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Welfare Workers’ Cultural Models of Domestic Violence

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ABSTRACT

Despite progress in policies and services for domestic violence, service use remains lower than the need suggests. This study, an analysis from a larger project on social service providers, examines welfare workers’ shared beliefs about domestic violence. Using a mixed method design utilizing pile sorts (n = 38; 11 child welfare and 29 financial assistance), a survey (n = 57; 24 child welfare and 33 financial assistance), and in-depth interviews (n = 3; two child welfare and one financial assistance)—workers organized their ideas about factors that contribute to domestic violence, rated the factors along key dimensions of meaning (importance, controllability, characteristics of victims or perpetrators, and cause or effect), and shared experiences of their work with domestic violence cases. Financial assistance and child welfare workers organized their beliefs similarly demonstrating consensus on the importance of the factors, and shared beliefs about the factors that were causes and effects of domestic violence. In interviews, child welfare workers emphasized their focus on systems and collaboration. Despite areas of agreement, child welfare and financial assistance workers did not demonstrate consensus on ideas about domestic violence overall. The findings have implications for practice, specifically for improving responses to domestic violence and increasing the use of domestic violence services.

KEYWORDS

Cultural consensus; cultural consensus analysis; domestic violence beliefs; domestic violence; welfare workers

Because domestic violence so often occurs behind closed doors with few witnesses, domestic violence issues have historically been relegated to the domain of private life. This changed when the Violence Against Women Act (VAWA) was passed as part of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322; reauthorized in 2000, 2005, and 2013), recognizing domestic violence as an important social issue. The VAWA was formulated to address discrepancies in law enforcement and criminal justice responses to domestic violence cases that viewed domestic violence simply as “marital disharmony” (Felter, 1997). The new approach promoted “encouragement of arrest” policies to increase awareness of domestic violence among police officers and improve coordination in law enforcement, with officers encouraged to act as peacekeepers and negotiate reconciliations in domestic violence situations. In addition to the law enforcement efforts, VAWA also provided funding for prevention and education programs, shelter services, and the creation of a national domestic violence hotline. The coordination of efforts across several areas of service delivery for victims, including between police officers, the judicial system, shelter services, and for victims with special circumstances (e.g., immigrant women and women living in rural areas), recognized the uniqueness of their circumstances and the difficulties they face in accessing services.

The effects of domestic violence demand attention from a variety of social service providers. One group of service providers that victims encounter are those in the welfare system. Victims often need financial assistance available through Temporary Assistance to Needy Families (TANF), food stamps, and other sources (Dichter & Rhodes, 2011; Postmus, Severson, Berry, & Ah Yoo, 2009), assistance that has the potential to help victims work toward financial independence from their violent relationships (Brandwein, 1999). Victims might also encounter the welfare system in cases in which there are concerns about the safety of their children (Kohl, Barth, Hazen, & Landsverk, 2005). Many welfare benefits, however, have time limits and requirements related to work, while abuse-related psychological and physical problems
and safety concerns (such as being stalked and/or threatened with violence at or near the workplace) make such requirements difficult and/or impractical for some victims (Bell, 2003; Postmus, 2000; Raphael, 2001). Other victims lack work skills and/or are unable to find jobs that pay enough for them to afford child care (Postmus, 2000). Given the often complex and long-term nature of domestic violence recovery, longer-term assistance is necessary (Owens-Manly, 1999). Thanks to VAWA’s helping to increase the number of domestic violence programs available for victims, waivers for such requirements are available for (identified) victims (Brandwein, 1999; Levin, 2001; Owens-Manly, 1999; Renzetti, 2011), but these waivers are vastly underutilized (Renzetti, 2011). Victims’ participation in available programs depends largely on referrals from other organizations and institutions because victims generally do not access domestic violence services on their own (Brookoff, O’Brien, Cook, Thompson & Williams, 1997; Dichter & Rhodes, 2011). Because of their likely interaction with victims, welfare offices were seen as natural points of referral, but the potential for referrals has not been realized.

The underutilization of waivers is due in part to failing to appropriately screen victims and refer them to the available programs (see Kok, 2001; Lindhorst, Meyers & Casey 2008; Levin, 2001; Postmus, 2003; Smith & Donovan, 2003). One explanation for not identifying victims has been that workers don’t identify them. One study found stark differences in child welfare workers’ reports of domestic violence in their cases. For example, in one survey, although about one third of clients had experienced recent domestic violence, the caseworkers identified it in only 8% of their cases (Kohl et al., 2005); in other studies, the numbers reported have been even lower (Renzetti, 2011). In an effort to increase referral rates and identification of domestic violence cases, some welfare offices have trained welfare workers to screen their clients. Other welfare offices have domestic violence advocates who work for the local domestic violence agency and can directly connect victims with available resources and assist with applications for welfare waivers. Findings on the effectiveness of these efforts have been mixed: while some advocates have successfully linked some victims to services, other advocates have been less helpful due to a lack of clarity about available services and questions about the correct forms, or other requirements, needed to obtain services. Thus, even with increased efforts, referral rates have remained lower than expected (Kok, 2001; Lindhorst et al., 2008; Levin, 2001; Postmus, 2003; Smith & Donovan, 2003).

While identifying domestic violence cases through appropriate screening of clients is important, workers must also provide an emotionally safe environment in the context of the welfare office to assist their clients in divulging their experiences, and the welfare worker must know what to do once the abuse is identified. To address the latter issue, one focus of research in the area has been to examine the relationship between clients and their welfare workers to better understand gaps in referral rates.

The extent to which workers can provide a safe environment in which victims can reveal victimization has been questioned in several studies. To someone involved with the welfare system, the welfare office might seem the antithesis of a safe environment (Pelissier Kingfisher, 1996; Postmus, 2003). Workers struggle with high caseloads, face high stress, and work with stigmatized clientele (i.e., the poor); they are required to focus on eligibility, documentation, and questions about children’s safety, questions that victims can perceive as threatening (Keeling & van Wormer, 2012). This context is at odds with providing a safe, nurturing environment that might encourage clients to reveal domestic violence and allow the worker to emphasize supportive services (Lens, 2008; Lindhorst & Padgett, 2005; Smith & Donovan, 2003). One study found that workers can be not only unhelpful, but also harmful, by discounting victims’ experiences, blaming them, and/or avoiding addressing domestic violence altogether (Eisikovits & Buchbinder, 1996). Other work has found that victims are fearful, reluctant, and/or avoidant of revealing their victimization and sensitive personal information about their abuse to workers (Purvin, 2008; Saunders, Holter, Pahl, Tolman, & Kenna, 2005; Keeling & van Wormer, 2012) and often do not trust their workers (Postmus et al., 2009).

Research has also found a relationship between welfare workers’ beliefs and their screening behavior with victims. Workers who hold victim-blaming attitudes are less likely to screen for domestic violence (Postmus, Warrener, McMahon & Macri, 2011). This suggests that if workers, as a group, believe that domestic violence victims are largely to blame for the violence they experience and/or the decision to stay in an abusive relationship, they might also believe that victims could
simply leave their abusive relationships. In the welfare system, when workers focus on eligibility issues and accountability to efficiently distribute (perceived) scarce government resources (Corrigan & Watson, 2003; Greenberg, 1981), workers are tasked with determining whether clients will receive funds (Lens, 2008). Thus, it might be that workers are not only less inclined to see domestic violence victims as “deserving,” but also, in some cases, see them as guilty of placing themselves and their children in harm’s way by remaining in the relationship.

Given this evidence of problematic relationships between welfare workers and clients, it remains true that the workers play a critical role in their ability to bridge the gap between victims and services that can benefit them. The question, then, is how do we strengthen that bridge? One way to approach the issue is to examine what might be at the core of the problematic interactions between workers and clients, an issue which, given the previous literature, is endemic to the culture of welfare offices. To address this issue, this research focuses on measuring welfare workers’ beliefs about domestic violence. In doing so, and utilizing the theoretical orientation of cultural models, it uses the workers’ own ideas and organization of their beliefs as a guide to whether a shared organizational culture around domestic violence exists, and if so, what the content of that culture is and what the implications for improving practice might be.

Theoretical Orientation: Cultural Models

A cultural models theoretical orientation was used to look more deeply into the beliefs of domestic violence workers than has been previously attempted. This approach was identified as ideal because it utilizes an emic, or participant-focused, specific definition of culture and employs a well-validated group of data collection approaches and analytic procedures to support it. In using the participant’s own words and ideas as the basis for measurement, the cultural models approach sidesteps the pitfalls of traditional, researcher-oriented surveys that might or might not adequately capture participants’ beliefs. A traditional survey instrument was not ideal in this case because, with increased focus on referrals and expectations that welfare workers will help identify domestic violence cases, welfare workers frequently participate in domestic violence trainings. Such training is intended to increase workers’ awareness of domestic violence and often addresses common myths and assumptions about domestic violence. Despite trainings, anecdotal information from the local domestic violence agency where this research took place indicated that welfare worker behavior and screening abilities had changed little since referrals remained low. While past research using surveys has shed much light on variations in service providers’ beliefs about the causes of and appropriate treatment for domestic violence (see Davis & Carlson, 1981 and Davis, 1984), a new and more detailed approach was employed here in an effort to inform practice and potentially improve training. In contrast with surveys, the cultural consensus model examines shared beliefs (i.e., culture) but starts “where the workers are.”

The cultural consensus model (Romney, Weller & Batchelder, 1986), based in cognitive anthropology, defines culture as shared, transmitted knowledge. A cultural model is a schematized representation of reality, thought to be composed, in part, of idiosyncratic, biographical information and, in part, of shared or cultural information (Shore, 1996). Such a representation allows people to understand and interpret behavior, make decisions, and act in accordance with the expectations set by their environment (D’Andrade, 1984). The emic perspective is an important component of identifying cultural models and assumes that the best source of information about the culture comes from participants in that culture, using their own words.

This study uses the cultural consensus model to identify welfare workers’ specific beliefs about domestic violence and explicitly examine and compare those beliefs. Identifying how workers organize those beliefs and to what extent they are shared, as well as exploring the ways in which those beliefs were formed, maintained, and applied in practice, has the potential for allowing us to better understand the distance between welfare workers and victims and bridge that gap, thereby improving victims’ access to available services.

Purpose of the Study

The purpose of this study was to investigate financial assistance and child welfare workers’ beliefs about the factors that contribute to domestic violence using the cultural consensus model as the framework and, in so doing, gain a better understanding of how workers’ perspectives might inform their practice. A mixed
methods approach was utilized involving three data sources to answer the following research questions: (1) How are welfare workers’ beliefs about domestic violence structured and organized? (2) To what extent do different groups of welfare workers share beliefs on domestic violence, and to what extent do workers’ characteristics influence that sharing? (3) In what ways do welfare workers’ beliefs affect their everyday practice?

Methodological Overview

This research uses data from a larger project that examined the cultural models of domestic violence among a group of service providers, including domestic violence workers, nurses, welfare workers, and a general population comparison group (see Collins & Dressler, 2008a). In that study, standard methods for identifying cultural models (referred to as cultural domain analysis) in cognitive anthropology (see Weller & Romney, 1988) were used to examine cultural models over four sets of studies. These methods include qualitative and quantitative methodologies, using structured and unstructured interview techniques, and are described below. In this mixed methods approach, each of the previous studies built on the one that came before it. In the first study of the larger project, social service professionals listed all the causes of domestic violence that they could think of; in the second, they sorted the terms according to their similarity to one another and developed themes of their sorts. In the third study, they completed a questionnaire in which they evaluated the terms on the basis of the themes they generated during the pile sorts, and agreement was analyzed using cultural consensus analysis. Finally, in the last study, in-depth, semi-structured interviews were conducted with selected participants to examine how they use the ideas generated and organized in the previous studies in their work (see Collins & Dressler, 2008a).

In examining the findings from the secondary data source, the original research indicated variability among different categories of welfare workers in the group and unique consensus among child welfare workers. For these reasons and because there is a unique literature on welfare workers’ interactions with domestic violence victims with distinct implications for practice, this research focuses on analyzing welfare workers’ data specifically. Because only a small number of child welfare workers and no financial assistance workers participated in the first phase of the original study, in this research, welfare worker data are analyzed separately from only three of the four studies conducted in the larger project. Thus, data are examined on the pile sorting, cultural consensus survey, and interviews. Because each study had a distinct purpose, sample, data collection technique, and analytic framework (see Figure 1), the methodologies and results are discussed separately as individual studies.

General Recruitment

All human participant–related activities for the original studies were approved by a university-based institutional review board. In all three studies, child welfare workers and financial assistance workers were recruited through a public welfare agency in a midsized suburban city in the southeastern United States. First, the researcher (this study’s author) obtained support from the director of the agency and was given permission to contact supervisors in several key areas of the agency: food stamps, child support, TANF, foster care, and child protective services. The researcher then met with the supervisors in each area and asked for permission to present the research to their staff and ask for their willingness to participate. All supervisors agreed to this, and once the researcher explained the studies, what would be required, and that their participation was voluntary, the data collection began. Supervisors allowed the researcher to come to previously scheduled group meetings to collect data to allow for maximum participation. Of all workers to whom the study was explained, only two financial assistance workers declined to participate.

Study 1: Identifying How Workers Organize Beliefs About Domestic Violence Causes

Method

Participants

A total of 40 welfare workers participated in Study 1 (see Table 1). The participants were split into two groups according to the area in the agency in which they worked. These two groups were composed of 11 child welfare workers (six foster care
and five child protection workers), and 29 financial assistance workers (17 food stamp, eight child support, and four TANF workers). Nearly 90% of the participants were female; their mean age was 45.6 years (SD = 10.0); and more than half had earned at least a bachelor’s degree. The two groups varied significantly on the basis of age and education. Financial assistance workers were significantly older (M = 48.3 years, SD = 7.4) than child welfare workers (M = 38.6, SD = 12.9); (t = −3.50, p < .001). Child welfare workers were significantly more likely to have attended graduate school (X² [1, 39], = 15.80, p < .001); 90% had or were in the process of obtaining their graduate degrees, as compared to 21% of financial assistance workers. Nearly two thirds of financial assistance workers (64.3%) reported having obtained a bachelor’s degree, and 14.3% had completed a community college degree.

Table 1. Study 1 child welfare and financial assistance worker demographics.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Child welfare (n = 10)</th>
<th>Financial assistance (n = 28)</th>
<th>Total (N = 38)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (SD)**</td>
<td>38.6 (12.9)</td>
<td>48.3 (7.4)</td>
<td>45.6 (10.0)</td>
</tr>
<tr>
<td>Education (%)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college</td>
<td>0</td>
<td>14.3</td>
<td>10.5</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>10</td>
<td>64.3</td>
<td>50.0</td>
</tr>
<tr>
<td>Grad school or higher</td>
<td>90</td>
<td>21.4</td>
<td>39.5</td>
</tr>
</tbody>
</table>

**p < .01.

Procedure
As mentioned earlier, in the larger project upon which this one was based, participants sorted a list of 32 terms that described “causes of domestic violence” that the larger group of service providers had generated. The terms were printed and placed onto individual index cards with a number on the back. Each participant was given a packet of 32 cards, along with a piece of paper with which to record their responses. Participants were then asked to sort the cards into piles according to the extent to which they felt the terms were similar to one another. This “unconstrained pile sort” allowed participants to sort the terms freely; they were told they could create as many piles as they wanted as long as the groupings made sense to them. Participants then wrote down the numbers of the cards that were contained in each pile (e.g., “Pile 1: 4, 6, 7…”), reviewed their piles, and then wrote the name or theme for each pile next to the pile list. The theme was intended to summarize why they had placed the terms in the pile together. Participants recorded their responses on their sheets, and the researcher informally interviewed those who volunteered to share their pile themes to help the researcher better understand how they had been thinking about the piles. For example, in large group data collection sessions, two or three workers in a group would individually tell the group which items were in their piles, state the “theme” they had developed, and then
explain why that theme was a good description or summary of the pile. The pile-sort activity took approximately 30 minutes to complete.

**Analyses**

The analyses of the pile sort data involved both quantitative and qualitative procedures. First, multidimensional scaling (MDS) analysis was performed on the piles in ANTHROPAC (Borgatti, 1996). This analysis converted participants’ judgments of each item’s similarity to others (items were considered similar if they had placed them in a pile together) into a map of distances where items that were placed in piles together appear closer together. The stress level in MDS indicates the overall fit of the model, and the closer stress is to zero, the better the model fit, indicating that the MDS map is a good representation of the relationships between the items. A stress level below 0.20 is generally considered to be a "good" fit (Sturrock & Rocha, 2000). The closeness of items to one another on the map indicates the frequency with which items were placed into piles together (rated as similar to one another).

Next, a cluster analysis was run to determine the boundaries between the groups of terms in the MDS and overall number and pattern of clusters. Because participants’ underlying categorizations of a domain are thought to drive their thoughts and behavior (in turn influencing how they interact with clients), it was important to have a qualitative understanding of how and why participants made particular groupings. NUD*IST (N4, 1998) qualitative software was used to generate a reduced set of general categories participants had used to describe their pile themes. Using the results from the MDS, cluster analysis, and themes participants had generated, the researcher identified emerging categories to use in the second study.

**Results**

**Multidimensional Scaling and Cluster Analysis**

Results from the MDS on both groups together indicated a stress level of 0.16, a good model fit. Overall, the workers tended to cluster the items into five broad groups, with only four items (low public awareness, weak policy, accepting violence in the culture, and accepting the status quo) consistently placed in piles together. Analyzing the two groups of welfare workers separately, however, some differences between the two groups became clear. While the two groups tended to sort some of the same items together, the child welfare workers’ pile sorts had more-distinct groupings; that is, child welfare workers tended to more consistently place particular items in piles together (see Figure 2) than did financial assistance workers, whose pile sorts tended to be grouped more idiosyncratically.

**Figures 2 and 3 contain the visual representations of child welfare and financial assistance workers’ MDS and cluster analysis results. Together, the more tightly organized structure of child welfare workers’ beliefs was confirmed by their consistent groupings of terms into only four general groups as well as by the decrease in stress from 0.16 to 0.09, indicating a better model fit than with the two groups together. Although the items having been abused and witnessing abuse were separate categories for the whole sample, child welfare workers**

![Figure 2](image-url)
workers tended to incorporate them into one larger cluster that also included power, control, stress, relationship problems, and mental illness. Similarly, education was included with inadequate support systems. In addition, while the larger group of welfare workers tended to classify poverty, family pressures, jealousy, stress, and alcohol/drug abuse together, child welfare workers separated financial issues and family problems into a separate category. Finally, child welfare workers tended to sort the items on the far left of the figure into the same piles with very strong consistency—the items appear nearly right on top of one another, indicating that they were frequently grouped together. These items included terms such as low self-esteem, denial, fear, depression, and isolation.

Examination of financial assistance workers’ MDS (see Figure 3) revealed a stress level of 0.18, which indicates a still adequate but poorer model fit than that of child welfare workers and a weaker fit than that of the sample as a whole. Financial assistance workers tended to create different general categories for their terms than the child welfare workers. In particular, financial welfare workers placed education into one group and having been abused and having witnessed abuse into another. Financial assistance workers also tended to place the following terms together: blaming oneself, fear, depression, mental illness, drug and alcohol abuse, anger, power, and control. Financial and relationship issues formed their own cluster. Few items overlapped on financial assistance workers’ MDS, indicating that they tended to place cards in piles more idiosyncratically. The terms that ended up in the tightest cluster included poverty, family pressures, and money problems (they overlapped); terms that appeared separately were low public awareness and weak social policy. Drug and alcohol abuse and power and control were also closely grouped.

**Key Themes**

Key themes were developed directly from the sorting patterns of the pile-sort data. In the larger project, in a process detailed by Collins & Dressler (2008a), the participants identified key themes that described their piles, and the researcher coded and analyzed these themes to develop five major general themes: (1) victim characteristics, (2) perpetrator characteristics, (3) societal factors, (4) individual characteristics or experiences, and (5) stressors. Victim characteristics included terms such as blames self, fear, and low self-esteem. Perpetrator characteristics included terms such as anger, power, and control. The societal factors theme included weak policy, gender inequality, and stigma, and the individual characteristics/experiences theme included mental illness, drug use, witnessing abuse, and experiencing abuse. The fifth theme, stressors, included job strains, financial dependence, and relationship problems. These themes were used to develop four key dimensions that were believed to be used by participants in rating and ranking activities in the second study. The final themes used as “dimensions of meaning” in Study 2 included (1) importance of the factor in contributing to domestic violence, (2) victim/perpetrator: whether the factor was more characteristic of victims or perpetrators, (3) controllability: to

![Figure 3. Organization of financial assistance workers’ domestic violence beliefs. The map is the outcome of multidimensional scaling and cluster analysis. Items that are close to one another were considered most similar to one another, and items within the same oval were considered a group, or cluster. n = 28; MDS stress in two dimensions = 0.18.](image)
what extent the factor was controllable, and (4) cause/effect: whether the factor was a cause or an effect of domestic violence.

Study 2: Examining Shared Beliefs About Domestic Violence

Method

Participants
A total of 57 workers—24 child welfare workers (20 child welfare and four foster care) and 33 financial assistance workers (five family assistance, seven child support, and 21 food stamps)—participated in the second study. There were no significant differences between the two groups of workers with regard to gender, race, or the number of years they had worked in their current occupation. The sample was mostly female (89.5%); more than two thirds were White (67.9%); and they had worked in their occupations an average of 11.7 years (SD = 9.3; see Table 2). Child welfare workers were significantly younger (M = 36.7, SD = 11.7) than financial assistance workers (M = 46.5, SD = 8.3; t [49] = −3.5, p < .01). A significantly larger proportion of child welfare workers had completed education beyond the bachelor’s degree—nearly 80% had completed at least some graduate work; 70% of financial assistance workers had not gone beyond their undergraduate training (X² [3] = 21.4, p < .001).

More than half of the child welfare workers (58.5%) reported having had both personal and professional experience with domestic violence; by contrast, just over a third of financial assistance workers (35.5%) reported such experience. Financial assistance workers, however, were more likely than child welfare workers to report having had only personal experience (29%) with domestic violence or having had neither personal nor professional experience (16.1%) with domestic violence (X² [3] = 10.2, p < .05). There were no significant group differences with regard to having undergone any domestic violence training—about two thirds of the participants had received training. When workers were asked to estimate how often they encounter domestic violence cases in their work, about two thirds of child welfare workers (66.7%) reported seeing domestic violence cases somewhat often or more frequently, as compared to 38.7% of financial assistance workers. Financial assistance workers were more likely to report that they saw domestic violence cases infrequently/rarely or that they did not know how many cases they had encountered (61.3% of financial assistance workers compared to 33.4% of child welfare workers).

Measures
Participants completed a questionnaire in which they evaluated each of the 32 causes of domestic violence with regard to the four key dimensions of meaning identified in Study 1. The four key dimensions identified were (1) importance of the cause, (2) how controllable the cause was, (3) whether the cause was characteristic of a victim or perpetrator, and (4) whether it was a cause or an effect of domestic violence. The questionnaire contained five pages. Each of the first four pages assessed one dimension (importance, controllability, victim/perpetrator, and cause/effect). The first column of each page contained a listing of each of the 32 terms (listed in random order on each page) and the response categories for the dimension of meaning. Participants were directed to evaluate each of the 32 terms according to each of the four dimensions of meaning (resulting in 128 total responses). The instructions for each page began the same way and were tailored according to the answer choices for each dimension. For importance, the instructions were as follows: “The first column below contains factors that people have said contribute to the occurrence of domestic violence. On a 7-point scale, from 1 (Not at all important) to 7 (Very important), please rate how important you think each factor is in contributing to domestic violence. Please circle

Table 2. Study 2 child welfare and financial assistance worker demographics.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Child welfare (n = 24)</th>
<th>Financial assistance (n = 33)</th>
<th>Total (N = 57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (SD)***</td>
<td>36.7 (11.7)</td>
<td>46.5 (8.3)</td>
<td>42.1 (11.0)</td>
</tr>
<tr>
<td>% Female</td>
<td>95.8</td>
<td>84.8</td>
<td>89.5</td>
</tr>
<tr>
<td>% White</td>
<td>73.9</td>
<td>63.3</td>
<td>67.9</td>
</tr>
<tr>
<td>Education: BA or less***</td>
<td>20.8</td>
<td>71.0</td>
<td>49.1</td>
</tr>
<tr>
<td>% Christian</td>
<td>90.5</td>
<td>96.4</td>
<td>93.9</td>
</tr>
<tr>
<td>% Very religious</td>
<td>54.5</td>
<td>40.7</td>
<td>46.9</td>
</tr>
<tr>
<td>Any dv training (%)***</td>
<td>70.8</td>
<td>62.1</td>
<td>65.8</td>
</tr>
<tr>
<td>Work with dv (%)***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the time/very often</td>
<td>29.2</td>
<td>9.7</td>
<td>17.9</td>
</tr>
<tr>
<td>Often/somewhat often</td>
<td>37.5</td>
<td>29.0</td>
<td>32.6</td>
</tr>
<tr>
<td>Not very often/rarely</td>
<td>29.2</td>
<td>48.4</td>
<td>40.4</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4.2</td>
<td>12.9</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Note. dv = domestic violence.
***p < .001.
only one response in the space provided.” A fifth page collected information on the participants’ demographics and background experiences.

Importance of the factors in contributing to domestic violence was evaluated using a Likert-type scale that ranged from 1 to 7, where 1 = not very important and 7 = very important. The extent to which the factor was controllable was also assessed on a Likert-type scale where 1 = not at all controllable and 7 = very controllable. Whether the factor was attributable primarily to the victim, perpetrator, both the victim and perpetrator, or neither the victim nor perpetrator was assessed using a multiple-choice format, as was whether the factor was a cause, effect, both a cause and an effect, or neither a cause nor an effect of domestic violence.

Procedure
Participants completed the self-explanatory survey packet in one of two ways: in a group meeting or, for those unable to make the meeting time, individually. The packets contained (1) a cover letter that explained the study and included the researcher’s contact information, (2) a copy of the informed consent, which they were asked to sign and return, and (3) a copy of the survey. Participants returned their surveys to the researcher in a sealed envelope. The survey took approximately 30 minutes to complete.

Analysis
Cultural consensus analysis was used to determine the degree to which the workers shared beliefs about domestic violence and whether those beliefs fit together to describe a cultural model according to the key themes identified in Study 1. Regression analysis was used to examine the distribution of workers’ agreement on the basis of their background and other characteristics. Cultural consensus analysis is a factor analytic-type technique (a factor analysis of people; see Weller, 2007) that examines the level of agreement among respondents in a data set. It produces an eigenvalue ratio that indicates whether there is a sufficient level of agreement among individuals in the analysis to conclude consensus in the group. The rule of thumb is that if the first eigenvalue is at least three times that of the second, cultural consensus is achieved (Romney et al., 1986). Cultural consensus analysis also estimates each individual’s “cultural competence,” similar to a reliability analysis (Weller, 2007), which represents each individual’s level of agreement or sharing in the group. A high level of sharing is signified by a cultural competence coefficient of 0.50 or higher. Cultural consensus analysis also produces a cultural “answer key.” The content of this key varies depending on whether consensus has been achieved. When there is consensus in a group, the answer key reflects the average response of individuals in the sample on the domain, weighted in favor of individuals who are most competent in the model. When the model is not shared, the answer key reflects a simple mean of the responses.

Results
Cultural Consensus: Shared Beliefs
Cultural consensus analysis using ANTHROPAC (Borgatti, 1996) revealed that consensus was achieved for child welfare and financial assistance workers on two dimensions of meaning: the controllability of the domestic violence factors and whether the factors were characteristic of a victim or a perpetrator (eigenvalues > 3.8, mean competence ≥ 0.50), indicating that the two groups shared beliefs on these two dimensions. There was no consensus (across or within groups) on the cause and effect dimension, and child welfare workers were the only group to demonstrate consensus on the importance of the factors to causing domestic violence.

There were several differences between child welfare and financial assistance workers with regard to their ratings of importance of the causes (see Table 3). On several terms, the two groups rated items directly opposite from one another. Child welfare workers tended to evaluate the following factors as more important than did financial assistance workers: gender inequality, inadequate support systems, power and control, financial dependence, blaming oneself, and feeling isolated or alone. Financial assistance workers, for their part, evaluated the following factors as more important than did child welfare workers: mental illness, money problems, poverty, alcohol abuse, and education. With regard to societal issues of gender inequality and inadequate support systems, overall, financial assistance workers tended to evaluate those factors as low in importance. Examination of the cause/effect dimension supported this idea, revealing that at least two of the listed societal issues (inadequate support systems and weak social policy) were
likely to be seen as relevant to neither the victim nor the perpetrator.

Even on the dimensions on which they agreed overall, child welfare and financial assistance workers rated some terms quite differently. For example, on the dimension of controllability, financial assistance workers tended to evaluate the following factors as more within an individual’s control than did child welfare workers: accepting violence in the culture, money problems, poverty, weak social policy, low self-esteem, blaming oneself, and family pressures. On the victim/perpetrator and cause/effect dimensions, as well, the two groups’ ideas differed, as the lack of consensus on those dimensions indicate.

**Distribution of Sharing**

To examine the distribution of the groups’ sharing, regression analysis was performed using SPSS. Regressions were performed in two steps. The first model included the following variables as predictors: worker age and number of years in their occupation (two background factors on which they were found to differ from one another); whether they had undergone domestic violence training; whether they had personal, professional, or both personal and professional experience with domestic violence (entered as dummy variables where 1 = having experience). In the second model, race (1 = White) and religion (1 = very religious Christian) were entered into the model. These last two terms were included because past findings from the larger project indicated that these were two significant predictors of a person’s level of competence. Four sets of regressions predicting competence were run, one for each of the four dimensions of meaning.

Regression analyses revealed that although workers differed from each other on these variables, education level, age, and years in occupation were not significant predictors of competence on any dimension. Race, however, exerted independent effects on competence (sharing) for importance, controllability, and cause/effect ($p < .02$ for importance, $p < .08$ for both controllability and cause/effect). Having personal experience with domestic violence was a significant predictor of workers’ beliefs about controllability of the factors ($\beta = -.414; p = .04$); having personal experience with domestic violence predicted a workers’ having less competence in the controllability model. Being a very religious Christian and having domestic violence training interacted in predicting controllability competence ($p = .06$); those who were very religious and had less training had higher competence. Examining interaction effects, race interacted with having personal experience ($F [1,31] = 8.044, p = .02$) and having had domestic violence training ($F [1,31] = 9.170, p = .01$) in predicting controllability competence; workers who were White and did not have personal experience with domestic violence tended to have higher competence. Examining the victim/perpetrator dimension, in Model 1 ($R^2 = .33; F [8,35] = 2.188, p = .05$), having professional experience with domestic violence was a significant predictor of workers’ evaluations of whether factors were characteristic of victims or perpetrators, but when race and religion were included as factors in Model 2 ($R^2 = .475; F [10,33] = 2.983, p = .09$), this effect was reduced ($p = .08$). In the second model, workers who were White were significantly more competent with the general model ($\beta = .409, p = .007$).

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**Table 3. Importance answer key and consensus analysis results.**

<table>
<thead>
<tr>
<th></th>
<th>Child welfare ($n = 24$)</th>
<th>Financial assistance ($n = 33$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>6.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Drug use/abuse</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>Power</td>
<td>6.3</td>
<td>5.4</td>
</tr>
<tr>
<td>Anger</td>
<td>6.3</td>
<td>6.1</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>6.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Financial dependence</td>
<td>5.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Poor coping</td>
<td>5.9</td>
<td>5.6</td>
</tr>
<tr>
<td>Been abused</td>
<td>5.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Feeling isolated</td>
<td>5.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>5.7</td>
<td>5.2</td>
</tr>
<tr>
<td>Stress</td>
<td>5.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>5.6</td>
<td>5.2</td>
</tr>
<tr>
<td>Denial</td>
<td>5.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Jealousy</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Blaming self</td>
<td>5.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Money problems</td>
<td>5.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Accepting violence in the culture</td>
<td>5.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Family pressures</td>
<td>5.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Inadequate support systems</td>
<td>5.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Fear</td>
<td>5.2</td>
<td>4.8</td>
</tr>
<tr>
<td>Witnessing abuse</td>
<td>5.2</td>
<td>4.9</td>
</tr>
<tr>
<td>Gender inequalities</td>
<td>4.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Mental illness</td>
<td>4.9</td>
<td>5.7</td>
</tr>
<tr>
<td>Job strain</td>
<td>4.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Depression</td>
<td>4.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Infidelity</td>
<td>4.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Poverty</td>
<td>4.2</td>
<td>5.0</td>
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<tr>
<td>Low public awareness</td>
<td>3.9</td>
<td>3.6</td>
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<tr>
<td>Accepting the status quo</td>
<td>3.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Weak policy</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Stigma</td>
<td>3.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Education</td>
<td>3.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Eigenvalue ratio</td>
<td>3.09</td>
<td>2.8</td>
</tr>
<tr>
<td>Mean competence</td>
<td>0.53 (.16)</td>
<td>0.45 (.22)</td>
</tr>
</tbody>
</table>

*indicates levels of sharing to conclude cultural consensus.
Study 3: Effects of Beliefs on Practice

Method

Participants
Participants were selected for interviews on the basis of the findings from the second study. Specifically, given that child welfare workers showed a unique consensus on the importance of domestic violence factors, the child welfare workers with the highest degree of sharing (or cultural competence, as determined in the consensus analysis—those who best represent the group of child welfare workers) were asked to participate in the final study to gather more detail on how beliefs around importance are manifested in practice. A financial assistance worker was selected for comparison purposes on the basis of both her degree of sharing and her level of experience in her area of work; she had been a supervisor at the welfare agency for many years. Because of the extremely small sample, the specific characteristics of the workers are withheld to protect their identities.

Measure, Procedure, and Analysis
In the third study, three welfare workers—two child welfare and one financial assistance worker—were interviewed in depth about their beliefs about domestic violence. They were asked to talk about how they believed their ideas about domestic violence developed, why they think it persists, what their typical procedures are in domestic violence cases, and their opinions of the differences between child welfare and one financial assistance worker referred to the group of child welfare workers) were asked to participate in the final study to gather more detail on how beliefs around importance are manifested in practice. A financial assistance worker was selected for comparison purposes on the basis of both her degree of sharing and her level of experience in her area of work; she had been a supervisor at the welfare agency for many years. Because of the extremely small sample, the specific characteristics of the workers are withheld to protect their identities.

Results

How Ideas About Domestic Violence Developed
Both sets of workers noted their work experience with domestic violence played a key role in shaping their attitudes and beliefs about the issue. One child welfare worker noted that her views developed as she struggled with understanding the complexity of the issue and learned more about how and why victims stay with their abusers:

…being involved with families, working with children that have been in those kind of environments … has forced me to take a broader look at what’s really going on in those type of situations … trying to understand why people choose to stay in those environments has … been a challenge for me … as I began to work with families that were really struggling with one aspect or another of violence, trying to understand all of that was … real educational for me.

The financial assistance worker remarked more specifically on particular causes that she saw in her work, particularly what she saw were the causative factors of alcohol and drugs.

I think it usually maybe starts small and continues to build … the things that I noticed the most, were of course, alcohol, drugs … money problems … and of course, I think there are just some people who are, I don’t know if it’s from low self-esteem, or what, but are just bullies and I think some, some cases, where there was no precipitating factor that you could find except that some people just have to … use force, or have to dominate …

Why Domestic Violence Persists
Child welfare workers said that domestic violence persists because of a failure to address its “root causes” and noted that without thinking about contextual and systemic factors, treatment approaches are often limited.

Well, I think one of the … reasons that it continues is I don’t feel like we always really address what really caused it. We address the immediate need, be it the, the spouse or the children getting out of that environment, the perpetrator going to maybe some anger management classes … but if there’s other factors that were really what was contributing to it in addition to the anger management, if we’re not addressing that, then we’re just kinda putting a Band Aid on the situation, or … giving some aspirin when we needed antibiotics … and so we don’t ever really get to the bottom of it …

… even when we … have an adult victim who chooses to stay with the perpetrator … We begin then, to really try to take a look at … the service plan that we develop … really helping the family … both the adult victim and adult perpetrator [and try to determine] … what were the factors that lead up to this? … we are really trying to take a look at … was it stresses related to job? Is it mental limitations … trying to really take … a broader look, at what lead up to the abuse.

The financial assistance worker referred to the cycle of violence that characterizes domestic
violence, demonstrating some understanding of the situation as a process, and mentioned safety concerns for those involved.

… I think it maybe starts small, maybe with small gestures, and the next thing, you know, it just gets, it builds, and so many of our women that we worked with were unable to leave the situation, mentally, physically, and every other way, they were unable to break away from it, and the longer they stayed, and the more incidents there were of them trying to leave, the greater the violence increased … the thing that most people don’t realize is just how difficult it is, for a woman or a man … to get away, and break that cycle, because it just becomes, it feeds on itself.

One child welfare worker was skeptical about being able to address domestic violence being effectively in practice because of the choices victims make. She also argued that the welfare workers have a responsibility to intervene in these cases:

… what I have just found here … is even if the woman leaves the male because he’s abusing her, she’s likely to find another male to abuse her. That’s most likely who she’s gonna end up with next time. … we joke here at [the welfare agency], huh, is there a club they all go to? Or, I mean, how do these women find these men that were just like the husband they just left. What is it? … And so I think, you know, yes, there have been workers here that have said, … you have got to leave this man or we’re going to have to take the children. And we’ve all been in that situation where we’ve had to draw the line and say, I can’t let these kids go home with him. But … it’s her choice, if she wants to stay away from him and can assure us that she will, you know, then we’ll work with her and try to help support her, and you know, then, yes, our focus becomes very much on this adult victim and the children. But I know, as do most of the workers here, she’s likely to go back. And if she doesn’t go back, she’s likely to find another one. And, so, you know, I just think sometimes I think it’s a lot easier for us, and hopefully better for the children, for the mama and the daddy to be together if we can make it a safe environment.

Well, we had certain guidelines and everybody followed that … The workers who had had a lot of experience … especially with victims of domestic violence, picked up on it and immediately tried to do something. The others would follow the guidelines that they give out in the pamphlets, but … they would not see it. I don’t think it was because they were unwilling, I think they just didn’t pick up on the clues … But sometimes education doesn’t do it for you when it comes to subjective things like that in social work … a lot of times it’s just from being in that situation …

The financial assistance worker also mentioned the frustration workers experience in working on domestic violence cases, which may be an additional factor influencing workers’ identification of cases.

… [we] work with that person to give them what it takes to get out, and that’s so hard, and workers get so discouraged because you can work with a woman and get her out of a horrible situation and, find her a new home, find her a job, all of those things, and then she goes right back, and that’s very discouraging …

Child welfare workers, on the other hand, seemed to have a more developed procedure for dealing with domestic violence cases and emphasized the importance of accessing other resources in the community in addressing domestic violence cases.

… I always make sure that I have information of where they can go to get resources … [the domestic violence agency in the area] is the most obvious choice in this town, but I just tell them, get on the Internet, call people, do what you have to do.

How Workers’ Perspectives Differ

When asked why and how child welfare workers differed from financial assistance workers, the financial assistance worker noted the bureaucratic aspects of financial assistance workers’ jobs that detract from their being able to deal with domestic violence clients on a more personal level.

… we all look at it from a different angle. It’s like the famous fable with the blind man and the elephant, we see our part of the problem. Whichever agency or area we’re working in, we just see our small part, and it’s really difficult to get … the whole picture, and that’s why I think we need more training and more coordination so maybe together we can maybe see at least half of the problem.

Now the TANF workers, probably least likely (laughs) … I may be wrong, but they are ah, most of the time, they are dealing strictly dealing with filling out the forms

Typical Procedures Used With Domestic Violence Cases

The financial assistance worker noted that while financial assistance workers generally had some standardized procedures, there was also substantial variability in the handling of domestic violence cases, especially in identifying domestic violence cases. She speculated that the worker’s particular experience with domestic violence likely plays a large role.
and the bureaucracy, and you know, I think, many years of doing that, you tend to just see the form, I don’t think you really see the person at all. And I, that’s a bad thing to say, but I think it’s true, and I don’t think they can help it. They never really have a real interview with the person as far as how you feel, what’s happening ... there’s strictly name, date, how many children you have, and then household income, and that sort of thing. They’re strictly qualifying you for some sort of assistance.

Child welfare workers, on the other hand, tended to see their approach as more comprehensive than that of other types of workers. Child welfare workers also tended to discuss dealing with domestic violence in terms of needing to address the person in the context of his or her social environment.

... it may just be, depending on what your profession is, you’re just looking at this one perspective of it, whereas with us, we’re trained more so to look at the big picture. ... It’s not that one piece stands alone, every piece somehow connects ...

... we get more involved with the families than other people do. Because, it’s not a matter of, where some agencies, they’re just working with the adult, whereas here, I have the child, I have the adult, I have attorneys, I have teachers, I have doctors. So, I’m able to see a lot more than other people.

... even if she leaves him, we’re gonna deal with visitation with him, we’ve still, we’ve still got to work with him ... if he chooses to have any involvement with his children. So, that again, may be some of the difference in terms of why we’re almost forced into looking at this whole picture, rather than just this component that so clearly seems to be domestic violence ...

Workers’ comments that their contact with victims and their families is ongoing and based on a team approach within the welfare organization provides some clues as to how and why the workers agree with one another on several dimensions. Child welfare workers’ different approaches and distinct focus on the child might be one explanation for how they differ from financial assistance workers on the dimension of importance factor.

Discussion

This mixed method approach used three studies to shed light on issues related to the identification of and referral to services for domestic violence victims by welfare offices, an issue noted as problematic in past studies. These studies also expanded the use of past studies. These studies also expanded the use of cultural models theory and showed how the theory can be used to better understand and inform social work practice. Given that cultural models are shared, understanding how a group of workers shares thinking about an issue, such as domestic violence, not only could help us understand the interactions between professionals and their clients, but also holds promise in explaining clients’ difficult experiences with their welfare workers, as documented in previous research. Taken together, however, the findings of these three studies indicate that despite organizing their beliefs similarly—finding unique child welfare consensus (in Study 1, albeit with some key differences) on one dimension of meaning and group consensus (in Study 2) on two key dimensions of meaning—overall, the evidence is not strong enough to conclude that the workers, separately or altogether, have a cohesive cultural model of domestic violence.

Study 1’s pile-sort findings demonstrated that although both groups of workers organized their beliefs similarly, child welfare workers grouped their piles more consistently and with fewer clusters. “Education” was a standalone category for financial assistance workers, who themselves had less education than child welfare workers, a demographic difference that likely was manifested through all phases of the study (Black, Weisz & Bennett, 2010; Collins & Dressler, 2008b). Child welfare workers’ training as social workers was likely reflected by their placing terms in “micro” and “macro” themed piles in Study 1, the strong consensus in Study 2, and the ways in which they talked about their collaborative, systems-focused practice in Study 3. On the other hand, financial assistance workers’ interviews, which mentioned large caseloads and focused on eligibility requirements and paperwork, suggested that workers have little time and perhaps patience and/or knowledge to attend to the psychological and social challenges faced by their clients—domestic violence victims or not. The workers’ different roles in the welfare system and different levels of social work education probably provide the groundwork for beliefs that could potentially negatively affect intra-agency communication and collaboration. Such differences in approach may also lead to failing to identify victims or to provide them with appropriate services (Cross et al., 2012) and
might include taking on the abuser’s perspective (Eisikovits & Buchbinder, 1996) when encountering victims, a type of inaction capable of retraumatizing victims (Brandwein, 1999; Eisikovits & Buchbinder, 1996; Keeling & van Wormer, 2012).

In the interviews, child welfare workers talked about root causes of domestic violence and how those causes must be addressed for treatment to be effective. Going back to the findings of the cultural consensus analysis allows us to examine exactly what the workers believe the root causes are. For child welfare and financial assistance workers, the root causes include alcohol and drug abuse, power and control issues, anger management problems, financial dependence, poverty, and having been abused. For the welfare workers, treatment approaches that include anger management, employment training and referrals, and substance abuse treatment seemed to be reasonable approaches for some of these issues. Financial assistance workers, on the other hand, rated poor coping skills, money problems, and jealousy higher than did child welfare workers. For comparison purposes, in the larger project, the most important factors for domestic violence workers were gender inequality, low public awareness of domestic violence, acceptance of violence in the culture, weak policy, and inadequate support systems (Collins & Dressler, 2008a). It is interesting to note that the welfare workers in this study rated these factors among the least important. Welfare workers’ comments during data collection in Study 2 illustrated the possibility that some of the terms that had been generated in the larger study were not ones they felt were relevant. Specifically, gender inequality and stigma were two items that were frequently questioned, with participants sometimes asking the researcher to define the terms, and at least two workers commented that the items had nothing to do with domestic violence or were irrelevant.

This study focused in more detail on the welfare worker findings from a larger project that examined a range of social service providers. In that study, as compared with nurses, domestic violence workers, financial assistance workers, and a general population group, child welfare workers were the only groups for which consensus on the importance of factors in contributing to domestic violence was found (Collins & Dressler, 2008a). Domestic violence workers, however, prioritized issues of power and control as important, as well as larger societal factors including a culture of violence, inadequate social support systems, and gender inequality (Collins & Dressler, 2008a), in contrast with welfare workers overall, but financial assistance workers especially. Although consensus on controllability and the victim/perpetrator dimensions might seem to suggest a unique “welfare worker” model of domestic violence, the larger project found that all service providers agreed on these dimensions, suggesting the agreement is not, in fact, unique, but possibly characteristic of a folk model of domestic violence.

Consistent with other research, this study found that financial assistance workers expected that providing victims with housing, financial assistance, and other highly desirable and necessary resources (Dichter & Rhodes, 2011; Postmus et al., 2009; Purvin, 2008) was sufficient enticement for victims to escape violence and become independent. A child welfare worker also confirmed that the threat of removing children from the home due to domestic violence is a common practice in her agency, as identified in other studies (Cross et al., 2012; Keeling & van Wormer, 2012). These findings reflect little understanding of the cyclical nature of domestic violence (Walker, 1979), in which periods of stability alternate with periods of abuse. In abuse cycles, victims might leave and return to the abusive partner multiple times before leaving permanently (Wuest & Merritt-Gray, 1999). Thus training could focus on helping workers understand that the “leaving” process is a long-term one and provide information that addresses how they can be helpful and effective in the meantime.

**Strengths and Limitations**

One important strength of this research is that it utilized a mixed methods approach, integrating qualitative and quantitative methods of inquiry to address how welfare workers respond to domestic violence. By using an emic approach, the research focused, from the beginning, on the perspectives and experiences of workers themselves, and throughout the studies, the research worked to clarify those perspectives. The research also explored not just what workers believe, but also how those beliefs manifest in practice. The research is limited in its geographic scope. Given that
the research was conducted in the South, and strong agreement on the importance dimension was driven in part by being a very religious Christian, it might very well be the case that the findings could differ in a geographic location that places less emphasis on religion.

**Implications for Social Work Practice, Policy, and Research**

**Practice Implications**

One key finding is that child welfare workers have unique consensus, but at the same time, the distribution of that sharing indicates that welfare workers’ behavior and attitudes are more than a simple function of their occupational category. This has implications for practice, particularly around efforts to improve training to increase domestic violence screening and referral. In this research, although close to two thirds of the sample had received some kind of domestic violence training, the referral rates for victims at their agency remained low. Research, however, has demonstrated that domestic violence training sessions as short as one day have the potential to increase workers’ helpfulness in helping victims with safety planning and addressing victims’ emotional states (Saunders et al., 2005). Domestic violence training curricula, for example, might concentrate more specifically on addressing participants’ core beliefs, the importance of the different factors related to domestic violence, and the issues people believe are causes as compared to the effects of domestic violence. Trainings could even utilize pile sorts as one way of investigating specific beliefs. In these ways, social service organizations can use findings from each of the three studies to closely examine how welfare workers are thinking about domestic violence and its victims and revise their training curricula to address the ways workers think about the issue. Since other efforts have had limited success, universal screening for domestic violence in welfare offices is one approach that is increasingly being advocated (Lindhorst, et al., 2008).

A word of caution is in order with regard to training workers, however; trainers must maintain sensitivity to workers’ feelings of being judged or evaluated. While collecting data from financial service workers for this research, one participant asked the researcher if she were going to tell them “how stupid they are about domestic violence.” The participants’ expectation of evaluation supports the argument that domestic violence issues can be sensitive, “hot-button” ones to welfare workers, an issue to which domestic violence education must attend. Such feelings of suspicion must be addressed for domestic violence trainings to have an effect and create real progress and change.

Another practice concern is that welfare workers’ expressed skepticism about the efficacy of helping victims. A related issue is the belief by some workers, as indicated in the interviews, that victims, on some level, seek out violence by repeatedly choosing violent partners. This sentiment is consistent with victim-blaming attitudes (Keeling & van Wormer, 2012) that are related to workers’ decreased screening behaviors (Postmus et al., 2011). Given the sensitivity of domestic violence, welfare workers must handle domestic violence victims and their situations with the care and compassion they would impart to a victim of any trauma (Renzetti, 2011); however, if workers believe that victims are at least partly responsible and potentially at fault for their plights, and especially, that victims have deliberately endangered their children, it is unlikely that workers would take a compassionate approach.

While both groups of welfare workers were similar with regard to their skepticism, they demonstrated less agreement in other areas. The fact that the workers are employed by the same agency and see some of the same types of clients makes this issue particularly important from an organizational standpoint. Questions about the lack of consistency might cause us to wonder whether the discrepancies between the areas are part of normal practice. Similarly, do these discrepancies keep the organization from forming a more cohesive whole, a maximally responsive entity? Is it possible that “gap” areas can be closed to both It is possible that “gap” areas can be closed to both better serve clients and operate most efficaciously, by helping decrease their caseloads (Cross et al., 2012) as victims work toward self-sufficiency.

**Policy Implications**

This study was motivated by policy concerns, and its findings have several implications for policy. As past research has noted, domestic violence victims need time, support, and resources to move toward effective resolution of their traumas. While some good resources are available, victims must have full access to the
resources available to support them. Continued efforts are needed to ensure services are coordinated and comprehensive, to ensure that workers can and will quickly and accurately identify cases, and to ensure that victims can access available services. Assessment for domestic violence should be part of the professional script for dealing with victimized individuals so that when social service or health professionals are confronted with a domestic violence case, they are equipped to provide resources and information in a compassionate, understanding manner (Owens-Manly, 1999). Policy must focus on training not only welfare workers, but also others who provide services to victims. Truly creating an effective, coordinated community response to domestic violence, in which service professionals collaborate and communicate with one another, will allow victims and their families to rebuild their lives (Postmus et al., 2009; Rivett & Kelly, 2006).

Research Implications and Future Research

The findings from this study suggest several avenues for future research on cultural models of domestic violence. First, although the findings revealed a great deal about how welfare workers think about domestic violence and the cultural models they might employ, the failure to discover a cohesive model suggests there may be other dimensions of meaning that would be more significant to welfare workers than the ones identified in this study. That other factors including race, religion, and experiences with domestic violence, both personal (unrelated to one’s job) and professional were better predictors of workers’ beliefs emphasizes the point that one’s job description is not the driving force behind observed similarities and differences. It would be worthwhile to identify other factors that better predict workers’ attitudes and behaviors and to further explore especially the role of the organization in helping form and enact beliefs (Smith & Donovan, 2003). Such work could help to directly link workers’ beliefs to their behavior as manifested in screening and referral behavior. An ideal design would be a mixed methods study that could utilize cultural consensus analysis and administrative data on both worker screening and referral behavior. An ideal design would be a mixed methods study that could utilize cultural consensus analysis and administrative data on both worker screening and referral behavior to better understand the consequences of beliefs.

Another important direction for future research would be to focus on replicating this study with domestic violence victims and perpetrators. It is unclear whether victims as a group agree on the causes of domestic violence or whether perpetrators agree with one another, and it could be instructive to compare the cultural models of victims and perpetrators. Similarly, examining the models in comparison with those of the social service providers with whom they interact could help to determine the areas in which the models converge and diverge, potentially affecting the social service relationship. Evidence from pilot research (Collins, 2002) suggests that victims might in fact employ cultural models that differ from those of the professionals who serve them. If victims’ and service providers’ models do indeed differ, this might be a further service barrier that future work—from the perspectives of practice, research, and policy—should address.

Conclusion

Using a mixed methods approach based in previous research reexamining the beliefs welfare workers have of domestic violence and the potential effect of these beliefs on behaviors, this study illuminates the need for better addressing and understanding those beliefs. Doing so will ensure that victims feel safe and supported and are directed toward appropriate services, allowing them and their families to recover from their violent pasts and, with appropriate time and support of the welfare system, experience self-sufficiency. This research contributes to a growing body of work on the sharing and distribution of culture, and potentially to the content of training programs to improve the quality of service delivery to domestic violence victims.

Note

1. While some work refers to those who have experienced domestic violence as “survivors” and others refer to them as “victims,” this study used the term “victim”; first, because it was the term the participants used and second, because of the powerlessness and oppression of their positions within the larger policy system.

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References


