



Child and Family Service Review Outcomes

Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans

**Shellie Taggart
Author**

June 2009



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

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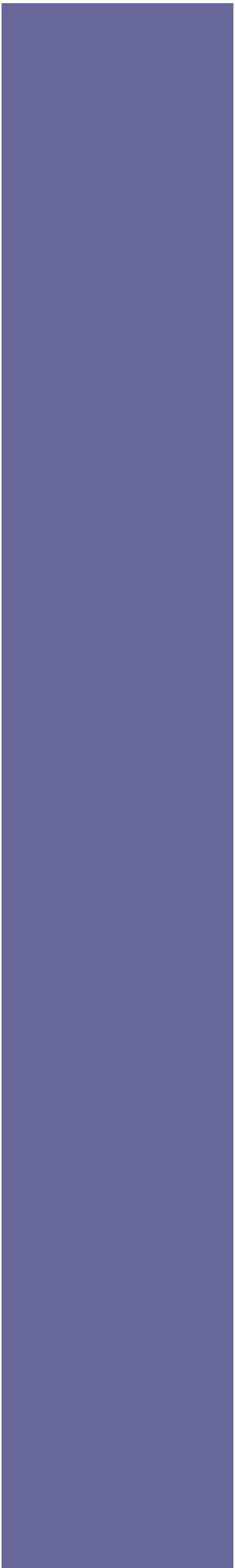
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This document was developed under grant number 90EV0378 from the U.S. Department of Health and Human Services (HHS). The points of view expressed are those of the authors and do not necessarily represent the official position or policies of HHS or the National Council of Juvenile and Family Court Judges.



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The author wishes to thank the following expert reviewers for their contributions to this publication:

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Strategies to Improve Domestic Violence Responses in CSFR Program Improvement Plans		6
Domestic Violence Trends in 2007-2008 CSFR Results.		7
Differential Impact of Exposure to Domestic Violence on Child Safety and Well-being		8
Program Improvement Plan Strategies		%\$
Improving CSFR Outcomes by Improving Domestic Violence Practice		A 2
<ul style="list-style-type: none"> • Safety: Potential PIP Activites Related to Domestic Violence • Safety: Process and Practice Measures • Safety: Select Indicators • Permanency: Potential PIP Activites Related to Domestic Violence • Permanency: Process and Practice Measures • Permanency: Select Indicators • Well-being: Potential PIP Activites Related to Domestic Violence • Well-being: Process and Practice Measures • Well-being: Select Indicators 		
Improving CSFR Outcomes by Improving Systemic Factors . . .		17
Conclusion		19

Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans

Child and Family Service Reviews¹ (CFSRs) evaluate public child welfare systems to determine how well they achieve safety, permanency, and well-being in difficult situations of neglect, physical and sexual abuse, and co-existing domestic violence,² substance abuse, mental health issues, poverty, and community violence. Once the review is completed and the final report written, state child welfare stakeholders develop Program Improvement Plans (PIPs) for their public child welfare system. **Unidentified domestic violence or unsafe intervention in domestic violence situations may contribute to poor outcomes for families.** This guide can help stakeholders develop effective PIPs for achieving safety, permanency, and well-being in domestic violence cases, and to identify or anticipate related technical assistance needs.

Child protection system (CPS) case workers identify a history of domestic violence in 45 percent of families when active universal screening for domestic violence occurs.³ Research on abused children and in child fatality reviews suggests a 30 to 60 percent overlap of child maltreatment and domestic violence.⁴ This overlap points to a need for CPS administrators to consider carefully domestic violence issues when developing strategies to improve CFSR results. For example:

- If domestic violence is not accurately identified, efforts to improve family involvement in case planning that include family meetings can increase danger to a child and the non-offending parent. Separate meetings should be held with the domestic violence offender and non-offending parent when necessary.
- Efforts to find and engage all fathers that do not explore past family dynamics can lead to additional trauma for a child who has been exposed to a father's violence.⁵

¹ The Child and Family Services Review (CFSR) process is a partnership between states and the U.S. Children's Bureau to improve the child welfare system's outcomes. The CFSR process is designed to evaluate a state's child welfare system to determine how well the system performs in promoting outcomes for the safety, permanency, and well-being for children. Round two of the CFSR began in the spring of 2007. For more information, see U.S. Department of Health and Human Services, Administration for Children & Families, CHILD AND FAMILY SERVICES REVIEW FACT SHEET, available at <http://www.acf.hhs.gov/programs/cb/cwmonitoring/recruit/cfsrfactsheet.htm>.

² Domestic violence, also referred to as intimate partner violence, is a pattern of assaultive and coercive behaviors, often including physical, sexual, and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate partners. See Anne L. Ganley & Susan Schechter, Family Violence Prevention Fund, DOMESTIC VIOLENCE: A NATIONAL CURRICULUM FOR CHILD PROTECTIVE SERVICES, (1996).

³ Active screening at intake for domestic violence in the child welfare system includes the use of formal policies, procedures, and screening tools. See The Greenbook National Evaluation Team, THE GREENBOOK DEMONSTRATION INITIATIVE, INTERIM EVALUATION REPORT 33 (2004).

⁴ Jeffrey L. Edleson, *Interventions and Issues in the Co-Occurrence of Child Abuse and Domestic Violence*, 4 CHILD MALTREAT. 91-182 (1999). See also Anne E. Appel & George W. Holden, *The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal*, 12 J. FAM. PSYCHOL. 578-599 (1998).

- Risk assessment tools can improve consistency in estimating level of risk to the child, but only if workers are trained to engage, safely and effectively, both non-offending parents and domestic violence offenders to maximize the chances of obtaining accurate information with which to complete the tools.
- Implementation of universal screening can increase identification of domestic violence but result in children needlessly entering foster care if domestic violence best practice does not occur throughout the life of the case.⁶

Domestic Violence Trends in 2007-2008 CFSR Results

Of the 20 CFSR final reports available to date from round two,⁷ seven specifically reference a correlation between domestic violence and repeat child maltreatment. Notably, one office in Massachusetts identified domestic violence in about 70 percent of repeat maltreatment cases over a 6-month period.⁸ Across all 20 states, the percentage of reviewed cases with domestic violence identified as the primary concern ranges from zero to twelve percent of foster care cases, and zero to 42 percent of cases with children who remain in the home.⁹ Issues such as substance abuse, parental depression, and neglect of children can obscure or take precedence over underlying domestic violence dynamics.

Sixteen of 20 states identified gaps in domestic violence services, while four CFSR reports noted a lack of adequate domestic violence training. Eleven states refer to active partnerships with domestic violence service providers or coalitions, and four have domestic violence specialists working with or within the CPS system.

As states dig deeper to explore how specific issues such as how domestic violence affects outcomes for children, it will be helpful to understand current research on the differential impact of exposure to domestic violence on children and to consider the implications of these findings for child protection practice.

INTIMATE PARTNER VIOLENCE, 1993-2001 1 (2003), available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/ivp01.pdf> (finding that about 85% of victimizations by intimate partners in 2001 were against women).

⁶ See H. Lien Bragg, U.S. Department of Health and Human Services, Administration for Children and Families, Office on Child Abuse and Neglect, CHILD PROTECTION IN FAMILIES EXPERIENCING DOMESTIC VIOLENCE (2003).

⁷ See CHILD AND FAMILY SERVICES REVIEW FACT SHEET, *supra* note 1.

⁸ See Massachusetts Department of Social Services, CFSR STATEWIDE ASSESSMENT (2007). Available at http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm.

⁹ See states' individual CFSR Final Reports for 2nd Round CFSR at http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm.

Differential Impact of Exposure to Domestic Violence on Child Safety and Well-Being

A child may be directly harmed in a domestic violence assault, inadvertently or as a result of intervening.¹⁰ Furthermore, children exposed to domestic violence may be physically abused.¹¹ Multiple studies have found elevated rates of child physical abuse by domestic violence offenders;¹² although not all domestic violence offenders are equally dangerous.¹³ Younger children, who are less able to protect themselves, are present more often during a domestic violence assault than older children.¹⁴ Adult victims of domestic violence also sometimes physically abuse their children,¹⁵ although many display effective and nurturing parenting even while being battered.¹⁶ Where severe domestic violence exists, a child is more likely to be neglected.¹⁷ Lack of parental supervision and lack of attention to a child's basic needs due to the domestic violence offender's self-centeredness¹⁸ or due to maternal depression¹⁹ are noted in the literature on domestic violence and neglect.

When danger to non-offending parents increases, their children are at increased risk of harm. Factors related to danger for non-offending parents include recent escalation of violence by the offender, threats of homicide or suicide, access to and use of weapons, substance abuse, obsessive jealousy and monitoring behaviors, extreme levels of control over daily activities, and current instability such as unemployment.²⁰ Child protection interventions can also increase danger to non-offending parents.²¹

¹⁰ Einat Peled, *The Experience of Living with Violence for Preadolescent Children of Battered Women*, 29 YOUTH & SOC. 395 (1998).

¹¹ Jeffrey L. Edleson, *The Overlap between Child Maltreatment and Woman Battering*, 5 VIOLENCE AGAINST WOMEN 134 (1999).

¹² CAROLINE. MCGEE, CHILDHOOD EXPERIENCES OF DOMESTIC VIOLENCE (2000).

¹³ Mary M. Cavanaugh & Richard J. Gelles, *The Utility of Male Domestic Violence Offender Typologies: Directions for Research, Policy and Practice*, 20 J. INTERPERSONAL VIOLENCE 155 (2005).

¹⁴ John Fantuzzo et al., *Domestic Violence and Children: Prevalence and Risk in Five Major U.S. Cities*, 36 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 116 (1997).

¹⁵ Susan M. Ross, *Risk of Physical Abuse to Children of Spouse Abusing Parents*, 20 CHILD ABUSE & NEGLECT 589 (1996). See also C. Casanueva, *Child Abuse and Neglect and its Relevance among Intimate Partner Violence Victims involved with Child Protective Services* (unpublished paper presented to the American Public Health Association, Philadelphia, Pennsylvania, December 2005).

¹⁶ Cris M. Sullivan et al., *Beyond Searching for Deficits: Evidence that Physically and Emotionally Abused Women are Nurturing Parents*, 2 J. EMOTIONAL ABUSE 51 (2000).

¹⁷ Carolyn C. Hartley, *Severe Domestic Violence and Child Maltreatment: Considering Child Physical Abuse, Neglect and Failure to Protect*. 26 CHILDREN & YOUTH SERVICES REV. 373 (2004).

¹⁸ NEIL JACOBSON & JOHN GOTTMAN, WHEN MEN BATTER WOMEN: NEW INSIGHTS INTO ENDING ABUSIVE RELATIONSHIPS (1998).

¹⁹ Paul R. Smokowski & John S. Wodarski, *The Effectiveness of Child Welfare Services for Poor, Neglected Children: A Review of the Empirical Evidence*, 6 RESEARCH ON SOCIAL WORK PRACTICE 504 (1996).

²⁰ Jacquelyn C. Campbell, *Lethality and Risk of Re-assault: An Overview with New Data and Practical Techniques* (unpublished paper presented at the International Conference on Family Violence, San Diego, California, September, 2004). See also FERNANDO MEDEROS, FAMILY VIOLENCE PREVENTION FUND, ACCOUNTABILITY AND CONNECTION WITH ABUSIVE MEN: A NEW CHILD PROTECTION RESPONSE TO INCREASING FAMILY SAFETY, available at

http://www.endabuse.org/userfiles/file/Children_and_Families/Accountability_Connection.pdf.

²¹ Ellen Pence & Terri Taylor, *Building Safety for Battered Women and their Children into the Child Protection System: A Summary of Three Consultations*, Praxis International, Duluth, Minn. (2003).

A child's functioning and emotional well-being may be affected. Recent meta-analyses show that some children exposed to domestic violence demonstrate aggression and anti-social behaviors as well as more fearful and inhibited behaviors at significantly higher rates than children not so exposed.²² They may have lower social competence, poorer academic performance, and score similarly on measures of emotional health as children who experience direct child abuse.²³ Other studies have found that recent exposure to domestic violence is linked to teens' violent behavior in their community, attitudes conducive to the use of violence, and longer term problems such as depression, trauma-related symptoms, and substance abuse.²⁴

The specific impact on a child depends upon a variety of factors. Research indicates that not all children are negatively affected by exposure to domestic violence.²⁵ The impact depends on the severity and nature of the violence,²⁶ the age of the child, the length of time since most recent exposure, co-occurrence with other forms of violence such as child abuse,²⁷ and how the child understands the violence.²⁸ The effects of exposure to domestic violence may be moderated by the presence of a consistent and caring adult, often the non-offending parent,²⁹ opportunities for healing and success, and the existence of assets in the community, including social and extended family supports and skilled interventionists.³⁰

²² PETER JAFFE ET AL., THE EFFECTS OF CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE: A META-ANALYSIS AND CRITIQUE (2003).

²³ Katherine M. Kitzmann et al., *Child Witnesses to Domestic Violence: A Meta-Analytic Review*, 71 J. CONSULTING & CLINICAL PSYCHOL. 339 (2003). See also David A. Wolfe et al., *The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique*, 6 CLINICAL CHILD & FAM. PSYCHOL. REV. 171 (2003).

²⁴ MARK I. SINGER ET AL., THE MENTAL HEALTH CONSEQUENCES OF CHILDREN'S EXPOSURE TO VIOLENCE (Cayahoga County Community Mental Health Research Institute, Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio 1998).

²⁵ Honore M. Hughes and Douglas A. Luke, *Heterogeneity in Adjustment among Children of Battered Women*, in CHILDREN EXPOSED TO MARITAL VIOLENCE: THEORY, RESEARCH, AND APPLIED ISSUES 185 (1998). See also John H. Grych et al., *Patterns of Adjustment among Children of Battered Women*, 68 J. CONSULTING & CLINICAL PSYCHOLOGY 84 (2000); Ann S. Masten, *Ordinary Magic: Resilience Processes in Development*, 56 AMER. PSYCHOLOGIST 227 (2001); Sandra A. Graham-Bermann, *Designing Intervention Evaluations for Children Exposed to Domestic Violence: Applications of Research and Theory*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN: THE FUTURE OF RESEARCH, INTERVENTION, AND SOCIAL POLICY, 237 (Sandra A. Graham-Bermann & Jeffrey L. Edleson, Eds. 2001).

²⁶ LINDA SPEARS, VAWNET APPLIED RESEARCH FORUM, BUILDING BRIDGES BETWEEN DOMESTIC VIOLENCE ORGANIZATIONS AND CHILD PROTECTIVE SERVICES 22 (2000), http://new.vawnet.org/category/Main_Doc.php?docid=855).

²⁷ L. A. McClosky et al., *The Effects of Systemic Family Violence on Children's Mental Health*, 66 CHILD DEVELOPMENT 1239 (1995).

²⁸ Honore M. Hughes et al., *Resilience in Children Exposed to Domestic Violence*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN: THE FUTURE OF RESEARCH, INTERVENTION, AND SOCIAL POLICY 67 (2001).

²⁹ Joy D. Osofsky, *The Impact of Violence on Children*, 9 THE FUTURE OF CHILDREN 38 (1999).

³⁰ Ann S. Masten & Marie-Gabrielle J. Reed, *Resilience in Development*, in HANDBOOK OF POSITIVE PSYCHOLOGY, 74-88, (C.R. Snyder & Shane J. Lopez, Eds.) (New York: Oxford University Press, 2002). See also Ann S. Masten & J. Douglas Coatsworth, *The Development of Competence in Favorable and Unfavorable Environments: Lessons from Research on Successful Children*, 53 American Psychologist, 205-220 (1998).

Parenting practices and relationships make a difference. Not surprisingly, mothers who are battered experience significant stress as a result,³¹ but may compensate for the violence by becoming more effective parents.³² Domestic violence offenders may undermine the non-offending parent's authority with children, making it more difficult for her to effectively parent, or use the children in efforts to abuse the non-offending parent.³³ Domestic violence offenders tend toward authoritarian, neglectful, and verbally abusive child-rearing.³⁴ Finally, the relationship between the child and the domestic violence offender directly affects the child's well-being.³⁵ Exposure to violence of a biological father or stepfather has a greater impact on a child than violence by a domestic violence offender who played a minimal role in the child's life.³⁶

Program Improvement Plan Strategies

This guide suggests a variety of PIP activities to improve CFSR outcomes, particularly when informed by and co-developed with domestic violence service provider partners. Recent research suggests that meaningful domestic violence and CPS collaboration can positively impact CPS screening and assessment, safety for the child and the non-offending parent, and multi-disciplinary case planning.³⁷ Strategies that engage domestic violence service provider partners and may be either cost-neutral or use existing resources more effectively include:

- **Analyzing available domestic violence data or building capacity to capture domestic violence data.** Knowing the prevalence of domestic violence in the CPS caseload is a place to begin. Digging deeper to understand, for example, how many families in which domestic violence is occurring are referred for an alternative response by a community-based organization; the relationship of domestic violence to child placements into foster care (including understanding variations in rates across racial and ethnic groups); and how frequently men who use violence are appropriately referred to

³¹ See George W. Holden et al., *Parenting Behaviors and Beliefs of Battered Women*, In CHILDREN EXPOSED TO MARITAL VIOLENCE: THEORY, RESEARCH, AND APPLIED ISSUES, 185-222, (George W. Holden, Robert Geffner, & Ernest N. Jouriles, Eds.,1998); and, Alytia A. Levendosky & Sandra A. Graham-Bermann, *The Moderating Effects of Parenting Stress on Children's Adjustment in Woman-Abusing Families*, 13 J.Interp'l Viol., 383-397 (1998).

³² Alytia A. Levendosky et al., *The Impact of Domestic Violence on the Maternal-Child Relationship and Preschool-Age Children's Functioning*, 17 J. Fam. Psychology, at 275 (2003),

³³ Alytia A. Levendosky et al., *Mothers' Perceptions of the Impact of Woman Abuse on Their Parenting*, 6 Violence Against Women, 247-271 (2000); and, Lundy Bancroft, *The Batterer as a Parent*, 6 Synergy 6-8 (Newsletter of the Family Violence Department of the National Council of Juvenile and Family Court Judges, Winter 2002).

³⁴ Lundy Bancroft, National Council of Juvenile and Family Court Judges, *The Batterer as Parent*, 6 SYNERGY 6 (2002), available at http://www.lundybancroft.com/art_batterer_parent.html.

³⁵ C. M. Sullivan et al., *How Children's Adjustment is Affected by Their Relationships to Their Mothers' Abusers*, 15 JOURNAL OF INTERPERSONAL VIOLENCE 587 (2000).

³⁶ *Id.*

³⁷ Duren Banks et al., *Collaboration Between Child Welfare Agencies and Domestic Violence Service Providers: Relationship with Child Welfare Policies and Practices for Addressing Domestic Violence*, 31 CHILDREN & YOUTH SERVICES REV. 497 (2009).

batterer intervention services (and perhaps inappropriately to anger management) all tell parts of a story that CPS administrators and their domestic violence partners need to understand.

- **Clarifying intake and removal thresholds related to children’s exposure to domestic violence.** As states attempt to provide this clarity, they should first seek to understand the lessons of other states that have defined exposure to domestic violence as child abuse or neglect.³⁸
- **Developing and implementing domestic violence protocols or practice guidance** that define domestic violence best practices for CPS workers from intake through case closing, and address engagement, assessment, case planning, and decision-making.
- **Expanding or deepening domestic violence training** beyond rudimentary pre-service training for staff. Integrating domestic violence into all aspects of CPS training, including, for example, specialized investigations, family engagement/family-centered practice, Signs of Safety, and substance abuse and mental health trainings that accurately addresses the professional development needs of staff working with families who have complex and co-occurring issues.
- **Ensuring that CPS staff have access to domestic violence specialized expertise** to provide periodic support and consultation. This expertise helps a CPS system to create individualized plans based on specific conditions and varying levels of danger and risk within a family. Establishing domestic violence specialized positions in CPS requires a clear and articulated commitment to improving domestic violence practice by CPS leaders; and careful consideration of goals, confidentiality requirements, and support for the positions.

³⁸ For example, in 1999, the Minnesota State Legislature expanded the definition of child neglect in the Maltreatment of Minors Reporting Act to include exposure to adult domestic violence as a specific type of neglect (Minn. State Ann. §626.556). The state mandated that a range of professionals report every child they suspected had witnessed adult domestic violence. Estimates suggested that the language change would generate 9,101 new domestic violence exposure reports a year; a greater than 50% increase. The relatively simple change resulted in rapidly rising child maltreatment reports across Minnesota and dramatically increasing workloads. Of particular concern, Minnesota law required an immediate response to all child maltreatment reports with no specific funding appropriated to implement this change, resulting in more identification but fewer services to those most in need. Almost all Minnesota counties dropped the requirement for reporting exposed children to child protective services after the Legislature repealed the change due to the strain. In another example, in a class action lawsuit against the City of New York’s child protection agency, the court found that the city had unconstitutionally removed children from the custody of their non-abusive battered mothers after substantiating mothers for “engaging in domestic violence.” Engaging in domestic violence meant being a victim at the hands of an adult male perpetrator (*Nicholson v. Williams*). See Jeffrey L. Edleson, Emerging Responses to Children Exposed to Domestic Violence VAWNET, National Online Resource Center on Violence Against Women, available at http://new.vawnet.org/Assoc_Files_VAWnet/AR_ChildrensExposure.pdf (2006).

Improving CFSR Outcomes by Improving Domestic Violence Practice

Safety Goals:

Children are protected from abuse and neglect.

Children are safely maintained in their homes whenever possible and appropriate.

Primary Outcomes:

Safety of Child(ren)

Safety of non-offending parent (directly linked to safety of child)

Potential PIP Activities Related to Domestic Violence

- Review statutory guidance and state case law re: policy thresholds for CPS involvement related to domestic violence.*
- Revise intake, assessment, and case management policies and protocols to include domestic violence best practice.**
- Clarify differential response criteria related to domestic violence; review contracted agency protocols for working safely with families.
- Develop streamlined referral process for domestic violence services.
- Craft inter-agency protocols that promote safety for child and non-offending parent, and promote domestic violence offender accountability.
- Adopt family engagement and family team meeting strategies that differentiate between domestic violence offender and non-offending parent, and that address cultural factors.***
- Provide specialized domestic violence consultation to workers in-house or in collaboration with domestic violence service provider partners.****

Process and Practice Measures

Process:

- Domestic violence state coalitions and service provider partners (including culturally-specific partners) are actively engaged in developing domestic violence screening and case practice protocols.

* See WELFARE INFORMATION CHILD GATEWAY, CHILD WITNESS TO DOMESTIC VIOLENCE: SUMMARY OF STATE LAWS (current through June 2007). Available at www.childwelfare.gov/systemwide/laws_policies/statutes/witnessdv.cfm or contact the DV state coalition. Routine “failure to protect” or “neglect due to DV” findings indicate lack of awareness of DV dynamics and a need for dialogue with the DV state coalition.

** See multiple resources and products at <http://www.thegreenbook.info/documents>.

*** See L. S. CARTER, FAMILY VIOLENCE PREVENTION FUND, FAMILY TEAM CONFERENCES IN DOMESTIC VIOLENCE CASES: GUIDELINES FOR PRACTICE (2003) Available at http://www.endabuse.org/userfiles/file/Children_and_Families/family_team_conferences.pdf. See also S. TAGGART, FAMILY VIOLENCE PREVENTION FUND, TEAM DECISION MAKING AND DOMESTIC VIOLENCE: GUIDELINES FOR FACILITATORS (forthcoming).

**** See A. ROSEWATER, BUILDING CAPACITY IN CHILD WELFARE SYSTEMS: DOMESTIC VIOLENCE SPECIALIZED POSITIONS (2008). See also S. TAGGART & L. LITTON, REFLECTIONS FROM THE FIELD: CONSIDERATIONS FOR DOMESTIC VIOLENCE SPECIALISTS (2008). Both products available at: <http://www.thegreenbook.info/documents>.

- Domestic violence offenders are routinely engaged and identified as being responsible for harm to children when indicated. Interventions focus on ending or reducing the violence.*
- Safety of the child and non-offending parent are routinely considered in designing interventions, policies, protocols, and case plans. Interventions are designed to keep the non-offending parent and child safe and together whenever possible to minimize trauma to children.
- Response times, interventions, and case plans reflect accurate and on-going assessment of changing level of danger/risk to the non-offending parent and child as a result of domestic violence.

Practice:

- Universal, culturally appropriate screening for domestic violence is accomplished, and domestic violence is accurately and consistently identified where it exists.
- When necessary for safety, separate meetings are conducted with domestic violence offenders (including non-biological father figures) and non-offending parents; third-party information is used with domestic violence offender whenever possible.
- Domestic violence offenders are safely and differentially engaged as a result of assessment.
- Safety planning with the non-offending parent and extended family is interactive and builds upon past acts of protection of the child.
- Safety planning is conducted around CPS interventions that could inadvertently increase danger (unavoidable sharing of disclosures of domestic violence by child and non-offending parent, child removals, court appearances, etc.).
- Domestic violence services and concrete resources (child care, transportation, financial assistance, job search assistance) are provided when the need is identified.

Select Indicators

- Reduced recurrence of maltreatment.
- Improvement in key safety areas: safety and case plans; separate interviews; family meetings.
- Increased involvement of extended family and non-offending parent's natural supports in safety plans and case plans.
- More domestic violence offenders participate in batterer intervention.
- Reduced number of children removed from care of the non-offending parent.

* See F. MEDEROS, FAMILY VIOLENCE PREVENTION FUND, ACCOUNTABILITY AND CONNECTION WITH ABUSIVE MEN: A NEW CHILD PROTECTION RESPONSE TO INCREASING FAMILY SAFETY. Available at http://www.endabuse.org/userfiles/file/Children_and_Families/Accountability_Connection.pdf.

Permanency Goals:

Children have permanency and stability in their living situations.

The continuity of family relationships and connections is preserved for families.

Primary Outcome:

Permanency of Child(ren)

Potential PIP Activities Related to Domestic Violence

- Screen for domestic violence in potential foster and adoptive homes.
- Screen for domestic violence in potential relative placement homes, include assessment of loyalties to and fears of domestic violence offender.
- Establish criteria for matching children with families prepared for their specific needs.
- Provide foster parents and relative caregivers training on how to parent effectively children who have been exposed to domestic violence.
- Establish guidelines for separate and safe visits with

domestic violence offender (informed by potential for harm) and non-offending parent that take into account factors such as proximity to the domestic violence offender; potential contact between domestic violence offender and non-offending parent; and emotional impact on child and non-offending parent.

- Develop domestic violence “reasonable efforts” criteria to fulfill ASFA requirements.*

Process and Practice Measures**Process:**

- Domestic violence service providers and culturally-specific partners are engaged in developing protocols, guidelines, and training for foster and adoptive families, and relative placements.
- Foster parents have access to support and clinical consultation around needs of children in their care.
- Safety of foster and relative caregivers is routinely considered in structuring visitation plans.
- Flexibility is encouraged in foster care policy and practice to support a child’s continued relationships with family members when appropriate.

Practice:

- Children are routinely asked where they feel safe and supported, and efforts are made to maintain those specific relationships even after placement.
- Children in care are age-appropriately informed of efforts to increase safety of the non-offending parent, and of progress of the domestic violence offender to remain non-violent.
- Potential foster and relative caregiver homes are screened for domestic violence.

* See L. GOODMARK, NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, REASONABLE EFFORTS CHECKLIST FOR DEPENDENCY CASES INVOLVING DOMESTIC VIOLENCE. Available at <http://www.ncjfcj.org/images/stories/dept/fvd/pdf/re%20checklist%2009.pdf>.

- Foster and relative caregivers are engaged in safety planning if the domestic violence offender poses a threat to the child or the family.
- Work to increase the safety of the non-offending parent continues after child is placed and after reunification. Separate meetings with domestic violence offender and non-offending parent continue.
- Legal proceedings and filings differentiate between the non-offending parent and the domestic violence offender.
- Reunification is based on successful efforts to increase safety of the child and the non-offending parent.
- Needs related to repairing or strengthening the parenting role of the non-offending parent with the child are accurately assessed, and appropriate services provided.*

Select Indicators

- Reduced recurrence of maltreatment in foster care and relative placements.
- Increased placement stability.
- Increased placements with supportive adults identified by the child.
- Reduced number of youth who exit foster care without a permanent, supportive relationship with at least one adult.
- Visitation plans address the safety of the non-offending parent, foster parents and relative caregivers.

Well-Being Goals:

Families have enhanced capacity to provide for their children's needs.

Children receive appropriate educational services.

Children receive adequate services to meet their physical and mental health needs.

Primary Outcomes:

Well-being of Child(ren)

Well-Being of Families

Potential PIP Activities Related to Domestic Violence

- Establish behavioral benchmarks for progress of domestic violence offender related to cessation of violence and control tactics (avoid measuring only compliance with services).
- Identify funding sources to provide for family's basic needs.
- Provide resources that build capacity to serve children in domestic violence service agencies.
- Establish basic screening for domestic violence and child exposure as a core function for contracted services.
- Develop trauma-informed substance abuse and mental health services.
- Develop relationships with educators, community coalitions, and networks of support for families in communities regarding needs of children.

*See, e.g., ALICIA LIEBERMAN & PATRICIA VAN HORN, DON'T HIT MY MOMMY: A MANUAL FOR CHILD-PARENT PSYCHOTHERAPY WITH YOUNG WITNESSES OF FAMILY VIOLENCE (Zero to Three Press, Washington, DC 2004) and PSYCHOTHERAPY WITH INFANTS AND YOUNG CHILDREN: REPAIRING THE EFFECTS OF STRESS AND TRAUMA ON EARLY ATTACHMENT (Guilford Press 2008).

- Integrate exposure to domestic violence factors into screening protocols and tools for assessing physical and mental health needs of child, including trauma evaluations where indicated.

Process and Practice Measures

Process:

- When indicated, parents are routinely provided information on the effects of exposure to domestic violence on children.
- Domestic violence services are appropriate and culturally relevant to the needs of families (avoiding ineffective services such as anger management; couples counseling; and individual therapy in lieu of batterer intervention for domestic violence offender).

Practice:

- The needs of children and non-offending parent resulting from domestic violence are accurately assessed (impact of exposure, domestic violence offender interference in non-offending parent parenting, etc.) and appropriate services and treatment modalities are provided.
- Case plans are dynamic and reflect current circumstances of the family. Non-offending parents are routinely provided resources, services, and supports relative to the violence.
- Self-reports of progress toward non-violence by the domestic violence offender are routinely confirmed with the non-offending parent.
- The non-offending parent is engaged as an active partner in planning interventions with the domestic violence offender in a safe and appropriate way. The non-offending parent and (older) child(ren) are actively included in case planning.
- Interventions with children and the non-offending parent focus on increasing access to resources, expanding networks of support, and promoting resiliency. Children are provided counseling, recreational opportunities, and opportunities to feel accomplished.
- Domestic violence offenders are referred to appropriate services, and their progress monitored. Case management strategies are tied to the domestic violence offender's demonstrated follow-through and changed behavior.
- Children with academic performance problems, learning disabilities, and behavioral problems are specifically and safely evaluated for exposure to violence in the home.
- As appropriate, school personnel are part of safety planning for children and the non-offending parent.

Select Indicators

- Increased access to basic necessities.
- Increased connections to social support networks.
- Decreased non-offending parent reports of abuse by domestic violence offender.
- Increased reports by non-offending parent and child of healthy behaviors and improved functioning.
- Increased family participation in family meetings, including domestic violence offender when safe.
- Improved academic performance of child.

Improving CFSR Outcomes by Improving Systemic Factors

Systemic Factors	Potential PIP Activities Related to Domestic Violence
Statewide information system	<p>Determine/improve capacity of information system relative to domestic violence data collection and analysis.</p> <p>Consider information needs related to other family issues such as substance abuse, mental health issues, poverty, race/ethnicity, and primary language of family for purposes of practice improvement and system of care development.</p>
Case review process	<p>Require separate, appropriate and equitable case plans for domestic violence offender and non-offending parent.</p> <p>Conduct safe notification of review hearings, and hold separate reviews for domestic violence offender and non-offending parent. Avoid sharing information with domestic violence offender provided by non-offending parent or child. Provide interpreters as needed for domestic violence offender and non-offending parent to fully understand and participate in hearings.</p> <p>Honor confidentiality and consider safety of the children and the non-offending parent when redacting and releasing CPS records. Conduct safety planning with child, non-offending parent, foster parents, and others, when information must be shared or files released.</p> <p>When indicated, consider termination of parental rights for the domestic violence offender while supporting the non-offending parent's retention of rights and custody.</p> <p>Conduct legal processes safely, with advance safety planning for the child, non-offending parent, foster parents, and other appropriate individuals.</p>
Quality assurance system	<p>Conduct an audit of the capacity of the CPS system, including legal proceedings, to respond safely and effectively to domestic violence.*</p> <p>Include domestic violence best practices in review processes and tools.</p> <p>Invite domestic violence partners and former consumers (non-offending parents and children, domestic violence offenders when appropriate) to participate in efforts.</p> <p>Utilize domestic violence data to generate dialogue relative to improving domestic violence practice.</p> <p>Include expectations of safe and effective domestic violence practice in performance evaluation standards.</p>
Staff and provider training	<p>Integrate domestic violence expertise into existing strengths-based, family-centered, community-connected practice training.</p> <p>Provide mandatory training for staff (including supervisors) and contracted service providers focused on progressive skill development from basic domestic violence practice (with individuals, in family meetings, and in family group conferences) to advanced domestic violence practice (cross-cultural domestic violence work; addressing co-occurrence of domestic violence with substance abuse or parental mental health issues).</p> <p>Provide training for domestic violence service providers on the overlap of child maltreatment and domestic violence.</p>

Systemic Factors	Potential PIP Activities Related to Domestic Violence
	<p>Train staff on engaging perpetrators, de-escalation techniques and worker safety planning.</p> <p>Train and support foster and adoptive parents and relative caregivers to provide effective and culturally relevant parenting to children.</p>
Service array and resource development	<p>Expand system of care for families in which domestic violence has occurred (shelters, therapeutic services for child and non-offending parent, supervised visitation, community-based services for non-offending parent, culturally specific services, gender-specific substance abuse and mental health services, court-based legal advocacy, batterer intervention, nurturing and responsible fathers programs, services for battered adolescents and adolescent perpetrators of violence, and domestic violence-informed parenting programs).</p> <p>Expand system of care to address needs of communities disproportionately impacted by CPS.</p> <p>Where full service array is not possible (<i>e.g.</i>, rural areas and areas with small populations of specific cultural groups), provide additional funding to facilitate access to services and resources for children and non-offending parent. Where increased funding for services is not available, actively engage existing providers, community leaders, and former consumers to advocate for funding to better organize existing resources and create informal networks of support.</p> <p>Establish screening of and basic support for children and non-offending parents in all service contracts.</p> <p>Fund domestic violence service providers to develop and support individualized plans for families, including culturally specific services and resources.</p>
Agency responsiveness to the community	<p>Establish and maintain working relationships with state domestic violence coalitions and domestic violence service provider partner programs for on-going case collaboration and coordination and joint development and design of policy, practice, and system of care.</p> <p>Establish expectations for and support of local and regional CPS offices to develop working relationships with domestic violence programs. Include domestic violence partners in family meetings and provider meetings.</p> <p>Collaborate with state domestic violence coalition to ensure child welfare expertise on coalition staff and board to promote expectation of child welfare expertise in member programs, and to ensure access to domestic violence expertise in state offices established to oversee CPS.</p> <p>Promote and support domestic violence involvement in statewide human service provider groups.</p> <p>Ensure CPS participation in community domestic violence roundtables and task forces, and in community coalitions.</p>

Systemic Factors	Potential PIP Activities Related to Domestic Violence
Foster/Adoptive home licensing, approval, and recruitment	<p>Include former non-offending parents and children in foster care councils and stakeholder groups.</p> <p>Establish screening for domestic violence as part of licensing and approval processes for potential foster and adoptive homes.</p> <p>Train recruiters and licensing staff on how to recognize domestic violence and on deeper exploration of domestic violence red flags.</p> <p>Provide licensing staff domestic violence consultation with experts as needed.</p>
<p>* See, for example, Pence, E. and Taylor, T. (2003) <i>Building Safety for Battered Women and their Children into the Child Protection System: A Summary of Three Consultations</i>. Praxis International. Available at: http://www.thegreenbook.info/documents/buildingsafety.pdf.</p>	

Conclusion

As states work to improve outcomes for children and families they can build upon the lessons of twenty years of specialized domestic violence work in child protection; work that is child-focused, family-centered, strengths-based, community-connected, and organized around safety of the child and the non-offending parent. Many of these lessons are summarized in *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence* (2007) available from the Family Violence Prevention Fund at www.endabuse.org. Additional information on implementing and managing collaborative efforts to address the overlap of domestic violence and child maltreatment can be found in *Bringing the Greenbook to Life: A Resource Guide for Communities* available from the National Council of Juvenile and Family Court Judges at <http://thegreenbook.info/documents/BJA.pdf>, and *If I Knew Then What I Know Now: Project Leadership in Multi-System Change Efforts to Address Domestic Violence and Child Maltreatment* available at <http://thegreenbook.info/summit/documents/leaderbook.pdf>.

Although the information and strategies in this paper may appear overwhelming, it represents only a portion of what has been learned by researchers, practitioners, and policy makers about how to address the overlap between domestic violence and child maltreatment effectively. While gaps in domestic violence services have been identified in the CFSRs of many states, the current economy poses a threat to expansion of the service array available to families over the next few years. However, depending on each state’s individual CFSR findings and Program Improvement Plans, CPS administrators and their domestic violence partners can identify internal practice or policy changes that can lay the foundation for improved outcomes for children and families³⁹ as they develop second round CFSR Program Improvement Plans.

³⁹ NATIONAL ASSOCIATION OF PUBLIC CHILD WELFARE ADMINISTRATORS, GUIDELINES FOR PUBLIC CHILD WELFARE AGENCIES SERVING CHILDREN AND FAMILIES EXPERIENCING DOMESTIC VIOLENCE (undated)

NOTES

**Family Violence
Prevention Fund**
www.endabuse.org

NCJFCJ
NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

 **NRC CPS**
National Resource Center for Child Protective Services