

Appendix 1: Preparatory Reading

Team Decisionmaking and Intimate Partner Violence: An Advanced Training for TDM Facilitators and Child Protection Supervisors

In preparation for this training, it will be helpful to review basic information about domestic violence (DV) as it shows up in the child protection system. **Training participants are assumed to have extensive experience with domestic violence situations within the context of their child protection work.** This document is intended to provide a foundation from which to begin to think about how to deepen the work in TDM meetings with families in which domestic violence is occurring.

Julio and Maribel Rodriguez have three children—Jasmine is 12, Julia is 8, and Ernesto is 5. Maribel and Julio work long hours, live paycheck to paycheck, and often can't pay all the bills and buy food as well. Where they live in public housing, trash sometimes piles up in the hallway, drugs are sold openly in the parking lot, and many neighborhood youth end up in jail. Both Maribel and Julio want a better life for their children and to live in a safer neighborhood with better schools, but periodic under-employment and working for minimum wage isn't getting them any closer to their dream. Julio is often depressed and wonders how any man in his situation can be considered a good provider for his family.

Julio is proud that Jasmine and Julia are excellent students. He takes his anger and frustration out on Maribel when she talks about how unhappy she is with their current circumstances. He thinks that instead of going to church several times a week, she should make his life easier by being home to cook dinner every night. He has at times forbidden her to go to church or accused her of being attracted to a man in the congregation. On more than one occasion he has also struck her repeatedly, making sure to hit her on the torso and legs so her face won't be bruised when she is seen in the community. He recently threatened to leave her and take the children back to Colombia, where she will never see them again.

Domestic Violence

Domestic violence is a pattern of behavior in which one person attempts to control an intimate partner through threats or actual use of physical violence, sexual assault, verbal and psychological abuse, and/or economic coercion. Domestic violence, also called

intimate partner violence, occurs in heterosexual, gay, and lesbian relationships. The majority of DV cases in heterosexual relationships involve a man battering a female partner. A woman can also batter a male partner, although they cause less physical harm than men and are often motivated by something other than the desire to control him. For these reasons, this document uses “he” or “him” when referring to perpetrators of DV, and “she” or “her” when referring to adult survivors of DV.

Facts about Domestic Violence

- **Intimate partner violence is primarily a crime against women.** In 2001, women accounted for 85 percent of the victims of intimate partner violence (588,490 total) and men accounted for approximately 15 percent of the victims (103,220 total).¹⁸ These numbers reflect physical assaults, not patterns of behavior, so may include women who fight back against an abusive partner.

Nearly 25 percent of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime.¹⁹ Women of all races are about equally vulnerable to violence by an intimate partner.²⁰ On average, more than three women are murdered by their husbands or boyfriends in this country every day. In 2000, 1,247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner.²¹

- **Millions of children in the United States are exposed to domestic violence every year, but not all are equally impacted.** Recent research suggests that more than 15 million children are exposed to domestic violence annually.²² Slightly more than half of female victims of intimate violence live in households with children under age 12.²³ Furthermore, most of the more than 100 studies of the overlap between domestic violence and child maltreatment found a 30% to 60% overlap, with 41% being the median. High rates of overlap were found in child fatality reviews, abused

18 US Department of Justice. (2003). *Intimate Partner Violence, 1993-2001*. Washington, DC: Bureau of Justice Statistics.

19 Centers for Disease Control and Prevention and National Institute of Justice. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, DC.

20 US Department of Justice. (1995). *Violence Against Women: Estimates from the Redesigned Survey*. Washington, DC: Bureau of Justice Statistics.

21 See supra note 18.

22 McDonald, R., Jouriles, E., Ramisetty-Mickler, S., Caetano, R., & Green, C. (2006). Estimating the Number of Children Living in Partner-Violent Families. *Journal of Family Psychiatry*, 30(1), 137-142.

23 US Department of Justice. (1998). *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*. Washington, DC: Bureau of Justice Statistics.

child studies, and battered mother studies.²⁴ However, not all children who are exposed to domestic violence are equally harmed by that exposure. This will be discussed at length in the training.

- **Batterer intervention (BI) programs work for some men.** Batterer intervention programs work with some men, and not with others. A large scale longitudinal study indicated that for most moderately violent men batterer intervention can result in lower levels of violence or cessation of violence.²⁵ Some men, of course, never stop being violent, and systems need different responses for these situations. Variables that, when combined, impact the effectiveness of batterer intervention programs are:
 - ▶ Consistent application in a community of mandatory arrest and prosecution of perpetrators that results in attendance at batterer intervention and, if indicated, concurrent substance abuse treatment.
 - ▶ Monitoring and follow up to ensure completion of the BI program.
 - ▶ Sharing of information between systems, such as probation and child protection.
 - ▶ Holistic approach to working with men that both engages their internal motivators to change (such as fatherhood and culture) and addresses their challenges to maintaining stability, such as unemployment, depression, health issues, and so on.²⁶

Range of Child Protection Responses to Domestic Violence

Child protection practice in a DV situation should focus on 1) increasing safety of children and their mothers; 2) understanding the impact of the violence on the children; and 3) holding the perpetrator of violence responsible for harm to the children. The safety of children is **directly** related to the safety of their battered mother. Too frequently, child protection agencies limit their investigation or assessment of reports of domestic violence to whether or not an incident occurred and whether the children were in the room when it happened. If the agency finds that a DV assault occurred, a decision about whether to open a case or whether to remove a child is sometimes made

24 Edleson, J.L. (1999). *The Overlap Between Child Maltreatment and Woman Battering*. Applied Research Forum, National Electronic Network on Violence Against Women. Also see Appel, A.E., & Holden, G.W. (1998). The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal. *Journal of Family Psychology*, 12(4), 578-599.

25 Gondolf, E. (2002). *Batterer Intervention Systems*. Thousand Oaks, CA: Sage Publications.

26 Mederos, F. (2004). *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*. San Francisco, CA: Family Violence Prevention Fund.

based primarily or solely on the actions of the mother—whether she “cooperated”, took out a restraining order, or went into shelter.

One night Julio assaults Maribel and she calls the police. They respond and arrest Julio, and file a report with the child protection agency the next day because both Julia and Ernesto were at home and awake when the assault occurred. When questioned by the worker, Maribel readily talks about both the violence and the stresses on her family. At the end of the initial interview, she tells the worker that she needs Julio to come home because the rent is due next week and because Ernesto is crying for his father. She thinks that the arrest will be enough to “wake him up” and that he will stop hitting her. The worker explains that the agency is not in favor of Julio coming home at this time, and that if Maribel pursues this idea the worker will be scheduling a meeting to talk about possible removal of the children from the home.

The child protection response to DV can actually exacerbate the problem. When women are routinely forced to obtain restraining orders to make their abusive partners leave the home, the chances of engaging those partners to change violent behaviors are substantially diminished (restraining orders should be explored as one of several options). When TDM meetings are held with both the survivor and perpetrator present, there can be no productive discussion of how to create safety to avoid placement. If a worker or facilitator treats a man who uses violence with disrespect and disdain because s/he doesn't believe he can change, danger to the mother or the children can increase. Unless workers can effectively engage a father to change his behavior, the children and their mother may never be safe.

Knowledgeable and skilled child protection workers know that battered mothers are often caught in the difficult position of trying to manage competing risks—potential homelessness, losing their children, and further or more serious assaults by their partner. To avoid additional harm at the hands of their partner, mothers may begin to run interference for him with the system, deny or recant allegations of abuse, minimize the impact on the children, or verbally align themselves with their partner. Workers who attribute these actions to her being uncooperative or non-compliant, or who see her as “choosing her partner over her children,” are likely misinterpreting her “choices” and perhaps significantly underestimating her partner's violence and abuse.

Complex Needs of Children and Families

Maribel takes out a restraining order against Julio because she understood the worker to say that Jasmine, Julia, and Ernesto would be taken away if she didn't prove that she was serious about protecting them from their father. When Julio leaves the home, Maribel loses her

ability to work overnight shifts because Julio is no longer there to keep tabs on her seriously asthmatic daughter Julia while she sleeps. Switching to the daytime shift at her job means Maribel loses the additional pay that made it possible to fulfill a payment agreement with the electric company to pay off an old balance. She is terrified that the electricity will be shut off for good this time.

Julio is now effectively homeless and blames Maribel. He is furious that he can't see his children whenever he wants to, and he has convinced himself that Maribel is having sex with the maintenance man at their apartment building. He calls out sick from his job three times in one week in order to monitor Maribel's comings and goings, and gets fired. Maribel sees him hanging around outside the building at all hours, and she stops going to church for fear of running in to him after dark. She is very fearful that he will follow through on his threat to take the children to Colombia, because he no longer has anything to lose.

In the field of child protection, it is rare to interact with a family whose only issue is domestic violence. More often than not, a family that comes to the attention of the agency is challenged by poverty, racism, community violence, substance abuse, trauma, depression or more serious mental health issues, under-employment, immigration status, special needs of a child, incarceration or involvement with the criminal justice system, or health problems, in addition to domestic violence. Workers, supervisors, and TDM facilitators face the daunting task of trying to assess and address the impact of these and other issues on the safety and well-being of children within what are often limited resources of the agency, the community, and the family. Unfortunately, when resources are not adequate to meet the multiple and complex needs of families, when workers are feeling constrained by time, or when other families are in crisis and require the attention of the worker, staff may resort to pressuring the least resistant member of the family to address what feels like the most pressing issue at the moment.

In domestic violence situations, this can play out in different ways, none of which suggest good outcomes for children. If domestic violence is occurring but not identified, or if the level of control of the abusive partner is underestimated by the worker, it may not be possible for a victim to follow through on referrals to substance abuse treatment or a parenting class. These same types of referrals for a person who is using violence in his family, unbeknownst to the worker, can lend a false sense of safety and security for children if he is attending, when in fact the violence may be on-going or escalating. If the intervention of the agency is focused only on DV, then other inhibitors of internal or behavioral changes may prevent true progress from occurring, thus leaving children at risk. Similarly, too limited a focus can miss otherwise invisible barriers to accessing needed services or resources.

Evidence-based tools can help keep the child protection focus on physical danger and risk to children, and should be used consistently in TDM meetings to inform decisions. However, no single assessment tool quantifies the emotional, psychological, cognitive, and developmental impact of exposure to DV on children. It is therefore incumbent upon workers and TDM facilitators to look to multiple sources of information to piece together a comprehensive and accurate picture: the children themselves, their battered mother, her abusive partner, extended family members, teachers, doctors, counselors, and so on.

Team Decisionmaking presents an opportunity to strengthen CPS practice around domestic violence as facilitators and other TDM participants work and learn collaboratively about the multiple needs and strengths of individual families and family members. Facilitators and CPS supervisors can use TDM meetings to directly model effective engagement, assessment, and decision making in DV situations, all of which will be covered at length in the training. Due to time constraints, the training will focus almost exclusively on DV, although many of the strategies that will be discussed can be adapted or used directly with families experiencing other stressors as well.

Child Protection Context of Domestic Violence Team Decisionmaking

To fulfill the simultaneous child protection mandates of: 1) keeping children safe; 2) promoting their own and their family's well-being; and 3) establishing permanency for every child, CPS agencies must develop practice around DV that attends to the safety of the children's mother. While facilitators act as practice leaders in TDM meetings, the child protection agencies in which they work must commit the necessary resources to ensure that best practices are implemented throughout the agency. These best practices include:

- 1.** Screen all families for domestic violence throughout the life of a case. Ask women routine questions about the quality of their relationship with their partner, whether they feel safe at home, how conflicts or arguments are resolved, and whether anyone in the home uses physical violence.
- 2.** Consider safety of family members when structuring interviews and interventions. Make reasonable efforts to interview household members separately, beginning with the adult victim and the children, and then the offender. Conduct criminal record checks and check for local police responses to reports of domestic violence at the family's address. Use this and other third-party information when interviewing the offender (rather than disclosures of mothers or kids, which can increase danger to them).

3. Begin safety planning, support and education with the non-offending parent and children right away. Provide written information about restraining orders and about local programs for battered women, such as hotline, shelter, counseling and advocacy services. Offer services even if the woman chooses to remain in the relationship.
4. Assess danger and risk to children and their mother posed by the presence of the DV perpetrator in the home. Use multiple sources of information to assess the impact of exposure to domestic violence on the children. Domestic violence does not warrant the automatic removal of children.
5. Work to engage the perpetrator of violence safely. Talk to the mother to find out how dangerous he is, how best to approach him, and what might motivate him to meet with the worker and engage in services. When meeting with him, request any needed releases of information that will allow future contact with batterer intervention programs, family members, probation officers, substance abuse or mental health counselors, and so on.
6. Build relationships to motivate changed behavior. Battered women who feel the empathy and compassion of workers are more likely to be able to utilize their support to make changes necessary to protect children. Perpetrators of violence are more likely to be motivated to change abusive and violent behavior if they know that workers do not see them only as violent, but as human beings with scary behavior that needs to change. (**Note:** Workers must be supported and trained to avoid collusion with perpetrators of violence as they begin to build this practice. The key is creating an effective balance between accountability and engagement given the specific level of danger/risk and the specific response of the perpetrator.)
7. Utilize extended family and community partners, including DV programs, in creating support and safety for mothers and children, and accountability and support for perpetrators of violence.
8. When documenting the case, accurately identify the perpetrator as the person whose behavior is harming the children, and document all efforts by the mother to keep herself and the children safe. Document any indicators of danger or risk, and the response of the perpetrator to attempts to engage him and hold him accountable.
9. Revisit safety plans to update and revise them as circumstances change. Notify the adult victim and accomplish additional safety planning around any child protection intervention with the potential to increase danger or risk (removal, court proceedings, unavoidable situations in which her disclosures need to be shared, etc.).

Consistency in these practices **before and after the TDM meeting** is critical to maximizing the potential of Team Decisionmaking to achieve the goals of Family to Family.

Effective Facilitation of Domestic Violence Team Decisionmaking Meetings

In the training, the following topics will be covered:

- 1.** Domestic Violence, Child Maltreatment, and Family to Family Team Decisionmaking
- 2.** Foundations of a Good Domestic Violence TDM Meeting
- 3.** Engagement and Assessment
- 4.** Developing Ideas and Reaching a Consensus Decision

Please prepare by also reading *In the Moment Strategies for Facilitators of Team Decisionmaking Meetings When Domestic Violence is Present or Suspected*, Family to Family Tools for Rebuilding Foster Care, published by The Annie E. Casey Foundation.