation was the potential lack of consistency among DV trainings. While all trainings were administered by the Public Child Welfare Training Academy, the domestic violence trainings were offered by a different instructor in each county. The content of domestic violence trainings is not standardized. Thus, while the goals of the trainings were all consistent, the delivery of the content differed among the three counties. Another limitation is the make-up of the sample. The sample did not include people who were not newly hired or starting new positions.

Methodologically, this study was also limited in several ways. One limitation was the instrument itself. Participants were offered opportunities to respond in writing to several close-ended questions and only one open-ended question. Participants were not interviewed or given an opportunity to explain their responses. Additionally, the survey only measured three different factors, which cannot cover all different types of beliefs that may impact CWS workers’ decisions about cases with domestic violence. Another limitation was the sample size and demographic make-up. The sample size was small, reducing the likelihood of
finding statistically significant results. The sample may not have reflected the racial and ethnic make-up of the larger population of CWS workers. Lastly, the instrument was self-reported, which allows for participants to respond to survey items in the way they believe is the desired response rather than reporting actual beliefs.

**DEFINITION OF TERMS**

- **Domestic Violence (DV):** For purposes of this study, the term “domestic violence” refers to the NCJFCJ definition: “a pattern of assaultive and coercive behaviors, often including physical, sexual, and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate partners” (Schechter & Edleson, 1999, p. 9).

- **Child Maltreatment:** For purposes of this study, “child maltreatment” refers to the NCJFCJ definition, as well: child maltreatment includes “a wide range of behaviors, including physical and sexual assaults, neglect, and emotional injuries inflicted on children” (Schechter & Edleson, 1999, p. 9).

- **Child Welfare Services (CWS):** For the purposes of this study, the term “CWS” includes public agencies tasked with investigating reports of suspected child abuse and providing and developing plans for the least intrusive interventions with families who do not meet the minimum standards for health and safety (County of San Diego, n.d.).
CHAPTER 2

REVIEW OF LITERATURE

As child welfare advocacy and domestic violence advocacy emerged from different roots, different perspectives and goals resulted in a disconnect between the two movements. The differences have lead to gaps in the services provided; for example, a child welfare advocate may recommend interventions that fail to include or even conflict with the goals of the domestic violence advocacy (Button & Payne, 2009). Even safety planning, which “should be one of the most basic interventions” to use with victims of domestic violence (Jones, 2007, p. 16), is not implemented by public child welfare social workers overall. In San Diego County, for example, nearly half of the public CWS social workers surveyed in a study published in 2000 would not choose safety planning as a primary intervention for families with reported domestic violence (Jones & Gross, 2000). Jones and Gross (2000) found that misconceptions about domestic violence (such as the belief the victim can leave the relationship) were still prevalent. A study published years later found that public child welfare workers in San Diego used safety planning in only a small percentage (6.7%) of their child welfare cases with domestic violence (Jones, 2007).

SPECIAL NEEDS OF CO-OCCURRENCE CASES

The reported rates of child abuse cases that also involve domestic violence range from 30% to 60% (Banks et al., 2009; Coohey, 2007; LaLiberte et al., 2010). Thus, it is possible for a public child welfare social worker to have over half of her caseload involve domestic violence.

A national survey of over 4,000 youth under age 18 provides insights about the co-occurrence of child maltreatment and domestic violence (Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012). The survey distinguished between witnessing domestic violence against others and direct child maltreatment (Cross et al., 2012). Sixteen percent of the youth reported they had witnessed domestic violence, and these children had a greater rate of also being directly maltreated (Cross et al., 2012). Over one-third of the children exposed to
domestic violence had also been directly maltreated, while 8.6% of children who did not witness partner violence were maltreated (Cross et al., 2012). Within child welfare investigations, one study found that 44.6% of mothers being investigated by child welfare reported having experienced domestic violence in their lives, and 29.0% had experienced DV within the prior year (Cross et al., 2012).

Higher Rates of Re-Reports in Co-Occurrence Cases

The rate of re-referrals for child abuse is higher in cases with domestic violence (Casanueva, Martin, & Runyan, 2009; Jones, 2007). In a study of mothers who perpetrated child abuse, nearly half (43%-44%) were victims of domestic violence (Casanueva et al., 2009). Mothers who were victims of DV had a higher and quicker rate of re-reports for child abuse (Casanueva et al., 2009). In an effort to try to explain the quicker re-report rate, the researchers found some differences between victim and non-victim mothers. Those differences included higher rates of depression, prior maltreatment as a child, and low social support for the mothers who were victims (Casanueva et al., 2009). The higher child abuse re-report rate for DV victims could also indicate attempts to get access to DV services or a need for DV advocacy rather than CWS services (Casanueva et al., 2009). This finding suggests the importance of adequately meeting a victim mother’s needs in order to help protect her children. Specifically, connecting mothers who are DV victims to DV-specific interventions may help decrease child abuse. (Casanueva et al., 2009). In other words, re-report rates may be higher in cases with domestic violence because the interventions the child welfare workers recommend or implement are ineffective (Jones, 2007).

Psychological Impact of Exposure to DV on Children

Researchers have also looked at the psychological impact on children who witness domestic violence. A recent study surveyed 175 children ages 8-16 living in the community (not shelters) who had witnessed domestic violence in the home (Spilsbury et al., 2008). Two-thirds of the youth (67%) fell below clinical thresholds for both internal responses (anxiety, depression, and/or posttraumatic stress) and external responses (conduct disorder and/or socialized aggression) (Spilsbury et al., 2008). While many of the children did not exhibit the psychological responses measured by the researchers, the study found that 21% of
the children did exhibit external responses (with or without internal responses), and 12% of the children exhibited internal responses without the external response (Spilsbury et al., 2008). Girls had more problems, both internally and externally, after witnessing domestic violence. Overall, when the researchers investigated further, they found the children who fared better (exhibited fewer internal and external problems) had been exposed to less violence and fewer traumatic events in their lifetimes than the other children (Spilsbury et al., 2008).

In co-occurring situations where children are exposed to both domestic violence and direct child abuse early in their lives, children may express poor parent-child attachment as adolescents (Sousa et al., 2010). Accounting for both gender and socio-economic status, children who are exposed to both DV and child abuse are at higher risk for anti-social behavior in adolescence (Sousa et al., 2010).

Another study looked at how children respond in the moment while they witness domestic violence in their homes (DeBoard-Lucas & Grych, 2011). Although statistics suggest that many of the children witnessing the domestic violence are also directly maltreated in their homes, very few of the children in the 2011 study felt concerned for their own safety during episodes of domestic violence. Instead, they were concerned and fearful about the future and what would happen next (DeBoard-Lucas & Grych, 2011). Over 40% of the children believed they should intervene directly to stop the violence. Twenty-nine percent actually did, despite the risk of danger to themselves (DeBoard-Lucas & Grych, 2011).

**The Influential Role of a Child Welfare Services Social Worker**

Mothers who are victims of domestic violence and face interactions with child welfare workers report that child welfare social workers can be incredibly influential – both positively and negatively (Johnson & Sullivan, 2008). Child welfare workers have power to influence these mothers; therefore, these workers have the responsibility to be informed about DV and how to work with victims (Johnson & Sullivan, 2008). According to Johnson and Sullivan (2008), “CPS workers deserve access to accurate information about the
dynamics of domestic abuse and how to deal appropriately with such cases in ways that maximize the safety and well-being of the victims” (p. 256).

**A Call to Integrate**

The National Council of Juvenile and Family Court Judges (NCJFCJ) has made recommendations for child welfare services agencies (Schechter & Edleson, 1999). The NCJFCJ recommends the agencies provide CWS workers with a protocol to implement safety assessments and safety plans with adult and child victims, assess potential dangers of interventions, and avoid victim-blaming (Schechter & Edleson, 1999). The NCJFCJ also emphasizes the importance of training CWS workers. In 2008, the NCJFCJ’s “Greenbook report” highlighted San Diego’s efforts since 1994 to implement “cross-system collaborations” through its Family Violence Project (The Greenbook National Evaluation Team, 2008, p. 3). Local and national efforts recognize the importance of collaboration between domestic violence and child abuse advocacy.

A recent survey of 152 child welfare professionals across 20 counties suggested two strategies for addressing domestic violence in the child welfare system: (1) implement protocol for domestic violence cases, and (2) develop training to equip child welfare workers to implement the protocol (LaLiberte et al., 2010).

**Integrating Domestic Violence Interventions via Protocol**

Researchers support putting a protocol in place for CWS workers to follow when working with co-occurring cases (LaLiberte et al., 2010). LaLiberte et al. (2010) emphasize the importance of doing an assessment of each child. However, they argue, assessments alone are not sufficient, as CWS workers must have a plan for what to do with the information gathered from an assessment of a child (LaLiberte et al., 2010). To explore this, they surveyed social workers who administered child assessments regarding reported domestic violence. As a result, they pose the following concerns about what CWS workers will do with the assessment information without a proper protocol:

1. Use the information and put child in an unsafe position;
2. Fail to administer survey if DV has not actually been reported;
3. Simply be unsure about how to move forward.
With these concerns, LaLiberte et al. (2010) posit the need for clear protocol for CWS workers. However, as Postmus and Merritt (2010) found in a recent study, protocol may not be the driving force behind CWS workers’ decisions about domestic violence cases. Instead, CWS workers’ personal beliefs may trump the CWS agency’s specific protocol to drive worker decision-making (Postmus & Merritt, 2010). For example, personal beliefs that blame the victim may influence workers not to believe victims’ stories or to remove children when the victim remains with the abuser (Postmus & Ortega, 2005).

**Integrating Domestic Violence Interventions via Training**

In addition to developing and implementing protocol, NCJFCJ and researchers suggest a second response to the research: promote training for CWS field workers.

**THE NEED FOR TRAINING**

Button and Payne (2009) looked to the history of both advocacy systems and developed a recommendation that CWS workers must be provided substantial trainings about domestic violence. They argue that a need to train CWS workers arises from the following: (1) an “historical disconnect” between CWS workers and DV advocates; (2) misconceptions about domestic violence that result in actions such as ignoring safety planning; (3) concerns about worker safety; and (4) desires to end the cycle of violence (Button & Payne, 2009). The role of training is two-fold: to educate workers to develop safety plans and to prevent the escalation of violence (Button & Payne, 2009).

**IMPACT OF TRAINING**

A recent study measured the impact of trainings and past experience on graduate level social work students (not necessarily CWS workers) on their perceptions of domestic violence (Black, Weisz, & Bennett, 2010). Overall, the social workers, even those with experience working with domestic violence, recommended counseling as the number one intervention for domestic violence victims (Black et al., 2010). Participants who had experience with domestic violence or who had taken a course in domestic violence were less likely to victim-blame, but they still did not recommend domestic-violence-specific interventions such as safety planning (Black et al., 2010).
The trainings in domestic violence may result in some social work students altering their perceptions of domestic violence victims (Black et al., 2010). However, a 2010 study comparing social workers, law enforcement, and criminal justice students found that, when identifying domestic violence (recognizing an action as DV), there was no increased perception of DV when participants had taken a course in domestic violence (McMullan, Carlan, & Nored, 2010).

A more in-depth study looked for factors that influence CWS social workers’ attitudes and responses to DV (Yoshihama & Mills, 2003). In general, the influential factors included the worker’s sociodemographics, professional experience (including training), and personal history (Yoshihama & Mills, 2003). Yoshihama and Mills (2003) looked at three indicators: (1) child removal as the best protection for a child while mother is abused; (2) the role of CWS to assess DV; and (3) competency. The strongest influences on a social worker’s decisions about how to respond to a case with domestic violence were the social worker’s past personal experiences with DV and the social worker’s self-identification with battered women (Yoshihama & Mills, 2003).

Considering the strong influences of personal experiences and beliefs, Yoshihama and Mills (2003) looked at whether trainings effectively impact the trainees’ attitudes. In general, they found that people who had “in-service training on domestic violence at the CPS agency were less likely to believe that child removal would be the best way to protect children’s safety when a mother is being abused” (Yoshihama & Mills, 2003, p. 328). The researchers found that trainings were a positive and important way to reach CWS social workers. The researchers found that trainings to educate CWS social workers about interventions and assessment practices are “effective in bringing about changes in CSWs’ attitudes toward domestic violence, and in their assessment and intervention approaches, and competency” (Yoshihama & Mills, 2003, p. 321).

**DESIRE FOR MORE TRAINING**

In 2011, over 200 managers and supervisors of CWS agencies responded to a survey about domestic violence. When one supervisor learned about the high statistical rate of domestic violence and child abuse co-occurrence, she offered a concerned response: “I’m wondering if I am completely missing that” (Renner, 2011, p. 391). Over half (58%) of
respondents believed they and their staff were insufficiently trained in domestic violence, and the study found a need for ongoing, regular trainings for CWS workers to ensure they regularly assess DV in their caseloads (Renner, 2011).

**CONTENT OF TRAINING**

It is also important to look at and prioritize the content of the trainings (LaLiberte et al., 2010). LaLiberte et al. (2010) found that CWS workers – both trained and untrained – rated physical and non-physical violence as statistically different. Bourassa, Lavergne, Damant, Lessart, and Turcotte (2006) reported, “Even if more detailed assessments were implemented, there is evidence that child welfare workers would narrowly define child exposure as only the seeing and hearing of violent events” (as cited in LaLiberte, et al., 2010, p. 1641).

The researchers discovered that trainings must cover topics such as how to respond to a child’s exposure to DV versus a child’s direct involvement in DV. LaLiberte et al. (2010) offer suggestions for improved DV trainings, such as training CWS workers to recognize the risk of intangible, less direct exposure to DV:

A child's exposure to domestic violence must be examined through a careful and balanced lens, without a race to judgment and possible removal and yet with an awareness for the need for safety planning, the provision of supports and services, and collaboration with skilled and experienced domestic violence colleagues. The field of child welfare has historically struggled with the concept of exposure and how to intervene or not intervene without consistent and effective practices being adhered over time. (p. 1646)

**A CALL FOR RESEARCH**

Child welfare services social workers face several options when working with children and families, and it is important for CWS social workers to understand the important differences between cases involving DV and cases not involving DV. While removing a maltreated child from home may be a suitable option for non-DV cases, CWS social workers cannot assume that leaving home is the safest option for a domestic violence victim and her children (Postmus & Merritt, 2010). For some families, the perpetrator may escalate the violence after the victim leaves or tries to leave when there is no safety plan (such as confidential location and arrangement for employment) in place. Many researchers have been investigating the best ways to integrate domestic violence services with CWS social
worker interventions, and many suggest providing trainings for social workers. While
trainings might “lead to a more accurate understanding of the etiology of domestic violence,”
Postmus and Merritt (2010) suggest that “[f]urther research is warranted for fully
determining if and how training or personal experiences with domestic violence impacts [a] CPS worker’s attitude and belief” (p. 313).

The NCJFCJ emphasizes the importance of training, and the recent Postmus and Merritt (2010) study suggests training may impact CWS workers’ beliefs about domestic violence. Whether trainings have the intended impact still needs to be researched. As Postmus and Merritt (2010) found, the beliefs of CWS workers play a role in the decisions workers make. The current study will begin to assess whether and how training like the PCWTA domestic violence course influences CWS workers’ beliefs and attitudes about domestic violence. The results may help shape future trainings to improve the quality of services CWS workers provide to the community.
CHAPTER 3

METHODOLOGY

The purpose of this study was to look at the impact of domestic violence trainings on attitudes and beliefs of child welfare services (CWS) social workers. Data was gathered by administering a written survey that measures beliefs about domestic violence. Research subjects included participants of the Public Child Welfare Training Academy (PCWTA) Core training. The Core trainings lasted several weeks, and each Core training included a one-day training on domestic violence. Analysis of the survey questions measured factors that indicate the beliefs of participants. The potential benefits include that recommendations from this research may help improve the impact of trainings and ultimately the quality of services provided by the CWS agencies involved. Any risks involved in this research were very minimal, and information collected was anonymous and confidential.

DESIGN OF THE INVESTIGATION

The major question addressed was: What is the impact of domestic violence training on a Child Welfare Services worker’s attitudes and beliefs about domestic violence?

The following minor questions were also addressed: What is the relationship between past trainings and current beliefs about domestic violence? What is the relationship between length of time working in the field and current beliefs about domestic violence? Is there a relationship between certain demographics of a CWS worker (such as gender, age, race, and education level) and CWS workers’ beliefs about domestic violence? Will CWS workers suggest different interventions for DV victims after receiving domestic violence training?

The Training

Each PCWTA Core training included one day of domestic violence instruction. While the domestic violence training does not have a standardized curriculum, each DV training was lead by a different instructor who follows an outline of required topics, included as Appendix A. The objectives include goals for increased knowledge about concepts such
as recognizing affects of DV, interventions, resources and services, effect of children, and evidence-based practices to use with families affected by DV. The objectives also include a list of skills to learn, such as analyzing risk factors, implementing strengths-based language, and developing strengths-based interventions. Another objective is to teach trainees to value the importance of multi-disciplinary system interventions and to value the importance of understanding the challenges faced by families in effectively protecting their children and adolescents from exposure to spousal/partner abuse (see Appendix A). Additional competency goals for trainees include cultural competency, engaging families, and the impact of poverty on families.

The course agenda provides an outline for the DV course, beginning with an introduction. The course proceeds by providing definitions of DV as well as overview of reporting laws, reporting statistics, the history of DV, and dynamics of DV. The agenda then includes an outline of profiles of both victims and batterers as well as cultural considerations for trainees to recognize when working with families affected by DV. The outline then includes a discussion on the effects of DV on children/youth as well as personal (worker) reactions to the cases involving DV. Next, the outline includes sections on the importance of risk planning and safety planning, including lethality assessments and effective interventions for each family member. Lastly, the outline provides for instruction about case management, including community resources such as shelter, advocacy programs, mandatory batterer's groups, and using resources which 'fit', given the family's culture, even if considered non-traditional by the dominant culture's standards (see Appendix A). As a whole, the objectives and agenda comprise the general outline to be followed by PCWTA Core training instructors for the DV course.

**Hypothesis**

The investigator anticipated domestic violence trainings would increase the accuracy of CWS workers’ understanding of domestic violence, as well as reduce negative stereotypes that lead to victim-blaming and unnecessary child removal.

Specifically, the investigator expected to find less victim blaming, more child abuse reporting, and a reduced propensity to remove children due to exposure to domestic violence after the trainings. The anticipated results were that the average posttest scores would
increase for factor one (“Reporting Child Abuse”) because prior research indicates that with more professional exposure to DV comes greater likelihood to report child abuse (Postmus & Merritt, 2010), decrease for factor 2 (“Removal”) because prior research indicates that training may “ensure that workers learn how to best work with families experiencing domestic violence without believing that removal of the child is necessary” (Postmus & Merritt, 2010, p. 313), and decrease for factor 3 (“Blame Victim”) because prior research suggests “proper education, including specific domestic violence training may lead to a more accurate understanding of the etiology of domestic violence” (Postmus & Merritt, 2010, p. 313).

In practice, the investigator anticipated participants would learn about and choose to implement/recommend more interventions regarding safety planning, DV services, and long term independence planning after the DV training. Specifically, the investigator hypothesized the open-ended responses to item B11: [t]he most important intervention(s) to recommend to a victim of domestic violence is/are. would have an increase in DV-specific interventions, safety planning, and long-term independence planning.

One Group Pretest/Posttest Design

Survey participants received a pretest and posttest. The investigator introduced and administered the pretest to participants early in the Core training and then administered the posttest between 1 and 7 days after the domestic violence training. Training participants created their own identification codes using a combination of letters and numbers for evaluations administered by the PCWTA. These self-assigned, confidential identification codes enabled the researcher to link pretests with posttests while maintaining anonymity of participants.

Purpose of Design

The self-administered survey measured certain beliefs about domestic violence, such as responsibility for domestic violence and beliefs about proper actions for a CWS worker in a case with domestic violence. For a copy of the complete survey, see Appendix B. The pretest-posttest design measured whether there were changes in those beliefs after the CWS worker received training on domestic violence. This may enlighten the research about the
influence of training on CWS workers’ beliefs about domestic violence. Additionally, the survey asked about past trainings, age, level of education, and length of time working in the field. The survey measured whether a relationship exists between those factors and the worker’s beliefs.

**Subject Involvement**

The survey was administered to each of the Core training cohorts between June 2012 and September 2012. The survey took five to ten minutes to complete. Participants were introduced to the study and received the informed consent during training at the training site. For a copy of the Informed Consent Form, see Appendix C. The researcher invited all Core training participants who were in attendance on the day the survey was administered to participate. Those who chose to participate were asked to answer approximately 30 questions in the self-administered survey.

**Study Location**

The PCWTA authorized the investigator access to Core Training participants at all Southern California locations. See Appendix D. Study participation took place at three training centers throughout Southern California where the PCWTA provides the Core trainings for child welfare workers. Participants completed the survey questions in the training center where trainings were already being held. Subjects did not need to travel outside the training center.

**Risk Identification, Assessment and Management**

Any risks involved in this research were very minimal. See Appendix E for a copy of the IRB Approval Letter. The only requirement of research participants was that they answer a series of survey questions, and there were no risks of physical harm. Additionally, participation was anonymous; no personal identification information was collected. The research posed no anticipated risks to any legal, social, or economic harm. There may have been a risk of limited psychological harm resulting from any feelings that might arise from answering questions about domestic violence and personal and professional experiences with child abuse and domestic violence. The questions were about situations participants encounter in their everyday practice. To minimize this anticipated potential risk, questions
about personal experiences were minimal. Additionally, verbal instructions, written informed consent, and the written instructions on the survey reminded participants that their participation was voluntary and that they could elect not to answer questions.

**Threats to Internal Validity**

The pretest/posttest design intends to measure changes in participants due to the intervention. However, other variables and circumstances may also explain any changes after the intervention. The one group pretest/posttest design is vulnerable to the following threats to internal invalidity.

**HISTORY**

Other events occurred in the participants’ lives between the pretest and the posttest that may have influenced the participant to change his/her beliefs and attitudes about domestic violence. For example, a participant may have attended other trainings or workshops about domestic violence or other social issues that gave the participant a new perspective about the issue. Additionally, a participant may have had a personal experience or have been exposed to a situation covered by the media that influenced the participant’s attitudes.

**MATURATION**

Maturation refers to the biological or psychological processes that vary over time and may explain changes in a participant’s survey responses. Because the time between tests was no more than one month, it is not likely that age itself made a difference. However, other variables such as tiredness, boredom, and hunger may have been present. The posttests were administered several weeks into the training program, and participants may have matured professionally as they gained more experience in public child welfare.

**TESTING**

A participant may respond differently to a test the second time simply because the participant has seen the test before. For example, on the second time, participants may believe they can identify a “correct” answer or the response the administrator is seeking.
SAMPLE

Subject recruitment for this study was conducted through the Public Child Welfare Training Academy (PCWTA) Core training. The PCWTA is a division of the Academy for Professional Excellence based out of San Diego State University (The Academy for Professional Excellence, n.d.). The PCWTA serves 3,000 participants annually and offers training to child welfare agencies in five counties: Imperial, Orange, San Bernardino, San Diego, and Riverside. The PCWTA offers three levels of training: Core, Advanced, and e-Learning (The Academy for Professional Excellence, n.d.). This study worked with the Core training participants.

The Core curriculum offers CWS workers training about the information and skills needed to implement CWS tasks (The Academy for Professional Excellence, n.d.). The Core training is designed for newly hired staff, recently promoted staff, or staff interested in updating their knowledge (The Academy for Professional Excellence, n.d.). Each Core training serves about 25-30 participants, lasts several weeks, and covers about 16 areas of knowledge including one day of instruction on Domestic Violence (The Academy for Professional Excellence, n.d.).

All Core training participants who participate in the Domestic Violence training course during the duration of this study were eligible and invited to participate. The characteristics were as follows:

- Adults over 18
- Male and female
- Participants in the PCWTA Core training
- Professionals who currently work or will soon work for a child welfare agency

Selection was limited to professionals who work or plan to work in the field of child welfare because the research question specifically asks about the beliefs and attitudes of child welfare workers. Selection was also limited to participants in the Core training, because the research question asks about the impact of domestic violence training, which was incorporated into the Core training. Everyone sitting for the Core training through the duration of this research project who attended the training on the day of the survey administration had the opportunity to be included in this study.
DATA COLLECTION PROCEDURE

The investigator scheduled surveys at training site in three Southern California counties. During the four month time period allotted for conducting the study, four Core trainings were offered in these three locations.

To administer the survey, the investigator or a trained assistant ("survey administrators") arranged with the Training Coordinator at each location to attend a particular training day. The Training Coordinator prepared the trainees for the survey by explaining an investigator from SDSU would be coming to administer a survey about domestic violence. The Training Coordinator explained participation was voluntary and that there would also be an incentive to participate (a raffle for a giftcard).

On the day of the survey, the survey administrator arrived approximately 30 minutes prior to the lunch break. Either 15 minutes before or immediately after the lunch break, the training coordinator allowed the survey administrator to address the entire class of trainees. The survey administrator explained the informed consent, which is included as Appendix C.

After participants had a chance to read the informed consent document, every potential participant received a copy of the survey. Every person returned the survey, whether or not they had chosen to complete it. Those who completed the survey had the option to enter the raffle. The survey administrator did not check to see who had completed the survey and who had not. When all the surveys were collected and raffle tickets entered, the survey administrator drew the raffle winner, distributed the prize, and left the training center. The exact same sequence was followed for pretests and posttests. A total of 40 people were given the pretest and a total of 40 were given the posttest. The return-rate at the pretest was 97.5%, and the return rate at the posttest was 95%. Ultimately, a total of 38 complete sets of surveys with both pretest and posttest were returned, and 36 of them were usable.

The Instruments

The investigator relied on the original study by Postmus and Merritt (2010) that identified three scales. The investigator completed an internal reliability analysis of the three original scales and adjusted the scales based on the reliability analysis. Reliability coefficients were measured using Cronbach’s alpha, as reported in Table 1. Higher
### Table 1. Reliability Coefficients

<table>
<thead>
<tr>
<th>Factor</th>
<th>Items</th>
<th>Cronbach’s Alpha in Original Study</th>
<th>Cronbach’s Alpha at Pretest</th>
<th>Cronbach’s Alpha at Posttest</th>
</tr>
</thead>
</table>
| **Reporting Child Abuse**     | B3. Child protection agencies should include domestic violence screening as part of the risk assessment  
                               | B4. Child abuse should be reported if a child is unintentionally injured during a domestic violence incident.  
                               | B5. Child abuse should be reported if a child witnesses a domestic violence incident even if the child is not physically hurt. | 0.75                        | 0.63                         | 0.79                         |
| **Removal**                   | B7. Children should be placed in out-of-home care if they are unintentionally injured during a domestic violence incident.  
                               | B8. Children should be placed in out-of-home care if they witness a domestic violence incident but are not hurt.  
                               | B9. Children should be placed in out-of-home care if they are in a home where domestic violence occurs – even if they do not witness the event nor are injured.  
                               | B10. If a domestic violence victim chooses to remain with the abuser, the children should be removed for their safety. | 0.86                        | 0.73                         | 0.62                         |
| **Blame Victim* Modified in current study to improve internal reliability** | A5. Some violence is caused by the way women treat men.  
                               | A6. Some women who are abused secretly want to be treated that way. | 0.62                        | 0.21*                        | 0.72*                        |

Reliability coefficients indicate stronger internal consistency, which would indicate that participants tended to answer factor items in a comparable way.

**Factor 1: Reporting child abuse:** This factor measures participants’ beliefs about child protective agencies considering domestic violence in reporting child abuse. Three items made up this factor, such as “Child abuse should be reported if a child witnesses domestic violence even if the child is not physically hurt,” as listed in Table 1. The original study that used these items to measure social workers’ attitudes reported a reliability coefficient of 0.75 using the same items to comprise this factor (Postmus & Merritt, 2010). In this study, at the
pretest, the reliability coefficient was 0.63, which is only somewhat reliable. Reliability improved at the posttest when a coefficient of 0.79 was reached.

**Factor 2: Removal:** This factor measures participants’ beliefs about whether a child’s exposure to domestic violence requires the child to be removed from the home. The following four items comprise this factor, including “Children should be placed in out-of-home-care if they are unintentionally injured during a domestic violence incident” and “Children should be placed in out-of-home care if they are in a home where domestic violence occurs – even if they do not witness the event nor are injured.” See Table 1. The four items in this scale were also used for this factor in the original study, and in that study, reliability coefficient was quite high (0.86) (Postmus & Merritt, 2010). In the current study, at the pretest, the reliability for this factor was 0.73 but only 0.62 at the posttest.

**Factor 3: Blame Victim:** This factor measures participants’ responses to statements about blaming a victim of domestic violence for the abuser’s actions. The original study included the following items to measure victim blaming. Because of the low internal reliability in the current study, this scale was modified. In the current study, only A5 and A6 made up the scale for analyzing this factor.

- A2. Most women could find a way to get out of any abusive relationship if they really want to.
- A5. Some violence is caused by the way women treat men.
- A6. Some women who are abused secretly want to be treated that way.
- A9. When a victim returns to her abuser and then comes back for services, I find it more difficult to believe her story.

All four of the above items were used in the original study to make up the Blame Victim factor, and the reliability coefficient in the original study was 0.62. In the current study, the reliability coefficients at both the pretest and posttest were very low using all four items, but reliability improved when two items were removed. Thus, in this study, items A5 and A6 comprise the Blame Victim factor. The pretest reliability coefficient was still low (0.21), but reliability was much higher at the posttest (0.72). See Table 1.
Survey Items

Additionally, participants answered demographic questions regarding level of education, ethnicity, age, gender, type and length of employment, and whether the participant carried a caseload at the time of the survey.

Participants were asked to answer the following questions, most of which were originally used by Postmus and Merritt (2010). The participants responded by checking a box next to their level of agreement (strongly agree to strongly disagree) for sections A and B or amount of experience (never to always) for section D. B11 requires an open-ended response. The full survey is included as Appendix B.

- **A. Beliefs about domestic violence**
  - A1. A lot of what is called “domestic violence” is really just a normal reaction to day-to-day stress and frustration.
  - A2. Most women could find a way to get out of any abusive relationship if they really want to.
  - A3. The prevalence of domestic violence is due to sexism in our society.
  - A4. Society teaches boys to be physically aggressive.
  - A5. Some violence is caused by the way women treat men.
  - A6. Some women who are abused secretly want to be treated that way.
  - A7. People who are violent toward their family members are not likely to change.
  - A8. Husbands who shout, yell, and curse at their wives will eventually become physically violent.
  - A9. When a victim returns to her abuser and then comes back for services, I find it more difficult to believe her story.

- **B. Beliefs about domestic violence and child abuse**
  - B1. Children who were abused or witnessed abuse in their homes often become *abusers* as adults.
  - B2. Children who were abused or witnessed abuse in their homes often become *victims* as adults.
  - B3. Child protection agencies should include domestic violence screening as part of the risk assessment.
  - B4. Child abuse should be reported if a child is unintentionally injured during a domestic violence incident.
  - B5. Child abuse should be reported if a child witnesses a domestic violence incident even if the child is not physically hurt.
- B6. Child abuse should be reported if domestic violence occurs in the home – even if the child does not witness the event nor was injured.
- B7. Children should be placed in out-of-home care if they are unintentionally injured during a domestic violence incident.
- B8. Children should be placed in out-of-home care if they witness a domestic violence incident but are not hurt.
- B9. Children should be placed in out-of-home care if they are in a home where domestic violence occurs – even if they do not witness the event nor are injured.
- B10. If a domestic violence victim chooses to remain with the abuser, the children should be removed for their safety.
- B11. The most important intervention(s) to recommend to a victim of domestic violence is/are: (please indicate 1 to 3 interventions you believe are most important)

- C. Training needs
  - C1. Have you ever received training or instruction on domestic violence? (Yes or No)
  - C2. If yes, how long ago did you attend domestic violence training? (in the last 4 weeks, 1-6 months ago, or more than 6 months ago?)

- D. Professional and personal experiences with domestic violence
  - D1. To what extent have you worked with domestic violence?
  - D2. To what extent have you or the staff in your unit identified domestic violence in the families you serve?
  - D3. To what extent have your friends ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?
  - D4. To what extent has a family member ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?
  - D5. To what extent did your parents ever threaten, push, slap, kick, or otherwise physically hurt the other?
  - D6. To what extent have you ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?
  - D7. 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?
DATA ANALYSIS PROCEDURES

After collecting the data, the Investigator matched identification codes of pretest and posttest surveys. The Investigator assigned numerical values for each of the survey items and then entered the numerical values into an excel file.

Frequency tests were run to measure the demographic break-down of the sample. The investigator ran independent t-tests to analyze relationships between factor responses and demographics (age, gender, race, education, prior dv training, prior dv experience, and time in field). To measure differences between participants’ responses to the factors before and after the DV training, the investigator used a paired t-test. Open-ended responses were categorized by type of intervention and analyzed by their frequency.
CHAPTER 4

RESULTS

The demographic composition of all participants is reported in Table 2. Table 3 (p. 30) lists the results of a paired t-test that was used to measure the amount of change of participants’ responses to each factor between the pretest and posttest. Table 5 (p. 31) and Table 6 (p. 32) list the results of independent t-tests that were run to look for where the amount of change was most apparent. Finally, Figure 1 (p. 34) shows the types of interventions participants recommended for DV victims before and after the DV training.

DEMOGRAPHICS

Study participants responded to a series of demographic questions about age, gender, race/ethnicity, education level, caseload, and amount of time working in the public child welfare field. Participants also responded to survey items regarding prior DV trainings as well as prior personal or professional experiences with domestic violence. Table 2 lists participant responses in detail. The participants returned a total of 36 usable surveys.

Age and Gender

The largest age group was the 25-34 year range, representing 47% of Group 1 participants. Eight percent of Group 1 participants were under 25 years old. Almost 17% were over age 45. Nearly all participants were female. Males represented 5.6% of the group.

Race/Ethnicity

Participants who identified as White/Caucasian made up 38% of Group 1; participants identifying as African American or Hispanic/Latino each made up just over 30% of the group (33.3% and 31.4%, respectively). Three percent identified as Multi-racial.

Education Level

All participants in Group 1 had a college degree, and over half (55.6%) of the participants’ highest degrees were at the Masters level. Forty-two percent of participants had
### Table 2. Demographics

<table>
<thead>
<tr>
<th>AGE</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>25-34</td>
<td>17</td>
<td>47.3</td>
</tr>
<tr>
<td>35-44</td>
<td>10</td>
<td>27.7</td>
</tr>
<tr>
<td>45+</td>
<td>6</td>
<td>16.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>34</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>12</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>14</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>1</td>
</tr>
<tr>
<td>other</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some College</td>
<td>0</td>
</tr>
<tr>
<td>BA/BS</td>
<td>7</td>
</tr>
<tr>
<td>BSW</td>
<td>8</td>
</tr>
<tr>
<td>MA/MS</td>
<td>11</td>
</tr>
<tr>
<td>MSW</td>
<td>9</td>
</tr>
<tr>
<td>PH.D.</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME IN CURRENT/PAST POSITIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CWS WORKER</td>
<td>36</td>
</tr>
</tbody>
</table>

Time in PCW prior to current position (Months)
- 0     | 16   | 44.4|
- 1-48  | 11   | 30.6|
- 49+   | 9    | 25.0|

Time in Current Position (Months)
- 1 month or less | 26 | 72.2|
- 1.5-4 months    | 10 | 27.8|
- 5-12 months     | 0  | 0   |

<table>
<thead>
<tr>
<th>CASELOAD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry a caseload</td>
<td>1</td>
</tr>
<tr>
<td>Number on caseload</td>
<td></td>
</tr>
</tbody>
</table>
  - 1-4   | 0    | 0    |
  - 5+    | 0    | 0    |

<table>
<thead>
<tr>
<th>PRIOR DV TRAINING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received DV training</td>
<td>22</td>
</tr>
</tbody>
</table>

*(table continues)*
Table 2. (continued)

<table>
<thead>
<tr>
<th>PRIOR DV TRAINING</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainings in last 4 weeks</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Trainings in 1-5 months ago</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>Trainings in 6-12 months</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Trainings more than 1 year ago</td>
<td>18</td>
<td>50.0</td>
</tr>
<tr>
<td>Attended DV Training with PCWTA</td>
<td>36</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIOR EXPERIENCE WITH DV</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work experience in DV</td>
<td>16</td>
<td>45.7</td>
</tr>
<tr>
<td>Exp. identifying DV in families</td>
<td>25</td>
<td>71.4</td>
</tr>
<tr>
<td>Exp. of friends with DV</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>Exp. of family with DV</td>
<td>9</td>
<td>25.7</td>
</tr>
<tr>
<td>Exp. of self with DV</td>
<td>4</td>
<td>11.4</td>
</tr>
</tbody>
</table>

only an undergraduate degree, and one participant (2.8%) had a Ph.D. Exactly one-half of Group 1 participants marked their highest level of education was a social work degree (22.2% BSW; 25% MSW; 2.8% Ph.D in field of SW).

**Amount of Time Working in Public Child Welfare**

All participants worked in public child welfare at the time of this research. Exactly one-fourth of participants had worked in the field for more than 4 years. Forty-four percent of participants in Group 1 were new to the field (had spent 0 months in their current child welfare position). All participants had spent 4 months or less working in their current positions at the time of the research. No Group 1 participants had a caseload at the time of the research.

**Prior Domestic Violence Training**

All Group 1 participants received training in domestic violence between the pretest and posttest. Sixty-three percent of Group 1 participants had attended domestic violence training prior to participating in this research. Exactly 50% of participants had attended DV training over 1 year prior to the date of the pretest. Seventeen percent had attended training 1-12 months prior, and 2.8% had attended a training within 4 weeks of the pretest.

**Prior Experience with Domestic Violence**

Research participants responded to survey questions about whether they have had professional and personal experiences with domestic violence. Responses of “Sometimes,”
“Often,” and “Always” were scored as a “yes” response. Responses of “Never” and “Rarely” were scored as “no.”

Based on that scoring method, 11.4% of Group 1 participants had personally been exposed to at least one of the signs of domestic abuse by an 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?”). Approximately one-fourth (25.7%) of participants in Group 1 responded that the participant or participant’s family member had been exposed to violence by an intimate partner. (“To what extent have you or a family member ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?”). Approximately 23% of participants marked that they had friends who had been “pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner.” A large majority (71.4%) of Group 1 participants had professional experience identifying domestic violence in families. Forty-six percent reported having “worked with” domestic violence.

**Change in Attitudes between Pretest and Posttest**

A paired t-test revealed no statistically significant changes in factor scores between the pretest and posttest, as illustrated in Table 3. Scores for the Reporting Child Abuse factor were already quite high at the pretest (10.42 out of a possible score of 12), which left little room to increase significantly. Participants entered the training with a propensity to report child abuse when a child is exposed to domestic violence. Scores for the Removal factor had more room for change in either direction, as the mean score at the pretest was 10.09 out of a possible score of 16. Participants did not have a strong propensity either to remove or not remove children for exposure to DV. The Blame Victim factor was quite low at the pretest, indicating participants overall did not tend to blame victims for abuse, as the mean score was 3.97 out of a possible 8, but there was room for change in either direction.

**Reporting child abuse:** Overall, participants’ responses to the Reporting Child Abuse factor increased between the pretest and posttest. Average scores per item increased from 3.5 to 3.6, where a score of 4 indicates “strongly agree” with statements that child abuse should
Table 3. Factors Before and After DV Training: Paired Samples T-Test

<table>
<thead>
<tr>
<th></th>
<th>Mean T0</th>
<th>Mean T1</th>
<th>Mean Difference</th>
<th>t Value</th>
<th>DF</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report Child abuse</strong></td>
<td>10.42 (12 max)</td>
<td>10.75 (12 max)</td>
<td>0.3</td>
<td>1.48</td>
<td>35</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td>10.09 (16 max)</td>
<td>9.54 (16 max)</td>
<td>-0.54</td>
<td>-1.52</td>
<td>34</td>
<td>0.14</td>
</tr>
<tr>
<td><strong>Blame victim</strong></td>
<td>3.97 (8 max)</td>
<td>3.58 (8 max)</td>
<td>-0.39</td>
<td>-1.69</td>
<td>35</td>
<td>0.10</td>
</tr>
</tbody>
</table>

be reported if child is exposed to DV. The participants were more apt to agree with statements to report all DV as child abuse both before and after the DV training. The slight increase in mean scores after the DV training was not statistically significant.

**Removal:** There was a slight change in participants’ beliefs about removing children from homes where DV is present. The mean scores decreased from 10.1 to 9.5, which is not statistically significant. The average scores for each item comprising this factor were 2.5 at the pretest and 2.4 at the posttest, indicating the participants were undecided about their beliefs regarding this factor both before and after the training.

**Blame victim:** On average, participants did not agree with victim-blaming statements before the DV training, and they disagreed even more strongly after the DV training. The difference was not statistically significant, but the attitudes started low (Mean of 3.97 out of possible score of 8) and ended lower (Mean of 3.58 out of possible score of 8). The difference was not statistically significant, but a $p$ value of 0.10 suggests that this question deserves further research and may be significant with a larger sample size.

In relation to the investigator’s hypotheses, the directional change does support the hypotheses about how each factor would change after DV training. While the changes in mean scores of attitude scales did not change significantly, the changes did match the direction initially hypothesized, as described in Table 4.

Table 4. Hypothesis

<table>
<thead>
<tr>
<th></th>
<th>Hypothesis</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting Child Abuse</strong></td>
<td>Increase</td>
<td>Slight increase</td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td>Decrease</td>
<td>Slight decrease</td>
</tr>
<tr>
<td><strong>Blame Victim</strong></td>
<td>Decrease</td>
<td>Slight decrease</td>
</tr>
</tbody>
</table>
Independent t-tests were used to measure differences in participants’ mean scores for each factor before and after the DV training. This analysis revealed no significant differences among different ages, genders, or education levels. Additionally, reported prior DV trainings were also found to have no significant impact on the participants’ responses to the factors. There were significant changes for two groups. Mean scores for the Blame Victim factor varied significantly between Hispanic/Latino and non-Hispanic/Latino participants at the posttest. Additionally, participants with prior personal experience with DV had significantly different scores for the Reporting Child Abuse factor at the posttest.

Race: As illustrated in Table 5, after the DV trainings, the participants who identified as Hispanic/Latino had a higher mean score than the rest of the sample regarding the factor Blame Victim. With only two items comprising this factor, the highest possible score was 8; thus, the mean scores of 4.18 for Hispanic/Latino participants and 3.29 for Non-Hispanic/Latino participants are both quite low. An average score of 4 would mean that, overall, participants disagreed with victim-blaming statements. Thus, the present mean scores indicate all participants generally disagreed with the victim-blaming statements but the Hispanic/Latino participants disagreed less by a statistically significant margin.

Table 5. Hispanic/Latino Responses Blame Victim Factor at Posttest

<table>
<thead>
<tr>
<th></th>
<th>Hispanic/Latino</th>
<th>Non-Hispanic/Latino</th>
<th>Mean Difference</th>
<th>t Value</th>
<th>DF</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=11</td>
<td>Mean=4.18</td>
<td>N=24</td>
<td>Mean=3.29</td>
<td>-0.89</td>
<td>33</td>
<td>0.011</td>
</tr>
</tbody>
</table>

Prior experience with DV: After the DV training, participants who had personally been exposed to at least one of the signs of domestic abuse by an intimate partner had higher mean scores for the factor Reporting Child Abuse than the rest of the sample. See Table 6. Prior personal experience was measured by a response of “Sometimes,” “Often,” or “Always” to the following question: “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?”
Table 6. Responses to Reporting Child Abuse Factor at Posttest

<table>
<thead>
<tr>
<th></th>
<th>With NO Prior Personal Experience</th>
<th>With Prior Personal Experience</th>
<th>Mean Difference</th>
<th>t Value</th>
<th>DF</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=31</td>
<td>Mean=10.58</td>
<td>N=4</td>
<td>-1.16935</td>
<td>-3.437</td>
<td>9.597</td>
<td>0.007</td>
</tr>
</tbody>
</table>

Participants who self-reported prior personal experience with DV responded to the Reporting Child Abuse factor with a mean score of 11.75 out of a total possible score of 12. This score indicates nearly 100% agreement with the items making up the Reporting Child Abuse factor. Participants with no prior personal experience with DV were also in agreement with the Reporting Child Abuse factor, but the mean score reported by this group was lower by 1.16 points, a statistically significant difference.

CHANGE IN ATTITUDES ABOUT VICTIM BLAMING DIFFER BY RACE

Change scores of each demographic group were analyzed using independent t-tests. The amount of change in the Blame Victim factor was found to be impacted significantly by a demographic variable: the mean scores of participants identifying as White/Caucasian dropped by a mean of 1.00 after the DV training, which was a statistically significant change ($p < .05$). See Table 7. The change scores of participants identifying as African American dropped an average of 0.25 points on the scale, which is far from statistically significant but is in the same direction as the participants identifying as White/Caucasian. In sum, both White/Caucasian and African American participants had reduced tendencies to blame victims for domestic violence at the posttest.

Table 7. Change in Attitudes about Victim Blaming from T0 to T1

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>t Value</th>
<th>DF</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>N=14 Mean= -1.00</td>
<td>1.00</td>
<td>2.24</td>
<td>34  0.03</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>N=11 Mean= 0.18</td>
<td>-0.89</td>
<td>-1.84</td>
<td>33  0.08</td>
</tr>
<tr>
<td>African American</td>
<td>N=12 Mean= -0.25</td>
<td>-0.21</td>
<td>-0.42</td>
<td>34  0.68</td>
</tr>
</tbody>
</table>

In contrast, the mean scores of participants identifying as Hispanic/Latino increased by 0.18, which was not a statistically significant change but noteworthy with a significance
The most notable difference is the direction; only the group identifying as Hispanic/Latino had mean scores decrease between the pretest and posttest.

Change scores of each demographic group were also analyzed using correlation tests. The tests produced one significant finding: age was correlated with the change in participants’ scores regarding the Reporting Child Abuse factor. As participants’ ages increased, participants were more likely to indicate a propensity to report child abuse when a child is exposed to domestic violence ($R = 0.342; N=36; p < .05$).

**OPEN-ENDED RESPONSES DV INTERVENTIONS BEFORE AND AFTER TRAINING**

Participants were asked what they believed were “[t]he most important intervention(s) to recommend to a victim of domestic violence.” The survey item asked participants to indicate one to three interventions they believed to be most important. Responses were categorized into the following themes, with example phrases from participant surveys in parentheses:

- **DV-specific services** ("DV counseling;" "DV services;" "DV victim hotline")
- **Therapy** ("Counseling;" "Support group;" "Child counseling")
- **Safety Planning** ("Safety plan;" "Escape plan;" "Safety from abuse")
- **Leave** ("Shelter;" "Leave abuser")
- **Community Supports** ("Support network;" "Confide in someone;" "Community resources")
- **Encouragement** ("Encouragement to get help;" "Hope;" "Know that help is available")
- **Long term independence planning** ("Education;" "Personal empowerment program;" "Financial help;" "Employment;" "Job training;")
- **Non-DV Classes** ("Non-violent conflict resolution;" "Parenting classes")
- **Law Enforcement** ("Restraining order;" "Call police")
- **Offender Accountability** ("Anger management for abuser;" "Remove the perpetrator")

Figure 1 shows that after the DV training, two types of interventions were recommended more often than they had been prior to the DV training: Safety Planning and DV Services. Prior to the DV training, the most recommended intervention prior to the DV training was general therapy. After the DV training, the number of people recommending
therapy decreased but at the posttest participants recommended DV services as often as they recommended general therapy. Recommendations for long-term independence planning actually decreased after the DV training, as did offender accountability, law enforcement, non-DV classes, encouragement, community supports, and leaving.
CHAPTER 5

DISCUSSION

**FACTOR 1: REPORTING CHILD ABUSE**

Regarding reporting DV exposure as child abuse, the only change in the participants’ attitudes and beliefs after the DV training was that the already strong beliefs in support of reporting were bolstered. While the change in attitude about this factor was not significant, the scores started out so high that there may not have been room for significant change. The scores did slightly increase, though, and a possible explanation for the slight increase could be that the protocol discussed during the DV training supported reporting child abuse for exposure to DV. When preparing and implementing DV training, the trainers can consider the fact that their trainees are already in agreement with reporting child abuse. Trainers can reinforce their trainees’ beliefs but need not spend significant time and energy on this topic, as the trainees’ personal beliefs are in alignment with reporting.

While the analysis revealed no significant change in attitudes overall, after the training, participants with prior personal experience agreed with reporting child abuse significantly more than the other participants. In this study, very few participants self-reported having had an intimate partner who exhibited symptoms of perpetrating domestic violence. At the posttest, those who did self-report this also adamantly believed child abuse reports should be made when children are exposed to domestic violence. Although the data analysis did not reveal this variable to have a significant impact on any other factor, further research may unveil more information about the impact of personal experiences in domestic violence relationships on attitudes about child abuse more specifically.

**FACTOR 2: REMOVAL**

Participants’ scores indicate they were relatively undecided about their attitudes about this factor before and after DV training, but their scores did slightly decrease after training. The reason for the slight change in this direction may be that the training provided information about alternatives to removal or a protocol that did not support removal.
However, as the change was only very slight, this could be an area for trainers to emphasize in DV trainings. If, in fact, the trainees did not have firm beliefs or attitudes about this topic, this could be problematic for participants tasked with making decisions about child removal. However, the scores may not indicate a lack of firm attitude but instead may indicate that these CWS workers are flexible and willing to learn and adapt to each unique situation and may be open to change. These CWS workers may not automatically remove children for exposure to domestic violence, but instead may assess each situation individually. The survey items did not include specific facts; CWS workers may respond with more certainty to scenarios or vignettes with more facts.

**FACTOR 3: BLAME VICTIM**

Scores regarding this factor started low and decreased even more after DV training, which is the desired direction. Overall, there was not much room for change in attitudes because the scores started so low. However, the training may have been effective in changing attitudes about victim blaming, as the slight change in scores had a significance of 0.10. While this $p$ score does not give much confidence to the amount of significance in change, it is suggestive and indicates the topic deserves further study.

One of the reasons for the lack of significant change overall could be that some participants actually *increased* their scores regarding the Blame Victim factor. The amount of change in scores between the pretest and posttest was significantly different between racial groups. While the overall mean scores decreased after the posttest, the mean scores of participants who identified as Hispanic/Latino *increased* from a mean score of 4.00 to 4.18. The participants who identified as white/Caucasian also had significantly different change in means from pretest to posttest, but in the opposite direction. Mean scores of participants identifying as White/Caucasian *decreased* from 4.00 to 3.29. Interestingly, both groups entered the DV training with identical mean scores regarding attitudes about victim blaming.

Finally, mean scores of African American participants saw no significant change after the DV training, although this group’s scores did decrease.

A variety of reasons may explain this change. The training itself may have been delivered in a way that impacted participants identifying as Hispanic/Latino differently than other racial groups. Also, the underlying reasons behind the Hispanic/Latino participants’
beliefs about victim blaming may have been weakened rather than bolstered by the training. Additionally, the small sample size could explain the differences. Lastly, different racial groups may have responded differently due to the language or delivery of the instrument.

The preparers of DV trainings must consider these findings. Not only was there a significant difference between racial groups’ changes in attitudes about victim blaming, but the scores changed in opposite directions. This is noteworthy, as the participants identifying as White/Caucasian and Hispanic/Latino entered the DV training with identical scores regarding victim blaming. While other variables could influence the change in attitudes between the pretest and posttest, the trainers must consider the racial and cultural composition of the trainees. A standard outline of the topics covered in the training is provided, but the individual trainers may approach the topics somewhat differently. As a result, the exact, specific content of each DV course remains unknown. Participants may assign different values or levels of importance to certain topics or interventions because of the way the different instructors presented the trainings. One recommendation is to ensure the trainees receive standardized curriculum.

**Participants’ Recommended Interventions**

Analysis of one open-ended question provides some insight into the way participants may make decisions in the field when working with a family with a parent who is a victim of domestic violence. Participants were asked to list the top three most important interventions to recommend to that parent. After the DV training, the range in types of recommendations diminished, as the participants did not suggest as many different types of recommendations. The posttest saw an increase in the two important types of recommendations: DV Services and Safety Planning. A possible explanation for the increase in DV-specific interventions could be the DV training. Participants may have also been exposed to DV resources in their communities through other trainings.

It is noteworthy that “offender accountability” was never mentioned during the posttest. While the wording of the question likely lead to a focus on providing services to the victim parent rather than the offending parent, further research is needed to investigate whether CWS social workers would be willing to recognize, recommend, and/or engage in interventions holding offenders accountable.
CONCLUSION

The purpose of this study was to look at the impact of domestic violence trainings on attitudes and beliefs of child welfare services (CWS) social workers. Data was gathered by administering a written survey that measures beliefs about domestic violence. Research subjects included participants of the Public Child Welfare Training Academy (PCWTA) Core training, which included a one-day training on domestic violence. Participants received the survey before and after the domestic violence training. Survey questions intended to measure attitudes and beliefs about participants. Analysis of the survey questions measured factors that indicate the beliefs of participants about three factors: Reporting Child Abuse, Removal, and Blaming Victim. Overall, data analysis revealed no significant change in attitudes after the DV trainings. However, the change in attitudes about victim blaming was significantly greater for participants identifying as White/Caucasian than the rest of the participants, and participants identifying as Hispanic/Latino reported a change in the opposite direction than the rest of the participants. These differences in responses by race and ethnicity call for further research. Additionally, the differences in races may call for the DV trainers to re-look at the cultural application of their DV trainings.
REFERENCES


APPENDIX A

DOMESTIC VIOLENCE TRAINING OUTLINE
DOMESTIC VIOLENCE
Boilerplate Outline

LEARNING OBJECTIVES*

Knowledge:
K1. The trainee will be able to recognize how spousal/partner abuse affects and is affected by each area of the child welfare process including screening, intake assessment, interrelatedness with types of abuse, ongoing child welfare services, family decision meetings, and visitation.

K2. The trainee will be able to recognize interventions for families experiencing spousal/partner abuse in the context of child welfare practice.

K3. The trainee will be able to recognize the interactions between culture, poverty, gender, immigration status, and substance abuse in the dynamics of spousal/partner abuse.

K4. The trainee will be able to explain how exposure to spousal/partner abuse typically affects children and adolescents.

K5. The trainee will be able to recognize resources and services that effectively assist families that experience spousal/partner abuse, including sample interview questions, possible criminal sanctions against the perpetrator, protection orders, support services, batterer interventions, and on-line resources.

K6. The trainee will be able to recognize evidence-based and promising practices that are effective in working with families exposed to spousal/partner abuse.

K7. The trainee will be able to recognize the combinations in which spousal/partner abuse exists outside of the context of male-on-female violence, such as same-sex partners, mutual combatants, and female-on-male violence.

Skills:
S1. Using a case example, the trainee will be able to analyze and articulate factors relevant to an accurate assessment of risk in families where there is spousal/partner abuse.

S2. Using a role play or case scenario, the trainee can effectively present in strength-based language the effects of spousal/partner abuse on children, adolescents, and families involved in child welfare services.

S3. Using a case example, the trainee will be able to develop and present strength-based interventions that protect children, adolescents and parents affected by spousal/partner abuse.

* Normal font represents primary objectives. *Italicized font represents secondary objectives.*
Values:

V1. The trainee values and respects the importance of multi-disciplinary cross systems interventions in protecting and supporting children, adolescents, and families that experience spousal/partner abuse.

V2. The trainee values the importance of understanding the challenges faced by families in effectively protecting their children and adolescents from exposure to spousal/partner abuse.

RELATED TITLE IV-E CURRICULUM COMPETENCIES

1.1 Student demonstrates respect, fairness, and cultural competence in assessing, working with, and making service decisions regarding clients of diverse backgrounds.

1.3 Student demonstrates the ability to conduct an ethnically and culturally competent assessment of a child and family and to develop an effective intervention plan.

3.4 Student recognizes and accurately identifies the physical and behavioral indicators of abuse, family violence, and neglect, and can assess the dynamics underlying these behaviors.

3.8 Student demonstrates the ability to respectfully relate to, engage, and assess family members from a strengths-based "person in environment" perspective, and to develop and implement a case plan based on this assessment.

3.15 Student is aware of forms and mechanisms of oppression and discrimination pertaining to low-income, non-traditional, and culturally diverse families and uses this knowledge to provide equitable and effective child welfare services.

4.3 Student works collaboratively with biological families, foster families, and kin networks, involving them in assessment and planning and helping them access services and develop coping strategies.

6.3 Student demonstrates the ability to recognize, assess, and devise case plans and referrals to address potential for violence, suicide, and complex psychological difficulties.

6.4 Student demonstrates understanding of the dynamics and effects of trauma resulting from family conflict, divorce, and family or community violence.

7.2 Student understands client and system problems and strengths from the perspectives of participants in a multidisciplinary team and can effectively integrate the positive contributions of each member.
Course Outline

1. Introduction
   A. Review of course and learning objectives
   B. Discussion of a few key selections from the SW Code of Ethics

2. Definition, Prevalence
   A. Definition
      1. Social vs legal definitions
      2. Penal Code
      3. DV in the context of child abuse, W and I Code 300 and Reporting Laws
      4. Identifying whether the DV is 'Mutual Combat versus Primary Aggressor'
   B. Prevalence
      1. National/local statistics: DV
      2. National/local Statistics: children exposed to DV

3. History
   A. Social, political, historical review of problem
      1. Moving from 'individual rights' framework to 'public health' framework
      2. Evolution of LE response
      3. Evolution of CWS response
      4. Moving from parallel process to collaboration: DV and child abuse grew from two sources, separated by constituency/time (feminist and child welfare)

4. Principal Dynamics
   A. Why a person batters, why someone stays in a battering relationship
   B. Power Differential
   C. Cycle of Violence
   D. Intergenerational underpinnings
   E. Variables that contribute to battering
   F. Teen dating violence

5. Profile of Batterer
   A. Environmental Factors
      1. Intergenerational cycle
      2. Crosses ethnic/religious/cultural boundaries
      3. Family of origin attitudes about male/female roles
   B. Developmental/clinical Factors
      1. Diagnoses/mental illness
      2. Core issues
      3. Modal behaviors, attitudes, beliefs
   C. Interaction with Drugs/Alcohol
      1. Statistics re: co-occurrence
      2. Understanding the interplay
   D. Assessing Dangerousness
      1. Definition of dangerousness
2. Recidivism rates
3. Characteristics of extremely violent batterers

6. Profile of Victim
   A. Discussion - variables that contribute to a battered woman remaining in a violent relationship (e.g. Learned helplessness, kids, fear, prior attempts to leave, money, love/hope, isolation, self esteem, etc. etc.)
   B. Developmental/clinical factors
      1. PTSD/Depression as modal diagnoses
      2. Battered Women's Syndrome
   C. Discussion - variables that contribute to when she finally leaves

7. Cultural Considerations
   A. Societal Influences
      1. Transformation of Women's roles
      2. Role change/transfer of power and its effects on those in control
   B. Acculturation - new immigrants
      1. Prevalence in CA (one out of four)
      2. Special challenges of: undocumented; alien marriages; language barriers, lack of contact with known reference group
      3. SW role as educator re: laws that protect women
   C. Culture
      1. How one's reference group's informal and formal expectations are more powerful than the community's legal guidelines
      2. How reference group would define DV, how they'd intervene, their expectations re: calling LE in on a 'family problem' etc
   D. Gender Orientation, Religious Culture, Country of Origin expectations of relationships

8. Effects on Children/Youth
   A. Community influences that support violence
      1. Media violence
      2. Violence in the community, neighborhood, schools
   B. Behavioral/attitudinal manifestations
      1. Infants and toddlers
      2. Latency-age children
      3. Adolescents
   C. Clinical Issues
      1. Attachment disturbances
      2. Emotional flooding and its aftermath
   D. Modal developmental delays
   E. Trauma resolution

9. Worker Reactions
   A. Personal/professional issues and how they may affect risk assessment and case planning
B. SW Code of Ethics
C. Predicting dangerousness: perils of false positive versus false negative

10. Engaging the Family
A. Engaging the victim
   1. Lines of questioning to pursue
   2. How interviewing battered women is different from interviewing parents on other types of CW cases
B. Engaging children/youth
   1. Lines of questioning to pursue
   2. Guidelines
C. Engaging the batterer
   1. Guidelines
   2. Importance of working with LE
   3. Lines of questioning to pursue
   4. Worker safety issues

11. Risk and Safety Planning for Victims and children/youth
A. Guiding principles
   1. Best intervention: protect kids by helping mom to protect self
   2. Importance of victim’s readiness to leave
   3. Value of Safety planning
   4. The highest risk is when the victim plans to leave the batterer
B. Discussion of Risk factors specific to DV cases
C. Lethality Assessment
D. Putting it all together

12. Safety Planning
A. Crisis Intervention versus safety planning
B. Safety planning as an important piece of the case plan
   1. Elements of an effective safety plan
   2. Guidelines for safety planning
C. Effective Interventions
   1. Victim
   2. Batterer
   3. Child
D. Filing a petition
   1. W & I Codes are county specific
   2. What is evidence in a DV petition and where do you get it
   3. Placement considerations
   4. Visitation considerations
   5. Obtaining a RO
   6. Inappropriate recommendations in DV cases
   7. When the child is an American Indian – ICWA /Tribe involvement
13. Case Management
   A. Treatment considerations
      1. Batterer
      2. Victim
      3. Children
   B. Community Resources
      1. Shelter care
      2. Advocacy programs
      3. Mandatory Batterer’s groups
      4. Using resources which ‘fit’, given the family’s culture, even if considered
         non-traditional by the dominant culture’s standards
   C. When substance abuse is also a problem
   D. Collaborating with community partners
      1. Schools
      2. CBO’s
      3. Probation
      4. LE
      5. SA providers

14. Closure
APPENDIX B

DOMESTIC VIOLENCE AND CHILD ABUSE SURVEY
Domestic Violence and Child Abuse Survey

Dear Common Core Curricula training participant:

The purposes of this survey are to inform research on decision-making in domestic violence cases. By completing this instrument, you will be helping us to understand the effectiveness of training for future participants. Your participation with this survey is completely voluntary and all of the information is kept confidential. The information you provide us will not be associated with your identity or your performance in any way. You will be asked to complete this survey a total of one to two times during your Core training.

By checking this box, I decline to participate in this survey. I understand my participation is entirely voluntary, and my decision to participate will not affect my involvement with the Public Child Welfare Training Academy in any way.

By checking this box, I agree to participate in this survey. I understand my participation is entirely voluntary, and my decision to participate will not affect my involvement with the Public Child Welfare Training Academy in any way.
INSTRUCTIONS:
Choose the ONE BEST answer for each question and use an "X" mark to fill in the box corresponding to your choice below.
- This is a survey of attitudes, not a test of your knowledge or training.
- The survey asks for your opinion about a number of issues related to domestic violence.
- There are no right or wrong answers, only differing opinions based on your beliefs and experiences.
- Think about each question briefly before answering, but without dwelling too long on each one.

A. Beliefs about domestic violence
Based on the following statements, please indicate how much you agree or disagree with these statements.

<table>
<thead>
<tr>
<th></th>
<th>A1. A lot of what is called &quot;domestic violence&quot; is really just a normal reaction to day-to-day stress and frustration.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2. Most women could find a way to get out of any abusive relationship if they really want to.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A3. The prevalence of domestic violence is due to sexism in our society.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A4. Society teaches boys to be physically aggressive.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A5. Some violence is caused by the way women treat men.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A6. Some women who are abused secretly want to be treated that way.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A7. People who are violent toward their family members are not likely to change.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A8. Husbands who shout, yell, and curse at their wives will eventually become physically violent.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td></td>
<td>A9. When a victim returns to her abuser and then comes back for services, I find it more difficult to believe her story.</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>
B. Beliefs about domestic violence and child abuse
Based on the following statements, please indicate how much you agree or disagree with these statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Children who were abused or witnessed abuse in their homes often become abusers as adults.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B2. Children who were abused or witnessed abuse in their homes often become victims as adults.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B3. Child protection agencies should include domestic violence screening as part of the risk assessment.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B4. Child abuse should be reported if a child is unintentionally injured during a domestic violence incident.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B5. Child abuse should be reported if a child witnesses a domestic violence incident even if the child is not physically hurt.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B6. Child abuse should be reported if domestic violence occurs in the home – even if the child does not witness the event nor was injured.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B7. Children should be placed in out-of-home care if they are unintentionally injured during a domestic violence incident.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B8. Children should be placed in out-of-home care if they witness a domestic violence incident but are not hurt.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B9. Children should be placed in out-of-home care if they are in a home where domestic violence occurs – even if they do not witness the event nor are injured.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B10. If a domestic violence victim chooses to remain with the abuser, the children should be removed for their safety.</td>
<td>[ ] 4</td>
<td>[ ] 3</td>
<td>[ ] 2</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>B11. The most important intervention(s) to recommend to a victim of domestic violence is/are: (please indicate 1 to 3 interventions you believe are most important)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

!!
### C. Training needs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Have you ever received training or instruction on domestic violence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2. If yes, how long ago did you attend domestic violence training?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (1) In the last 4 weeks | # of times: |
| (2) More than one month ago but less than 6 months | # of times: |
| (3) At least 6 months ago but less than 12 months ago | # of times: |
| (4) More than 1 year ago | # of times: |

### D. Professional and personal experiences with domestic violence

For the next couple of questions, you will be asked about your personal and professional experiences with domestic violence. **Please understand that you may choose not to answer any of these questions if you don’t want to describe your experiences.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. To what extent have you worked with domestic violence?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2. To what extent have you or the staff in your unit identified domestic violence in the families you serve?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3. To what extent have your friends ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4. To what extent have you or a family member ever been pushed, slapped, kicked, or otherwise physically hurt by a current or previous intimate partner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D5. 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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. What is the highest level of your formal education? (Check only ONE box)
   - High school
   - Some college
   - BA/BS degree
   - BSW degree
   - MSW
   - MA/MS degree
   - PsyD
   - PhD – Field related to social work?  □ Yes □ No

2. Are you a county Child Welfare Worker?  □ Yes (If yes, go to Q. 3)  □ No (If no, go to Q. 2a)
   a. If you are not a county Child Welfare Worker, what organization do you serve? (Please check all that apply.)
      - Tribal
      - FFA
      - Nonprofit
      - Care provider
      - CalWorks/Linkages
      - Other (specify): __________________________

3. How long did you work in the field of public child welfare prior to your current position?
   ■ ■ months or years ■ ■

4. How long have you been in your current position?
   ■ ■ months or ■ ■ years

5. How do you identify yourself in terms of ethnicity/race? (Use an “X” for the appropriate space below.)
   - African American/Black
   - Hispanic/Latino
   - American Indian/Alaska Native
   - Multi-racial (specify) __________________________
   - Asian/Pacific Islander
   - Other (specify): __________________________
   - White/Caucasian

6. What is your age? ■ ■ Years

7. What is your gender?  □ Female  □ Male  □ Other (specify) ______

8. Do you currently carry a caseload?  □ Yes  □ No

9. If yes, approximately how many children are on your caseload? ■ ■
APPENDIX C

INFORMED CONSENT
Consent to Act as a Research Subject
San Diego State University

Impact of Domestic Violence Trainings on Attitudes and Beliefs of CWS Fieldworkers
Investigator: Hannah Engholm, JD/MSW Candidate, School of Social Work
Supervisor: Dr. Daniel Finnegan, School of Social Work

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Purpose of the Study: The purpose of this study is to look at the impact of domestic violence trainings on attitudes and beliefs of CWS fieldworkers.

Participant Eligibility: All Public Child Welfare Training Academy Core training participants who participate in the Domestic Violence training course during the duration of this study will be eligible and invited to participate. These trainings were selected because the research question specifically asks about the beliefs and attitudes of child welfare workers and the impact of domestic violence training, which is incorporated into the Core training.

Participation Activity: To participate in the study, participants will be asked to take about 10 minutes to answer written survey questions about their beliefs about domestic violence. Half of the groups will be asked to take the survey twice: before and after the training on domestic violence. The remaining groups will be asked to take the survey once: after the training on domestic violence.

Voluntary Participation: Participation is anonymous and voluntary. Survey responses will not be traced to any participant. Decision to participate is entirely voluntary and participants may choose to terminate their involvement at any time. Decision to or not to participate in the survey will NOT affect involvement with PCWTA in any way.

Raffle for Participation: Participants will not be paid nor will they incur costs to participate. Participants may choose to enter their names in a raffle for a $15 gift card. Raffle prize will be delivered by the last day of training. Raffle tickets will use random numbers, and there will be no way to trace the raffle winner to information in the surveys. Names will not be used.

Questions? If you have any questions about this research, you may contact the San Diego State School of Social Work at 619-594-6865. If you have any questions about your rights as a participant in this study, you may contact the Division of Research Administration San Diego State University at 619-594-6622 or irb@mail.sdsu.edu.

By completing the questionnaire, you agree to participate in the research. You further agree to permit us to use your anonymous responses in written reports about the questionnaire.
APPENDIX D

AUTHORIZATION LETTER
RE: Impact of Domestic Violence Trainings on Attitudes and Beliefs of CWS fieldworkers
2 messages

Janice Yuwiler <jyuwiler@projects.sdsu.edu> Fri, May 11, 2012 at 8:16 AM
To: Hannah Engholm <hannahengholm@gmail.com>
Cc: Mary Garrison <mgarrison@projects.sdsu.edu>

Dear Hannah,

This note is to confirm that you have permission to work with county child welfare line workers who volunteer and are participants in the Academy for Professional Excellence's Public Child Welfare Training Academy's (PCWTA) Lineworker Core Trainings in Southern California.

Please let me know if you need any additional information.

Janice

Janice Yuwiler, MPH
Organization Development Manager

Academy for Professional Excellence
SDSU School of Social Work
6505 Alvarado Road, Suite 107
San Diego, CA 92120
Phone: (619) 594-3795
Fax: (619) 594-1116
http://theacademy.sdsu.edu

"Inspiring Innovative Solutions in Health and Human Services"
APPENDIX E

IRB EXEMPT APPROVAL LETTER
May 23, 2012

Student Researcher: Ms. Hannah Engholm
Faculty Sponsor/Thesis Chair: Dr. Daniel Finnegan
Department: Social Work
vIRB Number: 946087
Title: Impact of domestic violence trainings on attitudes and beliefs of CWS fieldworkers
Risk Level: Minimal
Exemption: 45 CFR 46.101(b)(2)

Dear Ms. Engholm:

The project referenced was reviewed and verified as exempt in accordance with SDSU’s Assurance and federal requirements pertaining to human subjects protections within the Code of Federal Regulations (45 CFR 46.101). This review applies to the conditions and procedures described in your protocol.

The determination of exemption is final and requests for continuing review (Progress Reports) are not required for this study. However, if any changes to your study are planned, you must submit a modification request and receive either IRB approval (per 45 CFR 46.110 or 46.111) or IRB verification that the modification is exempt (per 45 CFR 46.101). To submit a modification request, access the protocol via the WebPortal, on the protocol Main Page, you will need to click on "Modifications" under Protocol Maintenance and enter a report. Once you have filled in your responses on the report form, click "submit". Additionally, notify the IRB office if your status as an SDSU-affiliate changes while conducting this research study (you are no longer an SDSU faculty member, staff member or student).

Please note the following for all exempt studies:

a) If this research involves the use of existing or secondary data sources, information obtained must be recorded so that subjects cannot be identified, either directly or through identifiers linked to the subjects.

b) If information will be obtained from individual medical records, please check with the organization authorized to provide access to these records to determine whether regulations relating to the Health Insurance Portability and Accountability Act (HIPAA) pertain to your research. Likewise, if academic records are accessed, Federal Education Rights and Privacy Act (FERPA) requirements must be respected. Notify the SDSU IRB office if protocol revisions are necessary to comply with HIPAA regulations.

c) If recruitment will take place through an outside agency or organization, confirm with that institution that you have permission to conduct the study prior to initiation of any study activities. If this research involves the use of existing or secondary data sources, confirm with the data owner that you have permission to access the data.
d) Approval is contingent upon the completion of the SDSU human subjects tutorial (found at: http://www-rohan.sdsu.edu/~gra/login.php) by all members of the research team. This certification must be renewed every 2 years.

For questions related to this correspondence, please contact the IRB office [(619) 594-6622 or e-mail: irb@mail.sdsu.edu]. To access IRB review application materials, SDSU's Assurance, the 45 CFR 46, the Belmont Report, and/or any other relevant policies and guidelines related to the involvement of human subjects in research, please visit the IRB web site at http://gra.sdsu.edu/research.php.

Graduate Students: This notification may be used as documentation to register in Thesis 799A. Attach a hard copy of this notice to your Appointment of Thesis/Project Committee form prior to submitting the completed form to Graduate and Research Affairs - Student Services Division.

Sincerely,

Jeanne Nichols
Chair, Institutional Review Board

Brianne Larsen-Mongeon
Regulatory Compliance Analyst

Amy McDaniel
Regulatory Compliance Analyst

Choya Washington
Regulatory Compliance Analyst

AM:me