



ADDRESSING DOMESTIC VIOLENCE,
CHILD SAFETY AND WELL-BEING:
COLLABORATIVE STRATEGIES FOR CALIFORNIA FAMILIES

Recommendations from the California Leadership Group
on Domestic Violence and Child Well-being

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For children, families are a source of learning and love. All too often, however, intimate partner violence can disrupt this family refuge on which children and teens rely for stability, support and nurture. Children's exposure to domestic violence is much more common than generally believed. The most recent national estimates indicate that 15.5 million children in two-parent households live in families in which intimate partner violence occurred at least once in the previous year. Seven million of these children live in households where the violence was considered severe.¹ A look across a range of studies has also shown that there is a 30-60 percent overlap of families with co-occurring child maltreatment and domestic violence.²

Nationally, nearly a quarter of all women report being victimized by an intimate current or former partner at some point in their lives.³ The California's Women's Health Survey provides a window into women's exposure to intimate partner violence in the state. In its 2005 survey, the California Department of Public Health found that 22.4 percent of women had experienced physical or sexual assault and 18.6 percent of respondents reported witnessing violence against their mother when they were children.⁴

The consequences of victimization are tied to the nature of the pattern of violence, but most often include trauma and can involve broken bones, financial hardship, isolation, depression and dislocation from the home. The families that come to the attention of many public and community-based agencies often face complex situations – the violence, as noted above, may cause (or in some cases, be fueled by) other challenges, including financial hardship, substance abuse, mental health issues, and children with special needs.

The potential consequences of abuse or exposure to violence as a child are also becoming increasingly evident; they are tied to the nature of the exposure and may vary depending on the age of the child, the non-abusive parent's support system and protective capacity and the extent to which a child can remain in familiar circumstances -- the same school, pet, toys, bed. Other studies demonstrate that while many children are resilient, there are potential pernicious effects of such exposure, including serious trauma, anxiety, problems at school or aggressive behavior. Studies increasingly indicate that exposure to adverse experiences in childhood, such as abuse or neglect or exposure to adult violence, also have both short-term and long-term health consequences.⁵

Adults and their children, before and after any violence, risk of violence, or exposure to violence, may touch many systems of care, protection, health, education or social support. Yet many of these systems – child welfare, domestic violence services, dependency courts, and law enforcement, for example – come to their engagement with families from different histories, philosophies, disciplines, mandates and resources.

For too long, efforts to provide protection, safety and healing – whether emotional, physical, financial or social – to victims and survivors of domestic violence have been separate from those focused on similar needs for their children who have been exposed to the violence, neglected or physically, sexually or emotionally abused.

More than ten years ago, the National Council of Juvenile and Family Court Judges (NCJFCJ) issued a pioneering set of guidelines: *Effective Interventions in Cases of Domestic Violence and Child Maltreatment* (often referred to as the “Greenbook”).⁶ The guidelines made recommendations for practice and policy change to three major systems: public child welfare, domestic violence services and dependency courts. Since that time, several communities across the nation, including three in California (San Francisco, San Mateo and Santa Clara counties), worked intensively to apply the guidelines.⁷ Others may be aware of the concepts and may have instituted some changes but may have been less systematic in considering strategies to help these families.

This report is designed to identify the progress that has been achieved in California over the past decade and make policy recommendations for the state that will not only improve responses to the families affected by domestic violence but begin to put in place strategies for prevention. The report makes a comprehensive set of recommendations (see highlights in box below).

Policy Recommendations

- I. Articulate Key Principles:
 - The best way to keep a child exposed to domestic violence safe is to keep the non-offending parent safe and ensure that the non-offending parent is able to engage in a safe, secure and nurturing relationship with the child.
 - Respecting a child’s developmental needs requires keeping safety paramount and ensuring that a child maintains a continuous relationship with his/her non-offending parent and where possible, a safe relationship with his/her offending parent.
 - A non-offending parent should not be held responsible for the behavior of an offending partner.
 - It is essential to recognize the protective behaviors that abused parents engage in while remaining in the home.
- II. Promote the State Interagency Team on Children and Families’ (SIT) Leadership Role in Addressing Domestic Violence and Its Effects on Children
- III. SIT Agencies Should Foster Multi-disciplinary Collaboration
- IV. Augment and Expand Professional Development Across Sectors
- V. Strengthen Screening and Assessment to Better Account for the Risks and Needs of Both Adult Victims/Survivors and Children Exposed to Domestic Violence
- VI. Strengthen Dependency Courts’ Capacity to Protect Adult Victims/Survivors and Abused Children and Children Exposed to Violence
- VII. Enhance the Capacity of Domestic Violence Service Providers
- VIII. Expand Community-based and Specialized Services
- IX. Enhance Attention on Perpetrators’ Accountability and Behavioral Change
- X. Deepen Support for Teens by Clarifying Mandates and Ensuring that Every County Has Appropriate Teen Services
- XI. Increase Focus on Prevention
- XII. Develop More Useful Sources of Data and Information to Improve Policy and Practice and Pursue Additional Research

EXECUTIVE SUMMARY

This report provides an overview of data obtained via surveys, interviews and case files, and presents the gaps, challenges and opportunities identified by respondents. It also highlights promising practices and collaborative initiatives that may provide inspiration and indications to communities and government that different approaches are possible, and that safety and well-being are achievable.

Especially in these economically trying times, it is imperative to recognize that more must be done to ensure safety and well-being for victims/survivors and children, and accountability and change for the abusers. More extensive and sensitive policy, practice and guidance are essential to prevent danger, ameliorate trauma and create safety, stability and long-term health for California's families.

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A Survivor's Story*



My name is Melissa. In 2004 I came to the attention of the Child Welfare System because of my drug addiction. The CWS Social Worker who investigated my case asked if there was domestic violence in our home, and like many survivors do, I minimized and justified my ex's behavior (the father of my children). I had left him and kicked him out of the house several times, but he kept coming back.

Besides recovery groups, part of my CWS case plan involved calling the DV shelter. They helped me make a safety plan in case my ex came back and helped me get a restraining order. I attended their women's support groups and learned a lot.

I initially felt everything was my fault. Although a big part of that was true, I later realized a lot of my self-blame stemmed from being told that everything was my fault by my ex-partner. All the mental games, the verbal abuse, the economic abuse, kept me isolated and made it impossible for me to work. He told me time and time again that I was the crazy one. After 6 ½ years of sobriety, I've come to understand that it was easier for me to deal with the insanity of the relationship by using drugs.

When we used to fight, he told me I was a terrible mother. When I went into treatment, he got custody of the kids. He used to blackmail me to have sex with him so I could get visits with my children. He used them to send threatening messages to me during visitations.

Even after I got clean, he kept interfering with the kids and tried to turn them against me. They're still exposed to his power and control tactics. When I got home from in-patient and got custody back, he broke into our home and took all our possessions. He has left them with verbally abusive family members when going to work during his unsupervised weekends. He threw his girlfriend's possessions out of his home while my children were there. And he tells my children not to tell anyone about what happens when they're with him.

Seeing how domestic violence has impacted my children is really hard. They are unique individuals, and thanks to claims with the Victim of Crime program, they have counseling with a therapist they know and trust as issues come up. They were very young when exposed to the violence their father perpetrated against me, but even now, if they are exposed to anger or anything that hints at violence, they still withdraw, get sad, sometimes get afraid.

Through the women's support groups, I learned to put words to what I was experiencing, like double binds, double standards, power and control, tension-building, explosions and honeymoons. I still have to interact with the father of my children. I still get triggered, I still have flash backs. There are so many layers to the effects of having experienced DV, it really is so complex. However, I don't have to do it alone, and I have options.

I can't begin to tell you how much I was empowered as a person and a mother because of my DV group! I learned about setting boundaries with others. This has been key in my recovery and in the healthy relationships I have in my life today. I get better at not getting hooked and I continue to teach my children that violence isn't okay, with words and by example.

My children know they can talk to me, to their therapist, and to other safe adults in their lives. They have learned it is okay to speak up when they are not feeling comfortable or safe, that they don't have to keep secrets to protect their father or others, and that they can love their father even if they don't like his behaviors.

My children's father continues to practice power and control and to manipulate in subtle ways. I have learned that I must always have a safety plan in place for me and for my children. And I must always watch out for retaliation when I call the police, when I speak up, or when I take him back to court.

** This is one survivor's story – it reveals many of the individual, family and systemic issues that arise when a parent perpetrates domestic violence and children are exposed to it. Some details of this survivor's story have been changed to protect her family's safety and privacy.*

For children, families are a source of learning and love. All too often, however, intimate partner violence can disrupt this family refuge on which children and teens rely for stability, support and nurture. Yet for too long, efforts to provide protection, safety and healing – whether emotional, physical, financial or social - to victims and survivors of domestic violence have been separate from those focused on similar needs for their children who have been exposed to the violence, neglected or physically abused.

More than ten years ago, the National Council of Juvenile and Family Court Judges (NCJFCJ) issued a pioneering set of guidelines: “Effective Interventions in Cases of Domestic Violence and Child Maltreatment” (often referred to as the “Greenbook,”).⁸ The guidelines made recommendations for practice and policy change to three major systems: public child welfare, domestic violence services and dependency courts. Since that time, several communities across the nation, including three in California (San Francisco, San Mateo and Santa Clara counties), worked intensively to apply the guidelines.⁹ Others may be aware of the concepts and may have instituted some changes but may have been less systematic in considering strategies to help these families. This report is designed to identify the progress that has been achieved in California over the past decade and make policy recommendations for the state that will not only improve responses to the families affected by domestic violence but begin to put in place strategies for prevention.

This report is based on results from several information-gathering processes designed to help us better understand responses to families where domestic violence, children's exposure to violence,

and child maltreatment may co-occur. Throughout the report we recognize that both male and female adults are victims of abuse, however given that women in heterosexual relationships are the predominant victims, we generally refer to the abused parent using “she” or “her.” Through a number of methods, we sought to further understand the breadth and depth of systems responses in this state, and to identify exceptional practices as well as gaps in services.

- In the winter of 2008-09, the Leadership Group conducted a survey of leaders from County Child Welfare Services agencies (CWS) and local Domestic Violence Organizations (DV) (identified by County Welfare Directors Association, the California Partnership to End Domestic Violence, and the California Department of Public Health Maternal Child and Adolescent Health Battered Women’s Shelter Program). The confidential surveys, based on similar, nationally-validated instruments,¹⁰ asked general questions about activities the agencies undertake during the course of their regular work with families, and touched on items such as: policies and practice, assessment and screening, responses, services, perpetrators and dependency courts, training and cross-training, collaboration, and resources and innovative practices. Fifty-eight percent (58%) of CWS managers (or their designees) and 71% of DV leaders to whom surveys were sent responded to the surveys for a combined response rate of 67%. The preliminary survey findings were considered in aggregate terms, and offered a snapshot / point-in-time look at practices and conditions throughout the state.
- A different strategy was used to examine information from the dependency courts. The Administrative Office of the Courts, Center on Families, Children and the Courts augmented a file review project by investigating how cases involving domestic violence were documented. Sixty court files were reviewed, from seven different California counties. Files were selected at random from court files of children who were in out of home placements.
- Follow-up interviews were conducted with a representative sample of 11 CWS and 8 DV leaders, the purposes of which were to clarify, validate and obtain reactions to some of the preliminary survey findings, and to illuminate more “on-the-ground” experiences occurring throughout the state. With these interviews, we collected case studies illustrating the state of current practices in the field, promising approaches being implemented, and on-going needs. Several excerpts from the case studies are spotlighted throughout this report. The full methodology and limitations are described in Appendix A.

The Leadership Group seeks a broad public dialogue about its recommendations. It also directs its recommendations to the State Interagency Team on Children and Families (SIT) to generate leadership, engagement, and steps toward improved support for families affected by domestic violence.¹¹



early a quarter of all women report being victimized by an intimate current or former partner at some point in their lives.¹² The Department of Justice reports that while men are also victims of partner violence, women are much more likely to be victimized (84% of spouse abuse victims, 86% of victims of abuse by a current or former boyfriend or girlfriend).¹³ Women sustain more than two million injuries from domestic violence annually.¹⁴

Children's exposure to domestic violence is much more common than generally believed. The most recent national estimates indicate that 15.5 million children in two-parent households live in families in which intimate partner violence occurred at least once in the previous year. Seven million of these children live in households where the violence was considered severe.¹⁵ Another recent national study looking at adolescents reported that one third of 14-17 year olds have seen a parent assaulted.¹⁶

The California's Women's Health Survey provides a window into women's exposure to intimate partner violence in the state. In its 2005 survey, the California Department of Public Health found 22.4 percent of women 18 years old or older had ever experienced physical or sexual assault and 9.2 percent had experienced at least one incident of domestic violence in the previous 12 months. The survey also reveals that 18.6 percent of respondents reported witnessing violence against their mother when they were children.¹⁷

A look across a range of studies has also shown that there is a 30-60 percent overlap of families with co-occurring child maltreatment and domestic violence.¹⁸ There is currently no statewide estimate of the number of families with co-occurring domestic violence and child maltreatment.

Throughout this report, "domestic violence" (DV) is defined as a pattern of abuse, and the use of power and control exerted by one adult against an intimate partner that can vary from infrequent to chronic, and from mild to severe to lethal. The consequences of victimization are tied to the nature of the pattern of violence, but most often include trauma and can involve broken bones, financial hardship, isolation and loss of self esteem, depression and dislocation from the home. The families that come to the attention of many public and community-based agencies often face complex situations – the violence, as noted above, may cause (or in some cases, be fueled by) other challenges, including financial hardship, substance abuse, mental health issues, and children with special needs.

The potential consequences of abuse or exposure to violence as a child are also becoming increasingly evident; in addition to being tied to the nature of the exposure, they may vary depending on the age of the child, the non-abusive parent's support system and protective capacity, and the extent to which a child can remain in familiar circumstances -- the same school, pet, toys, bed. Other studies demonstrate that while many children are resilient, there are potential pernicious effects of such exposure, including serious trauma, anxiety, problems at school or aggressive behavior. Studies increasingly indicate that exposure to adverse experiences in childhood, such as abuse or exposure to adult violence, also may have both short-term and long-term health consequences.¹⁹

Adults and the children in these families, both before and after any violence, risk of violence, or exposure to violence, may touch many systems of care, protection, health, education or social support. Yet many of these systems – child welfare, domestic violence services, dependency courts, to name a few – come to their engagement with families from different histories, philosophies, disciplines, mandates and resources.

The CWS system was developed more than a century ago to protect children from impoverished circumstances; that mandate has evolved to one of ensuring abused, neglected and abandoned children's safety, permanency and well-being. Modern juvenile dependency law was developed less than 50 years ago and continues to evolve.²⁰ The system of community-based domestic violence service providers emerged in the 1970s to provide safe haven, protection and support to women survivors of domestic abuse.

Child welfare and dependency courts have detailed legal mandates that provide states authority to intervene when a child's safety is at risk and to take actions in what they determine is a child's best interest. State child welfare systems vary in their governance; California's child welfare system is state administered and county run. The system of domestic violence services is a voluntary one: domestic violence victims are not required to use domestic violence services. In some counties, there may be multiple non-profit DV service providers; while in other regions, one DV organization may be the only provider across several counties.

Funding levels and sources also differ across child welfare, dependency courts and domestic violence services. The child welfare system receives several billion dollars annually from the federal government primarily to support mandated foster care and some limited supplemental services. Domestic violence services receive significantly less from the federal and state governments combined. In California, the state administers federal and state funding to selected non-profit, non-governmental DV service providers and mandates core domestic violence services for those organizations. Dependency courts receive a small portion of federal funds, while most of their support derives from the state as part of the overall state court system. Child abuse and domestic violence can lead to prosecution in criminal court; whether or not alleged perpetrators reach criminal court is highly unpredictable. While considerable progress has been made in service delivery to families, the history, funding and statutory differences have hindered collaborative processes to ensure the appropriate supports, services and safety to non-abusive parents and their children, and accountability and behavior change to offenders.

When an adult is abused by an intimate partner, the process of achieving safety and healing may involve multiple activities, considerable time, substantial emotional resources and may require engagement with a different agency or organization or a combination of them. Domestic violence may not be the only problem the adult victim, most often a woman, is contending with – she may also face economic hardship, legal challenges and health consequences or need to move to another location to get away from her abuser. When children are involved, the victim/survivor's needs escalate as she seeks to protect her children and additional agencies may come into play, making the process that much more complex. Interventions to protect a child, which may include the removal from the non-abusive parent when the child's safety is not assured, heighten the trauma for both the victim/survivor and the child. As a result, the stakes in these situations become very high, placing pressure on child and family serving systems as well as on the families themselves.

While most adult victims/survivors of partner abuse seek to protect their children and ensure that they stay together, they may vary in their desires regarding their abusive adult partner. While all adult victims want the abuse to stop, the assumption that all seek to leave the batterer or have the batterer leave the home is not borne out by the evidence.²¹ Some deeply want the abuse to stop but do not necessarily want to leave their partner; many would like to retain a “safe, intact family.” Others may want the relationship to end, though making that happen may not be a simple process. Yet others may not want to live with the partner but may want her children to have a continuing relationship with him.

Most survey respondents, principally from domestic violence agencies, would like to see the range of interventions expanded so that they could create choices and options for victims without mandating or telling them what to do. Yet barriers remain, including lack of resources and the long-held view of some domestic violence agencies that a family is never safe if an adult has been abused (and that the batterer’s likelihood of changing the abusive behavior is very low). Others, particularly some CWS agencies, see mandating participation in certain services and compliance, specifically regarding separating from the batterer, as the key tool they have to stop the abuse and protect a child’s safety, despite their strongly held tenet of family preservation whenever possible. Child welfare and domestic violence agency survey respondents differed on the appropriateness of alleging that a non-abusive victim who has not complied with these mandated services has “failed to protect the child.”²² Some argue that separating from the batterer and other mandated interventions can also heighten the risk for both the victim and his/her children. The challenge for families, as well as for the agencies seeking to assist them, is how to create a more expansive array of supports and services and achieve safety for all family members while understanding and respecting their aspirations and the choices they make.

Over the past decade, much has been recognized and learned and some progress has been made in how to better address these complex and challenging, often fragile, families. In addition to the pioneering efforts of the three California counties that developed collaborations based on the NCJFCJ guidelines, the state took additional steps. For example:

- In 2002, the California legislature recognized the need to intervene more effectively and consistently in the lives of children who are exposed to domestic violence by enacting SB 1745 (Chapter 187, Statutes of 2002) requiring law enforcement, child welfare services, prosecutors, child abuse and domestic violence experts and community-based organizations serving abused children and victims/survivors of domestic violence to develop protocols for use in their response to incidents of domestic violence in homes in which a child resides.
- In 2005, the Office of Criminal Justice Planning used federal Children’s Justice Act funding to create the “Children Exposed to Domestic Violence Response Team Pilot Program.” This program enabled two counties, San Joaquin and Riverside, to develop and implement law enforcement protocols to coordinate responses and services to children identified at domestic violence incidents.

- The California Attorney General's Office in 2007, building on the U.S. Attorney General's initiative, promoted "Safe From the Start," a protocol to stimulate law enforcement partnerships with child welfare services to better respond to the needs of children. The protocol was distributed to every law enforcement jurisdiction throughout the state.

Another key development involved the creation in 2001 of an early alliance, catalyzed by the NCJFCJ guidelines and forums for state leaders, of state and county agency representatives and statewide nonprofit agency leaders who sought to generate greater state attention to the needs of families where domestic violence and child maltreatment co-occur. The group, now named the California Statewide Leadership Group on Domestic Violence and Child Well-being and the author of this report, derives impetus and inspiration from all of these efforts and seeks to continue the progress.

This report documents the overall gaps, problems and challenges identified by the CWS and DV providers in communities across California, as well as issues that emerged through the dependency court case file reviews. It does not rank or compare any specific state or local agency, court or county. It also highlights promising practices and collaborative initiatives that may provide inspiration and indications to communities and government that different approaches are possible, and safety and well-being are achievable. Especially in these economically trying times, it is imperative to recognize that more must be done to ensure safety and well-being for victims/survivors and children, and accountability and change for abusers. More extensive and sensitive policy, practice and guidance are essential to prevent danger, ameliorate trauma and create safety, stability and long-term health for California's families.

I. Articulate Key Principles

RATIONALE: Building on the Greenbook, as well as survey and interview responses, there are a set of key principles that the members of the Leadership Group have agreed upon commonly across our different disciplines and experiences. These principles should be articulated widely and used as the basis for emerging policy and practice.

- A. Domestic violence and its potential implications for children through exposure or co-occurring maltreatment require recognition by state agencies as these are significant factors in cases that come to the attention of local service providers. The State, through the State Interagency Team for Children and Families (SIT) and its member agencies, should articulate key principles about the importance of creating safety and support for all family members and accountability for offenders, including:
 1. The best way to keep a child exposed to domestic violence safe is to keep her non-offending parent safe and ensure that the non-offending parent is able to engage in a safe, secure and nurturing relationship with the child.
 2. Respecting a child’s developmental needs requires keeping safety paramount and ensuring that a child maintains a continuous relationship with his/her non-offending parent and where possible, a safe relationship with his/her offending parent.
 3. A non-offending parent should not be held responsible for the behavior of an offending partner.
 4. It is essential to recognize the protective behaviors that abused parents engage in, often while remaining in the home.

SPOTLIGHT #1:

What Research Tells Us About Domestic Violence Victims’ Efforts to Protect their Children

Battered parents make decisions for their children in the context of their lives, considering all risk factors – not just domestic violence. For example, a battered mother might decide her child will be OK, even though he witnesses her boyfriend’s controlling behavior, as long as she can put food on the table, a roof over his head, and keep him in his current school – a decision that means she will need to stay with her current partner. From Davies, Jill, “When Battered Women Stay... Advocacy Beyond Leaving,” BCSDV Paper #20, National Resource Center on Domestic Violence.

Victims of domestic violence worry about what will happen to their children, however research on the protective strategies that they use is relatively sparse. In one small study of 17 battered women with children, 65% described removing

the children from the scene of the violence by moving away from them or putting them in their bedrooms (Haight, Shim, Linn, & Swinford, 2007). In the same study, almost half of the sample (47%) spoke of reassuring their children and emphasizing to them that the fighting was not the children's fault. Some mothers, ranging from 16% to 24% in two studies, try to teach their children to make nonviolent choices in their own relationships (Haight et al., 2007; Levendosky, Lynch, & Graham-Bermann, 2000). Adapted from Hamby, S., & Bible, A. (2009, July). Battered Women's Protective Strategies. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved month/day/year, from: <http://www.vawnet.org>

II. Promote the State Interagency Team's Leadership Role in Addressing Domestic Violence and Its Effects on Children

RATIONALE: The State Interagency Team on Children and Families brings together the leadership of key state agencies whose mandates speak to improving the lives of vulnerable families, especially those who may come to the attention of the child welfare system.²³ This forum serves as a vehicle to identify and address issues for which remedies cross the boundaries of any one agency. The challenges faced by families with children in which intimate partner violence is present falls within the SIT's purview, as the needs of these families are most often dynamic and multifaceted. As a result, just as the SIT recognized and embraced the need for a workgroup on domestic violence, it can play a significant role in facilitating consideration, promotion and implementation of the workgroup's recommendations.

A. The SIT can demonstrate the state's leadership by:

1. Highlighting the prevalence of domestic violence and potential consequences of children's exposure to it.
2. Promoting best and promising practices to improve adult victims/survivors' and exposed children's safety and well-being.
3. Promoting best and promising practices to improve perpetrator accountability and intervention focused on behavior change.
4. Allocating resources, through individual agencies and coordinated or pooled funding across agencies, for information-sharing, professional development, technical assistance, peer learning, specialized services and other strategies that are designed to strengthen identification, assessment, safety, healing and accountability for affected families.
5. Encouraging full representation in its own deliberations, including Law Enforcement and the Women's Commission for example, as these additional/multi-disciplinary state agencies also play important roles in preventing and responding to domestic violence where children may be affected.

III. SIT Agencies Should Foster Multi-disciplinary Collaboration

RATIONALE: The majority of responding child welfare agencies and domestic violence service providers reported the value of collaboration and their desire for more extensive and regular interaction across agencies. Both CWS and DV agencies seek more training, cross-training, communication, regular collaboration meetings and standardized protocols across key responder agencies and would value more financial resources to facilitate these important cross-organization activities. However, they also reported that collaboration across these agencies – as well as other family and child-serving agencies – lacked regularity and consistency and, in some cases, was challenging. For example, respondents reported difficulties navigating differing organizational missions and cultures; others noted that limited financial resources and staff capacity impede collaborations; and others commented on challenges resulting from high staff turn-over in these organizations. Three-quarters of CWS respondents reported that it was easy or somewhat easy to collaborate with other agencies and community-based organizations, while more than half of responding DV organizations indicated that it was somewhat or very difficult to collaborate with these other entities.

Counties vary substantially in the degree to which child welfare services, domestic violence service providers and law enforcement respond jointly to and develop coordinated policy about, families with children where domestic violence is present. For example, the relationship between child welfare services and domestic violence service providers is highly inconsistent. In some counties they are known to one another and work together, in others there is little interaction. Some child welfare services draw on the expertise of domestic violence advocates and service providers; others report that they do not know how the domestic violence workers can be helpful. The majority of responding counties lack joint child welfare-domestic violence agency responses.

At the same time, nearly two-thirds of the child welfare services and nearly half of the domestic violence service providers responded that they meet regularly with their counterpart to coordinate specific cases and have been doing so for a number of years. Domestic violence organizations specifically noted the need for greater collaboration on issues of confidentiality to ensure that the safety of adult victims/survivors and their children is not compromised.

In addition to a need for greater collaboration, survey respondents and interviewees identified several strategies they are using and believe should be more widely used to strengthen their capacity to understand, assess and respond more effectively and in a more integrated way to the needs of adult victims/survivors and their children. These include various ways to strengthen the expertise about domestic violence and support for adult victims/survivors within dependency courts, child welfare services and law enforcement, and conversely to strengthen domestic violence organizations' and law enforcement agencies' understanding and ability to assess and respond to the needs of children exposed to domestic violence.

- A. A strong, authorized, well-led collaboration entity at the county level is best positioned to take on leadership and address the intersection of domestic violence and child well-being, including the co-occurrence of domestic violence and child maltreatment:

1. Individually and as a group, encourage agency staff and local networks to develop or deepen existing cross-governmental and community-based collaborative mechanisms needed to address the issues and challenges these families face.
2. Building on each agency's funding mandates and existing coordinating bodies, the SIT should support efforts for collaboration at the county level and share examples of effective collaborative efforts.
3. Individually and as a group, coordinate recommendations about the stakeholders who should be included in the county-level collaborative entity. Take into account existing legislative requirements for Domestic Violence Coordinating Councils and include representation from SIT member's local constituent agencies as well as Child Abuse Prevention Councils, First Five and law enforcement.
4. In addition to supporting creation of incentives for leadership level collaborations, foster case-specific collaborations at the line and program levels, incorporating appropriate safety and confidentiality measures.

SPOTLIGHT #2:

Line-level Collaborations

Several different collaborative entities have developed which are designed to bring together professionals from different sectors to address domestic violence. Each entity may have a slightly different focus, depending on its originating agency. For example, Domestic Violence Enhanced Response Teams (DVERT, also referred to in some communities as DVRT) were designed to bring a coordinated response across local law enforcement, prosecutors, victim advocates, shelters, children's services and hospitals, among others) with a primary focus on the safety of the victim. DVERT teams functions include sharing information in a timely way, identify victims in extreme danger, and assisting in the prosecution of the offender.

Family Group Conferencing, and its' variants (FamilyTeam Conferencing, Family Team Meetings, Family Team Decision-making) was developed by the child welfare system to engage families in decisions affecting their children and to assist them in developing strategies to strengthen their ability to parent safely and avoid child maltreatment. By bringing together a range of professionals with the family and the family's natural allies (friends, relatives, religious supporters), the group helps design an individualized plan that will build the family's capacity to care for the children appropriately and achieve safety and stability. In families in which domestic violence is present or a risk, careful attention must be paid to whether both adult partners can safely be present; in most instances, to protect family and child safety, the offender should not be present. In some instances, the offender may participate by telephone; in other cases, a separate case planning conference is held with the offender.

Multidisciplinary teams (MDT) are another approach to ensuring a range of perspectives is brought to bear when a child may be at risk of abuse. According to a Department of Justice guide, an MDT is a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. Members of the team represent the government responsible for investigating crimes against children and protecting and treating children in a particular community. An MDT may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these functions. When a child's parent is also a victim of abuse, it is essential that members of the team have expertise in the field of domestic violence.

- B. Develop additional strategies to embed expertise about domestic violence and its impact on children in the range of agencies and organizations that may see families in these circumstances:
 - 1. Where appropriate, support incorporation of highly trained DV specialists or creation of a unit of DV specialists within child welfare services (e.g., in Emergency Response or in Family Maintenance).
 - 2. Foster use of domestic violence specialists as a bridge between CalWorks and Child Welfare Services for families experiencing domestic violence and requiring the services of both agencies (e.g., Domestic Abuse Specialized Unit).
 - 3. Promote integration and co-location of DV specialists and DV advocates to assist victims/survivors within Dependency Courts.
 - 4. Support special training for CWS social workers to focus on families where domestic violence is a factor.
 - 5. Ensure that Family Resource Centers used by Differential Response Counties as referrers to and brokers of community-based services are well-trained about domestic violence and its implications for children.

- C. Coordinate and circulate information and provide technical assistance on cross-agency MOU's, mandates and best practices regarding confidentiality to improve coordinated support for victims/survivors, perpetrators and their children:
 - 1. Carefully consider the need for confidentiality as a safety matter for victims/survivors of domestic violence with the need to ensure appropriate protections and services for them and their children.

IV. Augment and Expand Professional Development Across Sectors

RATIONALE: Both CWS and DV organizations report high degrees of staff training in several areas including the dynamics inherent in these issues, the needs of families from diverse cultural backgrounds, services available in their communities, and policies/procedures for accessing these services. Respondents from CWS sought more mandatory and regular training on the effects of children's exposure to DV, while DV organizations sought training not only on children exposed to DV, but also how to support DV victims/survivors in the recovery process and training for DV staff on child development and effective treatment modalities (including therapeutic approaches that engage mother and child as a unit). Respondents participating in interviews emphasized further training content focused on implementation of policies and procedures, as well as greater depth in understanding the complexities of both domestic violence and children's exposure to it, and the complexities and philosophical underpinnings of the systems that work with families.

These agencies reported discrepancies regarding the amount of specific cross-training happening between their organizations. Approximately one-fifth (18%) of CWS, and one-quarter (25%) of DV organizations reported bringing in the other agency to train their staff.²⁴ Yet, both agencies reported fairly high rates of providing these cross-trainings to the other organization (65% of CWS reported training DV organizations and 55% of DV organizations reported training CWS).²⁵

The need for enhanced and consistent professional development on the multitude of issues related to domestic violence and child safety and well-being is great, and significant opportunities to leverage cross-disciplinary collaborative trainings exist.

- A. Integrate professional development about domestic violence, child maltreatment, and children exposed to violence into mandatory training requirements statewide for all sectors that serve children and families, including courts, domestic violence services and allied services (such as alcohol and drug programs and mental health):
 1. Enhance the mandatory child welfare academy training regarding domestic violence by providing greater attention to children's exposure to domestic violence and the co-occurrence of domestic violence and child maltreatment (including making the training more dynamic and strengths-based).
 2. Engage local domestic violence service providers in contracts to provide training beyond "DV 101," covering what resources are available, how to interview adult victims/survivors and what follow up questions to ask, sensitivities and challenges about protective strategies and how to develop adequate safety plans that recognize the complexities of victim's lives.
 3. Create a variety of professional development and cross-training opportunities for other professions that deal with victims/survivors of domestic violence and their children, including parents' and children's attorneys and advocates and other officers of the court, county counsel, ICWA tribal representatives and advocates who go to court, immigration specialists, mental health workers, alcohol and drug treatment providers, among others.

4. Expand the training and cross-training opportunities for community-based organizations that serve as brokers of referrals and services in counties employing Differential Response.

SPOTLIGHT #3:

Families Thrive and the Zero Tolerance for Domestic Violence Initiatives

Holding the child’s well being at its center, Families Thrive is building a system-wide approach to better serve the needs of children, youth, and families impacted by DV in Contra Costa County. The project is increasing awareness, building on existing strengths, knowledge and skills, strengthening organizational practices and policies, and forging community partnerships. With a blended approach of online and in-person social networking as a cornerstone, strategies include developing an active community of practice of professionals, offering on-going training, technical assistance and support, and developing and supporting pilot/prototype projects. (www.familiesthrive.org)

Families Thrive is an exciting resource of the Safe and Bright Futures for Children Exposed to Domestic Violence partnership of Contra Costa County’s Zero Tolerance for Domestic Violence systems change initiative (www.contracostazt.org).

Authorized as the first Zero Tolerance for Domestic Violence (ZTDV) county by the California Legislature (SB 968), ZTDV is a public/private partnership, designed to reduce domestic and family violence and elder abuse. Zero Tolerance functions on the principle that no one entity can do it alone; placing emphasis on public systems and private providers working and advocating together to leverage all resources and deliver effective changes to systems families interact with. As a neutral convener, Zero Tolerance facilitates coordination and resource development, and incubates improved service delivery systems.

V. Strengthen Screening and Assessment to Better Account for the Risks and Needs of Both Adult Victims/Survivors and Children Exposed to Domestic Violence

RATIONALE: Children frequent many places as a matter of course during each day, week and year, yet most of those who may be affected by adult or caretaker violence in the home are likely to go unrecognized, sometimes with serious consequences. Improved understanding of the affects of domestic violence on children by professionals and other personnel in these settings will more readily, and with less stigma, identify what children may be going through and connect them with the resources they need. While professionals and paraprofessionals in all of these locations need not become experts about children exposed to violence, they would benefit from a stronger knowledge base about it, how to recognize it and what community resources are available to address it.

- A. Promote identification and referral of children exposed to domestic violence at key agencies and institutions serving children and families:
 - 1. In settings where children are – schools, hospitals, after-school programs, child care and early childhood programs and faith institutions, for example – professionals need to be attuned to children exposed to violence and be prepared to provide or refer them for appropriate assessment, support and services:
 - a. Professionals should know potential signs of exposure to violence and what community resources offer appropriate services in order to address a child’s needs and circumstances before reaching the level of suspected or actual abuse or neglect.

RATIONALE: The child welfare system, as part of its mandate, screens every report that comes to it, primarily through a child abuse or crisis hotline. The California Department of Social Services requires each county child welfare agency to implement one of two standardized tools for screening and assessment: either Structured Decision Making (SDM) or the Comprehensive Assessment Tool (CAT). These tools vary in their approach to screening and assessment and when and how they are used over the life of a case.²⁶ Each tool has a limited number of questions about domestic violence, but respondents and interviewees reported that these indicators, without a worker specifically knowledgeable about domestic violence, are insufficiently nuanced to assist in determining how to ensure the adult’s safety or to distinguish the protective strategies she may be undertaking to maintain the child’s safety. Interviewees also highlighted that the tools themselves do not distinguish between children who may be “maltreated” and those who may be “exposed to violence” but for whom the exposure does not reach the threshold of maltreatment. CWS respondents sought interview protocols to augment the assessment tools in situations involving domestic violence.

In addition, few agencies reported that the assessment tools, by themselves, support assessing the adult victim/survivor and the child as an interdependent unit. Some indicated, as well, that initial “reporters” of family situations to a hotline are not necessarily providing the best information. Domestic violence organizations suggested more in-person interviews would strengthen CWS understanding of the complexities of many of these women’s lives and circumstances (this was highlighted especially in the case of immigrant women).

- B. Child welfare services should strengthen the consistency of implementation of its current screening and assessment tools, especially the SDM and the CAT, and augment these tools to garner more information about domestic violence, the adult victim/survivor’s strengths and circumstances, and the nature and effects of the child(ren)’s exposure to the violence.
 - 1. Improve intake regarding domestic violence at the child abuse hotline level and about children’s exposure to domestic violence within domestic violence services.
 - 2. Conduct more in-depth, in-person assessments, including learning the adult victim/survivor’s, and depending on the age of the child, the child’s narratives about what they are experiencing, their fears and aspirations, their own views of their safety, and what they need to help them reach safety and stability.

SPOTLIGHT #4:***Santa Clara County - Department of Family & Children's Services - Court Supervision Domestic Violence Unit***

Santa Clara County (SCC) Social Services Agency's (SSA), Department of Family & Children's Services (DFCS), Domestic Violence Unit was started in June, 1999. This specialized court supervision unit evolved out of the vision of the SCC Board of Supervisors, SSA administration and the SCC Domestic Violence Council to effectively address the overlap of child maltreatment and domestic violence. It was this collaboration, and ensuing direct DFCS client services, which allowed SCC to be selected as one of the six national sites to receive Federal funding and technical support to implement the Greenbook initiative in 1999. The first Domestic Violence Specialist Social Worker for SCC DFCS had been designated in 1997, as a result of the previously defined community and agency vision to improve services, which created three specialized social work codes. She was one of the SCC DFCS staff involved in this community's Greenbook work to improve services and practice and has supervised the unit since its inception. Until June 2009, the unit also managed SCC DFCS' certified 52 week batterers' intervention program, Living Without Violence, which served only DFCS clients and was staffed with DFCS Social Workers.

Currently, the DV Unit is composed of six case-carrying Social Workers [five SWIIIs and one SWII], one Social Worker I and one Program Services Aide (PSA). The Social Worker I and PSA are critical support for case carrying Social Workers. Of this group three staff are Spanish speaking, two are Vietnamese speaking and one speaks Ibo. The hope is that the unit will return to full capacity of eight case carrying Social Workers in the near future.

As identified on SCC SSA's Online Policies and Procedures (OPP) website, the criteria for cases assigned to the unit are as follows:

Domestic Violence Unit:

- Domestic violence is alleged on the petition or
- Domestic violence services are ordered by the Court or
- The case involves at least one adult/parent/victim and at least one adult/parent/dominant aggressor who is involved in the case or an adult/parent/dominant aggressor is known to still be connected but is either not getting services or is unwilling to accept services, and
- The domestic violence dynamics continue to place the adult victim and children at risk.

As SCC Social Workers have increasingly integrated screening, assessing, collaborating and safely intervening to address the dynamics of intimate partner violence, the focus of the Domestic Violence Unit has changed. The Domestic Violence Unit has shifted from being the only appropriate unit for this type of case to a source that usually manages the most lethal cases. The unit's Social Work Supervisor and staff continue to be a resource to the agency and provide consultation and training when needed.

RATIONALE: Another set of findings from the surveys and interviews suggests that counties that have adopted Differential Response (nearly ¾ of responding counties) do not treat cases involving domestic violence uniformly.²⁷ While that may be appropriate since every family's circumstances differ and domestic violence is a continuum with varying degrees and patterns of severity and risk over time, nevertheless, the nature of the inconsistency merits further exploration. For example, in some DR counties, the presence of domestic violence automatically triggers a "path 2" response (Child Welfare Services and Agency Partners Response). In others, it automatically triggers a "path 3" response (Child Welfare Services Response) In yet other counties, the determination of what path is triggered, including whether a family is "evaluated out" and referred to a community provider, takes into account a more nuanced consideration of the nature of the domestic violence and its impact on the child/ren. A further area for exploration is that in many counties that use a Differential Response system, which is premised on the availability of community providers to work with families who are "evaluated out," the domestic violence agency was not familiar with the county's approach.

- C. In counties using Differential Response, CWS agencies should ensure that domestic violence and other community-based agencies understand the approach and how it may affect their clients.

RATIONALE: Reporting between child welfare services and domestic violence organizations also is inconsistent. Domestic violence services programs must have at least one staff person mandated to report to child welfare any suspected or actual child abuse or neglect by a parent. More than half of domestic violence programs indicated that they report to CWS. Some also report suspected abuse to local law enforcement. Although no mandate requires CWS to report domestic violence cases to domestic violence services providers, some CWS do make such referrals.

- D. Domestic violence service providers should be provided the tools and technical assistance to enable them to routinely assess the impact of domestic violence exposure on the children whose parent(s) come to their attention:
 - 1. Domestic violence service providers need to strengthen the consistency of the assessment tools they use and their implementation.

2. Domestic violence service providers and other crisis centers need to use best practice assessment tools for determining the nature and the severity of needs of children exposed to domestic violence to determine the nature of appropriate interventions.
3. State agencies should collect and disseminate best practice assessment tools that can be used by domestic violence service providers.

RATIONALE: Law enforcement's interaction with county child welfare services varies dramatically between and within counties. Some law enforcement agencies consistently and speedily cross-report to child welfare services when a child is present in a home where they respond to an incident of alleged domestic violence; in some instances the child welfare agency immediately sends a social worker to determine if there is immediate risk to the child. Other law enforcement agencies do not cross-report, do so inconsistently, or do so many weeks after the incident has occurred and in a pro forma manner, limiting the ability of its child welfare agency counterpart to respond in a timely way to determine the risk and safety needs of the affected children.

- E. Law enforcement should more routinely work with child welfare services and domestic violence service providers when responding to domestic violence incidents where children are present:
 1. Law enforcement should improve the speed, consistency, and appropriateness of cross-reporting with child welfare services any domestic violence incident in which children are at risk of harm.
 2. Law enforcement first responders require more regular and in-depth training and experience about interviewing children and/or engaging other professionals in coordinated responses (see AG's guidelines for law enforcement: *Safe from the Start*).

SPOTLIGHT #5:

Children Exposed to Domestic Violence Specialized Response Program

Using funds from the Children's Justice Act, the City of Fresno Police Department, in collaboration with the Marjaree Mason Center and Fresno County Department of Social Services, has created a Children Exposed to Violence (CEDV) specialized response team to ensure that children who are exposed to a domestic violence incident are identified by law enforcement who are generally the first responders. Often, children may be traumatized by witnessing a violent incident at home involving a parent or experiencing ongoing domestic abuse. When law enforcement officers are trained to document the presence of a child in the home, the child or children can be provided safety and links to appropriate community services. In addition, this documentation enables children to receive services and treatment that can be reimbursed through the Victims' Compensation and Government Claims Board.

This program supports two full-time victim advocates and one full-time child welfare social worker. These professionals, in concert with Fresno Police Department's domestic violence detectives, work as a team to investigate cases of domestic violence where children are present and provide services to those victims and children in need. The advocates and social worker provide follow-up contacts to families and encourage counseling services for victims and their children, as well. The entire team, including the advocates, social worker, and DV detectives, conduct weekly briefings to discuss the most severe cases and make a plan to provide assistance and safety.

The CEDV Specialized Response Program has five components: law enforcement-social services partnerships; development of a CEDV county protocol; collaboration among various participating agencies; data collection; and evaluation.

VI. Strengthen Dependency Courts' Capacity to Protect Adult Victims/ Survivors and Abused Children and Children Exposed to Violence

RATIONALE: The majority of CWS agencies responded that they ask for protective orders when an adult victim/survivor agrees to it (nearly three-quarters of the CWS respondents seek restraining orders in these cases). What may be less apparent is the increased risk to the adult victim/survivor that often accompanies the request for such orders.²⁸

While a majority of CWS respondents indicated that they provided services in court cases when domestic violence is involved, none of the services identified differed from those provided in non-domestic violence cases. The file reviews conducted separately reinforced the evidence that if DV is not identified and addressed early on, the question arises about whether or not DV appropriate services are being offered to all families who need them, especially since reasonable services are legally required to address the problems that led to the court involvement.²⁹ This issue then may become a significant issue in the case when it reaches the court. Forty per cent of the domestic violence organizations responding to the survey indicated that they provided services in dependency court when those cases involved domestic violence. The services most commonly identified by the domestic violence organizations were: accompanying the adult victim/survivor to court and providing advocacy and/or support and referrals to child counseling or therapy. Other services provided by the domestic violence organizations included: testifying, finding pro bono attorneys, preparation for court hearings, help with temporary restraining orders, on-site paralegal help, home-visitors in advance of or as part of reunification, and help to clients in following through on court recommendations, including parenting support, parent-child therapy, and counseling. These services need to become routine in dependency court cases where domestic violence is involved.

- A. If maltreated children or children exposed to violence are to achieve safety, stability and well-being, and if possible, remain in their homes or be reunified with their families, dependency courts should play a greater role in ensuring reasonable services are provided to protect adult victims/survivors of domestic violence and ensuring accountability for perpetrators of domestic violence.
1. Require professional development for judges and other court personnel related to coordinated responses to children exposed to violence.
 2. Institute mechanisms that create closer communication and coordination across dependency courts and other courts (DV, criminal, family) that are responsible for cases that may overlap with cases in dependency court. Ensure communication about protection orders, no contact orders, visitation orders and other expectations or requirements imposed by one court that may affect the family and the case in another court.
 3. In cases where domestic violence is a factor, identify additional strategies that should be expected as elements of the reasonable efforts that are legally required before removing a child from his/her home or reunifying the child with his/her family.
 4. Improve current models of pleadings to hold the perpetrator accountable for his/her actions rather than to hold the adult victim/survivor responsible for the perpetrator's behavior
 5. Develop strategies to better align child welfare permanency timelines with the protective strategies and time that adult victims/survivors of domestic violence need for appropriate healing interventions, perpetrators require for effective completion of batterer intervention programs, and children need to be able to remain safely with a non-offending parent

RATIONALE: File reviews revealed that when evidence of DV existed in the court file, it was included as an allegation in the petition in less than half the cases. This raises the question, since services are by law mandated to ameliorate the problems that led to the juvenile court involvement, whether DV appropriate services are being offered to all families who truly need them.

Based on the court files, it is evident that DV is rarely a stand-alone issue in dependency court. DV was the only issue contained in the petition in approximately 5% of the cases reviewed. The cases that reach the dependency court, particularly those where the court orders removal of the children, involve multiple complicated co-occurring problems including substance abuse, physical abuse, and severe neglect. Again, these cases require services tailored to fit the individual needs of the family.

Court pleadings filed by child welfare and consistently sustained by the court generally do not hold perpetrators accountable. The vast majority of the cases are pled under 300(b) alleging a failure to protect the child from physical or emotional harm, rather than pleading risk of actual physical harm under 300(a) or emotional harm under 300(c). The language in the petitions further places the fault for domestic violence on both parents, rather than identifying the perpetrator of the abuse. Allegations such as "The children were exposed to domestic violence" and "The parents engage in a pattern of domestic violence" are common, despite the legal mandate for factually specific petitions.

The case files reviewed also demonstrated that the case plan objectives for victims of domestic violence were vague and difficult to measure. A common case plan objective is “Take appropriate action to avoid being a victim of further domestic violence.” This objective gives little direction to a parent regarding how to complete this objective and make their home safe for the child, and gives the dependency court little direction in determining whether the objective has been met.

- B. Explore new models of child abuse reporting intake forms, case filings, dependency court petitions and other actions that make the perpetrator of domestic violence responsible for his/her own behavior rather than making the adult victim/survivor responsible for the perpetrator’s behavior.
 - 1. Explore models of opening petitions in the name of the alleged perpetrator.
 - 2. Explore co-petitioning models.
 - 3. Explore Massachusetts and Wisconsin models which allow for filing petitions against the perpetrator.

VII. Enhance the Capacity of Domestic Violence Service Providers

RATIONALE: DV organizations provide a broad range of services including the 14 core services mandated by State funding in California,³⁰ which include, among other things, emergency responses to calls from law enforcement and medical settings, community resource and referrals, and counseling for children. In addition, the majority of DV organizations provide additional services to children such as childcare, academic tutoring, recreational activities and supervised parent visitation for families involved with CWS.³¹

DV organizations in California serve survivors in an environment of shrinking public and private support. Financial resources and personnel are generally focused on emergency services and crisis intervention, and thus, DV organizations’ ability to consistently participate in cross-disciplinary training and collaborative efforts are limited unless dedicated funding is provided.

- A. Expand DV service provider resources and collaborative capacity to be able to work more closely with CWS, dependency courts, mental health and other treatment services, and law enforcement with those families where DV is a factor.
- B. Engage, through funded contracts, cooperative agreements and other mechanisms, local domestic violence service providers as resource personnel and trainers in agencies and organizations to continually raise the capacity of and strengthen collaborations with other multi-disciplinary partners.

VIII. Expand Community-based and Specialized Services

RATIONALE: Both child welfare services and domestic violence services organizations report that services to support children exposed to violence are inadequate. The principal strategies that county child welfare use for families in which domestic violence is an issue include expectations that the victimized parent leave the batterer, get a restraining order and attend anger management and/or parenting classes. They also, in many instances refer parent(s) to counseling, mental health services and substance abuse treatment, yet in most instances these are in short supply and, in addition, are not specialized with regard either to the needs of a domestic violence victim/survivor or to needs of a child exposed to adult partner violence. Few counties identified available, effective specialized therapeutic services that focused specifically on children exposed to violence or the adult victim/survivor's trauma.

Most county child welfare services have limited services to offer to families in which domestic violence is an issue. As noted earlier, 85% of them report referring these families to local domestic violence service providers. In addition to these referrals, they expect the mother to comply with ordered services, get a restraining order, and leave the batterer or have the batterer barred from contact. The primary services mandated in case plans are generally "parenting programs," counseling or mental health treatment. These services generally are not necessarily either trauma-informed or specifically geared to families with these experiences. Mandated services also may further jeopardize the adult victim/survivor's safety, placing the children at additional risk as well. For example, restraining orders may heighten the response of the abuser; not hesitating to attend a program because the abuser believes "secrets" will be revealed may put the adult victim/survivor out of compliance with the case plan, triggering a view by child welfare workers that she is unable to protect her children.

- A. Expand the nature and specialization of services to fit the needs and circumstances of the families in which domestic violence is a factor including services for adult victims/survivors and perpetrators, child abuse victims and children exposed to violence:
 1. Ensure that services are available not only for those children and families who reach the attention of child welfare services and dependency courts, but also for those who are not reported to CWS or, under the Differential Response approach used by many counties, are "evaluated out" to community-based agencies. Connecting families to services within the community helps them avoid isolation.
 2. Advocate for interventions, including specifically-targeted clinically-based treatment, for children exposed to domestic violence.
 3. Expand child welfare contracts with community providers who have expertise in providing services to children exposed to domestic violence.
 4. Expand the availability of clinically-based therapeutic interventions focused on strengthening attachment, parenting skills and child developmental progress, building on effective joint parent-child models.

SPOTLIGHT #6:***Child-Parent Psychotherapy Helps Children Exposed to Domestic Violence***

Pioneered at San Francisco General Hospital, psychiatrist Alicia Lieberman and psychologist Patricia Van Horn instituted an effective approach to ameliorating the effects of trauma on young children resulting from exposure to domestic violence.³⁵

The model begins with assessment meetings focused on the child's individual functioning and quality of the relationship with the caregiver, who is also a participant. After the assessment, joint parent-child psychotherapy is provided for a year and can be provided in the home if it is safe and the parent elects to have it there. The treatment is offered in multiple languages (English, Spanish, Portuguese) and focuses on strengthening the parent-child relationship and assisting the parent in understanding the child's experience so that she more effectively protects the child.

Randomized controlled trials of this approach have demonstrated the effectiveness and durability of parent-child psychotherapy in remediating the effects of trauma resulting from preschool-age children's exposure to domestic violence and setting (or re-setting) young children on their appropriate developmental trajectories.

5. Develop home-based services, especially home-visiting models, which include domestic violence services for families experiencing domestic violence.
 - a. Include safety planning with the non-offending parent in these enhanced home-visiting models.
 - b. Train home visitors in ways to safely interact with families where domestic violence may be present.
6. Promote services that respect the cultural experiences of the families involved -- without services in the community and in court in the language of family members it is difficult to get services for victims/survivors of domestic violence and their exposed children, and to hold perpetrators accountable.
7. Ensure that children are not used as interpreters for their non-English speaking or disabled parents/caregivers in these circumstances as it may escalate both emotional trauma and physical risk.
8. Recognize that cultural differences adhere not only to racial and ethnic origins but also to income, disability, sexual orientation and immigration status.
9. Low-income families affected by domestic violence need stable housing:
 - a. Advocate for supported and subsidized housing opportunities, including Section 8 vouchers, for low-income victims/survivors of DV and their children as well as for low-income families in which the perpetrator, after effective rehabilitation through batterers' intervention services, may be reunited with the non-offending parent and her children.

10. Develop additional strategies to support keeping families safe and intact which enable them to receive services and supports:
 - a. Reconsider expectations for victims/survivors and reorient procedures and services in light of victims/survivors' desires to remain (safely) with or connected to individuals who have been abusive, and with her children.
 - b. Consider aftercare services for reunified couples, including additional forms of counseling, intervention, and safety accountability.

IX. Enhance Attention on Perpetrators' Accountability and Behavioral Change

RATIONALE: Both domestic violence and child welfare services agree that additional attention and accountability are required for those who perpetrate violence against their partners, yet agreement is lacking on what agency is responsible for perpetrator accountability. While CWS may provide case management services, neither CWS nor DV organizations generally work directly with perpetrators, relying principally on referring them to batterers' intervention programs (BIP's), which they both do regularly. CWS also makes referrals to anger management programs or offenders' groups, intervention approaches with less evidence of effectiveness. In some instances, domestic violence service providers also run BIP's. CWS agencies generally look at whether the parent(s) have completed the case plan and then assess safety and risk factors to the child when recommending case closure or reunification. They do not view themselves as "treatment" agencies and responsible for the outcomes of perpetrators in BIP's. Some CWS leaders, however, say they have a strong vested interest in the outcome because it affects whether the family can reunite, stay together, and how to craft an appropriate safety plan for and with the family. Half of the domestic violence organizations reported that they do not work with perpetrators because they view it as a conflict of interest; their responsibility is to serve and represent adult victims/survivors.

Those surveyed also responded that Dependency Courts do not take enough responsibility for following up on perpetrators and the outcomes of their participation in BIP's. They also raised concern that in instances in which perpetrators have cases in criminal court and there is a related dependency court case, greater communication and coordination are needed across the courts.

Respondents from both systems generally made strong arguments for better and more prevention, education and intervention services for perpetrators, preferably informed by domestic violence organizations. It is important to recognize that offending parents often continue to play a role in children's lives and maintain ongoing contact over time with both the victim and the children. These services are needed so that both partners can learn to be better parents/caretakers, individually and together, to their children. Some interventions, such as "Fathering after Violence," provide the opportunity for offending parents to become aware of the impact violence has on children and the non-offending parent, specific strategies to continue loving and supporting their children, and support.

- A. Recognize that perpetrators are individuals who require both intervention and accountability:
 1. Promote the 52-week batterers' intervention program as the most effective model available to foster behavior change.

2. Ensure that county CWS and DV service providers are given information about best practices and evidence-based models of batterer intervention
3. Incorporate into 52-week batterers' intervention programs information about the impact of domestic violence on children, parenting skills training, and promising strategies for "fathering after violence."
4. Provide more rigorous interventions for voluntary referrals (i.e., those that aren't court mandated), and develop strategies to increase the number who are voluntary referrals.
5. Develop and promote "aftercare" programs for batterers who have successfully completed 52-week intervention programs to support their safe parenting including, mentor programs, supports for "parenting and co-parenting after battering," "fathering after violence" programs and responsible fatherhood programs. Improve the nature and frequency of information and tracking of offenders participating in batterers' intervention programs so that child welfare services and dependency courts are better positioned to determine the safety of fathers/caretakers returning to the family.

X. Deepen Support for Teens by Clarifying Mandates and Ensuring that Every County Has Appropriate Teen Services

RATIONALE: By and large, older youth experiencing domestic violence (whether it is exposure to violence in which their parents/caregivers are the perpetrators/victims or as victims/survivors/perpetrators in their own dating relationships) fall through the cracks. Just as with younger children, CWS has a mandate to respond to teens that are exposed to domestic violence if there is risk of harm. However, some indicated that there may be fewer risk and safety factors for youth as a result of their age. Others suggest that these teens are given less attention as a result of limited resources, but that they too need support and services.

Teen dating violence (TDV) is generally not regarded as a child welfare issue because it is not perpetrated by a parent/caregiver. DV organizations provide basic services to teens accompanying adult domestic violence victims/survivors, although these vary across the State. Most DV organizations conduct community outreach and education regarding TDV; many provide basic counseling and referrals although comprehensive response policies and protocols are inconsistent. When TDV rises to the criminal level, by default, law enforcement is often the primary responding agency.

Survey results and interview feedback indicated that no related service mandate exists for teen victims in dating relationships; as a consequence relatively few teen-specific services are offered throughout the State. Best practices need to be developed and model protocols disseminated to ensure that assessment and supportive services are consistently available.

- A. Examine and clarify current mandates to address the needs of teens exposed to domestic violence, whether as a result of exposure to the intimate partner violence in which their parent(s)/caregivers are involved or as direct victims/survivors or perpetrators of dating violence:
 1. Build on and augment identification and referral efforts that domestic violence advocates and service providers offer in schools and community venues.

2. Expand the resources available for child welfare services to work with community-based teen-serving agencies to supportive services for teens maltreated by their parents or exposed to intimate partner violence involving their parent(s)/caregivers.
3. Develop a comprehensive coordinated community response involving child welfare services, law enforcement, domestic violence service providers and teen-serving community-based organizations to ensure that there are adequate and appropriate services for teens exposed to domestic and teen dating violence.

XI. Increase Focus on Prevention

SPOTLIGHT #7:

South Bay Community Services and the City of Chula Vista 0-5 Coalition³²

The City of Chula Vista is one of the fastest growing cities in the nation and San Diego County's second largest municipality, located at the crossroads of the San Diego/Baja region. Recognizing that interventions with children and families who have experienced or witnessed abuse are important for curbing the negative effects of violence and reducing the future incidence of violence in relationships,³³ South Bay Community Services runs a therapeutic pre-school, Mi Escuelita (www.southbaycommunityservices.org) for children who have witnessed family violence.

The only school of its kind in Southern California, Mi Escuelita is free and bilingual. It utilizes "The Incredible Years: Parents, Teachers, and Children Training Series," a comprehensive evidence-based program to promote social competence and prevent, reduce, and treat aggression and related conduct problems in toddlers and young children.³⁴ The program includes specialized services for three to five-year-olds and their families such as developmental screenings, counseling, and a range of therapeutic, developmental and educational activities.

Evaluation shows improved children's social and emotional skills and cognitive development and decreased negative behaviors and disruptive behaviors.

RATIONALE: As noted above, most DV organizations are providing basic awareness education and comprehensive prevention curricula in schools across the State although the duration, prevention content and consistency of these educational offerings vary greatly. Other family-serving community-based organizations also provide child abuse prevention education and family-strengthening services. These efforts can be augmented with more specific focus on risks related to children's exposure to domestic violence, especially for very young children.

In addition to education and awareness activities, there are many other possible entry points for prevention or earlier intervention that can significantly stem teen and adult partner violence from

occurring. For example, the national health reform law provides significant new investment in evidence-based home visiting services.³⁵ Recent research demonstrates the increased effectiveness of home visiting for families where there is risk of domestic violence when those programs include special domestic-violence related understanding and services.³⁶ National research and evidence-based practices are evolving and should be adapted and replicated in California.

There is strong interest in increased resources for and policy advocacy to better enable such TDV prevention efforts to occur in the schools and other youth-serving settings.

- A. Counties should deepen the community-based capacity to provide prevention services, especially enhanced home visiting, to reduce the risk of children exposed to violence in infancy and early childhood:
 - 1. Build on and augment prevention education and awareness efforts that domestic violence agencies and other community-based organizations currently provide in school and in the community to ensure that they address the needs of children exposed to violence.
 - 2. Develop home-based services, especially for families with very young children who are at-risk of exposure to DV, to identify potential problems, strengthen protective factors and ensure parents have the skills to provide safe and nurturing care for their children.
 - 3. Ensure that home visiting models embed domestic violence services for families at-risk of domestic violence.
 - 4. Train home visitors in ways to safely interact with families where domestic violence may be present.

- B. Develop and promote other prevention strategies in schools, faith institutions and other places in the community where families and children congregate, that will reduce domestic violence and children's exposure to it:
 - 1. Design initiatives to educate parents and other adult influencers about ways to support the development of healthy relationships in children, pre-teens and teens.
 - 2. Engage youth in leadership opportunities to champion the importance of healthy teen relationships.

XII. Develop More Useful Sources of Data and Information to Improve Policy and Practice and Pursue Additional Research

RATIONALE: Even in communities where they are present, surveyed agencies were generally unable to offer information about local innovative practices. Although some DV respondents track promising practices via staff and parent reports and limited use of clinical evaluations, CWS respondents provided only anecdotal reports of such efforts. Comprehensive and well-designed data collection and evaluation initiatives are needed to better understand current practices, gaps in services, emerging needs, and successful policies and practices. Improving and increasing data about these issues can strengthen evaluation to provide information that will inform policy and investment decisions. Major data and case

management systems such as California Court Case Management System (CCMS) and what will be called CWS/Web are currently being designed and should be designed and implemented to generate data that can be used for these purposes. Such data collection should be informed by national research, designed in collaboration with institutions of higher education, and be culturally sensitive and appropriate.

- A. SIT member agencies should examine current data and information within their own systems that could be extracted to provide an aggregate picture of CA families affected by domestic violence and the children exposed to it:
 1. Building on existing statutes and regulations, agree on a common definition, or minimum elements, of “domestic violence,” “children exposed to domestic violence,” and “teen dating violence.”
 2. Collect, analyze and disseminate aggregate (i.e., non personally-identifiable) data, by age, race and ethnicity, in an annual report that tracks, at a minimum:
 - a. Child Welfare Services:
 - i. How many reports they receive where DV is a factor.
 - ii. How many are investigated.
 - iii. How many reports involving DV open to a CW case where services are provided.
 - iv. How many are intact families where the children remain with the parent.
 - v. How many where children are removed from the family.
 - vi. How many are reunified.
 - vii. How many have parental rights terminated.
 - b. Domestic Violence Service Providers:
 - i. What types of abuse victims/survivors have experienced.
 - ii. Were children present, as witnesses, abused.
 - iii. How many children are referred to CWS.
 - c. Dependency Courts:
 - i. Filings for restraining orders issued as a result of domestic violence and identification of children exposed to it.
 - ii. Number of petitions filed with domestic violence as a contributing factor.
 3. As they are developing new or expanded data, SIT agencies should look for opportunities to incorporate aggregate/non-personally-identifiable data about parent(s) and children exposed to domestic violence.
- B. The state should conduct an annual state review, compilation, analysis and dissemination of existing data from local child abuse and domestic violence fatality review panels, including information about domestic violence histories, agency actions and dispositions, and recommendations to address/prevent such fatalities in the future.
- C. Create an aggressive platform to collaborate with institutions of higher education to engage in research addressing domestic violence and children exposed to it across the multiple public systems where these families come to attention:

1. Promote research that addresses the interaction between race, ethnicity, immigration and domestic violence in the context of agencies' screening and assessment, response, decision-making and service provision.
 2. Promote research that addresses the linkages between domestic violence, substance abuse and mental health and children's exposure to violence.
 3. Promote research about the families affected by domestic violence who are "evaluated out" of child welfare systems and what safety, supports, services and outcomes they and their children achieve.
 4. Promote culturally-sensitive research that addresses domestic violence and children exposed to it in Native American communities and on tribal lands.
- D. Promote research that further advances knowledge and understanding about best/promising practices (with regard to teen dating violence prevention, supportive services for adult domestic violence victims/survivors, resiliency and mental health services for child victims, effective batterers' intervention programs, among other areas).

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Appendix A: Methodology

Surveys

- a. Based on “Direct Service Worker Surveys” developed and utilized by Caliber, an ICF Consulting Company and found in “The Greenbook Initiative Final Evaluation Report,” U.S. Department of Justice and Department of Health and Human Services Grant Number: 2000-MU-MU-0014, February 2008, The Greenbook National Evaluation Team, ICF International.
- b. Survey questions also informed by the “Children and Domestic Violence Services Study (CADVS)” found in “Co-Occurring Intimate Partner Violence and Child Maltreatment: Local Policies/Practices and Relationships to Child Placement, Family Services and Residence,” National Institute of Justice Grant Number: 2002-WG-BX-0014, March 2006, Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, J. & Hazen, A.
- c. Members of the Leadership Group had four (4) opportunities to provide input, feedback, critique, additional questions and alternative wording in the development of this survey.
- d. The survey asked general questions about the activities respondents’ organizations undertake during the course of their regular work with families. They were not asked about any specific children, families, or cases.
- e. The survey was administered in an electronic, on-line format.
- f. The survey included a combination closed- and open-ended questions, as well as Likert scales of agreeability.
- g. The survey was estimated to require 15-30 minutes to complete.
- h. Major survey sections included:
 - i. Policies & practices
 - ii. Assessment & screening
 - iii. Responses
 - iv. Services
 - v. Perpetrators & dependency court
 - vi. Collaboration
 - vii. Resources & innovative practices
 - viii. Training & cross-training
- i. Prospective respondents were assured that responses would remain confidential, and no one in their organization or community would have access to individual responses from this survey.
- j. The survey also indicated Counties would not be ranked nor compared; instead we would report the findings in aggregate terms.
- k. Respondents could elect to provide identifying information if they indicated an interest/willingness to be contacted for further information; no organization or county would be identified without their permission.
- l. Over a three-month period in winter 2008-09, the survey was sent electronically to 62 managers of County Child Welfare Services (or their designees) listed in the Child Welfare Directors and County Child Welfare Service Agency mailing lists.
 - i. 58% response rate

- m. During this same period electronic survey invitations were also sent to 113 leaders of local Domestic Violence Programs identified by the California Partnership to End Domestic Violence (CPEDV), and by the California Department of Public Health Maternal Child Adolescent Health Program Battered Women’s Shelter Program (CDPH MCAH BWSP).
 - i. 71% response rate
- n. 67% combined response rate (child welfare services + domestic violence organizations).

Data Analysis

- a. Basic frequency response rates were compiled and reviewed by the Leadership Group.
- b. Small teams of Leadership Group members completed first-round review and thematic analyses of qualitative survey responses identifying:
 - i. Major themes
 - ii. Areas where CWS/DV seemed to concur
 - iii. Areas where CWS/DV seemed to diverge
 - iv. Responses deemed to be important, interesting and innovative
 - v. Responses deemed to be confusing, unclear, uninformative
 - vi. And responses deemed to be problematic, conflicted, unhelpful
- c. These initial analyses were shared with and vetted by the entire Leadership Group who then engaged in a guided Consensus Workshop exercise (developed by the Institute on Cultural Affairs), to agree upon preliminary survey findings for each of the eight survey sections.
- d. The Leadership Group then analyzed these preliminary findings and collapsed them across the eight survey sections to agree upon a set of consolidated survey findings.
- e. See “Data Flow” document.

Interviews

- a. The purposes of the interviews were to:
 - i. To clarify, validate and obtain reactions to some of the preliminary findings from the survey.
 - ii. To flush out more “on-the-ground” experiences and collect case studies illustrating:
 - The state of current practices in the field,
 - Promising approaches being implemented, and
 - Identified needs.
- b. The following criteria were considered when selecting individuals to interview:
 - i. Counties for which we have both DV and CWS interviewees
 - ii. Family-to-family counties
 - iii. Geographical regions
 - iv. Racial/ethnic representation
 - v. Differential response
 - vi. “Very easy” and “very difficult” collaborations
 - vii. Expressed interest/willingness to be interviewed on our survey
 - viii. Innovative practices
 - ix. Culturally-specific providers

- c. The semi-structured interview questions followed a prepared question script and were based on the consolidated survey findings; this semi-structured format allowed for more in-depth and unique exploration as needed.
- d. Interviewees were given the consolidated survey findings, interview questions and informed consent to review in advance of the interview.
- e. Each interviewee agreed to the informed consent prior to initiating the interview.
- f. Interviews were conducted via telephone and lasted approximately 1 hour each.
- g. Ann Rosewater conducted interviews with Child Welfare representatives; Kathy Moore conducted interviews with Domestic Violence Representatives.
- h. 11 Child Welfare leaders representing 8 agencies and 8 Domestic Violence leaders representing 7 organizations were interviewed.
- i. Interviews were de-briefed as they occurred; written/aggregate summaries were prepared, exchanged and discussed by the interviewers.
- j. Interviewee reactions to the consolidated findings were presented to the Leadership Group and incorporated into revised/combined project findings.
- k. Altogether, the consolidated survey findings + interview data became the revised/combined project findings which informed the recommendations contained herein.
- l. Brief case studies (or “Spotlight” boxes) were developed to illustrate practices, themes and recommendations gleaned from the interviews.

File Reviews

Staff from the Administrative Office of the Courts, Center for Families, Children & the Courts augmented an existing file review project with a focus on domestic violence in order to expand the information about dependency courts. The existing project reviews court files of children placed in foster care, so the sample reviewed was limited to those children removed from the home of both parents. A sample of counties, diverse both geographically and by size were reviewed. Sixty court files were reviewed, from seven different California counties. Files were selected at random from court files of children who were in out of home placements. The reviewer answered the following questions, based on the petition, social worker reports, and other documents filed with the court:

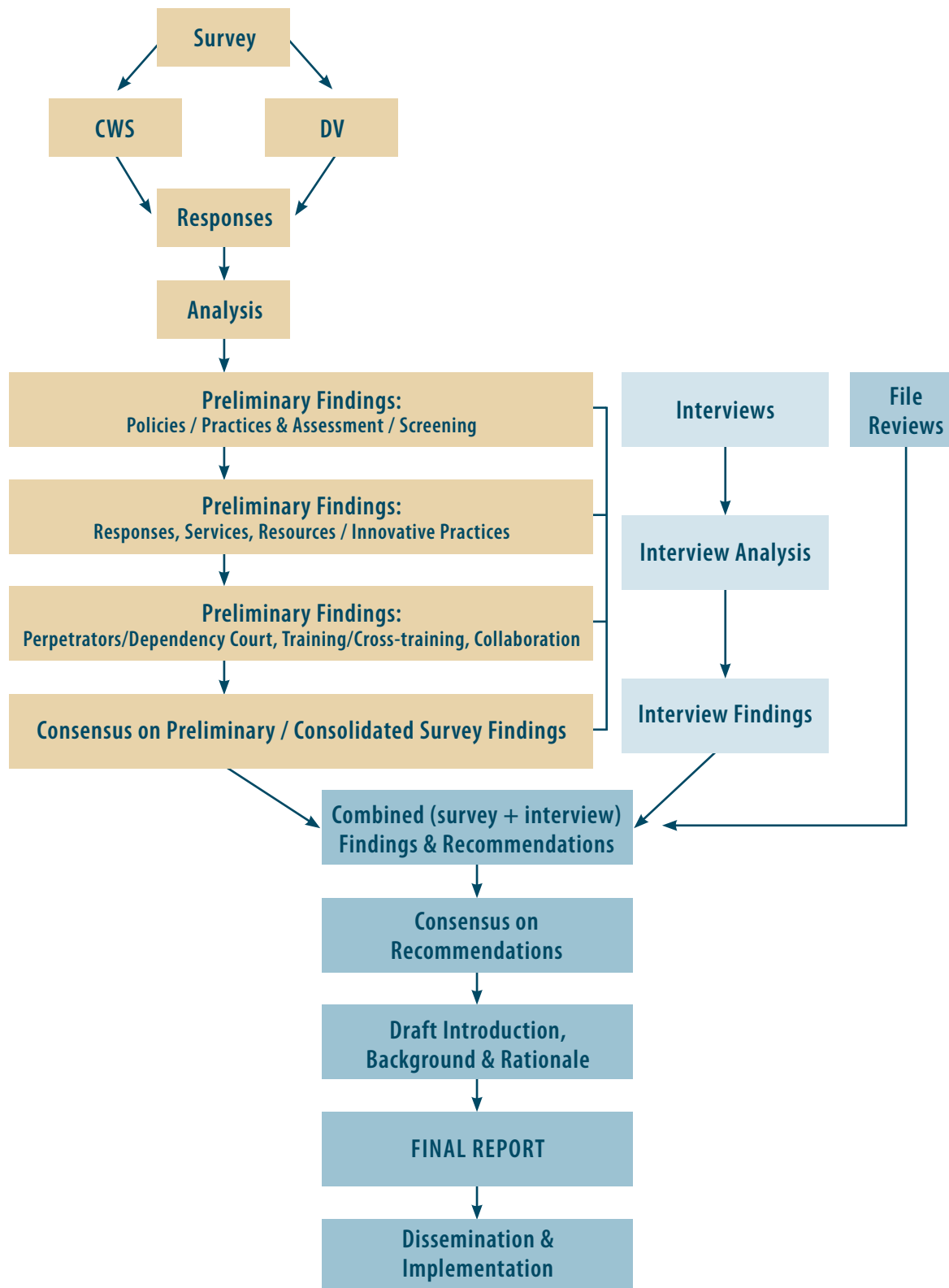
- a. Is DV present in the family?
- b. If so, is it included as an allegation in the petition?
- c. How was the DV pled in the petition?
- d. Was DV the only issue pled in the petition?
- e. Were DV specific services ordered for the parents and child(ren)?
- f. Was a restraining order issued?

Limitations

- a. Although consistent terminology was used within and across the surveys, consolidated findings and interviews, precise definitions of terms was deemed to be beyond measure for the purposes of this project.
- b. Responses reflected self-reports of the individual completing the survey and may/may not be representative of actual practices across an entire agency, organization or community.

- c. It was recognized that some of the survey questions could be interpreted differently by different respondents and thus instrument reliability is a noted limitation.
- D. In some cases, respondents may have considered conflicting laws and policies in their responses; no attempts were made to resolve those issues within the survey development and administration.
- E. Therefore, when potential discrepancies arose, the Leadership Group took the responses “at face value” without imposing interpretations.
- F. These surveys and interviews were not intended to be rigorous scientific study; but rather a point-in-time snapshot to assess current trends and practices occurring throughout the State.
- G. Due to constraints, this project focused on practices within child welfare services and domestic violence organizations; as such, relevant policies and practices from law enforcement agencies and the courts were not systematically surveyed.
- H. Similarly, the scope of this research was, by design, limited and therefore did not delve deeply into a number of related and intersecting issues (e.g., culture, immigration, etc.).

Appendix B: California Leadership Group Data Flow



Appendix C: Survey Questionnaire for County Child Welfare Services

INTRODUCTION: The California Statewide Leadership Group on Domestic Violence and Child Well-being (*The Leadership Group*) is a voluntary affiliation of governmental and non-profit representatives from a broad spectrum of services that touch the lives of families with the co-occurring challenges of domestic violence and children exposed to it. Some of our work is influenced by the National Council of Juvenile and Family Court Judges' 1999 publication: *"Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice"* (also known as *"The Greenbook"* due to its green cover). The Leadership Group is an official workgroup of the State Interagency Team for Children and Youth (SIT), which leads efforts to better coordinate policy, services and strategies for children, youth and families in California.

In 2008, The Leadership Group was fortunate to receive funding from the Blue Shield of California Foundation to help us further understand the breadth and depth of systems responses in this State, to identify exceptional practices, as well as gaps in services. To this end, **we are surveying Domestic Violence Service Providers and County Child Welfare Services to better understand responses to families where domestic violence and child maltreatment may co-occur.** These survey results, combined with additional information, will help us generate recommendations for policy and practice improvements.

You are being asked to participate in this survey because you and/or your agency work with families where children may be exposed to domestic violence. The survey asks general questions about the activities you/your organization undertake during the course of your regular work with families. You will not be asked about any specific children, families, or cases. Your responses to this survey will remain confidential. No one in your organization or your community will have access to your individual responses from this survey. We will not be ranking nor comparing Counties, but instead will report the findings in aggregate terms. We anticipate the survey should take about 15-30 minutes to complete.

We look forward to learning about some promising policies and practices in local communities, and plan to conduct follow-up interviews with some individuals and organizations. No organization or county will be identified without their permission.

Note, some of the agency activities examined in this survey represent promising practices, however some are not recommended for families experiencing domestic violence and child maltreatment.

APPENDIX C

1. County/ies Served (drop-down menu):

2. Please indicate the degree to which you agree or disagree with the following statements about your agency's policies and practices:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Your intake screening tool includes a domestic violence safety and risk assessment				
b. Screeners consistently use the domestic violence safety and risk assessment				
c. The safety and risk assessment effectively alerts screeners to domestic violence occurring in the home				
d. Screeners consistently take action based on the domestic violence safety and risk assessment				
e. Domestic violence information is routinely and objectively recorded in agency records				
f. Your agency has a policy that clearly states the criteria under which children can remain safely with non-abusing parents experiencing domestic violence				
g. Staff in your agency routinely assess the possible physical and mental health effects on children who witness domestic violence				
h. Information systems are used to conduct criminal records checks for domestic violence and protection orders during all investigations of placement options (e.g., non-custodial caregivers, potential adoptive families)				
i. Your agency has sufficient staff resources to address the needs of individuals from different cultural backgrounds in your community				
j. Your agency provides training to its staff on the needs of families from diverse cultural backgrounds				
k. Staff in your agency are aware of available programs/services for victims of domestic violence				

3. Please indicate the extent to which you agree that service planning at your agency focuses on the following areas:

SERVICE PLANNING INCLUDES ...	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Referring to and/or providing voluntary domestic violence services for adult victims whose children are involved with the child protective system				
b. Discussing and, if appropriate, assisting victims in accessing safety resources (e.g., shelters, childcare, court, educational institutions, health care services)				
c. Referring adult victims to legal services (e.g., legal advocacy, family law programs, immigration law programs, for assistance obtaining protection orders, custody and safe visitation arrangements)				
d. Asking for protection orders, when the adult victim agrees				
e. Referring to and informing adult victims about other voluntary and community-based services (e.g., substance abuse treatment, mental health counseling)				
f. Referring adult victims to services that will increase self-sufficiency (e.g., cash assistance, employment, workforce training, child support, victim compensation)				
g. Referring children to counseling and treatment services to assess and address the consequences of the violence				
h. Referring perpetrators of domestic violence to batterer intervention programs				
i. Monitoring batterer attendance and compliance with court and program requirements				

4 When your organization completes intakes, do workers routinely screen for domestic violence?
 Yes___ No___ Don't Know/Unsure___

5. If yes, please explain how child protection personnel screen for domestic violence (i.e., What questions are asked? What information is considered? Is there a particular form completed? Who completes the screening? etc.) : _____

6. Thinking about families your agency has worked with over the past 12 months, for about what percent did you/your agency have reason to believe there was domestic violence in addition to child maltreatment (provide your best guesstimate)? ____%
7. When your agency receives a referral that involves domestic violence in the home, how does your agency respond (i.e., Is there a particular protocol to follow? Who/which positions respond? If your response depends upon a threat assessment, who makes that assessment and what levels of threat receive which types of responses? How do response decisions get made and who makes those decisions? etc.) : _____
8. Do you/your agency distinguish between these two different scenarios when responding to family referrals: (a) Homes where children are being maltreated and domestic violence is occurring; and (b) Homes where domestic violence is occurring and children are exposed?
Yes____ No____ Don't Know/Unsure____

Comments: _____

9. Does your County operate a Differential Response program?
Yes____ No____ Don't Know/Unsure____
10. If yes, does domestic violence trigger a specific path in your Differential Response?
Yes____ No____ Don't Know/Unsure____

Comments: _____

11. Does someone from your organization respond jointly with a domestic violence service provider on Emergency Response Referrals involving domestic violence?
Yes____ No____ Don't Know/Unsure____
12. If yes, please describe the joint response (i.e., Who responds? When do they respond? What do they offer? Are there limitations to these responses? etc.) : _____
13. Does your agency make referrals to domestic violence service providers when screening reveals domestic violence in the home? :
Yes____ No____ Don't Know/Unsure____
14. If yes, estimate how frequently your agency makes these domestic violence referrals: _____%
15. Does your organization routinely make referrals to therapeutic services for children exposed to domestic violence? :
Yes____ No____ Don't Know/Unsure____

16. If yes, what types of therapeutic children's services are available in your community?:

17. Do you/your agency provide services in the dependency court on cases where domestic violence is specifically alleged or identified?
Yes___ No___ Don't Know/Unsure___
18. If yes, please describe the services you/your agency provides: _____
19. What policies, protocols or practices does your agency employ when responding to cases where teens are experiencing domestic violence (e.g., teens in a home or foster home where an adult is abusing another adult; teens personally experiencing abuse or perpetrating violence in a dating relationship)?
20. What, if anything, does your agency do to work with perpetrators/offenders in homes where children may be exposed to domestic violence and child maltreatment? : _____
21. Does your organization refer to or provide family interventions such as couples' counseling, mediation, family therapy and/or family decision-making conferences?
Yes___ No___ Don't Know/Unsure___
- Comments: _____
22. In your view, are supportive services in your County adequate for the cases where children are exposed to domestic violence?
Yes___ No___ Don't Know/Unsure___
23. If no, please explain what additional services, expertise or capacity you believe are needed:

24. Do your staff receive specific training on domestic violence, child maltreatment, and/or your organization's protocols and practices addressing cases where children are exposed to domestic violence?
Yes___ No___ Don't Know/Unsure___
25. If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.): _____
26. Does your agency provide training on child protection issues to the local domestic violence organization and/or its staff?
Yes___ No___ Don't Know/Unsure___
27. If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.): _____
28. Do you/your agency meet regularly with domestic violence organizations in order to coordinate specific cases involving domestic violence?
Yes___ No___ Don't Know/Unsure___
29. If yes, how long have these meetings taken place?

Less than 1 year ____ 1 to 2 years ____ 3 to 4 years ____ More than 4 years ____

30. In general, is collaborating with other agencies and community-based organizations to serve families where children are exposed to domestic violence:

Very Difficult ____ Somewhat Difficult ____ Somewhat Easy ____ Very Easy ____

31. If you answered "Difficult", please elaborate: _____

32. If you answered "Easy", please elaborate: _____

33. What are some innovative practices and/or successful strategies your agency has used to work with families where children are exposed to domestic violence? _____

34. What evidence do you have that these practices or strategies are successful? _____

35. What, in your view, would improve efforts to: (a) Address families where children may be exposed to domestic violence, and/or (b) Advance cross-disciplinary collaborations: _____

36. May we contact you for additional information about your organization's work with families where children are exposed to domestic violence? Yes ____ No ____

37. Name: _____

Job title: _____

Organization: _____

City/Town: _____

E-mail: _____

Phone: _____

CLOSING: Thank you for taking the time to complete this survey. Your input and experiences will help us to learn more about responses to families where domestic violence and child maltreatment may co-occur.

If you have any questions about this survey, or want to discuss the co-occurrence of domestic violence and child maltreatment, please contact Jan Viss, Assistant Director, Stanislaus County Community SVCS Agency, Child & Family Services Division, (209) 558-2500, jan.viss@stancounty.com.

Appendix D: Survey Questionnaire for Domestic Violence Organizations

INTRODUCTION: The California Statewide Leadership Group on Domestic Violence and Child Well-being (*The Leadership Group*) is a voluntary affiliation of governmental and non-profit representatives from a broad spectrum of services that touch the lives of families with the co-occurring challenges of domestic violence and children exposed to it. Some of our work is influenced by the National Council of Juvenile and Family Court Judges' 1999 publication: *"Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice"* (also known as *"The Greenbook"* due to its green cover). The Leadership Group is an official workgroup of the State Interagency Team for Children and Youth (SIT), which leads efforts to better coordinate policy, services and strategies for children, youth and families in California.

In 2008, The Leadership Group was fortunate to receive funding from the Blue Shield of California Foundation to help us further understand the breadth and depth of systems responses in this State, to identify exceptional practices, as well as gaps in services. To this end, **we are surveying Domestic Violence Service Providers and County Child Welfare Services to better understand responses to families where domestic violence and child maltreatment may co-occur.** These survey results, combined with additional information, will help us generate recommendations for policy and practice improvements.

You are being asked to participate in this survey because you and/or your agency work with families where children may be exposed to domestic violence. The survey asks general questions about the activities you/your organization undertake during the course of your regular work with families. You will not be asked about any specific children, families, or cases. Your responses to this survey will remain confidential. No one in your organization or your community will have access to your individual responses from this survey. We will not be ranking nor comparing Counties, but instead will report the findings in aggregate terms. We anticipate the survey should take about 15-30 minutes to complete.

We look forward to learning about some promising policies and practices in local communities, and plan to conduct follow-up interviews with some individuals and organizations. No organization or county will be identified without their permission.

Note, some of the agency activities examined in this survey represent promising practices, however some are not recommended for families experiencing domestic violence and child maltreatment.

1. County/ies Served (drop-down menu):

2. Please indicate the degree to which you agree or disagree with the following statements about your agency's policies and practices:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Your intake forms include child safety and risk assessments				
b. Staff at your organization consistently use the child safety and risk assessments				
c. The child safety and risk assessment effectively alerts staff to child maltreatment occurring in the family				
d. Staff consistently take action based on the child safety and risk assessment				
e. Child maltreatment information is recorded in agency records				
f. Your organization's policies include directions for staff about making mandatory reports to child protection agencies				
g. Your organization's policies clearly guide staff in dealing with domestic violence victims who maltreat their children				
h. Domestic violence victims are informed fully of your organization's policies with regard to child maltreatment				
i. Staff in your agency routinely assess the possible physical and mental health effects on children who witness or are exposed to domestic violence				
j. Your organization has sufficient staff resources to address the needs of individuals from different cultural backgrounds in your community				
k. Your organization provides training to its staff on the needs of families from diverse cultural backgrounds				
l. Staff at your organization are knowledgeable about the procedures of child protective services				

3. Please indicate the extent to which you agree that service planning at your organization focuses on the following areas:

SERVICE PLANNING INCLUDES ...	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Providing a child-friendly environment for the families you serve				
b. Providing in-house/on-site services to children of domestic violence victims				
c. Addressing parenting needs of domestic violence victims				
d. Providing supportive services to adult victims mandated by CPS and/or Dependency Courts				
e. Referring to and informing adult victims about voluntary and community-based services (e.g., substance abuse treatment, mental health counseling)				
f. Referring children to counseling and treatment services to assess and address the consequences of the violence				
g. Referring adult victims to services that will increase self-sufficiency (e.g., cash assistance, employment, workforce training, child support, victim compensation)				
h. Referring perpetrators of domestic violence to batterer intervention programs				

4. When your organization conducts intakes, do advocates routinely assess for possible child maltreatment?

Yes ___ No ___ Don't Know/Unsure ___

5. If yes, please explain how advocates assess for child maltreatment (i.e., What questions are asked? What information is considered? Is there a particular form completed? Who completes the assessment? etc.): _____

6. Thinking about families your organization has worked with over the past 12 months, for about what percent did you/your organization have reason to believe there was child maltreatment in addition to domestic violence (provide your best guesstimate)? ___%

7. When your organization works with a family experiencing domestic violence and child maltreatment, how does your organization respond (i.e., Is there a particular protocol to follow? Who/which positions respond? If your response depends upon a safety assessment, who makes that assessment and what levels of child maltreatment receive which types of responses? How do response decisions get made and who makes those decisions? etc.): _____

8. What are your organization's policies/guidelines for assisting domestic violence victims in voluntarily reporting maltreatment to child protection agencies?: _____

9. Does your County operate a Differential Response program?
Yes___ No___ Don't Know/Unsure___

10. If yes, does domestic violence trigger a specific path in your Differential Response?
Yes___ No___ Don't Know/Unsure___

Comments: _____

11. Does someone from your organization respond jointly with a child welfare worker on Emergency Response Referrals involving domestic violence?
Yes___ No___ Don't Know/Unsure___

12. If yes, please describe your joint response (i.e., Who responds? When do they respond? What do they offer? Are there limitations to these responses? etc.) : _____

13. Does your organization report cases of child maltreatment to Child Protective Services?
Yes___ No___ Don't Know/Unsure___

14. If yes, estimate how frequently your organization makes these child maltreatment reports:
_____%

15. Are any staff in your organization considered mandatory reporters for child maltreatment?
Yes___ No___ Don't Know/Unsure___

16. Does your organization routinely make referrals to therapeutic services for children exposed to domestic violence:
Yes___ No___ Don't Know/Unsure___

17. If yes, what types of therapeutic children's services are available in your community? : _____

18. Do you/your agency provide services in the dependency court on cases where domestic violence is specifically alleged or identified?
Yes___ No___ Don't Know/Unsure___

19. If yes, please describe the services you/your agency provides: _____
20. What policies, protocols or practices does your organization employ when responding to cases where teens are experiencing domestic violence (e.g., teens in a home or foster home where an adult is abusing another adult; teens personally experiencing abuse or perpetrating violence in a dating relationship)? _____
21. What, if anything, does your organization do to work with perpetrators/offenders in homes where children may be exposed to domestic violence and/or child maltreatment? : _____
22. Does your organization refer to or provide family interventions such as couples' counseling, mediation, family therapy and/or family decision-making conferences?
Yes___ No___ Don't Know/Unsure___
- Comments: _____
23. In your view, are supportive services in your County adequate for the cases where children are exposed to domestic violence?
Yes___ No___ Don't Know/Unsure___
24. If no, please explain what additional services, expertise or capacity you believe are needed:

25. Do your staff receive specific training on domestic violence, child maltreatment, and/or your organization's protocols and practices addressing cases where children are exposed to domestic violence?
Yes___ No___ Don't Know/Unsure___
26. If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.) : _____
27. Does your organization provide training on domestic violence issues to the local child protection agency and/or its staff?
Yes___ No___ Don't Know/Unsure___
28. If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.): _____
29. Do you/your organization meet regularly with child welfare workers in order to coordinate specific cases involving domestic violence and child maltreatment?
Yes___ No___ Don't Know/Unsure___

30. If yes, how long have these meetings taken place?
 Less than 1 year ____ 1 to 2 years ____ 3 to 4 years ____ More than 4 years ____
31. In general, is collaborating with other agencies and community-based organizations to serve families where children are exposed to domestic violence:
 Very Difficult ____ Somewhat Difficult ____ Somewhat Easy ____ Very Easy ____
32. If you answered "Difficult", please elaborate: _____
33. If you answered "Easy", please elaborate: _____
34. What are some innovative practices and/or successful strategies your organization has used to work with families where children are exposed to domestic violence? _____

35. What evidence do you have that these practices or strategies are successful? _____

36. What, in your view, would improve efforts to: (a) Address families where children may be exposed to domestic violence, and/or (b) Advance cross-disciplinary collaborations: _____

37. May we contact you for additional information about your organization's work with families where children are exposed to domestic violence? Yes ____ No ____
38. Name: _____
 Job title: _____
 Organization: _____
 City/Town: _____
 E-mail: _____
 Phone: _____

CLOSING: Thank you for taking the time to complete this survey. Your input and experiences will help us to learn more about responses to families where domestic violence and child maltreatment may co-occur.

If you have any questions about this survey, or want to discuss the co-occurrence of domestic violence and child maltreatment, please contact Kiran Kini Malhotra, Policy & Systems Change Coordinator, California Partnership to End Domestic Violence, at (800) 524-4765, or kiran@cpedv.org.

Appendix E: Interview Protocol

Overview of Interviews

- I. Purposes of the Interviews?
 - A. To clarify, validate and obtain reactions to some of the preliminary findings from the survey.
 - B. To flush out more “on-the-ground” experiences and collect case studies illustrating:
 1. The state of current practices in the field,
 2. Promising approaches being implemented, and
 3. Identified needs.
 - C. Consolidated (survey+interview) findings will then help us generate recommendations for policy and practice improvements.

- II. How Many Interviews?
 - A. 16 interviews: 8 CWS and 8 DV.

- III. Who Will be Interviewed?

The following criteria were considered when selecting individuals to interview:

 - A. Counties for which we have both DV and CWS interviewees
 - B. Family-to-family counties
 - C. Geographical regions
 - D. Racial/ethnic representation
 - E. Differential response
 - F. “Very easy” and “very difficult” collaborations
 - G. Expressed interest/willingness to be interviewed (on our survey, on CPEDV policy survey)
 - H. Innovative practices
 - I. Culturally-specific providers

- IV. Who Will Conduct the Interviews?

Ann and Kathy will split up the interviews: Ann will interview CWS respondents, and Kathy will interview DV respondents.

- V. How Will the Interviews Be Conducted?

Approximately 1 hour each.
 Informed consent.
 Semi-structured interviews following prepared question script/order.
 Allow for more in-depth and unique exploration as needed.
 Conducted via telephone.

- VI. How Will the Interview Data be Analyzed?

Ann and Kathy will prepare and exchange summaries of each interview.
 Key findings will be added to and integrated with preliminary survey findings.
 Brief, case studies will be written to illustrate practices, themes and recommendations.

Outline of Semi-Structured Interview Questions

- I. Invitation to participate in an interview
- II. Send materials prior to the interview:
 - A. CA Leadership Group 2-pager
 - B. Informed consent
 - C. Summary of draft survey findings
 - D. Interviewee's survey responses
 - E. Interview questions
- III. Introduction and purposes of the interview:
 - A. To clarify, validate and obtain reactions to some of the preliminary findings from the survey.
 - B. To flush out more "on-the-ground" experiences and collect case studies illustrating:
 1. The state of current practices in the field,
 2. Promising approaches being implemented, and
 3. Identified needs.
 - C. Consolidated (survey+interview) findings will then help us generate recommendations for policy and practice improvements.
- IV. Informed consent
- V. Interview:
 - A. Reactions to draft survey findings:
 1. General reactions to all findings
 2. Targeted follow-up questions re: specific findings
 - B. Current practices in their communities:
 1. Unique or promising approaches being implemented
 2. Impact and evaluations of their work
 3. Specific examples of challenges or barriers
 - C. Recommendations to improve work in these two fields
- VI. Conclusion and next steps

**California Statewide Leadership Group on
Domestic Violence and Child Well-being**

CWS/DV Interviews

Informed Consent Form

This past winter, you/your agency participated in an online survey of County Child Welfare Services and Domestic Violence Service Providers which helped us to better understand responses to families where domestic violence and child maltreatment may co-occur. As a follow-up to the survey, we are conducting interviews with a select number of personnel from CWS and DV organizations. **You are being asked to participate in this interview because at the end of the survey, you/your agency indicated you would be willing to provide additional information about your agency's work with families where children are exposed to domestic violence.**

The purposes of this interview are: (1) To clarify and validate some of the preliminary findings from the survey; and (2) To flush out more “on-the-ground” experiences. The initial survey results, combined with information learned through these interviews, will then help us generate recommendations for policy and practice improvements.

This is not a formal research project that requires human subjects review from an Institutional Review Board, however, **it is important to have your verbal consent to participate in the interview before we begin.** This ensures that you agree to participate voluntarily, and offers you the time and space to voice any concerns or questions before we begin the interview.

Some things to keep in mind:

- The interview asks general questions about the activities you/your organization undertake during the course of your regular work with families, and solicits your feedback on preliminary Statewide findings.
- You will not be asked about any specific children, families, nor cases.
- Your comments in this interview will remain confidential. No one in your organization or your community will have access to your comments.
- We will not be ranking nor comparing Counties, but instead will report the information in aggregate terms.
- We will only highlight County efforts by name when they reflect promising practices or innovative strategies; however, we will not name your County in a report without your permission.
- We anticipate the interview should take about 60 minutes to complete.
- Your participation is entirely voluntary and you will not be penalized in any way if you choose to not participate or answer any questions.
- You also may end the interview at any time without penalty.

*California Statewide Leadership Group on
Domestic Violence and Child Well-being
CWS/DV Interviews
Informed Consent Form (CONTINUED)*

PLEASE ANSWER:

Do you consent to participate in the interview?

IF YES ➔ WRITE INTERVIEWER INITIALS _____

IF NO ➔ IF INDIVIDUAL DOES NOT TELL YOU WHY, ASK FOR A REASON. END INTERVIEW.

Is it okay to highlight promising practices or innovative strategies from your County in the report?

IF YES ➔ WRITE INTERVIEWER INITIALS _____

IF NO ➔ WRITE INTERVIEWER INITIALS AND CONTINUE _____.

Is it okay to include your name in a list of acknowledgements in the report?

IF YES ➔ WRITE INTERVIEWER INITIALS _____

IF NO ➔ WRITE INTERVIEWER INITIALS AND CONTINUE _____.

Interviewer Signature: _____

Date: _____

Interview Questions

A. Reactions to draft survey findings:

1. Please review the draft survey findings. You'll see there are nine (9) broad findings:
 - CWS and DV lack consistent / specific policies to address children exposed to DV.
 - CWS and DV lack consensus about whether their own or the other's screening tools are effective in identifying children exposed to DV.
 - There is uncertainty about the effectiveness of assessments used by CWS and DV organizations.
 - There are state policies regarding reporting of child maltreatment; but practices vary regarding reporting of children exposed to DV.
 - There is no "home" agency that responds to teens exposed to DV in their families, and teens in violent dating relationships.
 - CWS and DV both refer perpetrators to BIP's; but neither system sees itself responsible for the outcomes of BIP services.
 - Innovative services practices vary, their successes are largely unknown, and they are not widespread.
 - CWS and DV both provide specific training on these intersecting issues; but both systems identified the need for additional training.
 - CWS and DV both view collaboration as important, but in practice, it is inconsistent and challenging.
 - a. What do you think about these?
 - b. What stands out to you?
 - c. How do these draft findings resonate with you and what you see in your own community?
 - d. Is there anything you would add to, take away from, or clarify regarding these nine (9) findings?
2. There were a couple findings that we wanted to make sure we specifically asked you to comment on:
 - a. Take a closer look at the 2nd one – the one about whether or not screening tools are effective in identifying children exposed to DV.

- What do you think about this statement?
 - Tell me about the screening tool(s) your agency uses.
 - Do you feel it is (they are) effective in identifying children exposed to DV?
 - Why or why not?
 - What would make them more effective in helping you/your agency to identify children exposed to DV?
- b. The 3rd finding – it’s similar – it talks about uncertainties with the effectiveness of assessments.
- Again, what do you think about this?
 - What type(s) of assessment(s) do you use in your agency?
 - Do you believe it is (they are) effective?
 - And, why or why not?
 - What would make your assessment process more effective in screening for the effects of DV on children – and as a result, better point the way toward appropriate interventions?
- c. The 4th finding points to discrepancies in reporting children exposed to DV.
- What is your understanding about reporting children exposed to DV?
 - What is the norm or standard in your community with regard to this?
 - Would it be helpful to have policies which clearly illuminate why identified CEDV should not automatically be reported?
 - How can we do a better job clarifying that CEDV does not automatically equal reportable maltreatment?
- d. And finally, what do you think about the 6th finding – the one related to DV perpetrators?
- Research and experience indicates that many battered women want to remain with their batterers – they want to be safe from abuse, and they want to keep their families intact.
 - What can / should we be doing to make this possible?
 - In your community, who is ultimately responsible for holding perpetrators accountable and facilitating change?
 - Beyond the traditional roles, what are some new approaches CWS and DV systems should consider with regard to improving outcomes for/with batterers?

- B. Shifting from the draft survey findings, I'd like to hear more about current practices in your community.
1. Tell me about unique or promising approaches being implemented in your community.
 - How did this come about? What were some of the conditions that made it possible for you/your community to implement these new efforts?
 - What has been the impact of this work? Do you have any evaluation data to demonstrate this impact?
 2. Overall, what are the challenges and barriers that families where domestic violence and child maltreatment may be co-occurring face in your community?
 - The million dollar question: If funds were unlimited, what would you suggest be done in your community to address these challenges and barriers?
 - Then thinking realistically: What are some basic, low- or no-cost improvements that can or should be made to assist families in your community?
- C. Moving into the final section of this interview, I'd like to hear about any other recommendations you have to improve the work of these two fields (i.e., CWS and DV).
1. How would you characterize the working relationship between CWS and DV in your community?
 2. What contributes to this cross-disciplinary working relationship?
 3. What enhances it (or could enhance it)?
 4. What detracts from it (or could detract from it)? [or, What impedes it (or could impede it)?]
 5. In general, what would effective, cross-disciplinary collaborations look like?
 6. What do you need and expect from a professional collaboration?
 7. What do you bring to a collaboration?
 8. Based on your local experiences, what recommendations do you have for improving work in this area?

Conclusion and next steps ...

- ➔ We'd like to add interest and richness to our final report by including vignettes highlighting innovative practices and "spotlighting" communities where good work is happening. Do we have your permission to include your community in one of these "spotlights?" [INSERT SPECIFIC PRACTICE OR STORY WE'D LIKE TO INCLUDE?] If so, we will draft a vignette and likely run it past you one final time to ensure accuracy.

Appendix F: State Interagency Team for Children, Youth and Families Purpose Statement

Shared Goals for Shared Populations

Purpose

The purpose of the State Interagency Team is to provide leadership and guidance to facilitate full county implementation of improved systems that benefit communities and our common population of vulnerable children, youth and families. The Team promotes shared responsibility and accountability for the welfare of children, youth and families by ensuring that planning, funding and policy are aligned across state departments to accomplish the following:

- ✓ Build community capacity to promote positive outcomes for vulnerable families and children
- ✓ Maximize funds for our shared populations, programs and services
- ✓ Remove systemic and regulatory barriers
- ✓ Ensure policies, accountability systems and planning are outcome-based
- ✓ Promote practice that engages and builds on the strengths of families, youth and children
- ✓ Share information and data

Updated and Approved: January 28, 2005

Appendix G: Resource List

Davies, J., "Confidentiality & Information Sharing Issues: For Domestic Violence Advocates Working with Child Protection and Juvenile Court Systems," undated.

Davies, J. "Advocacy Beyond Leaving: Helping Battered Women *in Contact* With Current or Former Partners, A Guide for Domestic Violence Advocates," Family Violence Prevention Fund, 2009.

Edleson, J.L., and Malik, N., "Collaborating for Family Safety: Results from the *Greenbook* Multisite Evaluation," *Journal of Interpersonal Violence*, Special Issue, March, 2008.

Family Violence Prevention Fund, "Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment," Family Violence Prevention Fund, 2010.

Goodmark, L., "Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence," National Council of Juvenile and Family Court Judges, 2008.

Rosewater, A., "Building Capacity in Child Welfare Systems: Domestic Violence Specialized Positions," National Council of Juvenile and Family Court Judges, 2008.

Rosewater, A. "Promoting Prevention, Targeting Teens: An Emerging Agenda to Reduce Domestic Violence," Family Violence Prevention Fund, 2003

Rosewater, A., and Goodmark, L., "Bringing the *Greenbook* to Life: A Resource for Communities," National Council of Juvenile and Family Court Judges, 2008.

Rosewater, A. and Goodmark, L., "Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence," Family Violence Prevention Fund, 2007.

Salcido Carter, L., "Family Team Conferences in Domestic Violence Cases: Guidelines for Practice," Family Violence Prevention Fund, 2003 (second edition).

Schechter, S. and Edleson, J., *Effective Intervention in Cases of Child Abuse and Domestic Violence: Guidelines for Policy and Practice*, National Council of Juvenile and Family Court Judges, 1998

"A Statewide Law Enforcement Protocol: Children Exposed to Domestic Violence" Safe from the Start, Crime and Violence Prevention Center, California Attorney General's Office, Edmund G. Brown Jr., June 2007.

Taggart, S., "Child and Family Service Review Outcomes: Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans," National Council of Juvenile and Family Court Judges, Family Violence Prevention Fund and National Resource Center for Child Protective Services, 2009.

Taggart, S. "Team Decisionmaking and Domestic Violence: An Advanced Training for TDM Facilitators and Child Protection Supervisors," Family Violence Prevention Fund, 2009.

Taggart, S. and Litton, L., "Reflections from the Field: Considerations for Domestic Violence Specialists," National Council of Juvenile and Family Court Judges, 2008.

Wu, C.N., "Introduction to Dependency Law," in California Juvenile Dependency Practice, (Continuing Education of the Bar – California), 2010

- 1 McDonald, R. and Jouriles, E., et. al., "Estimating the Number of American Children Living in Partner-Violent Families," 2006, *Journal of Family Psychology*, Vol. 20, No. 1, 137-142.
- 2 Edelson, J.L., "The overlap between child maltreatment and women battering." *Violence Against Women*, 1999, 5(2), 134-154.
- 3 Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, *Morbidity and Mortality Weekly Report*. February 2008. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.
- 4 White M, Bradley N. *Childhood Exposure to Physical Domestic Violence in California, 2007*. Datapoints. Office of Women's Health, California Department of Public Health, 2010.
- 5 Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*. 1998;14:245-258.
- 6 Schechter, S. and Edleson, J., "Effective Interventions in Cases of Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice, National Council of Juvenile and Family Court Judges, 1999.
- 7 Two communities in California - Santa Clara County and San Francisco – were among the federally-supported Greenbook pilot sites (the others were El Paso County, Colorado, Grafton County, New Hampshire, Lane County, Oregon, and St. Louis, Missouri, A third community in California, San Mateo County, was supported by the David and Lucile Packard Foundation to test the application of Greenbook principles.
- 8 Schechter, S. and Edleson, J., "Effective Interventions in Cases of Domestic Violence and Child Maltreatment: Guidelines for Policy and Practice, National Council of Juvenile and Family Court Judges, 1999.
- 9 Two communities in California - Santa Clara County and San Francisco – were among the federally-supported Greenbook pilot sites (the others were El Paso County, Colorado, Grafton County, New Hampshire, Lane County, Oregon, and St. Louis, Missouri, A third community in California, San Mateo County, was supported by the David and Lucile Packard Foundation to test the application of Greenbook principles.
- 10 Based on "Direct Service Worker Surveys" developed and utilized by Caliber, an ICF Consulting Company and found in "The Greenbook Initiative Final Evaluation Report," U.S. Department of Justice and Department of Health and Human Services Grant Number: 2000-MU-MU-0014, February 2008, The Greenbook National Evaluation Team, ICF International. Survey questions also informed by the "Children and Domestic Violence Services Study (CADVS)" found in "Co-Occurring Intimate Partner Violence and Child Maltreatment: Local Policies/Practices and Relationships to Child Placement, Family Services and Residence," National Institute of Justice Grant Number: 2002-WG-BX-0014, March 2006, Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, J. & Hazen, A.
- 11 The Leadership serves as the workgroup on domestic violence for the State Interagency Team on Children and Families.
- 12 Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, *Morbidity and Mortality Weekly Report*. February 2008. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.
- 13 Family Violence Statistics: Including Statistics on Strangers and Acquaintances. 2005. U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/fvs.pdf>.
- 14 Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, *Morbidity and Mortality Weekly Report*. February 2008. Centers for Disease Control and Prevention. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.

- 15 McDonald, R. and Jouriles, E., et. al., "Estimating the Number of American Children Living in Partner-Violent Families," 2006, *Journal of Family Psychology*, Vol. 20, No. 1, 137-142.
- 16 Finkelhor D., Turner H., Ormrod R., & Hamby S. 2009. Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth, *Pediatrics*, Volume 12, Number 5.
- 17 White M, Bradley N. *Childhood Exposure to Physical Domestic Violence in California, 2007*. Datapoints. Office of Women's Health, California Department of Public Health, 2010.
- 18 Edelson, J.L., "The overlap between child maltreatment and women battering." *Violence Against Women, 1999*, 5(2), 134-154.
- 19 Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*. 1998;14:245-258.
- 20 Wu, C. N., "Introduction to Dependency Law," chapter 1 in *California Juvenile Dependency Practice*, (Continuing Education of the Bar – California), 2010
- 21 Davies, Jill, *Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners, A Guide for Domestic Violence Advocates*, Family Violence Prevention Fund, 2009.
- 22 See *Nicholson v. Williams*, 203 F. Supp 2d 153, 199 (E.D.N.Y. 2002), a federal case which held that charging a victim of domestic violence with failure to protect her child solely because the child witnessed her abuse is unconstitutional (at least in New York).
- 23 The SIT was originally created in 2003 through a partnership with foundations that had an interest in Child Welfare. The focus was promoting improvements in the Child Welfare system in collaboration with other state departments. Over time the focus was expanded from Child Welfare to the common populations of vulnerable children, youth and families served by the SIT member departments and agencies. The California Leadership Group on Domestic Violence and Child Well-being serves as the SIT's workgroup on domestic violence.
- 24 Survey questions: Do your staff receive specific training on domestic violence, child maltreatment, and/or your organization's protocols and practices addressing cases where children are exposed to domestic violence? (Yes, No, Don't Know/Unsure). If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.).
- 25 Survey questions: Does your agency provide training on child protection/domestic violence issues to the local domestic violence organization/child protection agency and/or its staff? (Yes, No, Don't Know/Unsure). If yes, describe the training (i.e., How many training hours? How often? Who conducts the training? Training content areas? etc.).
- 26 Lucy Salcido Carter, in a June 2010 working paper for the Family Violence Prevention Fund, describes these two tools as follows. Structured Decision Making (SDM) is designed to provide child welfare workers and their supervisors with simple, objective, and reliable tools with which to make the best possible decisions about child maltreatment cases. SDM includes several risk and safety assessment tools, as well as a structured assessment of family strengths and needs. SDM systems are customized for local jurisdictions. Domestic violence is typically included for consideration at each key decision point. The Comprehensive Assessment Tool (CAT) includes five evidence-based tools for documenting assessment observations at specific decision points in a child protection case: response determination, emergency response, continuing services, placement, and case closure. The tools are not intended to be prescriptive, but to standardize decision making and supplement a social worker's knowledge and skills. The tools guide social workers' considerations of safety, risk, and protective factors and create a record of assessment results. Each of the five CAT tools includes at least one question about domestic violence. If responses to those questions warrant further investigation of domestic violence, a supplemental assessment for domestic violence can be conducted.

- 27 “Child and Family Services Division Differential Response (DR),” California Department of Social Services, 9/20/2010, unpublished. Differential Response has three referral paths, determined by a social worker based on intake information: Path 1 (Community Response) selected when intake information indicates that the allegations do not meet statutory definitions of abuse or neglect; Path 2 (Child Welfare Services and Agency Partners Response) selected for families in which the allegations meet statutory definitions of abuse or neglect at low or moderate risk; Path 3 (Child Welfare Services Response) selected when initial assessment indicates the child is not safe.
- 28 AG’s report, “Keeping the Promise,” 2005
- 29 Goodmark, L., “Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence,” National Council of Juvenile and Family Court Judges, 2008.
- 30 California Penal Code Section 13823.15
- 31 “2008 Snapshot of California’s Domestic Violence Programs,” Blue Shield of California Foundation: Blue Shield Against Violence, December 2008.
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