

GUIDELINES FOR
PUBLIC CHILD WELFARE AGENCIES
SERVING
CHILDREN AND FAMILIES EXPERIENCING DOMESTIC VIOLENCE

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An affiliate of the American Public Human Services Association

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I. Preface

In 1999, the National Association of Public Child Welfare Administrators (NAPCWA) developed a strategic plan that included a focus on the intersection of child welfare and domestic violence. As a result of the plan, NAPCWA members and staff became involved in the development of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, (commonly referred to as the “Greenbook”), published by the National Council of Juvenile and Family Court Judges in 1999. Subsequently, *Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence* was drafted and presented to the NAPCWA Executive Committee in March 2000. Since then, a newly formed NAPCWA domestic violence workgroup redrafted the guidelines, relying heavily on the recommendations contained in NAPCWA's *Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families* (1999).

II. Purpose

NAPCWA's *Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence* provides broad guidance to public human service agency commissioners, public child welfare agency directors, and their staffs. The guidelines describe model policies, practices, programs, and protocols that address the multiple needs of families and children affected by domestic violence and child maltreatment. They are based on recommendations contained in the Greenbook and on the thoughtful recommendations provided by public child welfare agency directors, domestic violence advocates, child advocates, and legal representatives.

These guidelines provide a conceptual framework that enables child welfare agencies to integrate best practices and policies within their existing mandates. The guidelines do not, however, direct public child welfare agencies on how to serve families experiencing domestic violence and child maltreatment. Rather, they provide a range of recommendations and best practices, which can be adapted to the unique needs of each community, according to federal, state, and local statutes.

III. The Overlap Between Domestic Violence and Child Maltreatment

Domestic violence is the establishment of power and control through a pattern of coercive behaviors that include physical, sexual, verbal, and emotional assaults perpetrated by one intimate partner against another (Ganley and Schechter, 1996). The assaults may also jeopardize the safety and well-being of children, some of whom are in the child protection system. Domestic violence can occur in heterosexual relationships, same-sex relationships, teen dating relationships, and may be perpetrated by males or females. However, statistics show that 95 percent of domestic violence victims are female. As a result, and for practical purposes of this document, "adult victim" will be used interchangeably with "her" or the feminine derivative and "batterer" will be used interchangeably with "him" or the masculine derivative.

Historically, intervening in intimate-partner violence was widely viewed as tangential to the goal of protecting maltreated children. Responding to child maltreatment and the protection of children is the primary mission of the child welfare system, while the protection of adult victims from domestic violence serves as the primary mission of grassroots domestic violence organizations, law enforcement, and the courts. Although adult victims and children of the same families are served by child welfare and domestic violence advocates, services are provided separately from both systems rather than in collaboration with one another. Philosophical and historical differences regarding the development, mission, and mandates of child welfare and domestic violence have largely contributed to the mutual mistrust, tension, and lack of collaboration between both fields (Findlater and Kelly, 1999).

Child welfare has largely viewed the domestic violence field as discounting the safety needs of children by focusing solely on adult victims. On the other hand, some domestic violence advocates may perceive child welfare as revictimizing adult victims through punitive and blaming assessment and intervention practices that erroneously result in charging adult victims with “failure to protect.” Some domestic violence advocates often note that protecting adult victims is inextricably linked with protecting children and that the protective factors used by adult victims are not accurately assessed and accounted for during child protective services (CPS) intervention. In turn, child welfare’s response may stress that the ultimate responsibility of providing protection, safety, and stability for children rests with their primary caretakers who have an obligation to provide this assurance by ameliorating any personal issues that are contributing to or presenting risk to their children. Despite these differences, child welfare and domestic violence share one common goal—ending family violence.

Furthermore, current research and clinical practice paint a starkly intertwined picture that compels child welfare agencies, domestic violence programs, and a host of social service providers to develop a comprehensive, community response that addresses the multiple needs of families who are experiencing domestic violence and child maltreatment. In recent years, many communities have initiated efforts to address the cooccurrence of domestic violence and child maltreatment. Consequently, many communities have begun to build collaborative models, which are grounded in mutual respect and cooperation between the fields of child maltreatment and domestic violence. These communities are beginning to produce positive results and promising practices that will inform our efforts to better serve families affected by domestic violence and child maltreatment.

Research studies estimate that approximately 3 million to 10 million children are exposed to domestic violence each year in the United States (Carlson, 1984; Straus, 1992). Children exposed to domestic violence may experience many events, including

- hearing the batterer verbally degrade and threaten the adult victim;
- observing bruises and injuries sustained by the adult victim;
- experiencing unexpected and frequent moves due to the adult victim’s attempt to secure safety for herself and the children;
- hearing the adult victim’s screams and pleas for help;
- watching the batterer being taken into police custody;
- witnessing the adult victim being taken to the hospital by ambulance;
- being used as pawns or spies by the batterer in his attempts to control the adult victim;
- being forced to participate in the adult victim’s abuse and degradation by the batterer;
- attempting to intervene in a violent assault; and

- being physically injured or battered as a result of intervening or by being present during a violent assault.

Evolving research has also found that children who are exposed to domestic violence may display an array of emotional, behavioral, psychological, and physical effects (Appel and Holden, 1998; Edleson, 1999; Schechter and Edleson, 1999). Due to various mitigating factors, some children do not demonstrate any significant effects as a result of their exposure to domestic violence. Other children who are exposed to domestic violence, however, have been found to exhibit increased levels of anxiety, depression, anger, and fear; aggressive and violent behaviors; lack of conflict resolution skills, lack of empathy for others and unhealthy peer relationships; poor school performance and cognitive functioning; higher rates of suicide, delinquent behavior, pregnancy and alcohol and illegal drug use; self-blame, hopelessness, shame and apathy; post-traumatic stress disorder symptoms such as hypervigilance, nightmares and intrusive thoughts and images of violence.

Domestic violence is pervasive in child welfare caseloads and the lack of proper and timely identification, assessment, and intervention in cases where there is domestic violence may compromise successful outcomes regarding child safety, stability, and permanence. In fact, more than 30 studies conducted regarding the link between domestic violence and child maltreatment show a 40 percent cooccurrence between these two forms of violence (Appel and Holden, 1998). In a 1989 study, the Massachusetts Department of Social Services determined that 30 percent of its open caseload experienced both child maltreatment and adult domestic violence. After several years of staff training and the development of an internal domestic violence unit, the department found that, by 1994, the identified number had risen to 48 percent (Hangen, 1994; Whitney and Davis, 1999).

Furthermore, several studies indicate the presence of adult domestic violence correlates with an increased risk of physical abuse of children. In a national survey of more than 6,000 American families, researchers found that 50 percent of the men who frequently assaulted their partners also frequently abused their children (Straus and Gelles, 1990). Additionally, domestic violence has been linked to severe and fatal cases of child abuse. Studies from child protective services agencies in Massachusetts and Oregon found domestic violence in approximately 40 percent of families experiencing child fatalities and critical injuries (Felix and McCarthy, 1994; Oregon Children's Services Division, 1993). Finally, there is evidence that some adult victims may be more likely to abuse their children than those who do not experience domestic violence (Zorza, 1996; Walker, 1984). It was also found, however, that this risk is reduced once the adult victim achieves safety and that many adult victims, despite ongoing abuse, are

effective parents and known to mediate the impact of their children's exposure to domestic violence (Walker, 1984).

Although substance abuse or mental illness do not cause domestic violence, they frequently cooccur and lead to child abuse and neglect reports. For example, domestic violence creates high levels of depression and traumatic stress for some adult victims who are, as a result, more likely to be reported as neglectful. Substance abuse, domestic violence, and child maltreatment commonly overlap at high rates. Studies show that more than 50 percent of the batterers referred to criminal justice and social service agencies are substance abusers (Bennett, 1998). Adult victims' rates of substance abuse also appear to be higher than adults who are not victims of domestic violence, possibly leading to more frequent child neglect findings among these adults (Stark and Flitcraft, 1996). In situations where the adult victim and batterer are abusing substances, it is imperative that child protective services address both issues in a timely, unified plan to avoid lengthy agency involvement and possible termination of parental rights. Unfortunately, families referred to child protective services for maltreatment related to substance abuse may also experience domestic violence that is not easily identifiable. Unidentified domestic violence may jeopardize the safety of children as seriously as the presence of substance abuse.

Some states are considering legislation that will broaden the definitions of child maltreatment to include children exposed to domestic violence. However, many of these children fail to show elevated levels of developmental problems, and significant numbers are not at serious risk of harm. Estimates of child protective services caseload suggest that 30-50 percent of families receiving child protective services experience domestic violence (Appel and Holden, 1998). Expanding legal definitions of maltreatment may not help these children; modifying practices and policies might. Additional statutes classifying child exposure to domestic violence as a form of child abuse could bring many more children and families into the child protective system. Rather than create additional laws, legislative bodies could best help families by allocating new resources for communities to build collaborative services and partnerships among CPS agencies, domestic violence programs, batterer intervention programs, child advocates, schools, law enforcement, health care providers, and multiple court systems (Schechter and Edleson, 1999).

IV. Differential Responses for Children and Families Experiencing Domestic Violence

Communities can design service responses that provide help to adult victims without opening a child protection case (Schechter and Edleson, 1999). Although many children suffer when they are exposed to domestic violence, not every child exposed is in need of child protective services. It would be unrealistic and highly intrusive for families if child protection agencies were mandated to investigate all reports of

children exposed to such conditions. Rather, the community can work together to offer these children a continuum of services contingent upon the level of harm and risk they experience. Communities should be encouraged and supported to develop continuums of care that range from community-based services and support to child protective services intervention.

Child protective services should be involved in families whenever children have been physically, sexually, or emotionally abused as a result of being exposed to domestic violence. Child welfare staff and others in the community recognize that victims of domestic violence may also abuse or neglect their children. In those instances, child protective services must be involved to secure the children's safety. Just as batterers must be held accountable for their abusive behavior, victims of domestic violence are also accountable if they abuse or neglect their children. Interventions should reflect an understanding of the dynamics of domestic violence and address not only the safety issues of the child, but also the safety, resources, and needs of the adult victims.

In some of these cases, child protection efforts can be accomplished without a formal determination of abuse and neglect. Upon completion of a comprehensive investigation and assessment of the nature and severity of the domestic violence and its impact on the children, child protective services may refer the family to the community for services and support rather than sustaining a child protective services case. However, other cases will require ongoing child protective services due to presenting risk factors associated with potentially severe and lethal domestic violence cases. Regardless, it is this differential response by child protective services that may help adult victims who have not abused or neglected their children but do need help in securing safety and protection for them.

Public child welfare agencies can build partnerships with, and help direct resources to, underfunded community agencies serving families affected by domestic violence. These partnerships can ensure that services are in place that will reduce risks or alleviate harm to children. Child protective services should join with other community providers to inform the legislature and other governmental bodies about the range of assistance that is best for children. Such assistance can be expanded to include:

- Support and mental health programs for adult and child victims of domestic violence and batterers, where appropriate.
- Community crisis responses for adult and child victims of domestic violence.
- Adequate housing and economic supports, such as TANF, for adult victims and their children to maintain their safety and stability and avoid out-of-home placement of children.
- Adequate legal and lay advocacy services for adult victims.

- Batterer intervention programs that specifically address children's issues, probation oversight, and consistent court monitoring of batterers.
- Coordination among the multiple courts and agencies that provide intervention and oversight to families experiencing domestic violence and child maltreatment.
- Safety plans developed by the adult victims, child protective services, domestic violence advocates, and other involved agencies for every child and adult experiencing domestic violence.
- Child care and flexible funds to defray the costs associated with leaving a domestic violence situation or moving to a new community (security deposits, telephone bills, moving costs).
- Access to substance abuse treatment services and residences for batterers and adult victims that also includes a specialized domestic violence response and housing for adult victims and their children.

V. Increasing Safety for Adult Victims and Their Children: Effective Identification, Assessment, and Community-Based Interventions

Child protection workers will be better able to protect children only if they know how to identify domestic violence; assess its nature, severity, and impact; plan for client safety; and learn how to effectively use community services and legal protections. The proper use of these resources makes it possible to better protect many adult victims and their children while also increasing their safety and stability.

Although many child protective agencies now consider domestic violence a factor to be assessed during intake and investigation, risk assessment is only one step toward best practice with child protection cases involving domestic violence. To secure safety and stability for children and place them in the care of the nonoffending adult, child protective services interventions need to be targeted toward removing the risks caused by the batterer while assisting the adult victim in securing safety for herself and the children. These interventions can include criminal or family court-mandated programs to reduce violence, civil and criminal protection orders removing the batterer from the home or prohibiting access to the adult victim and children, and probation monitoring of the batterer's compliance with court orders. Other interventions include domestic violence counseling, advocacy and legal assistance for adult victims, trauma services for children, supervised visitation and exchange centers, housing, and other support services

Interventions for adults can reduce risks to children. A recent multisite study of primarily criminal court-mandated clients suggests that approximately 50 percent of men in batterer intervention programs have not been physically violent with their partners at 30-month follow-up (Gondolf, 1998). A small study at

Boston's Children's Hospital also found that advocacy for adult victims and their maltreated children was effective in keeping approximately 80 percent of the adult victims and children safe and together (Schechter, 1992). Although these interventions will not be effective with every family, nor remove other risks such as substance abuse, they are a critical set of tools to enhance the efficacy of child protection efforts.

It is also critical that child protective services assess the protective factors adult victims use in providing safety and stability for their children. Child protective services staff are familiar with routine protective factors adult victims use, including seeking shelter, contacting the police, or obtaining a protective order. Unfortunately, these factors alone do not guarantee an adult victim and her children safety. An adult victim's decision not to use these options has been viewed by child protective workers as "noncompliant" and as evidentiary criterion to charge the adult victim with "failure to protect." Other protective factors adult victims use that are often misunderstood by child protective services include minimizing and denying the violence to avoid harm and retaliation by the batterer; fighting back and defying the batterer; complying with and placating the batterer; not leaving the batterer due to fear for her life or harm to the children by the batterer; and leaving the children with a relative or a friend. By accounting for the full range of protective factors adult victims use, child protection workers can help adult victims develop case-planning activities that will accurately reflect the strategies needed to achieve safety and stability for children.

Without appropriate interventions for parents, child protective agencies and juvenile courts may simply be forced to place ever-increasing numbers of children experiencing domestic violence in out-of-home care. Furthermore, families will repeatedly reenter the child protective system while unidentified and untreated domestic violence issues escalate, possibly leading to adult and child injuries and fatalities. Creating safety for children exposed to domestic violence is inseparable from creating safety for the adult victim and can be accomplished by reducing the risks posed by the batterer.

A. Policy and Practice Recommendations for Child Protection Agencies Addressing Domestic Violence

Child welfare policies and practices for children and families experiencing domestic violence can include the following:

1. **Training.** Cross-training provided by a team of child welfare and domestic violence advocates has been found to be most effective and should be provided to all child welfare agency staff, agency

attorneys, kinship, foster and adoptive parents, and contracted service providers such as domestic violence advocates and batterer intervention program staff. Child welfare agencies can also partner with other related entities to offer training to TANF staff, juvenile dependency judges, court staff, child advocates, guardian ad litem, court-appointed special advocates (CASA), substance abuse professionals, mental health professionals, child care providers, school personnel, medical and health care providers, probation, law enforcement, and key community service providers. A comprehensive cross-training curricula on the nexus of domestic violence and child abuse and neglect should be used because inadequate and time-limited training can compromise effective assessment and intervention skills when addressing these issues.

2. **Intake/Screening.** Screening for domestic violence should occur during child protection intake and assessment. The number of reports that identify domestic violence should be tracked as a factor in these cases. The identification of domestic violence does not necessarily require child protective services and a differential response to domestic violence can be implemented. Each domestic violence situation is unique and specific risk factors need to be considered prior to accepting a case for investigation/assessment or ongoing services.
3. **Investigations/Assessment.** The nature and extent of identified domestic violence should be assessed for every case accepted for investigation, to determine risk level and to create effective interventions. It is important that assessment be consistent and occur at all phases of a child protection case, particularly at case opening, service plan development, placement decision, services plan review, and case closure. A complete and accurate assessment is most likely to occur when the adult victim and children are interviewed in supportive and confidential sessions, separate from the batterer.
4. **Case Planning/Interventions.** Safety plans should be developed in collaboration with the adult victim and children to address their immediate and future safety needs. Collaboration and assistance from a domestic violence advocate is also vital in the development of safety plans for adult victims and children. Safety plans should be reviewed regularly with the adult victim, children, and a domestic violence advocate to ensure they are appropriate to the family's current safety needs. A few examples of information that may be included in a safety plan are: determining who to call and what to do when the batterer becomes threatening or violent; devising a list of persons or agencies that can provide safety and shelter; saving money and making copies of important documents in preparation of fleeing from the batterer; talking to the children about what is expected of them when the adult victim

is being battered; and ensuring the children know where to go or how to call for help during a violent assault.

Safe intervention and case planning practices by child welfare staff involve activities that minimize the risk posed to adult victims and children who fear retaliation or harm by the batterer due to child protective services involvement. A few examples of safe intervention and case planning practices include conducting assessment interviews separately with each adult and child, developing separate and individualized case plans, incorporating safe procedures for visitation and exchanges of children, and taking into consideration the inappropriateness of conjoint counseling.

Additionally, child welfare staff need to be aware that “mandating” adult victims into domestic violence services may be contrary to the concept of empowering the adult victim and can be perceived by the adult victim as mirroring the same coercive and threatening behaviors of her batterer. Furthermore, domestic violence agencies possess their own criteria regarding who and how they accept adult victims for services. It may be frustrating for child welfare staff to assume that domestic violence agencies will accept an adult victim who has been referred to them as part of their “mandated” case plan activities.

5. **Documentation and Forms.** Case records and forms should be documented in a manner that properly identifies the effects of domestic violence on children, describes the specific behaviors of batterers that pose risk to the adult victim and children, and accounts for the protective factors adult victims use to increase the safety of their children.

Documentation should also be conducted in a manner that holds batterers accountable for their abusive behavior, minimizes the risk of retaliation and harm to the adult victim and children, and avoids language that blames the adult victim for the batterer’s abusive behavior. Examples of documentation practices to be avoided are identifying the adult victim and children’s physical location if they are “fleeing” from the batterer and writing statements such as “There is domestic violence *between* the parents,” “The mother *will notify* the father’s probation officer or police when she is assaulted” and “The mother *will prevent* the children from witnessing domestic violence.”

Examples of documentation practices that are appropriate are: the batterer will not verbally, emotionally, psychologically, or physically abuse the adult victim; the batterer will not use threatening and coercive tactics against the adult victim that compromises her or the children’s safety; the batterer will take responsibility for his coercive, threatening, and abusive behavior by

participating in a batterers intervention program and complying with all civil, criminal, and probation orders.

6. **Specialized Case Consultation.** Domestic violence expertise should be incorporated within the child protection agency so that child welfare staff, supervisors, and attorneys have access to staff who can assist with case consultation, develop safety plans for high-risk cases and create effective linkages with the domestic violence service community, batterer intervention programs, law enforcement, courts, and other community agencies. Additionally, collaboration with TANF and other financial services assures the adult victim and her children are not forced to recant or reunite due to reliance on the batterer for economic support. One suggested model is to hire a domestic violence specialist (or specialists) on staff who has expertise in addressing domestic violence issues within the context of child protective services or TANF.

6. **Specialized Programs for Child Witnesses.** A continuum of services that address or mitigate the effects on children exposed to domestic violence should be developed. The impact of domestic violence on children will vary and require a wide range of interventions to meet the specific safety and emotional needs of each child. A comprehensive assessment of children's exposure to domestic violence and their safety issues are vital to ensuring the children's safety and stability. The range of available services to children exposed to domestic violence can include day care, safe exchange, mentoring, after-school care, safety skills development, specialized child witnessing programs, group counseling, individual counseling, mental health services, trauma service, or hospitalization. Many, if not all, of these services may be provided without placing the child or adult victim under the authority of juvenile court.

8. **Batterer Accountability.** Staff in domestic violence programs, batterer intervention programs, probation offices, law enforcement agencies, criminal and civil courts, and other service providers should collaborate to monitor interventions for batterers. Safe guidelines should be developed to interviewing batterers. The guidelines should encompass a thorough assessment of the wide range of abusive and controlling behaviors that are creating risk to the adult victim and children. Batterers should be held accountable for their abusive behavior by tightly monitoring their court-ordered plans and documenting case records, service plans, and forms. Additionally, attempts made by the batterer to sabotage the child protective services process by addressing any manipulative or coercive behaviors toward the adult victim, children, and child protective services worker should be documented.

Additionally, policies and procedures for interventions with batterers need to account for the range of legal and emotional relationships between the batterer and the children. Batterers who are not related to the children they are exposing to domestic violence may need different interventions than batterers who are biological fathers of the children. When the batterer is biologically related to the children, the likelihood of his long-term relationship with children needs to be considered in setting policy and procedures.

9. **Cultural Diversity.** Innovative policies, programs, practices, and training that are responsive to the needs of an increasingly culturally diverse population should be developed and promoted. Domestic violence occurs regardless of race, ethnicity, sexual orientation, age, culture, religion, economic status, disability, immigration status, or family structure. Culturally competent domestic violence programs and practices can include hiring bilingual/bicultural staff; regular reviewing an agency's capacity to provide services to people with disabilities; establishing victim services and batterer programs for gays and lesbians; providing translation of domestic violence media materials and literature; offering interpretation and translation services for adult victims, children, and batterers; avoiding the use of children as translators for the adult victim and batterer; providing shelter services whose environment, staff, and culture are adaptable to all groups; providing routine assessment and intervention of domestic violence in the elderly population; and having knowledge of how immigration status of adult victims is used as a coercive and threatening tactic by their batterers.
10. **Specialized Visitation and Safe Exchange Services.** Adult victims and their children should have access to safe visitation options. Some communities have had success in creating specialized visitation and safe exchange centers that focus on the safety and emotional needs of adult victims and their children. If this option is not available, safe visitation services should be offered by holding separate visitation times for the adult victim and batterer.
11. **Family-Centered Practice.** Family-centered practice and interventions that focus on the safety of adult and child victims and hold batterers accountable should be supported. The definition of "family" can include the adult victim, batterer, and child; the adult victim and child; or a nonrelative or relative caregiver and child. Underlying family-centered practice is the focus on family strengths rather than deficits. Focusing on a family's "strengths," however, does not imply that "deficits," such as the batterer's abusive and controlling behavior, are to be ignored or minimized. Rather, a strength-based practice promotes use of the family's coping and adaptive patterns, their natural support networks, and other available resources (NAPCWA CPS Guidelines, 1999). Consequently, implementing a strength-based approach promotes the protection and safety of adult victims and children by incorporating the

safety needs identified by adult victims and expanding upon their previously used strategies and resources in conjunction with formal and informal resources not yet accessed by the adult victim. Agencies can prioritize safety for victims and accountability for batterers by using a family-centered approach. One model that has been used in child protection cases involving domestic violence is family case conferencing. The family case conferencing model has been modified to ensure safety for adult victims, hold batterers accountable for their behavior, and not necessarily require the participation of the batterer in the conference. Due to differential use of power and intimidation, conjoint therapy is contraindicated in domestic violence situations.

12. **Out-of-Home Placement.** Guardians, kin, and foster and adoptive parents should be screened for domestic violence. The screening should include criminal and civil record checks and protocols for determining what action is required if domestic violence is identified.
13. **Cross-System Collaboration.** Multidisciplinary local or county teams that can assist families experiencing the multiple issues of domestic violence, substance abuse, poverty, mental health, and child maltreatment should be established. Most important, ensuring differing agency perspectives and roles are clearly defined will bring about a shared sense of vision, goals, and teamwork that will form the foundation of the community collaboration. Also, a memoranda of agreement with community agencies regarding confidentiality and information sharing should be developed to reduce communication barriers and to increase collaborative case planning and interventions. Informed consent by the victim is strongly encouraged even if it is not required by law. Examples of cross-system collaboration can include offering joint training, sharing funding, developing policy jointly, and colocating staff to encourage collaboration.
14. **Policy Review.** Current policies and procedures should be reviewed to creatively identify, engage, and hold batterers accountable and increase safety for adult victims and children. Effective policies take into account the multiple variables affecting the safety and stability of adult victims and children and can be developed in collaboration with domestic violence programs staff who can assist in policy review and in the development of specialized assessment and lethality tools. These safety assessment variables can include the batterer's choice of abusive and controlling behaviors and tactics, the batterer's lethality level, the batterer's involvement with and response to available community and criminal consequences, the batterer's relationship with the children and the adult victim, the batterer's access to the adult victim and children; the batterer's control of economic resources for power and intimidation, and the batterer's willingness and ability to change and accept responsibility for his abusive behavior.

Effective policies that focus on the safety for adult victims and children should state that protecting children, creating stability, and maintaining permanence are the primary goals of child protective services. Agencies can offer interventions, or meaningful access to them, that promote safety for adult victims and their children and hold batterers accountable for their abusive and violent behavior. Policies should also clarify that as these interventions are implemented, child safety must remain the primary goal and can often be accomplished by assisting the adult victim with securing safety for herself and her child.

15. **Confidentiality.** Confidentiality policies that clearly indicate how information from adult and child victims of domestic violence will be handled so that risk of retaliation or harm by the batterer or by the various agencies is reduced should be developed. Interagency agreements between child protective services, domestic violence programs, and community service providers, which define a process for the sharing of confidential information between programs, should be created. Be respectful of each agency's limits regarding confidentiality by clearly defining agency constraints and mandates.
16. **Multidisciplinary Practices.** Policies that support the implementation of multidisciplinary case management and collaborative practice among agencies should be developed. Interagency protocols among child protective services, domestic violence services, the courts, probation, batterer intervention programs, schools and health care fields can be developed to help families experiencing domestic violence and child maltreatment. Special attention should be paid to maintaining confidentiality within the multidisciplinary case management approach and within the parameters of federal, state, and local mandates.
17. **Supports for Workers.** A range of supports for workers will allow them to safely intervene in domestic violence cases. Such support can include cellular tele phones, pagers, working in pairs, trauma debriefing, worker safety planning, and procedures for requesting assistance from law enforcement.

Additionally, human resource policies should be developed that clearly state domestic violence is unacceptable and that child protective services staff who are experiencing domestic violence in their personal lives can seek administrative support and help without fear of administrative sanctions.

18. **Domestic Violence Representation in Decision-Making Entities.** Domestic violence specialists and adult survivors of domestic violence should be incorporated in decision-making groups that affect outcomes for children and families. Some groups may include citizen review panels, child fatality review teams, child protection teams, policy review boards, foster care review boards, and family case conferences. Child protection services representation in local domestic violence decision-making entities such as local domestic violence coordinating councils or case consultation groups should be encouraged.

B. Desired Outcomes in Child Protection Cases Involving Domestic Violence

With these policies and practices in place, outcomes for children exposed to domestic violence can improve. Desired outcomes can include:

1. Safety, permanency, and the stability of children will be enhanced through the timely determination of domestic violence, accurate assessment of the domestic violence, and appropriate implementation of safe interventions that address the domestic violence.
2. Children will remain in the care of at least one nonoffending parent who is safe or, if this is not possible, with a safe, stable, and consistent caretaker.
3. Economic and emotional supports will be provided to the adult victim and children without opening a child protective services case or without bringing them under the control of juvenile court; particularly when other community services and alternatives can provide safety for the adult victim and child.
4. Children in child protective services caseloads will be protected from ongoing exposure to controlling, abusive, and assaultive tactics and behaviors by the batterer.
5. Batterers will be held accountable for their abusive behaviors while also receiving interventions that address their violent and coercive behavior.
6. Adult victims will experience child protective services intervention in manner that is nonblaming and supportive so that it enables them to voluntarily seek services and disclose information about the violence.

7. If out-of-home placement is required, domestic violence interventions will be offered to parents in a timely and safe manner as part of reasonable efforts to maintain or reunite the children with the family or nonoffending parent.
8. Children will not be placed in kinship, foster care, or adoptive homes where there has been a history of domestic violence unless these homes no longer pose serious risks to the children as determined through a thorough assessment of the history, nature, and severity of identified domestic violence.
19. Adult victims and children will be offered and have access to culturally responsive and appropriate advocacy services and interventions that address the effects and barriers posed by domestic violence. Child welfare and juvenile courts will not be the only mechanism available to obtain services and support for adult victims who cannot afford to pay for such services.

VI. Conclusion

Addressing the overlap of domestic violence and child maltreatment as well as the multiple needs of families who are experiencing violence provides a unique challenge to public child welfare agencies. Emerging models that address the intersection of domestic violence and child maltreatment, however, present promising practices that community collaboration can result in better outcomes for children and families. As we learn more from research and model initiatives, refinements and updates to our approaches will be necessary to serve families and children affected by domestic violence and child maltreatment. However, for public child welfare administrators who are interested in addressing these issues, these guidelines provide an initial framework for program and policy development.

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NATIONAL ORGANIZATIONS AND RESOURCE CENTERS

- American Public Human Services Association (APHSA), and its affiliate the National Association of Public Child Welfare Administrators, Washington DC. 202.682.0100 or www.aphsa.org.
- Family Violence Prevention Fund, San Francisco, CA. 415.252.8900 or www.fvvpf.org.
- National Clearinghouse on Child Abuse and Neglect Information, Washington DC. 800.394.3366 or www.calib.com/nccanch.
- National Council of Juvenile and Family Court Judges (NCJFCJ) – Family Violence Department, Reno, NV. 800.527.3223 or www.nationalcouncilfvd.org.
- National Health Resource Center on Domestic Violence, San Francisco, CA. 888.792.2873 or www.fvvpf.org/health.
- National Resource Center on Domestic Violence, Harrisburg, PA. 800.537.2238
- National Resource Center on Domestic Violence: Child Protection and Custody, Reno, NV. 800.527.3223 or www.nationalcouncilfvd.org.
- Sacred Circle, National Resource Center to End Violence Against Native Women, Rapid City, SD. 877.7337623 or scircle@sacred-circle.com.

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