

# Child and Family Service Review Outcomes

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**A Guide to Domestic Violence Strategies in CFSR  
Program Improvement Plans**

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## **A Guide to Domestic Violence Strategies in CFSR Program Improvement Plans**

Child and Family Service Reviews (CFSRs) evaluate public child welfare systems to determine how well they perform in achieving safety, permanency, and well-being outcomes within difficult situations of neglect, physical and sexual abuse, and often co-existing domestic violence (DV), substance abuse, mental health issues, poverty, and community violence. **Unidentified domestic violence or unsafe intervention in domestic violence situations may contribute to poor CFSR outcomes.** The purpose of this paper is to help child welfare administrators develop effective Program Improvement Plans (PIPs) for achieving safety, permanency, and well-being in domestic violence cases; and identify or anticipate related technical assistance needs.

Child protection system (CPS) case workers identify a history of DV (intimate partner violence) in 45% of families when **active universal screening** for DV occurs (The Greenbook Demonstration Initiative Interim Evaluation Report, 2004). Furthermore, the 30–60% overlap of child maltreatment with domestic violence, identified in research on abused children and in child fatality reviews (Edleson, 1999; Appel & Holden, 1998), points to a need for CPS administrators to carefully consider domestic violence issues when developing strategies to improve CFSR results. For example:

- Efforts to improve family involvement in case planning through implementation of family meetings can increase danger to a child and the non-offending parent (NOP) if DV is not accurately identified or separate meetings are not held for the DV offender and NOP when necessary.
- Focusing on finding and engaging all fathers without exploration of past family dynamics can lead to additional trauma for a child who has been exposed to a father's violence in the past. (The use of the gendered pronoun in this example and elsewhere in this paper reflects Bureau of Justice Statistics findings that the majority of DV offenders (86%) are men (2005)).
- Risk assessment tools can improve consistency in estimating level of risk to the child, but only if workers are trained to safely and effectively engage both NOPs and DV offenders to maximize the chances of obtaining accurate information with which to complete the tools.
- Implementation of universal screening (Bragg, 2003) can increase identification of DV but result in children needlessly entering foster care if DV best practice doesn't occur throughout the life of the case.

### **Domestic Violence Trends in 2007-2008 CFSR Results**

Of the 20 CFSR Final Reports available from round two (as of 4.2.09), 7 specifically reference a **correlation between domestic violence and repeat maltreatment.** Notably, one office in

Massachusetts identified DV in 69.9% of repeat maltreatment cases over a 6-month period. (MA Dept of Social Services). Across all 20 states, the percentage of reviewed cases with DV identified as the primary concern ranges from 0-12% of foster care cases, and 0-42% of cases with children who remain in the home. Issues such as substance abuse, parental depression, and neglect of children can, of course, obscure or take precedence over underlying DV dynamics.

Sixteen of 20 states identified gaps in domestic violence services, while 4 CFSR reports noted a lack of adequate domestic violence training. Eleven states refer to active partnerships with DV service providers or coalitions, and 4 have DV specialists working with or within the CPS system.

As states dig deeper to explore how specific issues such as DV impact outcomes for children, it will be helpful to understand current research on the differential impact of exposure to DV on children and to consider the implications of these findings for child protection practice.

### **Differential Impact of Exposure to Domestic Violence on Child Safety and Well-Being**

**A child may be directly harmed** in a domestic violence assault, inadvertently or as a result of intervening (Peled, 1998). Furthermore, children exposed to domestic violence (CEDV) may be physically abused as well (Appel & Holden, 1998; Edleson, 1999). Multiple studies have found elevated rates of child physical abuse by DV offenders (McGee, 2000), although not all DV offenders are equally dangerous (Cavanaugh & Gelles, 2005). Young children, who are less able to protect themselves, are present during a DV assault more frequently than older children (Fantuzzo et al., 1997). Adult victims of DV also sometimes physically abuse their children (Ross, 1996; Casanueva, 2005), although many display effective and nurturing parenting even while being battered (Sullivan et al, 2000). Where severe DV exists a child is more likely to be neglected (Hartley, 2004). Lack of parental supervision (Hartley) and lack of attention to a child's basic needs due to the DV offender's self-centeredness (Jacobsen and Gottman, 1998) or due to maternal depression (Smokowski & Wodarski, 1996) are noted in the literature on DV and neglect.

**When danger to NOPs increases, their children are at increased risk of harm.** Factors related to danger for NOPs include recent escalation of violence by the offender, threats of homicide or suicide, access to and use of weapons, substance abuse, obsessive jealousy and monitoring behaviors, extreme levels of control of daily activities, and current instability such as unemployment (Campbell, 2004; Mederos, F., undated). Child protection interventions can also increase danger to NOPs (Pence and Taylor, 2003).

**A child's functioning and emotional well-being may be impacted.** Recent meta-analyses show that CEDV demonstrate aggression and anti-social behaviors (externalized behaviors) as well as more fearful and inhibited behaviors (internalized behaviors) at significantly higher rates than

children not so exposed. They also have lower social competence, poorer academic performance, and score similarly on measures of emotional health as children who experience direct child abuse (Kitzmann et al, 2003; Wolfe et al, 2003). Other studies have found that recent exposure to DV is linked to teens' violent behavior in their community (Singer et al 1998), attitudes conducive to the use of violence, and longer term problems such as depression, trauma-related symptoms, and substance abuse (Edleson, 1999).

**The specific impact on a child depends upon a variety of factors.** Research indicates that not all CEDV are negatively impacted (Hughes & Luke, 1998; Grych et al., 2000; Masten, 2001; Graham-Bermann, 2001). The impact depends on the severity and nature of the violence (Spears, 2000), age of the child, length of time since most recent exposure, co-occurrence with other forms of violence such as child abuse and community violence (Edleson, 1999), and how the child understands the violence (Hughes et al, 2001). The effects of exposure to DV may be moderated by the presence of a consistent and caring adult, often the NOP (Osofsky, 1999); opportunities for healing and success (Masten & Coatsworth, 1998); and the existence of assets in the community (Masten & Reed, 2002), including social and extended family supports and skilled interventionists.

**Parenting practices and relationships make a difference.** Not surprisingly, mothers who are victims of violence experience significant stress as a result of DV (Holden et al., 1998; Levendosky & Graham-Bermann, 1998), but may compensate for the violence by becoming more effective parents (Levendosky et al, 2003, p. 275). DV offenders may undermine the NOP's authority with children, making it more difficult for her to effectively parent (Levendosky et al, 2000; Bancroft, 2002), or use the children in efforts to abuse the NOP. DV offenders tend toward authoritarian, neglectful, and verbally abusive child-rearing (Bancroft). Finally, the relationship between the child and the DV offender directly affects the child's well-being (Sullivan et al, 2000). Exposure to violence of a biological father or stepfather has a greater impact on a child than violence by a DV offender who played a minimal role in the child's life.

### **Program Improvement Plan Strategies Related to Domestic Violence**

Figures 1 and 2 suggest a variety of PIP activities to improve CFSR outcomes, particularly when informed by and co-developed with DV partners. Recent research suggests that **meaningful DV/CPS collaboration can positively impact CPS screening and assessment, safety for the child and the NOP, and multi-disciplinary case planning** (Banks et al, 2009). Strategies that are cost-neutral or that utilize existing resources differently or more effectively may be natural choices for second round PIPs.

**Figure 1: Improving CFSR Outcomes by Improving Domestic Violence Practice**

Safety Goals	Potential PIP Activities Related to DV	Process and Practice Measures	Primary Outcomes	Select Indicators
<p>Children are, first and foremost, protected from abuse and neglect.</p> <p>Children are safely maintained in their homes whenever possible and appropriate.</p>	<p>Review statutory guidance and state case law re: policy thresholds for CPS involvement related to DV(1).</p> <p>Revise intake, assessment, and case management polices and protocols to include DV best practice(2).</p> <p>Clarify Differential Response criteria related to DV; review contracted agency protocols for working safely with families.</p> <p>Develop streamlined referral process for DV services.</p> <p>Craft inter-agency protocols that promote safety for child and NOP, and promote DV offender accountability.</p> <p>Adopt family engagement and family team meeting strategies that differentiate between DV offender and NOP, and that address cultural factors (4).</p> <p>Provide specialized DV consultation to workers in-house or in collaboration with DV partners (5).</p>	<p><b>Process:</b> DV state coalitions and service provider partners (including culturally-specific partners) are actively engaged in developing DV screening and case practice protocols.</p> <p>DV offenders are routinely engaged and identified as being responsible for harm to CEDV when indicated. Interventions focus on ending or reducing the violence. (3)</p> <p>Safety of the child and NOP are routinely considered in designing interventions, policies, protocols, and case plans. Interventions are designed to keep NOP and child safe and together whenever possible to minimize trauma to CEDV.</p> <p>Response times, interventions, and case plans reflect accurate and on-going assessment of changing level of danger/risk to child and NOP as a result of DV.</p> <p><b>Practice:</b> Universal, culturally appropriate screening for DV is accomplished, and DV is accurately and consistently identified where it exists.</p> <p>When necessary for safety, separate meetings are conducted with DV offenders (including non-biological father figures) and NOPs; third-party information is used with DV offender whenever possible.</p> <p>DV offenders are safely and differentially engaged as a result of assessment.</p> <p>Safety planning with the NOP and extended family is interactive and builds upon past acts of protection of the child.</p> <p>Safety planning is conducted around CPS interventions that could inadvertently increase danger (unavoidable sharing of disclosures of DV by child and NOP, child removals, court appearances, etc.).</p> <p>DV services and concrete resources (child care, transportation, financial assistance, job search assistance) are provided when need is identified.</p>	<p><i>Safety of Child(ren)</i></p> <p><i>Safety of Non-offending Parent (directly linked to safety of child)</i></p>	<p>Reduced recurrence of maltreatment.</p> <p>Improvement in key safety areas: safety plans; separate interviews, family meetings, and case plans.</p> <p>Increased involvement of extended family and NOP's natural supports in safety plans and case plans.</p> <p>More DV offenders participate in batterer intervention.</p> <p>Reduced number of children removed from care of the NOP.</p>

Permanency Goals	Potential PIP Activities Related to DV	Process and Practice Measures	Primary Outcomes	Select Indicators
<p>Children have permanency and stability in their living situations.</p> <p>The continuity of family relationships and connections is preserved for families.</p>	<p>Include DV in screening of potential foster and adoptive homes.</p> <p>Include DV in screening of potential relative placement homes, including assessment of loyalties to/fears of DV offender.</p> <p>Establish criteria for matching CEDV with families prepared for their specific needs.</p> <p>Provide foster parents and relative caregivers training on effectively parenting CEDV.</p> <p>Establish guidelines for separate and safe visits with DV offender (informed by potential for harm) and NOP that take into account factors such as:</p> <ul style="list-style-type: none"> <li>▪ Proximity to the DV offender</li> <li>▪ Potential contact between DV offender and NOP</li> <li>▪ Emotional impact on child and NOP</li> </ul> <p>Develop DV “reasonable efforts” criteria to fulfill ASFA requirements. (6)</p>	<p><b>Process:</b>            DV partners, including culturally-specific partners, are engaged in developing protocols, guidelines, and training for foster and adoptive families, and relative placements.</p> <p>Foster parents have access to support and clinical consultation around needs of CEDV in their care.</p> <p>Safety of foster and relative caregivers is routinely considered in structuring visitation plans.</p> <p>Flexibility is encouraged in foster care policy and practice to support a child’s continued relationships with family members when appropriate.</p> <p><b>Practice:</b>            CEDV are routinely asked where they feel safe and supported, and efforts are made to maintain those specific relationships even after placement.</p> <p>CEDV in care are age-appropriately informed of efforts to increase safety of the NOP, and of progress of the DV offender to remain non-violent.</p> <p>Potential foster and relative caregiver homes are screened for DV.</p> <p>Foster and relative caregivers are engaged in safety planning if the DV offender presents a threat to the child or the family.</p> <p>Work to increase safety of the NOP continues after child is placed and after reunification. Separate meetings with DV offender and NOP continue.</p> <p>Legal proceedings and filings differentiate between NOP and DV offender.</p> <p>Reunification is based on successful efforts to increase safety of child and NOP.</p> <p>Needs related to repairing or strengthening the parenting role of the NOP with child are accurately assessed, and appropriate services provided. (7)</p>	<p><i>Permanency of Child(ren)</i></p>	<p>Reduced recurrence of maltreatment in FC and relative placements.</p> <p>Increased placement stability.</p> <p>Increased placements with supportive adults identified by child.</p> <p>Reduced # of youth who exit foster care without a permanent, supportive relationship with at least one adult</p> <p>Visitation plans address safety of NOP, foster parents and relative caregivers.</p>

Well-Being Goals	Potential PIP Activities Related to DV	Process and Practice Measures	Primary Outcomes	Select Indicators
<p>Families have enhanced capacity to provide for their children's needs.</p> <p>Children receive appropriate services to meet their educational needs.</p> <p>Children receive adequate services to meet their physical and mental health needs.</p>	<p>Establish behavioral benchmarks for progress of DV offender related to cessation of violence and control tactics (avoid measuring only compliance with services).</p> <p>Identify funding sources for providing for family's basic needs.</p> <p>Fund/build capacity to serve children in DV service agencies.</p> <p>Establish basic screening for DV and CEDV as a core function for contracted services.</p> <p>Develop trauma-informed substance abuse and mental health services.</p> <p>Develop relationships with community coalitions, networks of support for families in communities, and educators regarding needs of CEDV.</p> <p>Integrate factors related to exposure to DV in screening protocols and tools for physical and mental health needs of child. When indicated, purchase trauma evaluations of children.</p>	<p><b>Process:</b> When indicated, parents are routinely provided information on the effects of exposure to DV on children.</p> <p>DV services provided are appropriate and culturally relevant to needs of families (avoiding ineffective services such as anger management; couples counseling; and individual therapy in lieu of batterer intervention for DV offender).</p> <p><b>Practice:</b> Needs of CEDV and NOP resulting from DV are accurately assessed (impact of exposure, DV offender interference in NOP parenting, etc) and appropriate services and treatment modalities are provided.</p> <p>Case plans are dynamic and reflect current circumstances of the family. NOPs are routinely provided resources, services and supports relative to the violence.</p> <p>Self-reports of progress toward non-violence by the DV offender are routinely confirmed with the NOP.</p> <p>NOP is engaged as an active partner in planning interventions with the DV offender. NOP and (older) child are actively included in case planning.</p> <p>Interventions with CEDV and NOP focus on increasing access to resources, expanding networks of support, and promoting resiliency. CEDV are provided counseling, recreational opportunities, and opportunities to feel accomplished.</p> <p>DV offenders are respectfully referred to appropriate services, and their progress monitored. Case management strategies are tied to the DV offender's demonstrated follow-through and changed behavior.</p> <p>Children with academic performance problems, learning disabilities, and behavioral problems are specifically and safely evaluated for exposure to violence in the home.</p> <p>As appropriate, school personnel are part of safety planning for CEDV and the NOP.</p>	<p><i>Well-being of Child(ren)</i></p> <p><i>Well-Being of Families</i></p>	<p>Increased access to basic necessities.</p> <p>Increased connections to social support networks.</p> <p>Decreased NOP reports of abuse by DV offender.</p> <p>Increased reports by NOP and child of healthy behaviors and improved functioning.</p> <p>Increased family participation in family meetings, including DV offender when safe.</p> <p>Improved academic performance of child.</p>

**Figure 2: Improving CFSR Outcomes by Improving Systemic Factors**

Systemic Factors	Potential PIP Activities Related to DV
Statewide information system	<ul style="list-style-type: none"> <li>▪ Determine/improve capacity of information system relative to DV data collection and analysis. Consider information needs related to other family issues such as substance abuse, mental health issues, poverty, race/ethnicity, and primary language of family for purposes of practice improvement and system of care development.</li> </ul>
Case review system	<p>In case review process:</p> <ul style="list-style-type: none"> <li>▪ Require separate, appropriate and equitable case plans for DV offender and NOP.</li> <li>▪ Conduct safe notification of review hearings, and hold separate reviews for DV offender and NOP. Avoid sharing information with DV offender provided by NOP or child. Provide interpreters as needed for DV offender and NOP to fully understand and participate in hearings.</li> <li>▪ Honor confidentiality and consider safety of CEDV and NOP when redacting and releasing CPS records. Conduct safety planning with child, NOP, foster parents, etc. when information must be shared or files released.</li> <li>▪ When indicated, consider Termination of Parental Rights for DV offender while supporting NOP parent retention of rights and custody.</li> <li>▪ Conduct legal processes safely, with advance safety planning for child, NOP, foster parents, and other appropriate individuals.</li> </ul>
Quality assurance system	<ul style="list-style-type: none"> <li>▪ Conduct an audit of the capacity of the CPS system, including legal proceedings, to respond safely and effectively to DV (7).</li> <li>▪ Include DV best practices in QA review processes and tools.</li> <li>▪ Invite DV partners and former consumers (NOP and CEDV, DV offender when appropriate), to participate in QA efforts.</li> <li>▪ Utilize DV data (see Statewide Information System) to generate dialogue relative to improving DV practice.</li> <li>▪ Include expectations of safe and effective DV practice in performance evaluation standards.</li> </ul>
Staff and provider training	<ul style="list-style-type: none"> <li>▪ Integrate domestic violence expertise into existing strengths based, family centered, community connected practice training.</li> <li>▪ Provide mandatory training for staff (including supervisors) and contracted service providers focused on progressive skill development from basic safe DV practice (with individuals, in family meetings and family group conferences, etc.) to advanced DV practice (cross-cultural DV work; addressing co-occurrence of DV with substance abuse or parental mental health issues, etc.).</li> <li>▪ Provide training for domestic violence service providers on the overlap of child maltreatment and domestic violence</li> <li>▪ Train staff on de-escalation techniques and worker safety planning.</li> <li>▪ Train and support foster and adoptive parents and relative caregivers to provide effective and culturally relevant parenting to CEDV.</li> </ul>
Service Array and Resource Development	<ul style="list-style-type: none"> <li>▪ Expand system of care for families in which DV has occurred (i.e. shelters, therapeutic services for child and NOP, supervised visitation, community-based services for NOP, culturally specific services, gender-specific substance abuse and mental health services, court-based legal advocacy, batterer intervention, nurturing/responsible fathers programs, services for battered adolescents and adolescent perpetrators of violence, DV-informed parenting programs, etc). Expand system of care to address needs of communities disproportionately impacted by CPS.</li> <li>▪ Where full service array is not possible (i.e. rural areas, areas with small populations of specific cultural groups, etc), provide additional funding and to facilitate access to services/resources for CEDV and NOP. Where increased funding for services is not available, actively engage existing providers, community leaders and former consumers to advocate for funding, to better organize exists resources, and create informal networks of support.</li> <li>▪ Establish screening of and basic support for CEDV and NOP in all service contracts.</li> <li>▪ Fund DV service providers to develop/support individualized plans for families, including culturally specific services and resources.</li> </ul>

Agency Responsiveness to the Community	<ul style="list-style-type: none"> <li>▪ <b>Establish and maintain working relationships with state DV coalitions and DV partner programs for on-going case collaboration/coordination and joint development/design of policy, practice, and system of care.</b></li> <li>▪ Establish expectations for and support local and regional CPS offices to develop working relationships with DV programs. Include DV partners in family meetings and provider meetings.</li> <li>▪ Collaborate with state DV coalition to ensure child welfare expertise on coalition staff and board, to promote expectation of child welfare expertise in member programs, and to ensure access to DV expertise in state offices established to oversee CPS.</li> <li>▪ Promote and support DV involvement in statewide human service provider groups.</li> <li>▪ Ensure CPS participation in community DV roundtables and task forces, and in community coalitions.</li> </ul>
Foster/Adoptive Home Licensing, Approval, and Recruitment	<ul style="list-style-type: none"> <li>▪ Include former NOPs and CEDV in foster care councils and stakeholder groups.</li> <li>▪ Establish screening for DV as part of licensing and approval processes for potential foster and adoptive homes.</li> <li>▪ Train recruiters and licensing staff on how to recognize DV and on deeper exploration of DV “red flags”.</li> <li>▪ Provide licensing staff DV consultation with experts as needed.</li> </ul>

(1) See Child Witness to Domestic Violence: Summary of State Laws. Child Welfare Information Gateway (current through June 2007). Available at [www.childwelfare.gov/systemwide/laws\\_policies/statutes/witnessdv.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/witnessdv.cfm) or contact the DV state coalition. Routine “failure to protect” or “neglect due to DV” findings indicate lack of awareness of DV dynamics and a need for dialogue with the DV state coalition. Also see Edleson, J.L., Gassman-Pines, J., & Hill, M.B. (2006). Defining child exposure to domestic violence as neglect: Minnesota’s difficult experience. *Social Work*, 51(2), 167-174. Edleson, Gassman-Pines, & Hill, 2006.

(2) See multiple resources and products at <http://www.thegreenbook.info/documents>

(3) See Mederos, F. (nd) Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety. Family Violence Prevention Fund. [http://www.endabuse.org/userfiles/file/Children\\_and\\_Families/Accountability\\_Connection.pdf](http://www.endabuse.org/userfiles/file/Children_and_Families/Accountability_Connection.pdf)

(4) See, for example, Carter, L.S. (2003) Family Team Conferences in Domestic Violence Cases: Guidelines for Practice. Family Violence Prevention Fund. Available at: [http://www.endabuse.org/userfiles/file/Children\\_and\\_Families/family\\_team\\_conferences.pdf](http://www.endabuse.org/userfiles/file/Children_and_Families/family_team_conferences.pdf). See also Taggart, S. (forthcoming) Team Decision Making and Domestic Violence: Guidelines for Facilitators. Family Violence Prevention Fund.

(5) See Rosewater, A. (2008) Building Capacity in Child Welfare Systems: Domestic Violence Specialized Positions. See also Taggart, S. and Litton, L. (2008) Reflections from the Field: Considerations for Domestic Violence Specialists. Both products available at: <http://www.thegreenbook.info/documents>.

(6) See, for example, the Reasonable Efforts Guidelines developed by St Louis County, available at [http://www.thegreenbook.info/documents/STL\\_reasonable\\_efforts.pdf](http://www.thegreenbook.info/documents/STL_reasonable_efforts.pdf).

(7) See, for example, the work of Alicia Lieberman and Patricia Van Horn.

(8) See, for example, Pence, E. and Taylor, T. (2003) Building Safety for Battered Women and their Children into the Child Protection System: A Summary of Three Consultations. Praxis International. Available at: <http://www.thegreenbook.info/documents/buildingsafety.pdf>

## Conclusion

As states work to improve outcomes for children and families they can build upon the lessons of twenty years of specialized domestic violence work in child protection, work that is child-focused, family-centered, strengths-based, community-connected, and organized around safety of the child and the non-offending parent. Many of these lessons are summarized in *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence* (2007) available from the Family Violence Prevention Fund at [www.endabuse.org](http://www.endabuse.org).

The information and strategies in this paper may appear overwhelming, although this represents only a portion of what has been learned by researchers, practitioners, and policy makers about how to effectively address the overlap between domestic violence and child maltreatment. While gaps in DV services have been identified in the CFSRs of many states, the current economy may prohibit much expansion of the service array available to families over the next few years. Depending on each state's individual CFSR findings, CPS administrators and their DV partners may find it more feasible to identify internal practice or policy changes that can lay the foundation for improved outcomes for children and families (National Association of Public Child Welfare Administrators, undated) as they develop second round CFSR Program Improvement Plans.

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