CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

Child Protection in Families Experiencing Domestic Violence

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

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2003

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Preface

Each day, the safety and well-being of children across the Nation are threatened by child abuse and neglect. Many of these children live in homes that are experiencing domestic violence. The child welfare field is working to find effective ways to serve families where this overlap occurs. Intervening effectively in the lives of these children and their families is not the sole responsibility of a single agency or professional group, but rather it is a shared community concern.

The *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members since the late 1970s. The *User Manual Series* provides a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, assessment, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. The changing landscape reflects increased recognition of the complexity of issues facing parents and their children, new legislation, practice innovations, and system reform efforts. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help us to know "what works."

The Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), has developed this third edition of the *User Manual Series* to reflect the increased knowledge base and the evolving state of practice. The updated and new manuals are comprehensive in scope while also succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

The keystone manual for the series, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, addresses the definition, scope, causes, and consequences of child abuse and neglect, and presents an overview of prevention efforts and the child protection process. Because child protection is a multidisciplinary effort, the *Foundation for Practice* manual also describes the roles and responsibilities of different professional groups and offers guidance on how the groups can work together effectively to protect the safety, permanency, and well-being of children.

The *Foundation for Practice* manual is intended to accompany other manuals in the *User Manual Series*, including this manual, *Child Protection in Families Experiencing Domestic Violence*, as well as the other profession-specific or special issue manuals.

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from the National Clearinghouse on Child Abuse and Neglect Information. Contact the Clearinghouse for a full list of available manuals and ordering information:

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, DC 20447
Phone: (800) FYI-3366 or (703) 385-7565
Fax: (703) 385-3206
E-mail: nccanch@calib.com

The manuals also are available online at **http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm.**

Acknowledgments

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Additional Acknowledgments

The third edition of the *User Manual Series* was developed under the guidance and direction of Irene Bocella, Federal Task Order Officer, and Catherine Nolan, Director, Office on Child Abuse and Neglect. Also providing input and review was Susan Orr, Associate Commissioner, Children's Bureau.

This manual was developed and produced by Caliber Associates, Fairfax, VA, under Contract Number HHS-282-98-0025.

CHAPTER 1
Purpose and Overview

Child abuse and neglect is a community concern. Each community has a legal and moral obligation to promote the safety, permanency, and well-being of children, which includes responding effectively to child maltreatment. At the State and local levels, professionals assume various roles and responsibilities ranging from prevention, identification, and reporting of child maltreatment to intervention, assessment, and treatment. Child protective services (CPS) agencies, along with law enforcement, play a central role in receiving and investigating reports of child maltreatment. With the increasingly recognized overlap between domestic violence and child maltreatment, CPS is working more closely with those providing services related to domestic violence to ensure more comprehensive assistance to both the child and victim. This manual offers considerations and alternate protocols for CPS caseworkers culled from the practices of various agencies involved in addressing both forms of violence.

To protect children from harm, CPS relies on community members to identify and report suspected cases of child maltreatment, including physical abuse, sexual abuse, neglect, and psychological maltreatment. Many community professionals (including health care providers, mental health professionals, educators, and legal and court system personnel) are involved in responding to cases of child maltreatment and domestic violence and providing needed services. It is important to note that various professionals are mandated to report suspected child maltreatment to CPS or law enforcement, such as health care workers and school personnel. In some States, those who provide services related to domestic violence also are mandated reporters. In addition, community-based agency staff, clergy, extended family members, and concerned citizens play important roles in supporting and keeping families safe.

Domestic violence is a devastating social problem that affects every segment of the population. While system responses are primarily targeted towards adult victims of abuse, increasing attention is now focused on the children who witness domestic violence.[1] Studies estimate that 10 to 20 percent of children are at risk for exposure to domestic violence. Research also indicates children exposed to domestic violence are at an increased risk of being abused or neglected, and that a majority of studies reveal there are adult and child victims in 30 to 60 percent of families who experience domestic violence.[2]

This manual provides background on this complex topic and addresses the following practice issues:

- The overlap between child maltreatment and domestic violence;
- The basics of domestic violence;

- Modifying child protection practice with families experiencing domestic violence;
- Enhancing caseworker safety and support in child protection cases involving domestic violence;
- Building collaborative responses for families experiencing domestic violence.

Various terms are used within the field and throughout communities to describe domestic violence and the individuals involved. Some commonly used terms suggest all perpetrators of domestic violence are male and all victims are female. While this type of terminology reflects the majority of cases, it certainly is not always true. Terms commonly used in the field include:

Domestic violence:

- Adult domestic violence
- Intimate partner violence
- Partner violence
- Violence against women
- Family violence
- Domestic abuse
- Partner abuse
- Battering

Victim:

- Abuse victim
- Abused woman
- Battered woman
- Battered mother
- Female
- Woman
- Her
- She

Perpetrator:

- Spouse abuser
- Batterer
- Offender
- Abuser
- Male
- Man
- Him
- He

Service provider:

- Advocate
- Treatment provider
- Victim advocate
- Victim service coordinator

The use of a particular term over another may be based on what is commonly used in an organization or community, the perceived socio-political implications of certain terms, or personal preference. In many settings, however, no or little distinction is placed on these terms. This manual reflects that perspective. For purposes of clarity and ease of understanding, this manual uses a select number of these terms. For example, perpetrators of domestic violence usually are referred to as "abusers" or "perpetrators" throughout the manual for brevity and readability. Whenever possible, this manual also uses gender-neutral language.

CHAPTER 2
The Overlap Between Child Maltreatment and Domestic Violence

Over the past few decades, there has been a growing awareness of the co-occurrence of domestic violence and child maltreatment.[3] Studies report that there are approximately between 750,000 and 2.3 million victims of domestic violence each year.[4] Many of these victims are abused several times, so the number of domestic violence incidents is even greater. According to a national study by the U.S. Department of Health and Human Services, approximately 903,000 children were identified by child protective services (CPS) as victims of abuse or neglect in 2001.[5] Increasingly, service providers and researchers have recognized that some of these adult and child victims are from the same families. Research suggests that in an estimated 30 to 60 percent of the families where either domestic violence or child maltreatment is identified, it is likely that both forms of abuse exist.[6] Studies show that for victims who experience severe forms of domestic violence, their children also are in danger of suffering serious physical harm.[7] In a national survey of over 6,000 American families, researchers found that 50 percent of men who frequently assaulted their wives also abused their children.[8] Other studies demonstrate that perpetrators of domestic violence who were abused as children are more likely to physically harm their children.[9]

Rates of Domestic Violence

Domestic violence measured by the National Crime Victimization Survey (NCVS) includes rape or sexual assault, robbery, and aggravated and simple assault committed by a current or former spouse, boyfriend, or girlfriend. In 2000, about 1 in every 200 households acknowledged that someone in the household experienced some form of domestic violence. There is no statistically significant difference in this rate over the prior 6 years.

As with other crimes measured using the NCVS, a household counted as experiencing domestic violence was counted only once, regardless of the number of times that a victim experienced violence and regardless of the number of victims in the household during the year. The following statistics represent reported cases.[10]

Rates of Domestic Violence (continued)

Characteristic of the household	Percent of households that experienced domestic violence
Caucasian	0.4%
African-American	0.5%
Hispanic	0.5%
Other	0.5%
Urban	0.5%
Suburban	0.4%
Rural	0.4%
Northeast	0.3%
Midwest	0.7%
South	0.4%
West	0.5%
Household Size	
1 person	0.4%
2 to 3 persons	0.4%
4 to 5 persons	0.5%
6 or more persons	1.0%

Domestic Violence by Type of Crime and Gender in 2001

	Female	Male	Total
Rape or sexual assault	41,740		41,740
Robbery	44,060	16,570	60,630
Aggravated assault	81,140	36,350	117,480
Simple assault	421,550	50,310	471,860
Overall violent crime	588,490	103,230	691,710

For more information on the scope and impact of domestic violence, see Chapter 3, "The Basics of Domestic Violence."

The Co-occurance of Child Maltreatment and Domestic Violence

An estimated 3.3 to 10 million children a year are at risk for witnessing or being exposed to domestic violence, which can produce a range of emotional, psychological, and behavioral problems for children.[11] This estimate is derived from an earlier landmark study that found approximately 3 million American households experienced at least one incident of serious violence each year.12 The broad range of this estimate highlights the fact that the exact number of domestic violence incidents is unknown, and there sometimes is incongruence or a lack of agreement about exactly what constitutes "domestic violence."

One study estimates that as many as 10 million teenagers are exposed to parental violence each year.[13] This estimate comes from a survey in which adults were asked "whether, during their teenage years, their father had hit their mother and how often" and vice versa for the mother. The survey found that about one in eight, 12.6 percent of the sample, recalled such an incident. In these cases, 50 percent remembered their father hitting the mother, 19 percent recalled their mother hitting the father, and 31 percent recalled the parents hitting each other.[14]

These estimates are based on research that identified maltreated children who accompanied victims of domestic violence to shelters and identified adult victims via CPS caseloads. Additionally, research examining the relationship between victims and their own use of violence indicate that they are more likely to perpetrate physical violence against their children than caretakers who are not abused by a partner or spouse.[15] Children who witness domestic violence and are victimized by abuse exhibit more emotional and psychological problems than children who only witness domestic violence.[16]

Current data regarding the co-occurrence between domestic violence and child maltreatment compel child welfare and programs that address domestic violence to re-evaluate their existing philosophies, policies, and practice approaches towards families experiencing both forms of violence. The overlap of these issues may be particularly critical in identifying cases with a high risk of violence, such as the relationship between domestic violence and child fatalities in CPS cases. A review of CPS cases in two States identified domestic violence in approximately 41 to 43 percent of cases resulting in the critical injury or death of a child.[17] A number of protocols and practice guidelines have surfaced over the past decade to provide child welfare and service providers with specific assessment and intervention procedures aimed at enhancing the safety of children and victims of domestic violence.

Children's Exposure to Domestic Violence

Children who live in homes where a parent or caretaker is experiencing abuse are commonly referred to as "child witnesses" or "children who are witnessing" domestic violence. The term "children's exposure" to domestic violence, however, provides a more inclusive definition because it encompasses the multiple ways children experience domestic abuse. Although caretakers frequently believe they are protecting their children from witnessing their abuse, children living in these homes report differently. Researchers have found that 80 to 90 percent of children in homes where domestic violence occurs can provide detailed accounts of the violence in their homes.[18] Research studies have proliferated regarding children's exposure to domestic violence, the problems associated with witnessing, and the protective factors that influence their responses to the violence.[19] Children's exposure to domestic violence typically falls into three primary categories:

- Hearing a violent event;
- Being directly involved as an eyewitness, intervening, or being used as a part of a violent event (e.g., being used as a shield against abusive actions);
- Experiencing the aftermath of a violent event.[20]

Children's exposure to domestic violence also may include being used as a spy to interrogate the adult victim, being forced to watch or participate in the abuse of the victim, and being used as a pawn by the abuser to coerce the victim into returning to the violent relationship.[21] Some children are physically injured as a direct result of the domestic violence. Some perpetrators intentionally physically, emotionally, or sexually abuse their children in an effort to intimidate and control their partner. While this is clearly child maltreatment, other cases may not be so clear. Children often are harmed accidentally during violent attacks on the adult victim. An object thrown or weapon used against the battered partner can hit the child. Assaults on younger children can occur while the adult victim is holding the child, and injury or harm to older children can happen when they intervene in violent episodes. In addition to being exposed to the abusive behavior, many children are further victimized by coercion to remain silent about the abuse, maintaining the "family secret."

The Effects of Domestic Violence on Children

Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these can lead to negative outcomes for children and clearly have an impact on them. Research studies consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:

- **Behavioral, social, and emotional problems**—higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; low self-esteem.

- **Cognitive and attitudinal problems**—lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem-solving skills, acceptance of violent behaviors and attitudes, belief in rigid gender stereotypes and male privilege.
- **Long-term problems**—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships.[22]

Children also display specific problems unique to their physical, psychological, and social development. For example, infants exposed to violence may have difficulty developing attachments with their caregivers and in extreme cases suffer from "failure to thrive."[23] It should be noted that there also are limitations and uncertainties to the research since some of the children in such studies do not show elevated problem levels even under similar circumstances.[24] Preschool children may regress developmentally or suffer from eating and sleep disturbances. School-aged children may struggle with peer relationships, academic performance, and emotional stability. Adolescents are at a higher risk for either perpetrating or becoming victims of teen dating violence.[25] Reports from adults who repeatedly witnessed domestic violence as children show that many suffer from trauma-related symptoms, depression, and low self-esteem.[26]

Possible Symptoms in Children Exposed to Domestic Violence

- Sleeplessness, fears of going to sleep, nightmares, dreams of danger;
- Physical symptoms such as headaches or stomachaches;
- Hypervigilance to danger or being hurt;
- Fighting with others, hurting other children or animals;
- Temper tantrums or defiant behavior;
- Withdrawal from people or typical activities;
- Listlessness, depression, low energy;
- Feelings of loneliness and isolation;
- Current or subsequent substance abuse;
- Suicide attempts or engaging in dangerous behavior;
- Poor school performance;
- Difficulties concentrating and paying attention;
- Fears of being separated from the nonabusing parent;
- Feeling that his or her best is not good enough;
- Taking on adult or parental responsibilities;
- Excessive worrying;
- Bed-wetting or regression to earlier developmental stages;
- Dissociation;
- Identifying with or mirroring behaviors of the abuser.[27]

Children's Protective Factors in Response to Domestic Violence

Studies documenting the types of problems associated with children who are exposed to domestic violence reveal a wide variation in their responses to the violence. Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment. Protective factors such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult, are thought to be important variables that help protect children from the adverse effects of exposure to domestic violence.[28] In addition, research shows that the impact of domestic violence on children can be moderated by certain factors, including:

- **The nature of the violence.** Children, who witness frequent and severe forms of violence, perceive the violence as their fault. Because they fail to observe their caretakers resolving conflict, these children may undergo more distress than children who witness fewer incidences of physical violence. The frequency with which they witness positive interactions between their caregivers also affects them.

- **Coping strategies and skills.** Children with poor coping skills are more likely to experience problems than children with strong coping skills and supportive social networks. Children who utilize problem-solving strategies targeted directly at the source of disagreement demonstrate fewer maladaptive symptoms. Emotion-focused strategies, however, are less desirable because they often target internal responses to a stressful situation, which can result in less effective coping methods (e.g., children fantasizing that their parent's are "getting along").

- **The age of the child.** Younger children appear to exhibit higher levels of emotional and psychological distress than older children. Age-related differences might result from older

children's more fully developed cognitive abilities to understand the violence and select various coping strategies to alleviate upsetting emotions.

- **The time since exposure.** Children are observed to have heightened levels of anxiety and fear immediately after a recent violent event. Fewer observable effects are seen in children the longer time has past after they have witnessed the violence.

- **Gender.** In general, boys exhibit more "externalized" behaviors (e.g., aggression or acting out) while girls exhibit more "internalized" behaviors (e.g., withdrawal or depression). In addition, boys identify more with the male abuser and girls identify more with the female victim; both may continue these roles throughout life if the issues are not addressed.

- **The presence of child abuse.** Children who witness domestic abuse and are physically abused demonstrate increased levels of emotional and psychological maladjustment than children who only witness violence and are not abused.[29]

Professionals Responding to Child Maltreatment and Domestic Violence: In Search of Common Ground

Although adult and child victims often are found in the same families, child protection and domestic violence programs have historically responded separately to victims. The divergent responses are largely due to the differences in each system's historical development, philosophy, mandate, policies, and practices. As a result, these differences have led to variations in desired outcomes and practice methods for child welfare caseworkers and service providers who lack a mutual understanding of one another's mission and approach when addressing the co-occurrence of child maltreatment and domestic violence.[30]

Several key debates stemming from these differences have limited collaboration between the two fields.[31] For CPS caseworkers, whose legal mandate is the protection of the abused child, responding to domestic violence has been widely regarded as a peripheral issue. Alternatively, service providers have primarily focused on pursuing safety and empowerment for adult victims. The differing opinion about whose safety is paramount has led to misconceptions and critical accusations by both systems. Child welfare advocates have charged service providers with discounting the safety needs of children by focusing primarily on the adult victim who also may be neglectful or abusive towards the children. Conversely, some service providers accuse child welfare caseworkers of "revictimizing" victims of domestic violence by placing responsibility and blame on adult victims for the violent behaviors of perpetrators or charging the adult victim with "failing to protect" the child. Furthermore, interactions with the perpetrator are markedly distinct for each system. CPS's growing emphasis on a family-centered approach may sometimes compel caseworkers to engage perpetrators, who are either biological parents or caretakers of the children, in efforts aimed at creating healthy and stable families. In contrast, service providers often view separation from perpetrators as a desirable intervention until the safety of all family members is assured.

Despite their differences, child welfare advocates and service providers share areas of common ground that can bridge the gap between them, including:

- Both want to end domestic violence and child maltreatment;
- Both want children to be safe;
- Both want adult victims to be protected—for their own safety and so their children are not harmed by the violence;
- Both believe in supporting a parent's strengths;
- Both prefer that children not be involved in CPS, if avoidable.[32]

Additionally, men historically have not been actively involved with CPS or domestic violence agencies in working to make the necessary behavior modifications that will facilitate change on these issues.

The Different Responses to Families Experiencing Domestic Violence

As previously discussed, children respond in varying degrees to domestic violence, and researchers caution against holding a unilateral position that children witnessing domestic abuse constitutes child maltreatment or warrants CPS involvement.[33] However, the complexity of the research regarding the intersection between domestic violence and child maltreatment has led various social service providers and policy-makers to believe that every child exposed to domestic violence is at severe risk for harm and warrants formal or mandatory intervention. Some States are considering legislation that broadens the definition of child neglect to include children who witness domestic violence. Expanding the legal definitions of child maltreatment, however, may not always be the most effective method to address the needs of these children in an already overburdened CPS system. It is an unrealistic expectation that CPS investigate *every* report of children living in a home where domestic violence occurs. However, CPS should screen every report for domestic violence and refer to specific criteria or agency protocol when determining if the referral warrants further investigation. Furthermore, a CPS investigation is typically labor intensive and invasive in the lives of families.

Communities can better serve families by allocating new as well as existing resources that build partnerships between CPS, service providers, and the wide network of informal and formal systems that offer a continuum of services based upon the level of risk present.[34] In fact, a number of national, State, and local initiatives throughout the country are demonstrating that a collective ownership and intolerance for abuse against adults and children can form the foundation of a solid, coordinated, and comprehensive approach to ending child maltreatment and domestic violence in their communities. Chapter 6, "Building a Collaborative Response for Families Experiencing Domestic Violence," provides specific examples of promising practices and programs that have implemented community-wide collaborations to address co-occurring child maltreatment and domestic violence.

There are families experiencing domestic violence where CPS involvement is necessary. CPS agencies are required to intervene in cases where child exposure to domestic violence meets the State or local legal definition of child abuse and neglect and in instances where children, in addition to adult victims, are physically or sexually abused. Presenting risk factors associated with potentially dangerous and lethal forms of domestic violence also will require intervention by CPS. Parental substance abuse and mental illness are two examples of risk factors that can increase the threat of harm to children who witness domestic violence.[35] In cases where there are several risks to children's safety, CPS caseworkers should address the multiple needs of these families. Relevant services are discussed later in this manual.

There are some situations, however, where child protection efforts to secure the safety of children can and should occur without a formal determination of abuse or neglect. After completing a comprehensive assessment of the nature and severity of the domestic violence and its impact on child safety, CPS may elect to refer a family to community-based services rather than substantiating a CPS case. CPS agencies who adopt this alternative response to domestic violence and child maltreatment may find it to be a more manageable and effective approach in assisting victims of domestic violence who have not maltreated their children, but who need help in securing safety and protection for them. Additionally, both the children and the victim are often better served by voluntary, and therefore less stigmatizing, community-based services.

CHAPTER 3
The Basics of Domestic Violence

To establish a foundation for understanding child protection in families experiencing domestic violence, this chapter provides an overview of the definition, scope, and causes of domestic violence, along with the evolving societal responses. The chapter also provides a description of victims and perpetrators of domestic violence, highlighting prevalent misconceptions, common behaviors, and parenting issues.

What Is Domestic Violence?

Historically, domestic violence has been framed and understood exclusively as a women's issue. Domestic abuse affects women, but also has devastating consequences for other populations and societal institutions. Men also can be victims of abuse, children are affected by exposure to domestic violence, and formal institutions face enormous challenges responding to domestic violence in their communities. The effects of domestic violence on victims are more typically recognized, but perpetrators also are impacted by their abusive behavior as they stand to lose children, damage relationships, and face legal consequences. Domestic violence cuts across every segment of society and occurs in all age, racial, ethnic, socio-economic, sexual orientation, and religious groups. Domestic violence is a social, economic, and health concern that does not discriminate. As a result, communities across the country are developing strategies to stop the violence and provide safe solutions for victims of domestic violence.

Defining Domestic Violence

Domestic violence is a "pattern of coercive and assaultive behaviors that include physical, sexual, verbal, and psychological attacks and economic coercion that adults or adolescents use against their intimate partner."[36] Domestic violence is not typically a singular event and is not limited to only physical aggression. Rather, it is the pervasive and methodical use of threats, intimidation, manipulation, and physical violence by someone who seeks power and control over their intimate partner. Abusers use a specific tactic or a combination of tactics to instill fear in and dominance over their partners. The strategies used by abusers are intended to establish a pattern of desired behaviors from their victims. Certain behaviors often are cited by the perpetrator as the reason or cause of the abusive behavior, therefore, abusive verbal and physical actions are often intended to alter or control that behavior.

Scope of the Problem

Currently, national crime victimization surveys, crime reports, and research studies indicate:

- An estimated 85 to 90 percent of domestic violence victims are female.[37]
- Females are victims of intimate partner violence at a rate about five times that of males.[38]

- Females between the ages of 16 and 24 are most vulnerable to domestic violence.[39]
- Females account for 39 percent of hospital emergency department visits for violence-related injuries, and 84 percent of persons treated for intentional injuries caused by an intimate partner.[40]
- As many as 324,000 females each year experience intimate partner violence during their pregnancy, and pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause.[41]
- Females experience the greatest assault rate (21.3 per 1000 females) between the ages of 20 and 24. This is eight times the peak rate for males (3 per 1000 males ages 25 to 34).[42]
- Domestic violence constitutes 22 percent of violent crime against females and 3 percent of violent crime against males.[43]
- Eight percent of females and 0.3 percent of males report intimate partner rape.[44]
- Approximately 33 percent of gays and lesbians are victims of domestic violence at some time in their lives.
- Twenty-eight percent of high school and college students experience dating violence and 26 percent of pregnant teenage girls report being physically abused.
- Seventy percent of intimate homicide victims are female, and females are twice as likely to be killed by their husbands or boyfriends than murdered by strangers.
- On average, more than three women are murdered by their husbands or boyfriends in the United States every day. In 2000, 1,247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner.[45]
- An estimated 5 percent of domestic violence cases are males who are physically assaulted, stalked, and killed by a current or former wife, girlfriend, or partner.
- Domestic violence victims lose a total of nearly 8.0 million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity as a result of the violence.[46]
- The costs of intimate partner rape, physical assault, and stalking exceed $5.8 billion each year, nearly $4.1 billion of which is for direct medical and mental health care services.[47]
- Males are significantly more likely to be victimized by acquaintances (50 percent) or strangers (44 percent) than by intimates or other relatives.
- Females experience over 5 to 10 times as many incidents of domestic violence than males. In comparison to men, women have a significantly greater risk for being a victim of domestic violence and suffering chronic and severe forms of physical assaults.[48]

Domestic Violence Tactics

The types of domestic violence actions perpetrated by abusers include physical, sexual, verbal, emotional, and psychological tactics; threats and intimidation; economic coercion; and entitlement behaviors. Examples of each are provided below. Some of the behaviors identified in the following lists do not constitute abuse in and of themselves, but frequently are tactics used in a larger pattern of abusive and controlling behavior.

Physical Tactics

- Pushing and shoving;
- Restraining;
- Pinching or pulling hair;
- Slapping;
- Punching;
- Biting;
- Kicking;
- Suffocating;
- Strangling;
- Using a weapon;
- Kidnapping;
- Physically abusing or threatening to abuse children.

Sexual Tactics

- Raping or forcing the victim into unwanted sexual practices;
- Objectifying or treating the victim like a sexual object;
- Forcing the victim to have an abortion or sabotaging birth control methods;
- Engaging in a pattern of extramarital or other sexual relationships;
- Sexually assaulting the children.

Verbal, Emotional, and Psychological Tactics

- Using degrading language, insults, criticism, or name calling;
- Screaming;
- Harassing;
- Refusing to talk;
- Engaging in manipulative behaviors to make the victim believe he or she is "crazy" or imagining things;
- Humiliating the victim privately or in the presence of other people;
- Blaming the victim for the abusive behavior;
- Controlling where the victim goes, who he or she talks to, and what he or she does;
- Accusing the victim of infidelity to justify the perpetrator's controlling and abusive behaviors;
- Denying the abuse and physical attacks.

Threats and Intimidation

- Breaking and smashing objects or destroying the victim's personal property;
- Glaring or staring at the victim to force compliance;
- Intimidating the victim with certain physical behaviors or gestures;
- Instilling fear by threatening to kidnap or seek sole custody of the children;
- Threatening acts of homicide, suicide, or injury;
- Forcing the victim to engage in illegal activity;
- Harming pets or animals;
- Stalking the victim;
- Displaying or making implied threats with weapons;
- Making false allegations to law enforcement or CPS.

Economic Coercion

- Preventing the victim from obtaining employment or an education;
- Withholding money, prohibiting access to family income, or lying about financial assets and debts;
- Making the victim ask or beg for money;
- Forcing the victim to hand over any income;
- Stealing money;
- Refusing to contribute to shared or household bills;
- Neglecting to comply with child support orders;
- Providing an allowance.

Entitlement Behaviors

- Treating the victim like a servant;
- Making all decisions for the victim and the children;
- Defining gender roles in the home and relationship.

Root Causes of Domestic Violence

Some people believe domestic violence occurs because the victim provokes the abuser to violent action, while others believe the abuser simply has a problem managing anger. In fact, the roots of domestic violence can be attributed to a variety of cultural, social, economic, and psychological factors.[49] As a learned behavior, domestic violence is modeled by individuals, institutions, and society, which may influence the perspectives of children and adults regarding its acceptability. Abusive and violent behaviors can be learned through:

- Childhood observations of domestic violence;
- One's experience of victimization;
- Exposure to community, school, or peer group violence;
- Living in a culture of violence (e.g., violent movies or videogames, community norms, and cultural beliefs).[50]

Domestic violence is reinforced by cultural values and beliefs that are repeatedly communicated through the media and other societal institutions that tolerate it. The perpetrator's violence is further supported when peers, family members, or others in the community (e.g., coworkers, social service providers, police, or clergy) minimize or ignore the abuse and fail to provide consequences. As a result, the abuser learns that not only is the behavior justified, but also it is acceptable.

Psychopathology, substance abuse, poverty, cultural factors, anger, stress, and depression often are thought to cause domestic violence. While there is little empirical evidence that these factors are *direct* causes of domestic violence, research suggests that they can affect its severity, frequency, and the nature of the perpetrator's abusive behavior.[51] Although there is debate among researchers regarding a definitive theory to explain domestic violence, there is little disagreement that it is an insidious problem requiring a complex solution.

Evolving Societal Responses to Domestic Violence

Many believe the historical inequality of women and gender socialization of females and males contribute to the root causes of domestic violence.[52] Until the 1970's, women who were raped or suffered violence in their homes had no formal place to go for help or support. Shelters and services for victims of domestic violence did not exist and there was little, if any, response from criminal or civil courts, law enforcement, hospitals, and social service agencies. Society and its formal institutions viewed domestic violence as a "private matter." As awareness and recognition of this problem grew, groups of women organized an advocacy movement that focused on addressing the safety needs of victims and the systemic barriers and social attitudes that contributed to domestic violence. Volunteers established safe havens and crisis services for victims of domestic violence in their homes and held meetings where they began to define violence against women as a political issue. This grass roots effort, commonly referred to as the "Battered Women's Movement," revolutionized the responses to injustices against women into a social movement that forms the foundation of existing domestic violence advocacy and community-based programs throughout the country.[53]

The need for safe alternatives for victims of domestic violence called for a major social transformation and the Battered Women's Movement was an essential part of that struggle. Feminists, community activists, and survivors of rape and domestic violence responded with three primary goals: (1) securing shelter and support for victims and their children, (2) improving legal and criminal justice responses, and (3) changing the public consciousness about domestic violence.[54]

Through a collective vision, the Battered Women's Movement was guided by a set of inherent principles that continue to direct the current network of community-based domestic violence programs and advocacy efforts. These principles include:

- Safety for victims and their children;
- Victims' rights to self-determination, which includes their decision to either remain with or leave their abusive partner;
- Accountability for perpetrators of domestic violence through societal and criminal sanctions;
- Systemic change to combat social oppression of victims and to promote victims' rights.

Today, community-based domestic violence programs throughout the country provide an array of services, including:

- Shelter and safe houses;
- National, State, and local emergency hotlines;
- Crisis counseling and intervention;
- Support groups;
- Medical and mental health referrals;
- Legal advocacy;
- Vocational counseling, job training, and economic support referrals;
- Housing and relocation services;
- Transportation;
- Safety planning;
- Children's services.

Domestic violence programs also engage in continuous advocacy efforts that include developing public awareness campaigns, collaborating with community service providers, and being active in political lobbying efforts aimed at improving safety for victims and their children. One of the benefits of the increased awareness of the problem garnered by these activities is the greater recognition that many sectors of society—beyond shelters, law enforcement, and the judicial system—have important roles to play in identifying and addressing this problem. These sectors include child welfare, health care, mental heath, substance abuse treatment, business, and faith communities. Along with the recognition that legal sanctions are not always the best response, there is a growing awareness that communities themselves must take responsibility for preventing and aiding victims of domestic violence by establishing programs and services that meet the needs of their citizens. One example is a community-based approach that involves combining the efforts of law enforcement, domestic violence victim advocates, social service providers, faith-based communities, and community members.

Society's recognition that domestic violence is no longer a private matter, but a widespread social problem, is evidenced in the establishment of approximately 2,000 shelters and domestic violence programs, legislation in every State identifying domestic violence as a criminal act, legal rights to civil protection orders, and Federal legislation that provides funding and national recognition regarding its seriousness.[55] Exhibits 3-1 and 3-2 outline Federal legislation that addresses domestic violence and child maltreatment and provides a legal framework and guidance for providing services and intervention.

Exhibit 3-1
Federal Domestic Violence Legislation

Family Violence Prevention and Services Act of 1984 (P.L. 98-457)

The Family Violence Prevention and Services Act of 1984 (FVPSA) was Congress' first attempt to address domestic violence in the country. This legislation was intended to assist States with their efforts to increase public awareness about domestic violence and to provide Federal funding for domestic violence shelters and victim services. States and nonprofit organizations also were awarded grants to develop domestic violence and child maltreatment programs and to provide training and technical assistance for law enforcement officers and community service providers.[56]

Violence Against Women Act (VAWA), Title IV of the Violent Crime Control and Law Enforcement Act (P.L. 103-322)

In 1994, Congress passed the Violence Against Women Act, which marked a turning point in Federal recognition of the extent and seriousness of domestic violence. This legislation demonstrated the Federal government's commitment to address domestic violence. There are four titles within the Act—the Safe Street Act, Safe Homes for Women, Civil Rights for Women and Equal Justice for Women in the Courts, and Protections for Battered Immigrant Women and Children—and each act addresses domestic violence, sexual assault, stalking, and protection against gender-motivated violence. The provisions of VAWA call for improving law enforcement and criminal justice responses, creating new criminal offenses and tougher penalties, mandating victim restitution, and requiring system reform geared towards protecting victims of domestic violence during prosecution of the perpetrator. VAWA also authorized support for increased prevention and education programs, victim services, domestic violence training of community professionals, and protections from deportation for battered immigrant women.[57]

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) – Wellstone/Murray Amendment (P.L. 104-193)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) replaced the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance to Needy Families program. The Wellstone/Murray Amendment of PRWORA includes a provision entitled the Family Violence Option, which addresses the safety and economic barriers faced by victims of domestic violence. Through this amendment, each State has the option to enact procedures that temporarily exempt identified victims of domestic violence from meeting certain time limit and other work requirements.

Exhibit 3-2
Federal Child Abuse and Neglect Legislation

- **The Child Abuse Prevention and Treatment Act (CAPTA) of 1974** (P.L. 93-247) was established to ensure that victimized children are identified and reported to appropriate authorities. The Act was most recently amended in 1996 (P.L. 104-235) and continues to provide minimum standards for definitions and reports of child maltreatment.
- **Family Preservation and Support Services Program enacted as part of the Omnibus Budget Reconciliation Act of 1993** (P.L. 103-66) provides funding for prevention and support services for families at risk of maltreatment and family preservation services for families experiencing crises that might lead to out-of-home placement.
- **The Adoption and Safe Families Act (ASFA) of 1997** (P.L. 105-89) was built on earlier laws and reforms in the field to promote the safety, permanency, and well-being of maltreated children. A component of ASFA is the Promoting Safe and Stable Families (PSSF) Program, which was developed from and expanded upon the Family Preservation and Support Services Program mentioned above. While the legislation reaffirms the importance of making reasonable efforts to preserve and reunify families, it also specifies instances where reunification efforts do not have to be made (e.g., when a child is not safe with his or her family), establishes tighter time frames for termination of parental rights, and promotes adoption initiatives.
- **Promoting Safe and Stable Families Program Reauthorization of 2002** (P.L.107-133) continued to build upon ASFA by extending the PSSF Program for an additional 5 years and increasing discretionary funding. It also created several new programs including a new State grant program that provides education and training vouchers for youth aging out of foster care and a mentoring program for children with incarcerated parents.

For more information on other Federal legislation regarding child abuse and neglect, please see the foundation manual of this series, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, at **http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm.**

Victims of Domestic Violence

This section describes some common characteristics of victims of domestic violence, dynamics of the victimization (e.g., common barriers to leaving an abusive relationship, protective strategies), and the impact that domestic violence has on the individual and on parenting behaviors.

Who Is the Victim?

Victims of domestic violence do not possess a set of universal characteristics or personality traits, but they do share the common experience of being abused by someone close to them. Anyone can become a victim of domestic violence. Victims of domestic violence can be women, men, adolescents, disabled persons, gays, or lesbians. They can be of any age and work in any profession. Normally, victims of domestic violence are not easily recognized because they are not usually covered in marks or bruises. If there are injuries, victims have often learned to conceal them to avoid detection, suspicion, and shame.

Unfortunately, an array of misconceptions about victims of domestic violence has led to harmful stereotypes and myths about who they are and the realities of their abuse. Consequently, victims of domestic violence often feel stigmatized and misunderstood by the people in their lives. These people may be well-intended family members and friends or persons trained to help them, such as social workers, police officers, or doctors. Exhibit 3-3 presents common myths about victims of domestic violence.

Case Example

Myth One: Only poor, uneducated women are victims of domestic violence.

Victims of abuse can be found in all social and economic classes and can be of either sex. They can be wealthy, educated, and prominent as well as undereducated and financially destitute. Victims of domestic violence live in rural towns, urban cities, subsidized housing projects, and in gated communities. The overrepresentation of underprivileged women in domestic violence crime reports may be due to several factors, including that those seeking public assistance or services are subject to data tracking trends that often captures this information. Victims of domestic violence who have higher incomes are more likely to seek help from private therapists or service providers who can protect their identity through confidentiality agreements.

Myth Two: Victims provoke and deserve the violence they experience.

An abusive tactic used by perpetrators is to accuse their partners of "making" them violent. This accusation is even more effective when the perpetrator and other people tell the victim that he or she deserved the abuse. As a result, many victims remain in the abusive relationship because they believe that the violence is their fault. Many victims make repeated attempts to change their behavior in order to avoid the next assault. Unfortunately, no one, including the victim, can change the behavior except for the perpetrator. The perpetrator is accountable for the behavior and responsible for ending the violence.

Myth Three: Victims of domestic violence move from one abusive relationship to another.

Although approximately one-third of victims of domestic violence experience more than one abusive relationship, most victims do not seek or have multiple abusive partners. Victims of domestic violence who have a childhood history of physical or sexual victimization may be at greater risk of being harmed by multiple partners.[58]

Myth Four: Victims of domestic violence suffer from low self-esteem and psychological disorders.

Some people believe that victims of domestic violence are mentally ill or suffer from low self-esteem. Otherwise, it is thought, they would not endure the abuse. In fact, a majority of victims does not have mental disorders, but may suffer from the psychological effects of domestic violence, such as post-traumatic stress disorder or depression.[59] Furthermore, there is little evidence that low self-esteem is a factor for initially becoming involved in an abusive relationship.[60] In reality, some victims of domestic violence experience a decrease in self-esteem because their abusers are constantly degrading, humiliating, and criticizing them, which also makes them more vulnerable to staying in the relationship.

Myth Five: Victims of domestic violence are weak and always want help.

Some victims of domestic violence are passive while others are assertive. Some victims actively seek help, while others may refuse assistance. Again, victims are a diverse group of individuals who possess unique qualities and different life situations. Victims of domestic violence may not always want help and their reasons vary. They may not be prepared to leave the relationship, they may be scared their partners will harm them, or they may not trust people if past efforts to seek help have failed.

Barriers to Leaving an Abusive Relationship

The most commonly asked question about victims of domestic violence is "Why do they stay?" Family, friends, coworkers, and community professionals who try to understand the reasons why a victim of domestic violence has not left the abusive partner often feel perplexed and frustrated. Some victims of domestic violence do leave their violent partners while others may leave and return at different points throughout the abusive relationship.[61] Leaving a violent relationship is a process not an event for many victims, who cannot simply "pick up and go" because they have many factors to consider. To understand the complex nature of terminating a violent relationship, it is essential to look at the barriers and risks faced by victims when they consider or attempt to leave. Individual, systemic, and societal barriers faced by victims of domestic violence include:

- **Fear.** Perpetrators commonly make threats to find victims, inflict harm, or kill them if they end the relationship. This fear becomes a reality for many victims who are stalked by their partner after leaving. It also is common for abusers to seek or threaten to seek sole custody, make child abuse allegations, or kidnap the children. Historically, there had been a lack of protection and assistance from law enforcement, the judicial system, and social service agencies charged with responding to domestic violence. Inadequacies in the system and the failure of past efforts by victims of domestic violence seeking help led many to believe that they will not be protected from the abuser and are safer at home. While much remains to be done, there is a growing trend of increased legal protection and community support for these victims.

- **Isolation.** One effective tactic abusers use to establish control over victims is to isolate them from any support system other than the primary intimate relationship. As a result, some victims are unaware of services or people that can help. Many believe they are alone in dealing with the abuse. This isolation deepens when society labels them as "masochistic" or "weak" for enduring the abuse. Victims often separate themselves from friends and family because they are ashamed of the abuse or want to protect others from the abuser's violence.

- **Financial dependence.** Some victims do not have access to any income and have been prevented from obtaining an education or employment. Victims who lack viable job skills or education, transportation, affordable daycare, safe housing, and health benefits face very limited options. Poverty and marginal economic support services can present enormous challenges to victims who seek safety and stability. Often, victims find themselves choosing between homelessness, living in impoverished and unsafe communities, or returning to their abusive partner.

- **Guilt and shame.** Many victims believe the abuse is their fault. The perpetrator, family, friends, and society sometimes deepen this belief by accusing the victim of provoking the violence and casting blame for not preventing it. Victims of violence rarely want their family and friends to know they are abused by their partner and are fearful that people will criticize them for not leaving the relationship. Victims often feel responsible for changing their partner's abusive behavior or changing themselves in order for the abuse to stop. Guilt and shame may be felt especially by those who are not commonly recognized as victims of domestic violence. This may include men, gays, lesbians, and partners of individuals in visible or respected professions, such as the clergy and law enforcement.

- **Emotional and physical impairment.** Abusers often use a series of psychological strategies to break down the victim's self-esteem and emotional strength. In order to survive, some victims begin to perceive reality through the abuser's paradigm, become emotionally dependent, and believe they are unable to function without their partner. The psychological and physical effects of domestic

violence also can affect a victim's daily functioning and mental stability. This can make the process of leaving and planning for safety challenging for victims who may be depressed, physically injured, or suicidal. Victims who have a physical or developmental disability are extremely vulnerable because the disability can compound their emotional, financial, and physical dependence on their abusive partner.

- **Individual belief system.** The personal, familial, religious, and cultural values of victims of domestic violence are frequently interwoven in their decisions to leave or remain in abusive relationships. For example, victims who hold strong convictions regarding the sanctity of marriage may not view divorce or separation as an option. Their religious beliefs may tell them divorce is "wrong." Some victims of domestic violence believe that their children still need to be with the offender and that divorce will be emotionally damaging to them.

- **Hope.** Like most people, victims of domestic violence are invested in their intimate relationships and frequently strive to make them healthy and loving. Some victims hope the violence will end if they become the person their partner wants them to be. Others believe and have faith in their partner's promises to change. Perpetrators are not "all bad" and have positive, as well as, negative qualities. The abuser's "good side" can give victims reason to think their partner is capable of being nurturing, kind, and nonviolent.

- **Community services and societal values.** For victims who are prepared to leave and want protection, there are a variety of institutional barriers that make escaping abuse difficult and frustrating. Communities that have inadequate resources and limited victim advocacy services and whose response to domestic abuse is fragmented, punitive, or ineffective can not provide realistic or safe solutions for victims and their children.

- **Cultural hurdles.** The lack of culturally sensitive and appropriate services for victims of color and those who are non-English speaking pose additional barriers to leaving violent relationships. Minority populations include African-Americans, Hispanics, Asians, and other ethnic groups whose cultural values and customs can influence their beliefs about the role of men and women, interpersonal relationships, and intimate partner violence. For example, the Hispanic cultural value of "machismo" supports some Latino men's belief that they are superior to women and the "head of their household" in determining familial decisions. "Machismo" may cause some Hispanic men to believe that they have the right to use violent or abusive behavior to control their partners or children. In turn, Latina women and other family or community members may excuse violent or controlling behavior because they believe that husbands have ultimate authority over them and their children.

  Examples of culturally competent services include offering written translation of domestic violence materials, providing translators in domestic violence programs, and implementing intervention strategies that incorporate cultural values, norms, and practices to effectively address the needs of victims and abusers. The lack of culturally competent services that fail to incorporate issues of culture and language can present obstacles for victims who want to escape abuse and for effective interventions with domestic violence perpetrators. Well-intended family, friends, and community members also can create additional pressures for the victim to "make things work."

The Impact of Domestic Violence on Victims

As with anyone who has been traumatized, victims demonstrate a wide range of effects from domestic violence. The perpetrator's abusive behavior can cause an array of health problems and physical injuries. Victims may require medical attention for immediate injuries, hospitalization for severe assaults,

or chronic care for debilitating health problems resulting from the perpetrator's physical attacks.[62] The direct physical effects of domestic violence can range from minor scratches or bruises to fractured bones or sexually transmitted diseases resulting from forced sexual activity and other practices. The indirect physical effects of domestic violence can range from recurring headaches or stomachaches to severe health problems due to withheld medical attention or medications.

Many victims of abuse make frequent visits to their physicians for health problems and for domestic violence-related injuries. Unfortunately, research shows that many victims will not disclose the abuse unless they are directly asked or screened for domestic violence by the physician.[63] It is imperative, therefore, that health care providers directly inquire about possible domestic violence so victims receive proper treatment for injuries or illnesses and are offered further assistance for addressing the abuse.

The impact of domestic violence on victims can result in acute and chronic mental health problems. Some victims, however, have histories of psychiatric illnesses that may be exacerbated by the abuse; others may develop psychological problems as a direct result of the abuse. Examples of emotional and behavioral effects of domestic violence include many common coping responses to trauma, such as:

- Emotional withdrawal
- Denial or minimization of the abuse
- Impulsivity or aggressiveness
- Apprehension or fear
- Helplessness
- Anger
- Anxiety or hypervigilance
- Disturbance of eating or sleeping patterns
- Substance abuse
- Depression
- Suicide
- Post-traumatic stress disorder.[64]

Some of these effects also serve as coping mechanisms for victims. For example, some victims turn to alcohol to lessen the physical and emotional pain of the abuse. Unfortunately, these coping mechanisms can serve as barriers for victims who want help or want to leave their abusive relationships. Psychiatrists, psychologists, therapists, and counselors who provide screening, comprehensive assessment, and treatment for victims can serve as the catalyst that helps them address or escape the abuse.

Parenting and the Victim

Emerging research indicates that the harmful effects of domestic violence can negatively influence parenting behaviors.[65] Parents who are suffering from abuse may experience higher stress levels, which in turn, can influence the nature of their relationship with and responses to their children.[66] Victims who are preoccupied with avoiding physical attacks and coping with the violence confront additional challenges in their efforts to provide safety, support, and nurturance to their children. Unfortunately, some victims of domestic violence are emotionally or physically unavailable to their children due to injuries, emotional exhaustion, or depression.

Studies have found that victims of domestic violence are more likely to maltreat their children than those who are not abused by their partners.[67] In some cases, victims who use physical force or inappropriate discipline techniques are trying to protect their children from potentially more severe forms of violence or discipline by the abuser. For example, a victim of domestic violence might slap the child when the abuser threatens harm if the child is not quiet. Seemingly, neglectful behaviors by the victim also may be a direct result of the domestic violence. This is illustrated when the abuser prevents the victim from taking the child to the doctor or to school because the adult victim's injuries would reveal the abusiveness.

The majority of victims of domestic violence are not bad, ineffective, or abusive parents, but researchers note that domestic violence is one of a multitude of stressors that can negatively influence parenting. However, many victims, despite ongoing abuse, are supportive, nurturing parents who mediate the impact of their children's exposure to domestic violence.[68] Given the impact of violence on parenting behaviors, it is beneficial that victims receive services that alleviate their distress so they can support and benefit the children.[69]

Strategies Victims Use to Protect Themselves and Their Children

Protective strategies that frequently are recommended by family, friends, and social services providers include contacting the police, obtaining a restraining order, or seeking refuge at a friend or relative's home or at a domestic violence shelter. It is ordinarily assumed that these suggestions are successful at keeping victims and their children safe from violence. It is crucial to remember, however, that while these strategies can be effective for some victims of domestic violence, they can be unrealistic and *even dangerous* options for other victims. For example, obtaining a restraining order can be useful in deterring some perpetrators, but it can cause other perpetrators to become increasingly abusive and threatening. Since these recommendations are concrete and observable, they tend to reassure people that the victim of domestic violence is actively taking steps to address the abuse and to be safe, even if they create additional risks. Furthermore, these options only address the physical violence in a victim's life. They do not address the economic or housing issues they need to survive, nor do they provide the emotional and psychological safety the victims need. Therefore, victims often weigh "perpetrator-generated" risks versus "life-generated" risks as they try to make decisions and find safety.

Typically, victims do not passively tolerate the violence in their lives. They often use very creative methods to avoid and deescalate their partner's abusive behavior, some that are successful and others that are not. Victims develop their own unique set of protective strategies based on their past experience of what is effective at keeping them emotionally and physically protected from their partner's violence. In deciding which survival mechanism to use, victims engage in a methodical problem-solving process that involves analyzing: available and realistic safety options; the level of danger created by the abuser's violence; and the prior effectiveness and consequences of previously used strategies. After careful consideration, victims of domestic violence decide whether to use, adapt, replace, or discard certain approaches given the risks they believe it will pose to them and their children. Examples of additional protective strategies victims use to survive and protect themselves include:

- Complying, placating, or colluding with the perpetrator;
- Minimizing, denying, or refusing to talk about the abuse for fear of making it worse;
- Leaving or staying in the relationship so the violence does not escalate;
- Fighting back or defying the abuser;
- Sending the children to a neighbor or family member's home;
- Engaging in manipulative behaviors, such as lying, as a way to survive;
- Refusing or not following through with services to avoid angering the abuser;
- Using or abusing substances as an "escape" or to numb physical pain;
- Lying about the abuser's criminal activity or abuse of the children to avoid a possible attack;
- Trying to improve the relationship or finding help for the perpetrator.[70]

Although these protective strategies act as coping and survival mechanisms for victims, they are frequently misinterpreted by laypersons and professionals who view the victim's behavior as uncooperative, ineffective, or neglectful. Because victims are very familiar with their partner's pattern of behavior, they can help the caseworker in developing a safety plan that is effective for both the victim and the children, especially when exploring options not previously considered.

In situations where certain coping strategies have adverse affects, such as using drugs to numb the pain, it is crucial that service providers make available additional support and guidance that offer positive solutions to victims of domestic violence. A thoughtful understanding of the unique approaches used by victims of domestic violence to secure their safety will help community professionals and service providers respond more effectively to their needs.

Perpetrators of Domestic Violence

This section presents common characteristics and behavioral tactics of perpetrators, indicators of dangerousness, and relevant parenting issues.

Who Is a Perpetrator of Domestic Violence?

As is the case with victims of domestic violence, abusers can be anyone and come from every age, sex, socioeconomic, racial, ethnic, occupational, educational, and religious group. They can be teenagers, college professors, farmers, counselors, electricians, police officers, doctors, clergy, judges, and popular celebrities. Perpetrators are not always angry and hostile, but can be charming, agreeable, and kind. Abusers differ in patterns of abuse and levels of dangerousness. While there is not an agreed upon universal psychological profile, perpetrators do share a behavioral profile that is described as "an ongoing pattern of coercive control involving various forms of intimidation, and psychological and physical abuse."[71]

While many people think violent and abusive people are mentally ill, research shows that perpetrators do not share a set of personality characteristics or a psychiatric diagnosis that distinguishes them from people who are not abusive. There are some perpetrators who suffer from psychiatric problems, such as depression, post-traumatic stress disorder, or psychopathology. Yet, most do not have psychiatric illnesses, and caution is advised in attributing mental illness as a root cause of domestic violence.[72] The Diagnostic and Statistical Manual of the American Psychological Association (DSM-IV) does not have a diagnostic category for perpetrators, but mental illness should be viewed as a factor that can influence the severity and nature of the abuse.[73]

Examples of the most prevalent behavioral tactics by perpetrators include:

- **Abusing power and control.** The perpetrator's primary goal is to achieve power and control over their intimate partner. In order to do so, perpetrators often plan and utilize a pattern of coercive tactics aimed at instilling fear, shame, and helplessness in the victim. Another part of this strategy is to change randomly the list of "rules" or expectations the victim must meet to avoid abuse.[74] The abuser's incessant degradation, intimidation, and demands on their partner are effective in establishing fear and dependence. It is important to note that perpetrators may also engage in impulsive acts of domestic violence and that not all perpetrators act in such a planned or systematic way.
- **Having different public and private behavior.** Usually, people outside the immediate family are not aware and do not witness the perpetrator's abusive behavior. Abusers who maintain an amiable public image accomplish the important task of deceiving others into thinking they are loving, "normal," and incapable of domestic violence. This allows perpetrators to escape accountability for their violence and reinforces the victims' fears that no one will believe them.
- **Projecting blame.** Abusers often engage in an insidious type of manipulation that involves blaming the victim for the violent behavior. Such perpetrators may accuse the victim of "pushing

buttons" or "provoking" the abuse. By diverting attention to the victim's actions, the perpetrator avoids taking responsibility for the abusive behavior. In addition to projecting blame on the victim, abusers also may project blame on circumstances, such as making the excuse that alcohol or stress caused the violence.

- **Claiming loss of control or anger problems.** There is a common belief that domestic violence is a result of poor impulse control or anger management problems. Abusers routinely claim that they "just lost it," suggesting that the violence was an impulsive and rare event beyond control. Domestic violence is not typically a singular incident nor does it simply involve physical attacks. It is a deliberate set of tactics where physical violence is used to solidify the abuser's power in the relationship. In reality, only an estimated 5 to 10 percent of perpetrators have difficulty with controlling their aggression.[75] Most abusers do not assault others outside the family, such as police officers, coworkers, or neighbors, but direct their abuse toward the victim or children. This distinction challenges claims that they cannot manage their anger.

- **Minimizing and denying the abuse.** Perpetrators rarely view themselves or their actions as violent or abusive. As a result, they often deny, justify, and minimize their behavior. For example, an abuser might forcibly push the victim down a flight of stairs, then tell others that the victim tripped. Abusers also rationalize serious physical assaults, such as punching or choking, as "self-defense." Abusers who refuse to admit they are harming their partner present enormous challenges to persons who are trying to intervene. Some perpetrators do acknowledge to the victim that the abusive behavior is wrong, but then plead for forgiveness or make promises of refraining from any future abuse. Even in situations such as this, the perpetrator commonly minimizes the severity or impact of the abuse.

It is equally important to acknowledge that abusers also possess positive qualities. There are abusers who are remorseful, accept responsibility for their violence, and eventually stop their abusive behavior. Perpetrators are not necessarily "bad" people, but their abusive behavior is unacceptable. Some perpetrators have childhood histories where they were physically or sexually abused, neglected, or exposed to domestic abuse.[76] Some suffer from substance abuse and mental health problems.[77] All of these factors can influence their psychological functioning and contribute to the complexity and severity of the abusive behavior. Perpetrators need support and intervention for ending their violent behavior and any additional problems that compound their abusive behavior. Through specialized interventions, community services, and sanctions, some abusers can change and become nonviolent.[78]

Indicators of Dangerousness

Different levels of violence and types of abuse are perpetrated by domestic violence offenders. Some abusers rarely use physical violence, while others assault their partners daily. There are perpetrators who are only abusive towards family members and others who are violent toward a variety of people. There are abusers who are more likely to inflict serious injury or become homicidal. Some frequently degrade the victim, while some rarely, if ever, implement that particular tactic.

It is critical that professionals and community service providers who intervene in domestic violence cases engage in thorough and continuous assessment of the perpetrator's level of dangerousness. Evaluating this dangerousness involves identifying risk indicators that reflect the capacity to continue perpetrating severe violence.[79] Although domestic violence homicides or severe assaults cannot be predicted, there are several risk factors that help determine the likelihood that severe forms of violence may be imminent. The greater number or intensity of the following indicators, the more likely a severe or life-threatening attack will occur:

- Threats or thoughts of homicide and suicide;
- Possession or access to weapons;
- Use of weapons in a threatening or intimidating manner;
- Extreme jealousy or obsession with the victim;
- Physical attacks, verbal threats, and stalking during a separation or divorce;
- Kidnapping or hostage taking;
- Sexual assault or rape;
- Prior abusive incidents that resulted in serious injury;
- History of violence with previous partners and children;
- Psychopathology or substance abuse.[80]

The above factors pose a substantial risk to victims of domestic violence and possibly to their children. It also is important to ask for the victim's assessment of the abuser's dangerousness. Extremely dangerous perpetrators can be safety threats to people who are involved in the victim's life, individuals trying to help, or the children. It is crucial that community professionals who work with violent families incorporate these risk indicators into their assessments and interventions because failure to do so can seriously compromise the lives of everyone involved.

Parenting and the Perpetrator

Can perpetrators be supportive parents when they are abusive towards the other parent? An emerging issue facing victims of domestic violence and child advocacy groups is the role and impact that perpetrators have in their children's lives. There are perpetrators who have positive interactions with their children, provide for their physical and financial needs, and are not abusive towards them. There also are perpetrators who neglect or physically harm their children. Although abusers vary tremendously in parenting styles, there are some behaviors common among perpetrators that can have harmful effects on children:

- **Authoritarianism.** Perpetrators can be rigid and demanding with their children. They often have high and unrealistic expectations and expect children to obey without question or resistance. This parenting style is intimidating for children and alters their sense of safety around the abuser. These perpetrators are more likely to use harsher forms of physical discipline, which can make the children increasingly vulnerable to becoming direct targets of violence.
- **Neglect, irresponsibility, and lack of involvement.** Some abusers are infrequently involved in the daily parenting activities of their children. They may view their children as hindrances and become easily annoyed with them. Furthermore, the perpetrator's preoccupation with controlling the partner and meeting his or her own emotional needs leaves little time to engage the children. Unfortunately, the perpetrator's physical and emotional unavailability can produce unrequited feelings of anticipation and fondness in the children who eagerly await attention.
- **Undermining the victim.** The perpetrator's coercive and violent behavior towards the victim sometimes sends children a message that it is acceptable for them to treat that parent in the same manner. More overt tactics that weaken the victim's influence over the children include the perpetrator disregarding the victim's parenting decisions, telling the children that the victim is an inadequate parent, and belittling the victim in the presence of the children. Being victimized by abuse can lead children to perceive the parent in a weaker, passive role with no real authority over their lives.
- **Self-centeredness.** Some perpetrators use their children to meet their own emotional needs. Perpetrators may expect their children to be immediately available only when they are interested and often overwhelm them with their problems. This can result in children feeling burdened and responsible for helping their parent

while their own needs are neglected.

- **Manipulation.** To gain power in the home, perpetrators may manipulate their children into aligning against the victim. Abusers may make statements or exhibit behaviors that confuse the children regarding who is responsible for the violence and coerce them into believing that they are the preferable parent. Abusers also may directly or indirectly use their children to control and intimidate the victim. Perpetrators sometimes may threaten to abduct, seek sole custody of, or physically harm the children if the victim is not compliant.[81] Sometimes these are threats exclusively and the abuser does not intend or really want to carry out the action, but the threats are typically perceived as being very real.

Children's perception of the perpetrator's violence can play a significant role in the nature of their relationship. Children often feel anxious, scared, and angry when they witness abuse. At the same time, many children also feel affection, loyalty, and love for the abuser. It is common for children to experience ambivalent feelings towards the abuser and this can be difficult for them to resolve.[82]

Domestic violence can influence the children's feelings toward the victim. Many children know the abuse is wrong and may even feel responsible for protecting the battered parent. Yet, they also experience confusion and resentment towards the victim for "putting up" with the abuse and are more likely to express their anger towards the victim rather than directly at the perpetrator.[83]

Children need additional support as they struggle with their conflicting feelings towards the perpetrator. The responsibility of perpetrators as parents primarily focuses on preventing the recurrence of the violence. Some victims want their children to have a safe and positive relationship with the perpetrator, and some children crave that connection. Consequently, community service providers are confronted with the challenge of developing resources and strategies to help perpetrators become supportive and safe parents.[84]

Examples of specific approaches that programs and service providers can use that will assist perpetrators with taking responsibility for the harm they pose to their children include:

- Educating abusers on the damaging effects of their behavior on their partners and children;
- Providing intensive parenting skills programs that emphasize the needs of children affected by domestic abuse;
- Offering safe exchange and supervised visitation programs;
- Encouraging abusers to support their children attending groups for youths exposed to domestic violence;
- Recruiting nonviolent fathers to mentor domestic violence perpetrators.[85]

A provocative issue for CPS caseworkers, service providers, and other community groups is determining the role abusers should have as parents or caretakers.[86] Many voice legitimate concerns regarding the safety of the child victims.

There are special considerations and challenges in attempting to engage fathers who are abusive to their children or spouse, in activities that promote healthy involvement with the family. Some groups, such as some of those in the fatherhood movement, address this issue by helping fathers to increase their responsible involvement in their children's lives.[87] Other groups, either through a prevention effort or an intervention treatment, seek to increase compassion, emotional awareness, and self-regulation skills in the belief that these skills remove the motivation for abusive behavior.[88] Although juvenile court and protective order laws are designed to assign responsibility for child support and parental involvement, CPS caseworkers often face challenges in engaging fathers in the safety and care of their children. The difficulty with engaging some fathers in

child protection efforts, however, stems from a cultural and gender bias of placing parenting responsibilities primarily on women.[89] This is evidenced in child welfare systems where cases are tracked through the mother's name and subsequent case planning efforts are focused on her to make significant changes.[90] Unfortunately, involving fathers or male caretakers typically does not occur unless they are willing participants or easily accessible in the CPS process. Thus, fathers can become essentially "invisible" in CPS efforts and unaccountable for the well-being of their children.[91] Please see "Practice Recommendations for Assessing the Domestic Violence Perpetrator" in Chapter 4 for specific steps on engaging abusive parents. Unquestionably, balancing the protection of adult and child victims with the rights and responsibilities of perpetrators will require continuous dialogue and a movement towards collaboration. If communities are dedicated to ending domestic violence, they must strive to hear the voices of adults and children who suffer from abuse so that a collective agenda of building healthy, safe, and stable

CHAPTER 4
Child Protection Practices with Families Experiencing Domestic Violence

The primary mission of child protective services (CPS) is to preserve the safety, permanency, and well-being of abused and neglected children. In CPS cases involving domestic violence, there is an increased concern that abuse suffered by victims can seriously compromise the safety of their children. Families who are affected by both child maltreatment and domestic abuse have multiple needs that compel child protection and domestic violence programs to examine and refine their policies and practices. CPS efforts with families experiencing both forms of violence face added challenges because there are child and adult victims in the same family. Adult victims confront the challenge of ensuring their children's safety when they are often struggling to ensure their own protection from the abuser. Many CPS caseworkers feel frustrated or overwhelmed with the chronic nature of domestic violence, which may be further intensified by co-occurring issues such as substance abuse or mental illness. A solid philosophical framework that guides child protection practice can help caseworkers focus their assessment and intervention practices with families in which domestic violence occurs.

This chapter begins with broad-based guiding principles and desired outcomes for CPS cases that involve domestic violence. It continues with more specific guidelines and considerations for CPS practices—from the initial screening and family assessment through safety planning, case planning, and, finally, case closure.

Guiding Principles and Desired Outcomes

The following guiding principles can serve as a foundation for child protection practice with families when domestic violence has been confirmed.

- The safety of abused children often is linked to the safety of the adult victims. By helping victims of domestic violence secure protection, the well-being of the children also is enhanced.
- Perpetrators of domestic violence who abuse their partner also emotionally or psychologically harm their children, even if the children are not physically or sexually harmed. Identifying and assessing domestic violence at all stages of the child protection process is critical in reducing risks to children. It is important to understand potential effects of domestic violence to children beyond those that are physical in nature.
- If the family's circumstances are clear and it is appropriate, every effort should be made to keep the children in the care of the nonoffending parent. Supportive, noncoercive, and empowering interventions that promote the safety of victims and their children should be incorporated in child protection efforts.

- Once domestic violence has been substantiated, the perpetrators must be held solely responsible for the violence while receiving interventions that address their abusive behaviors. CPS must collaborate with domestic violence programs and other community service providers to establish a system that holds abusers accountable for their actions.[92]

Practice Guidelines for Initial Screening

Early identification of domestic violence is the first step in achieving positive and safe outcomes for adult and child victims.[93] Identifying it at the initial screening can help CPS caseworkers conduct thorough assessments and create effective case plans. In cases where domestic violence exists but has not been identified, CPS caseworkers may find they are focusing their efforts on other presenting issues, such as substance abuse, that are often exacerbated by undisclosed domestic violence. Failure to address domestic violence in child protection cases can compromise the safety of victims and children. Additionally, caseworkers should keep in mind the "stages of change" to better assess the readiness for change in both the victim and perpetrator. (See Appendix D to further examine the stages of change.) The generally chronic nature of domestic violence can lead to lengthy agency involvement, foster care placements, and termination of parental rights.

Screening Questions

Assessment for domestic violence should occur on *every* child abuse and neglect report received by the agency. Initial screening questions typically include:

- Is any adult in the home being assaulted or hurt by his or her partner?
- Have the police ever been to the home to respond to assaults against adults or children?
- Have the children said that one of their caretakers is a victim of violence or is acting violently in the home?
- Have weapons been used to threaten or harm a family member? If so, what kind of weapon and is it still in the home?[94]

If the reporter confirms the presence of domestic violence, the initial screener should continue with additional questions to determine the nature and severity of the abuse and the risks posed to the children. Examples of supplementary questions include:

- Have the children intervened or been physically harmed during a violent assault?
- Is the perpetrator physically or sexually abusing the children?
- How is the violence affecting the children?
- Has the abuser made threats of homicide or suicide?
- Does the abuser have access to dangerous weapons or firearms?
- Is the nonoffending parent able to protect the child? If so, how?[95]

Initial screeners also should ask if the reporter is aware of efforts by the alleged victim to protect the children. Systematically collecting initial information regarding domestic violence will allow the screener to make a competent and informed decision as to whether the report should proceed for further assessment.

Accepting a Report for Ongoing Assessment

Not every child maltreatment report involving domestic violence needs to be accepted for formal investigation. Child abuse or neglect allegations that do not indicate a threat of harm or serious risk to the children or victim should be referred to external community agencies for specialized domestic violence

The Domestic Violence Enhanced Response Team of Colorado

CPS frequently works with local law enforcement in dealing with severe cases of child maltreatment or where there may be instances of domestic violence. In some States, those reporting child abuse and neglect are directed to call the police hotline for the initial report. As law enforcement becomes more involved with these cases, many of the same issues regarding the safety of the children and victims apply. The Domestic Violence Enhanced Response Team (DVERT) of Colorado Springs, Colorado, demonstrates how one community is approaching these issues. Established in 1996, DVERT is a multidisciplinary program that addresses serious domestic violence cases. Its mission is to ensure appropriate containment of high-risk, violent offenders and facilitate local community policing efforts. DVERT partners with approximately 36 agencies, which include law enforcement, prosecutors' offices, social service agencies, and animal abuse programs. The program emerged from the Minneapolis project, a National Institute of Justice (NIJ)-funded study researching the impact of law enforcement arrests in domestic violence cases. Serious or high-risk domestic violence cases are referred to DVERT, and the DVERT team meets to determine whether a case warrants the full use of the team's resources. If so, DVERT directs every aspects of the case, including investigation, intervention, and advocacy services, by collaborating with partnering agencies. For more information, visit **http://www.dvert.org**.

services. Child maltreatment reports that reveal safety threats to victims and children will require further investigation.

CPS agencies should develop policies that specify the criteria for when a report involving domestic violence is accepted for ongoing assessment. The variations in State and local child welfare statutes, policies, and practices will result in different standards for when child exposure to domestic violence warrants CPS involvement.[96] In general, the following criteria can be used when considering accepting a report for investigation:

- A caretaker is physically or sexually abusing the child.
- The child has physically intervened in an incident of domestic violence.
- The child has been physically injured because of intervening in or being present during a violent incident.
- The child exhibits emotional, psychological, or physical effects due to the domestic violence.
- The abuser has made threats of homicide or suicide and has access to weapons or firearms.
- There exists serious, recurring domestic violence or domestic violence in combination with other significant risk factors (e.g., substance abuse).

Practice Guidelines for Family Assessment

Routine screening for domestic violence should occur at every phase of the child protection process. If a child abuse report is accepted for investigation but does not contain allegations of domestic violence, CPS caseworkers should continue to screen for its presence throughout the life of the case.

If the agency accepts a report containing domestic violence allegations, several steps (outlined below) should be completed before interviewing the family.[97] Issues of confidentiality pertaining to the gathering and sharing of this information are addressed in the section "Documenting Domestic Violence in Child Protection Case Records" later in this chapter.

Step One: Information Collection

- Conduct a criminal records check for domestic violence-related charges or convictions, civil protection or restraining orders, or probation violations.
- Review the agency's case file for prior allegations or a history of domestic violence.
- Contact the local police department to inquire about domestic violence-related service calls (911) made from the home.

Collecting this information can inform CPS caseworkers about the alleged perpetrator's level of dangerousness and the precautions to consider in preparation for their interviews with individual family members. For example, a caseworker might complete a criminal records check and discover that the alleged perpetrator has three prior convictions of domestic assault, one of which involved a gun. An individual with a history of previous assaults and use of weapons should be considered a high risk for committing further violence. Thus, the CPS caseworker should choose a safe location with security nearby for interviewing the alleged perpetrator. In addition, supplemental information that supports allegations of domestic violence will help CPS caseworkers facilitate a discussion with the parties involved, some or all of whom may be afraid to disclose the abuse.

Step Two: Initial Contact with the Family

Inquiry into private family matters often is viewed by the abuser as a threat to his or her control over the family. It should be noted, however, that many nonabusive families will respond negatively to such inquiries as well. Promoting safety for all parties is the primary goal when intervening in cases where there are allegations of domestic violence. Thus, it is critical that CPS caseworkers ensure that their involvement does not compromise their own safety as well as the safety of anyone in the family.

To safeguard domestic violence information from the alleged abuser, CPS caseworkers should not leave domestic violence resource information, letters, or voice-mail messages asking to speak with the alleged victim about the abuse. Such information can jeopardize not only the alleged victim's safety, but also the nature of the caseworker's interview with family members who may be threatened or forced to deny the allegations. Caseworkers need to make direct contact with the alleged victim to avoid any attempts by the alleged abuser to sabotage their efforts. If caseworkers are not able to make initial contact with the alleged victim, they should find alternative, creative means of contact (e.g., at the alleged victim's place of work or through the children's school).

Ideally, separate interviews should be conducted with the children, alleged victim, and alleged perpetrator of domestic violence. Because these cases involve child maltreatment, CPS caseworkers should follow agency protocol and interview the individuals in that order unless it compromises someone's safety. Separate interviews allow adults and children to talk safely about the violence. There will be times when caseworkers arrive at the home and find both partners present. In these instances, caseworkers should collect general family information and refrain from direct inquiry about the domestic violence. CPS caseworkers can use their authority to request separate, follow-up interviews and inform family members that it is a routine agency procedure.

Step Three: Collaborate with Service Providers

CPS caseworkers are expected to assess a number of risk factors in addition to domestic violence. Families involved with the CPS system often have multiple needs requiring complex interventions. Caseworkers

are not expected to have specialized knowledge on every social problem affecting their clients. Therefore, in cases involving domestic violence, caseworkers are strongly encouraged to seek the expertise of service providers who can provide consultation regarding assessment and intervention techniques and assistance with accessing relevant services. At times, CPS caseworkers simply need support when they are working with the multiple needs of alleged perpetrators, victims, and children. Enlisting the help of service providers (as well as other substance abuse and mental health service providers, when appropriate) can make these challenging cases more manageable. (See the section "Partnering with Service Providers" in Chapter 6 for more information on this topic.)

Domestic Violence Risk Assessment

The purpose of performing a risk assessment for domestic violence with a family entering the CPS system is to gather critical information regarding:

- The nature and extent of the domestic violence;
- The impact of the domestic violence on adult and child victims;
- The risk to and protective factors of the alleged victim and children;
- The help-seeking and survival strategies of the alleged victim;
- The alleged perpetrators' level of dangerousness;
- The safety and service needs of the family members;
- The availability of practical community resources and services.[98]

A thorough assessment of the above factors will help CPS caseworkers develop a comprehensive understanding of the domestic violence and the level of harm it poses. Most importantly, it will help caseworkers build case plan recommendations that reflect the safety and service needs of the family. Since competent CPS practice involves ongoing assessment of individual family members, risk assessments should be included during every phase of the child protection process.

The safety of adult and child victims can vary depending on the shifting dynamics of abuse. Thus, CPS caseworkers may need to revise service recommendations as the safety levels and needs of the victim and children change. For example, if a victim's case plan includes a recommendation for a protective order, but this strategy actually escalates the abusive behaviors, the caseworker will need to modify the case plan and recommend a safer alternative. It is critical that ongoing risk assessment occur in cooperation with the abused partner, victim advocates, and other community service providers.

Practice Recommendations for Assessing the Alleged Victim

Victims of domestic violence are not always compliant clients. CPS caseworkers may be surprised or confused to meet an angry, uncooperative victim when they were expecting a scared, passive individual desperate for help. Often, there are legitimate explanations for an alleged victim's reluctance to work with CPS. Fear of losing their children or of further violence are significant factors explaining why victims can become defensive, protective, or difficult to engage. Some victims have additional problems such as substance abuse or mental illness, which can contribute to their unwillingness or inability to accept help. CPS caseworkers should not assume that resistant or uncooperative alleged victims want or choose to be in violent relationships. CPS caseworkers who recognize and attend to these issues, as well as to any identified fears, will increase their ability to engage the alleged victim's participation in pursing safety. Regardless of a victim's behavior, he or she and the children deserve to be safe and have access to services that will address the violence in their lives. Caseworkers also should remember that the greatest risk to the victim's safety is usually at the time of intervention or separation from the abuser.[99] The following practice recommendations will assist CPS caseworkers during assessment with the alleged victim.

Interview the alleged victim alone. Many victims will not disclose information about their partner's violent behavior because they fear retaliation. Interviewing the alleged victim alone allows caseworkers to communicate that they are acutely aware of the safety needs. By doing so, caseworkers can build trust and rapport, which typically allows someone who has been victimized to feel more comfortable with disclosing the abuse. This can be especially important with victims who are afraid of any type of intervention from a responding agency or organization. Difficulty in arranging a meeting with the victim may be an indicator of the abuser's level of control or of the victim's level of fear. CPS caseworkers must be creative and flexible when scheduling the interview and not just assume that the alleged victim is being resistant. The assessment can be held at a public place that is less likely to raise the alleged abuser's suspicion, at unusual hours when the alleged abuser is working, or away from the home. The alleged victim may be able to provide other suggestions of how and where to meet.

Develop trust by creating a climate of safety. Victimization often, understandably, leads to feelings of mistrust, anger, and anxiousness. CPS caseworkers can create a climate of trust by acknowledging the alleged victim's feelings, explaining that the abuse is not the victim's fault, and expressing concern for the alleged victim and children's well-being. Caseworkers can demonstrate their willingness to safeguard the abused partner's safety by not disclosing the accounts of the abuse to the alleged perpetrator. It is imperative, however, that CPS caseworkers explain the limits of their confidentiality. Victims need to understand that if the family is involved in juvenile court proceedings, case file information can be obtained by the perpetrator's attorney, and information shared in court becomes part of the public record.

Provide safe alternatives and access to domestic violence resources. CPS caseworkers should not demand that the victim leave the abusive relationship. Leaving can increase the risk to victims and their children as perpetrators can become increasingly violent during times of separation. Leaving also can create additional problems, such as homelessness or loss of income. Economic circumstances such as these often affect the decision to leave. Instead, CPS caseworkers should look at several viable options aimed at promoting the family's safety and include the victim in developing safe alternatives. Safety options can include obtaining a protective order; seeking domestic violence shelter; staying with a relative or friend; sending the children to a safe, temporary living arrangement; or developing a safety plan that details the steps to take if the abuser becomes threatening or violent. Services for victims of domestic violence and how they can be accessed always should be provided.

Avoid "victim-blaming" questions or statements. CPS caseworkers should refrain from "victim blaming" questions that deepen an alleged victim's feelings of shame, guilt, or responsibility for the alleged abuser's violent behaviors. Inappropriate comments that suggest the alleged victim provoked or deserved the violence will likely discourage thorough disclosure of the abuse or negatively impact cooperation in the CPS process. Examples of victim-blaming questions include the following:

- What did you do to make your partner so mad?
- What could you have done to stop him or her from hitting you?
- Why don't you just leave?
- Why do you put up with the violence?
- Why do you hit each other?
- What do you get out of the violent situation?
- If you care about your children, why would you stay?

Conduct the assessment with sensitivity and in a nonthreatening manner. The CPS caseworker may be the first person to ask the victim about domestic violence. Questions about the nature of one's

intimate relationships are private and not shared by most people, particularly with strangers. Asking for information about a partner's coercive or degrading treatment can make victims feel ashamed. Thus, CPS caseworkers should begin their assessment by acknowledging the sensitive matter of abuse. Caseworkers can initiate the interview with a nonthreatening inquiry regarding the alleged victim's relationship with his or her partner. While it is important to obtain relevant information, caseworkers typically do not need to elicit small or salacious details regarding the abuse, which may trigger a reliving of the experience. The following questions are helpful if domestic violence was not identified in the initial report and can be used to screen for domestic violence at the assessment phase. Suggested questions to begin the assessment include the following:

- Could you tell me about your relationship with your partner?
- All couples argue. How do you and your partner argue?
- Has there been a time when you felt afraid of your partner? If so, can you tell me what happened?
- Do you feel free to think, speak, and act independently around your partner?
- How does your family make important decisions?
- Does your partner ever act jealous or possessive of you? Can you tell me more about that?

Appendix E provides a sample assessment for domestic violence victims.

Practice Recommendations for Assessing the Children

CPS's core mission is to protect the safety of the child and assess risks. This includes evaluating the potential harm to children who witness domestic violence. Unfortunately, caretakers often underestimate the effect that domestic violence has on their children. Approximately 90 percent of children who live with domestic violence can provide detailed descriptions of the incidents in their homes.[100] Although children frequently provide the most accurate accounts of the violence, CPS caseworkers must proceed cautiously during their interviews with children.[101] Children receive messages, either directly or indirectly, that domestic violence is a "family secret." It is usually uncomfortable and frightening for children to talk about the abuse. Some children may be afraid that discussing the violence will create problems at home, such as further violence or the separation of their parents. Other children may align with the abuser and attempt to provide protection by not discussing the violence or even blaming the victim. CPS caseworkers may want to consider asking the alleged victim about how they might interview the children about domestic violence in order to have an initial understanding of the children's likely attitude or behavior. The following are practice recommendations for CPS caseworkers when performing assessments with children.

Provide an atmosphere that supports children's comfort in discussing sensitive issues. CPS caseworkers should create a safe, supportive, and age-appropriate environment that helps children feel comfortable talking about a difficult topic. It is essential that the caseworker establish trust and rapport before asking children direct questions about domestic violence. It also is important to use developmentally appropriate language and techniques, such as having the children draw what they saw or to demonstrate with figurines.

Validate the children's feelings during the assessment interview. Caseworkers should encourage children to discuss their feelings about any violence in the home and the alleged perpetrator and victim. It also is critical to tell children that the violence is not their fault and that their feelings are normal.

Promote safe and healthy coping skills and responses to domestic violence. CPS caseworkers should assist children with developing positive and effective methods to protect themselves. Where

appropriate, safety plans need to include tips for children such as what to do and whom to contact for help in domestic violence situations. Whenever possible, the nonoffending parent should be included in the process of developing safety skills and plans.

Begin direct inquiry regarding domestic violence with a general statement. Caseworkers can help make the child feel more at ease by starting with broad-based statements before asking specific questions about the child's family.[102] For example:

"Sometimes when moms and dads (or boyfriends) fight, they get angry. Sometimes even too angry, and they may start to yell at each other or even hit each other. I know fights can be scary. I want to ask you a few questions about whether your parents fight and what you think about it. Would that be ok?"[103]

If the child is not willing to discuss the situation, assure him or her it is understandable to feel reluctant talking about such matters. It is never appropriate to attempt to instill any type of guilt or fear in the child in an effort to gain compliance or obtain information.

Appendix F provides a sample domestic violence assessment appropriate for children.

Practice Recommendations for Assessing the Alleged Domestic Violence Perpetrator

It is not easy to talk with anyone about abusive behaviors. Thus, interviewing alleged offenders can make some CPS caseworkers feel uneasy and nervous, which may make it more difficult to remain open-minded. As discussed earlier, perpetrators vary in their patterns and levels of violent behavior. Collecting information before the interview can inform CPS caseworkers about safety precautions they may want to consider. Some abusers will be solicitous and cooperative or even charming in an effort to avoid exposure and to decrease the caseworker's involvement with the family. Regardless, in order to assess harm to children and alleged victims of domestic violence accurately, it is critical that an assessment occur regarding the alleged abuser's level of dangerousness and the risks his or her behavior presents to family members. The following are practice recommendations for CPS caseworkers when performing an assessment with alleged perpetrators.

Plan for caseworker safety. Ideally, CPS caseworkers should conduct the assessment in a public place, such as the agency office or at the alleged perpetrator's place of employment. Interviewing the alleged abuser outside the home decreases their comfort level and the likelihood that he or she will engage in posturing, manipulating, or threatening behaviors. As always, caseworkers should notify a coworker or a supervisor about their whereabouts and expected time of return. If preliminary information suggests that an alleged perpetrator is extremely dangerous, CPS caseworkers should request the accompaniment of another caseworker or police. It also may be helpful to ask the partner the best approach for interviewing the alleged abuser.

Use third party reports when interviewing the alleged abuser. Perpetrators routinely deny, minimize, or blame the victim for their violent behaviors. Therefore, the use of third party reports, such as police and criminal records, civil protection orders, hospital records, or prior CPS information, may assist CPS caseworkers with discussing domestic violence allegations and counteracting the alleged perpetrator's attempts to avoid accountability for prior abusive behavior. CPS caseworkers should never confront the alleged abuser with information provided by the alleged victim. This can compromise the alleged victim's safety if the alleged perpetrator retaliates for the disclosure. It is important to remember that prior domestic violence does not prove that abuse occurred in the situation being assessed. Conversely, the absence of a criminal history does not prove that an individual is not abusive as there are perpetrators who have never been arrested, charged, or convicted of domestic violence or any other crime. If supplemental information is not available, caseworkers should inform the alleged perpetrator that it is routine procedure for child protection to inquire about domestic violence.

Focus on obtaining information about the alleged abuser's behaviors and the degree to which he or she accepts responsibility. CPS caseworkers should not try to obtain a "confession" or hold a "debate" regarding domestic violence allegations. This can result in the interview ending abruptly, and the caseworker will not be able to gather critical information regarding the alleged abusive behavior. Caseworkers can be more effective by presenting information, inquiring about patterns and tactics of abuse, and listening to the alleged perpetrator's responses. Gaining the alleged perpetrator's perspective, in addition to information contained in the child abuse referral, third party reports, and interviews with the alleged victim and children, will inform the CPS caseworkers' assessment. Some perpetrators will admit to being abusive, which usually increases the likelihood that he or she will cooperate with case planning efforts.

Engage the alleged abuser in an assessment that is respectful and structured. The interview should begin in a nonthreatening, nonconfrontational manner by asking the alleged perpetrator general questions regarding his or her intimate relationship. It is essential to communicate respect during the assessment and avoid treating the alleged perpetrator as a "bad person" or a liar. Showing respect can lower the alleged abuser's defensiveness and encourage him or her to provide needed information. It may be useful to say something in a low-key way, such as "I need to speak with you about your family; everybody gets a chance to talk about what's going on." In addition, CPS caseworkers should clearly communicate the goals and format of the assessment. This will help caseworkers focus the interview, as well as convey that they are in charge of the process and are not intimidated. If the child abuse report contains allegations of domestic violence or if caseworkers have third party information, they should begin the interview by presenting the information and asking for the alleged perpetrator's perspective of the events. Appendix G provides a sample domestic violence assessment for alleged perpetrators.

Additional Factors to Consider During Assessment

Other factors can influence the nature and severity of presenting domestic violence issues. The diversity and multiple needs of families affected by domestic violence require thoughtful consideration of additional variables that can augment the complexity of these cases. The following are important issues for CPS caseworkers to be aware of and address during assessment and case planning efforts.

Cultural Practices

The values, beliefs, and customs of some cultures can create additional barriers for victims of domestic violence and dictate certain interactions between CPS caseworkers and the family. Caseworkers will need to account for cultural factors that can influence the victim's resistance to help and the unique obstacles facing victims who are of minority, ethnic, or racial status, including:

- Some ethnic cultures where a strong emphasis on preserving family unity is more pronounced than in Anglo cultures.[104] For example, if a Hispanic or Asian victim of domestic violence refuses help, it may be because the ethnic community would shame and isolate the victim for disclosing the abuse. There might be added pressure from immediate and extended family members who are vested in maintaining the family equilibrium and, as such, refuse to believe the victim or to hold the perpetrator accountable for the abusive behavior.

For more information on working with perpetrators, visit the Family Violence Prevention Fund's Web site at **http://www.endabuse.org**. Read about their programs designed to reach fathers and enhance parenting after abuse at **http://www.endabuse.org/programs/display.php3?DocID=149** and **http://www.endabuse.org/programs/display.php3?DocID=197**. The Violence Against Women Online Resources Web site also has information on perpetrator intervention programs at **http://www.vaw.umn.edu/library/dv**.

- Immigrant victims who are not legal U.S. residents and who face enormous challenges with freeing themselves from violence.[105] Undocumented immigrants who are abused typically will not disclose it because they fear deportation. Victims who are not legal citizens may rely on their partner's status as a U.S. resident to secure their and their children's citizenship. Thus, victims are subject to being threatened with deportation and loss of their children as a coercive tactic by the abuser. Additionally, the illegal status of these victims prevents them from seeking and obtaining a variety of legal and social services intended to assist victims. Many communities continue to develop and provide services specifically designed for undocumented immigrants.

- Language barriers that present obstacles for CPS caseworkers who are trying to communicate with non-English speaking victims or family members. A victim of domestic violence may appear uncooperative, when in reality he or she does not understand what is being asked. Additionally, victims who cannot communicate with caseworkers in their primary language may not be able to convey their needs accurately and may confront additional challenges when communities do not have culturally sensitive services or resources. Identifying translators, hiring bilingual staff, and translating resource materials can help address this issue. CPS caseworkers, however, should refrain from using children as translators because the information collected may be distressing for them. Some adult family members or friends may break confidentiality or pose other risks for the victim if used as a translator.

"Mutual" Domestic Violence

Perpetrators of domestic violence routinely accuse their partner of being equally abusive and claim to be the "real" victim. There are women who are perpetrators and there are victims who use physical force against their partners in self-defense.[106] Women, however, represent only a small minority of perpetrators of serious violence against intimates.[107] Even in cases where both partners perpetrate abusive action, there is little doubt that women get hurt more often than men.[108] Caseworkers who are uncertain about mutual domestic violence dynamics will want to take prudent steps to identify the primary aggressor in the relationship. Caseworkers can consider:

- Who is afraid of whom?
- Who controls or makes the decisions in the relationship?
- Who has more access to financial and economic resources?

Documentation such as police reports or court records can help in this determination. It may be helpful to get help from both service providers and the caseworker's supervisor in these particularly complex situations.

Substance Abuse

Alcohol and illicit drugs commonly are cited as a factor in and precursor to domestic violence. Research studies indicate that approximately 25 to 50 percent of domestic violence incidents involve alcohol and that nearly one-half of all abusers entering perpetrator intervention programs abuse alcohol. Yet, despite evidence that many perpetrators abuse alcohol, there is no empirical evidence that substance abuse directly causes domestic violence. Nevertheless, substance abuse is a significant variable that increases the severity and frequency of the perpetrator's violence and interferes with domestic violence interventions. In fact, the presence of substance abuse increases the likelihood of severe injury and death in domestic violence incidents. Furthermore, women who abuse alcohol and other drugs are more likely to be victims of domestic violence.[109] Substance abuse by victims compounds their problems as addiction or substance use can affect their ability to protect themselves and their children. CPS caseworkers need to determine if the victim's substance abuse is a coping

mechanism or a barrier to safety by affecting judgment and parenting. The risk of co-occurring substance abuse and domestic violence requires that assessments include screening and referral for substance abuse issues. Caseworkers should be prepared to assess for the presence of both issues and to make referrals for both.

Underserved Populations Affected by Domestic Violence

The diversity of victims of domestic violence includes such special populations as gay, lesbian, and transgender individuals as well as persons with physical, developmental, and sensory disabilities.[110] Their minority status or special needs, in addition to their victimization, have left these groups largely unattended in community responses to domestic violence.

While historically domestic violence has not been perceived as a significant problem in some underserved populations, research indicates this may not be the case. For instance, a recent study sponsored by the National Institutes of Health indicates that the rates of domestic violence experienced by urban gay and bisexual men may be comparable to that of heterosexual women. This study found that 34 percent of these gay men were psychologically abused by a partner, 22 percent were physically abused, and 5 percent were sexually abused.[111] Other studies also estimate that 20 to 35 percent of lesbian, gay, bisexual, and transgender persons experience intimate partner violence.[112] Unfortunately, there is usually little to no available resources or services for these populations. Domestic violence shelters do not house abused men (although there may be safe houses or arrangements with particular hotels), service providers rarely have specialized knowledge regarding gay and lesbian issues in abusive relationships, and physically disabled women who need assistance with daily activities or medications cannot be adequately cared for in most shelter settings. Shelters are not the only existing domestic violence intervention, so caseworkers also should be aware of other services such as advocacy, support groups, or counseling that are available.

Disabilities can include mobility, sensory, and cognitive impairments, as well as mental illness. They cover a broad range of severity and visibility to others. Individuals with disabilities are vulnerable to different abusive actions and often are more easily isolated from potential sources of help. In addition to abusive acts anyone might suffer, people with disabilities may be subjected to:

- Having medical treatment or medications withheld;
- Being prevented from using assistive devices;
- Receiving inadequate or no care for personal hygiene;
- Rough handling when care is provided;
- Not being provided access to information that may increase their independence or autonomy.

The disability often affects an individual's capacity to protect him- or herself or to escape a situation of imminent danger. For instance, studies have reported a history of sexual abuse experienced by 25 percent of adolescent girls with mental retardation, 31 percent of individuals having congenital physical disabilities, and 36 percent of multi-handicapped children admitted to psychiatric hospitals.[113] Unfortunately, many people with disabilities are conditioned to believe that enduring certain abuses is an inevitable part of having a disability. Too often, they are afraid to discuss or report abuse because the perpetrator is also their primary caretaker. Some additional barriers to individuals with disabilities for reporting abuse include:

- An increased risk of being institutionalized. If the perpetrator is the primary caregiver and no other viable caregivers are available, being admitted into an institution may be the victim's only option.
- An increased risk of losing custody of his or her children, particularly if the perpetrator is no longer in the home or if the disability is perceived to impact the victim's level of parenting skills.

- A fear of being perceived as less credible than the perpetrator because of the disability, particularly when the disability impacts the individual's speech.

- The misconception that abuse against people with disabilities is expected or justified. Some view people with disabilities as difficult to care for and believe that harsh, abusive treatment is appropriate or necessary to manage them.

CPS caseworkers should pay special attention to the risks and obstacles faced by these unique groups and ensure that their assessments and case plan recommendations address these issues. For instance, referrals to gay and lesbian services may be an option as opposed to traditional domestic violence service programs. A victim in a wheelchair will need accommodation at a service program or shelter, such as doorways that are wide enough for the chair and a ramp to gain access to and from the building.

Poverty

Domestic violence can affect a victim's ability to be financially self-sufficient. Domestic violence and poverty are connected and statistics show that victims of domestic violence are over represented in the welfare system.[114] Unquestionably, a lack of viable job skills, education, and income present huge challenges for victims. Low-income victims who want to leave their violent relationship are left with few and, often, less desirable choices. Homelessness and unsafe housing are common realities for low-income victims and their children who escape domestic violence. Thus, it is critical that CPS caseworkers address financial barriers faced by victims and link them to economic services such as Temporary Assistance for Needy Families, vocational skills training, job retention, and educational support.

Safety Planning with Adult and Child Victims

Safety planning is an individualized plan developed to reduce the immediate and long-term risks faced by the victim and their children.[115] Ideally, safety planning should begin at assessment and continue through case closure. The plan includes strategies that reduce the risk of physical violence and harm by the perpetrator and enhance the protection of the victim and the children. It also contains strategies that address other barriers to safety such as income, housing, health care, child care, and education.[116] Risk assessment and safety planning for domestic violence should be ongoing and should occur concurrently with risk assessment and safety planning for child maltreatment. The safety plans of victims of domestic violence will vary depending on whether they are separated from the abuser, thinking about leaving, or returning to or remaining in the relationship.

CPS caseworkers should involve the victim in developing safety plans. Otherwise, it is merely one more thing being done "to" the victim and is not really a service plan. Specific safety planning activities can include:

- Engaging the victim in a discussion about the options available to keep him or her and the children safe, including what has been tried before.

- Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family.

- Collecting and gathering important documents and various personal items that will be necessary for relocation of the victim and the children.

- Determining who to call, where to go, and what to do when a violent situation begins or is occurring.

- Developing a security plan that might involve changing or adding door and window locks, installing a security system, or having additional outside lighting.
- Informing friends, coworkers, school personnel, and neighbors of the situation and restraining orders that are in effect.
- Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the victim can contact for safety, resources, and services. This requires CPS caseworkers to stay current about resources, contacts, and legal options.

Additionally, CPS caseworkers can help victims develop a safety plan with their children. This often depends on the child's age and circumstances—some children feel that developing a safety plan helps them feel safer and can provide life-saving strategies, while others need to know that their parents can protect them. CPS caseworkers also should review and practice the safety plan steps with the children. Children's safety plans can include how to:

- Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help.
- Escape from the house if an assault is imminent or in progress. If they cannot escape, discuss where they can go to be safe in the house.
- Avoid being in the middle of the domestic violence.
- Find a place to go in an emergency and the steps to take to find safety.
- Call the police.[117]

Safety plans are not intended to hold victims responsible for possible future abuse. Instead, these plans can help victims feel empowered and provide concrete steps to help avoid or positively respond to abusive actions. Incorporating domestic violence safety plans into service plans provides realistic and relevant actions for family members living with abuse. The safety plans of victims and children should not be shared with the perpetrator. This is especially true if the plan involves the victim leaving the abusive relationship. In fact, some victims will need to hide their safety plans to avoid potential harm by the abuser. In some cases, safety planning can be conducted with the abuser as a way to hold him or her responsible and should include steps to take to stop the violence (e.g., honoring protection orders, leaving the house, time-outs, going to abuser intervention groups). Appendix H provides sample domestic violence safety plans for a victim and a child.

Case Decision

After completing the domestic violence assessment and safety planning with family members, CPS caseworkers are confronted with one of the most critical steps in the child protection process—the case decision. For domestic violence cases, unless the child has an actual injury or there is a specific allegation that meets the definition of abuse or neglect in that jurisdiction, CPS caseworkers are left with making subjective interpretations as to whether a child is at risk for imminent danger or harm.[118] Unfortunately, this leads to inconsistent decision-making among CPS caseworkers or among jurisdictions.

Not all families experiencing domestic violence require child protective services, and some are best served through community-based services. Child exposure to domestic violence does not necessarily constitute child maltreatment, but it often can be a significant risk factor in determining child safety.[119] Other elements such as the nature of the domestic violence, the impact on victims and children, their protective and risk factors, and the presence of other issues, such as substance abuse or mental illness, need to be considered in the final determination for ongoing child protective services. In situations where the abuser's violence poses a significant safety threat to children, difficult decisions regarding substantiation

and whether children can remain safely in the home also require thoughtful deliberation. CPS intervention may be required in the following domestic violence situations:

- The batterer or adult victim is physically or sexually abusing the child;
- The child is physically harmed as a result of intervening in a violent incident;
- The batterer's abusive behavior includes frequent use of weapons or threats of homicide/suicide towards the adult victim or children.

Substantiation and "Failure to Protect"

Whether to substantiate child maltreatment in cases involving exposure to domestic violence varies from State to State and across jurisdictions, according to established statutes. In some jurisdictions, a common child protection practice is to substantiate "neglect" against victims of domestic violence for "failure to protect" even when they have not maltreated their children.[120] "Failure to protect" is a widely used phrase in legal and child welfare literature but is not found in all child maltreatment statutes. "Failure to protect" allegations imply that victims are neglectful because their actions or inactions in response to the domestic violence place their children at risk for harm. This has raised concerns among domestic violence service advocates who view this procedure as punitive, inaccurate, and harmful to victims and their children. Service providers have accused CPS of "revictimizing" victims of domestic violence by punishing them for the abuser's violent behavior.[121] "Failure to protect" allegations focus on the victim and not on the actual perpetrator who is jeopardizing the children's safety. It also discounts the victim's protective strategies and efforts to secure protection for their children. Unfortunately, this practice prevents many victims of domestic violence from seeking help because they are terrified of losing their children and being labeled a "neglectful" parent.

Some victims of domestic violence do neglect or physically abuse their children, place their children in dangerous situations, or are so affected by their abuse that they are unable to adequately protect or care for their children. In these situations, victims should be substantiated for maltreatment. CPS caseworkers should make diligent efforts to help victims protect their children before coercive measures, such as substantiation or protective custody, are considered. Caseworkers need to consult with their supervisors and service providers before making a final decision. In circumstances where CPS does not have legal jurisdiction over the abuser, caseworkers should make every effort to hold the perpetrator accountable by working with other court and service systems that can impose sanctions and consequences for the behavior. "Failure to protect" is a complex issue that varies from case to case. Not all of the outcomes are negative—there are instances where a "failure to protect" finding can help the victim obtain assistance from the courts. Court-ordered case plans can include provisions that require victims to obtain domestic violence services. In some cases, adult victims may not seek domestic violence services without a court-ordered mandate or the threat of losing custody of their children if they are noncompliant.

Removal of Children

In cases involving domestic violence, the removal of the child from the home is usually unnecessary. While children's safety is the primary and mandated responsibility of CPS caseworkers, removal of children should only be contemplated when all other means of safety have been considered and offered; when the children are at imminent risk; or the victim is unable to protect the children or accept services. Unfortunately, obstacles in deterring the abuser's violent behavior have led some CPS agencies to believe that protective custody is the only viable method to ensure children's safety. As a result, children are removed from victims who, in addition to their abuse, suffer the agonizing loss of their children. If removing the children from the home is considered a possibility and the victim is not willing or able to leave the abusive relationship, CPS

caseworkers should discuss their concerns and ask the victim to provide options for the children's safety.[122] CPS caseworkers also should seek the guidance of their supervisor and service providers to ensure that they have explored every possible opportunity to keep children safely with the nonoffending parent. Additionally, caseworkers should consult with the offender's intervention services provider as well as his or her probation or parole officer, where applicable, in order to hold the offender responsible and maintain some legal leverage. As in every CPS case, out-of-home placement should be the last option and CPS caseworkers should work with the adult victim to develop safe alternatives.

Courts are beginning to address this issue. In a 2001 Federal lawsuit, *Nicholson v. Scoppetta*, a judge issued a injunction ruling that New York City's Administration for Children's Services (ACS) was violating the constitutional rights of mothers and their children by removing children from their homes simply because their parents are victims of domestic violence. It ordered ACS to stop its policy of separating adult victims from their children and to adopt new policies and practices to improve the agency's response to families experiencing domestic violence. Although the ruling was being appealed at the time of publication, nevertheless, it will have tremendous implications for practice in the future.[123] (At the time of publication, the case remains in the appeals process.)

Case Planning for Cases Involving Domestic Violence

The primary goal of case planning with victims and their children is to promote enhanced protection and safety and to hold perpetrators accountable for their abusive behaviors. CPS intervention with families experiencing domestic violence requires ongoing risk assessment and safety planning to ensure that service recommendations are practical, viable, and achievable. CPS caseworkers can help accomplish this by consulting service providers and incorporating their expertise in case plan recommendations.

Additionally, caseworkers can involve an adult victim in case planning efforts by validating experiences, identifying strengths, and building on those strengths to help him or her regain control over his or her life and achieve safety.[124] In doing so, CPS caseworkers avoid victim's perceptions that they are forced into receiving services. Often, when caseworkers prescribe a set of case plan activities without the victim's input, this may mirror the abuser's behavior in that it dictates control over choices. Further, case planning efforts with victims of domestic violence need to be culturally sensitive, supportive, and creative. CPS caseworkers can empower victims by allowing them to make informed decisions regarding safe alternatives and services that will enhance their children's safety.

This section presents case planning activities in cases involving domestic violence, discusses specialized issues related to family team conferencing and assessing community resources and cultural factors, and underscores the importance of careful documentation of domestic violence in CPS case records.

Case Planning for Victims, Children, and Perpetrators of Domestic Violence

Two separate case plans are recommended in CPS cases involving domestic violence. Writing separate case plans for the victim and the perpetrator achieves two goals: (1) they enhance the victim and children's safety, and (2) they hold abusers accountable for their abusive behaviors. A separate case plan for abusers enhances CPS efforts by focusing on the perpetrator's abusive behaviors and the interventions required to address them.

Certain recommendations may be threatening to perpetrators and can create additional risk to adult and child victims. For safety measures, individual case plans should be developed when service recommendations are as follows:

- The victim plans to leave the home and is coordinating with service providers or other support systems (e.g., church, family members, and friends).
- The victim plans to obtain a restraining order against the abuser.
- The victim plans to call the police as a safety option.
- The victim plans to contact the probation or parole officer regarding violations of the abuser's probation or parole terms.

The victim and children's service plans do not need to be shared with the abuser. CPS caseworkers can seek the victim's guidance on service recommendations to include in the perpetrator's case plan.

Case planning activities are strengthened through collaboration with domestic violence advocacy programs. Service providers can provide consultation on the feasibility of recommended services, educate victims on available or appropriate services, and assist caseworkers with creative ways to engage and help victims and their children. Collaborating with other community service providers (e.g., substance abuse, mental health, economic, and housing services), law enforcement, and the courts also can enhance CPS efforts. These multiple issues, in addition to domestic abuse, will necessitate working with other service providers to help alleviate family conditions that affect children's safety. Caseworkers should assist victims, either directly or by collaborating with others, in the court proceedings processes. Additional information on working with the courts is available in other *User Manual Series* publications at **http://www.nccanch.acf.hhs.gov/profess/tools/usermanual.cfm**.

For families experiencing domestic violence, case planning services should include:

For victims

- Safety planning with child protection and service providers;
- Individual or group counseling with a domestic violence program;
- Specialized assessment services or crisis counseling with a victim's advocate;
- Legal advocacy, housing, medical, economic and daycare services;
- Shelter or transitional living services;
- Visitation or supervised exchange services;
- A review of domestic violence information regarding the dynamics of domestic violence, victim resources, and its effects on the children;
- Mental health or substance abuse referrals, if applicable.

For children

- Safety planning with the CPS caseworker, battered parent, or domestic violence service provider;
- Safety skills development;
- Specialized individual or group counseling for children exposed to domestic violence;
- Mentoring and after-school program referrals;
- Daycare or Head Start referrals;
- Safe visitation and exchange services;
- Community-based enrichment programs.

For perpetrators

- Safety planning with the CPS caseworker or victims of domestic violence advocate;
- Abuser intervention program referrals;
- Safe visitation and supervised exchange services;

- Compliance with probation or parole, restraining orders, and custody orders;
- Parenting programs that include a focus on domestic violence issues;
- Substance abuse and mental health referrals, if applicable;
- Fatherhood programs when appropriate.

In the initial stages of case planning, activities that are not recommended until further risk assessment include:

- Couples or family counseling;
- Court or divorce mediation;
- Visitation arrangements that endanger the victim and children or are in conflict with a restraining or custody order;
- Anger management classes.[125]

Participation in these types of services can increase risks to victims and their children. Couples counseling and divorce mediation is predicated on the assumption that partners who possess equal amounts of power can negotiate a resolution. In abusive relationships, however, there is an unequal balance of power between victims and perpetrators as well as a fear of physical violence or coercive attacks when the abuser feels challenged. Couples counseling or divorce mediation is acceptable only when the victim feels equally empowered and is not afraid that his or her participation will result in retaliation by the abuser. Anger management classes often are not appropriate because they do not focus on the overarching patterns of behavior common in abusive relationships. In addition, anger management classes are not effective in holding perpetrators accountable because it implies that they only have a problem with "managing" their anger.

The Parenting Component in Intervention Programs

Most intervention programs for perpetrators of domestic violence do not include significant content on appropriate parenting, but there are several examples of emerging programs that incorporate training on how to parent without violence. These include information and activities that focus on:

- The perpetrator's parental role in the family;
- Communication skills, assertiveness, and expressing feelings appropriately;
- Understanding the difference between discipline and punishment;
- Nonviolent means for changing children's behaviors by using logical and natural consequences;
- Child development information;
- The effects of child exposure to domestic violence.[126]

Finally, perpetrators are known to escalate their coercive and violent behaviors during times of separation and divorce. Visitations with the children provide perpetrators with access to their partners where they frequently try to intimidate and threaten them. Thus, CPS caseworkers need to be especially cautious when scheduling agency visits with the abuser and the children. Caseworkers also should be certain that visitation schedules do not violate any existing restraining or child custody orders; it may be useful for the caseworkers to obtain a copy of the court orders to prevent conflicts. CPS caseworkers should adapt the case plan to include these services only when the victim and service providers believe they are reasonably safe options.

Family Team Conferencing in Domestic Violence Cases

Family team conferencing is a strength-based, family-centered approach that involves engaging family members, friends, community service providers, and other interested parties in a joint effort to help families protect their children and rebuild their lives.[127] This model can be used in CPS cases involving domestic violence. In these cases, its goal includes supporting efforts to enhance the protection and safety of victims and children through a network of systems that provide services and abuser accountability.[128] Family team conferencing in domestic violence cases incorporates the safety needs identified by victims and builds on their strengths. It helps victims expand on their existing protective strategies and resources by linking them with informal and formal resources that they have not accessed. Focusing on a family's strengths does not imply that problems, such as the perpetrator's abusive and controlling behavior, are to be ignored or minimized. Rather, strength-based practice promotes use of a family's coping and adaptive patterns, their natural support networks, and other available resources.[129]

Initially, perpetrators are not usually involved in family case conferencing until safety mechanisms are secured for adult and child victims. Over time, family case conferencing with domestic abusers can include system accountability and support services that help them with ending their violent behaviors.

Assessing Community Resources and Cultural Factors in Case Plans

In addition to individual barriers, victims encounter community barriers to protecting themselves and their children. This is especially challenging for victims of domestic violence within ethnic, racial, disabled, gay and lesbian, and other marginalized groups. Successful case planning efforts include an assessment of available community resources and their effectiveness so that service recommendations are realistic for and accessible to family members. CPS caseworkers who do not take into consideration a community's inability to provide for or respond to the needs of victims of domestic violence will prepare ineffective case plans.

Assessment questions that CPS caseworkers may want to consider include:

- Are there culturally sensitive resources, materials, and services available for non-English speaking victims?
- Are there specialized services for gays, lesbians, and heterosexual men who are victimized by their partners?
- How will a victim's immigration status affect her ability to obtain services recommended in the case plan?
- How does the family view American culture? How will this impact the family's ability to seek help?

For more information regarding family team meeting guidelines in cases involving domestic violence, see the Family Violence Prevention Fund's *Guidelines for Conducting Family Team Conferences When There Is a History Of Domestic Violence* at **http://www.endabuse.org/programs/display.php3?DocID=159**.

- Are daycare and transportation services available so that the victim can attend domestic violence counseling or meet other service plan requirements?
- Does the local domestic violence shelter have food and living accommodations appropriate for ethnic families, disabled victims, or victims of domestic violence with older male children?
- Is the response by local police and the courts nonjudgmental, nonpunitive, and responsive to victims? Do they hold abuser's accountable in their systems?
- Do substance abuse programs address domestic violence and provide temporary living facilities for the children of victims of domestic violence ordered into inpatient treatment?
- Is there transitional or affordable housing or economic support for victims once they leave the domestic violence shelter?
- Do victims who live in rural communities have accessible transportation to domestic violence advocacy programs and other supportive services?

Documenting Domestic Violence in Child Protection Case Records

Documenting domestic violence in CPS cases can be helpful or harmful to victims and their children. Disclosing domestic violence can be a difficult process for victims and their children. Feelings of shame, guilt, and fear are connected with their reluctance to reveal the violence in their lives. CPS caseworkers can demonstrate their sensitivity to domestic violence issues by safeguarding information that can compromise victims and their children's safety and by engaging in documentation practices that reflect competent case practice with families affected by domestic violence.

The goals of documenting domestic violence in cases are to minimize abuser-generated risks to victims and their children, avoid language that blames victims for the violence, and hold perpetrators accountable for their abusive behavior. More specifically, case records and forms should accurately identify the victim and perpetrator of domestic violence, document the effects of domestic violence on the abused partner and children, and delineate the specific domestic violence tactics that are posing a safety threat to family members. Skillful documentation of domestic abuse issues also can be a learning tool for those who have access to the case record. For example, case notes and court reports can educate family court judges and parent attorneys about the complexities of domestic violence dynamics, the challenges faced by victims of domestic violence, and the reasons victims of domestic violence may struggle with meeting certain conditions of a case plan.

Since documentation and disclosure can increase the threat of harm to victims and children, the following guidelines and examples can help CPS caseworkers reduce these risks when information must be shared:

- Any information in the case record or public documents (e.g., court records) pertaining to a confidential address of the victims (e.g., shelter location or relocation to new housing) should be flagged and never shared with the abuser.
- Disclosures made by the victim and children regarding their safety plan or their accounts of the violence should not be shared with the abuser.
- When information must be shared in court proceedings, victims should be notified in advance of the court date so they may plan for their safety. In some States, the caseworker can ask for the information to be kept sealed or the victim can appoint an agent on his or her behalf.
- In cases where disclosure of the domestic violence is made during court proceedings, the parents' attorneys may want to share privately with the judge the possible consequences of such disclosure and ask that it be kept sealed.

- The safety of the victim and the children must be considered in the planning of case transfer. To protect the mother and children's confidentiality (e.g., new address), the case record should be flagged so that the transferring CPS caseworker will receive this information.
- All documentation of domestic violence (case dictation, affidavits, court petitions, court reports) should be written in a manner that holds the abuser responsible and avoids blaming the victim.[130]

Examples of inappropriate case documentation practices:

- "There is domestic violence *between* the parents."

This implies that domestic violence is "mutual" and consenting behavior and does not hold the abuser accountable for the violence.

- "The victim *will notify* the abuser's probation officer or police when she is assaulted."

This forces the victim to provide sanctions for the perpetrator's behavior and places the victim at risk for harm by the abuser.

- "The victim *will prevent* the children from witnessing domestic violence."

The victim cannot stop the violence. It is the perpetrator's responsibility to end the abusive behavior.

Examples of appropriate case documentation:

- "The perpetrator will not verbally, emotionally, psychologically, or physically abuse the victim or children."
- "The abuser will not use threatening or coercive tactics against the victim that compromises his or hers or the children's safety."
- "The offender will take responsibility for his or her coercive, threatening, and abusive behavior by participating in a perpetrator's intervention program and complying with all civil, criminal, and probation orders."

Case Closure

Case closure is a critical decision that involves a final and careful analysis of the harm posed by domestic violence. Some CPS caseworkers assume that if a victim leaves an abusive relationship or if the perpetrator is removed from the home, completes a perpetrator's intervention program, or stops physically assaultive behaviors, it is sufficient evidence to terminate a case. Since some perpetrators are very skilled at manipulative behavior to avoid detection and accountability, CPS caseworkers should be judicious in believing that victims and children are at lower risk for harm when perpetrators express remorse for their violent behaviors, are vehement in their claims that they will not engage in violent behavior, or have completed a perpetrator intervention program. The threat of harm may still be present for victims and children as some perpetrators are likely to revictimize them despite completion of a perpetrator intervention program.[131]

In addition to conducting the final risk assessment for case closure, other criteria that CPS caseworkers should consider in determining whether the victim and children's safety has been reasonably, if not absolutely, assured include the following:

- The victim and children, when interviewed separately, report feeling safer.
- The victim has knowledge of and access to relevant support services, information, and safety options.
- The victim and the abuser understand the effects of domestic violence on their children.

- The victim of domestic violence has a primary connection to a community service provider who will have ongoing contact with him or her and the children.
- The children and victim have safety plans. The protective parent also can demonstrate what they will do should domestic violence resume. Role playing exercises may be helpful in familiarizing the victims with this process.
- Service providers are in agreement with CPS assessments that the threat of harm has been lowered for the victim and children.
- Domestic violence intervention programs, criminal and civil courts, probation and parole, and other community service providers will continue to monitor and respond with immediate sanctions to any new violent behavior by the abuser.
- New child maltreatment reports have not been filed.
- The perpetrator has access to intervention programs and support services.

CHAPTER 5
Enhancing Caseworker Safety and Support in Child Protection Cases Involving Domestic Violence

Given the involuntary nature of child protective services (CPS) intervention, every child protection case has the potential for unexpected confrontation. Cases involving domestic violence may pose additional risks of threats and violence for CPS caseworkers. As such, CPS caseworkers need to understand the specific situations that might prompt violent confrontations and learn ways to protect their own safety.

Safety Considerations for Caseworkers

In general, people experience apprehension when confronted by a violent situation or person. Domestic violence situations can potentially result in serious harm, injury, or death for anyone involved. Therefore, it is common for CPS caseworkers to have feelings of fear or discomfort when they receive a case involving domestic violence. Some caseworkers think they lack the necessary knowledge and experience to address the dynamics involved in domestic violence, while others may find that their own personal history or beliefs regarding abuse provoke feelings of distress or anger.

In addition to the above uncertainties, some CPS activities can incite a violent confrontation because they threaten the perpetrator's control and authority over the home and family members. Since violence is already a dynamic in many of these families, other members (such as teenagers or the adult victim) also may resort to violence when interacting with others, including caseworkers. Specific situations and child protection procedures that can increase risks to caseworkers, victims, and children include:

- Preparation by the victim to leave the relationship, seek shelter, initiate divorce proceedings, or obtain a restraining order.
- Receipt by the perpetrator of agency documentation with allegations of neglect or abuse or information about how CPS will continue to be involved with the family.
- Allegations made directly to the perpetrator regarding domestic violence or child maltreatment.
- Requests by the perpetrator for information regarding the victim and children's location.
- Activities involving the children's removal from the home.
- Pursuit of permanency planning goals of adoption and termination of parental rights.
- Release of the perpetrator from jail or confrontation with serious criminal charges and possible incarceration.[132]

Steps to Enhance Caseworker Safety

Perpetrators of domestic violence frequently engage in manipulative behavior to escape detection of and the consequences for their violent and abusive behaviors. When perpetrators sense that calculating tactics such as charming or colluding with the caseworker are not effective, they may resort to threatening behaviors to intimidate caseworkers into decreasing their involvement with the family. For example, the perpetrator may stare intently at the caseworker or act agitated by pacing the floor during an interview. Some perpetrators even make subtle threats to "make trouble" for caseworkers by calling their supervisor or warning them to "watch their back." Such actions should be documented in the case file. If CPS caseworkers are confronted by an aggressive abuser or are uncomfortable with a potentially hostile situation, they should consult with their supervisor or service provider to discuss ways in which they can protect themselves. Recommendations to enhance caseworker safety include:

- Conducting meetings or interviews with the perpetrator in the agency office or in a public place. If this is not possible, ask a coworker, supervisor, or law enforcement official to be present during any interaction with the abuser.
- Being aware of the surroundings when leaving the office or home, and park in a safe place.
- Notifying coworkers or a supervisor that a potentially dangerous client is visiting the office. Provide the time and place of the interview. If possible, try to have a building security officer nearby.
- Notifying coworkers or a supervisor of the exact location and expected time frame when visiting a perpetrator in the home.
- Ensuring accessible exits when meeting with the abuser.
- Attempting to avoid verbal confrontations or debates with the perpetrator as this may escalate the situation.
- Receiving training on working with perpetrators and conducting nonconfrontational interviews.
- Refraining from giving the perpetrator the sense that one is afraid. Caseworkers who feel threatened should try to de-escalate the situation by explaining that the perpetrator's anger is misplaced and CPS simply wants to help the family. Caseworkers should then immediately end the interview or visit.
- Informing the victim if their partner's anger has escalated, posing a risk to the victim or the children. Engage in safety planning to address possible harm to the victim, children, or caseworker.[133]

CPS agencies can provide additional resources that help caseworkers feel more comfortable and safe when they intervene in domestic violence cases. CPS administrators and supervisors can ensure that caseworkers have access to cellular telephones, pagers, trauma debriefings, and caseworker safety planning efforts. Enhanced building security, secure meeting space, and protocols requesting law enforcement assistance should also be provided to staff. Finally, CPS agencies can develop human resource policies that take a "zero tolerance" approach to violence by ensuring caseworkers receive agency assistance that is supportive and confidential.

The Role of the CPS Supervisor in Supporting Caseworkers

CPS supervisors may not have frequent or direct contact with families experiencing domestic violence, but they have an instrumental role in ensuring families have safe outcomes. Supervisors play a critical part in establishing an agency culture that prioritizes cases involving domestic violence. CPS supervisors can set a positive example by attending agency and community-based domestic violence trainings; participating on interagency committees and advisory boards; and advocating for domestic violence protocols, resources, and assistance for staff. Further, by staying current on salient issues involving overlapping domestic violence and child maltreatment, supervisors can assist caseworkers by remaining sensitive to the needs of these families and ensuring competent case practice.

Specific supervisory activities that can provide additional support to CPS caseworkers confronted with these complex and challenging cases include:

- **Providing oversight and review of appropriate child welfare practices.** Intake, assessment, case disposition, case review, removal, and case closure are critical decision-making points in the CPS process. Supervisors may need to provide additional guidance to caseworkers that are trying to make difficult decisions and recommendations that will not compromise the safety of victims and children. Specialized policies or protocols as well as additional training for cases involving domestic violence can serve as guides for supervisors and caseworkers. It is imperative that CPS managers are knowledgeable about and enforce compliance with specific agency procedures for domestic violence cases so they can help caseworkers integrate specialized case practice guidelines in their assessments and interventions. Supervisors should continue to monitor and enforce compliance with agency protocols as a means to determine caseworker capability with cases involving domestic violence.

- **Supporting and encouraging collaborative relationships.** Supervisors should encourage staff to partner with service providers and other community agencies that can offer additional consultation on domestic violence assessment and intervention. Supervisors also can encourage caseworkers to access domestic violence expertise and resources, which might be located internally in the form of specialized domestic violence staff that are available for guidance and assistance. Cross-training is another approach to foster collaboration between child welfare and domestic violence programs. CPS managers who support caseworker participation in cross-training opportunities demonstrate their commitment to promoting competence in achieving safe outcomes for violent families.

- **Promoting caseworker safety.** Supervisors ought to provide support for caseworkers who are intimidated or afraid of working with families experiencing domestic violence. It is important for CPS managers to demonstrate that they are available to discuss staff concerns and will help caseworkers alleviate their apprehension. Developing a caseworker safety plan, accompanying caseworkers on home visits, or allowing caseworkers to travel in pairs are several significant ways supervisors can enhance the safety of their staff. On an administrative level, supervisors can advocate that their staff have access to resources, such as cellular phones, pagers, and security assistance, which can increase the comfort levels of caseworkers responding to potentially volatile situations.[134]

CHAPTER 6
Building Collaborative Responses for Families Experiencing Domestic Violence

Child protective services (CPS) caseworkers cannot comprehensively address all of the multiple needs of the families they encounter. Effectively responding to the needs of families experiencing domestic violence and ensuring the safety and well-being of all family members requires close collaboration with service providers. This chapter describes specific activities that build collaborative responses between CPS and service providers, presents principles of collaboration, and provides examples of promising initiatives, models, and programs from across the Nation.

Partnering with Service Providers

Safety for children and adults impacted by domestic violence can be enhanced greatly through collaborative partnerships and integrative practice approaches between CPS caseworkers and service providers. It is essential that these groups understand the unique challenges inherent within each system that can compromise case sensitive practice and seamless service delivery. Similar to when CPS partners with substance abuse treatment providers, CPS caseworkers and service providers can engage in daily activities that teach one another about relevant field issues and incorporate their areas of expertise into case practice.

CPS caseworkers can take active roles in building relationships with service providers and in developing a shared understanding of their respective roles and responsibilities through the following:

- **Shadowing activities.** While visiting another practitioner's office may appear to be a simplistic suggestion, it can be a powerful tool in building relationships. CPS caseworkers can visit domestic violence shelters, observe a domestic violence intake, listen to hotline calls, and participate in domestic violence trainings. These visits will help them to integrate practical domestic violence knowledge and competency into their child protection efforts. Similarly, CPS caseworkers can invite service providers to listen in on child abuse hotline calls or accompany them on a child abuse investigation. By doing so, service providers can learn when CPS accepts a referral for assessment, what they assess for in determining child safety, and how they make the determination that a case meets the legal definitions for abuse or neglect. Domestic violence workers will see that many of the families entering the CPS system have multiple needs and CPS caseworkers face the daunting task of assessing and responding to several problems in addition to child maltreatment and domestic violence.

- **Cross-training opportunities.** Regardless of whom hosts or the focus of the training, cross-training allows child welfare and domestic violence professionals to receive and provide relevant information simultaneously about their respective processes and subject areas. CPS caseworkers can invite service providers to inservice trainings where they provide critical information regarding the definitions of child maltreatment, the criteria for reporting to CPS, and the CPS process. This provides an opportunity to clarify misconceptions about their roles, responsibilities, and authority. Caseworkers likely will see that some domestic violence workers struggle with mandatory reporting requirements because they fear victims will be "revictimized" by punitive child welfare practices, that it will cause them to lose their children, or that they are breaking victims' confidentiality. CPS caseworkers can ease such apprehensions by explaining the criteria for case substantiation, the course of protective custody decisions, and the required steps in the child protection process. Further, caseworkers can offer to help victim advocates with developing protocols and staff trainings on mandatory reporting to CPS. Similarly, service providers and organizations can invite CPS caseworkers to trainings such as appropriate safety measures for victims, perpetrator intervention programs, and the dynamics of domestic violence.

- **Integrating case practice knowledge and expertise.** CPS caseworkers can include service providers in case decisions and hold interagency staffings at critical decision-making points. It also may be helpful to have the service providers facilitate the family team meetings for CPS cases involving domestic violence. This integration of specialized domestic violence knowledge contributes to more informed decisions, benefiting the safety and well-being of all family members. It also engages service providers in the CPS process, help them understand ASFA timelines, and increases their awareness of service planning efforts. Service providers can observe juvenile court proceedings to learn when protective custody is necessary, the implications of child protection reunification efforts, and the conditions for recommending termination of parental rights. Service providers also can be involved in family court proceedings by providing expert testimony that educates attorneys, judges, and other parties about the impact of domestic violence on families.

- **Sharing information.** Information sharing and confidentiality issues frequently present barriers to collaboration and generate negative stereotypes about CPS caseworkers. Service providers often are accused of being uncooperative with CPS and overly protective of their clients. In turn, service providers often perceive CPS caseworkers as unwilling to share information even when these same caseworkers ask them for information about shared clients. CPS caseworkers can help counteract this misconception by explaining that case record information is protected through agency policy or statutes limiting their ability to share information. Caseworkers can collaborate to the extent allowed by informing service providers of case decisions, explaining the CPS process, consulting with them on practice approaches, and including them in case planning efforts. Service providers also can explain their confidentiality policies to CPS caseworkers along with the victim's expectations that the sensitive information they share will not be used against them. Service providers can explain this delicate balance and ask CPS caseworkers for guidance in developing practice guidelines regarding reporting to CPS and for sharing client information. In some instances, victims may be asked to sign a confidentiality release form so that case information may be shared with other service providers.

Service providers and CPS caseworkers, despite their differences, share one primary goal—safety and freedom from violence. They can work to accomplish this for all victims of violence by joining in partnership to develop new ways to work on behalf of the families they serve. Establishing a Memorandum of Understanding (MOU) can also aid in communication and understanding of roles. See

Appendix I for an example of how to develop an MOU between a CPS agency and a domestic violence services agency.

Community Partnerships and Principles

Domestic violence and child maltreatment are not issues limited to CPS and domestic violence programs. Many of the families who become involved in the child protection system often face additional challenges such as substance abuse, poverty, or mental illness. As a result, a number of communities find that a comprehensive, coordinated approach is needed to meet the diverse and multiple needs of these families adequately.[135] Other key members involved in responding to these families include the following:

- Health care providers (e.g., physicians, nurses, and public health agencies);
- Criminal justice personnel (e.g., legal aids, law enforcement officers, attorneys, and judges);
- Mental health care providers (e.g., therapists, psychologists, and psychiatrists);
- Educators (e.g., teachers, guidance counselors, and Head Start personnel);
- Substance abuse programs;
- Housing programs;
- Economic support programs;
- Daycare and family support providers;
- Faith-based programs and clergy;
- Neighborhood groups and community residents;
- Survivors of domestic abuse and child maltreatment.

A lack of interagency cooperation frequently stems from the different and, at times, conflicting philosophies, mission, and goals of each system. Regrettably, these discrepancies can lead to systemic barriers that can make collaboration difficult and frustrating. Community partnerships can be created if they are based upon a set of general principles that include the following:

- **Finding common ground.** As a starting point, partnership members need to begin talking to one another. Asking questions about one another will help clarify misconceptions and confusion about each system. It will help participants find similarities and areas of agreement related to the safety and well-being of families and individuals in their communities. Perhaps one of the most important benefits from establishing common ground is that it often helps to develop trust among partners, which can be instrumental in a partnership's success and longevity.
- **Developing a shared mission.** Open and respectful discussion can move participants toward identifying common values, beliefs, and goals. Through informal or formal meetings, partners can work toward developing a collective vision for ending domestic violence in their communities. Once a unified mission is established, this mission will provide the foundation and focus in mobilizing the efforts of all those involved.
- **Developing leadership.** As in any successful initiative, leadership is essential for capacity building and sustainability. Participants need to identify persons among themselves or within the community who are influential, impassioned, and committed to leading the charge of the collective group.
- **Taking action.** With a common vision as the focus and leadership in place, community members can move towards identifying gaps in services, needed resources, and strategies for crafting a comprehensive response for families in need. Examples of these approaches might include legislative or policy changes, demonstration projects, or multidisciplinary boards that address co-occurring domestic violence and child maltreatment issues.[136]

Promising Initiatives, Models, and Programs

The above principles of collaboration merely serve as a beginning for groups seeking to improve outcomes for adult and child victims of violence. Institutional and societal changes can only begin when CPS, domestic violence programs, and an expansive network of providers integrate their expertise, resources, and services to eliminate domestic violence in their communities. A number of innovative approaches for addressing overlapping child abuse and domestic violence problems are emerging at the national, State, and local level. For example, CPS agencies are developing agency protocols and specialized units that integrate domestic violence knowledge into existing child welfare practice. In turn, domestic violence organizations are incorporating children's programs into shelter-based services. Other professional groups, such as hospital personnel and law enforcement officers, are including procedures to identify and respond to victims and their children. Child advocates, service providers, and an array of social service providers are forming interagency collaborations to develop comprehensive solutions that provide safety and stability for families.

Model Initiatives

The following are descriptions of nationally recognized pilot initiatives and programs that have been replicated in States and local communities throughout the country.[137] Currently, conclusive data regarding the effectiveness of these programs is not available. The "Greenbook Project," a Federal demonstration project funded by the U.S. Departments of Health and Human Services and Justice, is the first, multisite evaluation project that is anticipated to provide outcome data on the effectiveness of systems collaboration between child protective services, domestic violence, and the courts in addressing overlapping domestic violence and child abuse. While these examples provide a model for best practice, they are constantly being refined and expanded as emerging information and other creative solutions develop.

Domestic Violence Unit (DVU) and Domestic Violence Protocol—Massachusetts Department of Social Services

The Massachusetts Department of Social Services (DSS) was the first CPS agency to hire a service provider to provide education and consultation to CPS staff. This practice integration model has expanded into the establishment of an internal Domestic Violence Unit (DVU) consisting of specialized service providers staffed throughout local area offices. The DVU provides case consultation, direct advocacy, liaison and referral information, and other assistance to CPS staff. In addition, the Massachusetts DSS Domestic Violence Protocol was the first protocol in the country for CPS caseworkers and has been replicated by numerous State and county child welfare agencies. This protocol provides guidance to caseworkers regarding procedures for assessing risk, interviewing, intervention strategies, and service planning.[138] For more information, visit **http://www.aspe.hhs.gov/hsp/cyp/dv/pt4.htm**.

"Domestic Violence: A National Curriculum for Child Protective Services"—Family Violence Prevention Fund, San Francisco, California

The Family Violence Prevention Fund, a national domestic violence advocacy and public policy organization, developed the first national cross-training curriculum regarding the overlap between domestic violence and child abuse. This training curriculum provides practical information, guidelines, and tools for identifying, assessing, and intervening with families who are experiencing domestic abuse and child maltreatment.[139] For more information, visit **http://www.endabuse.org**.

Community Partnerships for Protecting Children—Jacksonville, Florida, and Cedar Rapids, Iowa

Sponsored by the Edna McConnell-Clark Foundation, Jacksonville, Florida, and Cedar Rapids, Iowa, are two of four sites that are implementing a community-based, child protection response to domestic violence. In this model, formal and

informal community networks, such as CPS agencies, domestic violence programs, substance abuse facilities, neighborhood centers, and community residents, share the responsibility for protecting children and strengthening families. In Cedar Rapids, domestic violence and CPS staff are located in neighborhood-based centers to provide onsite consultation, support, and advocacy to families affected by violence. Hubbard House, in Jacksonville, is one of the first domestic violence shelters to train CPS caseworkers, who then come onsite to interview the victim and children. CPS and domestic violence workers also "shadow" one another, participate in cross-training, and pair off on consultation teams.[140] For more information, visit **http://www.emcf.org/programs/children/index.htm**.

Advocacy for Women and Kids (AWAKE) Program—Boston Children's Hospital, Boston, Massachusetts

Boston Children's Hospital was one of the first organizations that identified the link between child maltreatment and domestic violence. Subsequently, this discovery led to the establishment of the Advocacy for Women and Kids (AWAKE) Program. The AWAKE Program incorporates domestic violence advocacy in a pediatric setting and offers services to victims and their abused children. AWAKE also provides training and case consultation to Children's Hospital staff on domestic violence and child abuse.[141] For more information, visit **http://www.aecf.org/tarc/resource/show.php?object=example&id=196&topic_id=21**.

The Child Development–Community Policing (CDCP) Program—New Haven, Connecticut

The Child Development–Community Policing Intervention (CDCP) Program was created in 1992 by the Child Study Center at Yale University School of Medicine and the New Haven Police Department. This initiative convenes community police officers, service providers, and mental health clinicians to provide joint responses to victims of domestic violence and their children. Law enforcement officers are trained to identify children exposed to violence and refer them to mental health providers for further assessment. Police officers also connect victims with domestic violence services. For more information, visit **http://www.info.med.yale.edu/chldstdy/CDCP**.

Dependency Court Intervention Program for Family Violence (DCIPFV)—Miami-Dade County, Florida

The Dependency Court Intervention Program for Family Violence (DCIPFV), located in the 11th Judicial Circuit Court of Florida, was the first national demonstration project to develop a coordinated approach to victims and children involved in child protection and dependency court proceedings. The judiciary, who along with other key systems, employs a two-pronged approach to enhance the safety and well-being of children and victims involved with CPS and experiencing domestic violence. DCIPFV locates staff at juvenile court proceedings where domestic violence service workers are available for assessment and referral. They also provide support to victims and their children. DCIPFV staff assists victims with navigating the child welfare and juvenile court systems and helps them with obtaining civil protection orders. For more information, visit **http://www.frca.org/lcenter/showtopic.php?action=viewprog&categoryid=**7.

Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice—The Greenbook Project

The Greenbook Project is a Federal demonstration project consisting of six pilot sites selected to test and implement the recommendations of the National Council for Juvenile Federal Court Judges' *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. Published in 1999, this document offers a set of principles and guidelines for designing comprehensive approaches to co-occurring domestic violence and child abuse. The Greenbook Project focuses on three primary systems in the development of this coordinated response—juvenile and family courts, CPS, and domestic violence programs. A concurrent, cross-site evaluation measures the extent to which the demonstration sites' collaborative efforts result in system change and improvements in safety, recidivism rates, and abuser accountability.[142] For more information, visit **http://www.thegreenbook.info**.

Conclusion

Domestic violence and child maltreatment cannot be viewed separately by professionals responding to family violence. The mission of CPS is to ensure the safety, stability, and well-being of child victims. This calling, however, is consistent with the domestic violence field's goal of providing protection and strength to victims of abuse. Adult and child victims suffer similarly and often in the same families. Thus, a thoughtful and synchronized approach is needed by the two systems charged with intervening. CPS caseworkers and service providers can and must join together to achieve their shared goal of freeing victims from the violence in their lives and working to prevent future violence.

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APPENDIX A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

Bad Touch – a term used by primary prevention programs for children to describe hitting, punching, biting, sexually stimulating touch, and other harmful acts.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – see Keeping Children and Families Safe Act.

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Confusing Touch – a term used by primary prevention programs for children to describe any type of contact that "does not feel right."

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings – held by the juvenile and family court to determine the legal resolution of cases after adjudication, such as whether placement of the child in out-of-home care is necessary and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Domestic Violence Offender Intervention Program – typically court-ordered programs for domestic violence offenders that hold them accountable for their actions and identify alternate appropriate and non-violent behaviors. Usually held in a group format where participants learn about the dynamics of domestic violence, its effects on both the adult and child victims, and issues of power and control. Also known as Batterer Intervention Program.

Domestic Violence Victims Advocates – individuals, both professional and volunteer, who advocate for the rights and safety of adult victims and children and help connect them to appropriate resources.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Exposure to Violence – situation in which children live in an environment of domestic violence; applies to children who witness the violence as well as to those that do not (i.e., hearing, observing, or intervening in the violence or its aftermath)

Family Assessment – the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed.

Intake – the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Keeping Children and Families Safe Act – The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) included the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) in its Title I, Sec. 111. CAPTA provides minimum standards for defining child physical abuse and neglect and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Kinship Care – formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Level of lethality (or dangerousness) – assessing both the number and types of indicators (e.g., use of weapons, stalking, threats of homicide, sexual abuse, mental illness) that help determine the risk of a batterer severely harming or killing the adult victim or the children.

Liaison – the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter – individuals required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals, such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers. Some States identify all citizens as mandated reporters.

Memorandum of Understanding (MOU) – a written agreement that serves to clarify relationships and responsibilities between two or more organizations that share services, clients, or resources.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parent or caretaker – person responsible for the care of the child.

***Parens Patriae* Doctrine** – originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Penalty for Failure to Report – all State child abuse reporting laws delineate penalties for mandated reporters who fail to report suspected instances of child abuse to the designated State agency. The penalty usually results in a misdemeanor charge and a fine or time in jail.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Primary Prevention – activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Protective Factors – strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Reporting Laws – all States have child abuse and neglect reporting laws that mandate who must report "suspected" child abuse and neglect cases, designate which agencies are charged with investigating alleged cases of abuse and neglect, and delineate the responsibilities of State and local agencies in responding to these children and families.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Restraining Order – a civil legal document in which the adult victim is granted protection by the courts by ordering the batterer to commit no acts of violence against the adult victim or child. Usually orders the perpetrator to keep physically away from the victims. Also known as a protection order.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – a part of the CPS and domestic violence case process in which available information is analyzed to determine whether the adult victim or the child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the adult victim or child is in imminent or potential risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of serious harm and identifies, along with the adult victim, the interventions that will control the safety factors and assure the victim and child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision – the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely be the police and criminal courts.

Shelter – a short-term, undisclosed haven for adult victims of intimate partner violence and their children where they are provided with safety, confidentiality, advocacy, and access to resources related to their victimization.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Tertiary Prevention – treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

Treatment – the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Universal Prevention – activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as "primary prevention."

Unsubstantiated (not substantiated) – an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

APPENDIX B
Resource Listings of Selected National Organizations Concerned with Domestic Violence and Child Maltreatment

Listed below are several representatives of the many national organizations and groups dealing with various aspects of child maltreatment. Please visit **http://nccanch.acf.hhs.gov** to view a more comprehensive list of resources and visit **http://nccanch.acf.hhs.gov/ general/organizations/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

Domestic Violence Organizations

Family Violence Prevention Fund

address: 383 Rhode Island St., Suite #304
San Francisco, CA 94103-5133

phone: (415) 252-8900

(800) 595-4889 (TDD line)

fax: (415) 252-8991

e-mail: fund@endabuse.org

Web site: http://www.endabuse.org

Focuses on domestic violence education, prevention, and public policy reform. Its Web site includes fact sheets, descriptions of programs, publications, and links to other relevant organizations.

The Greenbook Initiative

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507

phone: 888-55-GREEN

Web site: http://www.thegreenbook.info

Provides recommendations designed to help dependency courts and child welfare and domestic violence agencies better serve families experiencing violence and to achieve safety. Developed by the Family Violence Department of the National Council of Juvenile and Family Court Judges, the initiative has spawned activities in States and localities across the country, as well as a Federal initiative spearheaded by the U.S. Department of Health and Human Services and the U.S. Department of Justice.

Minnesota Center Against Violence and Abuse

address: School of Social Work
University of Minnesota
105 Peters Hall,
1404 Gortner Avenue
St. Paul, MN 55108-6142

phone: (612) 624-0721

fax: (612) 625-4288

Web site: http://www.mincava.umn.edu

Supports education, research, and access to information on violence-related topics by providing resources for professionals, researchers, and survivors, and houses two of the Nation's leading Web sites about violence listed below:

Violence Against Women Online Resources

Web site: http://www.vaw.umn.edu/dv.asp

Minnesota Center Against Violence and Abuse Electronic Clearinghouse

Web site: http://www.mincava.umn.edu

National Council of Juvenile and Family Court Judges

address: NCJFCJ
Family Violence Department
P.O. Box 8970
Reno, NV 89507

phone: (775) 784-6012

fax: (775) 784-6628

e-mail: admin@ncjfcj.org

Web site: http://www.ncjfcj.org/dept/fvd

Improves the way courts, law enforcement, and others respond to family violence while recognizing the legal, cultural, and psychological dynamics involved with the ultimate goal of improving the lives of domestic violence victims and their children.

National Domestic Violence Hotline

address: PO Box 161810
Austin, TX 78716

phone: (800) 799-SAFE (7283)
(800) 787-3224 (TDD line)

fax: (512) 453-8541

e-mail: ndvh@ndvh.org; for hearing impaired: deafhelp@ndvh.org

Web site: http://www.ndvh.org

Provides crisis intervention, information about domestic violence, and referrals to local service providers for victims of domestic violence and those calling on their behalf. Assistance is provided in both English and Spanish, and volunteers also have access to translators in 139 languages.

National Resource Center on Domestic Violence: Child Protection and Custody

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507

phone: (800) 52-PEACE

fax: (775) 784-6160

e-mail: info@dvlawsearch.com

Web site: http://www.nationalcouncilfvd.org/res_center

Provides access to the best possible source of information and tangible assistance to those working in the field of domestic violence and child protection and custody. The center was established by the U.S. Department of Health and Human Services and is part of the Family Violence Department of the National Council of Juvenile and Family Court Judges.

Child Welfare Organizations

American Humane Association Children's Division

address: 63 Inverness Dr., East
Englewood, CO 80112-5117

phone: (800) 227-4645
(303) 792-9900

fax: (303) 792-5333

e-mail: children@americanhumane.org

Web site: http://www.americanhumane.org/site/PageServer?pagename=pc_home

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Professional Society on the Abuse of Children

address: 940 N.E. 13th St.
CHO 3B-3406
Oklahoma City, OK 73104

phone: (405) 271-8202

fax: (405) 271-2931

e-mail: tricia-williams@ouhsc.edu

Web site: http://www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

American Public Human Services Association

address: 810 First St., NE, Suite 500
Washington, DC 20002-4267

phone: (202) 682-0100

fax: (202) 289-6555

Web site: http://www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

AVANCE Family Support and Education Program

address: 301 South Frio, Suite 380
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: http://www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

Child Welfare League of America

address: 440 First St., NW, 3rd Floor
Washington, DC 20001-2085

phone: (202) 638-2952

fax: (202) 638-4004

Web site: http://www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

National Black Child Development Institute

address: 1023 15th St., NW, Suite 600
Washington, DC 20005

phone: (202) 387-1281

fax: (202) 234-1738

e-mail: moreinfo@nbcdi.org

Web site: http://www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Children's Advocacy Center

address: 200 Westside Sq., Suite 700
Huntsville AL 35801

phone: (256) 533-0531

fax: (256) 534-6883

e-mail: webmaster@ncac-hsv.org

Web site: http://www.nationalcac.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association

address: 5100 SW Macadam Ave., Suite 300
Portland, OR 97201

phone: (503) 222-4044

fax: (503) 222-4007

e-mail: info@nicwa.org

Web site: http://www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

National Resource Centers

National Center on Substance Abuse and Child Welfare

e-mail: ncsacw@samhsa.gov

Web site: http://www.ncsacw.samhsa.gov/index.asp

The mission of the National Center on Substance Abuse and Child Welfare is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State, and tribal agencies.

National Child Welfare Resource Center for Family-Centered Practice

address: Learning Systems Group
1150 Connecticut Ave., NW,
Suite 1100
Washington, DC 20036

phone: (800) 628-8442

fax: (202) 628-3812

e-mail: info@cwresource.org

Web site: http://www.cwresource.org

Helps child welfare agencies and Tribes use family-centered practice to implement the tenets of the Adoption and Safe Families Act to ensure the safety and well-being of children while meeting the needs of families.

National Child Welfare Resource Center on Legal and Judicial Issues

address: ABA Center on Children and the Law
740 15th St., NW
Washington, DC 20005-1019

phone: (800) 285-2221 (Service Center)
(202) 662-1720

fax: (202) 662-1755

e-mail: ctrchildlaw@abanet.org

Web site: http://www.abanet.org/child/rclji/home.html

Promotes improvement of laws and policies affecting children and provides education in child-related law.

National Resource Center on Child Maltreatment

address: Child Welfare Institute
3950 Shackleford Rd., Suite 175
Duluth, GA 30096

phone: (770) 935-8484

fax: (770) 935-0344

e-mail: tsmith@gocwi.org

Web site: http://www.gocwi.org/nrccm

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, and responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

National Resource Center on Domestic Violence

address: Pennsylvania Coalition Against Domestic Violence
6400 Flank Dr., Suite 1300
Harrisburg, PA 17112

phone: (800) 537-2238
(800) 553-2508 (TTY line)

fax: (717) 671-8149

Web site: http://www.nrcdv.org

Supports organizations and individuals working to end domestic violence through training, technical assistance, and dissemination of information on relevant issues.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds

address: Michigan State University
Department of Psychology
East Lansing, MI 48824-1117

phone: (517) 432-5096

fax: (517) 432-2476

e-mail: millsda@msu.edu

Web site: http://www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave., 17th Floor
Chicago, IL 60604-2404

phone: (800) 835-2671 (orders)
(312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

Web site: http://www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: 649 Main St., Suite B
Groveport, OH 43125

phone: (800) 858-5222
(614) 836-8360

fax: (614) 836-8359

e-mail: sbspp@aol.com

Web site: http://www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of child abuse and to increase positive parenting and child care.

Community Partners

The Center for Faith-Based and Community Initiatives

e-mail: CFBCI@hhs.gov

Web site: http://www.hhs.gov/faith/

Welcomes the participation of faith- and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start and to programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.

Family Support America
(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100
Chicago, IL 60606

phone: (312) 338-0900

fax: (312) 338-1522

e-mail: info@familysupportamerica.org

Web site:
http://www.familysupportamerica.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232

fax: (419) 535-1989

e-mail: info@preventchildabuse.com

Web site:
http://www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 101 Lake Forest Blvd., Suite 360
Gaithersburg, MD 20877

phone: (301) 948-0599

fax: (301) 948-4325

Web site: http://www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

For the General Public

Childhelp USA

address: 15757 North 78th St.
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212

fax: (480) 922-7061

e-mail: help@childhelpusa.org

Web site: http://www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children

address: Charles B. Wang International
Children's Building
699 Prince St.
Alexandria, VA 22314-3175

phone: (800) 843-5678
(703) 274-3900

fax: (703) 274-2220

Web site: http://www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

National Center for Victims of Crime

address: 2000 M St., NW, Suite 480
Washington, DC 20036

phone: (800) FYI-CALL
(202) 467-8701
(800) 211-7996 (TDD line)

fax: (202) 467-8701

Web site: http://www.ncvc.org

Provides direct services and resources; advocates for the passage of laws and policies that create resources for and secure the rights of vicitms of crime; and delivers training and technical assistance to victim service organizations, counselors, attorneys, criminal justice agencies, and allied professionals.

Parents Anonymous

address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanon@msn.com

Web site: www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

For More Information

National Clearinghouse on Child Abuse and Neglect Information

address: 330 C St., SW
Washington, DC 20447

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: nccanch@calib.com

Web site: nccanch.acf.hhs.gov

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

APPENDIX C

State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.**

For States not listed, or when the reporting party resides in a different State than the child, please call **Childhelp, 800-4-A-Child (800-422-4453)**, or your local CPS agency.

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

District of Columbia (DC)
202-671-SAFE (7233)

Florida (FL)
800-96-ABUSE
(800-962-2873)

Illinois (IL)
800-252-2873

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999

Maryland (MD)
800-332-6347

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000

Missouri (MO)
800-392-3738

Montana (MT)
866-820-KIDS (5437)

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
800-852-3388 (after hours)

New Jersey (NJ)
800-792-8610
800-835-5510 (TDD)

New Mexico (NM)
800-797-3260

New York (NY)
800-342-3720

North Dakota (ND)
800-245-3736

Oklahoma (OK)
800-522-3511

Oregon (OR)
800-854-3508, ext. 2402

Pennsylvania (PA)
800-932-0313

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285

Virginia (VA)
800-552-7096

Washington (WA)
866-END-HARM
(866-363-4276)

West Virginia (WV)
800-352-6513

Wyoming (WY)
800-457-3659

APPENDIX D
Stages of Change

Individuals frequently differ in their state of readiness to change, and client readiness to change may fluctuate over time. Motivation is clearly linked to the degree of hope that change is possible. The degree to which clients are ready to change varies over time and is described in the pattern presented in the table below: precontemplation, contemplation, determination, action, and maintenance.

Since most children and families are involved with child protective services (CPS) involuntarily, they enter the CPS system at the precontemplation stage. This is true of the victims and the perpetrator more so than the children in cases where domestic violence is involved. By the end of the initial assessment or investigation phase, it is hoped that caseworkers will have moved victims and the offender to the contemplation stage or, even better, to the determination stage. It is essential for the victim to be at the determination stage when developing the service and safety plans. If those involved have not moved to that point, the likelihood of change is compromised.

Stages of Change[1]		
Stage	**Description**	**Caseworker Actions**
Precontemplation	*Sees no need to change.* At this stage, the person has not even contemplated having a problem or needing to make a change. This is the stage where denial, minimization, blaming, and resistance are most commonly present.	Provide information and feedback to raise the client's awareness of the problem and the possibility of change. Do not give prescriptive advice.
Contemplation	*Considers change, but also rejects it.* At this stage, there is some awareness that a problem exists. This stage is characterized by ambivalence; the person wants to change, but also does not want to. They will go back and forth between reasons for concern and justification for unconcern. This is the stage where clients feel stuck.	Help the client tip the balance in favor of change. Help the client see the benefits of changing and the consequences of not changing.
Determination	*Wants to do something about the problem.* At this stage, there is a window of opportunity for change: the person has decided to change and needs realistic and achievable steps to change.	Help the client find a change strategy that is realistic, acceptable, accessible, appropriate, and effective.
Action	*Takes steps to change.* At this stage, the person engages in specific actions to bring about change. The goal during this stage is to produce change in a particular area or areas.	Support and be an advocate for the client. Help accomplish the steps for change.
Maintenance	*Maintains goal achievement.* Making the change does not guarantee that the change will be maintained. The challenge during this stage is to sustain change accomplished by previous action and to prevent relapse. Maintaining change often may require a different set of skills than making the change.	Help the client identify the possibility of relapse and identify and use strategies to prevent relapse.

[1] Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice*, 19, 276-288.

APPENDIX E
Domestic Violence Assessment: Victim

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. The caseworker should talk with the victim about his or her situation, which helps engage the victim in the process. It is important to ask specific questions, however, to determine the level of domestic violence affecting the victim.

1. Types and patterns of abusive tactics.

a. Controlling, coercive, and threatening tactics

- Does your partner prevent you from visiting friends and family?
- Does your partner prevent you from going to school or work?
- Does your partner tell you what to wear, what to do, where you can go, or whom you can talk to?
- Does your partner control the household income?
- Does your partner follow you to "check up" on you or check the mileage on your car?
- Does your partner telephone you constantly while you are at work or home?
- Does your partner give you threatening looks or stares when he does not agree with something you said or did?

b. Verbal, emotional, sexual, or physical abuse

- Does your partner call you degrading names, put you down, or humiliate you in public or in front of friends or family?
- Does your partner blame you or tell you that you are at "fault" for the abuse or any problems you are having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions? Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?
- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?
- Has your partner ever forced you to commit illegal activities, use illegal drugs, or abuse alcohol?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

2. Risks and impact on the adult victim.

- How has your partner's abusive behavior affected you?
- Do you suffer from anxiety or depression?
- Do you have difficulty sleeping, eating, concentrating, etc.?
- Do you suffer from headaches, stomachaches, breathing difficulties, or other health problems?
- Have you had to seek medical assistance for injuries or health problems resulting from your partner's violence?
- Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
- Do you abuse alcohol or other substances?
- Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication?
- Have you ever thought about or tried to hurt yourself or someone else?

3. Risks and impact on the children.

- Has your partner called your children degrading names or verbally threatened them?
- Has your partner ever threatened to make a report to CPS, take custody of the children, or kidnap the children?
- Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
- Has your partner ever asked the children to report your daily activities or to "spy" on you?
- Has your partner ever forced your children to watch or participate in his abuse of you?
- Has your partner physically hurt you in front of the children?
- How do you think the violence at home affects your children?
- Do your children exhibit problems at school or at home (e.g., sleeping and eating difficulties, difficulty concentrating in school, aggressive behaviors)?
- Have your children ever intervened in a physical or verbal assault to protect you or to stop the violence?
- Do your children behave in ways that remind you of your partner?
- Has a school or daycare center ever contacted you regarding behavioral problems of your children?

4. Help seeking and protective strategies.

- Have you told anyone about the abuse? What happened?
- Have you ever left home because of the abuse? Where did you go and what happened?
- Have you ever called the police or 911? What was their response?
- Have you ever filed a restraining order or criminal charges? What was your partner's response?
- Have you ever used a domestic violence shelter or services? Was it helpful?
- Have you fought back? What happened?
- How do you survive the abuse?
- What have you tried to keep you and your children safe from your partner?
- What has made it difficult for you to keep you and your children safe?
- How will your partner react if he finds out you talked with me?[1]

[1] Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg. L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

APPENDIX F
Domestic Violence Assessment: Child

In order to obtain accurate and reliable information from a child regarding a domestic violence situation, it is critical that the language and questions are appropriate for the child's age and developmental stage. Training and experience in working with young children in particular may be necessary.

1. Types and frequency of exposure to domestic violence.

- What kinds of things do mom and dad (or girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they yell at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mom and dad argue or hit?
- Have the police ever come to your home? Why?
- Have you ever seen your mom or dad get hurt? What happened?

2. Risks posed by the domestic violence.

- Have you ever been hit or hurt when mom and dad (or girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mom or dad hurt your pet?

3. Impact of exposure to domestic violence.

- Do you think about mom and dad (or girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
- Why do you think they fight so much?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?

- Do you think it's okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mom? How would you describe your dad?

4. Protective factors.

- What do you do when mom and dad (or girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:

  - Stayed in the room
  - Left or hidden
  - Gotten help
  - Gone to an older sibling
  - Asked parents to stop
  - Tried to stop the fighting

- Have you ever called the police when your parents are fighting?
- Have you ever talked to anyone about your parent's fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parent's fighting?[1]

[1] Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services.* San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg. L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

APPENDIX G
Domestic Violence Assessment: Alleged Perpetrator

Increasingly, CPS develops service plans with perpetrators, as appropriate. These plans not only work toward holding the perpetrator accountable for the abuse, but also guide decisions about involvement and interaction with the children. It is as equally important to engage the perpetrator, as it is the victim and children, in order to obtain accurate and useful information.

1. Expectations of the abused partner and the relationship.
    - Describe your relationship with your partner? For example, how do you communicate with one another?
    - What type of things do you expect from your partner?
    - How would you describe your partner?
    - What do you do when you and your partner disagree?
    - What do you do when you become angry?

2. Types of abusive behavior and tactics.

- Have people told you that your temper is a problem? Who? And why did they tell you that?
- How do you feel about your partner visiting his or her friends and family?
- How do you and your partner manage your household duties and income?
- Do you ever yell at your partner? Call your partner degrading names? Put your partner down?
- Have you ever physically harmed or used force on anyone in your family? In what way? When?
- Has your partner made you so mad that you pushed, kicked, or slapped him or her? Held him or her down? Grabbed him or her by the neck?
- Have you ever threatened to harm or kill yourself, your partner, your children, or your pet?
- Have you ever threatened or used a weapon or gun against your partner? Do you have access to a weapon or gun?
- Have the police ever come to your home? How many times? Why? What happened?
- Have you ever been arrested, charged, or convicted of a domestic violence assault? If so, what happened?

3. Risks to the children.

- How would you describe your children?
- What kinds of things do you expect from your children?
- How do you discipline your children?
- How do you think the children are affected when they see or hear you and your partner fighting?
- Have your children ever had to intervene during an argument with your partner? Why and what happened?

4. Risk factors that may increase levels of dangerousness.

- Did you ever see either of your parents harmed by a spouse or significant other? If so, what did you do and how did it make you feel?
- Were you ever harmed as a child?
- When was the last time you drank or used an illegal substance? How much?
- Have you ever attended a substance abuse program or been arrested for DUI?
- Have you ever been treated for depression?
- Have you previously been violent with your partner? With others?
- Have you experienced pervasive thoughts of homicide or suicide? Attempts?[1]

[1] Mederos, F. (2000). *Child protection services, the judicial system and men who batter: Toward effective and safe intervention*. Unpublished practice paper, Massachusetts Department of Social Services, Jamaica Plains, MA; Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg. L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

APPENDIX H
Safety Plans

Safety Plan—Victim

I, Jane Smith, can do the following to pursue safety prior to and during a violent incident:

1. I can have my purse and car keys ready and place them in a closet near an exit door so that I can leave quickly.
2. I can tell my neighbors about the violence and ask that they call the police if they hear yelling, screaming, or loud noises coming from my house.
3. I can teach my children how to use the telephone to call 911 and provide our address and phone number.
4. I will use "TIME" as the code word with my children, relatives, and friends so they can call for help.
5. If I have to leave my home, I will go to the shelter for battered women or my friend's home.
6. When I expect we are going to have an argument, I will try to move to a space that is lowest risk such as the foyer or back hall where the doors are located.
7. I will tell my children to go to their room or to my neighbor's home. I will tell them NOT to intervene when we are arguing or if a violent incident occurs.

Safety Plan—Child

1. When my mom and I are not safe, I will not try to stop the fighting. I will go to my room or to my next-door neighbor's home.
2. If I call the police for help, I will dial 911 and tell them:
   - My name is Jack Smith.
   - I need help.
   - Send the police.
   - Someone is hurting my mom.
3. My address is 5011 Crooked Oak Lane. I will remember not to hang up until the police get there.
4. A code word for "help" or "I'm scared" is _____.
5. I will practice this with my mom every night.

APPENDIX I
Developing a Memorandum of Understanding

During the past decade, traditional interventions designed to address family violence have provided marginal assistance to victims and maltreated children. Although domestic violence and child welfare professionals frequently serve the same families, they have historically operated in isolation from one another. Consequently, this "disconnect" between these two professions has produced negative outcomes for the actual victims that they attempt to serve. Recently, a number of communities have developed new strategies to address this disconnect and joined together to integrate domestic violence and child welfare services to best meet the needs of victims and maltreated children. One of these strategies is a Memorandum of Understanding (MOU).

What is an MOU?

It is a written agreement that serves to clarify relationships and responsibilities between two or more organizations that share services, clients, and resources.

Why is it important to have an MOU?

The purpose of an MOU is to strengthen partnerships between two or more organizations that seek solutions to mutual problems. The overall goal is to develop partnerships between all of the parties as they work more closely together and benefit from the interchange of ideas and practices. Communities with MOUs report that the strengthened partnerships resulted in enhanced services for adult victims and children affected by family violence.

What is actually included in an MOU?

Generally, MOUs can include a variety of different issues and topics. Input from each partnering agency enhances the overall process of creating a jointly crafted MOU. Each MOU can range from one to several pages in length, with an allowance for signatures that represent the commitment from all involved leaders. MOU content areas may include:

- Agency role clarification
- Cross-agency referrals
- Assessment protocols
- Confidentiality parameters
- Case management intervention
- Interagency training of staff
- Agency liaison/coordination
- Interagency conflicts resolution management
- Periodic review of the MOU.

How do we know our community is ready to develop an MOU?

Communities that are concerned about reducing the growing incidence of domestic violence and child abuse and neglect are excellent candidates for creating an MOU. Communities with a history of collaboration will have a foundation with which to build. It is important to note, however, that in those communities that experience strained relationships, the MOU writing process provides an opportunity to address misperceptions and differences and to work together to resolve service delivery gaps.

What strategies should we undertake as we begin the MOU process?

Depending on pre-existing relationships within communities, one strategy may include inviting key supporters to meetings to explore the feasibility of MOU development. Communities report that once they have the commitment and investment from the leaders of the domestic violence and child welfare agencies, the MOU process quickly crystallizes and results in a written MOU. An additional strategy may include inviting an outside consultant to facilitate a mutual partnership that leads to the development of an MOU.

What are the potential problems that arise during the MOU process?

Problems may arise concerning misperceptions about each other's goals, missions, and philosophy. Domestic violence and child welfare agency professionals report that the MOU meetings help them understand each other's language and history and provide a context to view each other's philosophy and mission. Another area of tension involves confidentiality and the various implications for each agency. Additional problematic issues may include assessment decisions, levels of intervention, and out-of-home placement for children whose battered mother is not the maltreator. The MOU process provides an opportunity to address these critical issues to best meet the needs of the mothers and children.

How does the MOU actually help families and children?

Families affected by domestic violence and child maltreatment report that they are reluctant to request assistance, are required to participate in services that do not address the underlying issues, and frequently feel misunderstood by professionals. Communities with existing MOUs have found that children who are exposed to domestic violence were less likely to be placed in out-of-home settings and that families were more motivated to work with professionals to reduce their risk of future family violence. Families served in communities where MOUs have been established report a higher level of satisfaction in working with professionals. One mother commented: "Before, when I called, no one seemed to understand, and, now, I finally feel as though someone is really listening to what I have to say."

For an example of a current Memorandum of Understanding used by the partner agencies of the Domestic Violence Enhanced Response Team in Colorado, visit:
http://www.dvert.org/overview/Downloads/Memorandum%20of%20Understanding%202002.rtf.

To view or obtain copies of other manuals in this series, contact the National Clearinghouse on Child Abuse and Neglect Information at:

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http://nccanch.acf.hhs.gov/profess/tools/usermanual.cfm