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## TABLE OF CONTENTS

Executive Summary .....	i
<b>I. Background and Overview .....</b>	<b>1</b>
Rationale for the Study .....	1
Background .....	2
<i>Evidence of Overlap Between Child Maltreatment and Domestic Violence</i> .....	3
<i>Witnessing Domestic Violence</i> .....	5
Child Welfare Services .....	6
<i>Mission and Goals</i> .....	7
<i>Investigations</i> .....	9
<i>Services</i> .....	10
<i>Worker Safety and Burnout</i> .....	11
<i>Complexities</i> .....	11
<i>Working with Other Agencies</i> .....	13
Selecting the Five Communities for Study .....	14
<b>II. Family Violence Project, Children's Services Bureau, San Diego County, California .....</b>	<b>16</b>
Introduction .....	16
Brief Overview of Child Welfare Services .....	18
Child Welfare Agency Approach to Domestic Violence .....	19
Perspectives of Other Community Service Agencies and Organizations .....	24
Outcome and Evaluation Issues .....	29
Conclusions .....	29
<b>III. Intake/Crisis/Investigative Unit, Department of Human Services, East Hawaii, Hawaii .....</b>	<b>32</b>
Introduction .....	32
Brief Overview of Child Welfare Services .....	33
Child Welfare Agency Approach to Domestic Violence .....	34
Perspectives of Other Community Service Agencies and Organizations .....	39
Outcome and Evaluation Issues .....	45
Conclusions .....	45
<b>IV. Domestic Violence Unit, Massachusetts Department of Social Services .....</b>	<b>48</b>
Introduction .....	48
Brief Overview of Child Welfare Services .....	49
Child Welfare Agency Approach to Domestic Violence .....	50
Perspectives of Other Community Service Agencies and Organizations .....	68

Outcome and Evaluation Issues .....	67
Conclusions .....	68
<b>V. Oregon Department of Human Services, State Office for Services to Children and Families .....</b>	<b>71</b>
Introduction .....	71
Brief Overview of Child Welfare Services .....	72
Child Welfare Agency Approach to Domestic Violence .....	73
Perspectives of Other Community Service Agencies and Organizations .....	82
Outcome and Evaluation Issues .....	87
Conclusions .....	88
<b>VI. Families First, Family Independence Agency, Michigan .....</b>	<b>91</b>
Introduction .....	91
Brief Overview of Child Welfare Services .....	92
Child Welfare Agency Approach to Domestic Violence .....	95
Perspectives of Other Community Service Agencies and Organizations .....	101
Outcome and Evaluation Issues .....	108
Conclusions .....	109
<b>VII. Findings and Observations .....</b>	<b>112</b>
APPROACHES TO ADDRESSING DOMESTIC VIOLENCE ISSUES WITHIN CHILD WELFARE AGENCIES .....	113
Starting with the Whole Agency .....	114
Starting with a Service Focus .....	116
Prerequisites for Success within CPS .....	118
<i>Interplay Among the Five Elements for Success</i> .....	120
<i>Who Should Be Involved</i> .....	122
THE IMPORTANCE OF THE LARGER COMMUNITY .....	127
The Domestic Violence Community .....	128
Other Options for Collaboration .....	131
<i>Community Coordination and Information Sharing</i> .....	132
<i>Treatment Services</i> .....	135
Community Characteristics .....	136
COMPLEX POLICY QUESTIONS .....	137
Identifying Cases Affected by Both Child Maltreatment and Domestic Violence .....	138
Does Witnessing Equal Abuse? .....	140
Mandated Treatment .....	142
A FINAL ISSUE—EVALUATION .....	144
CONCLUSIONS .....	145

## **Executive Summary**

Until recently, programs and policies for family violence or abuse have responded to two of its forms—child maltreatment and woman battering—through two different service systems, child protective services (CPS) and domestic violence programs. This separation is due, in part, to differences in when these service systems were established and how they developed over time. The child welfare system is by far the older, dating back to early in this century. Child welfare agencies have tended to view the mother's role in child abuse that was perpetrated by a male partner as "failure to protect" the child, rather than acknowledging that the child's safety might depend on addressing a situation that endangers both mother and child. Emergency shelters and other services for battered women first emerged in the mid- and late 1970s. Their focus has been on helping battered women. Services directed specifically toward the children who accompany their mothers into these shelters are very recent and remain limited in many communities. Relations between the two systems have at times been strained, since a primary focus on helping the mother and a primary focus on protecting the child have not always been seen as compatible. This need not be the case.

Child welfare agencies across the country are beginning to consider how families in their child protection caseload are affected by domestic violence and what they can do differently to serve such families more effectively. Agencies are reexamining their policies and procedures for training, investigation, assessment, case management, and other activities in light of this new thinking. This study documents how child welfare agencies in five communities are attempting to integrate domestic violence concerns into their services. By examining current and developing CPS practice around domestic violence, we highlight many of the challenges, advantages, and disadvantages of different strategies. Some of the lessons learned will apply to other communities in similar circumstances, others will not. One message is clear—the need for more information in this area is great and demand for it growing as more and more agency staff and directors appreciate the benefits of new approaches. Through this study we have attempted to fill some of this information gap.

Five communities were selected for this study because they were making changes within their child welfare agencies that went beyond simply training staff about domestic

violence. In each of these communities, the primary impetus for innovation and linkage came from within the child welfare agency and was directed to its own case practice. Massachusetts and Michigan were included because of their relatively long history in this area.

- In Massachusetts, the Department of Social Services (DSS) began meeting regularly with battered women's organizations in 1987 and hired its first in-house domestic violence advocate in 1990. Since then, DSS has developed and adopted a domestic violence protocol and established a domestic violence unit consisting of in-house domestic violence specialists who assist DSS social workers on specific cases and conduct extensive training.
- Michigan incorporated a domestic violence component into its family preservation program, Families First, in 1993. In conjunction with the Family Violence Prevention Fund, the state developed and instituted a training curriculum for family preservation workers and created a program to provide family preservation services to at-risk families in battered women's shelters.

Three other sites were selected for study on the basis of various factors such as state versus local involvement in fostering linkages between child welfare and domestic violence agencies, the availability of additional funds and/or staff, the strength of the court system connection, and the presence of rural or other distinctive populations.

- In San Diego County, California, the county child welfare agency—the Children's Services Bureau—and Adult Probation together established a separate administrative unit to handle all cases active in both departments. Cases in the unit include some of the county's most violent families, who are managed by a two-person social worker-probation officer team.
- In Hilo, Hawaii, the East Hawaii CPS intake and investigative unit is concerned about domestic violence in its caseload and has established close relationships with the judiciary. East Hawaii has a semi-unified family court that allows the same judge to oversee all cases involving temporary restraining orders, divorce, juvenile justice, and child protection. This judge actively screens restraining order petitions for child abuse and neglect, and refers appropriate cases to CPS.
- Oregon's State Office for Services to Children and Families (SCF) is attempting to change case practice throughout the state by cross-training child protection workers and domestic violence workers about the relationship between the two forms of abuse. Oregon also recently ran pilot programs that placed domestic violence advocates in two local SCF offices.

In Chapter I of this study we review the available literature on the overlap of domestic violence and child maltreatment and describe our site selection criteria and procedures. The next five chapters describe efforts to integrate domestic violence concerns into child welfare agency practice in each community visited. The following general themes can be distilled from our fieldwork:

- Child welfare agencies have begun initiating changes from different organizational points within their agencies and have taken different approaches to changing case practice. Each starting point has advantages and disadvantages. Agencies need to think through which approach makes sense for them.
- Child welfare agencies have experience acting to protect children but are breaking new ground when they attempt to address domestic violence. These agencies cannot make appropriate changes without major and continuing collaboration with community stakeholders who work with domestic violence victims and perpetrators and know the issues involved. There are complicated policy and practice issues that can only be handled appropriately if child welfare agencies work together with people specializing in domestic violence services. Chief among these issues is the need to refrain from actions that increase danger to mothers and their children.
- Changes to child welfare agency practice around domestic violence will also benefit from collaborative policy development with police, civil and criminal courts, corrections (probation and parole), the schools, and local clinics and hospitals.

In the report's final chapter we summarize and integrate findings from the site visits and literature review. Reflecting the still early and developing state of the field, we review issues to consider and resolve. We do not provide a definitive resolution or "right" approach. The chapter looks at approaches to changing case practice *within* child welfare agencies including where within the agency to start; how to expand; issues of staff motivation, understanding, and commitment; and issues of resources and tools *internal to the agency*. We then turn to the community context and the need to coordinate with other agencies and service providers. In the case of organizations experienced in working with victims of domestic violence, such collaboration is essential for shaping changes in child welfare agency policy and practice. Other cross-agency collaborations are critical for ensuring that new approaches to the co-occurrence of domestic violence and child maltreatment are successful, including approaches that leverage the investigative powers of the police or the enforcement powers of courts and corrections. The chapter concludes by reviewing several complex policy issues for child welfare agencies, including whether or not child protective services (or other

mandated reporters) should screen families affected by domestic violence for child abuse and neglect; how to consider children who witness their mother's abuse; and what to do when actions to protect a child conflict with what is necessary to protect the mother. Many of these complexities reflect the challenges involved in balancing multiple goals: helping battered women help their children, holding perpetrators of domestic violence responsible for their actions, and working with batterers who continue to be involved in children's lives.

**EFFORTS BY CHILD WELFARE AGENCIES TO  
ADDRESS DOMESTIC VIOLENCE:  
THE EXPERIENCES OF FIVE COMMUNITIES**

**CHAPTER I  
BACKGROUND AND OVERVIEW**

**Rationale for the Study**

This report focuses on recent efforts by child welfare agencies to take account of battering experienced by mothers in cases of child abuse and neglect. These efforts are in their infancy. The oldest of them, in Massachusetts, dates back only about six years, and others are still more recent. A few model programs have been developed (Schechter 1994), and several states have already embarked on training activities for child welfare workers. In many cases these training efforts have been supported by federal grants from the Office of Community Services' Family Violence Prevention and Services Program in the Department of Health and Human Services. Because the field is so young, far more questions than answers exist regarding what to do, where to start, how to proceed, and even what the goals of the effort should be.

A common goal of many studies is to describe "best practices" so that others interested in pursuing similar activities may profit from these experiences. The same motive prompted the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and its partner agencies, the Office of Community Services and the National Institute of Justice, to undertake this study, though they recognize that definitive findings must wait until the field is more developed. The issues are of great importance to children's well-being and to child welfare agencies' ability to protect it. Many child welfare agencies are beginning to understand this importance and are looking for guidance before undertaking significant changes in their policies and case practice.<sup>1</sup> This report helps provide some of this guidance.

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<sup>1</sup> The Family Violence Prevention Fund in San Francisco, California has published two child welfare and domestic violence curricula, both of which have been field tested in child welfare agencies: (1) *Domestic Violence: A National Curriculum for Children's Protective Services* by Anne Ganley and Susan Schechter and (2) *Domestic Violence: A National Curriculum for Family Preservation Practitioners* by Susan Schechter and Anne L. Ganley.



The study's goal is to document what child welfare agencies in five state and local communities are doing in attempting to integrate domestic violence<sup>2</sup> concerns into their agency routines, and to identify and highlight issues that a child welfare agency would do well to consider before proceeding with similar efforts. This report should be read with the understanding that it presents few answers or "best practices." It focuses instead on raising issues that, on the basis of fieldwork, seem critical for child welfare agencies to consider as they make changes to address the problem of domestic violence among families in their caseloads.

The rest of this chapter examines (1) the evidence for the co-occurrence of woman-battering and child abuse and neglect, and (2) the areas of potential involvement for child welfare agencies that guided the fieldwork of this study. It also describes our site selection criteria and procedures. Subsequent chapters (II through VI) describe the different approaches agencies have taken in the five sites visited and the community context in which these efforts operate. The responsibility for addressing family violence is shared by many and how child welfare agencies address domestic violence is strongly affected by the availability and quality of other services and supports in the community. The final chapter of this report summarizes our findings and presents implications for child welfare agencies.

## **Background**

Until recently, programs and policies for family violence or abuse have responded to its two forms—child maltreatment and woman battering—through two entirely different service systems, child protective services and domestic violence programs. This separation is due, in part, to differences in when these service systems were established and how they developed over time. The child welfare system is by far the older, dating back to early in

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<sup>2</sup> Throughout this report, the terms "domestic violence" and "spousal abuse" refer to a range of physical, sexual, and emotional maltreatment of an adult woman by her current or former partner, whether married or not. The term "family violence" is used to refer more generally to violence or abuse between any two members of the same family or household. While we also recognize that in some cases women batter male partners and that domestic violence is not confined to heterosexual relationships, the vast majority of batterers are men. Thus, throughout this report we assume the batterer is a man and the adult victim a woman.

this century. Child welfare agencies have tended to view the mother's role in child abuse perpetrated by a male partner as "failure to protect" the child, rather than acknowledging that the child's safety might depend on addressing a situation that endangers both mother and child. Emergency shelters and other services for battered women first emerged in the mid- and late 1970s. Their focus has been on helping battered women. Services directed specifically toward the children who accompany their mothers into these shelters are very recent and remain limited in many communities. Relations between the two systems have at times been strained, since a primary focus on helping the mother and a primary focus on protecting the child have not always been seen as compatible. Working out mutually supportive relationships between the systems is an important part of the effort to change child welfare practice around issues of domestic violence.

### *Evidence of Overlap Between Child Maltreatment and Domestic Violence*

Before a public agency undertakes any major change in orientation or practice, it needs evidence that such a change is warranted. The degree of overlap between domestic violence and child maltreatment can be documented by population surveys or case record reviews. Early efforts to examine the prevalence of child maltreatment and domestic violence within the same family, summarized by Magen and colleagues (1995), confirm that the overlap can be substantial, whether approached from the point of view of the child or that of the mother. Between 11 and 45 percent of children who are abused or neglected have a mother who is being abused, and between 37 and 63 percent of abused women have children who are being abused or neglected. The studies on which these ranges are based differ in many ways (by, for example, employing different methodologies and definitions of abuse and looking at different populations of interest), but consistently report a high level of overlap. The data include national population surveys examining family violence, reports by battered women, state child fatality reviews, and studies of child protection cases.

Reviews of case records completed before an agency made any explicit effort to build screening for domestic violence into case practice, reveal that domestic violence is clearly present in a large share of families in need of child protection services. A 1993 annual review of child fatalities in Oregon found evidence of mothers being battered in 41 percent of the case records (Oregon Department of Human Resources 1993, in Schechter and Edleson

1994), even *before* the state began to focus on the issue of overlap and make a point of recording such information. A similar review of 67 child fatalities in Massachusetts found that the mother had disclosed being abused herself in 43 percent of cases (Felix and McCarthy 1994, cited in Edleson 1995b). This high level of overlap is not limited to child fatality cases. In a review of 200 cases of substantiated child abuse, the Massachusetts Department of Social Services found some mention of adult domestic violence in 30 percent of the case records (Herskowitz and Seck 1990). As in Oregon, this figure is likely to be a substantial underestimate of the true incidence of domestic violence because the review was done *before* child protection workers were required to ask about it as part of their investigation.

Existing studies of the overlap between domestic violence and child maltreatment are mostly limited to child abuse rather than neglect. This means that we do not have adequate information about the relationship of domestic violence to child neglect. This gap in our knowledge may have implications for child welfare agencies, since neglect is far more prevalent in their caseloads than is abuse.

The dynamics of violence within families can be very complex. Drawing on a national survey of more than 6,000 American families, Straus and Gelles (1990) found that half of men who frequently abuse their wives also frequently abuse their children, and the more severe and frequent the violence against the woman, the more likely it is that the children are also being abused. Children need not be the primary target of a father's violence in order to get hurt. Blows directed at the mother may land on children, and children may be harmed when trying to intervene or defend a parent. Similarly, a mother may endure blows from her partner in an effort to deflect his attention from the children (McKay 1994).

Knowing which partner in a domestic violence situation is the perpetrator of abuse against the children can help guide child welfare agency decision-making. According to the American Humane Association, close to half (44.1 percent) of reported child abusers are men (1988), despite the fact that men spend far less time with children than women do. Reviews of other studies suggest that children are more likely to be physically abused by their fathers than by their mothers and that the most severe forms of child abuse are committed by men

(McKay 1994; Pecora et al. 1992). On the other hand, the Giles-Sims' (1985) study of battered women found that over half (56 percent) of the women sampled recounted having been violent toward their child(ren). These women also reported that 63 percent of their battering partners had been abusive toward their children, and that the abuse of children by these men was six times more frequent than that by the women themselves. Battered women are much more likely than their violence-free counterparts to abuse their children. In their national study, Straus and Gelles (1990) found the rate of child abuse by mothers who were beaten to be "at least double that of mothers whose husbands did not assault them" (p. 409).

These findings confirm those of earlier studies documenting the relationship of domestic violence to child abuse, but fail to capture many of the complex interconnections between various forms of family violence. As McKay (1994) explains:

... battered women are not a homogeneous group. They range from women of great strength and coping capacity to women who experience a wide spectrum of mental health difficulties. Given the stress associated with a violent household, therefore, abusive behaviors by mothers are likely to emerge from those at risk of such reactions. In the context of domestic violence, the battered women may view themselves as being more in control of their anger and the level of punishment of their children than their partner. In reality, their frustration with their situation combines with the stresses of parenthood to set the stage for physical abuse of children. Finally, some battered women are so fearful of their partner's response to the children that they overdiscipline them in an effort to control their behavior and protect them from what they perceive as even greater abuse. (p. 30)

Clearly, no single pattern can account for the co-occurrence of domestic violence and child abuse (and neglect) within a family. The overlap takes many different forms and involves different family members as offender and/or victim.

### *Witnessing Domestic Violence*

Simply witnessing violence may be detrimental to children, but "witnessing" abuse has many dimensions. Children who do not see their mother being abused may hear screams, crying, degrading language, or objects being thrown and broken. Children may also witness the aftermath of an abusive incident, including blood, bruises, torn clothes, broken

glass, a police officer's presence, or an arrest. Finally, most children sense tension in the home and their mother's fear or apprehension when the abuser enters a room (National Center on Women and Family Law, n.d.). While studies of the effects of witnessing violence are very limited and the exact effects examined vary considerably (McCloskey, Figueredo, and Koss 1995), effects on children may include a host of behavioral, emotional, and cognitive problems. Children who are both abused and witness their mother's abuse generally have the greatest variety and most intense symptoms. Finally, there is some evidence to suggest that children raised in violent homes are more likely to become perpetrators and victims of violence as adults, although more research is needed in this area. For reviews of the limited number of studies of the effects on children of witnessing violence, see Kolbo, Blakely, and Engleman (1996), Petchers (1995), and Edleson (1995b).

Although the number of children who witness domestic violence is not known, some researchers have tried to estimate this figure by using national surveys of the number of women who are beaten (or severely beaten) in a given year (Straus, Gelles, and Steinmetz 1980; Straus and Gelles 1990) and the expected number of children in these women's homes. Depending on how domestic or family violence is defined, this approach suggests that between 3.3 million (Carlson 1984) and 10 million (Straus 1991) children witness domestic violence each year. Even if only half of these children are themselves abused, as some studies suggest, the numbers would be high.

### **Child Welfare Services**

This report focuses on child welfare services offered to children and their families to protect children from abuse and neglect. Services are provided to strengthen families, enable children to remain safely in their homes, remove children temporarily from parental custody if there is imminent risk to them, or pursue termination of parental rights if the custodial family cannot be preserved without serious risk to the child(ren). Many states and child welfare professionals use the term "child protective services" to include only the intake, investigation, initial assessment, and referral functions of the child welfare system, whereas others use the term more broadly and include in-home protective services, foster care, and

adoption. Unless specified otherwise, we use the term "child protective services" to include the wider array of services.<sup>3</sup>

As a way to develop an appropriate set of questions to explore during site visits, we reviewed the available literature on domestic violence issues in child welfare practice and spoke with experts on the overlap of child abuse and domestic violence. We also conducted a series of informal interviews with child welfare administrators around the country to further develop our focus and to identify potential sites to visit. As would be expected with a very new field, most of the available literature is more normative than empirical, discussing issues and problems rather than presenting implementation experiences, case practice, or effectiveness data. In the following section, we provide a summary of the issues that the literature and our initial phone conversations prompted us to examine during our site visits.

### *Mission and Goals*

The child protection system exists both to ensure the safety of children and to promote improved family functioning (Pecora et al. 1992). The overall mission is to protect children from harm, but keeping children with (or returning them to) their families is preferable to placing and maintaining children in foster care if their safety can be reasonably assured. Addressing domestic violence in a family may make the difference in achieving this end. For example, in an evaluation of 62 families in Indiana known to have a child re-entering foster care, Hess, Folaron, and Jefferson (1992) found "violence between adults" to be a contributing problem to disruption of the family's reunification in 35 (or 56 percent) of the cases. In many of these cases, child protective services failed in its initial case planning to identify the violence between adults in the family or to provide adequate resources to address the problem, and thus may have made the wrong decision in allowing children to return home.

Many liken the current situation of CPS agencies and domestic violence to where the field was ten years ago on the subject of child sexual abuse. Acceptance is spreading that

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<sup>3</sup> In some of the communities we visited for this study, "child protective services" refers to a specific division within the child welfare agency that administers the more narrow set of services described above.

child protection agencies would serve children better if they were able to handle situations involving domestic violence, but many professionals are still searching for the best ways to do so. Because domestic violence is a complex issue in its own right, and most communities have people and agencies with experience in helping its victims, child welfare agencies can benefit from working with these services. Often a community's domestic violence specialists and child protection specialists have operated in mutual ignorance, and sometimes in mutual hostility stemming from a lack of understanding of the roles and priorities of each. Both types of agencies, along with other community stakeholders, can gain from sharing their respective knowledge bases and coordinating their agencies and service delivery systems to protect children and serve families more effectively.

Domestic violence services usually take the mother's well-being and safety as their primary concern, while child protection agencies are legally obligated to focus on the child's safety and well-being. These goals need not be incompatible. Keeping the mother and child together and safe from the batterer often may be a better solution for both than removing the child. Removing children from their home traumatizes most children and families. If the child's mother is also being battered, such a move can further isolate and endanger her (Stark and Flitcraft 1988, in McKay 1994). If the child's father or mother's partner is abusive, it should be possible to remove him from the home. Holding him accountable for his actions rather than charging the mother with failure to protect is also more likely to change his behavior and less likely to victimize her further. Most important, the mother and child(ren) may be more likely to remain safe over the long term (DePanfilis and Brooks 1989). Protecting the mother from further abuse may also help her to become a more effective parent (Bograd 1990, in McKay 1994). Identifying domestic violence as soon as possible within a family that comes to the attention of CPS will help workers plan appropriate interventions.

Child protective workers may be the first outside service providers with access to a family experiencing domestic violence (Cummings and Mooney 1988). Batterers often isolate their immediate families from other family members, friends, and supports. Because CPS is often involved with families in which the woman does not otherwise seek services on her own, a child protection investigation can provide the mother with her first opportunity to

confide about the battering and learn about the domestic violence services and shelter(s) in the community (Cummings and Mooney 1988). CPS workers cannot assume that the domestic violence will be addressed or identified through avenues other than CPS intervention, and can build assistance to the mother into plans designed to assure the child's safety.

### *Investigations*

Given its dynamics of secrecy, fear, and control, domestic violence often goes undetected by traditional CPS assessment methods (McKay 1994; DePanfilis and Brooks 1989; Whitney and Davis 1992). Massachusetts, for example, discovered that 70 percent of cases referred to a high-risk assessment unit involved domestic violence but that intake and investigations workers had identified this problem in less than half of these referrals (Schechter and Edleson 1994).

Many standard methods used in child protection investigations may be inappropriate for families experiencing domestic violence. If a protective services investigator interviews a child's parents together, for example, the mother is not likely to disclose that she is being battered. To begin to identify the presence and effects of domestic violence in their caseloads, child welfare agencies may need to change case practice in a number of ways. New screening tools, including specific questions to ask, effective ways to ask them, and easy access to civil and criminal history records and police reports, are necessary to do a better job of identifying domestic violence in families already active in the CPS system.

It is also important to develop methods to investigate allegations of child abuse that do not further victimize or endanger a mother who is herself in an abusive situation. Threatening to remove a child or charging a mother with failure to protect does not empower the mother, nor does it help her change her situation or place the responsibility for the abuse on the perpetrator.

Finally, workers need knowledge regarding domestic violence in order to assess risks to a child more accurately. Decisions regarding whether to remove (or return) a child should be made with as much information as possible, including knowledge regarding the potential



for further violence in the home. Proper training of workers, on-site domestic violence advocates, and knowledge of community resources enable workers to be more confident that when domestic violence is present in a family, appropriate plans are in place to protect the child.

### *Services*

Once an investigation has determined that risk to the child exists, that domestic violence is present, and that the case warrants intervention, case managers' awareness of domestic violence dynamics is critical if they are to recommend appropriate services and interact with family members in safe and effective ways. Some family interventions may be inappropriate when CPS must work with both adults in the abusive relationship. Use of family or marital therapy involving both parents simultaneously is generally considered inappropriate in cases of domestic violence because it does not take into account the power differential between the victim and the abuser (Bograd 1984, Erickson 1988, and Goldner 1985 in McKay 1994). Some child welfare agencies routinely use joint meetings with all family members to discuss how the family can reach agreed-upon goals for child safety. These meetings may also include members of the family's support network. This approach may be appropriate for some families. When there is domestic violence, however, the family's existing support network may be more supportive of the abuser because the partner often isolates the woman from friends and family, especially those who question his behavior. In these cases, the mother will not have a fair chance of sharing her perspective, and the safety of the mother and child may be jeopardized.

To develop appropriate services for families affected by domestic violence, CPS will need to work closely with other professionals in the domestic violence community. These include local battered women's services, batterer intervention programs, and other agencies involved with victims or perpetrators. By developing relationships with batterer intervention programs or adult probation, for example, case workers can better assess perpetrators' compliance with CPS case plans.

Finally, it is essential that foster care and adoptive homes be adequately screened for domestic violence. This is especially critical when CPS is considering placing a child with

the offending parent's relatives, who might allow the offender unauthorized access to the child or work against the mother's efforts to protect the child. Child welfare agencies and workers may want to develop new interventions or alter existing ones when working with families for whom domestic violence has been identified. Or, agencies might change case practice to be safe for all families under the assumption that domestic violence exists in many families and is often undetected.

### *Worker Safety and Burnout*

Promoting the safety of workers and reducing staff stress and turnover is an important concern for child welfare agencies. Cases involving domestic violence can severely strain workers' personal resources. In the extreme, these cases can place workers directly at risk of violence from the abuser when, for example, they deny the abuser contact with a child or a partner as part of a safety plan. With proper training, child welfare workers are more likely to understand the dynamics of domestic violence and refrain from actions that place mothers, children, and themselves at risk. Trained workers may feel more comfortable working with each member of an abusive family, even in the family's home. Family preservation workers generally spend as much as 10 to 20 hours in a family's home and are on call 24 hours a day. These workers may find themselves in potentially dangerous situations or may be called by an abused mother at a time of crisis. Workers who see family members primarily in an office setting may also receive threats or have direct personal confrontations with violent partners. In addition, partners may try to manipulate the worker, deny abuse, and paint the mother as mentally ill or out of control. For their own safety and that of mothers and children, workers need to know how to recognize and respond to both manipulation and to a volatile, or potentially volatile, situation.

### *Complexities*

Any recommendations for changing case practice must take into account the reality and complexity of the child welfare caseload. Families affected by domestic violence and child maltreatment are not a homogeneous group. Many factors other than the violence itself may also impact a child's safety. Severe substance abuse by either or both adults is prevalent and complicates CPS's ability to work with families. The mother's batterer may or may not be the father of the child and may or may not be living in the home; and the father

of the child may or may not be interested in remaining involved in the child's life. The father may attempt to use visitation or custodial decisions to intimidate and control the mother. In order to ensure a child's safety at home, CPS must work with anyone likely to be involved in that household. CPS could, for instance, use the power of the courts to require the batterer to attend appropriate treatment services, and could work with other agencies in the community to hold him accountable for his actions. If these elements are incorporated into CPS's safety plan, further violence within the family may be reduced.

In some families, battered mothers may also be abusive or neglectful of their children. Sometimes this behavior may stem, at least in part, from the abuse perpetrated against them. Even when a mother's abusive behavior is the primary basis for CPS's involvement, workers should screen for domestic violence. If domestic violence exists between the mother and her partner, it may also pose risks for the children. "It is impossible to assess a mother's true capacity to care for her children while she is being battered or experiencing posttraumatic stress from the abuse" (Bograd 1990, cited in McKay 1994). Once an accurate assessment of the family is made, caseworkers can proceed to work more effectively with the family.

Domestic violence victims involved with the child welfare system may differ from women traditionally served by domestic violence shelters. CPS is usually involved with women who have not sought services on their own. While many CPS families have "voluntary" service plans, CPS is traditionally an uninvited presence in the lives of most families it serves, and the possibility of the children's removal is always present. While experience indicates that the abuse of children is frequently what precipitates a request for shelter or a protection order, not all women are able or willing to leave their batterer even when their children are endangered (McKay 1994). Shelters may restrict access for families with active substance abuse issues, serious mental illness, large numbers of children, or older boys; these restrictions limit the ability of some women to leave their batterer. A woman may be financially dependent on a partner because he has not allowed her to work or he controls the household finances. Concerns regarding how she will support her children are well-grounded (DePanfilis and Brooks 1989). Other women remain committed to their relationship with the batterer and may believe that he will change his behavior. Finally, for

many battered women, leaving a partner poses additional risks—threats of serious or lethal violence often increase after separation (American Psychological Association 1996). A woman may feel that she is being *more protective* of herself or her children by staying, and that she is in the best position to determine the risks that leaving poses given her particular situation (DePanfilis and Brooks 1989). Recommendations for changing case practice need to allow workers space for flexibility and creativity to work with each family safely and effectively.

### *Working with Other Agencies*

It is also important that child welfare agencies work with other community agencies in addressing domestic violence issues. Child welfare professionals do not work alone with families but interact with a number of other community players such as law enforcement, juvenile court, other community service providers, and sometimes the criminal justice system (for sexual abuse and severe physical abuse cases). When families also have domestic violence issues, different organizations or agencies may already be working with the family and can offer access to additional services. Effectively serving such families requires that *all* agencies involved think about this overlap and reexamine their treatment approach and service delivery in light of it. In addition to child protection agencies and domestic violence programs, many groups may be involved in a community's coordinated response to domestic violence (Clark et al. 1996). These include family preservation service systems and private child welfare programs. They also include religious and civic organizations and agencies or organizations working in social services, family services, medicine, mental health, education, prosecution, law enforcement, the judiciary, probation, substance abuse treatment, and employment and training.

It will be helpful for child welfare agencies to work with this larger community for several reasons. When a batterer is removed from a home, it is not CPS's responsibility to keep him away from the premises. Rather, law enforcement and the criminal justice system must respond to his criminal behavior. Child welfare workers should be aware of community resources and legal avenues for the battered woman and assist her in accessing them (McKay 1994). Child welfare agencies are unlikely to have the in-house resources or experience to address domestic violence issues by themselves. In working through an

individual family's situation and in making broad agency policy, many opportunities exist for CPS to consult with battered women's advocates, batterer intervention programs, and domestic violence experts, as well as other community agencies with specialized expertise.

Shelters and other domestic violence programs may also be interested in working with CPS to offer more effective help to families in which both mother and children are victims of violence. Currently, domestic violence programs reach only a small proportion of women in need. By collaborating with CPS agencies, battered women's service providers may reach an important and sizeable pool of women who would otherwise remain unserved. The importance of reaching these women is great, both because they have children at risk and because they may be more isolated (and in greater danger) than many of their non-CPS counterparts who already reach domestic violence programs on their own.

### **Selecting the Five Communities for Study**

We identified potential sites for this study through contacts with federal representatives in the offices of the Administration on Children and Families (ACF) and the National Center on Child Abuse and Neglect (NCCAN), national advocacy organizations, state and local officials known for their work in this area, and through calls to individual states and communities. The major criterion for selection was that the primary impetus for innovation and linkage come from within the child welfare agency and be directed to its own case practice. This eliminated as potential sites any efforts that came primarily from within domestic violence programs or hospitals to address the overlap between domestic violence and child abuse and neglect among their clients. Massachusetts and Michigan were included because of their long history in this area. The Massachusetts Department of Social Services began meeting regularly with battered women's organizations in 1987 and hired its first in-house domestic violence advocate in 1990. Michigan incorporated a domestic violence component into its family preservation program, Families First, in 1993.

Three other sites were selected to provide variation on the following characteristics: state versus local involvement in fostering linkages between child welfare and domestic violence agencies; the availability of additional funds and/or staff; the strength of the court

system connection; and the presence of rural or other distinctive populations. In addition, the potential site had to be willing and able to host a site visit within the study's timeframe.

The three additional communities were San Diego County (California), Hilo (Hawaii), and the state of Oregon. In San Diego County, the county child welfare agency—the Children's Services Bureau—and Adult Probation together established a separate administrative unit (the Family Violence Project) to handle all cases active in both departments. Cases in the unit include some of the county's most violent families, who are managed by a two-person social worker-probation officer team. In Hilo, the East Hawaii CPS intake and investigative unit (the East Intake/Crisis/Investigative Unit) is committed to addressing domestic violence within its caseload and has established close relationships with the judiciary. The community has a very proactive judge who hears all temporary restraining order, divorce, juvenile justice, and child protection cases. (The state of Hawaii is distinctive in that all cases affecting a family can be combined within a single family court.) East Hawaii has a semi-unified family court; all family cases *other than criminal cases* are heard in a single court. The judge in this court actively screens restraining order petitions for child abuse/neglect and refers appropriate cases to CPS. Finally, Oregon's State Office for Services to Children and Families (SCF) is attempting to change case practice throughout the state by cross-training child protection workers and domestic violence workers about the relationship between the two forms of abuse. Oregon also recently ran pilot programs that placed domestic violence advocates in two local SCF offices, continues to encourage local-level dialogues on these issues throughout the state, and recently received continuation funding of its federal grant to expand its pilot efforts.

Individual descriptions of each of these five sites are presented in Chapters II through VI. Chapter VII reviews many of the crosscutting issues that arose out of these site visits, and presents the study's conclusions and policy implications.

## CHAPTER II

### FAMILY VIOLENCE PROJECT CHILDREN'S SERVICES BUREAU, SAN DIEGO COUNTY, CALIFORNIA<sup>9</sup>

#### Introduction

With a population of over 2.6 million, San Diego County is the fourth largest county in the nation and the second largest in California. The county covers a very large geographical area (over 4,000 square miles) and includes the city of San Diego and 17 incorporated cities ranging in size from small coastal towns to larger coastal cities such as Oceanside. The city of San Diego has been growing by about 22,000 residents a year since 1980. With an estimated population of 1.2 million, it now ranks as the sixth largest city in the country and the second largest in the state. The eastern region of the county is largely rural. To the south, the county shares a border with Mexico. Because of its geographical remoteness, the northern portion of the county is often administratively distinct from the rest of the county.

Close to 10 percent of San Diegans are Asian/Pacific Islander, about 7 percent are African American, one percent Native American, and the remainder white. About one-fifth of the population is of Hispanic origin. San Diego County's large size also means that the populations in need of social services within the county vary from one region to another. Several contacts described geographic differences in the racial/ethnic characteristics of residents as well as the types of illegal drugs that are common. The metro region of the county is predominantly black, the southern portion of the county is predominantly Hispanic, and the eastern portion of the county is predominantly white. In regard to drug use across San Diego, cocaine and rock cocaine/crack are most prevalent in the "metro region," heroin in the southern portion of the county, and crystal methamphetamine, also known as "crystal meth" or "ice" in the county's eastern part. (San Diego County has the dubious distinction of being the crystal-methamphetamine production capital of the country. Many people commented that it is an especially harmful drug that has greatly complicated the work of social service providers in the community.) Contacts within the Children's Services Bureau,

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<sup>9</sup> This site visit was conducted in March 1996.

the courts, and the treatment provider community often mentioned that most or almost all of the cases they now see involve substance abuse problems.

San Diego has a long tradition of public and private interagency coordination, and the county's primary social service agencies enjoy good working relationships. With encouragement and support from the County Chief Administrative Office and the County Board of Supervisors, most of the county's managers and administrators are sold on the idea of collaboration.<sup>10</sup> Rather than narrowing their focus and becoming less flexible in the face of fixed budgets, many agencies are trying to "maximize services [to families] through collaboration" and "do more with less." This extends beyond the civilian agencies. The Navy's Family Advocacy Center which provides families in San Diego's large Navy community with education, counseling, and referrals, also offers group sessions for "children who witness violence" and connects families with other support services as needed (Center staff are also mandated CSB reporters).<sup>11</sup>

The county has a very active Domestic Violence Council, a quasi-political nonprofit umbrella organization established in 1989. Among the Council's achievements are the development or establishment of: a law enforcement protocol (adopted by the San Diego Police Chiefs and Sheriff's Association in 1990); a domestic violence protocol for medical facilities; standards for treatment of domestic violence perpetrators (adopted by the San Diego City Attorney, District Attorney, and Probation Department in 1991); a domestic violence training curriculum for teachers; a Domestic Violence Information Guide; and a domestic violence telephone information line. Over 200 agencies are members of the Council and work together on a variety of fronts. In addition to three geographical task forces, the

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<sup>10</sup> There also have been some explicit interagency linkages: the head of Adult Probation became the chief of the Department of Social Services, and the City Police Chief became the County Sheriff.

<sup>11</sup> All state have mandatory reporting laws requiring professionals who come into contact with children to report to child welfare authorities any cases in which there is "reason to believe" or "reasonable cause to suspect" that child abuse has occurred. The exact requirements for mandatory reporting vary from state to state. These include variation in the level of endangerment that constitutes child maltreatment and the evidentiary standards warranting a report.



Council has 12 working committees addressing a wide range of areas including law enforcement, shelter and support services, medical, legal action, child abuse/domestic violence collaborations, ethnic concerns, treatment and intervention, grants and data collection, and education and prevention.

The court that hears domestic violence cases varies depending on the severity of the offense (misdemeanor versus felony) and whether the offense occurred in the city of San Diego or elsewhere in the county. In general, municipal courts have jurisdiction over civil cases, misdemeanor cases, and some criminal cases (up to \$25,000) within a given geographic municipality (and the judges are elected within this municipality). The superior court, however, has unlimited jurisdiction throughout the county and is responsible for all juvenile cases, probate and family law cases, and any criminal case. The court handles all felonies (but not misdemeanors) and has unlimited jurisdiction over civil cases.

### **Brief Overview of Child Welfare Services**

Child welfare services in California are administered at the county level. In San Diego County child protective services are the responsibility of the Children's Services Bureau (CSB), a division of the Department of Social Services. CSB currently receives 8,000 emergency referrals each month and investigates over 58,000 child abuse and neglect cases annually.

Data on the average monthly activity during fiscal year 1994-1995 reveal that CSB received an average of almost 5,100 reports alleging the abuse or neglect of close to 6,600 children. Of these children, 2,600 (or 40 percent) were deemed to be low risk and were not assigned for investigation. The cases of another 3,600 children (54 percent of the original 6,600) were closed after investigation or the provision of short-term services. The families of 182 children agreed to receive voluntary services, and petitions were filed on behalf of 218 children (of which 203 were substantiated). Finally, an average of 192 children were removed from their homes each month of fiscal year 1994-1995.

In addition to its monthly activities associated with intake, CSB provided ongoing services to 8,100 children: 5,800 children in out-of-home placements and 2,300 children at

home. Almost half of the children who were out of home were staying in a non-relative's home, another 40 percent were in a relative's home, and just under 15 percent were in a group home. Among children receiving in-home services, 49 percent were receiving court-ordered services and 51 percent voluntary services.

The Children's Services Bureau has a separate family preservation unit. Several years ago some attention was devoted to domestic violence issues among families in their family preservation program, but the head of the unit explained that domestic violence is not now part of the program's curriculum: "It was decided that domestic violence is a treatment issue, not a behavioral modification issue." One unit supervisor estimated that about half of the families they serve have some form of (non-severe) violence within the family. The vast majority (over 90 percent) have drug abuse problems which often contribute to neglect. Many of the parents they serve have never parented, or have never parented sober.

### **Child Welfare Agency Approach to Domestic Violence**

The main linkage between child welfare and domestic violence in CSB is through the Family Violence Project, a distinct administrative unit (with dedicated staff) that bureaucratically bridges CSB and Adult Probation. The unit is staffed by social workers and probation officers who jointly oversee cases that are active within both departments. Cases are referred to the unit from line workers in both CSB and Adult Probation. According to the deputy director of CSB, there is widespread support for linking child welfare and domestic violence. Events such as the O.J. Simpson trial have raised many people's awareness, including CSB staff. Unlike efforts underway in San Diego County, little has been done at the state level to address the overlap between child abuse/neglect and domestic violence. State officials are just beginning to think about the linkage and are more focused on welfare reform and child welfare wrap-around services.

The goal of the Family Violence Project is "to better protect victims of family violence by enhancing and coordinating case management activities between probation and Children's Services Bureau staff." The project is staffed by five CSB social workers and two probation officers. The maximum caseload for social workers is 33 cases (each child is counted as a

separate case) and for probation officers, 40 cases (each probationer is considered a case).<sup>12</sup> Although two different sets of case records are kept (one for CSB and one for probation), there is much communication and information sharing. The social workers and probation officers manage cases as a team and the workers report that this collaboration works well. In its first year of operation, from November 1994 until October 1995, the project served 201 children (in 66 families).

Although the Family Violence Project serves only a small share of all CSB cases, these tend to be the hardest-to-serve cases and the project is having a broad impact throughout the Children's Services Bureau. New domestic violence training (including advanced training on investigations involving battered women) has been made mandatory for all workers who handle cases and their immediate supervisors. Family Violence Project staff have developed a Domestic Violence Protocol (similar to one being used in Massachusetts) for all CSB workers. They are also reexamining their confidentiality rules and questioning whether these rules are hindering the work of CSB rather than protecting children's interests.

The deputy director of the Children's Services Bureau feels the need for both a dedicated unit and more broad-based education and training, and that Family Violence Project staff are meeting both of these. While CSB has considered expanding the Family Violence Project and doing so would require taking staff from other parts of CSB, the County Board will not approve additional staff.<sup>13</sup> CSB is exploring other creative ways to enhance the project such as applying for grants and other sources of support.

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<sup>12</sup> Although the caseload for Family Violence Project social workers is the same as that of their counterparts in other parts of CSB, the former have a much more labor-intensive caseload because they only carry family reunification and family maintenance cases, no long-term foster care/permanency planning cases.

<sup>13</sup> Proposed expansions for the next fiscal year (beginning July 1996) include: extending the unit's coverage to the North County (the only geographical part of the county currently not served by the Family Violence Project); serving families who are receiving voluntary services from CSB and who are also on *summary* probation for family violence offenses; and, if a new unified juvenile court is established (as expected), developing a working partnership with this court to provide voluntary CSB services to families more efficiently.

The link between child protection and domestic violence in San Diego began in 1992 with a case that received a great deal of media attention. A mother and child who had been referred to CSB and were receiving voluntary services were murdered by the mother's live-in boyfriend. CSB later learned that the boyfriend had been on probation for domestic violence and that CSB caseworkers had not known this. The department then wondered how many other families in their caseload were in similar situations. They ran a computerized cross-check and saw a large overlap between the two systems. The heads of both (county-level) departments—adult probation and CSB—decided they needed to do something about this. They drafted and signed a memorandum-of-understanding establishing a "marriage" between adult probation and CSB.

San Diego County has approximately 19,000 probationers, 85 percent of whom are managed through large bank (automated) caseloads of 500 or more and the remaining of whom are in one of several intensive service programs. In addition to the Family Violence Project, these specialized programs include programs for sex offenders, gang members, violent offenders, and probationers in recovery. Normally, the probation department provides intensive services through one of these programs over a nine-month period and then moves probationers into the bank caseloads. Cases remain with the Family Violence Project, however, for about one year. The probation department's philosophy is to hit probationers hard early on and effect a crisis, then get them moving along the system (staff prefer the term "case flow" to "case work").

Clearly the number of all CSB cases that involve domestic violence is much greater than the number being served by the Family Violence Project. What limits the share of cases eligible for the Family Violence Project is the small number of families with an adult who is on felony probation for a domestic violence or related offense.<sup>14</sup> The vast majority of the roughly 5,000 domestic violence cases handled by the San Diego County District Attorney's Office are at the municipal/misdemeanor level. The Family Violence Project draws its cases from the much smaller pool of felony cases.

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<sup>14</sup> Several years ago a decision was made to limit probation services to felons only. Misdemeanors, therefore, account for only a small share of all probation cases.

The probation department and CSB have different service provider lists (providers to whom the agency can refer clients). Family Violence Project staff can use providers from either list. The collaboration also allows the two-person team to take advantage of the comparative strengths each of them brings to the case. For example, while a perpetrator may not respond to the CSB worker's primary weapon—removing the child from the home—he may comply with the orders of a probation officer who could incarcerate him if he were to violate the terms of his probation (that require him not to be violent). A juvenile forensics mental health specialist, who works closely with the Family Violence Project, characterized the teaming of CSB social workers and probation officers as an effective balance between the firm, masculine, lay-down-the-rules side of probation and the more nurturing, feminine, we'll-work-with-you side of social work. One interesting advantage in working with perpetrators in the Navy is that they are directly accountable to their commanding officers, and that repeat offenses and failure to participate in recommended counseling may result in administrative or disciplinary actions.<sup>15</sup>

Difficulties in cross-screening cases (learning about the probation status of domestic violence perpetrators and the domestic violence behavior of probationers) are part of the reason the Family Violence Project was established. It took heroic efforts to get a probation officer to look at a social services computer screen. In addition, CSB staff are not authorized to access criminal history information/records. Since Family Violence Project probation officers *do* have access to this information, regular CSB case managers frequently call upon them to provide critical information on their cases. CSB staff also have several contacts at the City and District Attorneys Offices who are generous in providing them with important information.

Another interesting feature of linking these two particular programs is that while CSB traditionally gets involved early on in the life of a case, shortly after law enforcement is

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<sup>15</sup> As with most sanctions of this nature, there are advantages and disadvantages: some women may be reluctant to report an abusive situation for fear of harming their partner's naval careers. Interestingly, a Q&A pamphlet distributed by the Navy Family Advocacy Center indicates that a report of abuse to the Center "doesn't have to" jeopardize a spouse's career.

involved, probation is typically involved at the tail end of the process, after conviction. From probation's perspective, cases are staying in the program longer than they would otherwise (primarily because they need to satisfy two courts), but from CSB's perspective, cases are exiting the system faster than they might otherwise. Family Violence Project statistics suggest that, even though it is serving some of the "worst" cases, the program is exceeding regular CSB standards with respect to the number of children leaving care and returning to at least one parent.

Family Violence Project staff are clearly advanced in terms of their understanding and awareness about domestic violence. In fact, one of the advantages of having a dedicated unit is that staff become quite knowledgeable about key issues. Over time, the movement of staff in and out of the unit also ensures that this knowledge properly penetrates the rest of the agency. All Family Violence Project staff sit on various subcommittees of the local domestic violence council. They have developed expertise and receive professional journals. Family Violence Project staff also make themselves available as a resource to the rest of CSB. They field daily calls on questions about restraining orders, how to handle challenging cases, and other issues.

CSB has provided "lots of domestic violence training" to its staff. Some line workers reported having received domestic violence training recently while others had not. An up-to-date domestic violence training session has been developed and will soon be delivered to all CSB staff.<sup>16</sup> The training is mandatory for everyone who carries a case and their immediate supervisor. The training has benefited by input from both law enforcement and service providers in the community who will also help the supervisor of the Family Violence Project and another Family Violence Project staff person deliver the training.

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<sup>16</sup> Family Violence Project staff have drawn from many sources to coordinate and develop the training, including information and materials provided by Susan Schechter, Murray Strauss, Linda Spears, and the Domestic Violence Unit in the Massachusetts Department of Social Services. The staff have also used the process of developing this training to educate themselves and others about domestic violence.

## **Perspectives of Other Community Service Agencies and Organizations**

The head of the Family Violence Project was very committed to building linkages with many different members of the community. As she explained, “we cannot protect children alone.” The role of the police in uncovering and reporting child abuse/neglect when they respond to emergency domestic violence calls varies widely across San Diego County. Police response to domestic violence calls, the types of cases that are referred to CSB, and the manner in which CSB responds to these referrals all vary by individual officer, police district, and local CSB office or unit. Some jurisdictions, such as the cities of San Diego and Chula Vista to the south, are very active in addressing domestic violence. While the county as a whole has adopted model policies concerning arresting and prosecuting domestic violence cases, there are still problems with enforcing warrants when perpetrators fail to follow through with treatment.<sup>17</sup>

The San Diego City police department is very active in domestic violence issues. Its members sit on several multi-agency domestic violence groups along with CSB. One group was formed to examine the system of referrals of domestic violence cases from the police department to CSB investigation and in-take. A second group meets biweekly to review and consult on very difficult cases. Representatives from the District Attorney’s Office, City Attorney’s Office, and domestic violence shelters are also part of this team.

Currently, two police departments (in the City of San Diego and in Chula Vista) refer all domestic violence cases in which children are present to CSB. This has doubled the number of domestic violence-related referrals to CSB’s hotline. California law requires the police to make a report on all domestic violence incidents, even those not involving injury or other signs of physical violence (“137-30 cases”). CSB is now refining which cases should be referred to them by the police and which should not. Not referring 137-30 cases (as the

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<sup>17</sup> The incoming city attorney wants to hire two full-time police officers dedicated to arresting such cases.

lieutenant in the San Diego police department thinks is appropriate) would reduce the police department's referrals to CSB by about 20 percent.<sup>18</sup>

Internally, the San Diego police department is "just getting into" the area of overlap between child welfare and domestic violence. Currently, when responding to a report of domestic violence, officers do *not* routinely ask if there are/were any children present or ask to speak directly with children if they know them to be present. The Family Protection Center within the police department consists of the Domestic Violence Unit and the Child Abuse Unit. The Child Abuse Unit staff have received some domestic violence training but their focus is primarily on the abuse of children (under age 14). There is some overlap between the two units but not much. The lieutenant explained that this is because "they are two separate crimes involving different patterns and causes" and that children are seldom found to be victims in domestic violence situations.

The San Diego police department uses a protocol developed by the Domestic Violence Council, called the Domestic Violence Operations Manual. It includes a one-page description of "Some Effects on Children Living With Violence." The packet also includes points made in a lecture that explicitly mentioned the importance of children in the household and the high overlap between domestic violence and child abuse/neglect. However, most step-by-step instructions for investigations of domestic violence cases primarily treat children as potential witnesses to domestic violence incidents.

The police department in Chula Vista provides office space for an in-house domestic violence advocate. The advocate, who is bilingual, reviews all domestic violence police reports and tries to contact all victims to provide them with information about their rights and about support services and programs in the community. The advocate is a staff member

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<sup>18</sup> An informal month-long tally by one CPS supervisor revealed that 20 percent of all referrals assigned for investigation had been referred by the police department (in response to reports of domestic violence). In another 20 percent of cases assigned for investigation (referred from sources *other than* the police department), domestic violence was at least one factor in the background information collected on the case.



of South Bay Community Services, a private community service agency located across the street from the Chula Vista police department.

Among the family violence prevention and intervention services offered through South Bay Community Services are crisis intervention and counseling, victim support and case management services, children's services, court-certified batterer intervention groups, prevention education, and confidential scattered-site emergency shelters.<sup>19</sup> Other programs are devoted to community development, family housing and support, and children, youth, and family services. The domestic violence advocate and other staff from the agency also sit on the South County Domestic Violence Task Force, part of the San Diego Domestic Violence Council.

As of several years ago, there were major gaps in services in San Diego County, especially services for children affected by domestic violence. There was also a dearth of high-quality programs appropriate for battered women (many therapists who work with victims are not properly educated about domestic violence). The Children's Services Bureau issued a community-wide bulletin to solicit efforts to begin to fill these gaps, and the community has responded well. There is some controversy in the community about the circumstances surrounding services for battered women. One prominent treatment provider was philosophically opposed to mothers being ordered/coerced (by CSB or the courts) into treatment because "battered women have been pushed around enough." Other providers, however, were not opposed to requiring abused mothers to seek treatment. One battered women's shelter worker, for example, thought CBS's involvement with mothers and children made her work easier by reinforcing the types of changes needed to keep them safe and secure.

The Family Violence Project has no formal linkage with the domestic violence community. The program does, however, interface informally and extensively with the

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<sup>19</sup> Among the written materials developed and used at South Bay Community Services are two pamphlets (one addressed to a victim-mother and another to a perpetrator-father) written from the perspective of a child on the effects of living in a violent home. The pamphlets are very moving and both are available in English or Spanish.

battered women's services community. Family Violence Project staff looking at ways to improve program policy and procedure are planning to develop this area. CSB, for example, has become much more involved with the Domestic Violence Council since a Child Abuse and Domestic Violence Subcommittee was established about a year ago.

Battered women who decide to leave their abusive partners can choose to participate in an intensive assistance program (also called the Family Violence Project) that is modeled on Boston's AWAKE program. The San Diego program serves about 120-140 mothers and 350 children a year. It has kept a relatively low profile because staff cannot handle a high volume of cases. When serving a mother who is part of an active case within CSB, program staff work closely with the CSB caseworker. The success of this collaboration depends on the individual CSB caseworker.

Comments from various members of the domestic violence community about CSB's role with families affected by both domestic violence and child abuse/neglect were quite varied. Several contacts thought that CSB had improved in recent years and commended the work being done by the Family Violence Project. A few contacts, however, reported that the quality/knowledge-level of CSB caseworkers (and children's attorneys) was hit-or-miss and that they had not seen any noticeable improvements over time.<sup>20</sup> Among the specific criticisms raised by domestic violence community representatives were that CSB does not know what to do with reports of situations in which children witness domestic violence, CSB staff are too quick to remove children from homes, victim-blaming attitudes and practices are still prevalent within CSB, more safety planning for mothers and children is needed, domestic violence training needs to be ongoing because of the high turnover within CSB, and CSB needs to reexamine kinship placement (if domestic violence is present, staff should not place children with the father's parents).

A lack of communication and coordination at the court level is an ongoing problem in the county. In fact, the county juvenile court was recently divided into several smaller

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<sup>20</sup> This may be because efforts initiated by the Family Violence Project are still quite new.

regional courts, further fragmenting the system. There is very little communication between family and juvenile court and conflicting court orders are not uncommon. One interesting development is the establishment of a semi-unified domestic violence court in the South Bay region of the county. The South Bay region, with a population of about 400,000, housed a family court and a superior court for the first time in 1992 and 1993. Since the civil domestic violence work did not require a full-time judge, the county established a single domestic violence court handling criminal cases in the morning and civil cases in the afternoon. The domestic violence court primarily interfaces with CSB through its family court services program.

All children involved in San Diego County juvenile court are provided publicly-funded legal representation through the Child Advocacy Division of the Public Defender's Office. The division's staff of 17 lawyers and 13 investigators monitor cases and make at least one home visit with each child during the six-month interval between hearings. At any given point in time, lawyers carry a caseload of about 200 children, and investigators (who investigate and monitor cases between hearings) are responsible for 250 children. The director of the Child Advocacy Division estimated that more than half of the children they see are affected by domestic violence.

The division's staff all have some background working with children, including social work, pediatric nursing, education, and counseling. Child Advocacy Division lawyers maintain close contact with CSB social workers, therapists, and other service providers on particular cases, but their relationship with CSB workers can be quite tense. Social workers see these lawyers as looking over their shoulders and criticizing them in court.

While there is lots of training in San Diego County, including two bar-wide training sessions a month in addition to in-house training, there is no court-mandated training for lawyers on domestic violence. Child Advocacy Division lawyers have been trained by Family Violence Project and shelter staff.

## **Outcome and Evaluation Issues**

A very limited assessment of the Family Violence Project—based on information extracted from 30 Family Violence Project case files—is being done by the Family Research Group, with oversight from San Diego State University's School of Social Work and grant monies from San Diego Children's Hospital.

The outcome measures they are using come directly from the Family Violence Project's own stated goals and outcome indicators. The goals include: each family having a case plan and service goal that are shared by the probation officer and the social worker assigned; referring perpetrators to therapy or counseling within 30-45 days of referral to the supervising probation officer; and enhancing the protection of victims of family violence through the coordinated response to new threats to victims in violation of court orders. These goals are measured using the following indicators: (a) number of coordinated responses, (b) number of recurrences of family violence, (c) number of perpetrators removed from family contact or rearrested to protect other family members, (d) number of families who achieve case plan goals, and (e) whether or not uniform methods of recording case information have been developed. One important limitation of the study, noted by the lead researcher, is that the cases under study are among the very first involved in the Family Violence Project. More recent cases may differ because the Family Violence Project now gets involved much earlier on in the life of a case.

There are serious barriers to the CSB data system's ability to support more general evaluation efforts. Most California CSB cases involving domestic violence cannot be identified. The statewide computer system only allows one problem/cause to be coded, so domestic violence is only indicated if it is the only problem presented by the family. Since the number of referrals or cases with domestic violence present cannot be determined (short of manually reviewing all case narratives), there is no way of assessing whether such cases differ from non-domestic violence cases in terms of recidivism and other factors of interest.

## **Conclusions**

In many ways, linking adult probation and child protection for those families active to both systems, as is being done by the Family Violence Project, makes a great deal of sense.

From the perspective of child protective services, this model takes advantage of the offending parent's existing probation status to hold him accountable, something which most CPS agencies are unable to do effectively, in large part because their only real sanction is removing a child from his or her home. Linking services with adult probation also has the important advantage of dealing with some of the CPS's hardest-to-serve and most violent families.

An important limitation of this linkage, however, is that only a small share of CPS cases affected by domestic violence are likely to be eligible for the program. Clearly, if the CPS is serious about addressing domestic violence among families in its caseload, it will need to go beyond a narrowly focused unit such as the Family Violence Project. San Diego's Children's Service Bureau is trying to do this by building on the internal expertise and knowledge that Family Violence Project staff have acquired, to develop training curricula and protocols for all case workers in the agency. Staff also train other workers directly and consult with workers on cases involving domestic violence. This model of establishing a specialty unit with the view to modifying case practice throughout the entire agency is an interesting alternative to trying to change case practice immediately through agency-wide training alone.

The Family Violence Project's supervisor also noted how important it is to build community-wide forums of communication and trust. Several managers noted that while every social service agency/organization has its own mandate and vision, there is often much overlap and it is important to find this common ground. CSB's relationship with the larger domestic violence community is quite mixed. Some of this may reflect the newness of CSB's efforts in this area and the fact that the Family Violence Project serves only a small share of all CPS cases affected by domestic violence. But successfully linking child welfare and domestic violence will also require a change in perspective by battered women's advocates and service providers. In San Diego, this process is just beginning.

For others interested in establishing a similar program, the Family Violence Project supervisor suggested setting things up at the administrative level and then immediately bringing line workers together. She also cautioned that one should expect to have to make

initial changes in staffing levels and to help workers overcome long-held stereotypes. Ongoing training of all staff is also critical. The supervisor attributed much of the program's success to staffing the project well (with client-sensitive probation officers and skilled social workers) and having the top-most agency leadership committed to the effort. This commitment helps infuse a culture throughout the agency down to the line staff, and means that the project need not depend on the good will of individuals in order to be successful. The supervisor emphasized the importance of creating a team spirit among the staff and ensuring that they do not get polarized. The unit's specialty status means that staff view it as a plum assignment and as a group they feel pride and ownership over the project.

## CHAPTER III

### INTAKE/CRISIS/INVESTIGATIVE UNIT DEPARTMENT OF HUMAN SERVICES, EAST HAWAII, HAWAII<sup>21</sup>

#### Introduction

The East Hawaii branch of the Family and Adult Services Division (which includes child protective services) of the Department of Human Services in the state of Hawaii serves the eastern half of the county of Hawaii. Hawaii County covers the island of Hawaii, also known as the Big Island because it is the largest of the state's islands. East Hawaii includes the small city of Hilo (population just under 40,000) as well as outlying rural areas. Though small by national standards, Hilo is the largest city on the Big Island and is the second largest city in the state next to Honolulu (which is located on the island of Oahu).

The residents of Hawaii County include a diverse and complex mix of ethnicities, races, and cultures. Seventy percent of the population of Hilo is Asian or Pacific Islander, 27 percent is white, and 8 percent is Hispanic. The county at large has a higher proportion of whites (40 percent) and lower proportion of Asian and Pacific Islanders (57 percent). In addition to the Native Hawaiians, who have been on the islands for many centuries, the Asian and Pacific Islander population includes many cultures such as Japanese, Chinese, Filipino, and Samoan. Native Hawaiians are disproportionately poor relative to the rest of the population. Many of the whites have migrated to the island from the mainland United States and settled in the rural areas on the southeast side of the island near the town of Pahoa. In this area, developers are subdividing large tracts of land and selling plots that often lack running water and electricity. Residents of these subdivisions are both poor and middle income, and their homes range from makeshift shacks to large houses. The dirt roads and lack of addresses greatly complicate the work of the Child Protection Services, police, the courts, and other service providers in the community. Reaching them for home visits can be very difficult and making contact by mail or telephone impossible.

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<sup>21</sup> This site visit was conducted in March 1996.

The County of Hawaii bears a disproportionately high share of the social, health, and mental health problems in the state. The county has the highest rate of confirmed cases of child abuse and neglect and the highest rate of births to mothers age 15 to 17. In 1993, 40 percent of the 2,118 births in the county were nonmarital, the highest rate in the state. The county also has the lowest per capita income (\$13,169) and the highest rate of unemployment (4.6 percent).<sup>22</sup> In 1995, the number of temporary restraining orders against perpetrators of domestic violence was up 5 percent from 1994, and is almost three times the rate found on the island of Oahu. Total cases in family court were up 8 percent from 1994.

Increasing levels of distress in the community are coinciding with severe cuts in state funding. The number of confirmed abuse and neglect cases increased by 20 percent in the past year, while the same number of workers have fewer service providers to call upon. Most of the community's social service agencies, including private providers, enjoy good relations and open communication, but all agencies and organizations are constrained and many are overwhelmed by the workload in relation to state budget cuts. The county has lost over \$3 million in human service contracts in the last year alone.

### **Brief Overview of Child Welfare Services**

The child protective services (CPS) system in Hawaii is administered by the state office in Oahu. The island of Hawaii is broken into two service districts, East Hawaii and West Hawaii. While West Hawaii has several subunits, all of East Hawaii is run out of Hilo. The East Hawaii CPS includes one intake and investigation unit, two case management units, and one foster care and licensing unit. The East Intake/Crisis/Investigative (EICI) unit has one supervisor, five investigators, one intake worker, and two case aides. The case management units each contain one supervisor, six case managers, and three or four case aides.

In 1995, EICI received 1,053 calls and investigated 515 of the reports. Of the 402 cases confirmed as abuse or neglect, EICI registered 188 as new cases, reopened 139 closed cases

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<sup>22</sup> Mental Health Association in Hawaii, Hawaii County Branch, "Survey of Social Indicators," January 1996; and Decennial Census of the United States, 1990.



with new intake information, and added intake information to 74 existing open cases. Hawaii state law allows CPS to take protective custody if a child is being physically or psychologically harmed due to abuse or neglect, or is at risk of such injury. While each branch has free rein to accept cases at all levels of risk within this framework, due to increasing reports and caseloads the East Hawaii unit is unable to serve those who are at the less severe end of the spectrum. It was suggested that growing caseloads are due to both an increased awareness of the issue of child abuse and neglect and more stringent reporting laws, as well as an increase in the use of crystal methamphetamine and a resurgence in the use of heroin. One worker stated that several years ago, the unit would receive a report of only one baby per month who was born with drugs in its system. Now they investigate an average of one per *week*. The use of crystal methamphetamine is particularly problematic for CPS because its users become tense and often violent when they come down. In general, the severity of injury and abuse has been increasing among the families CPS serves. Finally, CPS workers in East Hawaii cover a large geographical area, including many rural communities. Investigators drive a minimum of 30 or 40 miles a day, and 100 miles in a day is not uncommon.

At least 95 percent of cases that are transferred into the case management unit are under the jurisdiction of the court and fall into either Family Supervision, where children remain in the home, or Foster Custody. Families in both types of cases are required to follow a service plan. Case managers carry caseloads of approximately 22 families each. Of these, the supervisor believed that, on average, five families had domestic violence as their primary reason for referral, and another five as their secondary issue.

### **Child Welfare Agency Approach to Domestic Violence**

The primary linkage between child protection services and domestic violence exists through the criminal justice system. Child welfare workers have access to the criminal histories of the perpetrators of abuse and to a list of all active temporary restraining orders (TROs). The family court judge oversees child abuse and neglect cases as well as petitions for TROs. The judge has access to all former and current criminal and civil family court case records involving the perpetrator and other family members. The judge actively questions TRO petitioners about the well-being and whereabouts of their children, and if the children

appear to be (or have been) in danger, he refers the case to CPS. CPS workers often attend the afternoon TRO hearings to report back to the judge regarding cases he has referred to them. CPS often assumes cases referred to it by the judge, suggesting that he screens them well.

Judges in Hawaii are able to combine all family cases into one family court. In Maui, for example, all family cases—including criminal and civil cases, divorce proceedings, child protection, and juvenile justice—are seen in the same court. In East Hawaii, all family cases *other than criminal cases* are seen by the family court.<sup>23</sup> One full-time judge oversees the family court with the help of one part-time judge. When the full-time judge was appointed in 1989, he created a third family court in the state and appropriated all divorce, temporary restraining orders, juvenile justice, and child protection cases. All civil and criminal non-familial cases and criminal family cases are seen in the district court. Only a small portion of family cases involve criminal proceedings including sex abuse, physical abuse, and domestic violence. The judge would like to include criminal family cases but is unable to do so because of his caseload. If the family court expands to two full-time judges as expected in the future, the court will begin to hear the criminal cases as well.

The family court judge routinely tries to gather as much information as possible about the families he will see in court. His staff check the court files and pull up all cases in which the perpetrator and/or family have been involved. When a family is active in several different types of judicial proceedings within his court, the judge may hold the hearings back to back (or simultaneously); this is not only convenient for the parties involved, but allows for maximum consistency in rulings. Since many probation office staff are housed in the same building as the family court, and CPS staff familiar with the family are often at court

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<sup>23</sup> For example, a child abuse case involving a family member (or non-family member who has access to the child in the family home, such as a boyfriend) would be seen in the family court and could also be seen in the criminal court if the case involved criminal prosecution for physical or sexual abuse. Domestic violence between a woman and her partner could be addressed in the family court if a TRO is requested or if divorce or custodial issues of children arise, as well as criminal court if the TRO is broken or if the case is prosecuted. Depending on the level of abuse, the criminal case may be tried as either a misdemeanor or a felony, but both are heard by one of two judges in the district court.

for other cases, the judge calls on these individuals during hearings. This system allows for more flexibility and ensures that families will receive a consistent message with coordinated orders. While all of the judges have easy access to all case records involving a particular party, only the family court judge routinely reviews the former cases of a particular family or perpetrator. This judge considers himself to be making very critical decisions in these families' lives, and therefore acknowledges a need for as much information as possible.

The family court judge reviews all petitions for TROs on Tuesday mornings. The application that a victim must complete in order to petition for a TRO includes questions pertaining to any threat or actions taken to harm her children. A TRO can also be requested on behalf of a child. The judge reviews the application and questions both parties in court about the existence of children, their whereabouts during the particular incident, and their general safety. Because the judge is aware of the overload of cases within CPS, he acts as a screener to determine the level of safety of the children. In 1995, he referred just over 6 percent of his TRO cases to CPS. Generally, the judge refers to CPS only those cases where a child has been hurt or is at serious risk of harm by his/her parents' fighting, or if the child is very young, has been active to CPS previously, or has been exposed to continual domestic abuse. If a child appears to be in danger, he requires that CPS staff submit a report or appear in court at the TRO follow-up hearing to recommend whether the court should obtain jurisdiction over the child. These return hearings on civil protection orders, which are held regardless of CPS involvement, are essential to obtain the perpetrator's cooperation. Any violations of TROs, however, are sent to the district court.

When the intake/investigative unit receives an allegation of child abuse, through the judge's TRO calendar or any other source, the investigator accesses the criminal history (reflecting both arrests and convictions) of the alleged perpetrator through the Hawaii Criminal Justice Data Center. In 1995, EICI requested criminal histories on all new cases accepted into the unit—roughly half of all intakes that were investigated. This compares with an overall state rate of request for criminal histories of 17 percent of all investigations. One worker thought that almost half of her cases involved at least one parent with a criminal record. The criminal history provides a picture of the family environment—how often the perpetrator has been in prison and for how long, whether a perpetrator has been

violent in the past and to whom, whether the violence is escalating or shows other patterns, whether drugs are a major problem in the household, and whether the perpetrator is on probation. In addition, a list of the names of both petitioners and respondents for every active TRO is reviewed. If a TRO exists, the intake worker notes the presence of the TRO (and the court case number) on the file, and the investigation worker assigned to the case later accesses police reports and court records related to the TRO.

The intake desk also checks the state CPS system to find out about previous state involvement with the family, and checks the Hawaii Automated Inquiry System to determine whether a family receives AFDC. The state CPS data system allows the EICI unit to input the name of the perpetrator to find out whether he (or she) has been involved in CPS cases with other families. When a child abuse report is made, the intake worker checks the names of all persons involved in the case.

CPS investigation workers are given much freedom in how they carry out their initial visit. How they address domestic violence, therefore, varies across workers. At least one worker always spoke with the children separately in order to gain a broader picture. Whether she spoke with the mother separately from the father depended on the situation. If the perpetrator remained in the home and there was concern for the child's safety, the child would be removed. The workers considered witnessing domestic violence a serious issue and very harmful for the children involved. However, investigators lacked specialized protocols or procedures for routinely screening for abuse between the parents.

The CPS workers we spoke with were aware of and concerned about domestic violence as an issue that needed to be addressed in order to ensure the safety of the child. However, it was not clear how well that translated into also making the safety of the mother a priority. In part, this translation was hampered by a lack of tools to use in aiding mothers directly, and a lack of broader community services for CPS workers to draw upon. If the domestic violence was so severe as to place the children in danger, the workers explicitly informed the mother that if she did not leave the batterer, she risked losing her children. One client with whom we spoke stated that the choice between her partner and her children was given to her and that CPS supported and encouraged her to choose her children. The intake

supervisor acknowledged that the obligation to protect the mother was not as great once the children had been removed. If it is safe for the children to remain in the home, however, they monitor the situation. They noted that the mother does not leave her partner (or even if she leaves, she returns or enters into another equally unhealthy relationship) at least 80 percent of the time.

The case managers have devised ways to help mothers leave their batterers by identifying a safe haven, making contingency plans, developing self-esteem, breaking dependency, and getting the mother into school. Case managers also draw upon what is usually a large extended maternal family as a resource to help support a victim of domestic violence.

The case managers were very concerned about the lack of services in the community to serve both perpetrators and (child and adult) victims of domestic violence. Alternatives to Violence was, until recently, the only program offering treatment services. Another program had recently been established, but had not yet developed many links with CPS. Unfortunately, there are few private therapists experienced in the issues of domestic violence to draw upon. An additional problem is that many of the psychologists who do work on the island are very reluctant to accept CPS clients because Medicaid reimbursement rates are very low.

Some native Hawaiian families request a form of traditional Hawaiian therapy known as Ho'oponopono ("to make things right"). While CPS allows families to receive Ho'oponopono, supervisors also include Alternatives to Violence in the service plan because they do not feel that Ho'oponopono alone successfully addresses abuse issues. Several service providers explained that Ho'oponopono was an acceptable supplement to—not substitute for—standard treatment approaches. Ho'oponopono involves working with the entire family together, which is often not appropriate for families affected by domestic violence.

Domestic violence is only one of many issues confronting case managers and families. Many parents must cope with substance abuse problems. Approximately 80 to 90 percent of

CPS cases involve drugs, especially crack cocaine or crystal methamphetamine. Substance abuse problems also contribute to many control issues over money. Addicted fathers often beat a child's mother in an effort to get her welfare money. Some case managers said they tried to work through the substance abuse issue prior to resolving the domestic violence.

In the past two years, the Department of Human Services in Oahu sponsored two day-long domestic violence training sessions for their East Hawaii Branch staff. This training was mandatory for all line workers but not their supervisors, though several attended. Each of the two training sessions was delivered by an Oahu-based organization—one by the Family Peace Center and the other by the Domestic Violence Clearinghouse. A third domestic violence training (sponsored by Hilo's Domestic Violence Interagency Taskforce) was held in spring 1996. All Intake Unit staff and several case workers from other units attended the day-long session devoted to coordinated community efforts to prevent family and domestic violence. One supervisor explained that it was expected that workers would approach their work differently as a result of these training sessions, but she was unsure that they actually did. She also noted that no agency-wide policy changes grew out of these training sessions.

A primary benefit of the link between CPS and the justice system is that decisions about families made by CPS workers and the judge are based on greater knowledge about the family's situation. Furthermore, the greater the communication between the various agencies and players, the more difficult it is for the perpetrator to manipulate the system. It is also hoped that families with children at risk or harmed because of domestic violence are being seen by CPS earlier and/or more often because the judge questions parents about children during the TRO hearings. The primary disadvantage of this approach is that it has not been able to foster the development of adequate treatment and follow-up services, a key part of helping families and children once they have been identified.

### **Perspectives of Other Community Service Agencies and Organizations**

Hilo has an ongoing and active Domestic Violence Interagency Taskforce (DVIAT) that has been meeting every month or so since 1994. Prior to this most recent effort, other interagency groups met on and off over the preceding decade. The ongoing work of these

groups has allowed for open communication lines and positive relations to be built within the domestic violence community. The taskforce includes Child Protection Services, Alternatives to Violence (see below), the crisis shelter, the prosecutor's office, law enforcement, adult probation, the Children's Advocacy Center, family court, district court, the local medical center, and private therapists. Most recently, the taskforce has focused on legal procedures, education and public awareness, and prevention activities.

Overall, the community displayed a widespread desire to cooperate and work together to help children affected by domestic violence. Unfortunately, services—particularly for children—are extremely limited. For example, there are no support groups for children who have witnessed domestic violence. Also, the Department of Education, the Department of Health, and the medical community are noticeably absent from community coordination efforts. Nonetheless, it appeared that at the individual level of service delivery, some cooperation with these agencies did occur.

### *Alternatives to Violence*

Alternatives to Violence (ATV) is the main program providing batterer intervention services and support groups for battered women. ATV also provides women applying for a restraining order with an advocate to help them through the application and court process. Over the last two years, ATV has changed directorship and is recovering from a recent period of mismanagement. It lost many of its resources but is slowly building them back up. Within the last six months, ATV started a new batterer intervention program but it is not well-known or widely used by CPS workers or others with whom we spoke.

Approximately 95 percent of the participants in ATV's batterer intervention program were court mandated. The counselors let the prosecutors, CPS, and probation know when a client misses several weeks in a row. As part of its program, ATV conducts a monthly check with the female partner to ensure that she is safe and to determine whether her partner is continuing threats or violence or has begun to change his attitude and behavior. If he has checked out, the counselor raises this within group session (directly if the woman believes it is safe or indirectly through role playing). If a violation of a TRO has occurred, ATV staff encourage her to report it. If it is apparent that children are in danger, the ATV workers,

being mandated reporters, will encourage the woman to self-report to CPS and will do so themselves if she does not.

Over half of the women in the domestic violence support groups are court mandated, primarily through family court. ATV has mixed feelings about this policy—they feel it revictimizes women, but understand that some of them need to be compelled into treatment and that often abusive men may not allow their partners to attend unless it is required. For those families active with CPS, the frequency of communication between ATV and CPS depends a great deal on the particular CPS worker.

ATV feels that it has a positive relationship with CPS that is stronger now that CPS staff are taking domestic violence more seriously. Women were often blamed, regardless of the existence of spousal abuse, prior to the increase in education and awareness among child welfare workers. However, ATV disagrees with CPS about the extent to which their goal should be keeping the family together. While ATV has not trained CPS workers, it has conducted in-service training for a private family support service agency that serves CPS families.

### *Hale 'Ohana*

The Hale 'Ohana Crisis Shelter has only been open since July 1995. The shelter is supported by the same government contract that for many years supported ATV's Family Crisis Shelter (ATV continues to run a shelter by the same name in West Hawaii). Within its first week of operation, the shelter's budget was cut by 30 percent and the shelter was immediately forced to let go of its domestic violence advocate, child behavior specialist, and volunteer recruitment coordinator. The shelter director believes that recent budget cuts have brought the community to a very critical point in its history, but the cuts have also caused community members to draw closer together.

The shelter works with CPS when they have a family in common. The relationship between the two is good, and many years earlier the shelter director worked as a case manager for CPS. She felt that CPS was doing what it could with limited staff, but that identifying domestic violence at earlier stages in their cases would be worthwhile.



### *Children's Advocacy Center*

In 1986 the Hawaii State Legislature provided operating funds to establish the first Children's Advocacy Center (CAC) under the state judiciary. In 1989 funding was provided to establish similar centers statewide, and the East Hawaii CAC opened in November 1990. The CAC focuses on the needs of children who have been severely abused. In East Hawaii, the CAC spearheaded a widespread community effort to respond more effectively and sensitively to children who have been sexually abused. The center provides a child-friendly space for police and CPS staff to conduct joint, videotaped interviews so that child victims and witnesses do not have to be interrogated multiple times unnecessarily. The CAC coordinator also sets up multidisciplinary coordination meetings for children and families involved in both civil and criminal court proceedings.

The center is available for cases other than sexual abuse, and has begun to reach out more aggressively for physical abuse cases. The CAC coordinator is also an active member of the Domestic Violence Interagency Taskforce. While not actively involved with serving children primarily affected by domestic violence, the CAC director was certainly open to becoming more involved. CACs across the state had recently surveyed private providers to gather information about their areas of expertise (including domestic violence). Although the survey results were originally intended for distribution among the judiciary alone, the CAC director was very enthusiastic about sharing the information with CPS and others.

### *Prosecutor's Office*

The Prosecutor's Office primarily coordinates with CPS on cases that involve severe physical or sexual abuse of a child. The staff we spoke with did not feel that many of their domestic violence cases involved CPS, but it was unclear whether they knew a family was active with CPS unless the child was the victim in the prosecution's case. However, they believed that it was always better to see the bigger picture, and that CPS might provide useful information even in domestic violence cases.

The Prosecutor's Office has a domestic violence interagency liaison who chairs the DVIAT meetings and who promotes training in all agencies by organizing and sharing information on training opportunities. For example, when Family Peace Center training

staff came to the Big Island last year, the liaison managed to have them stay an extra day to provide training to additional community agencies such as CPS.

### *Law Enforcement*

The East Hawaii police department does not have a separate domestic violence unit, although it has applied for funds to support this. One officer has received specialized training in domestic violence in order to train other members of the Hilo police department. New classes of recruits receive 16 hours of domestic violence training, and all officers receive about 4 hours a year of in-service training. The training is not mandatory for supervisors or captains.

Currently, the police operate under a pro-arrest policy, and the relevant state statute supports arrest if there are “reasonable grounds” for domestic violence—a standard of proof lower than “probable cause.” Patrol officers responding to domestic violence calls do not focus on children, although they are supposed to check on their welfare and have been trained to do so. It was unclear to what degree officers actually do this. The police department is applying for a grant that would allow it to hire an in-house community service coordinator to respond to domestic violence calls and make appropriate referrals for the family.

The police department’s juvenile aid section works closely with CPS on cases involving severe physical or sexual abuse of a child. The police detective conducts a joint investigation with CPS in order to respond to the situation faster, simplify the investigation, obtain better physical evidence, and lessen the trauma for child victims by reducing duplication. There did not seem to be an awareness on the part of the police department about whether any or many cases of physical or sexual abuse also involved domestic violence.<sup>24</sup>

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<sup>24</sup> Some community agency and CPS contacts questioned whether the police (especially older officers) were committed to addressing domestic violence. Not enforcing TROs was a major problem: within the last year a woman who had a TRO was killed even though she called the police twice—once the day before and once an hour before her death—to report violations.

### *Adult Probation*

The Adult and Juvenile Probation Office sits in the same building as the family court. Different probation officers oversee offenders from family court, from district court for misdemeanors, and from district court for felony cases. A particular probationer may have several different probation officers, just as he or she may be involved in several different court cases. Because the probation officers sit together, they can share information about the offenders and pool resources. It is up to the probation officer to notify a judge if he or she is aware of conflicting orders in a different court case.

While most domestic violence cases should be handled in criminal family court, a large proportion of cases are plea bargained and switched to third degree assault to avoid a 48-hour mandatory jail term. This causes the case to be switched from criminal family court to district court. The district and family court criminal judges rarely ask about the children or CPS involvement. However, a judge can call for a pre-sentencing report for any felony, and does so for about half of domestic abuse cases. The pre-sentencing report contains information on the offender's social history, criminal record, prior offenses, defendant statement, police report, victim impact statement, medical, psychiatric, education and employment history, and current family composition and situation, including CPS involvement. Only if the judge requests this report will he learn information regarding other existing court orders or services pertaining to the family.

Again, the primary overlap with CPS appears to be for sex offenders. The probation officer who handles the majority of adult domestic violence cases for family court knew of only 6 cases (out of a caseload of 150) that were active within CPS. This probation officer primarily found out about CPS involvement because the family court judge pulled up the perpetrator's legal files and found that he was on probation. The judge then called the probation officer into court to try to work the service plan around probation's terms and conditions. This probation officer did not know whether a higher share of his cases actually overlapped with CPS. Probation officers were generally willing to monitor the CPS service plan as part of probation, once they were aware of the conditions and terms. There was little integration between the two agencies, however, largely because the majority of domestic violence offenses were convicted as misdemeanors and their probation officers

cannot pay for any services. Only felony probation officers had funds to pay for services. Therefore, CPS feared that probation might piggyback on their service provision without providing much in return (including enforcement). Incarceration—a probation officer's principal stick—is rarely used for violations because of prison overcrowding.

### **Outcome and Evaluation Issues**

The state-wide data system for CPS cases appeared to be quite comprehensive. CPS staff are readily able to track perpetrators across cases (in fact, they can access the CPS history of any family member). In theory, therefore, they are also able to track the subsequent CPS involvement of offenders who participated in various intervention services.

Although the CPS data system appears to be quite sophisticated, it does not electronically interface with any other program information systems (e.g., criminal history records or judicial record systems). Cross checks and overlaps with these other systems are done manually.

### **Conclusions**

In general, Hilo is a community rich in commitment to domestic violence issues generally and to linking these to child welfare services, but poor in resources. Hilo has an active community-wide interagency domestic violence team, and awareness around domestic violence issues appears to be quite high. Among the community's biggest strengths is the willingness of various agencies to communicate and find new ways to collaborate. Like other small towns and rural communities, much of this communication derives from the smallness of the community and the ability of individuals to bridge bureaucratic distances through personal relationships and friendships. East Hawaii's CPS agency enjoys fairly good relationships with other agencies and organizations in the community, including the main battered women's services program. But the main linkage that strengthens this agency's ability to identify and serve families affected by domestic violence is its relationship with the judiciary.

Having a unified family court system can be a key feature in effectively serving families involved with violence and abuse. Within such a court system, all cases involving

the members of a single family (protective orders, divorce and custody issues, criminal offenses, juvenile justice issues) are heard within the same court, strongly reducing the chances of the family facing conflicting orders that may jeopardize the safety of some of its members. The family court's caseload and staffing in East Hawaii require that all criminal family cases be deflected to a different court, so their court system is only semi-unified. This limited degree of unification may be a more realistic model for communities considering unifying family court cases.

One issue reflecting Hilo's experience is that while willingness on the part of CPS to acquire new knowledge and approaches for handling cases affected by domestic violence is very important, it is not sufficient to produce real change in standard case practice. CPS workers and their supervisors must have very specific tools and training around domestic violence in order to go about their work in new and creative ways. Effectively serving these families, however, requires the effort of many services and agencies beyond CPS. Treatment services in the community at large, especially for CPS children exposed to domestic violence, are very limited in Hilo. One interesting question is whether or not CPS should devote limited resources to identifying families affected by domestic violence in its caseload, if the treatment resources needed to help these families are so limited. Documenting need is certainly one important reason to do so. Better screening of domestic violence may also lead to cost savings in the long-run, if root problems are better addressed and recidivism reduced. This, in turn, may free funds up for more services.

Like Hilo, many communities across the country are experiencing severe budget cuts. Options for better serving CPS families affected by domestic violence should include some relatively low-cost choices. These might include soliciting a volunteer domestic violence expert to keep regularly scheduled hours at the local CPS office for case consultations. In communities with few private therapists able to treat children affected by domestic violence, CPS might want to encourage these professionals to offer group rather than individual sessions. Of course, sharing training and planning activities with other service providers in the community, as Hilo is doing, is also very important.

In summary, Hilo offers a number of interesting system features that other communities might want to consider: having a committed and knowledgeable judge regularly refer appropriate TRO cases to CPS; unifying some family cases within the same court; and encouraging multiple agencies and community service providers to coordinate training efforts and otherwise share limited resources. Furthermore, in addition to conducting a standard criminal history check on all incoming referrals, CPS's EICI unit cross-checks all adults in the household against a current list of active temporary restraining orders.

**CHAPTER IV**  
**DOMESTIC VIOLENCE UNIT**  
**MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES<sup>25</sup>**

**Introduction**

In 1993 Massachusetts' population was a little over six million people, of whom 5.8 million live in metropolitan areas concentrated in the eastern and central parts of the state. Massachusetts has three cities with over 100,000 people.<sup>26</sup> Children under the age of 18 comprise nearly one-quarter of the state's population and in 1991, one-fifth of all births in Massachusetts were to unmarried mothers. An additional 8 percent were to teenage mothers. There is little racial diversity in Massachusetts: 90 percent of the population is white, 5 percent black, and 5 percent Hispanic. The black population includes many Haitians and Cape Verdeans.

In 1992, median household income in the state was \$36,558. The unemployment rate in Massachusetts has been at or below the U.S. rate for the last three years. Eight percent of the population received federal public aid in 1992, and AFDC recipients numbered 335,000.

A 1994 Massachusetts Probation Department study reported that, each year, 43,000 children in the state are exposed to domestic violence. Over 1,000 restraining orders are issued each week, more than half of which mention the presence of a child in the home. A defendant with a criminal history unrelated to domestic violence is twice as likely to violate a restraining order than someone with no prior arrest record.<sup>27</sup>

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<sup>25</sup> This site visit was conducted in April 1996. Dana Schultz of Westat is a co-author of this chapter.

<sup>26</sup> Edith R. Hornor, *Almanac of the 50 States*, Information Publications, Palo Alto, CA, 1995.

<sup>27</sup> *Partnership Project on Domestic Violence* newsletter, March 1996.

## **Brief Overview of Child Welfare Services**

Child protective services in Massachusetts are administered through the state's Department of Social Services (DSS). DSS is organized into six regional offices that oversee the daily operations of 26 area offices throughout the state. Each area office is staffed with an area director, area program managers, supervisors, and social workers (or case workers). DSS has an annual operating budget of approximately \$465 million and a staff of 2,800. Families come to DSS in one of three ways: through formal allegations of child abuse or neglect, court-ordered DSS involvement, or voluntary requests for services. In 1994 the department received about 59,000 reports of abuse or neglect. These reports identified some 97,000 children (or an unduplicated number of approximately 65,000 children). Close to 60 percent of the 97,000 reported children were identified by DSS as needing a investigation, and of these 57,500 children, about half were found to have been victimized. In 1995, DSS supported investigations for 27,055 children, representing a 10 percent increase over the previous year.<sup>28</sup> Despite the increase in supported investigations, the caseload has remained level since 1992. In July 1995 DSS was working on 21,308 open cases involving 73,198 children. The number of children in placement had increased slowly over the past few years reaching a total of 13,591 in 1995.

Each area office divides its social work staff into units. All area offices have one or more units devoted to intake, investigation, assessment, and ongoing casework. Some area offices also have separate units for adoption, family resources, adolescents, and sexual abuse. The intake unit screens cases as they come into the hotline. Once a case has been screened in, the investigation unit has 10 days to review it and make a determination (emergency cases are investigated within two days). During this period, investigators may also run a CORI check (the state's criminal justice information system) on the children's parents.<sup>29</sup> Following the 10-day investigation period, the assessment unit has 45 days to determine what services are needed. The ongoing case units provide services in several

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<sup>28</sup> Massachusetts Department of Social Services, *Demographic Report on Consumer Populations*, July 1995.

<sup>29</sup> In addition to criminal convictions, CORI data reveal all arrests and filings for temporary restraining orders.



major areas that include family-based services, foster care, group care/residential care, adoption, child care, and domestic violence. State law requires that caseloads remain at 18 cases per social worker. In practice, however, caseloads in many area offices exceed 20.

### **Child Welfare Agency Approach to Domestic Violence**

DSS began to recognize the overlap between domestic violence and child maltreatment in 1987 when the Office of Special Projects initiated formal meetings with battered women's organizations throughout the state. This effort stemmed from a federal Family Violence Prevention and Services grant that required DSS to demonstrate joint planning efforts with the domestic violence community. These meetings with battered women's organizations revealed the strained relationship between DSS and domestic violence programs. From the DSS's perspective, battered women's shelters often ignored the needs of the children while emphasizing the mother's right to self-determination. From the shelters' perspective, DSS often revictimized battered women by forcing them to choose between their children and their partner and requiring them to receive social services. The relationship between DSS and battered women's groups is further complicated by funding matters: state funds for domestic violence services in Massachusetts are distributed to private providers through DSS.

Around the same time, some of the people who worked with the Child Protection Team at Boston Children's Hospital began to notice that battered women were refusing to disclose information about their children because they feared losing them to DSS. The hospital's AWAKE (Advocacy for Women and Kids in Emergencies) program was the first to offer support for these women as well as services for their children. After learning how to work successfully with battered mothers to keep children out of placement, AWAKE advocates began planning a new approach for these families with DSS special projects staff.

DSS was forced to take more immediate and agency-wide actions after a tragedy in which a child was killed by her mother's batterer. DSS responded to this incident by piloting a revised set of intake and case practice guidelines which stated that domestic violence was a possible indication of child abuse. This policy, called Project Protect, was a step in the right direction, but was piloted without staff training on domestic violence or

substance abuse. The effects of the policy were twofold. First, DSS experienced a dramatic increase in child abuse and neglect reports. In June 1989, DSS had 22,442 families in its caseload. By June 1990, the number of families had increased to 24,946. Second, anecdotal reports suggested that battered women had stopped seeking help from police, emergency rooms, and other places for fear of losing their children.

DSS soon formulated a smaller scale alternative to Project Protect. This alternative was an agency-wide domestic violence program. In 1990 DSS hired its first domestic violence advocate (who is now the clinical supervisor in the Domestic Violence Unit) to advise and consult with staff of the Family Life Center, DSS's intensive, short-term, home-based services model. The following year, interagency teams organized around the issue of domestic violence were piloted in two DSS area offices.

The political climate around the domestic violence issue further heated up in 1992 after a rash of domestic violence murders in the state. The Governor signaled the importance of the domestic violence issue by declaring a state of emergency. He and the state legislature increased funding for domestic violence services from \$4.8 million to \$9.1 million.<sup>30</sup> That same year, DSS conducted an open, competitive bid for battered women's services statewide and implemented newly developed service standards. Battered women's service providers were involved in focus groups prior to drafting the standards, but the bid underscored the reality that DSS was the major funding source for battered women's programs in Massachusetts. This connection both hinders and helps collaborative efforts regarding case practice.

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<sup>30</sup> These funds, which are separate from those supporting DSS's Domestic Violence Program, are for open-referral contracts for battered women's hotlines and shelters external to DSS. They are distributed to private service providers by DSS.

Although such a dramatic increase in funding was welcomed by the battered women's services community, managing this growth proved to be very challenging. At the same time, battered women's programs were losing many of their oldest and most experienced staff to newly formed domestic violence programs in prosecution offices and other more established agencies.

Since 1993, DSS's domestic violence initiative has concentrated on two areas: the creation of an internal Domestic Violence Unit, including statewide domestic violence training, and the creation of services within the community that augment the child welfare service system. These are described in more detail below.

*Department of Social Services Domestic Violence Unit*

In 1993, the Domestic Violence Unit (DVU) was created under the Deputy Commissioner for Quality Management and Program Development within DSS. The number of domestic violence advocates (or specialists) within DVU increased from four to six, to provide one specialist for each region in the state. After further expansion in 1994, the staff now includes the director, who reports directly to the Deputy Commissioner for Quality Management and Program Development; a clinical supervisor; two coordinators responsible for the direct supervision of the specialists; and 11 specialists. Each of the six regions now has two specialists, except the Central region, which has only one. To meet demand, the unit is hoping for an increase in funding so it can hire a specialist for each area office.

The DVU's operating budget is supported through both state and federal funds. Forty percent of the unit's budget is from state funds and supports the salaries of 11 specialists and their supervisors (they are not state employees, but are paid as consultants out of the state budget). The remaining 60 percent of the budget comes from federal funds and pays for staffing, administration and training, batterer intervention services, visitation center services, children's evaluation services, and other battered women's services.<sup>31</sup>

The majority of the unit's specialists have come from the battered women's shelter community. Many of them were ready to move "beyond shelter work" and viewed the DSS initiative as an opportunity to work toward important systems change. Many specialists have also worked in other fields including children's services and advocacy, court/justice system advocacy, drug and addiction counseling, and diversity and social justice education.

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<sup>31</sup> Since 1987, the unit has received between \$300,000 and \$600,000 annually from the federal Family Violence Prevention and Services grant. Funding for the battered women's shelter network is a separate line item in the DSS budget.

Two specialists have worked as CPS social workers in other states.<sup>32</sup> Given historical tensions between DSS and the battered women's shelter network, staffing the DVU with former shelter workers has had advantages and disadvantages. One important advantage is that the specialists' experience working with battered women gives them credibility with DSS workers and the larger community. A disadvantage is that some shelter workers initially view the specialists as "defectors," further straining relationships. Also, because of tensions between the two communities and general reluctance to seek "an outsider's" help, some DSS social workers are reluctant to ask former shelter workers for advice on how to handle domestic violence. Over time, as specialists gain the trust and confidence of DSS social workers, many of these tensions diminish.

The domestic violence specialist's roles and responsibilities are quite broad but generally involve three main types of activities. The first is to train and consult with DSS managers and social workers on ways of identifying domestic violence in their caseload and developing safe and effective ways of serving these families. A second activity is to forge collaborative links with other agencies and organizations in order to educate all community members about the connections between child maltreatment and domestic violence. Finally, specialists also provide direct services (safety planning and general advocacy) to DSS-involved battered women and their children. They are actively involved with as many as 10 to 15 families at a given time. In addition to offering families basic supportive services, providing direct services to mothers and children allows specialists to "model" the types of case practice changes they want to encourage among all DSS social workers. Similarly, by co-leading (with a shelter worker) a support group for DSS-involved battered women—as several specialists are doing—the specialist prepares these mothers for the types of group counseling they may later take part in at a battered women's shelter. At the same time, the domestic violence specialist is educating the co-leader from the shelter community about differences between the needs of the women they are accustomed to seeing and DSS-involved

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<sup>32</sup> The DVU director has been unable to recruit regular CPS workers from within DSS because the specialists are not state employees but are retained as consultants (and therefore do not qualify for health care insurance or other job benefits).

mothers.<sup>33</sup> Some of the more successful interventions developed by DSS domestic violence specialists are shown in Exhibit IV.1.

While the domestic violence unit views DSS social workers as their primary “clients,” the unit specialists also view battered women as consumers of their services. The specialists serve battered women directly as they model best practices for DSS social workers. Moreover, many battered women are more comfortable disclosing information about violence in their home to an experienced specialist. Specialists also oversee special projects in the area offices that are usually designed in conjunction with area managers and supervisors. Such projects include establishing and running regular multi-disciplinary and interagency domestic violence team meetings at which caseworkers and their supervisors present cases for indepth group consultation. Specialists also engage in outreach to battered women’s shelters and other community groups, and participate in and support community-wide roundtables sponsored by the District Attorney’s Office. One DSS area office is involved in the Partnership Project on Domestic Violence—a collaborative effort among DSS, the Simmons College School of Social Work, and Boston City Hospital to provide training, support interagency collaboration, and develop a curriculum of materials for schools of social work.

DVU specialists spend one day a week in the central office to attend meetings as a unit. One day a week the specialists work out of the regional offices, and the remaining three days are divided among their assigned area offices. Specialists have established office hours in each area office, it is important that these hours be fixed so that social workers know when to plan on consulting with the specialist. However, these hours are limited, and scheduling conflicts and unexpected emergencies can make it difficult for the specialist and social worker to meet. With some flexibility and creativity, though, the arrangement has worked successfully.

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<sup>33</sup> In fact, these groups were established precisely because shelter workers were unable to successfully integrate DSS-involved battered women into existing shelter-based support groups.

## **Exhibit IV.1**

### **Successful Interventions by Massachusetts DSS Domestic Violence Specialists**

#### **Hold Provider Meetings**

Meetings for providers, including DSS staff and all agencies involved in a case, have served to educate participants regarding the overlap of partner abuse and child abuse. Effectively run meetings decrease splitting among agencies, clarify goals and service plan tasks for offenders and victims, and result in increased understanding and support for battered women and children.

#### **Encourage Women to Prepare "Impact Statements"**

Battered women are often at odds with DSS and have difficulty trusting child welfare social workers. Their anger and "refusal to cooperate" serves to reinforce social workers' negative attitudes toward battered women. Helping a woman to prepare an "impact statement" to be delivered by the woman and/or the Domestic Violence Specialist at a provider meeting can positively channel the woman's feelings of powerlessness, fear, and anger. It gives the woman the opportunity to tell her story as she sees it and to influence the way she is viewed by service providers. An effective impact statement can result in increased empathy for the woman's plight and improved relations between the woman and service providers.

#### **Require Investigators to Conduct Criminal Record Reviews**

Information gleaned from the alleged offender's criminal record is extremely helpful for the investigator to have *prior* to making a home visit. The record helps the investigator to determine the potential lethality of the offender and to design a safe approach for contacting the family. A safe approach in a potentially lethal case may include contacting the mother when she is home alone, conducting a further assessment before notifying the offender of the child abuse report, or inviting the family members to the office. The Domestic Violence Specialist assists the investigator by quickly accessing criminal record information and interpreting the data.

#### **Read All Relevant Case Reports**

Overburdened child welfare workers do not always take time to read the investigation report or other previous case records or to consult with previous social workers. The Domestic Violence Specialist can provide a more complete picture by screening all reports and records for the presence of domestic violence. This review also helps promote continuity in planning.

## **Exhibit IV.1 (continued)**

### **Successful Interventions by Massachusetts DSS Domestic Violence Specialists**

#### **Help Social Workers Use Domestic Violence Protocols**

Domestic Violence Specialists can highlight key areas of the protocol such as the assessment of lethality or the mother's history of seeking help, and provide "cheat sheets" for workers' reference. Specialists can train units of workers or walk through the protocols with individual workers during case consultations. When Domestic Violence Protocols or other policies simply sit as part of statewide manuals, they are rarely consulted. They need to be "brought to life" through application to real case situations.

#### **Help Social Workers To Manage Feelings and Develop Strategy**

Social workers experience a range of feelings in response to domestic violence situations, ranging from fear and anxiety to minimizing or denying the extent of the problem. In some cases, Domestic Violence Specialists help social workers to contain their anxiety and to move forward thoughtfully. They help them to voice their concerns rather than overreact by precipitously removing children from the home. In other instances, the specialist actually works to raise the worker's level of concern about a case and advocates for intensive safety planning. In both situations, the Domestic Violence Specialist helps the worker to make an assessment, prioritize tasks, and develop short- and long-term goals based on the best information available.

#### **Join with Social Workers**

The Domestic Violence Specialist is most effective when social workers feel there is a shared mission. Specialists can join with social workers by reframing the problem of domestic violence from one of concern for women to one of concern for children and their mothers. Specialists have the expertise to assess the impact of domestic violence on women *and* children and may decide to directly interview the children as well as the mother if doing so would be helpful to the worker and family.

**Source:** Domestic Violence Unit, Massachusetts Department of Social Services, Boston, Massachusetts, 1996.

There appear to be several advantages to linking CPS and domestic violence through a central team of advocates. In the Brockton Area Office, investigations unit staff said that having specialists involved meant more people have a hand in the decision-making process, which leads to better decisions. The specialists provide another voice and a level of experience to domestic violence cases in the office. An area director in the central region said that the specialists raised awareness among her social work staff. Staff had previously been reluctant to ask women about domestic violence because they did not know how to handle it and were afraid of opening a Pandora's box.

The experience of specialists in other area offices revealed some of the difficulties in integrating domestic violence strategies into DSS case practice through a separate unit of specialists. Two important issues are whether or not case workers consult with a specialist at all, and if they have consulted with a specialist, whether or not they actually accept the advice they are given. The specialists explained that many social workers are not overtly resistant to consulting with a specialist but are uncertain about the potential benefits of doing so. A key to engaging staff is to provide them with real help on a particular case. When workers see the value of consulting with a specialist, they are more likely to seek their help again later. Having supervisors on board is also important; they too are involved in most case consultations and it is important that the specialist and supervisor not work at cross purposes. While the specialists felt that they had succeeded in educating many upper level staff about domestic violence, they observed that workers were not always actively encouraged by their superiors to consult with specialists. Most of the specialists agreed that when management supported their work, social workers were more apt to use them.

The specialists also work on developing personal relationships with the individual case workers. Training helps increase understanding of domestic violence, but casual chats by the coffee machine were often the best way to gain the trust of case workers and to get them to look at domestic violence issues in their caseload. Gaining this trust, however, can take a long time—as long as one or two years. One specialist jokingly characterized her job with case workers as “technical assistance in-your-face.” One interesting aspect of this intensive, ongoing technical assistance is related to the effect of DSS staff turnover. Though many agencies bemoan the effects of turnover (due to lost investments in training and staff



development), DVU staff explained that working with new recruits presented a unique opportunity to train and establish model case practice approaches from the beginning. Trying to change the case practice of older, established workers was more challenging because old habits had to be modified.

One problem with trying to integrate specialists into an area office is that case decisions still rest ultimately with the social workers and their supervisors. DSS does not have clear guidelines about intervention with social workers and it can be difficult for specialist to see if their recommendations were implemented. The specialists are trying to get involved earlier in the life of a case, during the investigation and assessment stage when the tone for how the case will be handled is set. But the investigation period is also a sensitive point in a case and some social workers may be reluctant to seek the advice of a specialist.<sup>34</sup>

Domestic violence specialists identified other challenges in working within DSS. To do their jobs well, the specialists must bridge two very different systems (battered women's services and the child welfare system). Many new specialists must evolve from having been a women's advocate to being a children and women's advocate. Even after this period of growth, other people may continue to view specialists as being part of one system or the other. Specialists explained that they often had to "wear different hats" depending on the setting. In outreach meetings with shelter staff, they are seen as being "DSS." DSS managers and workers might view the specialist as a battered women's advocate, a domestic violence expert, or perhaps just an extra case worker or "someone from central office." One specialist explained, however, that she did not care how she was viewed by other DSS staff as long as they "worked with her." Knowing how to define one's role to different audiences is a very specialized and important skill. As one specialist explained, she is constantly training and meeting with managers and workers about how to best use a domestic violence specialist.

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<sup>34</sup> The Domestic Violence Unit is exploring the possibility of formalizing the referral process during the investigation period of a case, but is limited in doing so by the number of specialists available.

Specialists also mentioned the tension between providing direct services themselves and encouraging DSS social workers to change their case practice as part of a larger system change. Because it takes a long time to change case practice, specialists often feel that it is more efficient to do it themselves, by interviewing a mother and helping her develop a safety plan. In the beginning, the specialists did more direct service than consultation, but over time this breakdown shifted and they now spend more time advising case workers. One specialist estimated that 60 percent of her time was spent on case consultations with case workers, 30 percent on administrative tasks, meetings, and outreach to the community, and 10 percent on direct service with mothers and children. Modeling strategies for social workers to learn how to incorporate domestic violence issues into their decision-making is a slow process. Actual changes in social workers' attitudes and practice are incremental. Overall, specialists were surprised by how much time and effort was needed to change case practice.

An important feature of this systems change effort is having a single unit (DVU) within DSS that administratively houses all of the specialists. Specialists share many goals and philosophies, and the unit fosters a team spirit among them. This is especially valuable within a large bureaucracy such as DSS. By sharing their experiences and successes, the specialists are better able to meet the many challenges they face in area offices and within the community at large. Finally, the DVU also has an internal work group with representatives from all levels of field staff. The group meets monthly and is chaired by the DVU clinical supervisor and a coordinator. Having participated in the development of the investigations and assessment portion of the DSS's Domestic Violence Protocol, the group is now working on the second part of this protocol. Group members are examining permanency planning issues and will develop protocols for foster care and adoption.

#### *Domestic Violence Training and Protocol Development*

In addition to pre-service domestic violence training which was made mandatory for all new staff in 1989, DSS added area-based training on its Domestic Violence Protocol in 1994. All DSS area office staff were offered training, but participation varied by area office: not all area directors made the training mandatory for supervisors and case workers. In addition to training line staff, the unit also conducted statewide training for area directors

and area program managers. The DVU has also included a Question-and-Answer fact sheet in the DSS newsletter to help inform field staff about domestic violence issues and the resources available to them. The unit has also made training on batterers intervention available to all staff in area offices.

In early 1995, DSS adopted a Domestic Violence Protocol to assist staff in managing cases involving domestic violence. The protocol was distributed to all social work staff as part of the agency's assessment policy. The protocol provides information about how to screen families for domestic violence and how to assess the family's safety. The protocol also suggests service plan tasks appropriate for cases involving domestic violence. While social workers are not mandated to follow the protocol, it provides them with a framework for approaching cases and is a useful learning tool for newer workers. More experienced workers felt that they had already incorporated the domestic violence strategies into their work. One social worker commented that it was good to have the department's expectations about how to handle domestic violence cases formalized in the protocol. Others, however, said that the protocol added another step to the already lengthy investigations process.<sup>35</sup>

The increased awareness of domestic violence issues through the training provided by DSS and the unit was thought to have resulted in better screening of cases. One area director said that her case workers were more confident about domestic violence issues in their caseload (she also noted, however, that they did not routinely use the Domestic Violence Protocol). The mandatory training reached social workers who might have been reluctant to consider domestic violence issues in their caseload. Training alone, however, does not change case practice. Some social workers view any training as an interruption to their overloaded work schedule.

Finally, the DSS Domestic Violence Unit provides training for other organizations and agencies, including national organizations such as the Child Welfare League of America, the National Association of Juvenile and Family Court Judges, Court Appointed Special

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<sup>35</sup> Because of the perception that the protocol would increase workers' workload and liability, the social workers' union opposed its adoption.

Advocate programs, other state CPS agencies, and local justice system agencies (law enforcement, Attorney General's Office, District Attorneys' Offices). The unit also trains hospital workers, teachers, and parent aides.

### *Area Office Efforts*

In addition to DSS's agency-wide efforts, several of its area offices have special domestic violence projects. These include domestic violence interagency case review teams in five area offices and, in one area office, a dedicated unit of case management social workers who specialize in domestic violence cases. These efforts were initiated by and receive ongoing support from the DVU, but are run out of the local office.

Interagency Domestic Violence Teams were first piloted in two area offices (Boston's Warren Center office and the Fitchburg office) as one of the first efforts of DSS's domestic violence program. Since then three other area offices have also developed Domestic Violence Teams. Team members include DVU specialists, area office management and social work staff, battered women's service providers, batterer intervention service providers, other service providers, and law enforcement.

The Domestic Violence Team at the Warren Center Area Office meets every three weeks for two hours. Two to three cases are presented at each meeting, generally voluntarily by social workers seeking help on a particular case. Occasionally, supervisors ask a social worker to bring a case to the team. During the team meeting the social worker begins by describing the case. Team members then suggest strategies to handle the case. The advantages of the Domestic Violence Team are that it brings together different types of people and allows a discussion of many aspects of domestic violence cases. The team approach helps ease the historical ambivalence between shelters and DSS because it allows social workers and shelter workers to discuss cases together and to understand the barriers each system confronts when attempting to help victims of domestic violence.<sup>36</sup>

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<sup>36</sup> A supervisor in the Warren Center Area Office established a domestic violence shelter working group as a result of the tension exposed during team meetings between DSS workers and the shelter staff. The group, which meets once a month, has recently started writing a book about the relationship between DSS and shelters in Massachusetts.

With only one meeting per month, the team is limited in the number of cases it can review and in the timing of the consultation. The specialists noted that cases often come to the team in their later stages, when counseling services are about to end or when the cases are about to be transferred to another unit. In an effort to get cases to the team earlier, the office's investigation unit now flags domestic violence cases during the 45 day investigation phase and encourages the assigned social worker to present the case to the team.

In the William E. Warren Center Area Office, which serves the Roxbury and Dorchester areas of Boston, a unit of ongoing case workers specializes in domestic violence cases. The dedicated unit is four years old and currently has five social workers and one supervisor. The state DVU's director and clinical supervisor initiated the dedicated unit at the Warren Center Office. At that time, one of the supervisors in the office and her whole unit volunteered to become the dedicated unit. The unit's supervisor said that forming the special unit would have been difficult without the help of the DVU.

If domestic violence is identified during the investigation process, the case is assigned to the dedicated unit as long as it has an opening.<sup>37</sup> The social workers turn to each other when making decisions about complex cases. They also support ongoing social workers in other units within the Warren Center Area Office who have cases involving domestic violence. While no formal evaluation of the dedicated unit's caseload has been conducted, the unit supervisor reported that compared to other units, its cases seem to be kept open longer, its children are less likely to be removed from their mothers, and its social workers spend more time preparing before filing a Care and Protection order.<sup>38</sup> The supervisor also thought that case practice in the area office as a whole had changed from the period before the dedicated unit was formed. Social workers now prioritize safety of the entire family.

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<sup>37</sup> It is important not to confuse this single dedicated unit of social workers within one area office in Massachusetts with the larger state-wide Domestic Violence Unit (DVU).

<sup>38</sup> Interestingly, an early assessment of this pilot project found case lengths to be somewhat *shorter* than those for other clients (Hangen 1994). (At the time, the Warren Center Area Office was called the Solomon-Carter-Fuller (SCF) Area Office.)

One informal activity of the dedicated unit is to educate judges about domestic violence issues. The unit social workers are trying to write court reports differently to take into account domestic violence and to use these reports to educate judges and lawyers. They have also developed a domestic violence service plan that requires the battering father to receive multiple services, rather than flooding the mother with services. Great care is taken when drafting the language used in court reports and service plans in an effort to avoid victimizing the mothers and to educate others who may read these official documents.

Although the dedicated unit cannot handle all of the domestic violence cases in the office, the supervisor did not see the need for a second dedicated unit. She also did not recommend that all of the social workers in the office be required to rotate through the dedicated unit, since it was the voluntary aspect of the unit that made it work. In another area office, the area director did not feel the need for a separate unit of social workers for domestic violence cases. She felt that her staff was well trained, that they had a domestic violence specialist for consultation, and that a dedicated unit was not very realistic since cases are shifted around and domestic violence is not always apparent at the time cases get assigned.

### **Perspectives of Other Community Service Agencies and Organizations**

The issue of domestic violence has garnered a lot of attention in Massachusetts over the last several years. Statewide, there are two main groups working on the domestic violence issue—the Governor's Commission on Domestic Violence and the Massachusetts Coalition of Battered Women's Service Groups. The commission has looked at the link between children and domestic violence, while the coalition remains focused on battered women. Locally, service providers and law enforcement also work on cases that involve both child abuse and domestic violence, as described below.

#### *Governor's Commission on Domestic Violence*

The commission is chaired by the Lieutenant Governor with membership from the criminal justice system, battered women's services, batterer intervention programs, health care organizations, social services (including DSS), the Department of Public Health, mental health organizations, schools of social work, and religious organizations. At one point, the

commission was headed by the former public policy director of the Coalition of Battered Women's Service Groups.

The commission meets every six weeks and has five subcommittees and numerous working groups. One of the subcommittees is focusing on children and domestic violence, and recently produced a report that recommends a multi-disciplinary assessment of children involved in domestic violence. Local-level teams would ensure that mothers and children receive consistent responses regardless of where they enter the social service or justice system. The commission was a key force in lobbying the legislature for increases in DVU's funding and, more recently, has tried to gain funding so that each area office can have its own specialist.

#### *Domestic Violence Service Providers*

The Massachusetts Coalition of Battered Women's Service Groups is the primary advocacy organization for battered women's issues in the state. Its members include the network of battered women's shelters funded by DSS and other sources. DSS provides over \$9 million to fund 24-hour hot lines and emergency shelter services, counseling, legal advocacy, and transitional living programs for battered women and their children. All of these programs are run by local community providers and can be accessed by anyone seeking help, not just DSS consumers. As discussed earlier, the coalition leadership and DSS have worked diligently to improve relations between the two systems. The coalition makes recommendations to the Governor's Commission about how to use money budgeted for domestic violence. State money had gone to the service providers (the coalition's members) before coalition staff persuaded its membership to allow funds to be used to establish the Domestic Violence Unit in 1993.

State funding for battered women's services is administered through DSS. Historically, DSS simply passed these funds directly to battered women's shelters in the state. In the last several years, DSS developed standards for battered women's services and incorporated the ability to monitor these standards into its service contracts. While DSS does not currently have the staff to perform this monitoring function, it is very adamant that DVU specialists *not* serve this function. Being seen as the funders or monitors of shelter

programs might undermine specialists' ability to collaborate with other members of the domestic violence community. The DVU director plans to hire a program development staff person to oversee this network of service providers.

The shelter network does not have the capacity to serve all DSS-involved women. DSS-involved women often have different characteristics than women who have traditionally accessed battered women's shelters. Generally, battered women who have used emergency shelters and other support services have done so on their own initiative. DSS-involved women, on the other hand, may seek shelter as part of a DSS plan to keep their children safe, and many may not yet acknowledge the danger they and their children face. DSS-involved women are more likely than women traditionally served by battered women's shelters to have active substance abuse and serious mental health problems.<sup>39</sup> They are also more likely to have older children and children with special needs. Finally, many DSS-involved women are teen mothers or may not speak English as their first language.

#### *Other Service Providers*

Each area office contracts with local service groups to provide counseling, emergency shelter, and other services to DSS clients. The DVU specialists noted that there are many gaps in services for battered women. As mentioned earlier, providers who are available may not have experience with DSS-involved women and often cannot respond quickly to crisis situations with DSS women. One of the service gaps mentioned by many people was the need for emergency shelters that would take women and families in crisis after hours and on weekends. Social workers in the unit dedicated to domestic violence cases at the Warren Center Area Office also identified several service gaps for the children in these families: daycare, after-school programs, and programs for teen victims and offenders.

Two of the service providers serving area offices in Massachusetts are Common Purpose and Brockton Family and Community Resources. Common Purpose runs batterer intervention programs in the Boston area. The issue of batterer intervention is coming to

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<sup>39</sup> One supervisor estimated that half of all CPS cases involve active substance abuse problems.



the forefront in Massachusetts. DSS has found it difficult to hold the batterer accountable, since it cannot mandate his participation in an intervention program. Common Purpose has five groups each serving approximately 80 men. The batterer group meetings are held once a week. The group sessions are very practical, providing tools to help batterers with basic coping and control skills. One of the groups exclusively serves DSS referrals. The other groups consist of men who are court-mandated to complete 80 hours of weekly sessions. Twenty percent of the men in these other Common Purpose groups are DSS- involved, but were not referred to Common Purpose from DSS. Since the DSS-referred men are not court-mandated, they stay in the program for shorter periods of time and are more resistant to the program. The clinical director of Common Purpose also commented that DSS-involved men tended to be more pathological, more dangerous, generally lower functioning, and younger and less educated than many of their non-DSS counterparts. Common Purpose staff are actively involved with DSS workers. They provide DSS with monthly written reports on each person's attendance and level of participation and in some cases have more frequent telephone contact.

Brockton Family and Community Resources (BFCR) has a locally administered contract with DSS's Brockton area office to provide 24-hour coverage for domestic violence cases. BFCR also provides legal advocacy, battered women's groups, batterer's groups, and a visitation center for DSS cases. While this contract is one of BFCR's smallest, it generates the most referrals. At DSS, BFCR was seen as an indispensable service provider capable of responding immediately to emergency situations.

### *Law Enforcement and Prosecution*

Law enforcement response to domestic violence cases varies across Massachusetts. Most District Attorney Offices have a specialized unit to deal with domestic or family violence cases. They also organize community roundtables to discuss domestic violence.

A sergeant with the Brockton police department outlined how the Brockton police respond to domestic violence incidents. The Brockton police assign domestic violence calls to the highest response level to ensure the family's safety. The responding officers have a family incident report that provides a checklist to follow when responding to these calls. The

officers look for children present in the home and interview any children separately. The officers file a report with DSS, if necessary, and call shelters for services when appropriate. In addition, all officers have received domestic violence training.

The District Attorney's Office in Plymouth County (where Brockton is located) has started to move forward on domestic violence cases without the victim's testimony. They no longer drop domestic violence cases at arraignment when the victim wants to drop the restraining order. The District Attorney's Office also calls DSS in domestic violence cases to add DSS's service plan to the probation plan.

### **Outcome and Evaluation Issues**

The Department of Social Services' ASSIST (Area-Based Social Services Information System Technology) data system has only limited capability to evaluate domestic violence cases in the caseload. Supervisors can mark domestic violence as a barrier to progress in the case or as part of the service plan, on quarterly Progress Supervisory Review (PSR) reports conducted for each open case in the DSS system. Portions of these reports, however, are not interpreted (or filled out) consistently. As a result, the PSR data provide only a limited picture of how domestic violence is identified in individual cases.

The DVU's director cited several directions in her efforts to assess the effectiveness of the specialists. First, the DVU has begun work on a consumer satisfaction survey to assess how social workers view the specialists. The survey will cover case workers' use of a domestic violence specialist (how they use the specialist if they do and if not, why), reactions from supervisors about consultations with specialists, helpfulness of services provided by the specialist, and knowledge and use of the Domestic Violence Protocol (interviewing strategies, safety planning, accessing other support services). In addition, the DVU wants to standardize and then computerize the intervention forms used by specialists to document case consultations. Information about the number and types of cases for which specialists are consulted could then be aggregated more systematically.

In the past, the DVU has cited three measures used to evaluate the domestic violence program's success: increased ability of DSS staff to recognize the issue of domestic violence

in their cases, reduced out-of-home placement through the use of an interdisciplinary response, and an increased level of cooperation between the battered women's service community and DSS. For the first measure, two outcomes indicating that DSS staff identified more domestic violence cases were increases in the number of times that domestic violence was identified as a barrier on the PSR and the number of social workers' requests for assistance from specialists. For the second measure, the out-of-home placement rate was less than the statewide rate in the two area offices that piloted the Domestic Violence Teams (Hangen 1994). While the third measure was not quantifiable, both the unit and the community as a whole agreed that significant strides had been made in bringing together DSS and the domestic violence community.

When asked to comment on whether or not they were making a difference, domestic violence specialists saw a difference both in the language of the social workers and in the questions they asked. The more they had worked with a particular social worker, the more the social worker changed how she viewed domestic violence in her caseload. One specialist, for example, commented that she knew she was making an impact when case workers stopped expressing nervous discomfort at the term "battering." Specialists also noticed when social workers came to them more often or earlier to consult about a case.

## **Conclusions**

Massachusetts is quite advanced in its efforts to integrate domestic violence issues within CPS. This is evident in the many activities, projects, and special initiatives underway at the state and local levels. Interestingly, the state's progress also provides a unique opportunity to identify some of the more complex and advanced-stage challenges that inevitably arise when trying to undertake such a systems change. Even with in-house domestic violence advocates in place, Massachusetts is learning that changing CPS case practice around domestic violence requires a great deal of time and commitment. The changes are not happening overnight. The state has also learned that traditional domestic violence programs may not always be the most appropriate for CPS-involved families affected by domestic violence.

Despite these challenges, the benefits to Massachusetts' efforts are clear. Most important are the improved services to children and mothers, both those served directly by the DSS domestic violence specialists and by other CPS social workers who have been trained and are improving their case practice for battered women and their children. Supervisors and case workers themselves also noted that with the additional training and support they are receiving, they are much more confident handling domestic violence issues in their caseload. Finally, DSS Domestic Violence Unit staff are actively building community-wide bridges and encouraging the development of new and creative ways to help families in need. More rigorous evaluation efforts are needed to document and quantify many of these benefits.

It should also be recognized that recent developments in Massachusetts linking CPS and domestic violence issues have occurred during a period of expanding budgets. After many years of trying to bring attention to these issues, DSS staff now have the support of their Governor and legislature, an important advantage.<sup>40</sup> The addition of a line item in the state budget to fund DSS's Domestic Violence Unit was a major step toward linking DSS case practice with domestic violence issues. The addition of federal dollars has further increased funds for DSS's domestic violence program.

Massachusetts offers many features that other communities may want to consider in improving their efforts to integrate domestic violence issues into CPS case practice. These include the state-wide domestic violence unit, which furnishes area offices with specialists who provide training and model best case practice approaches for CPS case workers; area office domestic violence teams, which bring DSS together with the shelters, law enforcement, and other service providers to review specific cases and advise case workers about how best to proceed; a dedicated local area unit of CPS case workers who specialize in domestic violence cases and share their expertise with social workers in other units; and a wide variety of community-based projects, including psycho-educational groups, batterer

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<sup>40</sup> This support was hard won. In the early days of this effort, there were only four domestic violence specialists spread out across the state. The group was not "allowed" to call themselves a unit and had to meet secretly in a diner in Worcester to discuss various issues!

**intervention for DSS-involved men, and specialized children's evaluation services for DSS-involved families.**

## CHAPTER V

### OREGON DEPARTMENT OF HUMAN SERVICES STATE OFFICE FOR SERVICES TO CHILDREN AND FAMILIES<sup>41</sup>

#### Introduction

Oregon's State Office for Services to Children and Families (SCF), its child welfare agency, lies within the Department of Human Resources (DHR). DHR also administers the Aid to Families with Dependent Children, alcohol and drug abuse, mental health, and vocational rehabilitation programs. Funding from a surcharge on marriage licenses that is designated for domestic violence shelters is distributed through SCF. Within the state office building, staff sit by function (such as programming, budget, etc.) rather than by division or office in order to encourage communication and collaboration within the larger department. SCF serves families throughout Oregon, which encompasses metropolitan areas such as Portland, Salem, and Eugene in the western portion of the state and large rural counties in the southern and eastern parts.

This site report focuses primarily on efforts to integrate domestic violence at the state level within SCF, and also looks at specific efforts in Marion, Lane, Multnomah, and Benton Counties. These counties lie within the Willamette River Valley on the western side of the state, home to the majority of the state's population. Although we mention some efforts in other counties, this report does not reflect all types of coordination occurring throughout Oregon. It does not cover efforts in large, rural counties in the eastern half of the state where there are unique service delivery challenges for both domestic violence and other basic service providers.

Child welfare services are delivered through four geographical regions. Multnomah County coincides with the Metro Region and is served by four branches covering Portland

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<sup>41</sup> This site visit was conducted in April 1996.

and its outlying communities.<sup>42</sup> Multnomah County is the largest metropolitan area in Oregon and has a population of 583,887. Lane County lies in the Southern Region and includes Eugene which, with a population of 112,669, is the second largest city in Oregon and home of the University of Oregon. The Western Region includes both Marion and Benton counties. Salem, the state capitol, is located in Marion County, which has a population of 228,483. Many state institutions and prisons are located in Salem, and the county has a disproportionate number of residents with past criminal involvement. Benton County (population 70,811) is a relatively small but rural county north of Eugene. It includes the town of Corvallis and Oregon State University. Community response to domestic violence in Benton County is somewhat more advanced than it is in the adjacent, and larger, Linn County. The two counties share a branch manager and many services, including the domestic violence shelter, but have different court systems and prosecuting attorneys.

### **Brief Overview of Child Welfare Services**

Oregon has a state-administered child welfare system, but there appears to be substantial room for variation among branches.<sup>43</sup> The size of county SCF staff varies across the state; those covered in this study range from seven full-time equivalent (FTE) staff in Benton County to nearly 200 FTEs in Multnomah County. Staff positions include screeners, workers, and supervisors in the areas of protective services, family foster care, other substitute care, in-home services, and adoption.

Similar to the situation in many states, SCF faces rising caseloads and a constrained budget. In order to ensure that Oregon's most needy families are served, the state formalized a priority system with seven levels of vulnerability. Over time, staff resources are being redistributed so that branches across the state can more consistently serve the three highest levels of need. Despite state efforts to achieve more uniformity across branches, important differences persist—especially between urban and rural counties—in the severity of maltreatment among cases served. Child abuse and neglect referrals that meet the criteria for investigation are assigned to Protective Services.

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<sup>42</sup> In other parts of the state, SCF branches support one or two counties.

<sup>43</sup> The degree of flexibility perceived by branches, however, also varied significantly.

The state legislature meets biannually and in recent years has been leaning on SCF to strengthen its family preservation interventions. SCF uses a variety of intervention tools to preserve and reunite families including family unity meetings or family group conferences, where members of a family and its support system are convened to work together on shared goals.

Seven counties in the state have family support teams of service providers (drug and alcohol and public health professionals) who work with families involved in SCF to resolve various issues. An additional county has a “shelter team,” which is an expanded version of the family support team that also includes housing, employment and training, parenting, and mental health specialists. If the legislature authorizes the necessary funding in its next session, SCF will transform all family support teams into shelter teams, double the number of communities receiving this service, and add a domestic violence specialist to the team.

Oregon requires SCF branches to contract a number of different services out to private providers, services that at one time had been delivered in house. These services include sexual abuse and other types of counseling and treatment, intensive in-home services and, in some cases, family unity meetings. Which services are contracted out and whether the service is delivered at all in the community varies substantially across branches.

In addition, the legislature recently established County Commissions on Children and Families to focus on the prevention side of the service spectrum. The commissions are not required to include either SCF or domestic violence representatives and are meant to be made up of lay people in the community. The commissions are charged with developing local plans, and are allocated funding to make grants within the community. In many of the counties we visited, however, the commissions appeared to be having difficulty developing focused prevention-oriented strategies.

### **Child Welfare Agency Approach to Domestic Violence**

State SCF administrators became aware of the significance of domestic violence, in part, through a cohort study examining the prevalence of various family factors in SCF-involved families (Child Welfare Partnership, undated). The study found that 26 percent of



families with children entering care between 1991 and 1993 were affected by domestic violence, without that factor being recognized by any formal assessment process. Domestic violence was one of the family factors that distinguished severe physical abuse cases from cases of moderate or mild abuse.<sup>44</sup> Meanwhile, only 2 percent of all families were offered domestic violence treatment and only 25 percent of those families completed the services. In addition, a review of child fatalities in Oregon also documented a high level of domestic violence.

In 1994 the state SCF office, in collaboration with the Oregon Coalition Against Domestic and Sexual Violence, applied for and received a federal Office of Community Services (OCS) grant to develop and complete training, hold meetings to encourage local-level collaboration, and implement a pilot program in a local SCF branch office (Marion County). A second, similar pilot in Benton County was funded by the National Center on Child Abuse and Neglect. The pilots involved placing a domestic violence advocate (funded for 15 hours per week) in the SCF office to consult with workers and supervisors on specific cases and to provide support and services to the mothers and their children. These pilots began in August 1995 and ran until February 1996. Marion County has been able to continue the advocate position at a reduced level.<sup>45</sup>

The state SCF office has not set policy directives on how best to work with families affected by domestic violence. The pilot projects were meant to be the beginning of an on-going process to consider how best to address the issue at the state level (beyond providing training). A booklet explaining Oregon's Mandatory Reporting Law identifies domestic violence as a factor contributing to threat of harm or emotional abuse to the child.

#### *Local-Level Initiatives*

While the state office acknowledges the importance of efforts to integrate domestic violence into policy and systems change at the state level, it also is attempting to have a

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<sup>44</sup> Other factors associated with severe physical abuse include the presence of a new baby in the household, a history of criminal involvement, and unemployment.

<sup>45</sup> SCF recently received continuation funding of its federal grant to maintain and expand these pilot efforts.

dialogue on this issue within SCF and with other organizations at all levels of the state in order to encourage changes in actual SCF practice. The OCS grant funded seven meetings around the state to encourage collaboration at the local level between SCF branch managers, SCF supervisors, and domestic violence program directors. The meetings included small group discussions on specific cases that involved domestic violence—what current casework practice is and how SCF might respond differently. In addition, the group identified various ways the localities could further collaborate, by holding joint staffings and joint training, and by developing support groups. SCF is encouraging its branches to sit on local domestic violence councils and to invite domestic violence participation on its multi-disciplinary teams (MDTs).<sup>46</sup>

Of the 15 branches contacted by the Child Welfare Partnership during a follow-up survey on the OCS-funded management meetings, all but one branch routinely consults by telephone with a local domestic violence organization regarding specific cases.<sup>47</sup> Three branches jointly review specific cases at intake and five reported joint staffings of specific cases. A third of the branches reported that domestic violence representatives have attended family unity meetings. More than a third of the branches provided training for domestic violence staff and held their own training/practice forums for SCF workers.

Not all efforts at the local level derived from state-led initiatives. The Lane County SCF began to address directly the issue of domestic violence about three years ago, after a number of child fatalities occurred and the community observed that the only problem common to all the families was domestic violence. SCF had been involved with some but not all of the families. Because of this heightened awareness, SCF began to screen for domestic violence and petition for court jurisdiction based on emotional abuse in cases where domestic

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<sup>46</sup> These multi-disciplinary teams are required in each county and are convened by the District Attorney's office to review SCF cases involving criminal prosecution and child fatalities. Some counties also use their MDTs to discuss how to serve other families in crisis in the community, both in and outside of SCF. A core set of individuals is mandated to participate in each community, but the DA is free to include additional parties.

<sup>47</sup> SCF contracted with the Child Welfare Partnership at Portland State University to evaluate activities supported by the OCS grant.

violence was the prevailing factor warranting intervention. The district attorney and the juvenile court judge were receptive to SCF involvement in these cases. In order to work with families for whom domestic violence is the primary allegation of abuse, however, the Lane County SCF branch has had to limit its provision (of all SCF services) to families with children under the age of 14. According to this supervisor, this shift has allowed SCF to give priority to families with greater needs.

### *Training*

The state used a portion of the Office of Community Services Grant to provide training to Protective Services staff on domestic violence. The OCS training for SCF workers was held in eight locations around the state. The training was optional and approximately 190 people participated from 30 of the state's 36 branch offices. Multnomah County, which received two training sessions funded by the OCS grant, also contracted for an additional two training sessions in collaboration with its local domestic violence shelter.

The state also conducts a six-week intensive core curriculum training for new protective services workers (and existing workers who were hired prior to the implementation of the core curriculum) that has generally included some basic training on domestic violence. The domestic violence trainer reviewed the core curriculum as a part of the OCS grant in order to integrate domestic violence issues more fully. The trainer will include more case examples involving domestic violence throughout the material, and will retain the issue as a separate component.

Domestic violence was also a primary focus of the three-day *Western Regional Symposium on Child Abuse and Sexual Assault*, sponsored by the Springfield Child Abuse Resource in November 1995. The symposium included experts in domestic violence and its effects on children, a batterer intervention service provider, and representatives from Michigan who presented portions of the recently developed Family Violence Prevention Fund curriculum for family preservation workers. This conference reached several hundred attendees, including law enforcement officers, therapists, MDT members, and SCF workers.

In addition, the state conducted training for domestic violence workers on issues related to SCF. This training focused primarily on explaining the role of SCF, the criteria that must be met in order to investigate a family and to intervene, and the boundaries of SCF's authority. Thirty-five representatives from 17 of the state's 31 domestic violence programs attended the training. Several shorter versions of this training were held around the state to accommodate domestic violence advocates unable to attend the initial training.

Some local domestic violence providers have conducted additional training for SCF workers in their areas. The Benton County domestic violence advocate conducted three training sessions for local SCF workers and one for an adjacent county. This joint training at the local level was helpful, in part because it allowed the two service communities to begin to develop relationships. According to an evaluation conducted by the Child Welfare Partnership, domestic violence workers at the other pilot site and at least five other counties in the state also participated in training for local SCF workers.

#### *Intake and Assessment*

The state SCF office is currently revising the assessment protocol to aid workers in identifying domestic violence and is also adding domestic violence to its risk assessment criteria. In addition, as part of an overall effort to update the management information system, computer screens are being developed to prompt intake workers to ask questions regarding domestic violence and to note the responses in their report. SCF offices continue to struggle in deciding which cases need to be investigated by protective services when domestic violence is identified, particularly when it is the primary risk factor. Emotional abuse is very difficult to prove, and the desire to become involved in these cases depends a great deal on the level of perceived cooperation from the local district attorney's office and the presiding judge(s).

Marion County intake workers have become very sensitized to domestic violence. They screen incoming police reports of domestic violence for involvement of children (particularly to determine if children were the initial reporters to 911) and to determine the chronicity and intensity of the domestic violence going on in the household. For child abuse and neglect reports, screeners attempt to talk to a number of people to obtain additional

information, including questions to police and schools about ongoing domestic violence and behavior of children. Workers in Marion County try, but are not required, to talk to the mother separately if possible.

The Portland Metro Region/Multnomah County is currently developing a protocol to identify domestic violence in its caseload. The protocol is being developed by a monthly working group consisting of SCF staff and local domestic violence program advocates. The protocol will be specifically geared toward the Portland area. It will describe processes for working with other area agencies when responding to an intake report where domestic violence is identified or suspected. Currently, screeners do not probe for domestic violence or a history of violence in the family. The protocol is one effort to help staff begin to look at the frequency and severity of domestic violence and to help coordinate with the many other local public agencies around this issue. Although this protocol is available for use in draft form, most staff have not begun to use it.

With support from the OCS grant, the Benton County SCF office's domestic violence advocate arranged for the police department to refer to SCF all reports of domestic violence with children in the family. During the pilot period, she reviewed each report and consulted with SCF if she felt the incident warranted its involvement. In some cases, information on the law enforcement history, the use of weapons, and history of domestic violence in the home, coupled with the presence of young children, was enough to warrant a report being investigated even when no actual physical abuse to the child had occurred. If the case met SCF standards, the domestic violence advocate and the CPS worker would visit the family together. If the case did not meet the SCF standard for investigation, the advocate would visit each woman on her own. Unfortunately, the pilot ended just as the advocate began to see some of the same families being referred a second time.

Lane County has also been receiving domestic violence reports from law enforcement where children are in the family. Other community reporters have begun reporting families to SCF when domestic violence is the only indication of abuse in the family. Domestic violence workers in the community were concerned that domestic violence had become equated with child abuse. Many staff of community-based programs serving battered women

are mandatory reporters of child maltreatment and must now report domestic violence incidents to SCF. This may make the women less likely to seek help from service providers in the community.

SCF screeners in Lane County probe the reporter about the presence of domestic violence. Unless the violence is particularly severe or chronic, domestic violence cases assigned for SCF investigation are primarily those involving infants and pre-school age children. The number of domestic violence cases has doubled since the branch decided to assign cases without any physical injury to the child. Investigation workers call all four police jurisdictions in the county as well as the district attorney's office to inquire about both past and present restraining orders. In addition, the workers ask indirect questions of family members to probe for the existence of domestic violence in the household.

#### *On-site Domestic Violence Advocate*

Through the pilot program, two counties were able to place a part-time domestic violence advocate in their local SCF office. These advocates also worked part-time for the local domestic violence shelter. At least one other county has a domestic violence worker on-site for case staffings once a week.

One benefit of having an on-site domestic violence expert has been the ability to educate workers one-on-one by discussing specific cases and having informal conversations about the issue. According to the domestic violence advocate in Marion County, worker awareness has become more consistent since she began. However, though she has helped to correct misinformation that was floating through the organization, she feels that it will take much longer than six months to change long-held beliefs.

One branch manager who oversaw two county offices—one that had an on-site advocate and one that did not—noted a dramatic difference in the ability of the respective SCF workers to integrate information from their training into their work style. The presence of an on-site advocate provided two major benefits. The advocate worked to promote understanding and awareness among the workers and helped to change the way certain cases were handled. In addition, the advocate spent a great deal of effort directly

supporting and counseling women in abusive situations, an activity that CPS workers rarely had the time to do.

Having domestic violence advocates in-house has also allowed for questioning of some standard SCF practices. In Marion County, for example, the advocate and staff are trying to integrate their knowledge about domestic violence into family unity meetings. Screening for domestic violence is critical in order to determine whether all family members belong at the table in these meetings. If the mother or another family member expresses any concerns or fears about the meeting, the advocate conducts a prescreening to determine whether a family unity meeting is appropriate. If the meeting is held, the perpetrator may not be allowed to attend or the advocate may attend with the mother. In addition, if a restraining order is known to exist, the perpetrator is not allowed to attend—again, underscoring the need to screen and probe for the existence of protection orders. Family unity meetings without the batterer may be a useful mechanism for working with the mother and her support system to develop a safety plan. But some domestic violence workers remain concerned that relatives and friends to whom the woman still has ties may be more supportive of the batterer. Many domestic violence victims have been isolated by their batterer from those extended family members who once supported her.

In-house advocates have also stressed the importance of looking at the domestic violence dynamic before placing a child with other family members. The perpetrator's parents and other relatives must be screened with particular care because they may not support the mother and may be abusive themselves. Advocates have also worked with extended family members who are concerned about a mother's safety, particularly in instances where the mother remains with her partner. The advocate can counsel concerned relatives about what actions they can take to help the victim and her children.

### *Services to Battered Women*

The Mid-Valley Women's Crisis Service in Marion County runs voluntary support groups for any past or present victim of domestic violence. These groups are open to referrals from SCF. In addition, through the pilot project the domestic violence advocate at SCF began a support group specifically for SCF clients. Originally, only voluntary referrals

were made, and very few women came. Now, mandatory referrals are taken but the advocate reports to SCF only the dates of attendance, not information that women disclose during the group session. According to both SCF workers and the advocate, hearing peers talk about domestic violence has been critical for many of these women in motivating change and providing credibility to the message conveyed by professionals.

Another SCF branch also mandated victims of domestic violence into support groups. This branch previously had provided support groups in house but a year prior began contracting with an existing service provider to hold the support groups. The domestic violence program in the area refused to contract with SCF because it did not want to be obligated to report to caseworkers on the attendance, statements, or behaviors of the women in its groups.

### *Children's Support Groups*

Most services for children exposed to domestic violence are provided through community domestic violence programs. Generally these services are only available for children who are or have been in a battered women's shelter. SCF offices in the pilot projects collaborated with their domestic violence programs to develop therapeutic support groups for SCF children exposed to violence.

Both pilot counties found establishing children's groups to be quite difficult. Referrals were much lower than expected, in part because the group in one county was run during school hours, and SCF workers may have been reluctant to use or may not have known about the new service. Coordinating transportation for children in foster care who are geographically dispersed and not always in a stable placement is extremely challenging. In addition, one specialist felt that these children needed individual therapy before they would benefit from group therapy. Many children in SCF-involved families faced problems other than domestic violence (e.g., physical or sexual abuse) and all of the children were living in unstable situations, either because they were in temporary foster care or because they remained with the mother in a volatile situation.



### *Working with the Batterer*

SCF is required to work with both the victim and the batterer if he is the father of one of the children in the household or resides in the children's household. Even when parents have separated, most agencies provide service plans for both parents. Often both parents have issues to work through, and the possibility remains that the children will be returned to either parent. Past violent behavior does not permanently negate a father's right or responsibility to care for or visit his children.

Few SCF workers had received any training on the manipulative behavior patterns of batterers and they did not have the necessary tools for working with perpetrators. According to several domestic violence workers, some SCF staff are still in denial about the level of harm and danger batterers can inflict—a situation somewhat similar to how SCF used to regard sex offenders before receiving extensive training in this area. In one county, several domestic violence workers said they observed case managers unwittingly controlled and manipulated by batterers.

Only a few branches had access to a batterer intervention program. A new 24-week program in Marion County had recently started and was well received by both the SCF and the domestic violence community. In Lane County, SCF began to contract with a local service provider to begin a batterer intervention program because none existed in the community. Since then, the court has also mandated offenders into the program. Multnomah County is also investigating the possibility of contracting out for batterer intervention services when its biannual contracts come up for renewal. Several other counties lamented the absence of batterer treatment in their communities but had not attempted to cultivate a program through their own service mechanisms.

### **Perspectives of Other Community Service Agencies and Organizations**

Linkages between SCF and outside groups to address the overlap between domestic violence and child abuse can be found at a number of levels within the state of Oregon, but vary from one community to another. It is clear that SCF's ability to work effectively with victims of domestic violence and their children largely depends on the broader community's response to domestic violence. In one county where the community's response to domestic

violence was poor, the branch manager noted that it is often the legal system and other societal institutions that give a batterer the right to stay in "his" home, forcing SCF to remove children or ask the mother to leave. SCF can help a woman obtain a restraining order and encourage her to call the police, but if law enforcement does not enforce the order when she calls for help, the helplessness of the victim is reinforced.

Efforts to increase communication and collaboration, both formally and informally, were first steps toward addressing the needs of both victims and children. About two years ago the Oregon Coalition Against Domestic and Sexual Violence obtained a grant from the State Justice Institute to support the formation of a state-wide domestic violence council whose purpose was to develop protocols for various parts of the criminal justice system. Membership on the council included representatives from virtually every relevant justice, victim, and other service sector. Now nearing the end of its two-year grant the Council's several committees have drafted protocols in the areas of law enforcement, prosecution, probation, batterer intervention, and victim services, among others. Unfortunately, the committees responsible for developing these protocols were formed with membership almost exclusively *within* their own agency type (e.g., most members of the law enforcement protocol development committee were from law enforcement), so the protocols did not benefit from the council's multi-agency makeup. Domestic violence advocates, in particular, did not see some of these protocols until they were in final draft form.

Again, it is through collaborative efforts at the local level that changes in practice are expected. A number of counties have placed domestic violence advocates on their multi-disciplinary teams (MDT). The children's program coordinator from the Marion County domestic violence program was invited to sit on the state child fatality review team several years ago. At the same time, she joined the county MDT that reviews both child fatalities and particularly complicated or severe child abuse cases. Because of the relationship that developed between the Benton County supervisor and the domestic violence advocate during the pilot period, the county's MDT has finally consented to include a domestic violence representative.

Many local counties also have a domestic violence council chaired by the county's prosecuting attorney. In many counties, SCF staff are encouraged to (and do) participate on the councils. One SCF council representative felt that her presence had made an impact by expanding the focus of domestic violence to its effects on children.

Members of the Willamette Criminal Justice Council are working with more than two-thirds of the state's district attorneys to develop an integrated criminal justice data system that will cover the courts, law enforcement, parole, probation, and the Department of Human Resources.

### *Domestic Violence Programs*

Partial funding for domestic violence programs and shelters is administered through SCF. Thirty-one domestic violence programs provide crisis lines, emergency shelter, and related services. Nineteen programs have shelters with approximately 340 beds for both adults and children statewide. Eleven additional programs are safe home networks. During the first half of 1995, 1,297 women (752 with children) received shelter. During this time there were 7,146 requests for shelter for adult victims (and 7,193 children) that could not be met due to lack of space.<sup>48</sup>

Positive working relationships are being developed between SCF staff and domestic violence workers, but these efforts are hampered by high turnover on both sides. Strong relationships are the result of several years of building trust, communicating openly, and working together to serve the needs of particular families. Domestic violence advocates working in SCF offices facilitated the process of relationship building. In Marion County, a domestic violence service provider recalled that prior to the initiation of the pilot project, their relationship with SCF had been very problematic and it was difficult to get anything done. Now, both the domestic violence program staff and SCF workers are more likely to call each other about particular families and issues.

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<sup>48</sup> This is probably an overestimate of the number of victims, because they may have requested shelter from more than one program.

In Lane County, the SCF branch contracted with a private provider to attend case staffings once a week and to consult with workers. The SCF workers clearly desired and took advantage of this service, and were slowly beginning to understand how to work more effectively with families affected by domestic violence. Because the private provider was not the long-standing domestic violence program in the county, however, the education process did not flow back to the domestic violence community (as happened in the pilot counties). The domestic violence workers were very concerned about SCF's role in these families' lives, in part because they did not feel that SCF always worked with women appropriately, but also because they did not fully understand how SCF worked with the families.

### *Law Enforcement / Judicial*

The strength of the law enforcement, prosecution, and judicial response to domestic violence is critical to efforts on SCF's part to hold a batterer accountable, particularly in cases where the batterer may not be the father of the children in question or, even if he is the father, does not have a stake in whether the children are removed from the home. In Marion County, Salem City police were making stronger efforts to go beyond responding to domestic violence reports and to pursue a batterer who had left the scene in order to make an arrest. In other counties, officers work under a mandatory arrest policy, but are unlikely to follow up on an incident if the perpetrator leaves the scene.

Several SCF counties or branches had started to arrange for the local police department to refer reports of domestic violence incidents involving families with children to SCF. Some police departments are encouraging officers to include in the report the specific location and involvement of the children during the incident. However, working relationships differ between individual workers, officers, and SCF branches.

In one county's police department, the designated child abuse detective conducts a criminal history check on all child abuse cases that come to him. According to him, both he and SCF share information frequently. In addition, he often runs a check to determine how many times the police have been out to a particular address for domestic violence, even when no arrests were made. Any knowledge regarding the existence of domestic violence is used to assess further potential harm to the children. He sees a direct correlation between child

abuse and domestic violence, and reports that the majority of his cases have both going on and that many of the same problems affect families with either type of abuse.

Once a batterer has been convicted, enforcement of parole or probation terms is another hook which SCF can sometimes use. In one county, SCF works closely with probation or parole to ensure that the batterer follows through on treatment. For example, a batterer may fail to comply with treatment requirements under his SCF service plan in the juvenile court, despite the fact that SCF pays for the treatment. Once convicted in criminal court, however, he will be required to go into treatment again, this time at his own expense. Probation officers and SCF communicate openly on these cases. In another county, SCF workers conduct joint home visits with probation officers in order to benefit from the latter's ability to make unannounced visits. This relationship, however, is limited by the extremely large caseloads probation officers carry (300 to 1,000 clients each).

The structure of the judicial system and the courts' involvement in the lives of families also vary. In some counties a variation of a unified family court system exists whereby the same judge can see the same family regardless of whether the case involves a civil, criminal, or juvenile justice matter. The Multnomah County court has a family law department which handles all cases involving restraining orders and other family law matters. The court has six full-time judges and several rotating juvenile court referees who hear family violence cases. The extent to which this authority has resulted in greater communication and fewer conflicting orders was not directly evident.

In Benton County, two circuit court judges preside over all proceedings including probate, criminal, divorce, restraining orders, and juvenile cases. The restraining order application asks whether children were present at the time of the incident. When an order comes in, a clerk usually pulls existing files and the judge tries to coordinate orders. The judge also probes about custody and visitation issues, but he rarely refers a family to SCF unless an incident is egregious. In this county, both the judge and the district attorney's office would like to see SCF more involved in families where domestic violence may be the only presenting issue. At this point, however, they understand that SCF is unable to get involved because of limited resources.

### *Drug and Alcohol Treatment Services*

Drug addiction, particularly to methamphetamine, is a major problem among SCF-involved families. Workers in Lane County estimate that 80 percent of their families are drug involved. Ninety-five to 98 percent of Marion County SCF cases involve drugs or alcohol abuse. Crystal methamphetamine has become an increasing problem, particularly in abuse cases because it heightens any existing predisposition to violence.

Unfortunately, affordable drug and alcohol treatment for mothers with children is a major service gap in many communities. Oregon has allocated funding to provide treatment to women on AFDC, and in at least one county, SCF staff worked closely with public assistance personnel to access this resource when needed.

Shelter for domestic violence victims with drug or alcohol addictions is also difficult to obtain. Many domestic violence programs believe women need to deal with substance abuse issues before they can benefit from shelter services. Many shelters work with women who are not actively using drugs or alcohol and have at least begun the process of treating their addiction. A lack of residential drug and alcohol treatment, in particular, means there are few places for SCF and their families to turn to when substance abuse is a major issue.

### **Outcome and Evaluation Issues**

SCF contracted with the Child Welfare Partnership at Portland State University to develop a profile of SCF-involved families experiencing domestic violence and to evaluate the activities undertaken with OCS grant funds. The evaluation was limited by the resources provided and by the nature of the grant efforts.

Using case information collected for their cohort study on families entering foster care between 1991 and 1993, researchers assessed the type and severity of abuse and neglect in families presenting domestic violence, the existence of other parent or child issues, and services provided. According to the Child Welfare Partnership, domestic violence was present in 34 percent of cases where the primary reason for removal was physical abuse, 31 percent of neglect cases, 22 percent of sexual abuse cases, 36 percent of threat of harm cases, and 36 percent of mental abuse cases. Drug and alcohol were much more likely to be

involved in cases affected by domestic violence (73 percent) than those unaffected by domestic violence (47 percent). A number of other factors including poor parenting skills, unemployment, abusiveness to children, criminal involvement, and chronic neglect were also seen at higher rates in families where domestic violence was identified. Children were returned home in 43 percent of families with domestic violence compared to an overall return rate of 52 percent.

The evaluation also conducted a client history survey of participants in the pilot counties, a telephone survey of 15 SCF branches and 10 domestic violence organizations to follow up on the management meetings, and focus groups of workers in five branches on the training and the impact of domestic violence in case practice. These efforts helped to determine the extent to which collaboration is currently taking place in many localities, and workers' needs in regard to dealing more effectively with domestic violence.

## **Conclusions**

Oregon is beginning to change case practice around domestic violence. The state is engaged in a two-pronged effort to support system change at the state level while encouraging collaboration and changes in practice at the local level. Despite variations between the two levels and across counties in terms of the level and progress of efforts being made, a number of consistent themes emerged from our study.

Although statewide training did not reach all CPS workers, it was designed to raise staff awareness and educate them on many aspects of domestic violence and local resources. Such an awareness is critical to help identify the problems among families being served, to provide more options to women without further victimizing them, and to assess the appropriateness of various interventions for a particular family.

At the same time, awareness alone is not sufficient to change how SCF works with these families. Differences between counties with pilot programs and other counties demonstrated workers' needs for tools and resources to support and protect victims. The on-site advocates were able to work with caseworkers to change how cases were being handled. By working on a case-by-case basis, the advocates could translate the training into changes

in practice. Furthermore, the ability of advocates to spend time with women was a resource other counties did not have.

Both the training of domestic violence providers and the placement of an in-house advocate from the local domestic violence program served to educate the domestic violence community as well. Domestic violence program staff in the pilot counties better understood the issues facing SCF. When a family was involved with SCF, the domestic violence provider could address rather than support the woman's anger at and fear of SCF.

Families involved in SCF often differ from those traditionally seen by domestic violence programs. According to collaborating SCF and domestic violence program workers in the two pilot counties, women in SCF families are less likely to be ready to leave their batterer, and their families are more likely to face multiple issues. In the families with whom SCF intervenes, battered women have not sought assistance from the domestic violence program voluntarily, and children have been harmed either emotionally or physically. The level of harm (or risk of harm) that must occur before a case is assigned in these counties is quite high. Furthermore, drug or alcohol use is very prevalent in SCF families. Women in domestic violence shelters have at least begun the process of leaving an abusive partner and are less likely to be actively using drugs or alcohol.

Domestic violence workers in one county that did not collaborate with the SCF office still held fairly antagonistic views toward the child protection agency. For example, workers in the domestic violence program believed that SCF workers still placed the blame on the adult victim and that women were often mandated to go to a shelter. Because this county's law enforcement response did not appear to be holding batterers accountable in general, it may be that the SCF workers had no choice but to mandate women to shelter for the sake of their children. If the domestic violence program worked more closely with SCF, SCF could perhaps learn to respond to the women more positively. At the same time, the domestic violence program would better understand the limitations placed on SCF when community response is not consistent.



Concern for safety of workers and families is also evident in communities where an awareness of domestic violence existed without adequate means to address it. According to several sources, domestic violence cases involve higher levels of stress and potential danger for SCF workers. One investigation worker noted that death threats were unique to domestic violence cases, making workers reluctant to accept domestic violence cases assigned for investigation. Domestic violence workers also expressed concern that SCF staff needed additional training in order to serve these families well and that SCF was placing themselves and the families at risk.

Community collaboration at the local level in addressing both domestic violence and its impact on children is also critical to SCF efforts to address domestic violence in its caseload. Again, the ability to hold the batterer accountable primarily depends on law enforcement and the criminal justice system's response to domestic violence as a crime. Uniformity of response to the victim, the batterer, and the children in a domestic violence situation is another benefit of collaboration. The pilot projects generated a more consistent message to victims from their SCF workers, the domestic violence programs, and the advocate and peers within the support groups.

The advisory group for the OCS grant is continuing to deliberate about further needs. It is clear from discussions with local staff and domestic violence advocates that some workers still need basic education on domestic violence. Other workers need and want training on specific language to use with victims, questions to ask, and tools to use to ensure greater safety for the children, mother, and the worker. Specifically, they seek information on how to work with families with multiple issues, particularly those in which the woman wants to remain in the abusive relationship. Another gap in training that came up several times is the lack of information on how to work with batterers—how to interview them, how to avoid being conned, how to motivate them, and what to expect from batterer treatment. SCF intends to use a second OCS grant to develop additional training to address these issues and reinstate and expand the pilot projects.

## CHAPTER VI

### FAMILIES FIRST

#### FAMILY INDEPENDENCE AGENCY, MICHIGAN<sup>49</sup>

##### Introduction

The population of Michigan is approximately 9,295,000. Over one-fourth of its residents are 17 years old or younger. Seventeen percent are African Americans, and 4 percent are American Indians, Asians, and Hispanics.

The state of Michigan is undergoing extensive reforms aimed at providing better services to children and families. These reforms cut across all human service agencies (public health, mental health, community services, and social services) and focus on the need for public and private agencies to work collaboratively to serve children and their families. State agency directors meet on a regular basis to discuss common issues.

In 1992, the governor of Michigan introduced 21 initiatives designed to support families and children in need. One new initiative reorganizes the way families interact with the public assistance system. Families will be assigned to a single case worker for all their needs—cash assistance, jobs, and family support rather than a different staff person for each. These workers will have a limited caseload of 65 families each and will make more home visits than in the past. The child welfare staff are quick to point out the close connection between child welfare and cash assistance programs. Wayne County (Detroit) estimates that 60 percent of its child welfare cases receive some form of cash assistance.

One of the initiatives directly related to child welfare, Strong Families/Safe Children, provides resources to establish community coordinating councils that provide enhanced services to families and children. Funds distributed through the councils are to be spent

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<sup>49</sup> This site visit was conducted in April-May 1996. Frances Gragg of Westat is a co-author of this chapter.

primarily on prevention efforts—prenatal care, delinquency prevention, immunizations, and child abuse and neglect prevention. The councils are expected to include law enforcement, mental health, social services, and domestic violence shelter representatives in addition to consumers of services and other community members. This initiative is being phased in gradually. Twenty-eight counties received funding in 1994, followed by 16 additional counties the following year. By October 1996, all 83 counties were expected to have received planning and implementation funds.

### **Brief Overview of Child Welfare Services**

As part of the system reform, the Department of Social Services recently changed its name to the Family Independence Agency (FIA) in an effort to present a clearer statement of the agency's primary goal. This agency houses cash assistance programs such as food stamps, AFDC, Michigan's job assistance program (MOST), as well as child and adult welfare programs. The Bureau of Family and Children's Services within FIA oversees the Domestic Violence Prevention and Treatment Board, the Office of Native American Affairs, Adult Protective Services, and the Office of Children's Services, which includes Children's Protective Services, Children's Prevention Services, Foster Care Supervision, Juvenile Justice, and Family Preservation.

Children's Protective Services (CPS) is one of the largest divisions within FIA. CPS staff are responsible for screening referrals, opening cases for field investigation, and substantiating allegations of child abuse and neglect. In addition, they make referrals to prevention services and family preservation as well as other available appropriate services. Statewide, over 500 CPS workers received an estimated 124,000 child abuse or neglect complaints in 1995, conducted full field investigations on approximately 58,000 (or 47 percent) of these complaints, and substantiated child abuse claims in approximately 12,700 cases (10 percent of the complaints). Petitions for the removal of the child(ren) from the home were submitted to the juvenile court for about 8,000 cases in 1995.

CPS workers use a structured decision-making tool to assess risk to the child and to make referrals for services or petition for removal of the child from the home. The risk assessment tool includes eleven risk factors, one of which is domestic violence. There are

four categories of risk: severe, high, moderate, and low. CPS workers are required to open substantiated cases with a severe or high rating, and may open substantiated cases rated as moderate or low, or refer these to other available services. The majority of CPS cases are referred to Children's Prevention Services.

Children's Prevention Services (PVS) provides in-home services on a voluntary basis. Approximately 70 percent of the PVS referrals are made by CPS (from both substantiated and unsubstantiated cases of child abuse and neglect). The remainder of cases are referred by the community, including the police.

The Foster Care Unit manages cases once a child is removed from his/her home and is made a ward of the probate court.<sup>50</sup> Foster Care manages the placement of children, reporting back to the probate court about four times a year.

Families First provides intensive in-home intervention services as an alternative to removing a child from the home unnecessarily, or when reuniting a foster child with his/her family. Michigan's Families First program, which began in June 1988 and was available statewide (and through the Native American Intertribal Council as of December 1992) is the largest network of intensive family preservation programs in the country.<sup>51</sup>

Funding for the Families First program has grown from \$5 million in 1988 to \$21 million in 1996, of which \$19 million pays for direct family services.<sup>52</sup> All Families First workers, supervisors, and trainers are paid through contracts given to private child welfare agencies or community mental health organizations. Families First is organized into teams of four or five workers with one supervisor, who assumes at least one family case per year. The state is divided into regions within which representatives of FIA meet regularly with

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<sup>50</sup> The probate court is responsible for handling child abuse and neglect cases, as well as juvenile delinquency cases.

<sup>51</sup> Families First is based on HomeBuilders, a model program of intensive family reservation services established in Tacoma, Washington in 1974.

<sup>52</sup> The state funds over 50 percent of the Families First program.

Families First specialists. The state also has eight trainers who work with specific specialists and their regions to provide one-on-one consultations, technical assistance, and training for Families First staff.

CPS workers can refer families to Families First if at least one child is at imminent risk of removal or is about to return home. Approximately 40 percent of substantiated abuse and neglect cases are referred for Families First services. Some families may receive services more than once. Statewide, a second Families First intervention occurs in about 7 percent of all cases.

The program is designed to deal with families in crisis. Families First counselors work with only two families at a time for a four to six week period, and a home visit occurs within 24 hours of referral. Most interventions last about five weeks. Workers provide a minimum of eight to ten hours of direct face-to-face services in the home each week and are on-call 24 hours a day, seven days a week. Services comprise a mixture of counseling and help with practical problems in order to reduce the risk to children and help families deal with stress contributing to abuse or neglect. Families First is a voluntary program and families may request services to end at any point. The program philosophy, based on the underlying premise of keeping children safe, focuses on family empowerment and building on family strengths. Staff work with families to choose which areas they themselves want to improve and to take the steps necessary to achieve identified goals.

It is important to note that CPS maintains an open case on each family referred to Families First. As the intervention nears conclusion, the Families First worker meets with the CPS worker and often with the family itself to determine next steps. Together a determination about any additional services is made. Families First workers visit families three, six, and twelve months after the completion of their services to determine whether the children have remained in the home and to assess family progress. Clients are asked to describe how they are doing in relation to the goals that were developed during the intervention.

## **Child Welfare Agency Approach to Domestic Violence**

The linkage between child welfare and the domestic violence community began in 1993 at the state level as a dialogue between Families First and the Domestic Violence Prevention and Treatment Board (DVPTB). Established in 1978 within FIA, the DVPTB is composed of individuals appointed by the Governor. The Board currently includes a circuit court judge, a law professor, a practicing attorney, a community activist, a prosecutor, and a sexual assault program coordinator. The DVPTB is charged with statewide coordination of efforts to end domestic violence. The Board also funds 45 domestic violence service providers covering all 83 counties in the state. Prior to 1993, little to no interaction occurred between the DVPTB board and CPS, even though the DVPTB board was housed in the same building as Child Protection Services and staffed by FIA.

The impetus for this dialogue was an evaluation of the Families First program which demonstrated that 37 percent of participating families identified domestic violence as a problem. As workers began to provide more intensive services in families' homes, they began to notice the presence of domestic violence much more often. Given the level of violence in the home, Families First counselors were concerned for their own safety as well as the need for training on how to work with these families to ensure children's safety.

The DVPTB, in turn, was interested in working with Families First for a number of reasons. The board was aware of the overlap between domestic violence and child abuse and at the same time knew that only a small proportion of women affected by domestic violence interact with the shelter system. Furthermore, working with Families First allowed the DVPTB to collaborate with an agency willing to learn about the problem of domestic violence and how to address it. Finally, the two groups could build on important commonalities. Family preservation and domestic violence programs share goals of empowering violence-free families and providing interventions such as crisis counseling. The two groups made an unconscious decision, at least at the outset, to limit the collaboration between domestic violence and child welfare to the Families First program.

The FIA director and administrative staff have strongly supported the effort. Collaboration has resulted in the development and delivery of a training curriculum for all

Families First workers and the establishment of a demonstration project between Families First and domestic violence shelters in five sites serving nine domestic violence programs (14 counties) across the state. This demonstration delivers Families First services directly through shelter referrals. In 1996, the program expanded to 6 new sites and 14 new counties. In addition, efforts are underway to expand the collaboration to all of CPS through training and policy development.

### *Training*

Training has always been a primary focus for the domestic violence community. Prior to 1993, the emphasis of the DVPTB was to work with the criminal justice system by designing training for police, judges, and prosecutors and by improving legislation to enable the criminal justice system to respond to domestic violence. The DVPTB and the Michigan Law Enforcement Officers Training Council expanded the training program for new police officers in the state expanded from 4 to 14 hours (4 hours on domestic violence issues, 8 hours on law enforcement response, and 2 hours on the law).

After DVPTB's first in-service training seminar for Families First staff, the two groups became convinced that a more intensive and comprehensive curriculum was needed. Families First and the DVPTB became cosponsors (with HomeBuilders) of a national domestic violence curriculum being developed for family preservation workers by the Family Violence Prevention Fund (FVPPF) in San Francisco. The three-day curriculum that was developed in 1993 addresses how to identify domestic violence, how to interview parents in homes where it exists, how to interview the child, and behavior problems of children exposed to domestic violence. It also addresses the development of safety plans for children and battered women.

Training for the Families First workers on the first two days of the FVPPF curriculum began in spring 1995 and now occurs every two months. Supervisors received training first. Training sessions targeted 20 to 40 line workers at a time. The third day of the training was introduced as a separate component in April 1996. This session addresses Michigan law (four hours) and batterer issues (four hours). Currently, both new and existing Families First staff are being trained gradually because of limited space. Eventually, the entire

training program will be institutionalized so that all new Families First workers receive the training during their six month of employment.

While not all workers have been trained yet, several workers who had received the training felt it was very helpful and provided them with many tools to work with families. In at least one county, the one worker who received the training directly from the state has helped train her fellow workers who have not yet been able to attend. Training is conducted jointly by a Families First staff person and domestic violence workers; state staff and Families First counselors emphasized the importance of having both perspectives represented.

Experience of the statewide domestic violence coalition indicates that similar training is needed for shelter workers. Although domestic violence shelter staff have been invited to attend the Families First training, the training is not geared toward their needs and they have not attended in large numbers. The maximum number of shelter staff attending any one session has been four. Understandably, feedback from these shelter workers has not been as positive as that from Families First workers. The DVPTB is currently working on providing training more specific to the needs of shelter workers.

At the request of the Children's Protective Services offices in the southeast section of the state (Wayne, Macomb, Washington, Washtenaw, and Oakland counties), CPS workers also received training. Currently, Michigan CPS, Families First, and the DVPTB are working with FVPPF to develop a curriculum specifically geared toward CPS workers. This training was pilot tested in March 1996. State administrators plan to train CPS supervisors and key decision-makers and then all current workers. Domestic violence people will be cross-trained in CPS systems, laws, and policies. State administrators feel strongly that all workers should have some level of competence in working with domestic violence.

#### *Families First / Domestic Violence Demonstration Project*

The dialogue between Families First and the DVPTB also resulted in a unique demonstration project through which designated Families First teams could receive direct referrals from domestic violence service providers. The pilot began in five sites: Ann Arbor



(which also serves metropolitan Detroit), Battle Creek, Traverse City, Grand Rapids, and Marquette (in the Upper Peninsula). This report focuses primarily on the collaboration in Ann Arbor, Traverse City, Grand Rapids, and Detroit.

Designated shelters can refer to Families First, families at risk of homelessness and those living in abusive or neglectful environments that pose potential danger to a child. However, abuse or neglect of children that meets mandatory reporting laws must be referred to CPS. In families active to CPS or foster care, a referral for Families First by the shelter can be made only in consultation with (and with the approval of) the assigned CPS or foster care worker. At that point, the referral can be made to the shelter's Families First team or to a traditional Families First team.

Shelters in each of the five sites received funding to hire special Families First staff to work with referred families. Nine shelters serving 14 counties can refer to these Families First teams. How the shelters choose to implement the program varies in each site. The chosen structure affects the level of interaction between the shelter Families First workers and their counterparts in the traditional Families First teams serving CPS. The autonomy of the domestic violence shelters in setting up the program and hiring staff was critical to obtaining their participation and support.

In Ann Arbor, the Domestic Violence Program houses an entire Families First team (one supervisor and four workers) which takes referrals from the five shelters in Washtenaw, Oakland, and Wayne Counties.<sup>53</sup> The supervisor of the shelter team meets with the other Families First supervisors in her cluster on a regular basis. However, her staff interact with other Families First staff only during training.

In Grand Rapids, the shelter contracted with the existing Families First team to provide one counselor to work out of the shelter operated by the YWCA. This counselor still

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<sup>53</sup> The two Detroit shelters now refer families to a Families First program located in Detroit because of the expansion in 1996.

attends regularly scheduled meetings with other Families First counselors in the county and, according to the Families First supervisor, interaction occurs almost daily.

In Traverse City, the shelter also contracted with the existing Families First team serving CPS and foster care workers in five area counties. This Families First team provides the shelter with the services of one full-time equivalent but rotates shelter referrals among the team members. The Families First workers in Traverse City are not housed at the shelter, but visit the referred family at their shelter or other residence. The shelter chose this structure for reasons of quality, expediency, and cost-effectiveness. Since July 1994, this site has served 20 families through the collaboration.

Most but not all families referred by the domestic violence programs reside in the shelter at the time of referral. Few families are referred if the woman has not made a decision to leave the batterer. Domestic violence programs generally referred families needing more time and help than could be provided by existing shelter counselors. These families typically had parenting and/or child behavior problems.

Families First usually works with these families as they begin to think about leaving the shelter—both to help them find housing and move into an independent living environment. In Grand Rapids, the Families First worker usually received a referral about halfway through the family's shelter stay. All counselors reported that housing was one of the most serious issues facing women in shelters and one that takes a great deal of time to resolve.

Families participating in the Families First/Domestic Violence Demonstration Project differ from families referred to Families First through CPS. Due to mandatory reporting requirements, direct shelter referrals involve only those families at risk of homelessness or at risk of abuse or neglect (due to the environment in which they live) but where the risk of removal is not imminent. CPS-referred Families First cases, by contrast, generally involve families where the child will otherwise be removed from the family. Shelter referrals tend to involve women and children living in the shelter, whereas CPS referrals often involve women and children who continue to live in a violent or potentially violent home. Often, CPS

referrals come in as abuse or neglect cases and it is not until a Families First worker is working in the home that the domestic violence is uncovered. In one community, where the same Families First workers served families from both referral sources, the workers noted that cases involving CPS-referred families were more serious and dangerous than those involving shelter-referred families. Shelters in Detroit, by contrast, reported serving families whose living situations were as chaotic and troubled as those of families involved in CPS. One shelter that accepted clients with active substance abuse problems also observed similarities between families involved in CPS and other families.

Several Families First workers underscored the importance of training for its teams receiving referrals from CPS, as opposed to its workers receiving shelter referrals. Regardless of the referral source, however, CPS, Families First, and domestic violence program staff all agreed on one point. The intensive family preservation model is the most useful and least victimizing means of working with women in (or recovering from) battering relationships because of its focus on empowerment. An added strength is that Families First is premised on voluntary participation.

#### *Developing a Children's Protection Services Policy*

Another aspect of the collaboration among Families First, CPS, and the DVPTB is the development of a CPS policy to address the issue of domestic violence. This policy is aimed at CPS line workers to provide more direction on how to handle domestic violence cases. CPS staff stated that this was the first time that CPS policy was being developed in conjunction with an outside group.<sup>54</sup> The involvement of others has slowed the development somewhat, but all state-level participants responded that it has been a positive experience. Not surprisingly, one of the most difficult issues involved resolving differences in philosophies between the domestic violence and child protection communities. Several staff noted the difficulty in addressing issues such as holding the batterer accountable, not revictimizing the mother by charging her with a failure to protect, and understanding that

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<sup>54</sup> Although the DVPTB lies within the same agency (FIA) as CPS and Families First, many of its members are not state employees and bring to the table a variety of perspectives.

family preservation means preserving safe and well-functioning families (not necessarily with two parents). At the state level, the policy is currently under discussion.

State-level staff on both the domestic violence and child welfare sides, are reluctant to conclude that the existence of domestic violence within a family points to child abuse. They have decided, at least tentatively, that not every domestic violence incident presents a serious risk to children. Therefore, not every domestic violence case requires CPS involvement. Instead, domestic violence and child welfare staff prefer to look at each family's situation and make a determination. Furthermore, substantiating emotional abuse is extremely difficult. It is certainly important to identify domestic violence among families in the existing caseload and to serve them safely and effectively. However, one administrator stated that it would be a strategic error to expand the caseload as an initial way of dealing with domestic violence; such expansion would create an additional caseload for whom appropriate services are not readily available.

The Families First/Domestic Violence Demonstration Project has been one way of targeting resources at families more appropriately than merely expanding the definition of child abuse. In general, state administrators in Michigan felt strongly that changes in service delivery can be made most effectively through changing policy and funding priorities at the agency level rather than through legislative changes.

State staff also recognize that coming to terms with these issues at the state level does not mean that this understanding has filtered down to line workers. This was evident in interviews with line staff in several counties, who continued to express a readiness to charge the nonabusing parent with a failure to protect because that parent's primary duty was to protect the child.

### **Perspectives of Other Community Service Agencies and Organizations**

At the state level, CPS, Families First, and their parent agency (FIA) interact on a regular basis with other social service agencies to improve services for Michigan's families and children, including those affected by domestic violence. But the statewide response to domestic violence is primarily coordinated through the DVPTB. The DVPTB is mandated to

“coordinate and monitor prevention and treatment services, develop standards for those services, develop training for professionals, and advise the Legislature and Governor on the problem of domestic violence and needs of victims.” In recent years, the legislature has been very active on the issue of domestic violence. In 1994 alone, 22 bills were passed and signed into law. These laws expanded coverage of personal protection orders and the authority of police officers in making warrantless arrests, provided for new crimes of simple and aggravated domestic assault and enhanced penalties for subsequent violations, and mandated all police agencies to develop, adopt, and implement written policies for officers to follow when responding to domestic violence calls.

There is a great deal of variation at the community level in how these collaborations affect actual practice and the extent to which the Families First/Domestic Violence Demonstration Project carries over to CPS and other community service agencies. The five sites that received pilot program funding were chosen because of strong existing domestic violence programs and a progressive community response to the issue. In several cases, the Families First team also serves shelters in surrounding counties with much more varied levels of community coordination. While some localities had a relatively long history of communication between the domestic violence and child welfare communities (pre-dating state-level discussions), in others areas the two spheres remained relatively separate outside the limited confines of the demonstration program.

#### *Overall Community Response to Domestic Violence*

Several counties have county-wide task forces to address domestic violence. Grand Traverse County (Traverse City) and Kent County (Grand Rapids) have among the oldest councils in the state, both established in the mid-1980s. Each includes law enforcement representatives, judges, various social service agencies including FIA, and citizens. Wayne County’s council, established more recently, spent the first several years developing a rapport among the various participants, but since then has been quite active and productive. CPS is not represented on the council, however.

Washtenaw County (Ann Arbor) does not have a formal task force or council. However, the executive director of the domestic violence program reports that conversations

take place often between the domestic violence program staff and certain law enforcement officers, prosecutors, and judges. The community itself is also very supportive of the domestic violence program and recently voted to tax itself (through increased property taxes) to help pay for a new shelter and program building.

### *Domestic Violence Programs*

The Families First/Domestic Violence Demonstration Project does not necessarily require new levels of communication or coordination between the domestic violence program and the local child protective services. Recall that, for the most part, families being served by the shelter's Families First team are *not* involved with CPS. In some communities, however, existing relationships were quite strong and positive, and in others understanding on the part of the shelter about CPS and Families First has certainly increased.

In Grand Rapids, a long-standing relationship existed between CPS and the YWCA, which has operated a 26-bed shelter since 1977. The shelter handles 580 to 700 women and children per year. The YWCA also operates a constellation of programs that interface with CPS beyond the shelter programs. These programs include an assailant treatment program, established in 1978; a non-residential program for battered women, providing services to approximately 200 women annually; parenting classes; custody evaluations, primarily for divorce cases; and training programs for Friends of the Court.

The YWCA also cosponsors with other community agencies, including the police department and the prosecutor's office, an assessment center for children suspected of being sexually abused. The center is seen as a neutral, non-threatening environment that allows children to be interviewed on very sensitive issues. People in the community described the center as a model of collaboration that has helped to bridge the gap between CPS and domestic violence advocates.

This range of programs helped create a strong link between the YWCA and CPS long before the state-level collaboration and pilot program. Working directly with the shelter was a natural progression for CPS in this community. In 1994, the YWCA received a grant to develop and train CPS workers. The staff developed a three-hour program but the training

was not mandatory and was only offered for a limited time. Furthermore, worker knowledge regarding resources available through the YWCA and the rest of the community allows Families First and CPS workers to make very specific counseling recommendations.

In other communities visited, the domestic violence programs were not run by large social service agencies but as separate entities providing shelter and related services to battered women and their children. These programs rarely interact with CPS except when a family already active to CPS comes to the shelter, or when a child is in imminent danger and reporting to CPS is required. All the domestic violence programs encourage the woman to call CPS herself, but do not hesitate to do so for her if she does not. In Ann Arbor, police contact the Domestic Violence Project immediately following a domestic violence arrest. An on-call team goes to the home of the survivor and offers information, shelter, counseling, support, referrals, and legal information. One person talks to the children. Advocates have been trained to ask questions regarding the children. If any evidence of abuse or neglect exists, the mother or the advocate contacts CPS.

#### *Services to Children*

Services to children affected by domestic violence are primarily provided only to children living in shelters. However, in addition to their wide range of services for shelter children (including a Head Start program), Ann Arbor's Domestic Violence Project offers a 10 week counseling and educational group for children ages 6 to 11 who are not in a shelter. Any child from a violent home is eligible to attend. Children in families active to CPS would certainly be eligible, but no formal relationship or outreach to CPS to refer families to the program occurs. The Grand Rapids' YWCA is currently seeking funds to establish a similar program for non-shelter children.

#### *Batterer Intervention Services*

All of the counties visited had at least one batterer intervention program available to take referrals from CPS, Families First, and/or the courts. Some of the domestic violence programs operated the program in their area, while others referred to programs run by other social service providers. State-level child welfare and domestic violence staff are concerned about the quality of available batterer intervention programs and the lack of information

regarding the efficacy of different models. Several communities have developed or are developing standards for these programs. Another widespread problem has to do with ensuring that batterers actually attend counseling programs. A lack of accountability was seen across programs and court systems. For example, when a batterer is ordered to attend a treatment program as part of a sentence, there is no routine feedback to probation or the courts on the successful completion (or not) of the program. Failure to attend intervention programs is not generally considered a violation of probation.

In Families First cases where the woman chooses to remain in the relationship, it is often the Families First counselor who may need to begin the process of working with the perpetrator. The Families First training includes a three-hour session on batterers. One worker felt that the curriculum provided enough information for her to feel comfortable dealing with the batterer. The curriculum is not intended to teach workers how to treat batterers themselves, but to help workers understand the importance of appropriate treatment and where it can be found within the community in order to make referrals.

### *Law Enforcement*

Most initial statewide or county-level efforts to address domestic violence targeted law enforcement—both through training and legislative changes. All new police recruits now receive 14 hours of domestic violence training. In Traverse City, all veteran police officers in the city police and sheriff's departments have also been trained with this curriculum. In Ann Arbor, an eight-hour in-service was offered to interested officers who assumed their posts before implementation of the new training.

The DVPTB has been very active in working to revise Michigan's laws on restraining orders. Personal protection orders (PPOs) are obtained from the circuit court in the county where the victim resides. These orders can be obtained without hiring counsel, are immediately entered into the Law Enforcement Information Network (LEIN), and are enforceable throughout the state. PPOs are an important mechanism for the management of mild protection cases in domestic violence homes, because a PPO can remove the batterer from the home without the intervention of the juvenile court. In many communities the



enforcement of PPOs has been strong, while in others the prosecution of violations has been more erratic.

In some counties, CPS workers have direct access to the LEIN system. This network contains all Michigan convictions, arrests, PPOs, and protective bond conditions. Wayne County's CPS agency has one LEIN terminal to service its four offices. Only two employees have access to the computer and that access is limited to information on convictions. Access was granted in the mid-1980s and has not expanded with the level of information on LEIN. While CPS workers can obtain some arrest and PPO histories secondhand through working relationships with various police agencies, administrators are in the process of expanding the legitimate access to LEIN as well. In other counties, all access to LEIN must be obtained through written, verbal, or in-person requests to the local police or sheriff's departments. In some places, workers must wait 24 hours for the background information.

In at least one community, Families First and CPS workers use law enforcement officers to help address the issue of domestic violence in their families. In Traverse City, all serious child abuse investigations are conducted jointly by both the child abuse police detective and CPS. In families where a woman remains in a violent relationship, CPS or Families First staff visit the family with a police officer to explain to the perpetrator the legal consequences of his criminal actions other than the removal of the child(ren). Traverse City also has community police officers working out of eight elementary schools in the city. Information flows freely among CPS, child abuse police officers, patrol officers responding to domestic violence calls, community police officers, and the schools to determine whether a child is living in a violent home and how that environment may be impacting the child.

### *Judicial System*

The court system in Michigan comprises the circuit court, which handles felony cases, child custody, PPOs, and divorce cases; the district court, which handles misdemeanors and preliminary hearings for felony cases; and the probate court, which handles child abuse, neglect, and juvenile delinquency cases. In Detroit a recorder's court handles the felony trials for crimes committed in the city of Detroit.

Conflicts frequently occur among the visitation orders, personal protection orders, and custody orders issued by these courts. Parental visitation rights are granted based on the best interest of the child, and domestic violence is one factor that can be considered in making the determination. Unfortunately, families with multiple issues are often involved in several courts, and not all of the relevant information may be presented to each judge. One judge cited a serious physical abuse case affecting three children that involved four different judges. There is no single resource for judges to refer to that records orders from multiple courts, nor is there a formal mechanism for reporting orders to other courts. As a result, inter-court communication varies by county.

One of the factors facilitating communication appears to be the size of the county, with smaller counties reporting greater communication. A probate court judge in a small, urban county reported that judges routinely call one another to determine if actions are being taken in one court that may affect decisions in another. In other counties, however, conflicts regarding the hierarchy of judges and their orders were reported.

Domestic violence is included in an annual training conference for judges and court officers. Despite the mandatory status of this session, counties report different attendance rates. A Wayne County judge was concerned with the lack of information judges exhibited on domestic violence issues, while in Kent County a probate judge stated that the judges in that county were well-informed about the issue and routinely attended training sessions at both the state and county levels.

Efforts are currently underway in Michigan to begin thinking about how to restructure the court system to facilitate greater communication on cases involving the same family. Legislation was recently introduced to implement a unified family court system in the state, and pilot projects are currently being developed. Interestingly, in Ann Arbor (a pilot site for a new family court system), there was a great deal of disagreement over where within the court system domestic violence cases should be prosecuted. The domestic violence community felt strongly that the inclusion of domestic violence in the family court would diminish its significance as a crime.

### *Prosecutor's Office*

In Wayne County, the Prosecutor's Office has a dedicated unit that handles both child abuse and neglect cases and domestic violence cases. Initially, six prosecutors handled only child abuse cases. In 1994 (almost simultaneous with the collaboration between Families First and the DVPTB), the unit added six more attorneys to handle domestic violence cases. The combined focus of this unit means that the attorneys frequently operate in all three court systems, which heightens the chances of discovering conflicting court orders. Prosecutors attempt to make sure that "no contact" orders are heard in the juvenile court. Victim-witness staff do most of the tracking of orders for the active cases in the office.

### *Substance Abuse Treatment*

Alcoholism was identified by state administrators as the largest substance abuse problem in the child welfare caseload. In partnership with four other agencies, the Domestic Violence Project in Ann Arbor provides drug and alcohol treatment for survivors who are addicted to alcohol or other drugs. Women with substance abuse issues can move into the shelter, and information and assessments are provided for all clients of the Domestic Violence Project/Safe House. In addition, there is a general lack of batterers programs or substance abuse programs that work on both issues.

### **Outcome and Evaluation Issues**

Although an evaluation of the collaboration between Families First and the DVPTB has not been conducted, discussions are underway. The exact design of the evaluation has not been determined. Currently, a more extensive follow up has been conducted for 25 Families First families who received services through the collaboration. All of the families reported feeling safer as a result of these services. Referrals to other community resources had been made. In one county, all of the 20 families served by the collaboration have remained intact, although it was not determined whether the women remained apart from their former batterers.

The goal of the Families First/Domestic Violence Demonstration Project is to empower women to make informed choices. An evaluation will need to translate that goal into measurable outcomes or indicators. Possible measures that Michigan is considering

include an increase in the use of personal protection orders, the existence of safety plans, the level of depression of the women, whether social networks have increased, and whether women feel safer and feel that they have more options. These measures help show whether a family is better off, regardless of whether the woman chooses to remain with or return to the batterer. For example, some women choose to return to their batterer because it is the safest thing for them to do at the time. Effective interventions will help obtain the best outcome for a particular family. Michigan administrators would like to measure whether the collaboration has enabled families to meet their particular goal, rather than measure how many families have reached a specific outcome without taking into account whether that outcome is appropriate for their situation.

Another interesting question for an evaluation would be whether Families First and similar intensive family preservation models in other states are a more effective intervention for families affected by domestic violence than traditional child welfare services. The same question exists for the effectiveness of family preservation for all risk factors. But once training on domestic violence has been fully implemented, it may be that intensive in-home work is more or less effective in addressing the issue of domestic violence than other issues.

## **Conclusions**

Michigan's efforts to address the overlap between domestic violence and child abuse began at the state level with strong support from top administrators. Explicit decisions were made to focus on the state's intensive family preservation model. Families First provided an ideal starting point to address domestic violence for several reasons. Families First counselors working intensively in the homes of their clients uncovered domestic violence in many families and recognized that without proper tools and knowledge they were placing themselves and the children they were meant to protect in greater danger. The domestic violence community was also more philosophically comfortable working with the child welfare system through the empowerment-based model of family preservation.

Administrators have taken the task of training very seriously. With the help of the Family Violence Prevention Fund they have developed an extensive curriculum for family preservation workers. Those workers who have received training report very favorably on

its usefulness in the field. For family preservation workers spending 10 to 20 hours a week in a family's home, training in domestic violence is critical both for safety reasons and to be able to work effectively with the family on all of its protective issues.

The Families First model appears ideally suited to working with women and their children who are in or recovering from an abusive relationship. The model is voluntary, and even in CPS cases where the threat of a child's removal hovers, Families First workers separate themselves from that threat. The model focuses on strengths within the family and empowering the family to use those strengths to change.

The Families First/Domestic Violence Demonstration Project expands the pool of eligible families for this service to some who lie outside the child welfare system. Michigan has chosen to serve these families through this mechanism rather than by expanding the definition of child abuse in order to serve children affected by domestic violence. These families are in need of services and might otherwise end up in the system without any intervention. Other states and communities are also beginning to grapple with the question of how to reach these children before the violence escalates to the point of CPS involvement. Some of these places are beginning to use threat of harm or emotional abuse allegations to bring families into the child welfare system. Michigan's Families First demonstration project is one alternative for other states to consider as a means of reaching these families.

At the same time, the Families First collaboration has not fostered linkages between domestic violence programs and CPS in local communities. Families First counselors who work directly in the shelter do not tend to communicate regularly with traditional Families First or CPS workers. In other communities, positive and mutually beneficial relationships have developed between all Families First staff and the shelter, but CPS remains uninvolved.

Michigan recognizes that efforts to link domestic violence and child abuse through Families First represent only a beginning. Efforts to develop a training curriculum and to implement policy changes for CPS workers are underway. The strength of commitment to the issue is strong at all levels of the Family Independence Agency. The state stresses the

importance of institutionalizing training and developing a substantive curriculum so that all staff can acquire the necessary knowledge and skills to work effectively with families facing domestic violence.

## **CHAPTER VII**

### **FINDINGS AND OBSERVATIONS**

This project began with a fundamental premise—that child welfare agencies need to take some action to incorporate considerations of domestic violence into their case practice. Staff from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and other sponsoring agencies viewed the evidence for co-occurrence of physical violence toward mothers and child abuse, reviewed in Chapter I, as compelling enough to warrant an examination of current activities around the country. While many of these efforts are in their infancy, sponsors felt that interest was strong enough and the issues important enough to justify this preliminary exploration and report.

With the need for action as a given, the focus of fieldwork was to discover what different agencies were doing, what lessons they had learned, and what issues agencies need to consider in order to make these new efforts work well. The following themes can be distilled from our fieldwork:

- Child welfare agencies have begun initiating changes from different organizational points within their agencies and have taken different approaches to changing case practice. Each starting point has advantages and disadvantages. Agencies need to think through which approach makes sense for them.
- Child welfare agencies have experience acting to protect children but are breaking new ground when they attempt to address domestic violence. These agencies cannot make appropriate changes without major and continuing collaboration with community stakeholders who work with domestic violence victims and perpetrators and know the issues involved. There are complicated policy and practice issues that can only be handled appropriately if child welfare agencies work together with people specializing in domestic violence services. Chief among these issues is the need to refrain from actions that increase danger to mothers and their children.
- Changes to child welfare agency practice around domestic violence will also benefit from collaborative policy development with police, civil and criminal courts, corrections (probation and parole), the schools, and local clinics and hospitals.

This chapter summarizes and integrates findings from the site visits and literature review. Reflecting the still early and developing state of the field, we do not provide

definitive examples of successful practice. Instead we review issues to consider and resolve. Our "findings" are that some challenges are common to most communities but that different agencies approach them in different ways. There is no universal resolution or "right" approach for all agencies.

The chapter first looks at approaches to changing case practice *within* child welfare agencies including where within the agency to start; how to expand; issues of staff motivation, understanding, and commitment; and issues of resources and tools *internal to the agency*. We then turn to the community context and the need to coordinate with other agencies and service providers. In the case of organizations experienced in working with victims of domestic violence, such collaboration is essential for shaping changes in child welfare agency policy and practice. Other cross-agency collaborations are critical for ensuring that new approaches to the co-occurrence of domestic violence and child maltreatment are successful, including approaches that leverage the investigative powers of the police or the enforcement powers of courts and corrections. We conclude by reviewing several complex policy issues for child welfare agencies. Many of these complexities reflect the challenges involved in balancing multiple goals: helping battered women help their children, holding perpetrators of domestic violence responsible for their actions, and working with batterers who continue to be involved in children's lives.

#### **APPROACHES TO ADDRESSING DOMESTIC VIOLENCE ISSUES WITHIN CHILD WELFARE AGENCIES**

The communities visited as part of this study have adopted different approaches to addressing domestic violence among families involved in the child welfare system. Communities in two states—Massachusetts and Oregon—have sought to change case practice throughout all of CPS, taking an agency-wide approach from the outset. In San Diego, by contrast, the Children's Services Bureau established a newly formed unit specifically for cases active to both CPS and adult probation. The Bureau focused its initial efforts on changing practice for these cases and then training other CPS workers on how to handle domestic violence in the regular CPS caseload. In Michigan, the link between CPS



and the domestic violence community was forged through the state's family preservation program, and has focused on families just *below* the threshold for out-of-home placement. Finally, in Hilo, Hawaii, efforts to understand and serve families affected by domestic violence have been concentrated among the CPS agency's intake unit staff.

### **Starting with the Whole Agency**

Massachusetts and Oregon have state-administered child welfare systems in which the state agency initiated changes intended to affect all public child welfare workers. Massachusetts' efforts began in the late 1980s when staff in the state's Department of Social Services (DSS) began to meet with battered women's organizations as part of a collaborative planning effort for a federal Family Violence Prevention and Services grant. During these meetings, the "disconnect" between the child protection and domestic violence communities became apparent. DSS staff believed that their mission to protect children overrode concerns about mothers and that battered women's advocates wrongly emphasized women's rights to self-determination while ignoring children's needs. Domestic violence service providers felt that battered women were re-victimized by DSS case workers who were insensitive to the presence and nature of domestic violence and often forced women to choose between their children and the batterer. Over the next several years DSS began to redesign its approach to families affected by domestic violence. It set out to shift its clinical practice in such a way as to "protect children by protecting their mothers." DSS's Domestic Violence Program is based on the principle that the best interests of children in families with domestic violence cannot be separated from the best interests of their mothers.

In 1990 DSS hired its first domestic violence advocate. Her job was to train staff in how to identify domestic violence, explore safe interventions, and find appropriate resources in the community. DSS's Domestic Violence Program has evolved into a separate unit, based in the central office and staffed by 11 domestic violence advocates or "specialists" and two full-time staff who supervise and support the advocates and help formulate agency policy on domestic violence. In two of its local offices, DSS has piloted interagency teams that bring the strength of a multi-disciplinary approach (including domestic violence) to case consultations. Successful approaches to managing cases involving domestic violence were identified and compiled into a "domestic violence protocol" that has since been adopted

agency-wide. DSS believes, however, that without the clinical support of the domestic violence specialists, the protocol alone would not be terribly effective. All DSS workers in Massachusetts have been trained in how to recognize domestic violence in their cases and how to work with these families. All newly hired social workers are trained in domestic violence as part of their pre-service training.

Oregon's efforts began in 1994 with a grant from the Office of Community Services' Family Violence Prevention and Services Program to conduct agency-wide training. Oregon's State Office for Services to Children and Families (SCF) worked with domestic violence advocates to develop and present a training curriculum in eight regional conferences throughout the state. Every local child welfare office was invited to send staff for training and most did.

Oregon also used the OCS grant to encourage dialogue and collaboration at the local level by funding seven meetings around the state focusing on building collaboration between SCF branch managers, SCF supervisors, and domestic violence program directors. The meetings included small group discussions about specific cases that involved domestic violence—what current casework practice is and how SCF might respond differently. The groups identified various ways their localities could collaborate further including holding joint staffings and training, and developing support groups. SCF is encouraging its branch staff to sit on their local domestic violence councils and invite domestic violence participation on multi-disciplinary teams.

Many local offices in Oregon are beginning to incorporate these suggestions into practice. As noted in Chapter V, however, the training proved to be only a first step. Most workers found they could not incorporate what they learned into case practice without more intensive and more structured assistance. SCF was able to provide this assistance in two counties by using leftover grant money from several federal sources to support part-time domestic violence advocates to work directly with the local child welfare workers. In both counties this training made a great difference to changing workers' understanding of the issues and their actual practice. With a second grant, Oregon is continuing the approach of locating domestic violence advocates directly in four local child welfare branch offices.

Both Massachusetts and Oregon have thus come to the same point by different routes and attest to the effectiveness of having domestic violence expertise onsite to help implement and solidify the lessons learned in training.

### **Starting with a Service Focus**

Two interesting alternatives to beginning with an agency-wide training approach were found in San Diego County and Michigan. San Diego's Children's Services Bureau was able to build on the county's tradition of interagency collaboration by establishing a new unit (the Family Violence Project) that bureaucratically bridges CPS and adult probation. This unit only serves families active to both of these agencies (a fairly small proportion of either agency's caseload). From the perspective of CPS, a strength of this model is that it takes advantage of the offending parent's probation status to hold him more accountable than would otherwise be possible, since the CPS agency's only real sanction is to remove a child from his or her home, whereas probation can put the offender in jail. The linkage with adult probation has another important advantage in that it deals with some of CPS's hardest-to-serve families and most violent perpetrators. Even if other CPS agencies in the country do not set up such a formal arrangement with adult probation, they could gain many of the same advantages by collaborating closely with adult probation. For example, the two agencies could work together to ensure that CPS's service and treatment requirements are explicitly incorporated into the perpetrator's probation terms.<sup>1</sup> Such a collaboration can also save public resources by eliminating duplication of effort around drug testing and other monitoring activities.

An important limitation of such an approach is that only a small share of CPS cases affected by domestic violence is likely to be eligible for the program. To serve *all* families affected by domestic violence more effectively, CPS needs to go beyond a narrowly focused unit such as the Family Violence Project. San Diego is doing this by building on Family

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<sup>1</sup> CPS workers in several communities noted that they work with clients' probation officers whenever possible. Instances of informal collaboration, however, were usually limited to individual workers and were not evident or feasible in all locations visited. The effectiveness and longevity of such relationships can be increased with the help of institutional support.

Violence Project staff's expertise and knowledge to develop training curricula and protocols for all CPS agency case workers. Family Violence Project staff (along with community groups such as the police department and battered women's advocates) train other CPS workers directly and consult with workers on cases involving domestic violence. This model of first establishing a specialty unit that is ultimately expected to help modify case practice throughout the entire agency, is an interesting alternative to trying to change case practice through agency-wide training alone.

Michigan's initial collaborative efforts focused solely on its family preservation program, Families First, for several reasons. Both Families First and domestic violence programs share the goal of violence-free families, an empowerment philosophy, and strength-based service interventions. The family preservation model appears to be ideally suited to working with women and their children who are in or recovering from an abusive relationship, because it focuses on strengths within the family and empowering the family to use those strengths to change.

Administrators have taken very seriously the task of training all Families First workers, including those who receive referrals from CPS and those who receive referrals from shelters to respond to domestic violence. In conjunction with Washington state's HomeBuilders program, Michigan's Families First worked with the Family Violence Prevention Fund in San Francisco to develop a domestic violence training curriculum specifically for family preservation workers (Schechter and Ganley 1995).<sup>2</sup> Elaborate training on domestic violence allows Families First workers to respond more effectively to the needs of families referred by CPS. Training is also important for safety reasons. Family preservation workers in Michigan were among the first to request training because in spending 10 to 20 hours in a family's home each week, domestic violence issues in the family threatened not only children's safety but workers' safety as well.

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<sup>2</sup> HomeBuilders is a model program of intensive family preservation services established in Tacoma, Washington in 1974.

Michigan's Families First is the largest family preservation program in the country, offering services to almost 40 percent of the state's CPS caseload. The state's focus on training Families First workers as a starting point may benefit almost half of CPS families. Still, Michigan has begun the process of expanding this collaboration beyond family preservation and is currently in the process of developing a training curriculum and other policy changes for all CPS workers in the state.

Another aspect of Michigan's collaboration that began as a demonstration but has since been institutionalized and expanded provides funding for some domestic violence shelters to hire their own Families First staff. These shelters can refer to their own Families First worker any families at risk of homelessness and those living in abusive or neglectful environments that pose a potential danger to a child. However, abuse or neglect of children that meets mandatory reporting laws must still be referred to CPS.

It is worth noting that both agencies that adopted relatively narrower approaches to integrating domestic violence within child welfare (San Diego and Michigan) are working toward broadening their efforts within their agencies. Sometimes this expansion is informal, such as when a specialized worker shares his or her newly developed expertise with other child welfare workers on a personal basis. Sometimes the expansion is formal and involves training and support for all CPS staff. This movement suggests that wherever one starts within the system, a comprehensive approach to domestic violence within the child welfare system is ultimately needed. It is important to start somewhere.

### **rerequisites for Success within CPS**

A key lesson from this study is that even with the investment of financial and other resources, changing CPS case practice around domestic violence requires a great deal of time and commitment. Key elements for success are:

- Basic levels of *awareness, understanding, and motivation* around making needed changes, and
- The *tools and other resources* needed to act safely and effectively on this awareness and understanding.

All of these elements are necessary. The elements of the first group—awareness, understanding, and motivation—are closely related to one another but are not the same. Awareness refers to having a basic knowledge of the problem of domestic violence, including knowing that it may be present in a family and needs to be addressed. Understanding domestic violence implies a deeper and more thorough comprehension and familiarity with the many dimensions of domestic violence, its underlying dynamics, and the many different manifestations of the problem. A full understanding of domestic violence also means that one knows safe and effective ways of working with families affected by such violence. Finally, motivation refers to a willingness to do something about domestic violence once one is aware of it. One can be aware of a problem without fully understanding it or being motivated to do anything about it. Similarly, one can be motivated to address a problem one is aware of without fully understanding many of the complexities involved.

Tools and resources are two additional distinct elements with more concrete characteristics. Tools include specific screening, case management, and other types of protocols, as well as techniques for investigation, assessment, safety planning, and referral. These types of tools are often included in CPS domestic violence protocols like those adopted in Massachusetts and San Diego County. These protocols offer case workers concrete guidance on how to interview family members, (e.g., they should be interviewed separately and in a certain order), specific questions designed to uncover domestic violence (e.g., children may be asked “When mommy and daddy fight, do they fight with words or with their hands?”), and advice on how to assess the level of risk to the mother and child(ren), the offender’s lethality, and the impact of exposure to violence on children. Case workers also need tools to design appropriate service plans, to help mothers and children develop safety plans, and to document information in case records and other official records in ways that are thorough yet safe and confidential. Resources are both internal and external to CPS and include access to information on previous civil and criminal charges involving family members, effective treatment options, probation and court monitoring of perpetrators, and other supports such as domestic violence specialists. These resources benefit both case workers (by giving them options and increasing their flexibility in meeting family needs) and families (by providing the most appropriate services and treatment alternatives).

### *Interplay Among the Five Elements for Success*

Many CPS agencies have succeeded in raising awareness about the need to screen cases for domestic violence. This is often accomplished through pre-service or in-service training. Frequently, however, workers receiving training are not given the necessary tools and resources to change case practice for families affected by domestic violence. These tools include well-developed screening questions, case management protocols, knowledge of domestic violence laws and services, and safety planning techniques. Important resources are experts or other knowledgeable individuals whom case workers can consult when faced with dangerous, unusual, or unexpected situations; and resources outside the agency including appropriate treatment options for batterers, advocacy and supports for survivors and children, and an effective civil and criminal justice response to the crime of domestic violence. A critical part of the training process must be educating workers about the existence of these outside resources and how they and the families they work with can access them. If critical external resources do not exist, CPS can be instrumental in collaborations that will develop them.

CPS agencies that appear to have high levels of understanding and motivation but lack needed tools or resources include Hilo and one local site in Oregon. CPS workers in the Oregon community reported that the danger they faced had increased since they began focusing on domestic violence in their caseload. These workers, who were aware of the importance of domestic violence in their caseload and were motivated to respond, were not initially provided with the depth of knowledge or appropriate procedures and protocols to address the issue adequately once it was identified in a family. In addition, their training did not cover how to work with batterers without being manipulated. Despite agreeing that working with these families was important, workers in this office described the situations they found themselves in as very dangerous. They said they were hesitant to take these cases and staff turnover had increased with the new policy.

Examples of what happens when one has many tools and resources but little motivation were found within some local CPS offices in Massachusetts. All local agencies were relatively resource-rich in that each had an in-house domestic violence specialist who was available on a part-time basis to provide ongoing education and training. However,

some CPS case workers and even their supervisors lacked awareness and understanding about domestic violence, and thus were not motivated to consult their in-house specialist. Many domestic violence specialists reported that much of their initial work at the local agency involved “drumming up business” by conveying to workers why and how they should use a domestic violence specialist. Not surprisingly, local CPS agencies and individual case workers varied greatly in their level of understanding and acceptance of these issues. Cultivating awareness and understanding of an issue takes time; one should not be discouraged if motivation among CPS workers is not universally high at the outset. In other local agencies in Massachusetts where workers’ motivation was very high, the resources needed to support the workers were readily available. Not only did battered mothers and their children benefit from improved services, but the CPS social workers were much more confident that they knew how to handle such cases well.

Fostering awareness, understanding, and motivation among case workers and their supervisors and providing them with useful tools and resources requires both *initial* education and training and *ongoing* technical assistance and support. Initial and ongoing training help to establish an awareness and understanding of the complex issues involved and to maintain the motivation needed to succeed. Similarly, providing line workers and their supervisors with technical assistance (e.g., on how to use new protocols and how to access needed resources) helps them implement changes by giving them the specific tools they need to approach potentially complex and dangerous situations safely and effectively. Workers’ continued motivation to approach domestic violence cases in new and creative ways is further enhanced as they use these tools and observe their benefits directly.

A branch manager in Oregon who oversees two counties—only one of which had an on-site advocate for six months—noted a dramatic difference in the ability of the respective line staff to integrate information from training into their work with families. The office with the on-site advocate made much greater strides in understanding, motivation, and creative case planning. In both Oregon and Massachusetts, the presence of an on-site advocate had two major benefits: knowledge and time. The domestic violence advocate worked to promote understanding and awareness among the workers and was able to change the way specific cases were handled. Through case staffing and informal conversations, she



also facilitated the process of translating general knowledge from the training to actual changes in practice. In addition, the advocate spent a great deal of effort directly supporting and counseling women in abusive situations, an activity that the CPS workers themselves rarely have the time to do.

Family preservation workers in Michigan receive in-depth training that includes specific tools for working with families in domestic violence situations. Workers receive training both to work with women who are in the process of leaving their batterer and establishing new households, and to work with families where domestic violence is an active issue and the batterer is still in the home. One intent of the training is to increase workers' ability to effectively solve problems together with the woman in creating a safety plan for her and her children. One Families First worker explained how one of her clients, a victim of domestic violence, had no phone at home. As part of her safety plan, the woman worked out an agreement with some of her neighbors to call the police if she signaled she was in danger by turning the porch light off and on. Workers also provide women with information on available resources in the community, identify supportive friends and family to whom she can turn for help, and conduct role playing. Families First workers also receive ongoing support from trainers knowledgeable about the issue in order to work effectively with these families. In addition, these workers have an important resource that traditional CPS workers do not: time to work with families intensively for up to 20 hours per week.

### *Who Should Be Involved*

Effectively serving families impacted by domestic violence requires the involvement and commitment of individuals at *all levels* within CPS. Some examples of what can be initiated at various organizational levels are shown in Exhibit VII.1 (for CPS Administrators/Managers), Exhibit VII.2 (for CPS Supervisors), and Exhibit VII.3 (for CPS Social Workers/Caseworkers). Most of the examples at the higher administrative and managerial levels within CPS relate to agency policy. These include allocating resources, developing new criteria for screening, assigning, and investigating cases, and adopting new case management protocols. The agency's overall philosophy toward domestic violence and battered women is also very important, and can strongly affect the success of other efforts within the agency to help families in need.

Efforts by CPS supervisors can span both policy and practice areas (see Exhibit VII.2). They set the tone for their unit of caseworkers, can encourage and support caseworkers to take advantage of training opportunities, and can act as an important back-up for caseworkers through case consultations and in other advisory and supervisory processes. Supervisors can also advocate on behalf of caseworkers and the families they are helping by communicating training and other resource needs to higher level managers. Finally, there are a number of changes in case practice that social workers and other line workers can make to improve services to families affected by domestic violence (see Exhibit VII.3). These include becoming informed about domestic violence, learning how to screen for and identify it, placing a high priority on the safety of mothers as well as that of children, and understanding that in some cases CPS can best help children by helping their battered mothers.

The efforts underway in the five communities visited as part of this study range from very low-cost options (adopting new questions and techniques when interviewing mothers and children) to more expensive ones (hiring full-time domestic violence specialists to consult with CPS caseworkers and model best-practice approaches). Some of the most important and effective prerequisites to bridging child welfare and domestic violence services are relatively low-cost. These include participating in community-wide interagency forums, learning and raising others' awareness about the overlap between child maltreatment and domestic violence, and supporting other agencies' efforts to improve services for families experiencing violence or abuse.

Low-cost activities are a way to begin changing CPS practice. But as Massachusetts' experience makes clear, accomplishing system-wide change will require substantial resources. It may be worthwhile to develop methods to justify these resources, such as documenting the number of families in need, tracking these families over time, and observing if they are more likely to re-enter the child welfare system because of unaddressed domestic violence concerns. Some of these methods are fairly easy to do and may help attract the additional resources needed for more costly options such as hiring in-house domestic violence specialists.

**Exhibit VII.1**  
**Examples of What CPS Administrators/Managers Can Do to**  
**Integrate Domestic Violence Issues into CPS Case Practice**

**State, County, or Local**  
**Policy Issues**

**Change Agency Philosophy:** Recognize that in some cases, if a mother is being battered by her partner, CPS can protect children best by protecting (or helping to protect) their mother. A mother's true capacity to parent a child cannot be assessed adequately if she is being abused and traumatized. The relationship between CPS and a battered mother need not be adversarial; they can form a common front against the real problem: the abusive behavior of the offending (battering) parent or partner. Charge battering fathers (not battered mothers) with "failure to protect."

**Allocate Resources:** Changes in philosophy and attitudes should be promoted throughout the agency by providing regularly scheduled training sessions on domestic violence. Resources should also be made available for other efforts needed to effect and sustain system-wide change (e.g., in-house domestic violence specialists, an in-house domestic violence unit, periodic reviews of agency policies and case practice).

**Develop Criteria for Screening, Intake, and Assignment:** Determine how intake workers should treat domestic violence in their initial screening, prioritization, and referral of incoming reports (e.g., how many incidents of a child's witnessing domestic violence warrant a CPS investigation? What types of parental violence or criminal history warrant a CPS investigation? For cases that are not investigated or screened in, should CPS refer families to other sources of support?)

**Develop Criteria for Investigation and Case Management:** Review existing protocols to ensure that all investigations are handled safely and appropriately in case domestic violence is present but has not yet been identified (e.g., interview parents separately since mother is unlikely to disclose abuse in front of her partner). Train and encourage all investigation workers to screen for domestic violence both directly and indirectly (e.g., review criminal history record of parents; look for signs and clues that mother is a victim of abuse; ask mother directly about domestic violence; ask child if parents "fight" with words or hands). Ensure that this domestic violence-related information, which is usually quite complex and often varies from one family to another, is integrated into risk assessments and other aspects of case management.

**Adopt New, Appropriate Case Management Protocols:** For families known to be affected by domestic violence, ensure that appropriate needed services (e.g., safety planning, legal advocacy, batterer intervention services) are known to caseworkers. Ensure that the case management plan (and the case record): (1) takes into account that battered women have often developed many coping mechanisms, protective actions, and other strengths that CPS can build on, and (2) reflects the offending parent's accountability (e.g., through the language used in the case record, the number of services required of the mother versus the father). Also, safety and confidentiality concerns may necessitate separate service plans for each parent.

**Cultivate Interagency and Other Community-Wide Collaborations:** Initiate and participate in interagency and other community-wide efforts. Establish multidisciplinary teams for case review. Ensure that CPS has contracts with appropriate service providers (including services for children, mothers, and fathers/partners), and cultivates new services if needed. Review contracts with existing service providers to ensure that they have experience with domestic violence, sufficient training requirements, and treatment standards about domestic violence.

**Exhibit VII.2**  
**Examples of What CPS Supervisors Can Do to**  
**Integrate Domestic Violence Issues into CPS Case Practice**

**Local Agency Level**  
**Policy and Practice Issues**

**Set the Tone:** Demonstrate to all staff that domestic violence should be taken seriously and needs to be addressed by CPS. Attend training sessions with caseworkers and support the development and use of new policies, protocols, and other resources (such as domestic violence specialists) that will help CPS-involved families affected by domestic violence.

**Support Training Opportunities:** Encourage workers to attend non-mandatory training offered by CPS and others agencies in community. If adequate training is not available from within CPS, work with local domestic violence service providers to develop cross-training activities or piggy-back on other domestic violence training activities in the community.

**Support New and Creative Approaches by Workers:** Encourage workers to take advantage of existing resources (in-house advocate, etc.) and find creative ways to meet need (e.g., by inviting a domestic violence advocate in on a volunteer basis several hours per week); encourage multidisciplinary case consultation meetings and include a domestic violence expert; support and encourage workers to be creative in how they work with families affected by domestic violence.

**Identify Gaps In Needed Services:** Identify any gaps in services (e.g., counseling services for children affected by domestic violence, effective batterer intervention programs) and communicate these needs to the community at large and to managers or other CPS administrators responsible for contracting for needed services.

**Participate in Interagency and Other Community-Wide Forums:** Participate in local domestic violence-related community forums and task forces to communicate CPS's perspectives and help craft joint responses to families in need. (Encourage interested lineworkers to do the same.)

**Value Background Experience with Domestic Violence:** As with others areas of expertise (e.g., child sexual abuse), take previous experience with domestic violence into account when hiring new case workers and take full advantage of that experience once such people are hired. Allow workers to specialize in domestic violence cases.

**Exhibit VII.3**  
**Examples of What CPS Social Workers/Caseworkers Can Do to**  
**Integrate Domestic Violence Issues into CPS Case Practice**

**Local Agency Level**  
**Practice Issues**

**Adopt New Approaches:** Always screen for domestic violence (using newly developed protocols and other tools when available); recognize that the relationship between CPS and battered mothers need not be adversarial and that by forming a "common front" CPS can help mothers protect their children; find new and creative ways to help mothers and children, and always put their safety first; build on the many coping mechanisms, protective actions, and other strengths that battered women have often developed; document all information about domestic violence in the case record and strive, through the language used in the case record and the number of services required of the mother versus the father, to hold offending parents accountable (charge perpetrators of domestic violence, not their victims, with "failure to protect"). Safety and confidentiality concerns may require that separate service plans be developed for each parent.

**Learn About Domestic Violence and the Legal and Service Interventions to Stop It:** Take advantage of any/all training activities (whether or not they are mandatory); ask for more training opportunities if needed; consult with domestic violence specialists (in-house or other) and request that multidisciplinary case consultation meetings include someone knowledgeable about domestic violence. Support and encourage co-workers and supervisors to do the same.

**Be Proactive Within CPS:** Communicate to supervisors and management a lack of training opportunities, referral sources, or any other resources needed to help families affected by child maltreatment and domestic violence.

**Educate and Inform Others About Child Welfare Issues and CPS:** When interfacing with the domestic violence community, recognize that there are many misunderstandings and preconceptions about CPS (e.g., many people are not aware of the legal mandates governing CPS activities). Rather than be discouraged in the face of this, try to educate and inform others in the community about how CPS can (with others) help families in need. If possible, participate in community-wide forums about domestic violence and share CPS's unique perspectives.

**Expect Challenges and Be Patient in Addressing Domestic Violence:** Recognize that addressing domestic violence within families may require more effort in the beginning but that it will help the mother and child(ren), may prevent the case from re-entering the child welfare system, and may prevent injury and trauma to children. Barriers and mistrust between CPS workers and battered women's advocates will diminish over time with effective communication and collaboration, resulting in improved safety for families.

There is no single "right" approach; each one has advantages and disadvantages. The appropriateness and success of any one approach strongly depends on the conditions and circumstances within a particular agency and, as the next section makes clear, the larger community. Agency- and community-level factors that should be considered include whether CPS is administered at the state or county level, degree of local agency/individual unit autonomy, ease of establishing and monitoring the effort, willingness of staff at various levels to take on new initiatives, previous experiences with new case management approaches and innovation, the community's overall level of responsiveness to domestic and family violence, and the level of resources available to devote to the effort. Other important considerations are the expected longevity of the initiative and, in the case of efforts that are limited to one part of the agency, the potential to impact other portions of CPS.

#### **THE IMPORTANCE OF THE LARGER COMMUNITY**

Many agencies and individuals may be involved in responding to family violence, providing many opportunities for cooperation and collaboration. This study found many examples of such collaborations. The Family Violence Project in San Diego was the result of a formal agreement between the adult probation department and CPS. This link also gave regular CPS staff access to critical information on criminal histories from the criminal justice system. CPS and domestic violence agencies in several Oregon counties developed extensive collaborative linkages including training, case consultation, and therapeutic services for children. In another Oregon community, CPS and a local mental health agency collaborated to develop a batterer intervention program in a community that did not have one. The existence of this new service, in turn, stimulated judges to include participation in the treatment program as a condition of restraining orders and probation. Since batterers had to pay for participation themselves, this further increased service availability. In Hilo, the judge screens cases on the domestic violence docket and refers them to child welfare if children appear to be in danger. Below we review the many community-wide issues that CPS and other agencies involved in helping families affected by domestic violence will need to consider. We examine various aspects of the linkage between CPS and the domestic violence service community, as well as other community-wide collaborations, especially those that foster information sharing and expand access to treatment services. We conclude with

discussion of more general community characteristics that may shape efforts to coordinate services for CPS-involved families affected by domestic violence.

### **The Domestic Violence Community**

To change policy and case practice around domestic violence safely and effectively, CPS must consult with and involve battered women's advocates and other experts from the domestic violence community. Without the input of domestic violence specialists, CPS is likely to make serious and potentially dangerous mistakes. This input must be sought despite the history of hostility and antagonism between child protection workers and domestic violence advocates in many communities. Bridging this gap is an important part of coordinating services for families. Professionals from both the child welfare and domestic violence communities have much to learn from one another. As they begin to communicate and build trust, both sides are likely to evolve and benefit. Child welfare workers can come to appreciate that in many cases children can be protected best by protecting their mothers. Battered women's advocates can come to appreciate that CPS has many legal obligations affecting its work with families, and that it must act in the best interest of children when there are conflicts with that interest.

As they work together, the two communities can recognize that while they see many of the same families, there are also important differences in the populations being served. As discussed below, domestic violence specialists based in CPS agencies have found that many cases are much more complex and dangerous than those they encountered in battered women's shelters. Once CPS and the domestic violence community begin to share their concerns, experiences, and perspectives, they can begin to make progress in coordinating efforts to serve all families in need.

An important issue that arose in several sites concerned the appropriateness of existing battered women's service providers for helping CPS-involved battered women. Communities with well-established child welfare-domestic violence collaborations, including several in Massachusetts and Oregon, provided anecdotal information about the differences between CPS-involved battered women and women who traditionally seek help from battered women's shelters. Most battered women who have turned to emergency shelters

and other support services have done so on their own initiative. In contrast, CPS-involved women are generally receiving treatment as part of an externally imposed service plan to keep custody of their children, and may not have reached the point of acknowledging the danger to themselves and their children. If they do seek shelter, it is often because CPS has told them they must do so or lose their children. Often these women are not willing or ready to end their relationships with their partners.<sup>3</sup> Some communities have found that CPS-involved women are more likely than women traditionally served by battered women's shelters to have active substance abuse and serious mental health problems. They are also more likely to have older children and children with special needs. Finally, some of these mothers are teen mothers or may not speak English well.<sup>4</sup>

One key question that arises from these observations is whether or not existing battered women's shelters are able or willing to accept CPS referrals. Many shelters have requirements such as sobriety and participation in group counseling that a newly referred CPS mother may not satisfy. Group counselors at shelters in Massachusetts, for example, found that the mandated participation of some CPS-referred mothers was undermining their effectiveness with other shelter victims. Some of these CPS-referred mothers were unwilling to admit that their partners had been abusive. As a result, a separate off-site support group designed especially for CPS-involved mothers was established. It is co-led by a shelter worker and a CPS domestic violence specialist.

Another feature that distinguishes CPS from voluntary domestic violence programs is that CPS *must* work with the child's (abusive) father if he lives in the child's home or if he wants to remain involved in the child's life. CPS must also work with any other battering partners who live in the child's home. This can be difficult if the mother is not prepared to leave her abusive partner. Anecdotal information suggests that CPS-involved *perpetrators* of

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<sup>3</sup> Note that this is not unique to CPS-referred battered women. Many battered women choose to stay (or return) to their abusive partners. Some ultimately leave these partners and others do not. Unlike their non-CPS counterparts, however, many CPS-referred battered women have never independently sought help from a domestic violence program.

<sup>4</sup> These differences do not apply to all communities, and will depend on many factors including the characteristics of CPS-involved and other battered women.



domestic violence may differ from many of their non-CPS counterparts, just as their victims often do. In Massachusetts, the clinical director of a batterer intervention program that serves both CPS referrals and court-ordered perpetrators observed that CPS-involved men tend to be more pathological, dangerous, and generally lower functioning. He also remarked that they are younger and less educated than their non-CPS counterparts, and because they are not court-ordered into treatment, are much less likely to complete the program.

Differences between CPS-involved families and shelter-involved families extend to the children as well. Two CPS offices in Oregon collaborated with local domestic violence programs to develop therapeutic support groups for children who had been exposed to domestic violence. Both pilot counties had difficulty establishing these groups because the children were struggling with many problems in addition to domestic violence, including their own physical or sexual abuse. In addition, most of the children were in unstable living situations either because they were in temporary foster care or because they remained with their mothers in volatile and potentially unsafe environments. Coordinating transportation for the children in foster care from locations that were both geographically dispersed and temporary proved very challenging. One of the specialists also noted that the children needed individual therapy before they could benefit from group therapy, and that the group required almost one adult per child to keep things on track.

Communities may want to consider whether existing domestic violence programs can should absorb battered women and their children identified by CPS or if existing agencies could work together to develop spin-offs or new services. If existing domestic violence services are already at capacity or are not always appropriate for families involved with CPS, the option of developing new services may need to be considered. Just as child welfare organizations in many communities created the demand for new approaches and services for child sexual abuse, CPS agencies should recognize that if they choose to reallocate funding they can also foster the development of domestic violence services appropriate for their families. It should be stressed, however, that whether they use existing or newly established services for battered women and their children, CPS should design these services in conjunction with battered women's advocates and other experts within the domestic violence community, to be sure that services do not further endanger or victimize mothers or

children. Such a collaborative approach can also ensure that services are not duplicated and foster positive working relationships by sharing ownership with the domestic violence community and establishing a two-way education process.

By addressing domestic violence issues within the context of child welfare, CPS can be the impetus for improving community-based domestic violence services more generally. Some battered women's service providers may be unable or unwilling to serve CPS-involved women for a variety of reasons. Others may recognize that only a small share of battered women in need of help ever enter their shelter system, and that by coordinating with CPS and developing new approaches for this population, they can reach a larger group of battered women who would otherwise remain unserved.

There are many ways for CPS agencies to take advantage of existing domestic violence resources and expertise in the community. They can bring these resources directly into their agency, for example, either by hiring domestic violence specialists (as is being done in Massachusetts), by contracting with local domestic violence programs to provide staff to work with CPS workers and families (as in Oregon's pilot sites), or by inviting domestic violence advocates to sit in CPS offices for case consultations on a weekly or monthly basis. They can also encourage other private providers with whom they contract to address domestic violence issues (as Michigan is doing with its family preservation services). Having domestic violence specialists on staff demonstrates a high level of commitment to domestic violence concerns and builds bridges between the domestic violence and child welfare communities. The need for such bridges is clear: many domestic violence specialists hired by CPS initially experience tension from within the child welfare system and also from their former colleagues within the domestic violence community.

### **Other Options for Collaboration**

Helping CPS-involved families affected by domestic violence cannot be done by CPS alone. Part of any effective intervention with families subject to domestic violence is *to hold the perpetrators of such violence accountable* for their actions and to provide the resources needed to promote the safety of adult victims. CPS has some role to play in this effort (e.g., by placing responsibility on the batterer rather than charging the battered woman with

ailure to protect her children). But offender accountability is primarily the responsibility of the criminal justice system, including law enforcement, prosecution, the courts, and corrections. CPS's only "stick" is the threat of removing a child from the home: if only the mother cares about losing her children, this threat is not a deterrent for the batterer. According to domestic violence advocates in several communities, batterers often use the threat of CPS action as another lever to intimidate and control their partners. To hold the ultimate perpetrator accountable, CPS must be able to depend on outside agencies to respond consistently and effectively to the batterer's criminal behavior. In addition, CPS agencies must be able to rely on other organizations in the community to provide many of the treatment services these families need.

### *Community Coordination and Information Sharing*

In some communities an effective response to domestic violence exists, but CPS has not used the services of domestic violence programs or the criminal justice system to its fullest potential. In other places, existing services are not always appropriate or sufficient for CPS to refer all families in need. Because the families seen by CPS often have many problems, they may not fit the client profile accepted by existing community agencies. In any case, communication between the multiple agencies involved is critical to inform CPS of existing services and to enable workers to gain access to them, and for communities to develop new services to meet the unique needs of CPS families in domestic violence situations. Effective communication can begin to break down mistrust and misunderstandings. Many communities have built effective responses to domestic violence through formal task forces, but local child welfare agencies are rarely involved. In some cases they have not been invited and in other cases they have chosen not to attend. Conversely, few communities involve domestic violence representatives on their multidisciplinary child abuse and child fatality review teams, despite growing evidence that battering is often present in these cases.

Many communities have found formal taskforces and councils to be an effective means of beginning the process of collaboration. Some communities, however, have based their interagency collaborations on more informal connections, including individual-level relationships. Personal working relationships are an important element of successful

collaboration, but enlisting the formal support of top-level administrators can accelerate the process of change and make it more consistent. Collaboration that increases the flow of information between agencies and develops and works toward shared goals can help different agencies send a consistent message to all family members.<sup>5</sup> Consistency is critical, both to ensure that a perpetrator is unable to manipulate the system to his advantage and to assure a victim that her family will be safe after contacting the police or taking other official action. Prompt police response, prompt issuance and effective enforcement of restraining orders, and prosecution of violations of orders involve many players including law enforcement, prosecutors, judges, and probation officers. Furthermore, a coordinated community response to domestic violence allows families to access appropriate services regardless of how or where they enter the social service or justice system—by calling 911 or a domestic violence shelter or crisis line, applying for a temporary restraining order, or having contact with a child welfare agency (Clark et al. 1996).

CPS agencies in communities such as those examined in Hawaii, Massachusetts, and Oregon, have formal access to criminal justice information. Others rely on the benevolence of particular police officers or are limited to one computer terminal or one designated worker within the agency to obtain criminal histories. Other information-sharing arrangements were also found in the states and communities we visited, including sharing information between probation and CPS, and joint visits conducted by family preservation or CPS workers with law enforcement officers to discuss potential legal ramifications for the batterer. Many professionals throughout the country are mandated to report child abuse to their state child welfare systems. But opening lines of communication and building trust have inspired judges, prosecuting attorneys, hospital workers, and battered women's advocates in some communities to probe more deeply into the well-being of children in families where only domestic violence is immediately evident. If evidence is found that children are in danger, these authorities may then make a referral to CPS.

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<sup>5</sup> A major issue affecting interagency information sharing is the problem of confidentiality of client information. In the case of child welfare agencies and domestic violence service providers, some of these confidentiality constraints are legally mandated, while others are grounded in professional ethics and the need for trust as a basis for successful provider-client relationships. A full treatment of this issue is beyond the scope of this study.

Increased communication *within* the court system can also improve the response to victims in violent households. Families in the justice system due to both child maltreatment and domestic violence may be involved in several court cases simultaneously. A child maltreatment case may be active in both juvenile (civil) court and criminal court, while any number of courts may be involved with domestic violence depending on the nature of the action (civil or criminal), the level of offense if criminal (misdemeanor or felony), and locale (county versus municipality). Divorce and custody issues between parents are often settled in another court (civil family court). Each community has its own unique and often complex court system. More often than not there is little or no systematic means of communication among courts, or between the courts and CPS. This can cause a great deal of confusion for families, and may have harmful repercussions when orders conflict, as when custody and visitation provisions are incompatible with the provisions of restraining or stay-away orders.<sup>6</sup> Small communities and those with more unified court systems are at an advantage because one judge often presides over several courts. In these situations, one judge may hear all cases involving a single family or the judge can call up information about other court cases when deciding on the matter before the court. It is still up to the individual judge, however, to access information from other court cases to inform his/her decisions. Some judges have reported that they intentionally try to keep cases coming before them quite separate in their minds despite hearing all of them, while other judges take full advantage of access to information even when they personally have not heard all of the various related cases.

The sharing of information among cases involving members of a single family is an important *potential* advantage to unifying all civil and criminal family cases into a unified family court. Many nationally recognized domestic violence experts, however, are concerned about the effects of unified family courts (Battered Women's Justice Project 1994). One important objection is that by moving domestic violence cases out of the regular criminal

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<sup>6</sup> In San Diego County, it is not uncommon for cases transferred to the Family Violence Project to have criminal and juvenile court orders that conflict with one another. In these cases the CPS social worker-probation officer team jointly reviews the orders, consults with their supervisors and, guided by a standard of what is best and safest for the children and family, goes back to one of the courts to have the order modified as needed.

courts, some people may view domestic violence offenses as being less important or less serious than other criminal offenses. This concern, which was also raised by battered women's advocates in Michigan, is quite understandable given that much of the progress made in addressing domestic violence has been achieved through the criminal justice system (by ensuring that laws treat domestic violence as a serious crime). Many advocates at the national level also want to ensure that battered women continue to have available to them the full range of criminal and civil court options. Some fear that one side (civil or criminal) may suffer if unified within a single court. Finally, advocates have also noted that family violence is only a small share of all court-based family matters. By unifying all cases within a family court, domestic violence and other forms of family violence issues might get inadequate attention. In the case of this last concern, a unified domestic violence court (Merryman n.d.) is less problematic than a unified family court. These same advocates argue that before establishing a unified family court, communities should identify the specific problems that need to be resolved and explore the full range of solutions to that problem. In the case of inter-court information sharing, they note that there are many ways of addressing this issue without unifying the courts involved.

### *Treatment Services*

A critical community resource is the availability of affordable, accessible, and *appropriate and effective* treatment services for battered women, children, and perpetrators. Without adequate referral options, CPS workers may even be reluctant to screen their cases for domestic violence. Documenting the presence of domestic violence in the CPS caseload may help agencies justify the need for new or expanded treatment options.

Many batterer intervention programs are available in this country, but there is little evidence that they have a long-lasting and significant impact on the behavior of batterers (see Edleson 1995a; Gondolf n.d.; Tolmon and Edleson 1995). Many of these programs base their approach on the theory that battering is a manifestation of male power and control supported by societal attitudes and structural arrangements. Others are based on simple "anger management" or behavior control principles that treat battering in the same way they would treat fear of heights or smoking cessation. One promising program that has not been adequately evaluated bases its approach on psychological principles of attachment, affect,

and individuation theories (Stosny 1995). Some states have minimum requirements for the number of sessions in approved programs. California's is among the longest at 52 weeks. In other states, judges order offenders into programs as short as a single Saturday afternoon.

### **Community Characteristics**

Every community is unique and has a variety of strengths on which to build. Just as efforts to change case practice for families affected by domestic violence can begin from a variety of points *within* the CPS agency, different starting points can also be found in the community at large. If a community already coordinates its efforts and collaborates in a certain area, child welfare and domestic violence groups can begin by working within such systems. Hawaii, for example, has a well-established network of Child Advocacy Centers—child-friendly centers jointly supported by the state judiciary and private community donations. These centers were originally designed to help with the investigation and prosecution of child sexual abuse cases. They are also a key point of coordination for families involved in multiple court cases. Center staff are now hoping to attract cases other than sexual abuse. CPS and other community agencies may want to use such centers when working with families affected by child maltreatment and domestic violence.

Other community characteristics will also affect how various agencies will be able to come together to help families affected by both child maltreatment and domestic violence. These include a community's size and its urban or rural status. Service delivery systems in rural areas, for example, have several distinct features.<sup>7</sup> Rural systems are likely to be informal and personal rather than formal or bureaucratic, even when a service agency is involved. Often agency staff and their clients know each other or their families quite well.<sup>8</sup> Service providers are also likely to know one another and to have a long history of mutual

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Many of these findings have also been documented in studies of services for homeless people (Burt 1995) and people needing mental health services (Center for Mental Health Services 1993) in rural areas.

There can be disadvantages to this personal familiarity. Women may be less likely to help from someone they or their partners know. In addition, service providers may be likely to act if they know the people involved (e.g., the police may fail to arrest someone they know).

referrals. Often, agency staff know which agencies have resources at the moment and what types of resources they have. There are also important informal linkages to religious organizations and other unofficial sources of community assistance. There are many advantages to this quality of small-town service delivery. One can build on the many informal supports present in rural communities.

Small communities may have to rely on the willingness and ability of one critical person, such as a judge, to cooperate in this effort. Once this person is on board, however, change can occur more quickly in smaller communities than in larger ones. Other members of the community can lay the groundwork to educate and encourage all higher officials to understand the importance of particular issues and to take advantage of new opportunities as they arise. Other factors such as isolation, large geographical distances, a lack of resources, local attitudes and politics (including a denial of social problems), and a lack of knowledge of successful efforts in other communities mean that rural service providers may find it difficult to organize an efficient service delivery network for families affected by violence.

### **COMPLEX POLICY QUESTIONS**

The site visits conducted for this study uncovered a number of complex policy issues which communities find themselves addressing either explicitly or indirectly. These policy questions, which reflect many philosophical issues include: (1) Should CPS actively seek out domestic violence cases potentially involving child abuse/neglect, in addition to screening for domestic violence in its existing caseload? (2) How should CPS handle cases in which a child witnesses domestic violence, but in which direct evidence of physical abuse or neglect is lacking? (3) Should CPS *mandate* battered mothers into counseling or other treatment services related to domestic violence, especially if the mandate involves forcing her to leave her home (and leaving the batterer in it)?

There is no one right answer to these questions. What is right and makes sense for one family or community may not for another. What is important, however, is to include major community stakeholders in the decision-making process and to begin by building on



the community's strengths. Working with the larger community means that everyone knows what has been decided, and may ensure that a family's service needs beyond the scope of CPS are met by other organizations in the community. As expert members of a recent policy roundtable on many of these issues advised, communities should move ahead one step at a time, blend policy and practice, and recognize that CPS is a finite resource.<sup>9</sup> They also noted that it is important to stay grounded in reality and to be practical.

### **Identifying Cases Affected by Both Child Maltreatment and Domestic Violence**

The first issue that CPS and other agencies will want to consider is how to identify families and children who are affected by both child maltreatment and domestic violence. As a first step CPS should screen its own new and existing cases for domestic violence, and be prepared to offer needed services accordingly. These services may be offered directly by CPS or through referral to experienced providers in the community.

Once CPS has established safe and effective screening procedures and service systems for its existing cases involving domestic violence, it may want to work with other service providers or agencies in the community to ensure that those families with domestic violence who are also maltreating children are referred to CPS promptly. One way to do this is to train organizations and individuals who see victims of domestic violence to ask about the presence of children in the household, and to get a sense of their exposure to the domestic violence and their risk of being harmed. Child welfare and battered women's experts, working together, should develop screening and interviewing questions to be used in these efforts. People to be trained might include domestic violence service providers, law enforcement officers, emergency room personnel, and judges or court clerks who review applications for protection orders. Many of these individuals are mandatory reporters who must report incidents of child abuse or neglect once they become aware of it. In Hilo, for example, the family court judge asked about the presence and whereabouts of children during the court proceedings on protection orders and their violations. He only referred cases where he thought the harm to the child was enough to warrant CPS involvement

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<sup>9</sup> "Domestic Violence-Children's Protective Services Roundtable, Ann Arbor, Michigan, June 21, 1996," draft summary prepared by Susan Kelly and Janet E. Findlater, Michigan Family Independence Agency, 1996.

regardless of the domestic violence, and he uncovered these situations by probing beyond the standard practice of most courts. In Ann Arbor, the domestic violence program has teams on call to respond immediately to homes where a report of domestic violence has been made to the police and children are present. While one advocate talks to the adult victim, the other advocate speaks with the children. If a referral to CPS seems necessary, the advocate encourages the mother to contact CPS herself or makes the referral directly.

Some local communities have established systems in which law enforcement agencies automatically route all reports of domestic violence to CPS when children are in the home. CPS then screens the cases as it would any other CPS referral, and acts if the threat of harm is detected. While this approach may succeed in identifying families in real need of CPS intervention, CPS should expect a major increase in referrals and should carefully consider whether it can handle the volume of screening and is able to provide all such families with safe, effective services. In mid-1995, for example, referrals to San Diego County's Children's Services Bureau more than doubled after the City Police Department began referring all domestic violence cases with children in the home. The state of Massachusetts implemented this policy in 1989 but revoked it in 1990, after experiencing a dramatic increase in the number of reports and observing that battered women were less likely to seek help if their children were automatically reported to CPS. Massachusetts adopted its 1989 policy before providing appropriate training or clinical support and concluded that it was ineffective and potentially dangerous.

Child welfare and domestic violence workers alike are concerned that if automatic referrals of domestic violence cases to CPS are handled inappropriately, battered women may be placed in further danger or be less likely to seek help. For example, one local office in San Diego County was unable to respond in person to all the domestic violence police reports it received, and instead sent an information packet to each woman's home. Other child welfare staff worried that these packets might be seen by the batterer, who might then blame the mother for seeking assistance. Another child welfare caseworker was concerned that women would be less likely to seek help from police if they learned that they would be reported to CPS. Domestic violence workers in a community in Oregon shared these fears.

These examples illustrate that even the simplest actions may have unexpected consequences, and need to be carefully considered.

Many families experiencing domestic violence do not meet legal definitions of child maltreatment and do not belong in the CPS system. Often, these families would be best served by other local agencies or organizations in the community. In general, CPS should work with battered women's organizations and others:

- To determine the criteria under which children in families with domestic violence should be referred to CPS for investigation,
- To establish how risk of abuse and neglect should be assessed in an environment of domestic violence, and
- To develop appropriate services and service delivery strategies for these families in a variety of community agencies as well as CPS.

One factor that should be considered when determining how to help families affected by domestic violence—but in which there is no direct (threat of) abuse or neglect of the children—is the availability of supportive services for children and their mothers and interventions against batterers *other than those provided through CPS*.

### **Does Witnessing Equal Abuse?**

A second and related issue concerns whether or not witnessing domestic violence in and of itself constitutes child abuse that warrants CPS intervention. As CPS agencies and communities generally become more aware of children who live in families experiencing domestic violence, there is a natural inclination to include them in CPS protection efforts. States and localities must use extreme caution, however, in expanding legal definitions of child maltreatment based on new levels of awareness or current trends. What is essential is that the risk of harm to children be assessed properly and safely. Children attach different meanings to their experience of “witnessing” abuse. That experience is shaped by many factors such as the child's age, relationships with the offender and the non-offending parent, the chronicity and severity of the abuse, and the child's “witnessing” of the community's response.

Several communities visited for this study include domestic violence as one risk factor for the emotional abuse of a child. Within a general framework of risk, the legal burden of proof required to link violence between the parents to the emotional well-being or behavior of the child varies considerably from place to place. In one community in Oregon, child welfare workers found it impossible to use allegations of emotional abuse as a basis for intervening with a family. In another community in the same state, domestic violence to the mother, without evidence of direct physical harm to the child, was accepted as a primary basis for the child welfare agency's gaining jurisdiction over the family (under the premise that witnessing domestic violence emotionally harms the child). In this second community, the agency equated witnessing domestic violence with child abuse. According to staff at one battered women's shelter in that community, they and other mandatory reporters in the community were required to refer all battered mothers to CPS for screening.

Many experts in the field agree that domestic violence should *not* be equated with child abuse or neglect.<sup>10</sup> Such a policy does not take into account variations in the severity of abuse within domestic violence cases, or the extent to which parents succeed in protecting their children from harm. Domestic violence should be one factor in assessing a child's risk but decisions should be made based on each family's unique situation. Establishing the broader criteria for CPS referral and screening should be discussed and decided at the local level with input from the wider community and the domestic violence community, in particular.<sup>11</sup>

Finally, many of these complex issues highlight the need for prevention services. If CPS must limit the types of cases it can serve, one must ask what services should be available to more "borderline" families and who should provide them. Should CPS provide

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<sup>10</sup> Draft summary of a Domestic Violence-Children's Protective Services Roundtable, Ann Arbor, Michigan, June 21, 1996.

<sup>11</sup> Just as domestic violence service providers can screen for risk of child maltreatment, incoming referrals to CPS may be one way of identifying families experiencing domestic violence early, especially when other efforts at help seeking have been ineffective or limited. After initial assessments by CPS and domestic violence service providers, many of these families can and should be helped by voluntary community-based services.

voluntary services to these families or should other organizations and agencies in the community consider doing so? Michigan's program allows domestic violence shelters to refer families who are at risk of child abuse or neglect to Families First, expanding the pool of families eligible for intensive services to families who might otherwise lie outside the child protection system. Rather than expand the definition of child abuse in order to serve children affected by domestic violence, Michigan has chosen to provide prevention services to these families through this alternative mechanism. Because they lack alternatives, other states might find it necessary to use threat of harm or emotional abuse as a basis for bringing families into the child welfare system and providing them with services.

### **Mandated Treatment**

A third issue concerns mandating battered women into treatment for domestic violence-related issues. Virtually all domestic violence services rely on a woman's *voluntary* quest for services as the philosophical starting point for her further empowerment. Requiring a woman to receive services, as CPS might do as part of its plan to maintain or unify the family, is antithetical to the philosophical underpinnings of these programs.<sup>12</sup> Many domestic violence advocates feel that mandating a battered woman into treatment rather victimizes her. One director of a domestic violence program stated that in the past she has refused to take CPS referrals because of this concern. Most individuals we spoke with prefer that battered mothers choose willingly to participate in domestic violence-related treatment such as support groups and counseling.

Many respondents acknowledged, however, that in some cases CPS must require battered women to receive these services to protect children. This opinion was shared by child welfare workers, domestic violence advocates, and even several CPS-involved battered women. Several people also observed that by including non-residential domestic violence-related treatment in their service plan, battered women can justify their attendance to their partners by explaining that it is required of them. Under more voluntary circumstances, the partner might not allow the mother to attend treatment sessions.

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<sup>12</sup> Not all child welfare service are mandatory. Participation in family preservation services, for example, is usually voluntary.

Other battered women's service providers who had mixed feelings about accepting CPS referrals agreed to do so on the condition that they not be required to monitor the mother's behavior for the child welfare caseworker. Therapists and other providers of services to battered women are often very protective of the privacy and confidentiality of their work with battered women. This professional ethic of confidentiality is fundamental to the therapeutic approach, since the success of such an approach requires that a battered woman trust the therapist enough to disclose sensitive information. Therapists who work with battered women and their children often learn of information that is of great use to CPS and its work with the family, information that can be used to gauge if the family is following its service plan, and to assess if new approaches or services are needed. Exactly what information therapists are willing to share with CPS, however, varies. Some therapists may be unwilling or legally unable to report to CPS any information about battered women, while others may be willing to disclose helpful information with their client's permission. Some may be willing to report to CPS whether a mother is attending therapy sessions regularly. Others may be willing to alert CPS if they are concerned about the safety of the children (in situations which fall short of the threshold for a mandatory report of child abuse or neglect). Finally, some are willing to share information about a battered mother's progress in very general terms.<sup>13</sup> As CPS and domestic violence service providers begin to work together more effectively, they can establish agreements that help each of them promote the recovery, safety, and well-being of mothers and children. Otherwise, relationships between CPS and the therapeutic community can become quite strained. In one community visited, a domestic violence counselor who was not affiliated with the long-standing domestic violence program in the area, reported back to child welfare workers on the content of her sessions with battered mothers as a condition of her service contract with CPS. This same counselor, however, was hesitant to hear sensitive information from her clients.

A more contentious issue for domestic violence providers is when CPS orders a woman and her child(ren) to leave their home and enter a shelter or safe house. When

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<sup>13</sup> Note that like many other professionals, therapists who learn of child abuse or maltreatment are required by law to report this information to CPS.

feasible, it is the batterer who should be required by the courts to leave the home. And CPS should work with law enforcement to prevent him from returning. If, however, CPS cannot be assured of the children's safety in the home, shelter may be the safest option for a mother and her child(ren). CPS must also work with mothers in identifying their options and making the safest choices. These scenarios are complicated when a mother does not want to leave the perpetrator (or does not support his leaving their home) or feels unable to do so because of safety concerns. These situations can best be resolved on a case-by-case basis by a domestic violence advocate working with CPS staff.

### **A FINAL ISSUE—EVALUATION**

A final important issue facing CPS administrators as they begin to change policy and practice regarding domestic violence is how to document the impact of their efforts. Strong evaluation results can assist administrators in determining which specific changes have made a positive difference and are worth maintaining. In addition, decisionmakers will be interested in longer run cost savings (e.g., from more effective case management, lower recidivism, improved worker safety) resulting from new specialized staff or new contracted services, and whether the increased commitment of resources pays off in improved child well-being.

Several of the communities visited for this study are beginning to think about how they might evaluate the impact of the changes they have made. One researcher stressed the importance of thinking about evaluation early on and integrating it into the design of program changes. In particular, desired outcomes and the ability to measure them should be identified and developed at the outset. Many communities were hindered by information systems that did not automatically collect the relevant data. For example, computerized forms had no place to indicate the presence of domestic violence, and no questions on the screening protocol asked about domestic violence.

Policymakers will want to think carefully about the outcomes that most closely resemble their stated goals. Community involvement, particularly that of domestic violence advocates, may be desired in determining the goals of the changes and how to translate goals

into specific indicators. Collaborators in Michigan determined that their primary goal is to empower women to make informed choices, regardless of what these choices may be. Outcome measures they are currently considering include: (1) a greater use of personal protection orders, (2) having safety plans in place, (3) lower levels of depression among women, (4) an increase in the social network of women, and (5) whether women feel safer and believe that they have more options. These measures help show whether a family is better off, regardless of whether the woman chooses to remain with or return to the batterer. Other indicators that may be useful in making persuasive cases to budget-minded legislators will include changes in out-of-home placement of children (both frequency and length of stay), measures of children's well-being, recidivism of families, and the length of time their cases are open to CPS. Care must also be taken, however, to understand how better knowledge about domestic violence issues may appear to affect certain outcome measures negatively. These might include increases in caseload size and, given the added complexities and challenges of dealing with domestic violence issues, increases in the average length of time cases are open. These effects are not necessarily bad if the policy and practice changes also lead to improved safety and well-being among children and their battered mothers, and to fewer cases reappearing in the system at later dates. These more positive outcomes should also be measured and documented.

If a state agency is considering enhancing or changing its management information system, adding the ability to assess the prevalence of domestic violence in the caseload may provide the necessary preliminary evidence to persuade legislators or other decisionmakers of the seriousness of the issue, regardless of whether other policy or practice changes are being made. Note, however, that without training workers in appropriate techniques for screening cases for domestic violence, initial counts will likely be underestimated.

## CONCLUSIONS

The fields of child welfare and domestic violence share one essential feature: they are both committed to ending violence in families. As the growing body of research documenting the overlap of child maltreatment and domestic violence within families makes clear, child



welfare and domestic violence professionals must begin to cooperate more closely in their efforts to help families in need.

There are a number of ways in which CPS and domestic violence advocates can move forward together to serve families affected by multiple forms of violence. The complexity of this task is perhaps the main reason why existing services have not met needs. Requiring that CPS serve all families with abused and neglected children, regardless of whether the family wants CPS involved, raises different service delivery questions than those arising from families' a voluntary request for services, typical for domestic violence service providers. A woman's acknowledgment of the danger facing her and her child(ren) and her decision to leave or remain with the batterer do not alter the need for some mechanism to support and protect both the mother and her children. These factors do, however, affect how workers should proceed. Domestic violence can overlap with the abuse or neglect of children by either or both parents. Regardless of who is the offending parent, the larger context of spousal violence must be addressed. In particular, the degree of danger faced by children, mothers, and CPS workers creates an urgency for working with these families and a need to proceed with the utmost care, safety, and creativity.

Developing a system response able to deal with these complexities requires a number of elements. Because CPS alone cannot respond to domestic violence, substantial involvement of other community members is necessary to develop appropriate procedures. Existing providers of services to battered women have a great deal of knowledge that CPS agencies and workers need to incorporate into their practice. At the same time, CPS, domestic violence service providers, law enforcement officials, and others must work together to develop new services and service delivery strategies that stretch the existing boundaries of their professions. The responsibility to help families affected by both domestic violence and child abuse does not rest with either CPS or domestic violence advocates alone.

CPS agencies can also begin to take steps on their own. In addition to calling meetings to begin collaborative efforts, CPS can invite input on training curricula, hire domestic violence specialists to consult with case workers, and change the agency's philosophy to reflect the importance of the mother's safety as part of her ability to protect

her child(ren). Our site visits provide many examples of ways in which CPS agencies have begun to enhance their ability to serve families in which the mother is being battered.

The site visits also revealed a number of other requirements that consistently appear to enhance CPS's ability to implement change. Staff awareness, understanding, and motivation coupled with tools and resources were all found to be necessary ingredients for sustained systems change. Without all of these ingredients, communities were much less likely to succeed. Providing workers with proper education and training, as well as ongoing technical assistance (e.g., in-house or contracted domestic violence specialists), created the understanding and motivation within individual caseworkers to improve their case practice. It also gave them the tools and procedures needed to realize these improvements. Ongoing technical assistance appeared to make a more lasting difference than initial training alone on workers' ability to put the content of training into practice on a daily basis.

The site visits revealed a number of interesting options for the location of initial change within CPS, but the need to reach out and collaborate with outside agencies was universal. As evidenced by the diversity of approaches undertaken by CPS agencies, individual child welfare workers, and domestic violence specialists, addressing domestic violence in CPS families often requires a great deal of commitment and innovation. Whether by thinking of new formal collaborations, finding ways to reach out to previously unserved families, or developing safety plans for mothers and their children, addressing domestic violence requires skill, creativity, and insight.

Finally, it is important to recognize that this process is neither easy nor swift. Any systematic change takes time, regardless of the nature of the issue. Historical tensions between the child welfare and battered women's communities, together with society's attitudes toward violence against women, further complicate the process. These complexities mean that members of each community must work together to design their own approach.

Several people interviewed for this study compared CPS's current response to domestic violence to that of the child sex abuse issue ten years ago. At one time, child sexual

abuse was ignored due to its "controversial" nature. Now many communities provide support and compassion for the victims, and training on and services for child sexual abuse are an integral part of all CPS systems. Efforts to change the system's response to families affected by domestic violence will similarly take a great deal of time, effort, and resources, and must include a strong level of philosophical and financial commitment from CPS and other community partners.