

## **Evaluation Of Domestic Violence Screening In Child Advocacy Centers**

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### **Summary**

#### **Are Child Advocacy Centers including domestic violence assessments as a standard approach to child abuse evaluations?**

The Center for Child and Family Advocacy recently published findings in *Child Abuse & Neglect* of domestic violence assessments conducted in child advocacy centers. Each year, an estimated 3.3 to 15.5 million U.S. children are exposed to domestic violence, making these assessments a priority in children receiving care at child advocacy centers. The study's objectives were to identify how often and what method child advocacy centers use to evaluate domestic violence, an important risk factor when conducting evaluations of child abuse. While there are hundreds of child advocacy centers within the United States—there is great variability in how these centers operate and the extent of violence assessments which are conducted. These findings reveal what improvements should be made to standardize domestic violence assessments in the context of child abuse evaluations.

Researchers surveyed the 376 child advocacy centers of the National Children's Alliance, with an 86 percent response rate. Findings revealed that the largest barrier in conducting domestic violence assessments was lack of center protocol/environment to screen (46 percent). The second barrier was insufficient training on domestic violence (34 percent). The majority of centers (90 percent) used face-to-face interviews as the sole method to assess domestic violence, despite the evidence to suggest that more anonymous methods of assessment (i.e. paper or computerized screens) may offer greater disclosure of domestic violence which may be followed by face to face interaction.

In addition, the researchers found that child advocacy centers are more likely to assess domestic violence when they have specific co-located domestic violence resources and staff training on this issue. The authors recommend that child advocacy centers ensure domestic violence education is a priority for continuing staff education, and the development of domestic violence community resource alliances to increase assessments and offer greater opportunities for intervention.

### **Abstract**

**OBJECTIVE:** This study was designed to identify the frequency, methods, and practices of universal assessments for domestic violence (DV) within child advocacy centers (CACs) and determine which factors are associated with CACs that conduct universal DV assessments.

**METHODS:** The study design was a cross-sectional, web-based survey distributed to executive directors of National Children's Alliance accredited or accreditation-eligible CACs.

**RESULTS:** Responses were received from 323 of 376 eligible CACs (86%). Twenty-nine percent of CAC directors report familiarity with current DV recommendations and 29% require annual education for staff regarding DV. Twenty-nine percent of CACs conduct "universal assessments" (defined as a CAC that assesses female caregivers for DV more than 75% of the time). The majority of CACs use face-to-face interviews to conduct assessments, often with children, family or friends present. The presence of on-site DV resources (OR=2.85, CI 1.25-6.50) and an annual DV educational requirement (OR=2.88, CI 1.31-6.32) are associated with assessment of female caregivers. The presence of on-site DV resources (OR=3.97, CI 2.21-7.14) is associated with universal assessments.

**CONCLUSIONS:** Many CAC directors are not aware of current DV recommendations and do not require annual DV training for staff. Less than one-third of CACs practice universal assessments and those that do often conduct DV assessments with methods and environments shown to be less comforting for the patient and less effective in victim identification. CACs are more likely to assess female caregivers if they have co-located DV resources and they require DV training of their staff. CACs are more likely to universally screen for DV if they have co-located DV resources.

**PRACTICE IMPLICATIONS:** The presence of DV in the home has significant potential to negatively impact a child's physical and mental health as well as the ability of the caregiver to adequately protect the child. Current practice in CACs suggests a knowledge gap in this area and this study identifies an opportunity to improve the services offered to these high-risk families.  
PMID: 20207001 [PubMed - indexed for MEDLINE]