

Reflections from the Field: Considerations for Domestic Violence Specialists



Shellie Taggart
Lauren Litton
Authors
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The persons depicted are models and used for illustrative purposes only.

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Domestic violence and child protection professionals from New Hampshire, California, Massachusetts, Colorado, Missouri, Oregon, Vermont, Ohio, and New York came together to discuss the complexity of systems-change work and the continued need for a social justice framework to guide these efforts. This document is a compilation of their stories and insights as people who have worked as or supported domestic violence specialists dedicated to helping families experiencing the co-occurrence of domestic violence and child maltreatment. A special thanks goes to the members of the planning committee that made that forum possible. They are:

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This document is dedicated to all the women, children, and men whose lives and experiences have shaped our understanding of how to do this work; building our expertise one story at a time.

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I. Introduction

Exploring Specialized Positions

Interdisciplinary collaboration is becoming a common way of addressing complex and multidimensional social problems. The interest in interdisciplinary response to intimate partner violence raises critical questions about how best to support and encourage collaborating professionals to improve outcomes for families through individual and systemic advocacy. Both the civil and criminal arenas engage in efforts to develop a seamless, comprehensive, coordinated, and interdisciplinary system of delivery of domestic violence services. The creation of specialized domestic violence positions has been the direct result of these partnerships and endeavors.

Domestic violence specialists (specialists) are individuals with domestic violence expertise that work outside of domestic violence agencies to help professionals and families involved in other systems manage domestic violence cases. Specialists are often co-located (employed by a domestic violence agency and housed at another program) or hired directly by an organization to bring proficiency in-house. Specialists are most frequently placed in law enforcement agencies, courts, child protection services (CPS), and medical settings.

In 2006, specialists, advocates, CPS, and domestic violence program administrators, and representatives from national organizations convened for *Exploring the Role of Specialized Positions in Child Welfare and Domestic Violence Collaborations* (Specialized Positions Meeting). At the Specialized Positions Meeting, participants shared their stories, reflected on lessons learned, and strategized about future directions for specialist positions addressing the overlap of domestic violence and child abuse and neglect. This document is a reflection of the discussions that occurred at that meeting¹ and literature reviews that support those discussions. It is a companion piece to *Building Capacity in Child Welfare Systems: Domestic Violence Specialized Positions*,² which provides an overview of the emergence and design of specialized positions.

As with any emerging field, strategies and priorities continue to evolve. The goal of this document is not to review the great amount of literature about the co-occurrence of domestic violence and child maltreatment (co-occurrence), but instead it is to share the discussions from the Specialized Positions Meeting. This meeting had three goals.

1. Celebrate the advances made by specialists and offer insights based on their collective experience;
2. Stimulate dialogue between the child protection and domestic violence fields by framing key questions for policy makers and others interested in supporting, funding, and implementing specialist positions; and

¹ The Specialized Positions Meeting was held in Boston, Massachusetts July 13-14, 2006. Text boxes appear throughout this document highlighting comments made by conference participants.

² ANN ROSEWATER, BUILDING CAPACITY IN CHILD WELFARE SYSTEMS: DOMESTIC VIOLENCE SPECIALIZED POSITIONS (National Council of Juvenile and Family Court Judges and Family Violence Prevention Fund) (2008).

3. Support those working as specialists by reaffirming the importance and difficulty of their role and proposing foundational questions for exploration to shape their role and responsibilities to guide the next generation of their work.

II. Focus on Child Maltreatment

Recognition of Specialization to Manage Co-occurrence Cases

The high incidence of domestic violence and child maltreatment co-occurring within the same family is well established.³ Increased concern over co-occurrence and growing recognition of the importance of consistent caretaking on a child's development has fueled policy changes.⁴ For example, shifts in policy have created shorter and stricter timeframes within which courts and child protection agencies must make permanent decisions about the care and custody of children.⁵ Improved planning and practice among fields is essential in order to assist families and provide them an opportunity to enhance safety and well-being.

This document focuses on one strategy, the creation of domestic violence specialized positions within the child welfare arena. Several federal initiatives have supported the development of specialist positions in the child welfare arena.⁶ Communities have used other federal funding sources such as Office on Violence Against Women grants, Family Violence Prevention and Services Act grants, and Child Abuse Prevention and Treatment Act grants, and both court-improvement and child welfare general operating funds to create specialist positions to help meet the needs of families experiencing co-occurrence.⁷

³See, Family Violence Prevention Fund, *The Facts on Children and Domestic Violence*, available at <http://www.endabuse.org/resources/facts/Children.pdf> (outlining that between 3.3 and 10 million children witness domestic violence each year; approximately 50 percent of men who frequently assaulted their partners indicated they also abused their children; domestic violence may be the single major precursor to child abuse and neglect fatalities in this country; children who witness violence suffer greater rates of depression, anxiety, post traumatic stress disorder, alcohol and drug abuse, are at greater risk of entering the juvenile and criminal justice system, and have significantly lower academic achievement; and studies indicate that 80 to 90 percent of children living in homes with domestic violence are aware of the violence).

⁴ Laurie Drabble, *Pathways to Collaboration: Exploring Values and Collaborative Practice Between Child Welfare and Substance Abuse Treatment Fields*, 12 CHILD MALTREATMENT 31-42 (2007).

⁵ In response to children who were languishing and growing up in the foster care system, the Adoption and Safe Families Act (42 U.S.C. § 671(a)15) was passed which reduced timeframes children are out of home care before permanent alternative placements decisions are required. Some states have also enacted legislation that allows for further expedited permanency planning for children who meet specific criteria.

⁶ Two known initiatives are the *Greenbook* Initiative and DVS/CPS Grants. The DVS/CPS Grants were available through the Office of Community Services and required collaboration aimed at producing effective training and intervention protocols in CPS investigations involving domestic violence. Communities participating in the *Greenbook* initiative were supported by the Department of Justice and Department of Health and Human Services, and were required to have the courts, CPS, and domestic violence agencies work together to implement recommendations found in the publication *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (See *infra* note 34 for full citation).

⁷ OLGA TRUJILLO & GRETCHEN TEST, *FUNDING THE WORK: COMMUNITY EFFORTS TO END DOMESTIC VIOLENCE AND CHILD ABUSE* (American Public Human Services Association) (2000), available at <http://www.thegreenbook.info/documents/fundingstreams.pdf>.

Benefits of Domestic Violence Specialization

Specialists serve as “interpreters” among systems as they work to institutionalize shared knowledge and facilitate relationships in order to promote safety for families. Intimate partner violence has several nuances. Many professionals involved in co-occurrence cases, unless they work directly for a domestic violence organization, have

The role of a specialist is holding up mirrors for the system. Having a specialist in our child protection agency has allowed us to reflect on the impact of our practice and policies on families experiencing intimate partner violence.

~ Administrator, CPS

relatively little training about domestic violence.⁸ It is imperative that professionals know how the presence of domestic violence can affect and influence the decision-making, well-being, and safety for each family member, or at a minimum, have access to someone who can help answer questions and brainstorm individualized approaches.

Domestic violence specialists can improve a court or child protection agency’s ability to identify intimate partner violence, provide appropriate service referrals, coordinate court cases if more than one exists, create situation-specific interventions to keep children safe, and develop criteria for system intervention and removal of children when co-occurrence exists. Even though specialist positions have existed for almost 20 years, they are still a relatively new concept to many communities, and those agencies currently employing specialists are continuing to refine the scope and objectives of the positions.⁹

Specialists can promote innovation and cooperation. They act as mirrors to systems, reflecting the experiences of families back to courts, CPS, and domestic violence organizations. As they hold up these mirrors in one hand, specialists support the individual and institutional change processes required to improve outcomes for families with the other. Specialists need to be able to establish respectful relationships, work with a diverse group of individuals, and provide foundations for important but often difficult conversations.

Specialists must have an understanding of the court, CPS, and domestic violence systems in order to promote and support systemic change on behalf of families. Therefore, domestic violence specialization requires a considerable degree of skill and knowledge that may include:

- Significant experience working with victims of domestic violence and their children and with men who use violence;
- Understanding of systemic change approaches and the ability to transfer knowledge of advocacy and intervention to others;

⁸ Brian Payne, et al., *Domestic Violence Training Policies: Influence on Participation in Training and Awareness of Abuse*, 22 *AFFILIA* 292-294 (2007) (finding that fewer than one percent of undergraduate and graduate social work programs have a separate course that deals with domestic violence).

⁹ Initially implemented in child welfare by the Massachusetts Department of Social Services in 1990, several other states and counties across the country have since adopted variations of the specialist strategy.

- Knowledge of the theory and practices of CPS, the court system, and domestic violence agencies, and the ability to navigate their various levels;
- Demonstrated understanding of the experience of marginalized communities and their relationship to governmental entities, and an ability to work with these communities;
- Advanced clinical skills and ability to provide case consultation and crisis intervention; and
- Strong advocacy skills and extensive knowledge of the community resources available for families experiencing domestic violence.

Child welfare¹⁰ practices and policies vary widely from one community to the next, and no single document can capture all of the lessons learned about domestic violence specialization. However, at the Specialized Positions Meeting, several common factors facing the specialization field emerged and the remainder of this document highlights those policy and practice themes. These themes are role clarification; confidentiality; system advocacy; screening and case management; working with mothers; working with fathers; race, gender, and class; leadership; and a best practice framework.

III. Primary Issues for Consideration

Role Clarity

Frequently, specialists assume positions and, left to their own devices, must structure their role and responsibilities, develop protocols and procedures within which to work and interact with systems, and create buy-in from other professionals about the value of the specialist position. Staff within a system, are often unaware of the creation and staffing of a specialist position; specialist's office space is sometimes relegated to locations that house no other employees, such as basements; and specialists tend not to be introduced to other staff or be included in staff meetings. Ambiguity about the expectations, goals, and responsibilities of specialists can lead to confusion, frustration, and in extreme circumstances, outright conflict.

One of the first things successful collaborative models do is develop a shared philosophy; specialization requires the same.¹¹ Agreement, clarity, and communication by all involved partners about the role of the specialist are critical to the successful integration of specialists into the current response. This agreement must occur with professionals at all levels within that given system so that front-line workers know how to access and use the specialist, and supervisors, managers, and administrators encourage and support their use and are open to feedback about needed reform. Ongoing communication and clarification about a specialist's role and responsibilities is important as each locality determines how the position can effect the most change.

¹⁰ In this document, the term "child welfare" refers to both court and CPS agency practices and responses in co-occurrence cases.

¹¹ Drabble, *supra* note 4, at 32.

The local specialist is really savvy about the child protection system, what the limitations are in the legal system regarding restraining orders, and so on. She shares practical information and helps us think through what would be the ramifications of different actions we might take.

~ *Domestic Violence Service Provider*

To date, the specific job functions of specialists vary depending on identified priorities. In some agencies, the specialist's role is to enhance the system's response by providing resources and direct support to battered mothers. In other communities, specialists serve as a systems-change agent whose job includes some combination of training, consultation, strategic planning, and policy and protocol development. This

constant, delicate balancing act of both supporting and "pushing" practice requires not only solid working relationships, but also the visible and consistent support for this dual role by management.

Specialized Positions Meeting participants agreed that one goal of specialized positions is to transfer knowledge about domestic violence to other system-based workers so that over time, specialists can assist new personnel and concentrate on other reform efforts. Other common specialist roles and responsibilities include:¹²

- Serving as a liaison between agencies to foster coordination and communication;
- Being the point of contact for multiple agencies when they are working with a family experiencing co-occurrence;
- Training court and child welfare staff and administrators about the relationship between domestic violence and child abuse and neglect;
- Developing safety plans with victims of domestic violence;
- Helping identify families with co-occurrence issues through screening and participating in investigations;
- Engaging in creative problem solving and promoting justice for families involved in the child welfare system;
- Providing integrated clinical consultations to child protection staff to address multiple needs in families and participating in case planning;
- Helping families to navigate the CPS and court systems;
- Serving as a consultant to child welfare and domestic violence workers on individual cases;

¹² Domestic Violence and Child Protective Services Collaboration (DV/CPS), Off. of Community Services, Admin. for Children and Families, U.S. Dep't of Health and Human Services, *Domestic Violence Specialists On-site at Child Welfare Offices*, (updated January 28, 2000), available at <http://www.calib.com/dvcps/facts/dvs.htm>.

- Facilitating support and education groups for battered women with active cases in the child welfare system;
- Engaging fathers to be active participants in their case plan and educating them on the effect of their violence on their children and family;
- Advocating for victims of domestic violence;
- Participating in community efforts to promote coordinated and culturally relevant responses to co-occurrence; and
- Implementing memoranda of understanding between CPS and domestic violence agencies.

Some child welfare agencies question the wisdom of specialization as a means of integrating domestic violence expertise into the work of protecting children, believing in a more generalist approach in which all front-line and supervisory staff develop sophisticated social work and clinical skills that include knowledge and skills specific to domestic violence. Due to multiple problems facing families and high caseloads, CPS and court staff have limited time to develop the depth of expertise that a specialist can bring to bear on complicated domestic violence situations. The ability to access specialized knowledge and case management recommendations through consultation with experts can vastly improve child protection and dependency court professionals' ability to serve families.¹³

Confidentiality

The level of confidentiality a specialist has in speaking with individuals directly relates to the conception of what her or his role is and therefore should be decided at the front-end when developing the structure and responsibilities of the position. Generally, specialists employed by community-based domestic violence programs and placed in court or CPS agencies view the victim of domestic violence as their client and are bound by their agency's confidentiality rules. Specialists employed directly by the court or CPS typically view front-line child protection or dependency court staff as their primary clients, which results in different practices and agreements around confidentiality. Under this structure, specialists maintain relationships with community-based organizations and advocates in order to facilitate victims' access to confidential services.

It is imperative that specialists and organizations are familiar with the legal mandates related to confidentiality and information sharing so that they can inform victims of domestic violence about policies and exceptions; know, respect, and abide by the mandates; and work in coordination with families and other service providers to determine what courses of action are needed to augment safety. Factors that can affect confidentiality include, who employs the specialist, what role the specialist plays, the educational and training level of the specialist, the laws and agency regulations, and how the specialist will

¹³ While many specialists come from the domestic violence advocacy community, effective specialists make sure they also carry a lot of knowledge about CPS, the court system, working with men, and the impact of violence on children.

access and collect information. Specialists should consider their level of confidentiality and make decisions accordingly about where to meet with battered mothers (e.g. on or off-site), how to document information, and under what circumstances they can and will share information with other professionals.

Confidentiality, while intended as a safeguard for victims and their children, can sometimes become a barrier behind which unsafe practices can occur. It may also signal a lack of trust between people or systems best addressed proactively by building relationships.¹⁴ In co-occurrence cases, specialists are well-positioned to foster communication among professionals around this sensitive and important topic.

System Advocacy

Child protection agencies and courts across the country are engaging in progressive efforts to reform structures and work processes to better meet the needs of the families and children they serve. Differential response systems, efforts to reform foster care, and adoption of standardized tools and decision-making guides appear to have significant potential to improve practice and outcomes. Policy development is one way to create concrete system change and specialists can and should influence that policy development. Specialized Positions Meeting participants spent a considerable amount of time discussing system advocacy and the opportunities specialists have to make advances in that area.

The greatest strength of specialists is that they understand relationship building, and their greatest challenge is creating meaningful practice change.

~ Administrator, CPS

Advocacy represents the strategies devised, actions taken, and solutions proposed to influence decision-making and to create positive change for people and their environment.¹⁵ The goal of individual advocacy is to get an institution to adjust its practices to enhance safety for an individual battered mother and her children and avoid potentially damaging responses because of her involvement with that institution. System advocacy, on the other hand, seeks to standardize informed and effective practices in these same institutions for all families experiencing co-occurrence. Individuals who are specialists usually have previous experience as domestic violence advocates and applying techniques to be effective at individual advocacy and try to apply those same skills to system advocacy. Often however, the approach for individual advocacy can be counter-productive to system advocacy. Specialists need opportunities to learn about system

¹⁴ For more information on this topic, see JILL DAVIES, CONFIDENTIALITY & INFORMATION SHARING: ISSUES FOR DOMESTIC VIOLENCE ADVOCATES WORKING WITH CHILD PROTECTION AND JUVENILE COURT SYSTEMS (Family Violence Prevention Fund), available at <http://www.endabuse.org/programs/children/files/InfoSharing.pdf>.

¹⁵ Wisconsin Clearinghouse for Prevention Resources, Advocacy & Action, *What is Advocacy?*, available at <http://wch.uhs.wisc.edu/11-Action/11-Action-01WhatIsIt.html>.

advocacy. Methods and tips that have guided specialists in promoting system advocacy and policy development and reform are:¹⁶

- Acknowledging the system's accomplishments and areas of good work;
- Planning for small wins and celebrating successes;
- Building relationships, improving communication, and educating decision-makers;
- Being passionate and persistent, yet ready to compromise;
- Ensuring that issues put forth are relevant to the local community;
- Articulating clearly why a policy needs to be developed or modified and defining the issue or current policy in neutral terms;
- Studying the issue or problem a policy change would affect and framing the problems from the point of view of multiple perspectives, including that of battered women, children, and fathers;
- Collecting solid facts through documentation that support the issue at hand;
- Outlining the facts, myths, and values associated with the issue;
- Identifying potential allies and opponents of policy development efforts; and
- Making certain that new policies have an evaluative component.

Some policy areas the Specialized Positions Meeting participants indicated were ripe for discussion include:

- The relationship between the criminal justice and child welfare system related to overrepresentation of people of color;
- The connection between women being battered, arrested on drug charges, and the impact on child welfare practice;
- The appropriateness of current standardized assessment tools and structured decision-making for diverse clients; and

¹⁶ Eric Wadud, et al., *Survival Skills for Advocates, Tools & Checklists*, (eds. Bill Berkowitz & Jerry Schultz) (2007), available at http://ctb.ku.edu/tools/sub_section_tools_1198.htm and ROSE THELEN & SANDRA DAVIDSON, *Working for Long Term Change in the Child Protection System*, excerpt from, *RESPONDING TO THE DUAL ISSUES OF BATTERING AND CHILD ABUSE: PROMISING PRACTICES FOR BATTERED WOMEN'S PROGRAMS* (Minnesota Coalition for Battered Women) (2003).

- How to meet the educational or permanency needs of adolescents who grew up in homes where there was intimate partner violence and the impact of that exposure was never addressed.

Court and agency administrators face competing demands for limited resources, pressure for attention from numerous constituencies, and charged political climates within which they must set priorities and make difficult decisions about which projects and initiatives to support. Evaluation and data are critical components to system advocacy and reform. Statistics and outcomes around domestic violence must be part of the data-gathering effort. Even small-scale, qualitative evaluation of practice or outcomes can provide powerful arguments for maintaining or expanding funding and positions. Local and statewide domestic violence organizations play an important role as they also gather data and stories about the experiences of the women and children they serve and regularly develop and sustain relationships to bring attention to policy and funding needs of victims of domestic violence. Additionally, state domestic violence coalitions can lobby for inclusion of domestic violence data in state-level child protection reports and in federal audits of child welfare systems such as the Child and Family Service Review.

Screening and Case Management

Public expectations of child protection agencies to prevent all tragedies involving children who have come to their attention are unrealistic and can unintentionally be a powerful deterrent to good practice. Understandably, child welfare staff, following condemnatory media coverage when a child is seriously maltreated or dies, may often close ranks and practice more reactively. Relational social work¹⁷ is difficult to sustain when public scrutiny and anxiety is high and the environment is often one of “crisis management.” Due to reactive policy changes and a culture of agency liability, quick responses may be prioritized over deliberate, individualized, and collaborative responses.

Specialists typically do not carry the caseloads that other workers have in child welfare. This allows them to dedicate more time to particular cases and spend time problem solving with individual caseworkers.¹⁸ The existence of domestic violence specialists may not necessarily change the organizational culture, but it can mitigate the impact of some cultural aspects on practice. Two areas that specialists have concentrated on are screening and case management. Research related to design responses and practices in these areas are outlined below.

- A study to identify screener traits that enhance victim comfort found that victims prefer domestic violence screening be done in a private setting, by a

¹⁷ Relational social work is a method used to enhance resilience and increase capacity to resolve difficulties. It is accomplished by engaging, mobilizing, and developing both supportive and problem-solving networks. These networks can include family members, friends, teachers, and any other significant actors who have a contribution to make. The participatory approach offers a way of translating policies that aspire to social inclusion into practice. See Fabio Folgheraiter, *Relational Social Work: Principles and Practices*, 6 SOC. POLICY & SOCIETY 265-274 (2007).

¹⁸ Focus groups conducted with CPS staff in Massachusetts revealed that consulting with specialists allowed workers to slow down and resulted in a decrease of times that managers had to intervene in cases.

female who is of the same race, and between the ages of 30 to 50.¹⁹ Multiple opportunities and venues for disclosure are also important for victims.²⁰

- Adult victims residing in domestic violence shelters are among the most brutalized, marginalized, and in urgent need of assistance.²¹ Mothering is often invisible in shelters and subject to idealized constructions.²² During the time of upheaval, the idealized construction of mothers as calm and competent is counter-intuitive²³ and leads to views that mothers have problems with parenting.
- Children from homes where the mother has less formal education, the mother is unemployed, the perpetrator is not a biological parent, or the parents are not married, are more likely to intervene in incidents of intimate partner violence, thereby exposing the family to the child welfare system.²⁴ These characteristics do not indicate an increase of risk, but an increase in visibility.
- Both child welfare professionals and mothers identified and positively evaluated housing, financial resources, support network development, mental health counseling, and domestic violence related services as supportive child welfare interventions.²⁵
- Fifty percent of professionals specifically highlight the development of support systems for clients as an important outcome of child welfare involvement.²⁶
- Battered mothers view court and CPS responses that presuppose battered mothers need parenting skills, such as ordering mothers to attend parenting classes, as unhelpful. More than half the victims of domestic violence commenting on parenting classes state that they do not see the logic in being referred to them; many felt that the domestic violence did not impact their parenting.²⁷
- If not explicitly engaged, collaboration between the child protection and domestic violence arena has the potential to exacerbate circumstance for victims

¹⁹ Johnathan Thackeray, et al., *Screening for Intimate Partner Violence: The Impact of Screener and Screening Environment on Victim Comfort*, 22 J. INTERPERS. VIOLENCE 659-670 (2007) (interviewing 140 victims of domestic violence about their experiences with screening and degree of comfort with certain traits of the screener and the screening environment).

²⁰ Heather R. Hlavka, *Revictimizing the Victims?: Interviewing Women About Interpersonal Violence*, 22 J. INTERPERS. VIOLENCE 894-920 (2007).

²¹ Julia Krane & Linda Davies, *Mothering Under Difficult Circumstances: Challenges to Working with Battered Women*, 22 AFFILIA 23-38 (2007).

²² *Id.* at 26.

²³ *Id.* at 31.

²⁴ Jeffrey L. Edelson, et al., *How Children Are Involved in Adult Domestic Violence: Results from a Four-City Telephone Survey*, 18 J. INTERPERS. VIOLENCE 24-25 (2003).

²⁵ Shim S. Woochan & Wendy L. Haight, *Supporting Battered Women and Their Children: Perspectives of Battered Mothers and Child Welfare Professionals*, 28 CHILD. & YOUTH SERV. REV. 620-637 (2006) (interviewing 17 battered mothers and 10 child welfare professionals).

²⁶ *Id.* at 627.

²⁷ *Id.* at 632.

of domestic violence.²⁸ For example, some mothers feel a sense of powerlessness (likened to that of the battering situation) which over time causes them to respond to child welfare helpers with passive resistance or even outright hostility. These reactions can affect CPS workers creating a situation where they make decisions about a child's safety and permanence based more on the mother's compliance than by real change.²⁹

- Qualitative evidence confirms that children need to talk about what is happening around them.³⁰ What appears to hamper some mothers and their children in repairing their relationships, even when out of a violent home, is a type of conspiracy of silence. Mothers sometimes do not talk to their children about the violence because they are trying to protect them, believing that it will benefit their children.³¹ Children on the other hand, may not speak to their mothers about the domestic violence because they have learned that it is a secret and because they believe that their mothers have enough to cope with and do not want to bother them further.

Based on the above, Specialized Positions Meeting participants reported that they have worked on individualized approaches, engaging fathers, and honoring an adult victim's autonomy although there is system involvement.

Working with Mothers

Partnerships with battered mothers are an essential element to safety. Courts and child welfare systems that have integrated domestic violence specialization operate from a belief that helping mothers stay safe is in the best interests of their children and is directly correlated to children's safety.

Child protection work involves managing risk and enhancing the safety and well-being of children, but in practice, it can potentially escalate risk and impair children's emotional and physical health. Involvement with CPS or the court can lead battered mothers to become vulnerable to further manipulation from their batterers; depression and feelings of shame; termination of parental rights; economic hardship; pressure to compromise on access to children; and the feeling that they must

I remember interviewing a court-based victim advocate who told me that she had seen countless women come to court for restraining orders after becoming involved with CPS. I asked her if this was because CPS forced mothers to get restraining orders. She said no, it was because the mothers got beat up worse after child protection workers showed up at the front door.

~ Director, CPS Domestic Violence Unit

²⁸ Linda Davies & Julia Krane, *Collaborate with Caution: Protecting Children, Helping Mothers*, 26 CRIT. SOC. POLICY 412-425 (2006).

²⁹ *Id.* at 415.

³⁰ Mark Rivett, et al., *Watching from the Stairs: Towards an Evidence-Based Practice in Work with Child Witnesses of Domestic Violence*, 11 CLIN. CHILD FAM. PSYCH. 103-108 (2006).

³¹ Cathy Humphreys, et al., "Talking to my Mum": *Developing Communication Between Mothers and Children in the Aftermath of Domestic Violence*, 6 J. OF SOC. WORK 53-57 (2006).

choose whose safety to prioritize, their children's or their own, as they make decisions.³² Interventions that keep mothers and children safe and together prevent unnecessary placements of children into foster care, respect and support familial and cultural bonds that are important for children's long-term well-being, and encourage a mother's belief in her own parenting ability. While not every placement can be avoided, working to increase safety of mothers and children together is a highly effective strategy for creating safety and minimizing trauma to children.³³

Domestic violence work in a child protection system or dependency court differs from domestic violence work in a community-based program in significant ways. Unlike domestic violence programs in which traditional empowerment models require that battered women voluntarily ask for help, child protection is primarily a non-voluntary intervention that often occurs before women have decided to seek outside assistance regarding the violence of their partner. Thus, many battered mothers involved in the child welfare system have never disclosed the intimate partner violence to anyone. Specialists can help child protection workers develop language, approaches, and strategies that "fit" within the context of their work and still uphold some of the principles of domestic violence advocacy. These principles may include linking safety of mothers and children, keeping children with their non-abusive parent wherever possible,³⁴ avoiding blanket, one-size fit all responses, using a strengths-based approach,³⁵ and letting victims guide much of the specifics found in the system intervention or case plan.³⁶

We helped a mother prepare to speak in court. She explained to the judge that she was late to her visit because of the city bus schedule. She did an amazing job and the judge told her that she provided the court with a completely different understanding of her situation – contrary to what the attorney for CPS presented.

~ Domestic Violence Specialist, Court-Based

Frequently, child welfare systems use formulaic solutions in domestic violence situations including orders to sever the relationship with their abuser by going to a shelter,³⁷ obtain a

³² LAUREN LITTON, HELPING ST. LOUIS COUNTY FAMILIES: A GUIDE FOR COURT PROFESSIONALS ON THE CO-OCCURRENCE OF DOMESTIC VIOLENCE AND CHILD ABUSE/NEGLECT (St. Louis County Greenbook Initiative) (2007), available at http://thegreenbook.ncjfcj.org/documents/SLC_Court_Guide.pdf.

³³ The fear on the part of many battered parents of being blamed for the violence or having disclosure of the violence lead to further state intervention may cause domestic violence to be identified late in the progression of a dependency case. Therefore, it is important to consider the history of abuse and the abused parent's efforts to manage existing safety threats and prevent additional safety threats to the children from arising.

³⁴ SUSAN SCHECHTER & JEFFREY L. EDLESON, EFFECTIVE INTERVENTION IN DOMESTIC VIOLENCE & CHILD MALTREATMENT CASES: GUIDELINES FOR POLICY AND PRACTICE (National Council of Juvenile and Family Court Judges) (1999).

³⁵ A strength-based approach inventories the positive building blocks that already exist in the battered mother's environment that can serve as the foundation for safety, growth, and change.

³⁶ Operating from the perspective of woman-defined advocacy, domestic violence service providers recognize that victimized parents know best what will keep her and her children safe. Woman-defined advocacy "means advocacy that starts from the woman's perspective, integrates the advocates knowledge and resources into the woman's framework, and ultimately values her thoughts, feelings, opinions, and dreams." JILL DAVIES, ET AL., SAFETY PLANNING WITH BATTERED WOMEN: COMPLEX LIVES/DIFFICULT CHOICES (Sage 1998).

³⁷ Shelters often have restrictions and requirements such as mandatory participation in counseling and educational programs that may over burden clients involved in the child welfare system.

protection order, and participate in counseling or support groups. Children are required to participate in counseling, and if a father is included, CPS staff may suggest an assessment or participation in a batterer intervention program. While none of these responses is necessarily inappropriate, a single response does not work equally well for every family and some of these responses can put both the children and victimized parent at greater risk. Formulaic responses may also replicate the power and control dynamics created by the perpetrator of violence over the victimized parent and child. In one study, 41 percent of mothers interviewed (none of whom still lived with the batterer) considered the system's intervention drastic.³⁸ Mothers also noted that simultaneously losing the child and partner was extremely traumatic. One mother suggested that CPS should not force the separation but rather should actively try to mend the relationship by working with the batterer more actively and aggressively.³⁹

I initially developed relationships by letting CPS workers know that I would help mothers apply for financial assistance. Now, I sometimes go with the caseworkers to meet directly with mothers and find out first-hand how things are going.

~ Domestic Violence Specialist

Child welfare staff sometimes accuses domestic violence specialists of being “just an advocate for the mother.” Specialists themselves tend to view their work as grounded in the human rights of both children and women to be free from violence in their own homes. When viewed from that vantage point, it seems both appropriate and necessary to advocate for these basic human rights. They are not conditional on a mother or child being without flaws, complying with a perpetrator's demands, or cooperating with a child protection worker. Valuing the safety of all family members is one way to promote these basic human rights.

Specialized Positions Meeting participants agreed that specialists could help system staff brainstorm how to develop supportive, non-coercive, and empowering interventions that promote the safety of both the adult victim and their children in co-occurrence cases and child welfare responses. Specialists can help workers identify the impact of domestic violence on children, explore the factors that mitigate that risk, and make plans that work for a specific family in a particular community. Specialists can also develop questions that will guide court and CPS professionals in their conversations with families that focus on eliciting information about help-seeking behaviors, protective strategies, and potential areas of engagement.⁴⁰

Working with Fathers

The current focus of child welfare systems to embrace fathers and other men as a potential source of emotional and psychological support for children represents an important and necessary shift in how society views men's capacity to nurture and to take responsibility

³⁸ Wochan & Haight, *supra* note 25, at 629.

³⁹ *Id.*

⁴⁰ ANNE GANLEY & SUSAN SCHECHTER, DOMESTIC VIOLENCE: A NATIONAL CURRICULUM FOR CHILDREN'S PROTECTIVE SERVICES, (Family Violence Prevention Fund) (1996).

for intimate partner violence. Many communities are expanding their repertoire of strategies for engaging men who use violence while maintaining an unequivocal stance on safety for children and women.⁴¹ Accountability means placing responsibility for abusive and controlling behaviors on the perpetrator of such behavior. It is the opposite of blaming adult victims or expecting them to control or to protect against the actions of another's behavior.⁴² Experts indicate that interventions must be "responsive to the totality of harm done by the violence rather than be incident or punishment focused" and that it must "reflect a commitment to accountability to the victim."⁴³ While an intervention to child abuse may be initially effective, the impact of that intervention may soon be sabotaged if domestic violence is not identified and addressed in a way that the perpetrator is held accountable for stopping the violence and the adult victim is protected and her autonomy respected.⁴⁴

Systems continue to struggle to find ways to hold perpetrators of intimate partner violence accountable for their acts. One-dimensional views of men who use violence and strategies that are limited to criminal sanctions and monitoring of these individuals often miss the mark for many families. One of the greatest challenges to effective child protection practice in co-occurrence cases is the historic invisibility of fathers in the system. Men labeled as batterers or offenders, lose their identities as fathers in child welfare shutting down opportunities to develop policies and practices to engage them.⁴⁵ Specialized Positions Meeting participants echoed the sentiment to avoid offender or batterer labels and view fathers in the broader context of familial relationships. Many children of abusive men appear to care deeply for their fathers and desire a gratifying relationship with them.⁴⁶ Interventions should involve men who use violence in co-occurrence cases in order to support victimized parents and children and provide opportunities for men to develop non-violent parenting and partnering relationship patterns.⁴⁷

When CPS does not actively engage the perpetrator of intimate partner violence, the obligation for keeping the children safe falls to battered mothers, who, as a result of the system intervention, may already be at increased risk. In one study, 75 percent of mothers interviewed felt that system interventions focused solely on them, scrutinizing their ability to parent, while disregarding the responsibility of the person who used the violence.⁴⁸ Like

⁴¹ More and more, there is an understanding that safety planning for women and children must include working with men and that working with men must include safety planning for women and children. Brid Featherstone & Sue Peckover, *Letting Them Get Away with It: Fathers, Domestic Violence and Child Welfare*, 27 CRIT. SOC. POLICY 181-202 (2007).

⁴² Litton, *supra* note 32.

⁴³ ELLEN PENCE, ET AL., DOMESTIC VIOLENCE INFORMATION MANUAL (Duluth Domestic Abuse Intervention Project) (1993).

⁴⁴ JANET CARTER & SUSAN SCHECHTER, CREATING COMMUNITY PARTNERSHIPS FOR SAFE FAMILIES SUGGESTED COMPONENTS OF AN EFFECTIVE CHILD WELFARE RESPONSE TO DOMESTIC VIOLENCE (Family Violence Prevention Fund) (November 1997).

⁴⁵ Woodchan & Haight, *supra* note 25.

⁴⁶ Brid Featherstone, *Putting Fathers on the Child Welfare Agenda*, 6 CHILD & FAM. SOC. WORK 182-83 (2001).

⁴⁷ Featherston & Peckover, *supra* note 41, at 181-182.

⁴⁸ Woodchan & Haight, *supra* note 25, at 629.

mothers, child welfare and court professionals recognize a need to work with fathers, but often feel constrained by limited resources or lack confidence in their skills.⁴⁹

Professionals, including specialists, advocating for systems to improve their ability to work with men, should be cautious that shifts toward involving fathers are firmly grounded in the safety of children and battered women. As strategies that are more sophisticated are developed and field-tested, practice lessons will continue to emerge. However, to date, the most successful strategies have frequently been in partnership with responsible fatherhood and batterer intervention programs.⁵⁰

Deepening Race, Gender, and Class Analysis

When domestic violence advocates accept their positions as specialists, many hope or expect to talk about gender-based inequities they see reflected in child welfare practice and policies holding battered mothers responsible for children's exposure to men's violence.

Our attitudes toward race and culture set the stage for interpersonal violence.

~ Administrator, CPS

Once positioned, the work focuses more on improving the effectiveness of daily practice than the gender politics that lay beneath. Recent efforts to bring the reality of overrepresentation of children and families of color in the child welfare system into sharp focus presents the chance to have open conversations about race, gender, and class issues through an analysis of power, privilege, and institutional oppression.

The overrepresentation of African American and Native American children in the child welfare system (disproportionality) is a troubling and complex phenomenon.⁵¹ Thirty-three percent of kids in foster care are African-American, but they make up only 15 percent of the child population.⁵² Yet, federal studies indicate that the rate of child abuse and neglect is actually lower for black families than it is for whites.⁵³ Lawmakers are demanding answers on how to repair the problem and requiring CPS and other social service agencies to do some soul searching.⁵⁴ Some of the questions examine whether CPS interventions undermine the strength of families of color and how racism and poverty increase visibility

⁴⁹ Woodchan & Haight, *supra* note 25, at 630.

⁵⁰ FERNANDO MEDEROS, ACCOUNTABILITY AND CONNECTION WITH ABUSIVE MEN: NEW CHILD PROTECTION RESPONSE TO INCREASING FAMILY SAFETY (Family Violence Prevention Fund) (2004), available at <http://www.endabuse.org/programs/children/files/AccountabilityConnection.pdf>.

⁵¹ Center for the Study of Social Policy, *The Race + Child Welfare Project Fact Sheet 1 – Basic Facts on Disproportionate Representation of African Americans in the Foster Care System* (March 16, 2004), available at <http://www.cssp.org/uploadFiles/factSheet1.doc>.

⁵² Casey Family Programs, *Disproportionality in the Child Welfare System: The Disproportionate Representation of Children of Color in Foster Care* (Revised June 16, 2006) and The Anne E. Casey Foundation, *Race Matters, Unequal Opportunity Within the Child Welfare System*, available at <http://www.ncsl.org/print/cyf/fostercarecolor.pdf>.

⁵³ *Id.*

⁵⁴ NINA WILLIAMS-MBENGUE & STEVE CHRISTIAN, THE COLOR OF CARE, RACIAL EQUITY IN CHILD WELFARE: THE ROLE OF STATE LEGISLATORS (National Conference of State Legislature) (April 2007), available at <http://www.ncsl.org/programs/cyf/racialequity.htm>.

of children of color to different systems. Research indicates that race is a factor strongly related to the decision by CPS whether to investigate a complaint received on a hotline.⁵⁵

*Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community*⁵⁶ is one of the first studies to explore the attitudes and perceptions of the child welfare community regarding racial disproportionality. To address the problem, researchers suggest strengthening administrative support; increasing training in both general child welfare issues and cultural competency; emphasizing “front end” prevention; hiring culturally diverse and culturally competent staff; and developing and using more internal and external resources to better serve families, including engaging in partnerships with private, community-based, and culturally-specific agencies.

Community organizing around domestic violence or any other issue, at its core, is about restructuring unequal power relationships between communities and institutions. Community partners must be engaged to address race, class, and gender-based practice, both to inform the work and to create public accountability for the practice changes.⁵⁷ Domestic violence specialists should participate in the efforts to mitigate racial disproportionality, address connections between poverty and child maltreatment, and foster practices that acknowledge that men share the responsibility for their children’s well-being. These efforts have the potential to alter the relationship between communities and child welfare institutions, and may eventually position child welfare systems as a partner in a larger and more effective community response to creating safety for all children.

Leadership

Perhaps more than any other single strategy, strong, informed leadership at all levels of the court and child protection system around the need for improved practice in situations involving intimate partner violence is critical to the successful incorporation of specialists into systems. Specialized Positions Meeting participants conveyed that both the domestic violence and child welfare communities commonly ostracized specialists. Specialists need leaders who are well-versed about their positions, able to articulate the need for practice improvement and the difference it will make, and create the conditions that encourage the use of specialists and system-wide innovation. This level of support makes deep and meaningful change possible, because without it, child welfare workers may consult with specialists and appear receptive to recommendations, but not feel compelled or supported actually to change their practice.⁵⁸ Furthermore, resources must be allocated that match the scale of the change initiative, and system leaders are the gatekeepers to those resources.

⁵⁵ ROBERT B. HILL, SYNTHESIS OF RESEARCH ON DISPROPORTIONALITY IN CHILD WELFARE: AN UPDATE, (Casey-CSSP Alliance for Racial Equity in the Child Welfare System, Casey Family Programs) (October 2006), available at http://www.racemattersconsortium.org/docs/BobHillPaper_FINAL.pdf.

⁵⁶ SUSAN CHIBNALL, ET AL., CHILDREN OF COLOR IN THE CHILD WELFARE SYSTEM: PERSPECTIVES FROM THE CHILD WELFARE COMMUNITY (Children’s Bureau) (2003).

⁵⁷ KELLY MITCHELL-CLARK & ANGELA AUTRY, PREVENTING FAMILY VIOLENCE: LESSONS FROM THE COMMUNITY ENGAGEMENT INITIATIVE (Family Violence Prevention Fund) (2004), available at <http://www.endabuse.org/programs/children/files/Preventing.pdf>.

⁵⁸ Conference participants indicated that things worked best when supervisors participated in domestic violence consultations as their recommendations are more likely to be followed when they are involved. *See also*,

It is a challenge for administrators to maintain a steady course for their agency, sometimes with limited access to information that could help them make informed decisions about allocation of resources. Thus, direct communication among specialists, supervisors, and agency policymakers is necessary. Supervisors and other managers can encourage workers to access the specialist at critical junctures in the case and establish standards reflected in performance evaluations for doing so. Additionally, specialists need a structure

to communicate regularly their observations about practice trends to those with the power to develop and implement strategies to address those trends. Without such a structure, the work of the specialists will be useful only to those families and workers with whom they directly interact, and a greater opportunity to build consistent effective domestic violence practice within the system may be lost.

Best Practice Framework

Agency staff should outline or discuss a framework or benchmarks for good practice when examining collaborative responses to domestic violence, especially in the child welfare field. Specialists try to find the balance between institutionalizing basic best practice strategies and helping identify and transform systemic structural issues that impact families facing co-occurrence. The framework outlined below represents some of the ideas generated at the Specialized Positions Meeting and recommendations of others in the domestic violence field of what should be included as promising practice indicators for specialists and the agencies in which they work:⁵⁹

- Systematic screening for domestic violence.
- Clear policies about confidentiality and information-sharing.
- Safety, support, and advocacy services for battered women and their children are at the forefront of all policies and strategies.
- Attention to diversity and equality.
- Ongoing communication and collaboration across disciplines locally, with connections to state and national efforts. Policies and guidelines developed by individual agencies feed into the wider strategy, where one exists to decrease interagency criticism and blaming and refocus energy on helping families.
- A broad range of policies and guidelines that have a clear vision for supports to families experiencing co-occurrence and clear guidelines for how decisions will

SHELLIE TAGGART, CONTINUOUS QUALITY IMPROVEMENT: DOMESTIC VIOLENCE CASE CONSULTATIONS & THEIR IMPACT ON CHILD PROTECTION PRACTICE AND FAMILIES (Massachusetts Department of Social Services) (December 2005).

⁵⁹ CATHERINE HUMPHREYS, ET AL., DOMESTIC VIOLENCE GOOD PRACTICE INDICATORS, FROM GOOD INTENTIONS TO GOOD PRACTICE: A MAPPING STUDY OF SERVICES WORKING WITH FAMILIES WHERE THERE IS DOMESTIC VIOLENCE (The Centre for the Study of Well-being, University of Warwick), available at http://www2.warwick.ac.uk/fac/soc/shss/swell/dv_gpi_booklet.pdf and Ganley & Schechter, *supra* note 40.

be made about which families require more formal involvement. These policies are institutionalized and supported with the appropriate training and supervision.

- Close connections with batterer intervention programs, responsible fatherhood efforts, and services for children who have experienced trauma. If these services do not exist in a community, support exists for their development.
- Engagement of supervisors, managers, and professionals with the power to implement policy. Specialists are truly integrated into the court or child welfare system when they are supported and valued at all levels of the system and people know what they do and how to access them.
- The voices of women, men, and children's are included into all efforts.
- A well-developed training strategy, integrated across organizations, occurring on an ongoing basis, and incorporated into the operational planning of domestic violence services and responses. Specialists help increase workers knowledge about domestic violence and help the domestic violence community learn about the mandates, goals, and limits of the child welfare system.
- The systematic and regular collection of data from service users to assess the extent of the problem and the appropriateness of the responses. The purpose of evaluation is not only to measure outcomes (e.g. what works) but also to identify practice areas in need of change.
- Commitment and adherence to individualized case planning.

Overall, certain practice values drive the work of specialists and child welfare professionals in co-occurrence cases. Approaches should be 1) child-driven, 2) family-centered, 3) strength-based, 4) community-focused, 5) culturally safe, and 6) based upon a commitment to continuous learning.⁶⁰

Specialized Positions Meeting participants considered the lessons learned, such as the power of relationships to effect change and the need to build policy based on people's real-life experiences, and then generated a list of resources and considerations that could help specialists be more effective in their work. Below is a list of their ideas.

Needed Resources:

- Time to connect with other specialists to discuss unique challenges.
- Commitment from supervisors and other system representatives about institutionalization of the specialist positions.
- Financial assistance for families, including help with transportation.

⁶⁰ Massachusetts Department of Social Services, *Request for Responses: Overview and Vision Document* (March 2006), available at http://www.cffutures.org/conference_information/documents/MADSS13007confmat1.pdf.

- Culturally specific services.
- Dedicated workspaces for specialists that are fully equipped with technology.
- Services for fathers to help them examine and understand the impact of their use of violence on their family and children.
- Processes to continually review policy and practice.

Practice and Policy Considerations:

- Increasing focus on prevention and education on trauma and resilience.
- Developing mission statements about the purpose and goals for specialization.
- Constructing mechanisms for specialists and other professionals to hold themselves accountable for the work they are doing.
- Working within systems and in the community to shift perceptions about the role and responsibilities of the CPS system. This includes both recognizing the system's limitations and appreciating the goal and role of CPS in our society.
- Creating protocols for conflict resolution among caseworkers and between CPS and families.
- Examining whether current policies provide clear guidance about which domestic violence cases rise to the threshold of system intervention and who those most impact.
- Infusing knowledge about the relationship between mental health, substance abuse, and victimization into the court and CPS.
- Determining how families can get services earlier and without system intervention. For example, are voluntary case plans successful or are they used as leverage over families?
- Outlining what constitutes reasonable efforts in co-occurrence cases.
- Addressing how to handle cases where a family's culture has values, customs, and traditions that contradict that of CPS.

IV. Conclusion

While this document focuses on domestic violence specialists in the child welfare arena, many of the issues raised are pertinent for those working as specialists in other systems. It is imperative that there is an ongoing examination of how specialists can assist individual families, improve practice, and be part of system reform efforts. Specialists are in a unique

position having acquired expertise in more than one issue and they, like families, have to navigate the intersection of different systems.

For those readers working as a specialist, deciding whether to implement a specialist position, or supporting a specialist in a supervisory capacity, remember this is a journey. It is important to be purposeful about why you have started on the journey, but it is equally as important to take time to enjoy the adventure and the interesting places and people you meet along the way. Each experience shapes your worldview and helps pave the way for those who follow in your footsteps.

The Specialized Positions Meeting participants who came together and whose collective experiences shaped this document would embark on the journey again. Their goal was to help develop a roadmap for specialists playing a critical role in improving the response to families impacted by domestic violence and to remind everyone to remain focused on keeping battered mothers and their children safe.