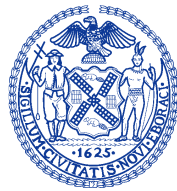


***Quality Child Welfare
Practice with Families
Affected by***

Domestic Violence

A Strategic Plan



Michael R. Bloomberg
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Administration for Children's Services

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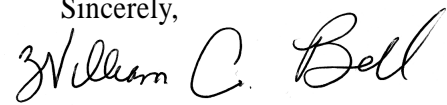
May 9, 2003

Dear Colleagues,

I am pleased to present the New York City Administration for Children's Services Domestic Violence Strategic Plan, a focused strategy to address domestic violence in New York City's children's services system. This document will provide valuable information and insight into this complex issue. In addition, it will be useful to ACS staff, provider agencies, and other public and non-profit service providers and professionals who work with families. This strategic plan provides the strong foundation on which we continue to build a service delivery system that is responsive to the needs of victims of domestic violence and their children.

One of the strengths of this document is that it was developed by a wide variety of stakeholders who are committed to this work. I want to thank each and every individual who participated in the creation of this strategic plan. The sharing of your time, knowledge, and experience is greatly appreciated. This plan brings us one step closer to ensuring that children and families receive the best possible intervention, and contributes to the development of a truly coordinated community response to domestic violence.

Sincerely,


William C. Bell

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The Administration for Children's Services extends a special thank you to the following professionals. Each of these individuals assisted in the development and review of the Strategic Plan, either as a member of the Domestic Violence Subcommittee, or as a reviewer of the draft Strategic Plan. As a group, they represent tremendous expertise in both domestic violence and child welfare.

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Quality Child Welfare Practice with Families Affected by Domestic Violence: A Strategic Plan

The New York City Administration for Children's Services

Introduction:

Domestic violence is widely recognized as an important child welfare issue. Research shows that 30-60% of child abuse and neglect cases also involve a history of domestic violence.¹ Further, there is a growing body of research which suggests that children who have been exposed to domestic violence are at increased risk for emotional and behavioral problems, including post-traumatic stress and other anxiety disorders, depression, and difficulties in academic and social functioning.² Often, domestic violence occurs in combination with other risk factors, most notably substance abuse and mental health problems, which are often present in the abusive partner, the victim, or both.³ Throughout the country, child welfare systems are struggling with the complex practice issues raised by domestic violence cases.

The purpose of this Strategic Plan is to identify productive steps in developing an integrated, comprehensive and cohesive response to domestic violence in New York City's child welfare system.

In the past decade, New York City's child welfare and domestic violence communities have come together in a variety of initiatives to address the overlap of domestic violence and child maltreatment. In 1994, the Family Violence Prevention Project (FVPP) was established. This ongoing, collaborative effort of ACS and the Urban Justice Center provides intensive capacity building to preventive service programs throughout the city, to help these programs better identify and respond to families affected by domestic violence. Currently, fifty preventive programs are active in the FVPP. In 1995, the Child Welfare Administration, the Urban Justice Center, and the Columbia University School of Social Work conducted a pilot study in Zone C of the Manhattan field office. The study demonstrated that routine assessment, supported by training and supervision, doubled the rate of identification of domestic violence during child protective investigations. In 1999, the Manhattan Zone A pilot project, conducted by the same group of collaborators along with the police department, demonstrated the value of on-site case consultation provided by a designated Domestic Violence Specialist, and underlined the need for further collaboration and communication with the police.

¹ Edleson, 1999b.

² Edleson, 1999a; Jaffe, Wolfe & Wilson, 1990; Kilpatrick, Litt & Williams, 1997; Zuckerman, Augustyn, et al., 1995.

³ Bennett, 1998; Herman, 1992; Stark and Flitcraft, 1996.

How the Strategic Plan was developed:

In April 2000, ACS held a domestic violence strategy session, involving more than fifty child welfare and domestic violence professionals. During the morning session, several speakers discussed the overlap of child abuse and domestic violence, and described promising models of intervention. In the afternoon, participants met in small groups to discuss key principles for an effective response to domestic violence. Their recommendations became the foundation for ACS's Domestic Violence Guiding Principles, which were published in January 2001 after extensive internal and external review and discussion. The Principles are organized around four broad themes:

- ◆ All children deserve to live in homes free of domestic violence.
- ◆ All families in domestic violence situations deserve assessment and proactive services that meet their individual needs and respect their unique strengths.
- ◆ Abusive partners must be held accountable for their actions.
- ◆ Every person and system involved with a child's care must work in partnership to ensure positive outcomes for children and their families.

Immediately following the publication of the Principles, ACS established a Domestic Violence Subcommittee to the Commissioner's Advisory Board. The Subcommittee includes representatives of community-based domestic violence service providers, contract child welfare agencies, city agencies that respond to domestic violence, and key program areas within ACS. The Subcommittee advises ACS on strategies for bringing the Guiding Principles to life in everyday child welfare practice in New York City. The goals described here were informed by recommendations of the Child Welfare Committee of the Interagency Task Force Against Domestic Violence and the work of other advocacy groups, and were identified as priorities by the Domestic Violence Subcommittee during a series of meetings between October and December 2001. Both the goals themselves and the time frames for completion are intentionally ambitious. Although some deadlines may not be met due to unforeseen obstacles, establishing aggressive goals will help to sustain the required momentum and focus. A draft of this strategic plan was circulated to domestic violence and child welfare service providers in February 2002. The final plan incorporates many of the comments received, and also reflects progress made in several areas during the past year. Following completion of the plan, an annual, written status update will be provided to key stakeholders.

TRAINING

Principle

ACS child welfare and childcare staff should be equipped to effectively identify and respond to domestic violence.⁴

As ACS moves forward to systematically strengthen the agency's response to domestic violence, key initiatives agreed upon by the Subcommittee and ACS, will be supported by staff training. Each training effort will reflect and support the vision described within the Domestic Violence Guiding Principles, and will incorporate current and developing perspectives regarding best practices in integrated domestic violence/child welfare work. Wherever possible, information regarding the intersections of domestic violence, substance abuse, and mental illness will be integrated into training, and there will be an emphasis on integrated responses to these risk factors whenever they co-occur. Training will also address the influences of race, culture, religion, sexual orientation, and immigration status on families' experience of and responses to domestic violence.

Goal: Develop an updated and expanded domestic violence training system for new ACS child welfare staff.

People responsible: Satterwhite Academy, Office of Domestic Violence Policy and Planning (ODV)

Projected date of completion: January 2003

In the past year, the training of new workers at ACS has been dramatically reorganized and refocused, through the implementation of the Common Core training program. The new curriculum emphasizes skill-building and case-based learning to achieve child welfare outcomes. Domestic violence will be addressed in the new curriculum in three ways:

- ◆ In the initial weeks of training (the Common Core), one of several cases used for discussion of core practice skills is a domestic violence case. A careful review will be conducted to ensure that the case presentation and teaching points are consistent with the Domestic Violence Guiding Principles.
- ◆ During the child protective Specialty training, which follows the common core, a one-day domestic violence training has been integrated into the curriculum, to build on common core skills and familiarize workers with the dynamics of domestic violence, recommended practices, and screening and assessment expectations.

⁴ This and all subsequent principles are excerpts from *Principles for Addressing Domestic Violence in Children's Services*, New York City Administration for Children's Services, January 2001.

- ◆ A three-day domestic violence training, Domestic Violence and Child Welfare Practice 101, is now mandated for all child protective staff after the Specialty training. Workers return to the Academy after they have gained some experience in the field and had an opportunity to work with families experiencing domestic violence. The training includes a greater emphasis on routine screening, assessment of and intervention with abusive partners, safety planning with victims, criminal justice response, and community resources, and is organized around the framework provided by the Domestic Violence Guiding Principles. The new three-day curriculum was piloted and revised between March and November 2002, and is delivered on a monthly basis.

Goal: Provide updated and expanded domestic violence training to new workers at contract agencies.

People responsible: Satterwhite Academy, ODV

Projected date of completion: Concurrent with Common Core rollout

Through the planned extension of the Common Core training system to agency workers, the increased emphasis on quality domestic violence practice will be systematically introduced to new workers at contract foster care and preventive service agencies in the coming years.

Goal: Provide domestic violence training to all ACS family court attorneys.

People responsible: Division of Legal Services (DLS), ODV

Date of completion: August 2002

Beginning in October 2001, a domestic violence lecture has been added to the initial training for all new ACS family court attorneys. Between November 2001 and January 2002, ACS conducted a series of lunchtime domestic violence round table discussions with practicing ACS attorneys. These sessions were followed by a series of lunchtime seminars on state case law regarding exposure to domestic violence as child maltreatment. In July and August 2002 half-day DV training sessions were provided for all family court attorneys.

CLINICAL CONSULTATION TEAMS

Principle

ACS child welfare and childcare staff should . . . have access to expert consultation and adequate resources.

In December 2000, ACS issued a request for proposals to establish multidisciplinary clinical consultation teams within the child welfare system. These teams are the agency's response to workers' requests for additional support in handling complex cases, and to recommendations made by the Special Child Welfare Advisory Panel of national child welfare experts appointed by a federal court as part of the resolution of the Marisol Class Action Lawsuit. This model builds on successful initiatives in other states, including Massachusetts and Ohio and on the findings of ACS's Zone A Pilot Project.

Goal: Establish 12 clinical consultation teams throughout the city. Each team will include a coordinator, a domestic violence specialist, a mental health specialist, and a substance abuse specialist.

People responsible: Medical Services Planning, ODV

Date of completion: November 2002

ACS has awarded contracts to three agencies to establish 12 clinical consultation teams. The teams are based in ACS field offices, where they provide in-service training, case consultation, and assistance with resources and referrals. The domestic violence specialists play an important role in improving communication and collaboration between ACS and other agencies which address domestic violence, including domestic violence service providers, the police department, and the District Attorneys' offices. To ensure that the work of the teams is well coordinated with ACS's other DV initiatives, the Director of the ODV sits on the Clinical Consultation Team (CCT) Steering Committee, and meets with the Domestic Violence Specialists on a regular schedule. In addition, the director of the CCT initiative sits on the ACS Domestic Violence Subcommittee, and is asked to present the program to the Subcommittee periodically. The implementation of the teams will be supported during the first two years through technical assistance delivered by the Family Violence Prevention Fund and financed by the Casey Foundation. This initiative will be linked to ACS efforts to support a coordinated community response to domestic violence. As the initiative progresses, the teams are conducting cross-training and team-building activities to identify conflicts and common ground in their specific disciplines, and establish a flexible and holistic approach to families' needs. It is anticipated that, as an outcome of this initiative, ACS staff will develop greater knowledge of the interactions of mental health and substance abuse problems with domestic violence, and will be able to develop service plans tailored to the real needs of individual families. ACS will emphasize strategies, which creatively integrate the three disciplines, while continuing to advance the Domestic Violence Guiding Principles.

PREVENTIVE SERVICES

Principle

When appropriate, preventive services for the family are preferred. Preventive services should help families create or maintain a safe home and promote the stability and well being of both parents and child.

In order to create a cohesive and comprehensive system of response to families, in which domestic violence places children at risk for abuse or neglect, preventive service programs must be well prepared to identify, assess, and intervene with these families. The Family Violence Prevention Project has demonstrated the value of intensive capacity-building work with selected agencies within the preventive service system. In the coming years, ACS will continue to collaborate with the Urban Justice Center, in order to build on this experience by increasing the capacity of all preventive service programs—including those provided directly by ACS, and those provided by contract agencies—to respond effectively to domestic violence.

Goal: Develop and distribute a model DV protocol for preventive service agencies and ACS's Family Preservation and Family Services Units.

People responsible: ODV, Office of Program Development (OPD), DCP

Projected date of completion: June 2003

The Protocol will, at a minimum, address the following topics:

- screening
- assessment
- safe intervention with victims, abusive partners and children
- strategies for holding abusive partners accountable
- SCR reporting in the context of domestic violence
- case conferencing
- visitation
- co-occurrence of domestic violence, substance abuse and mental health
- worker safety

ACS will provide supervisory training to support implementation of the protocol, and will assure concurrent training of ACS staff who monitor preventive programs (OCACM, APA, and OPD).

Goal: Infuse domestic violence perspective into standards and model curricula for parenting education and support programs.

People responsible: ODV, Office of Advocacy, APA, OPD

Projected date of completion: July 2003

During the summer of 2001, ACS held a series of focus groups to assess current practice and develop guidelines for quality parent education programs in the child welfare system. Domestic violence program staff was invited to participate in these focus groups. ACS will ensure that any standards or training that follow from this initiative incorporate information and recommendations regarding appropriate interventions for parents who are survivors of domestic violence and abusive partners.

CHILD PROTECTION

Principles

Every family involved with ACS should receive timely and appropriate assessments that evaluate for domestic violence.

When domestic violence creates an immediate danger of serious physical harm or serious emotional impairment to a child, every effort should be made to provide for safety without separating the non-abusive parent and child.

Goal: Provide mandatory, citywide training to ensure that DCP staff is prepared to effectively use the revised domestic violence protocol.

People responsible: DCP, ODV, MSP

Projected date of completion: May 2003

A revised domestic violence protocol, case practice recording template, and casework practice guide for child protective investigators was distributed in December 2001. A formal domestic violence-screening tool has been added along with clarified expectations for screening of all cases, regardless of allegations. The domestic violence protocol is an assessment tool, including guidelines and questions to be used in interviewing the suspected victim of domestic violence, to assess the severity of the domestic violence, the risks it poses to children, and the victim's prior help-seeking efforts. The protocol also includes guidelines and questions to be used in interviewing the suspected abusive partner. In collaboration with the Clinical Consultation Teams, ACS has begun to provide mandatory training to caseworkers, supervisors and managers in the field regarding safe and appropriate use of the screening tool and protocol. New workers are trained in the use of the screening tool and protocol during the specialty core training for child protective workers.

Goal: Provide in-depth domestic violence training to child protective workers, supervisors, and managers, to ensure that they are able to support caseworkers in effective DV assessment and intervention.

People responsible: DCP, Satterwhite Academy, ODV, MSP

Projected date of completion: Ongoing

ACS will offer Domestic Violence and Child Welfare Practice 101 (with appropriate modifications) to existing staff on a regular schedule. In addition, the Clinical Consultation Teams will provide ongoing in-service training in the field offices on a range of topics related to domestic violence, and will periodically assess the training needs of front line staff.

FOSTER CARE

Principles

If placement into foster care is required, the non-abusive parent and the abusive partner should be engaged in service and/or safety planning to facilitate the child's safe return home as soon as possible.

Children entering foster care must not be placed with any person who is currently a perpetrator of domestic violence.

During the summer and fall of 2001, ACS conducted a survey of foster care agencies to assess current policy and practice and identify the needs of foster care providers. The results of the survey underlined the need for further capacity building efforts in the foster care system. In collaboration with the Urban Justice Center and with foster care providers, ACS is working to extend and adapt lessons learned from the Family Violence Prevention Project to the foster care arena.

Goal: Develop and distribute a model DV protocol for foster care providers.

People responsible: ODV, OPD, DFCS, APA

Projected date of completion: June 2003

In May 2002, ACS held a successful domestic violence conference for foster care providers. The conference was used as an opportunity to promote the guiding principles, and to gather input regarding best practices in order to inform the protocol development process described below. During the conference, participants broke into small work groups in which they conducted structured discussion of challenging areas of practice. Proceedings of these work groups were written up, and will provide the starting point for the protocol development process.

The Protocol will, at a minimum, address the following topics:

- screening and assessment of clients and potential foster parents
- safe intervention with victims, abusive partners and children
- strategies for engaging non-abusive parents in services in order to expedite the child's return home whenever possible and appropriate
- strategies for holding abusive partners accountable
- SCR reporting in the context of domestic violence
- strategies for training foster parents about the developmental impact of domestic violence on children
- case conferencing
- kinship foster care
- visitation
- co-occurrence of domestic violence, substance abuse and mental health
- worker safety

ACS will provide supervisory training to support implementation of the protocol, and will assure concurrent training of ACS staff who monitor foster care programs (OCACM, APA, and OPD).

CHILDREN AND YOUTH

Principles

Every child and family member must receive individual assessments and proactive services that meet their individual needs and respect their unique strengths.

Adolescent dating violence . . . requires policies and guidelines of its own. Because the perpetrators and victims are still dependent children with some independent aspects of their lives, interventions . . . must be specifically designed that will address these concerns.

Goal: Conduct needs assessment and address identified gaps in service delivery to children affected by domestic violence.

People responsible: ODV

Projected date of completion: December 2003

ACS will assess the availability of services to address the safety and mental health needs of children affected by domestic violence. The assessment will focus on programs which provide specialized counseling to children affected by domestic violence and their families, and programs which provide supervised visitation in the context of domestic violence. ACS will then work with its partner agencies and providers to identify strategies for addressing identified service needs.

Goal: Develop integrated response to the needs of adolescents in the child welfare system who have been affected by domestic or dating violence.

People responsible: Office of Youth Development, Teenage Services Act, ODV, Direct Congregate Care Services

Projected date of completion: March 2004

ACS will develop best practices approach for intervention with youth regarding exposure to adult domestic violence or adolescent dating violence, and will conduct capacity building activities within the agency's youth development programs.

Goal: Develop and implement capacity-building program for childcare providers.

People responsible: Agency for Child Development, Head Start, ODV

Projected date of completion: December 2003

ACS will conduct training and develop technical assistance resources for publicly funded childcare programs.

ADDRESSING ABUSIVE PARTNERS

Principles

Abusive partners must be held accountable for their actions.

Mechanisms for holding abusive partners accountable include criminal justice and law enforcement interventions, and required participation in batterer intervention programs.

All abusive partners should receive individual service plans, referral to batterer intervention programs, when appropriate, and monitoring of the progress of their plans.

In the coming two years, holding abusive partners accountable will be a major area of focus. We will develop new strategies to assess abusive partners and engage them in appropriate services, while keeping victims and children safe. These strategies will be informed by an understanding of the intersections of domestic violence, substance abuse, and mental illness, and recognition of the continuum of abusive behavior.

Goal: Improve coordination with courts and criminal justice system, including family and criminal courts, the police department (NYPD), district attorneys' (DA) offices, probation and parole.

People responsible: DCP, DLS, ODV, Office of Interagency Affairs

Projected date of completion: Ongoing

Specific objectives:

- Ensure initial and ongoing staff training on the respective roles, policies, and resources of the police, district attorneys, and courts in responding to families affected by domestic violence.
- Review and revise formal agreements with the police department and district attorneys' offices regarding collaboration, information sharing, and cross training.
- Establish mechanisms to ensure information sharing between family and criminal courts.
- Identify additional resources for formal coordination of systems at the local level.

Goal: Develop referral relationships with batterer intervention programs working in the areas of victim and child safety, and abuser accountability.

People responsible: ODV, Office of Interagency Affairs

Projected date of completion: June 2003

In the coming year, ODV staff will collect updated information on existing batterer intervention programs, in order to determine which programs may be appropriate for ACS-referred families. Selected programs will be invited to establish formal referral relationships with ACS, which will include agreements about information-sharing and other strategies to promote victim and child safety. ACS will also seek to develop resources and mechanisms to fund and evaluate child-welfare-based programs for abusive partners, building on the Abusive Partner Intervention Project model developed and tested by the Urban Justice Center over the last five years.

COORDINATED COMMUNITY RESPONSE

Principle

Children should be ensured of enhanced safety through a coordinated community response. This coordinated community response should engage domestic violence programs, the police, family and criminal courts, and other key systems and providers.

Child welfare practice is complicated by many factors, including the prevalence of domestic violence, mental health, and substance abuse in child welfare caseloads, and the wide range of legal and social service systems involved in responding to the families we serve. Effective domestic violence practice depends on strong and consistent communication and coordination among many different systems. This plan describes initial steps we will take in the next two years, toward the long-term goal of a true coordinated community response.

Goal: Develop and test model programs advancing the goal of coordinated community response to domestic violence.

People responsible: ODV

Projected date of completion: June 2003

ACS will support and evaluate the implementation of the Connect/Community Empowerment Project, a coordinated community response initiative of the Urban Justice Center, which will develop and test community-based interventions, protocols, and training programs. ACS will adapt and apply lessons learned from this initiative as the Strategic Plan is implemented.

Goal: Deliver interdisciplinary in-service domestic violence training in every high-risk neighborhood network.

People responsible: ODV, Neighborhood-Based Services

Projected date of completion: December 2003

ACS has supported the development of neighborhood networks of child welfare providers throughout the city. The networks are an ideal vehicle for promoting greater communication and collaboration among child welfare and domestic violence service providers at the local level. ACS will launch a series of neighborhood-based seminars in 2002, and will use the sessions to promote the Guiding Principles, and to introduce and support the work of the Clinical Consultation Teams. Regular participation of domestic violence service providers in network meetings will be encouraged and supported.

Goal: Increase collaboration between child welfare providers and domestic violence service providers, including batterers' intervention programs.

People responsible: MSP, ODV

Projected date of completion: Ongoing

ACS will work with the Human Resources Administration, the Mayor's Office to Combat Domestic Violence, and the network of residential and non-residential service providers to address systemic and philosophical barriers to effective collaboration. ACS will initiate annual cross-systems conferences, which will bring together domestic violence and child welfare providers to share information and ideas and build collaboration.

Goal: Increase collaboration and coordination across the disciplines of domestic violence, substance abuse, and mental health.

People responsible: Medical Services Planning, ODV.

Projected date of completion: Ongoing

ACS will organize a joint meeting (or meetings) of the agency's domestic violence, mental health and substance abuse planning groups, to discuss strategies for integration of disciplines, and for increasing collaboration among service providers at the local level.

DATA COLLECTION AND QUALITY IMPROVEMENT

Goal: Develop a system for improved tracking of domestic violence cases.

People responsible: OMDR, DCP, ODV

Projected date of completion: September 2003

In collaboration with the DV Subcommittee, ACS will develop a plan that identifies the critical indicators to measure, clarifies where data may be available from existing sources, and indicates next steps needed to gather additional data.

Goal: Infuse consideration of quality domestic violence practice into existing systems for case practice review and improvement throughout the ACS system.

People responsible: Quality Improvement, 3rd Party Case Review, Accountability Review Panel, ODV

Projected date of completion: Ongoing

ACS will revise existing documents, train staff, and ensure participation by ODV staff in Quality Service Reviews, the Accountability Review Panel, and other such initiatives where appropriate.

REFERENCES

- Bennett, L. (1998). *Substance Abuse and Woman Abuse by Male Partners*. Harrisburg, PA: National Electronic Network on Violence Against Women.
- Edleson, J.L. (1999a). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14(8), 839-870.
- Edleson, J.L. (1999b). The overlap between child maltreatment and women battering. *Violence Against Women*, 5(2), 134-15
- Herman, J.L. 1992. *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*. New York, NY: Basic Books.
- Jaffe, P.G., Wolfe, D.A. & Wilson, S.K. 1990. *Children of Battered Women*. Newbury Park, CA: Sage Publications.
- Kilpatrick, K.L., Litt, M. & Williams, L.M. 1997. Posttraumatic stress disorder in child witnesses to domestic violence. *American Journal of Orthopsychiatry*, 67(4), 639-644.
- Stark, E., and Flitcraft, A. (1996). *Women At Risk*. Thousands Oaks, CA: Sage Publications.
- Zuckerman, B., Augustyn, M., & Groves, B., et al. 1995. Silent victims revisited: The special case of domestic violence. *Pediatrics*, 96(3), 511-513.

Appendix:
Domestic Violence
Guiding Principles

**New York City Administration for Children's Services
Principles for Addressing Domestic Violence¹
In Children's Services**

The mission of the Administration for Children's Services (ACS) is to ensure the safety and well being of all the children of New York City. In keeping with this aim, ACS has developed a set of guiding principles that address domestic violence between or against caretakers receiving ACS services, including: Protective Services; Foster Care; Preventive Services; Homemaking; Child Care; Child Support; and Teenage Services.

Of the many factors that place children at risk, domestic violence is one of the most pervasive and complex. In addition to crossing boundaries of race, class, religion, culture, and sexual orientation, domestic violence challenges traditional methods of service delivery. Effective domestic violence interventions require unique and deliberate coordinated services both within ACS and across agencies. These guiding principles reflect ACS's philosophy regarding domestic violence and are intended to help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training in this area.

DOMESTIC VIOLENCE

ACS believes that one of the most effective ways to enhance children's safety after the detection of domestic violence in their homes is to support and help non-abusive parents to protect themselves and their children while engaging abusive partners² in services and holding them accountable for their actions. When appropriate, preventive services for the family are preferred. Preventive services should help families create or maintain a safe home and promote the stability and well being of both parents and child. If placement into foster care is required, the non-abusive parent and the abusive partner should be engaged in service and/or safety planning to facilitate the child's safe return home as soon as possible.

¹ Domestic violence, as defined in Section 459-a(1) of the Social Services Law and 18 NYCRR 452.2(g), is an act against a family or household member that would be a violation of the Penal Law including, but not limited to, disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder. It may also include sexual, psychological, and economic abuse that impairs the ability of the abused person to function in a self-determining and healthy way or causes a person to be afraid. The violence that occurs between adolescents/young adults is not addressed in the current document. Often called Teen or Dating Violence, this form of intimate partner violence requires policies and guidelines of its own. Because the perpetrators and victims are still dependent children with some independent aspects of their lives, interventions, both legal and services must be specifically designed that will address these concerns. These will be addressed in later policy documents.

² The term "partner" refers to an individual with whom the custodial parent has a marital, cohabiting or significant dating relationship. The partner may or may not be the parent of the child.

All children deserve to live in homes free of domestic violence.

- ACS child welfare and child care staff should be equipped to effectively identify and respond to domestic violence and have access to expert consultation and adequate resources.
- Every family involved with ACS should receive timely and appropriate assessments that evaluate for domestic violence. Individual family members must be interviewed separately during this assessment. The victim's prior help-seeking efforts and experiences must be explored and incorporated into the assessment.
- Family members should be provided with appropriate and responsive interventions, including ongoing safety planning for the victim.
- The non-abusive parent and the abusive partner must be engaged in appropriate services to help maximize the safety and stability of the home for the child. These services must be provided separately when indicated by the assessment.
- When domestic violence creates an immediate danger of serious physical harm or serious emotional impairment to a child, every effort should be made to provide for safety without separating the non-abusive parent and child. If preventive services cannot effectively curtail domestic violence within the household, the abusive partner should be removed from the home by the police, or the non-abusive parent should be assisted in entering emergency shelter or another safe living situation with her child.
- When safety planning with the non-abusive parent and/or criminal justice intervention does not reasonably provide for children's safety in the context of domestic violence, appropriate safety interventions, including foster care placement, must be made.
- In considering kinship foster care placement in cases involving domestic violence, a careful assessment must be conducted to ensure that such arrangements will not compromise the safety and well-being of the adult victim or child, or interfere with permanency planning with the adult victim.
- Children entering foster care must not be placed with any person who is currently a perpetrator of domestic violence. If the assessment reveals past domestic violence, a thorough assessment must be done to document that it is no longer present in the household.

All families in domestic violence situations deserve assessment and proactive services that meet their individual needs and respect their unique strengths.

- Every child and family member must receive individual assessments and age appropriate service plans that address the trauma and impact of domestic violence.
- All family members must receive culturally and linguistically competent services in safe and appropriate settings when domestic violence is identified.
- All family members must be provided with an understanding of their rights and options.
- All non-abusive parents should be referred to needed services, including domestic violence programs. Referrals must be made to law enforcement agencies or the courts for legal intervention when appropriate.
- Every parent who is a victim of domestic violence should be engaged in developing a strategy for increasing their safety and preparing in advance for the possibility of further violence.
- Every parent who is a victim of domestic violence should be engaged in developing their service plan to ensure that it is responsive to his or her needs.
- All abusive partners should receive individual service plans, referral to batterer intervention programs, when appropriate, and monitoring of the progress of their plans.
- The history of domestic violence must be taken into account in planning or making recommendations about visiting, to ensure that such arrangements do not endanger the child or the non-abusive parent. Children's visits with an abusive parent should be planned with the non-abusive parent to minimize risk.

Abusive partners must be held accountable for their actions.

- Mechanisms for holding abusive partners accountable may include criminal justice and law enforcement interventions, and required participation in batterer intervention programs.
- Non-abusive parents must not be held accountable for the violence committed by others.

Every person and system involved with a child's care must work in partnership to ensure positive outcomes for children and their families.

- Each individual involved in a child's care must be treated with respect and viewed as an integral part of the process.
- Children should be ensured of enhanced safety through a coordinated community response. This coordinated community response should engage domestic violence programs, the police, family and criminal courts, and other key systems and providers.
- Child welfare and childcare staff should work together with domestic violence program staff toward a shared goal of overall family well being.
- Families experiencing the overlap of domestic violence with other risk factors, such as child abuse/neglect, substance abuse, mental illness, and poverty, should be assisted through intra- and interagency collaboration that may include cross-training and collaborative programming.
- Families should receive consistent and appropriate judicial responses fostered by a partnership between ACS and the Family and Criminal Court systems.
- Whenever possible, given legal and ethical standards governing client confidentiality, families should be more comprehensively served through the sharing of information among agencies and providers.

