

**Community Partnerships for Protecting Children:
Lessons about Addressing Domestic Violence**

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**Commissioned by:
The Center for Community Partnerships in Child Welfare of the Center for the
Study of Social Policy.**

December, 2006

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Community Partnerships for Protecting Children: Lessons about Addressing Domestic Violence

I. Introduction

For decades, efforts to protect children from abuse and neglect have rested largely on the shoulders of public agencies. In 1995 a new initiative of the Edna McConnell Clark Foundation, Community Partnerships for Protecting Children (CPPC), sought to test emerging assumptions about responsibility for safeguarding children at risk and new practices built on those premises. One of the fresh perspectives that this reform embraced was that children's safety is directly connected to creating safety for their primary caretaker, usually the mother, who, in at least a third of the cases coming to the attention of child welfare agencies, is, herself, a victim of abuse.

While the initiative has received an extensive evaluation, as well as self-assessments from the four original pilot sites, there is only scant attention given in these reviews to the particular issues for families experiencing domestic violence.¹ Consequently, this report seeks to identify the lessons learned about how to incorporate into this reform recognition of the role domestic violence plays in families encountering the child welfare system. We draw these lessons from a convening of representatives from the four pilot communities (Cedar Rapids, Iowa; Jacksonville, Florida; Louisville, Kentucky; and St. Louis, Missouri) and interviews with other site-based participants and technical assistance providers.²

As we consider the implications emerging from these communities' collaborations, it is important to acknowledge that a snapshot of the communities at any single point in time is insufficient to capture either the entirety of their work, or the progress that may accrue over time. Each of these project sites has, over the nearly ten-year initiative, gone through different phases in which the collaborations, practices, and policies have been more or less robust. As a result, while we draw on various examples throughout the report to make a point, they are meant to be illustrative rather than definitive.

To provide a context in which to explore the introduction of domestic violence issues in CPPC, this report begins with a brief review of the initiative's components, followed by a discussion of emerging knowledge about the intersection of domestic violence and child maltreatment that propelled greater attention to it in child welfare reform. We then consider how, within each of the critical clusters of the CPPC model, new information,

¹ Darro, D., Budde, S., Baker, S., Nesmith, A., and Harden, A. "Community Partnerships for Protecting Children: Phase II Outcome Evaluation," Chapin Hall Working Paper, Chapin Hall Center for Children at the University of Chicago, 2005. Barwinski, S. "Community Partnerships for Protecting Children: Lessons Learned From the Field — For the Field," The Center for Community Partnerships in Child Welfare, Center for the Study of Social Policy, 2005.

² See list of participants in the convening in Appendix A. The interviews, which were undertaken for a separate Family Violence Prevention Fund project, were confidential. Publication of the report from that project, *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, by Ann Rosewater and Leigh Goodmark, will be released in early 2006.

new partners, new practices and new protocols, all related to co-occurrence, were taken up and with what effects. Throughout the discussion, we identify key lessons that emerge from this experiment and the recommendations for future work that arise from them.

II. Community Partnerships for Protecting Children: Forging New Approaches to Child Safety

When the Community Partnership initiative began, in the mid- 1990s, it framed its reforms around four interdependent components. They are described below:

- **Developing Individualized Courses of Action** for all families where children are identified as being at substantial risk of child abuse and neglect
- **Creating a Neighborhood Network** that includes both formal services and informal supports [and] resources
- **Changing policies, practices and culture within the public child protective services (CPS) agency** to better connect child welfare workers with the neighborhoods and residents they serve, increase service effectiveness and improve accountability
- **Establishing a local decision-making body of agency representatives and community members** to develop program priorities, review the effectiveness of their strategies, and mobilize citizens and other resources to enhance child safety.

While building on the CPPC template, each community constructed its own plan. The experiences highlighted are illustrative and generally site-specific. Nevertheless, they lay the groundwork for a series of lessons that can set a framework for future efforts to protect fragile families and help them set a positive, violence-free course for themselves and their children.

III. Emerging Evidence of Domestic Violence in the Child Welfare Caseload and its Effects on Children

Just as new strategies to make child protection a joint community and government responsibility were reaching the drawing boards, the prevalence of domestic violence in the child welfare caseload was becoming more evident. Estimates of the percentage of children coming to child welfare agencies who were exposed to domestic violence reached from a third to more than half.³ Many of the children, according to the research, experienced a myriad of social, emotional and learning problems -- some very serious and with long-term effects -- spurred by the trauma of watching, hearing, trying to

³ Murray Straus, others

intervene in or otherwise of having lived through the victimization of their mother by their father or another adult male caretaker.⁴

Recognizing this new evidence persuaded the Edna McConnell Clark Foundation, which had long been involved in child welfare reform, to support the development of Domestic Violence: A National Curriculum for Child Protective Services.⁵ This extensive training guide positioned the designers of CPPC to identify domestic violence as one of the potential areas that its pilot communities could choose to address as they implemented the four key elements of the initiative.

Continuing research over the last decade has both deepened concern about these potential impacts, identified some of the policy and practice conundrums presented at the intersection of child abuse and neglect and domestic violence, and also stimulated new practice interventions and policy paradigms that can better support families to achieve safety. CPPC made valuable contributions to these understandings as well as helped pave the way for further improvements.

IV. How Four Communities Addressed Domestic Violence within Community Partnerships

CPPC is a comprehensive initiative; its four elements are interrelated, as in elements both influence and are reliant upon one another. These four components were meant to operate as a coherent and integrated whole, as the vision for change could not be realized without addressing all of the elements.

While the communities selected to test the CPPC approach were already predisposed to the reform of child welfare, activities to bring together service provision for children at risk of maltreatment with services for abused women were not yet considered. Elements of these systems historically had little interaction and often were steeped in misunderstanding, and in some cases animosity toward each other. Gaining cooperation, coordination, and collaboration across these services would be a significant challenge.

We review below the most significant aspects of what transpired in these communities to integrate goals and values, knowledge and practice, and policy and personnel across agencies and within neighborhoods. Due to the historic distance between domestic violence advocates and child welfare systems, developing local networks of services, supports, and structures for sharing decision-making was essential before there was a willingness to entertain collaboration on family-centered practice or changes in practice and policy. As a result, we begin our review with neighborhood networks and local decision-making, followed by individualized courses of action and changes in practice and policy.

⁴ We generally refer to mothers when talking about victims of domestic violence, since national surveys, police reports and other research consistently report that women are victims of intimate partner violence at 5 to 8 times the rate of men, and that women experience the bulk of serious injuries.

⁵ Anne L. Ganley and Susan Schechter, Family Violence Prevention Fund, 1996 (hereinafter, the FVPF curriculum).

- **Neighborhood networks**

This feature of the reform framework contemplated collaboration among a range of community-based services through which families could find informal and formal assistance to provide stability, continuity, respite, protection, friendship and a continuum of specialized help they needed to keep their family together and put themselves and their children on a positive, violence-free trajectory. Neighborhood networks were designed to offer engagement with families that would be accessible, comfortable, and culturally connected to their experience. Several aspects of developing networks were imperative, such as bringing stakeholders to the table, engaging residents and other partners, cross-training, and self-assessment and sharing knowledge.

Bringing Stakeholders to the Table

Among the specialized services, CPPC identified substance abuse, domestic violence and mental health services as critical. Yet, CPPC recognized the challenges of integrating all three sets of stakeholders and services at once to an already complex child welfare constituency, thereby recommended that each community select one as a priority. All of the community partnerships involved domestic violence advocates at some point in time, though it took longer in some sites than in others to bring these stakeholders on board. Despite periods of more or less intensity in the relationships over a decade, all of these communities continue to have working collaborations across these services.

Building networks of assistance required bringing a range of community-based providers to a common table. From the perspective of domestic violence advocates, this was the starting point, the step that had to be taken to create a platform on which other interaction could take place. In two communities that placed a priority on domestic violence over substance abuse and mental health, the public child welfare agency asked domestic violence advocates, often for the first time, to join them in conceptualizing a common vision and generating new ways to work together.

Communities who were able to successfully engage advocates for abused women were those where the leadership of the domestic violence system was strongest and most coherent. It worked particularly well when those leaders were open-minded and willing to learn about and acknowledge the intersection of domestic violence and child maltreatment and at the same time could envision that the partnership with child welfare, contrary to past experience or perception, could afford opportunities to aid the abused mothers whom they represented. In Jacksonville, Hubbard House was the largest and most established shelter for abused women and already supported a wide range of programs. There the leadership was open to trying new approaches and strategies. Communities where this initial engagement worked less well were usually beset by multiple and fragmented domestic violence agencies or where the leadership in the domestic violence community were apprehensive about challenges to the traditional models of advocacy for battered women and viewed child welfare as a mother-blaming institution.

Engaging Residents

Each community experimented with different ways to reach neighborhood residents. Some engaged residents to learn about their understanding of and experiences with domestic violence and in turn, used this information to help construct training for the child welfare workforce as well as to shape strategies for working with the broader community. Some sites identified residents, particularly those with experience of the child protection system, interested in becoming an outside force to hold the public agencies accountable. Yet another approach involved developing informal networks of support in the neighborhood as a bulwark of prevention and early intervention for fragile families.

One site found willing partners in unlikely places. In Jacksonville, apartment complexes and neighbors became key resources and the source of leadership. Louisville turned to the media to get more accurate stories about battered women and their families and to educate community residents about the issues more strategically. Over a period of time, radio stations popular in African-American neighborhoods played the *Its Your Business* campaign, a 12-part fictional drama series using a domestic violence trial as reported on a radio call-in program hosted by an African-American woman. This program, in which the fictional radio host, Ma B, had, herself, been victimized by an intimate partner, created a climate in the local community in which issues about domestic violence could be discussed more openly. The local CPPC then created “talk shops” which created safe spaces in which to follow up on the campaign messages through informal neighborhood-based conversations. This strategy, and the non-traditional stakeholders who took leadership, opened the dialogue about violence and child maltreatment that was actually occurring in the community in a way that had not previously occurred.

In some communities, engaging community residents was not easy. In many neighborhoods the reality of domestic violence continues to be denied or viewed as a private matter. Neighbors may resent new people coming to the community saying, “You have a problem and this is how we can help you.” Yet over time, and with more respectful and collaborative dialogues, discussions about dealing with children’s safety needs can incorporate and develop strategies to address domestic violence. It is important to invite residents to identify what issues they are dealing with that affect the safety of their children. Only after this kind of engagement do surveys, focus groups and training become useful in gaining more detailed information and offering assistance in how to address the issues the community has identified.

Engaging other partners

Essential partners beyond the child protection agency and domestic violence service providers include the courts, mental health and substance abuse treatment services, law enforcement, and neighborhood residents. In addition to the new relationships that developed between child protection agencies and local domestic violence service providers, other key sectors were brought to the table, forging coordinated elements of a network and elevating attention to violence prevention.

Cedar Rapids illustrates how far-ranging the stakeholders can be and the varied roles they can play as part of a neighborhood network of family supports to address family violence. Police are now notifying the school of children who are witness to, or involved in, situations involving domestic violence, drugs or other traumatic events to help ensure appropriate help is made available to these children at school. In some instances, the children exposed to violence are also directed to mental health services. Clergy not only participate in family team meetings, (see below for further discussion of this important practice,) but are holding their own forums on safety issues. The University Extension Service has recruited volunteers for the partnership, created new resources, and helped with training. In effect, they have considerably expanded the available human and financial resources, and increased the level of outreach and attention directed to preventing domestic violence and child maltreatment by embracing families with help when needed.

In three sites, judicial personnel were active participants. However, in several sites getting courts to shift away from business as usual has been extremely difficult. As a result, while significant progress was made in designing safety plans and generating networks of support for abused women and their children, when these plans were presented in court, they were not necessarily accepted, and in some instances, failure to protect charges and mandated services were ordered instead. By contrast, Cedar Rapids' experience was more positive; most credit the fact that the partnership sent a team of judges to a multi-day out-of-state training on the intersection of domestic violence and child maltreatment. The judges became committed and active participants in the steering committee. One of the unintended consequences of their enthusiasm for the approach was that some judges began to order the use of family team meetings when one principle underlying this practice is their voluntary nature, (see additional discussion about Family Team Meetings below).

Most of the partnerships now agree that it would be helpful to bring courts into the partnerships more formally. While courts' role need not be as an "equal partner," their inclusion, especially in training, expands understanding and creates a climate for more informed decision-making by judges and other court personnel.

Cross-training

Among the first steps that most of the communities took were some combination of cross-training about domestic violence and its implications in child protection cases and job shadowing. Shadowing involved literally following someone in another job for a period of days, and in some cases a full week, to gain an intimate understanding of what that position entails – the culture in which it operates, its roles and responsibilities, the nature and complexity of the decisions that have to be made, the management structure, and the emotional and physical energy required to fulfill it. In many instances, these trainings were the first time that workers from child welfare and domestic violence agencies had come together – a milestone in and of itself, though well understood as only a step on the path to change.

The Family Violence Prevention Fund (FVVPF) curriculum became a foundational element of CPPC's efforts to introduce domestic violence issues to frontline child protection workers. Some communities used it directly, in some instances with the benefit of the authors as the trainers; other localities adapted the training curriculum to reflect their own contexts. Training that brought workers from both domestic violence agencies and child protection in the room together, at least for some time, were more effective in opening doors to cooperation than training that kept each system's workers separate.

It is now understood as essential that training curricula incorporate tools and strategies for workers to use to intervene and address the needs of the mother and child. Simply focusing on the dynamics of domestic violence escalates workers' fears that the mother cannot control her partner's violence and workers' perceptions that children are at serious (not manageable) risks. CPPC's focus on "what do I do" as a worker helped move beyond some of the fears and misunderstandings.

The partnership in St. Louis focused its initial training on child protection workers but recognized that it needed to do more to ascertain what community residents wanted to know and their level of understanding and perceptions about domestic violence. Using the results of surveys and focus groups to garner a broader set of views, the local CPPC developed a new training approach reflecting what residents knew, including targeting how to identify domestic violence, how to intervene in families where domestic violence is present or suspected, and how frontline workers themselves can be safe. The training became mandatory for all child protection workers and income maintenance workers in the city.

In Jacksonville, the early training, drawing on the FVVPF curriculum and the authors themselves, was mandated for all child protection workers and was the first time in this community that domestic violence advocates were included in any child welfare agency-sponsored training. The multi-day cross-training, while essential as a platform for gaining knowledge, was strengthened through day-long, or multi-day, exchanges between domestic violence advocates and child protection workers during which individuals directly watched and learned the responsibilities, functions and operations of each other's role and agency. Given the significantly different legal mandates, structures, resources and bases of interaction with families, the act of shadowing someone in a different job went a long way to increase understanding and create a stronger basis for working in a partnership.

Later in the life of the initiative, Jacksonville leaders saw the need for a much more inclusive training. This was offered in the form of a conference that brought together a very broad range of agencies that work with vulnerable families around issues such as domestic violence, mental health, substance abuse, income maintenance, anti-poverty and child protection. In addition to offering presentations about each of these fields, an, "open space conferencing," technique enabled participants to raise their own questions and frame the agenda. During this period, what most galvanized participants' attention was ways to prevent the violence in the first place – highlighting the importance of reaching men and intervening by providing them with more holistic support systems.

Self-assessment and knowledge-sharing

In addition to learning about each other as a step toward creating neighborhood networks, the agencies recognized the need for self-assessment. Who are the families coming to CPS? Who are the women and children coming into shelters for battered women? What are these families' circumstances and issues? While the assumption is that, "we are all serving the same families," an inventory and discussion across multiple systems about the families, (generally, not specific families, to preserve confidentiality,) revealed in several places that while there may be some overlap in service populations, it may be quite limited.

It became evident that the women and children coming into the shelters were not necessarily the same families who were reported to the child welfare agency. As a result, some of the domestic violence agencies needed to figure out how they were going to work with families experiencing domestic violence who come to the attention of child protection but who have yet to avail themselves, (or may not even be aware,) of the services that the domestic violence agencies offer.

Prior to the CPPC initiative, Hubbard House was taking women into the shelter who were also interacting with the child welfare system. With the advent of CPPC and the cross-training, shadowing, and relationship-building that it generated, the pathway to having a child protection specialist feel comfortable enough to call on the shelter staff for help became easier. The shelter was also providing nonresidential services to mothers who did not need the shelter program.

Providing "official" information about the prevalence of domestic violence, and specifically its presence in cases of child maltreatment, can also overcome the denial that is found in some communities. Kentucky, for example, conducts child abuse fatality reviews and has identified that many of them also have involved assault of the child's mother by her adult partner. These facts were shared at neighborhood and CPPC steering group meetings, making it difficult to persist in contending that domestic violence was not a problem and was not connected to child abuse.

- **Shared decision-making**

Each of the four pilot communities created a partnership, or council, with representation from public agencies as well as other key stakeholders from the targeted neighborhoods. These entities sought to forge a common vision, provide broker services, engage residents, and elevate child protection to a high priority on each community's agenda.

Child welfare agencies had a key role in setting up the governing bodies. As a result, it became very important, from the advocates perspective, for domestic violence agencies to be "invited" into the group. When, in Louisville for example, one of the domestic violence leaders became a steering committee member, and eventually a co-chair of the council, her peers among the domestic violence service providers and advocates felt a greater sense of inclusion and the efforts of the partnership gained greater credibility in

their eyes. It is difficult, however, to stand that ground alone. If there are other individuals in the steering group who understand the dynamics of domestic violence and the issues it presents, the community-based shelter or domestic violence services representative can be more open to creative strategies with public agencies to protect abused women and their children.

Leadership

One of the most important factors that makes these reforms work is leadership from the public child welfare agency, domestic violence advocacy, and the provider network. For example, even in communities where there are multiple domestic violence organizations, one strong leader who can engender engagement with the other domestic violence groups can facilitate the collaboration with child welfare work and serve as a credible spokesperson within her constituency.

In states that rely on private agencies to provide child protection and child welfare services, a community-oriented child protection partnership needs to reach out to, and provide training for, each of the private agencies and not just the public agency personnel. In some instances, it may require establishing separate protocols with each of the private agencies and recreating the education about domestic violence and how it affects family dynamics. This is partly due to the fact that many of the community-based agencies to whom the public agency has turned are not familiar with the rhetoric and practice. While this takes time, and the culture and organization of each of these autonomous agencies needs to be mined, it is essential to spreading the new principles, practices, and process broadly. It offers the potential to find more champions and natural partners serving diverse communities through whom to deepen the reform approach and share responsibility for governance.

- **Strengthening practice**

Individual courses of action (ICA)

ICA is a case-by-case process of planning and action that encompasses five key elements:

- Engaging the family;
- Assessing strengths and needs;
- Developing and implementing an individualized response, including convening a Family Team Meeting (FTM);
- Tracking progress over time and responding to new concerns; and
- Sustaining change.

One of the most prominent and promising elements of CPPC is the notion that each family coming into the purview of child welfare should receive specific services and supports tailored to their circumstances, challenges, and strengths. This individualized approach also applies to all the community agencies that are addressing the family's needs, from child welfare to mental health, to neighborhood associations and many others. Focusing family by family makes it more possible to include families in decisions

about their children, pay attention to the needs of different members of the family, help expand the informal support networks available to families, and push the envelope on the services to which families can be linked.

Most of this individualized approach took place in the context of child welfare systems that were already instituting some level of differential response. Through this method, social workers made determinations at intake whether or not families could be more effectively assisted through community-based resources, or, in more serious situations, required a full investigation utilizing the processes, protections, and mandates of the child welfare system. This approach acknowledges that family circumstances vary; not every family reported to child welfare needs a full review, but most need services.

By diverting more families to community-based resources, it was hoped that two aims would be realized: first, that more families would get help and support from within their own familiar surroundings and social networks, and second, that by freeing the child welfare system of less serious cases, it could concentrate more intensive investment in ensuring that children already abused or neglected could be safe in their families or placed in a safer and more stable surrounding.

When domestic violence was introduced into this mix, several processes embedded in differential response gained added complexity. New tools were required for determining whether to divert a family to the community or to screen it into the system. The pilot communities had to grapple with several serious issues and in so doing helped advance better practice for families in which domestic violence might present risks to the children.

The first questions arose in the screening and assessment phases. What should a frontline worker do to overcome a woman's denial of being a victim, even when it is obvious that she has been beaten? What is the threshold for determining if a child's exposure to domestic violence requires a full child protection investigation? Does any exposure automatically trigger CPS involvement? Sites approached these questions in different ways, and some sites changed their criteria as the initiative evolved. Some sites screened all children exposed to violence into the CPS caseload while others provided services but would not automatically investigate. What became critical was to assess the impact on each child of exposure to the mother's abuse – the results of that assessment affect what steps are required for the family.

Family Team Meetings

The most significant change in frontline practice took the form of Family Team Meetings (FTMs). While FTMs, as noted earlier, are only one of the elements of the CPPC Individual Courses of Action, they generated considerable energy and attention across the sites. FTMs effectively established a new process within child welfare, fueled to some extent by the fact that the process could be counted, tracked, and measured.

Every site instituted this process, central to which is a meeting involving the family, natural helpers, whom they may choose, and child welfare and other professionals

responsible for their case. The meetings are held in a comfortable and familiar setting and convened by a trained facilitator, sometimes the child welfare caseworker. They are designed to develop, collaboratively with the family, the elements of a plan to achieve safety and stability or to determine whether out-of-home placement is necessary for the child. Preparation for the meetings and follow-up after them are critical components of the process.

Again, domestic violence advocates evidenced concern about the wisdom of using FTMs for families in which domestic violence was a factor. While they embraced the concept of providing a forum where the mother could tell her story and be heard, they questioned whether the victimized mother and child could be safe at such a meeting, (as well as before and after it,) if the batterer also participated. Even if the perpetrator were not present at the meeting, would there be sufficient understanding of, and sensitivity to, the safety needs of the mother to develop a plan that would not further endanger her or her children?

The initiative supported development of guidance for FTM facilitators in instances where domestic violence was either known or suspected. Prepared by the Family Violence Prevention Fund and the Child Welfare Policy and Practice Group, these, *Guidelines for Conducting Family Team Conferences When There is a History of Domestic Violence*, bolstered the confidence that it is possible to use FTMs safely in these cases. Central to these guidelines are how to determine whether to hold an FTM in domestic violence cases, who should participate, how to assess the violence, preparation for the family team conference – with the survivor, abuser, and other participants -- how to facilitate the conference-- including what to do if domestic violence surfaces unexpectedly as an issue- - and follow up after a conference is over.

In most sites, domestic violence service providers and advocates are asked by CPS to participate in the FTMs. Often, participation by a representative of the local shelter leads to participation of the mother in the shelter's programs, which she may not have known about previously. St. Louis targeted training for the domestic violence advocates who wanted to be called for FTMs. Louisville offered trainings for community residents so that they become comfortable and constructive participants in FTMs as allies and natural helpers for abused mothers.

Hubbard House in Jacksonville tracked referrals it received in child welfare cases over one year. While the data may include some duplication, they are instructive about how frequently issues related to domestic violence came up in child protection cases and how much demand this created for the services of the shelter staff. During 2004-2005, the shelter received 1754 referrals of cases with suspected domestic violence from the Department of Children's Services, community-based agencies and the CPPC. Of these referrals, 73 also involved actual requests for a domestic violence advocate to attend an FTM (there were also other families that received FTMs in which a shelter representative participated). Of these 73 requests, a representative of Hubbard House participated in approximately 85 percent of the FTMs, and was unable to participate in the others either as a result of late notice, lack of available staff, or the fact that the perpetrator was

scheduled to be present at the meeting. Nearly 90 percent of the mothers involved in those FTMs subsequently became involved in the shelter's programs.

Finally, as a result of these experiences, some domestic violence shelters in Jacksonville have adapted the concept and are conducting FTMs to help women as they prepare to leave the shelter. Using the FTM approach in this way can aid women in building a network of friends and allies, as well as prepare safety strategies for herself and her children that will be available to her when she returns to living either with her partner or independently in the community.

Cedar Rapids followed 11 families that experienced domestic violence that were involved in FTMs. Of these families, only one had a subsequent founded child abuse allegation. As the FTM model spreads to other communities, domestic violence advocates need to participate in the overall thinking and strategy about its application, as well as track its use and outcomes. Their involvement can help avert serious repercussions on women and children's safety.

The Chapin Hall evaluation was not able to make any statements distinguishing the domestic violence cases from other types of cases in these communities. Reform initiatives like CPPC need to collect data on domestic violence cases and measure whether the outcomes for children and families change as a result of the reform. It is important to flag this group of cases for specific attention, which might generate more consistent use of domestic violence experts, specialists, or advocates to assist in working with these families, as well as enable a more in-depth assessment of the cases as a group in future evaluations. At the same time, it is critical to guard against unintended harmful consequences and ensure that the growing awareness of the presence of domestic violence in many of these families does not result either in automatic full investigations in situations of child exposure, nor automatic charges against the mother of failure to protect her child.

Among all the practice changes that community-oriented child welfare sought to bring forth, FTMs were one of the most controversial in the domestic violence community. Many advocates were appropriately wary that these meetings would be like mediation where victims might be more endangered if their partner is in the room. As mentioned earlier, this concern generated strategies about how to use the practice but adjust it when domestic violence is involved.

However, to ensure that these adjustments are made and adhered to requires attention, discipline, and commitment. As with FTMs in general, it is critical to recognize that each meeting is an ongoing process, not an isolated event. Each takes considerable preparation and follow-up with the mother, as well as training for the facilitator. When domestic violence is involved, safety measures are essential, including the determination of where and when the meeting is held and who participates. To the extent possible, early preparation may also help reveal a history of violence, or fear of future violence, which can also enable more careful planning for the meeting itself. Early preparation and knowledge about the violence issues also provides time to reach out to the local battered

women's shelter, advocacy organization, or other service provider to identify and give sufficient notice to someone knowledgeable about the issue to participate in the FTM. Taking note of these considerations becomes even more important as use of FTMs becomes more widespread, and in some states and communities, mandated by CPS.

Some have reported that while progress has been made in the way FTMs address the circumstances, needs, and parental behavior of abused women, greater emphasis needs to be placed on the children's needs and experience, further developing strategies that will make a difference to maintain the health, wellbeing and safety of the child. In most instances, developing a safety and service plan that keeps the child with the non-abusive parent is highly preferable.

Finally, new procedures are required to ensure regular communication between the FTM facilitator, the partnership, and the courts. In far too many instances, the results of FTMs have not been adequately translated to the dependency and family courts, and as a result judges may order contradictory remedies, or reject the plans developed through FTMs. Achieving consistent messages and help for families call for protocols and procedures around communication efforts.

Case consultations

Making assessments when domestic violence is present requires a level of knowledge that did not immediately reside in the local child welfare agencies. Cedar Rapids and Jacksonville, followed by St. Louis and Louisville, instituted case consultations, sometimes referred to as multi-disciplinary teams (MDTs), calling on a domestic violence expert to assist in reviewing a family's issues. The expert was able to probe more deeply about the mother's circumstances and help the caseworkers develop safety strategies in partnership with her. Other experts, including those on substance abuse or mental health, were also included if the particular case under review involved these concerns.

While the case consultation process led to more knowledge and relationships among a diverse set of workers who see the same families, they were not without challenges. In some communities, it remained difficult to find workers willing to bring their cases to the MDT. For some workers, especially those less knowledgeable about domestic violence, these intensive and collaborative staffings may be intimidating.

Case consultations help workers overcome views about battered women as not protecting their children and create more openness in enabling workers to express perspectives that may otherwise have impeded positive efforts on behalf of these mothers. Often the child protection worker is seeking help about how to get the mother to trust her and cooperate with her, and also how she can help the mother stop minimizing the level of risk to her child if the worker believes that risk is substantial. On the other hand, the mother may be understandably reluctant to confide honestly in a person whom she knows has the power to take her child from her.

Domestic violence advocates bring some of their own concerns; they fear that the mother will be punished for the perpetrator's violence, which often means removing the child. These advocates view their first obligation as shielding non-abusive mothers, who are victims themselves, from these possibilities.

When domestic violence and child protection workers focus on their common goal – creating safety for everyone – the case consultation process moves more smoothly and effectively; concerns from different perspectives can be more easily addressed. Furthermore, this common goal is shared by the abused woman as well – she is seeking safety for all members of her family.

- **Changing policies and practices**

A fourth central component of CPPC's framework involves ensuring that the agencies with legal mandates for child safety, permanency and well-being – principally child welfare -- reshape their approaches to incorporate new ways of partnering with and being open to participation of families and communities. As child welfare agencies reached out to or sought involvement of the domestic violence community, both policy and practice issues surfaced immediately, especially in the effort to knit together a neighborhood network. When it is recognized that many of the mothers in families coming to CPS' attention are also victims of abuse, policy and practice changes should be expected in domestic violence agencies as well as in CPS agencies.

Among the policy issues that arose were: how to maintain the confidentiality of an abused woman; what information could be shared and how; when and to whom to make the information available; policies regarding allegations against an abused mother of failing to protect her child and whether that became grounds for removing a child; whether a child's exposure to domestic violence is grounds for screening a case into CPS; and whether CPS or the dependency court had the authority, or whether it was ever appropriate, to mandate an abused woman to go to a battered woman's shelter.

Each of these issues required the partners to work together to determine the nature of a community's current policy, whether change or new policy were needed, and what that policy might say. Most of the CPPC sites recognized that the best way to decide where they wanted to land on each of these various policy questions was through case examples. This boosted the use of case consultation, described above in Iowa, and was another vehicle that brought many partners – domestic violence advocates, CPS, substance abuse and mental health treatment programs, and in some instances, batterer intervention programs – to work through issues and look for common ground. Slowly, policies on specific issues were generated out of these consultations. Development of each new policy or protocol created new opportunities for communication, outreach, and training.

Cedar Rapids and Jacksonville codified what they came up with in a domestic violence protocol. These sites then used the protocol for multiple purposes, including training and mobilization. It also became a touchstone to measure progress in implementation and thus, a framework for continuity in the face of workforce turnover or rotation of

stakeholders at the CPPC table. The protocols, then, provided the basis for institutionalizing the changes, served as a focal point for changing practice, and became a vehicle for the community to embrace as recognition of the potential for increased safety for women and children.

Prior to CPPC, for example, Hubbard House in Jacksonville had clear restrictions on who could enter the shelter and interact with women and children who were staying there. As a result, it needed to develop a specific protocol to enable child welfare workers to visit the shelter. At the same time, the shelter did not have clear guidance on when an advocate should report child abuse or neglect. In response, and with the help of the CPS agency, they created a matrix for child abuse reporting.

Privacy and Information Sharing

Confidentiality was a related and complicated issue. Since state statutes governing release of information vary, each site had to work within its respective state parameters. Each site determined that it was important to have a formal procedure regarding sharing information, yet the sharing that took place most effectively was informal. This informal communication was able to take place when workers from different agencies built a sense of trust with each other and a clarity that no one was being asked to violate their statutory mandates. In addition, a guide to confidentiality and information sharing issues that included worksheets for developing effective policy and practice and for basic legal considerations was disseminated to all four sites.⁶

Failure to protect

Another approach was employed to address the issue of, “failure to protect.” Sites instituted training about how to assess the impact on the child of exposure to domestic violence and what protective factors and protective strategies were used by each family member. In this way, as with confidentiality, it became evident that there are no bright lines to draw, but that each family situation and each child’s experience requires careful assessment. The training also focused frontline workers on the dynamics of domestic violence and on the emotional, economic, and physical power that offenders wield over their victims. This power and control dynamic often involves the perpetrator using the children, and the possibility of reporting them to child protection, as one of the ways to threaten the mother. It also addressed ways to assess survivors and their children and overcome the biases that too often attach to women who are abused, (“it is their own fault,” “they brought the violence on themselves,” “how can they protect their children if they can’t or won’t protect themselves”). When, through this training, child welfare workers have the opportunity to learn about the kinds of strategies perpetrators employ, it helps them devise ways to better protect the children.

⁶ Jill Davies, *Confidentiality and Information Sharing Issues for Domestic Violence Advocates Working with Child Protection and Juvenile Court Systems*, Family Violence Prevention Fund, 2001. This document was developed originally for the Greenbook National Technical Assistance Team and the six federally funded Greenbook sites.

While most communities now articulate that they do not remove children from families solely because of the presence of domestic violence, CPPC sites' experience suggests that communities should lay out an explicit policy that they assess the impact of exposure to domestic violence on a child and how they carry out the assessment. Such a policy will help clarify that the agency does not make automatic decisions about failure to protect or removal of a child simply on the presence of domestic violence. In states where there is a statutory requirement for removal in those cases, advocates need to work on changing it to allow a more nuanced approach which relies heavily on assessment of all the family members and the impact of the violence on the child. Regular tracking of these cases, collection of data about them, and analysis to understand the patterns and trends are useful in achieving an approach better calibrated to the needs of individual families.

New attention to perpetrators

Through the training, workers also began to see the need to direct their attention to the offender and his violence – previously, the man had hardly been in the equation at all. All the focus had been on the mother and her ability and resources to protect the child. Several sites recognized that the perpetrator needed his own case plan because, regardless of whether the content of the plan involved treatment or honoring a restraining order, it would trigger the caseworker following up to see how he complied with the plan and whether there were changes in his behavior.

Bringing men within the framework of child protection cases also stemmed from the recognition that many abused mothers want to remain with their partners but want the abuse to stop. Even when the partners do not want to stay together, they may want to ensure that both of them can continue to see the children. To do so, and create an environment of safety for mother and children, requires that the man, too, have a plan tailored to his needs and circumstances. Cedar Rapids pursued this avenue of working with men by conducting separate FTMs with perpetrators and including the Department of Corrections at the meeting when appropriate. Louisville also creates separate FTMs with perpetrators because they are seeking to engage the men and also to ensure that women feel safe when they are designing safety strategies for themselves and their children.

Safety and service planning should look different for the perpetrator than for the victim of abuse. For the abused mother, safety plans address what the risks are that she is seeking to minimize, how to construct strategies for escape, help-seeking in the event of potential risk and ways to protect and support her children. Service plans address basic supports such as housing, legal services, links to employment, counseling and group work when needed and help for children. While service plans were being developed, however, men were being excluded, and they need help and support to change as well, particularly if their behavior is the cause for CPS involvement.

For the abuser, plans should focus heavily on the behaviors that need to be changed. This may involve referrals or requirements to participate in batterer intervention programs and compliance with them, as well as education about how violence affects children. In

addition, especially for low-income men, links to training and employment may also be valuable components of a service plan.

Ahead of its time, Hubbard House sponsored a strong batterers' intervention program and saw many offenders in that program whose partners and children were in the child welfare system. In these instances, the leader of the program needed to work with the men to ensure that they did not use the women's, (or their own,) involvement with the child protection system as a means of control over her.

Mandating domestic violence services

One of the underlying differences between child protection agencies and domestic violence service providers is how they view the decision making role of the mother. When preparing individualized plans with mothers, CPS often requires them to participate in specific activities, including parenting classes. As the presence of domestic violence in many of these cases became clearer, some CPS agencies and dependency courts have sought to require that an abused woman go to a shelter or avail herself of domestic violence prevention and protection programs. Domestic violence advocates, however, hold that abused women, as all women, are able to make judgments for themselves about what services they will use and how they will protect themselves. Their approach is based on the premise that the victim is the most likely to know what strategies are most effective to keep her and her children safe; forcing her to take specific actions is inappropriate. When this issue came up in Jacksonville, CPS and Hubbard House, after considerable negotiation, agreed that the abused mother would be required to talk with a domestic violence advocate about Hubbard House's programs but would not be required to accept the services. This enabled the mother to make her own decision, but at the same time ensured that she was aware of what services were available to her and her children.

Structural change in CPS

Traditionally, child welfare agencies had neither specific expertise nor specific personnel available to address issues related to domestic violence. With the advent of new information and understanding about the prevalence of domestic violence within its caseload, some child welfare agencies have shaped new organizational strategies to address it.

Jacksonville and Cedar Rapids were the sites that, early on, selected to place priority on domestic violence, (others selected substance abuse or mental health). Each of these communities struggled with where to locate the expertise about domestic violence. Jacksonville adopted an approach that placed the expertise within CPS. Four CPS workers became, "domestic violence specialists," and were paired up with liaisons at Hubbard House. These specialists were available to help other workers on their team when they had cases involving domestic violence; if the specialists themselves needed help, they could rely on their Hubbard House liaisons. One of the challenges of this

approach involves making sure that the jobs within CPS are appealing enough, through extra compensation, benefits, recognition or other devices, to attract workers to do them. Cedar Rapids took a different approach; there, the expertise about domestic violence resided in a community-based organization. All of the CPS workers knew that there was an individual at the local YWCA to whom they could turn for assistance with families faced with domestic violence. In this approach, the community-agency expert's challenge is to develop real credibility with the child protection workers so that they will actually seek her help.

The strategy chosen rests largely on what will work best for the partner organizations. With either model, the people who are committed to the partnership are dedicated to the welfare of both battered women and their children; they are no longer focused on protecting only one or the other. Their skill involves listening and understanding the concerns of their co-workers and partners, working toward practical solutions, and maintaining an attitude of constructiveness and possibility.

In other communities, where more formal arrangements were either not possible or did not work well, more informal strategies have been used. CPS caseworkers call colleagues at the domestic violence service provider seeking advice. While seemingly minor in the context of the large changes that are needed in this field, even this unprovoked reaching out across agencies and disciplines has been viewed as a very positive step in creating opportunities for improving safety for families.

Community outreach by CPS

Child welfare agencies usually organize their staff and practice around a central office with outreach to families that come to their attention through hotlines or other reports about actual or suspected abuse or neglect. These agencies are usually under funded, understaffed, and overstressed, which creates little time to think about, let alone act on any interest in, building partnerships with neighborhood or community residents.

CPPC sought to change that paradigm. With the help of each local steering group, it encouraged local child protection agencies to engage with its target neighborhoods to build greater understanding of CPS' role, promote more awareness of the dangers inherent in abuse and neglect, and ways that individuals, families, and neighborhoods can watch out for and take responsibility for supporting and protecting vulnerable neighbors. In many of these communities, domestic violence was an even more hidden subject than child maltreatment, requiring additional intentional efforts to provide information and raise awareness about it.

In Jacksonville, CPS made a concerted effort to reach out to the community and recognized domestic violence as one of the issues to address. Neighborhood fairs and gatherings focused on, "let's protect our children," and the agency participated by including specific information about domestic violence and the potential harm that seeing domestic violence can cause for children.

Through a call to the community for, “great ideas,” to protect children, a woman living in one of the housing projects started a safe haven for women at risk in an abandoned, previously drug-infested, house. She organized other women to take turns staying at the house which became a place for respite for mothers, a place for mothers to leave their children if they needed a break, and a place where women could come themselves if they feared that they might get hurt by a partner.

Another approach taken in Jacksonville involved the work of a male CPS worker. Rather than serving as an investigator, he spent time in the community every day, making himself a familiar and friendly face, in an attempt to demystify CPS and create a presence for it in the neighborhood. Eventually, rather than having all the doors shut in the neighborhood when people saw his car coming around, he became a resource person, able to talk to the neighbors about family issues, including violence against women, and how to get help and support. By building a relationship with Hubbard House, he also developed expertise about domestic violence and took opportunities to talk with men in the neighborhood about the effects of this kind of violence on children.

Cedar Rapids instituted a different system to encourage neighborhood participation in child protection. The, “Neighborhood Partners,” connected parents to community resources, broke down isolation by introducing parents to one another, and discussed positive parenting within the neighborhood. The creation of this group generated a different and more accessible approach to respite care, homemaker help, taking a child to a doctor, mentoring, and other informal supports that stressed families, including abused women, could use to meet their children’s basic needs.

V. Concluding Observations

All communities that mount major system reforms to improve outcomes for children and families go through significant changes over time. Learning the lessons from these communities requires a long view, one that takes into account the ups and downs of vulnerable families, complex systems, and dynamic communities. Staff changes and turnover, cutbacks in state and local budgets, changing organizational arrangements, such as privatization, and shifting political leadership affected the pilot sites at some point during their decade of work. Despite these continuing incursions on the formidable obstacles to reform, after ten years, each of these communities’ efforts to improve response to families where domestic violence is occurring has survived in some form. Each local CPPC has had an impact on how its community frames issues of child maltreatment and domestic violence, is organized to address these issues, and pursues support and protection for the families.⁷

To achieve greater impact, however, system reform initiatives must address the related challenges of institutionalization and sustainability. Even the most successful initiatives encounter obstacles of staff and agency leadership changes, budget and funding cycles and unpredictability, and shifts in political climate and public will. Building buffers to weather these hurdles over time is both a short and long-term necessity, but one that often

⁷ See Appendix B for the findings of a brief survey on achievements by the four communities.

relies on the very leadership, public support, and evidence of effectiveness that the initiative is simultaneously seeking to create.

CPPC had various successes in generating changes in some practices and some policies that recognized domestic violence as a real and compounding issue for many families encountering the public child protection system. Yet the supervisors and investigators within CPS, the frontline workers in domestic violence shelters and collaborating service providers who pioneered more effective approaches to aiding families in which child maltreatment and domestic violence issues co-existed were generally unable to institutionalize these new practices and protocols across their agencies. While some CPS/domestic violence teams have persisted, some even after their funding ceased, they are constantly struggling to ensure that their strategies are not undermined by other practices and policies that have yet to change.

Institutionalization requires support and reinforcement from leadership. One of the critical, and ongoing, steps in future efforts to reform the relationship, practices and policies affecting this set of vulnerable families and children involves attaining buy-in from leaders of the child welfare agency, domestic violence advocacy, and community services. Florida, for example, has adapted the CPPC concept and taken it statewide, and it has established an office of adult abuse in the Department of Children's Services. Iowa is currently phasing in the CPPC approach across its counties.

An important issue that arises in extending the reform strategy to a wider array of communities involves maintaining quality. In too many communities, for example, when FTMs have been adopted wholesale, the time and intensity of preparation, inclusion, and follow-up have diminished in the face of pressure to meet numerical goals for the numbers of FTMs held. Quality control and accountability are essential, especially if issues related to domestic violence are going to be addressed sensitively and safely.

Sustaining the momentum relies on having information that can directly help families in which domestic violence is a factor, and tracking the outcomes for these families. These goals require more effective use of available data as well as strengthening the nature and amount of data collected. It is essential that child protective services agencies identify cases that involve domestic violence and develop tools to flag the cases for appropriate attention (including diversion). In this way, it will be possible to learn from the patterns that emerge and measure the changes for families as new policies, practices, protocols and partnerships are put into place.

Through a decade of investment in four communities, CPPC catalyzed both public child protection systems and local community stakeholders to recognize that child safety is inextricably linked to the safety and well-being of their parents. If a parent is abused, developing strategies to create safety for her is the critical first step to protecting the child. The framework and experiences of community-oriented child welfare have created a platform of values and strategies that can guide the next generation of work to protect families and children affected by domestic violence.

Appendix A

Participants in Forum on CPPC and Domestic Violence

Site Participants

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Appendix B

Results of Brief Survey Conducted for Forum on CPPC and Domestic Violence

Key Activities in the CPPC Sites

Created partnerships between CPS and domestic violence agencies

- Conducted cross-training with CPS and domestic violence caseworkers
- Developed relationships between CPS and the local domestic violence shelters or service providers
- Developed protocols for sharing information across CPS and domestic violence agencies
- Held events to highlight the importance of domestic violence and the partnership between CPS and domestic violence agencies

Changed practice to recognize domestic violence

- Created protocols to screen for domestic violence within the CPS caseload
- Created protocols for CPS to assess domestic violence
- Identified and assessed domestic violence in CPS cases

- Developed differential responses within CPS for families experiencing domestic violence
- Provided domestic violence-related services to abused mothers coming to the attention of CPS
- Developed services for families screened out for abuse or neglect but who had histories or current experiences of domestic violence
- Developed services for families identified first by police (before CPS involvement)
- Addressed issues related to mandating services for battered mothers

- Brought domestic violence workers into CPS case consultations
- Trained Family Team Meeting (FTM) facilitators and initiated and conducted FTMs with abused mothers
- Placed domestic violence specialists in Child Protective Services

Engaged courts

- Worked with their dependency courts
- Catalyzed the dependency court to monitor domestic violence perpetrators

Engaged community stakeholders

- Engaged residents in targeted neighborhoods to help find and support families experiencing domestic violence
- Conducted neighborhood-based campaigns on domestic violence prevention
- Developed services for teens involved in violent relationships

Appendix C

Resource List

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Website resources

www.mincava.umn.edu
www.thegreenbook.info
www.endabuse.org
www.praxisinternational.org

Florida's Center for the Advancement of Child Welfare Practice

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