

# **Family Violence Prevention Fund**

## **Creating Safety and Stability for Children Exposed to Family Violence A Working Paper for Family to Family Sites**

**October 2006**

**Written By:  
Elena Cohen  
Lonna Davis**

**Edited By:  
Leiana Kinnicutt**

**Generous support provided by the Annie E. Casey Foundation**

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## I. Introduction

Child abuse and domestic violence often occur in the same family and are linked in a number of important ways that have serious consequences for the safety and well-being of all family members as well as for members of the larger community.

Current data regarding the co-occurrence between domestic violence and child maltreatment as well as its impacts<sup>1</sup> compel child welfare and programs that address domestic violence to re-evaluate their existing philosophies, policies, and practice approaches towards families experiencing both forms of violence. If this does not happen, everyone loses: children, caretakers, families and workers in both places.

During the last decade, a number of protocols and practice guidelines have surfaced across the country to provide child welfare and service providers with specific assessment and intervention procedures aimed at enhancing the safety of children and victims of domestic violence. Several national, state and local efforts have demonstrated that tremendous strides can be made to improve practice—and much of it can be done with a commitment that mostly requires energy and planning rather than great additional funding.

The Family to Family (F2F) grantees recognized early on that failure to address domestic violence would interfere with their effectiveness in reaching the outcomes set for this initiative. However, grantees often feel that they don't have the resources or the training to respond adequately to families living with domestic violence and, as a result, children and families do not get the help they need.

An explicit premise of (F2F) is that planning, implementation and evaluation of the initiative is guided by the following results:

1. Reduction of the number/proportion of children served in institutional and congregate care
2. Shifting resources from congregate care and institutional care to family foster care and family-centered services across all child and family-serving systems
3. Decrease in the lengths of stay in out-of-home placement
4. Increase in the number/proportion of planned reunification
5. Decrease in the number/proportion of re-entries into care

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<sup>1</sup> Appel, A.E., & Holden, G.W. (1998). Co-occurring spouse and child abuse: Implications for CPS practice. *APSAC Advisor*, 1 (1), 11-14; Edleson, J. (1999). The overlap between child maltreatment and woman battering. *Violence Against Women*, 5(2), 134-154; Hughes, H.M. Parkinson, D., & Vargo, M. (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy"? *Journal of Family Violence*, 4 (2).

6. Reduction the number of placement moves experienced by children in care
7. Increase in the number/proportion of siblings placed together
8. Reduction the number/rate of children served away from their families

Because most child welfare agencies do not routinely record domestic violence information, domestic violence problems are often not identified.<sup>2</sup> Nevertheless, national studies suggest that domestic violence co-occurs in 30 to 60% of households where child abuse is identified.<sup>3</sup> Failing to identify and offer treatment services to families affected by domestic violence can lead to children being served unnecessarily in institutional care and staying longer in foster care. Moreover, left unidentified and untreated chronic family problems such as domestic violence are likely to reemerge after a child is reunified, leading to reentry into the foster care system.<sup>4</sup>

Although some F2F grantees have implemented a range of efforts to improve the response to families living with domestic violence, none of the sites have institutionalized a family-centered approach that:

- From the start, provide families living with domestic violence the capacity and resources to ensure safety and well-being for all family members, accountability and services for men who use violence, safety and well-being of survivors, and safety and stability of children that accounts for their unique needs.
- During a crisis, provide families (biological, extended, foster) with the needed assistance and support to resolve safety concerns that result from the family violence.
- Help the community identify community-driven ways of ensuring safety and enhancing the well being of children and their non-offending parents as well as holding men accountable for ending their abuse.

The purpose of this issue brief is to provide information that can be used by F2F grantees to expand, improve and complement their current practices to respond to the needs of families experiencing domestic violence that are in the child welfare system. The dynamics of child maltreatment and domestic violence are varied and complex and no guideline can anticipate every individual child or family's unique circumstances. The safety and protection from imminent harm for all victims must always be the overriding concern.

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<sup>2</sup> The reason for entry into foster care is often subsumed under the catch all category of "child neglect."

<sup>3</sup> Stukes Chipungu, S (2004). Meeting the challenges of contemporary foster care. *Future of Children*. 14 (1) 75-94

<sup>4</sup> Bass, S., Shields, M., Beehrman, R. (2004). Children, families and foster care: Analysis and recommendations. *Future of Children*. 14 (1) 5-30.

The information and recommendations in this issue brief are based on five focus groups that were conducted with administrators, team decision meeting facilitators, front line staff, domestic violence programs, state coalitions and lawyers, foster care recruiters, trainers, liaisons, community residents and parents in F2F sites in Detroit, MI, Colorado Springs, CO, Cleveland, OH, San Jose and San Francisco CA. Approximately 90 people participated in the focus groups. Additionally, the Family Violence Prevention fund attended one F2F fatherhood meeting in Louisville, Kentucky.

## **II. Context for Domestic Violence Practice within F2F**

F2F provides a framework that sets the principles and outcomes for the implementation of the initiative. The direction and parameters provided are necessary, but not in itself sufficient, to improve outcomes for families living with domestic violence. The implementation of domestic violence practice within the initiative requires establishing common ground for principles and outcomes; changes in organizational culture, policies and procedures; a stable, well-trained professional workforce, and explicitly addressing the racial and ethnic disparities.

### **A. Domestic Violence Principles**

Much has been learned about domestic violence practice within the child welfare setting. The development of guiding principles for this work is the first step in beginning a change process. The following principles can serve as a starting place for sites that want to do this work.

- Ensuring safety, enhancing well-being, and providing stability for children and families is the overriding concern of all interventions.
- Safety from physical harm is only one component of child well-being. Interventions to support children have to be weighed against their impact of interventions on short- and long-term well-being.
- Survivors of domestic violence must be active partners in all interventions.
- Domestic violence affects adults and children. For children and families to thrive, interventions have to meet basic human needs of all family members.
- Children do best when they can remain safely with their families. Children living in families with domestic violence should remain in the care of their non-offending parent, whenever possible.
- Creating safety for all victims of domestic violence (women and children) requires communities to work together to support families who are in crisis, not to blame them for their situation.
- Men who use violence are not a monolithic group and must be engaged in a change process without compromising the safety of women and children.

- Some race and ethnic groups are disproportionately served in the child welfare system. Explicit strategies must be directed to addressing issues of race and culture while working with families who experience domestic violence.
- Not all children who are exposed to violence are necessarily best served in the child welfare system.

## **B. Expanding the capacity of staff and providers**

Organizational change comes from altering how staff members understand their responsibilities and functions within the system as well as how well they are able to carry out the work assigned to them. If child welfare or domestic violence agencies want to alter the way each other practices, they need to understand each other roles, the connections between them, and the significance of structure, policy, and training. Expanding the capacity to respond to families experiencing domestic violence requires investments of building staff capacity to implement the new approaches. One of the strategies to expand staff capacity is through ongoing training/technical assistance, which can assist staff in all systems improve their understanding of the needs of children and families living with domestic violence, overcome philosophical dissonance and understand each other's roles. Training and technical assistance includes:

- Information on promising or best practices and potential solutions
- Skill building to expand capacity and strengthen skills
- Peer to peer and expert consultation (including consultation with survivors, adult survivors of domestic violence, and men that have renounced violence) and facilitation

Training is more effective and more likely to engage staff and families if it is done by a multi-disciplinary team that models successful collaboration. Ideally, the training team includes child welfare staff who can speak about the roles and responsibilities in protecting children and supporting non-offending parents, a domestic violence advocate who can speak to why survivors might act as they do when child welfare gets involved and a representative of the court system. Involving such groups not only enables program staff to gain firsthand knowledge of various disciplines, but also opens the door for long-term partnerships.

## **C. Reviewing Organizational Policies and Procedures**

Training/technical assistance cannot by itself achieve the goals that agencies and communities set for themselves. Positive outcomes require the policy, fiscal and organizational environment that facilitates effective practice. Mission, goals, policies and procedures must be aligned with Family to Family and best practice domestic violence standards, expanding and reallocating resources to create safety, well-being and stability,

fact finding to determine whether children and families are served fairly and, appropriately and developing meaningful collaboration with the community. Additionally, consideration needs to be given to appropriate caseloads, accountability, and staffing qualifications.

Even though it is often difficult, it is essential to change the ways by which staff collect assess, and share information. Forms, procedures, and regulations are the backbones of large agencies, and often shape practice, either intentionally or not. What a report or form asks for, and who sees it, greatly influences what questions are asked and does not promote an individualized and comprehensive assessment of strengths, needs and resources.

Specific strategies to help child welfare and domestic violence agencies develop a more collaborative relationship and further their efforts to protect survivors, support the well-being of children and hold men who use violence accountable include:

- Child welfare and domestic violence staff should develop a factual understanding of the nature and scope of child maltreatment and domestic violence in the community: for example, number of cases in which both are present, number of children living with domestic violence that are in out-of-home placement and length of stay, number of women seeking shelter and other services with children, examples of the violence and abuse women and children experience, and services available to children, victims and offenders. Staff should document individual agency's practices, such as: how many calls/referrals come in, how they are classified and processed, the kinds of referrals made, when reports are written, and the kind of assessment, planning and intervention conducted in child welfare/domestic violence cases.
- Learn how problems are identified in both systems. A single case or incident may or may not reflect system-wide problems. Requests to change practice must be grounded in sound problem identification, using a variety of data collection methods, depending upon the scope and breadth of the issue. These might include surveys of support groups, focus group discussions, and interviews with staff and families.
- Develop joint interagency protocols which will remove interagency policy and practice barriers and enhance family safety and well-being, information systems, joint service models for families, case monitoring protocols to identify and respond to child maltreatment, domestic violence, promote safety and provide intervention services for children and their families.

#### **D. Addressing the needs of families of color and immigrants**

Social service and justice systems do little to help families experiencing violence and to help children who have experienced or witnessed abuse. This is especially true for communities of color where responses are too rarely culturally-specific, interventions are often uneven, and punishment/out of home placement is often dispensed unevenly taking a terrible and lasting toll on communities of color and poor communities.

The federally funded National Incidence Studies (NIS) concluded that there is no difference in the incidence of child abuse and neglect by any racial group. Yet, children of color, enter foster care at higher rates, remain in foster care for longer periods of stay, receive fewer services, have less contact with child welfare staff members, and experience lower reunification rates than white children<sup>5</sup>. Similarly, although domestic violence cuts across all social and economic groups, children of color and their families bear a disproportionate burden as they tend to also be struggling with the cumulative effects of poverty, racism, lack of quality services and community violence. In addition, research on domestic violence in immigrant populations indicates that the prevalence is quite high and that the process of immigration itself affects the frequency and severity of the abuse and the impact on children as they confront multiple legal and resource challenges—especially the lack of culturally and linguistically relevant services.<sup>6</sup>

Income, racial background, and immigration status significantly affect the ways that service systems system addresses child welfare and domestic violence. This unevenness in treatment and results is usually attributed to societal conditions (i.e. higher poverty rates among and/or by racially differential treatment—bias) existing outside the system which increase the risk of involvement of more *punitive* systems such as child welfare and juvenile and criminal justice in the lives of families.<sup>7</sup>

The development of effective interventions for families requires explicitly attending to racial and economic justice issues. Only by focusing on the needs of families of color and examining the intended and unintended consequences, child welfare and domestic violence programs can avoid perpetuating existent inequities. For example, program experience has demonstrated that using the criminal justice system as the sole means to hold violent men accountable has not been effective by itself and may have increased societal discrimination against men of color.<sup>8</sup>

Organizationally, Family to Family grantees can help strengthen programs that advance the leadership of people of color. Systemically, agencies can provide consumer information that takes into account literacy, language proficiency, and cultural norms. At the direct service level, they should employ culturally and linguistically appropriate consumer survey methods as a component of quality improvement.

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<sup>5</sup> Hill, R. (2005). *Subsidized Guardianship Meeting Presentation*. December 10.

<sup>6</sup> Family Violence Prevention Fund/Learning Systems Group (2005). *Understanding Children, Immigration, and Family Violence: A National Examination of the Issues*. Washington, DC.

<sup>7</sup> Roberts, D. (2003). *Shattered Bonds: The Color of Child Welfare*. Basic Books.

<sup>8</sup> Conversations with mothers of color who have experienced domestic violence regarding working with men to end domestic violence. Family Violence Prevention Fund, January 2003.

### III. Methodology and General Findings

Information obtained from the five focus groups indicates that each site/community has a different set of strengths, resources and programs upon which they have built their response to families living with domestic violence, as well as needs they would like to address. General findings of the focus groups illustrate that some challenges are common to most communities but that agencies approach them in different ways. (Specific findings around strategies implemented within the core service strategies will be discussed in each subsection.)

Some these general findings include:

- All sites confront the challenges involved in balancing multiple goals: helping survivors be safe and help their children, holding men responsible for their actions, and working with families who continue to stay together.
- Some sites have developed protocols to improve the referral process and communication between the child welfare agency and domestic violence services. These protocols ensure appropriate confidentiality to protect women and enable the child welfare staff to take the necessary steps to protect children.
- Some sites have created domestic violence specialist positions to help understand and advocate for the needs of survivors living with domestic violence. These specialists usually assist with safety planning, support services and provide training and consultation to child welfare staff regarding domestic violence. Many of these specialists attempt to balance direct service with an eye toward systems reform.
- Staff indicate that families living with domestic violence often have unmet needs (i.e. housing, child care, legal and employment assistance) which require expertise and/or resources from other systems which they cannot access easily.
- Most sites provide pre-service training on domestic violence to new staff and to seasoned staff and supervisors (with different degrees of duration and depth). A few sites include training on domestic violence on the curriculum for foster families. Less focus has been placed on building the capacity of staff and of resource families to work with children that are impacted by domestic violence.
- Training has been successful in raising the awareness about the identification of domestic violence but less has been focused on what to do once it is identified. Many workers believe they do not have the depth of knowledge or appropriate skills and procedures to address the issue adequately once it is identified in a family. Additionally, some sites have only trained facilitators of TDM meetings but agency wide training has not been emphasized.

Several sites mentioned difficulties in working the “other” staff/advocates (domestic violence or child welfare) because they have their own agenda and are not willing to listen to the needs of each other. Many times domestic violence advocates are perceived as being only concerned about mothers and child welfare staff is perceived as only concerned about safety of the child.

- Most sites are not gathering data to determine whether children and families living with domestic violence are being served adequately. Data is needed on the number of families being reported, numbers of substantiations, numbers of petitions and numbers of TDM’s where domestic violence is a reason for a discussion about placement. In addition, data is needed to identify the needs of all family members and whether the current responses are working.
- There is a general lack of focus on the unique risks and needs of children who are exposed to domestic violence, which in turn impedes staff in successfully making assessments, intervening and making decisions.

#### **IV. Domestic Violence Practice within the Family to Family Core Strategies**

Domestic violence practice in child welfare systems takes many forms. For examples, it supports survivors in their role as primary caregivers to children; understands the varying impact on children and responds to what children need; hold batterers accountable and provides resources and linkage for their behavioral change; supports survivors while ensuring the safety of the children in their home; works with the community to strengthen informal circles of support and provides out-of-home placement when needed. To implement these practices child welfare and domestic violence staff need to design family-centered interventions that:

- Are individualized to focus on strengths and meet the needs of each child, survivor and caretaker (birth, foster, kin families)
- Engage families (biological, foster, extended), community residents, agencies providing services and public and private stakeholders in decision making at all levels
- Are embedded in the community or neighborhood where the child lives
- Have the flexibility to be tailored to meet the cultural differences of families
- Mobilize individual, family, natural support networks and community resources to promote family’s coping and adaptive capacities.

F2F sites design and implemented four core strategies--team decision making, recruitment, training and support of resource families, building of community networks of support, and using data for self-correction. These strategies are interwoven and build on each other. Embedded within each strategy are several important activities and sub-

strategies that are developed by each site to respond to the needs of their particular community's residents. The following section defines each of the strategies, lists specific findings of the focus groups relevant to the strategy and develops recommendations for expanding the response to families living with domestic violence within each of the strategy.

### **A. Team Decision Meetings**

Team Decision Meetings (TDM) are generally convened when the agency is considering placement for a child, when a child has been placed in emergency foster care, or when reunification is being considered. The goal of the TDM is to reach consensus about a plan that protects the children and preserves or reunifies the family, and to ensure that there is a network of support for the child and the adults who care for them. The network of support is convened to share all information about the family that relates to the protection of the children and the functioning of the family.

The TDM is chaired by a trained facilitator and includes family members, foster parents (if the child is in placement), service providers, other community representatives, the caseworker, the supervisor, and, often, resource staff from the child welfare agency. Community participants may also include advocates for domestic violence survivors, batterer intervention program staff and other service providers who can address the family's particular domestic violence needs. The assumption is that the time dedicated to the work done up-front will improve outcomes, and ultimately reduce the time spent in resolving crises and placement breakdowns.

Several helpful guides have been developed to provide information to TDM facilitators and to other child welfare staff with the goal of addressing domestic violence issues in the context of Team Decision Meetings.<sup>9</sup> These guides provide information on planning for the meeting (deciding if the abuser should participate; preparing the survivor, abuser and other TDM participants; dealing with disclosures when they happen unexpectedly; and suggestions on follow-up.

#### **a. Focus Groups Findings Relevant to Team Decision Meetings**

Some sites have developed protocols to respond to domestic violence if it comes up unexpectedly during the first meeting. Local sites such as Santa Clara and Michigan have developed protocols which help guide their work together. (See Attachments)

- There was varying opinion about the frequency of TDM's that need to deal with domestic violence issues. Some sites indicated that domestic violence is very common, while other sites denied that it was a big problem. Domestic violence specialists who were interviewed believe that non identification was due to a lack

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<sup>9</sup> Carrillo, R. & Carter, J.(2001). *Guidelines for Conducting Family Team Conferences When there is a History of Domestic Violence*. Family Violence Prevention Fund/Child Welfare Policy and Practice Group. Family to Family (2004). *In the Moment Strategies for Facilitators of Team Decision Making Meetings*. Annie, E. Casey Foundation.

of training and permission for it to be identified. Domestic Violence was more often identified in sites where F2F was also a Greenbook site.

- Some sites reported that women are more likely to disclose their experience with domestic violence during TDMs if there is an advocate or a survivor in the meeting and if the other parties in the room are considered safe people. Domestic Violence advocates consistently voiced the desire to be at TDM meetings but were greatly worried about their capacity to do so without support and resources.
- There have been a range of responses to the idea of including men/fathers, based on differing beliefs and values. While some sites indicated that every domestic violence case needs to have separate TDM's for victims and abusers, others felt to have them separate was a violation of due process. Additionally, one site was interested in how to use the TDM model for men who use violence as a way of deliberately enhancing his circle of accountability and support for behavioral change. There is some practice wisdom that suggests men who use violence may be more motivated to change their behavior on behalf of their children.
- During TDMs, there is usually little discussion about children's needs and relevance to placement decision making when there is domestic violence. More attention is given to what the parents may have done or haven't done which can unintentionally avoid a conversation about what the child needs.
- More communication is needed between workers and facilitators to avoid unexpected issues arising in the meetings and to plan effective follow-up. Additionally, some facilitators recommended more preparation and communication is needed with victims pre and post meetings
- Some facilitators are uncomfortable with authentic discussions of adult sexual and physical violence in the team decision meeting setting.
- There are basic philosophical differences between how child welfare and domestic violence staff understand "safety" or "best interests of the child."

**b. Recommendations Relevant to Team Decision Meetings and the Connection to General Child Welfare Practice**

- 1) Increase communication. More communication is needed between facilitators, social workers and family members, particularly victims of domestic violence. When working with families that experience domestic violence the unexpected is always a possibility. The degree to which team decision making meetings can be successful in helping children and families living with domestic violence depends in large part on the involvement of family members, friends, neighbors, community providers, survivors, and in some cases law enforcement to combine efforts to strengthen a family and provide a protection and care plan for the children. However, lack of information, careful planning and communication

between facilitators, caseworkers and families can undermine these efforts. Strategies to increase communication and planning include:

- Consider scheduling a 10 minute conversation between worker, facilitator and victim before the TDM. This conversation will provide the opportunity to review available information and integrate the work of caseworkers and facilitators towards the common goal of safety and empowerment for all family members, as well as to encourage woman’s authentic voice in the meeting. This could be done even if there has been a prior decision to have both parties in the room. Questions such as: “What are you worried about?” “How can I help?” may illicit helpful information during the meeting.
  - Facilitators must be well trained on the varying dynamics of families who experience domestic violence. This knowledge can help strike a balance between understanding what can be safely said in the meeting, what other family members want to talk about and ensure that issues impacting family safety are addressed.
  - Facilitators should pay more attention to the women’s body language and choices about what she is comfortable sharing in the TDM.
  - Caseworkers should follow up with women after the meeting within 24 hours (or sooner) of a TDM meeting to assess the aftermath, particularly if both parties are in the room.
- 2) Educate facilitators, staff and community partners—including the courts—on domestic violence, child welfare, and on each other’s agencies. Strategies include:
- Cross train staff on identification, assessment, referral and safety interventions agency wide. It is critical that the training be conducted within the context of each agencies work. It is also important that instructors be prepared, knowledgeable, and well versed in adult learning and facilitation.
  - To reinforce the training goals and avoid contradictions, all team members should understand the dynamics of domestic violence and the impact and needs of children, the role and experiences of staff and the jurisdiction's legal authority to intervene. Real-life scenarios allow staff to develop a common understanding of what each policy means, how to implement it, and who to consult with questions.
  - Develop a “know your rights brochure” (in multiple languages) for victims of domestic violence (and all families) who go through TDM meetings so they understand what choices they have and what can be used in court.

- Develop domestic violence protocols for TDM meetings that address issues of due process, safety for women, information sharing, how and when to engage men, and how to make informed decisions about children’s safety and well-being.
- 3) Use existing resources. Several national, state and local jurisdictions have developed exciting initiatives to link child welfare and domestic violence agencies during the last decade.<sup>10</sup> These initiatives have produced a variety of curricula; lessons learned information and developed a cadre of technical assistance providers that include women and adult survivors, men who have renounced violence and representatives of different disciplines. While it is important that sites respond to the unique strengths and needs in their particular community—and curricula are adapted to the needs of the community, training issues, and state law—F2F sites can learn a great deal from other communities who have been doing this work for some time.
- 4) Conduct outreach to, organize and educate survivors, adults who were child witnesses to violence, and men who have renounced violence as well as domestic violence providers to sit on team decision meetings. These experts can provide consultation on the feasibility of recommended services, educate victims on available or appropriate services and assist the child welfare staff with creative ways to engage and help victims and their children. Strategies to implement this recommendation include:
- Integrate domestic violence into the F2F parent engagement strategy. Ensure that a percentage of parents who are hired as advocates in the child welfare system have experience with domestic violence and understand that part of their role could be to specifically help victims of violence. (Note: Parents that we interviewed that were survivors of violence did not necessarily feel like they had permission to tell that part of their story.)
  - Develop a plan to target potential domestic violence agency partners and help them understand both the need and the importance of the TDMs in serving families impacted by domestic violence. Use aggregate data of families being served to demonstrate the need—once partners realize how many families from their own community may need services, they may be much more likely to step up and make a decision to participate.
  - Develop a TDM fact sheet to distribute to domestic violence agency partners.
  - Develop joint protocols to minimize interagency policy and practice barriers and enhance family safety, well being, and improve access to services.

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<sup>10</sup> Community Partnerships for the Protection of Children, Family Violence Prevention Fund, Greenbook Initiative, Safe Start grantees, Domestic Violence: A National Curriculum for Child Protective Services; Safe Futures: Supporting Children and Families Affected by Domestic Violence; Safe Havens Training Project; Shelter from the Storm: Clinical Interventions with Children Affected by Domestic Violence.

- Provide financial support and determine available funding for community collaborations to support participation in TDMs (for example, include TDM participation as a deliverable in contracts with service providers).
  - Develop supports (providing ongoing training and information, guidance on follow-up procedures, show appreciation, maintain communication) to participants in the TDM.
  - Acknowledge that survivors of violence need advocacy throughout the life of the case, not just the meeting itself.
- 5) Expand the capacity of all staff (including team decision meeting facilitators) to address children’s needs and develop meaningful partnerships with agencies that interact with children on a regular basis. Nationally distributed information about the potential harm to children of exposure to domestic violence has resulted in greater concern for children in families in which there is domestic violence. Domestic violence includes a range of behaviors and its impact on children varies. Not all children show developmental, cognitive or behavioral problems, a number of factors appear to mitigate the impact of exposure for these children.
- Carefully examine the circumstances under which the harm to the child is occurring. To be considered maltreatment, the effects of domestic violence on the child must meet the existing definitions of child abuse and neglect.
  - Consider what is in the best interest of the child. Preventing placement and supporting the safety of the non offending adult is the best way to ensure safety and promote child well-being. When safety can be ensured, families in which there is domestic violence are usually served better by other service systems.
  - Integrate children’s experience into the TDM meeting. For example, ask family members to describe how their children have been impacted by domestic violence. This could be done verbally or through having the parent draw a picture of how their child sees them.
- 6) Engage and support family members living with domestic violence before, during and after the team decision meeting. Safety planning and family-centered, community-based practice should be the standard before, during and after TDMs (i.e. screening, assessment, safety planning, implementation of interventions, and evaluation of progress). It is especially important to use strategies that have been shown to reduce the disproportionate representation of families of color in the child welfare and juvenile justice system. Strategies include:
- Revise risk assessment tools to ensure their appropriateness for different culture, language and ethnic groups.

- Assess if utilization of TDMs as a placement and goal setting tool contributes to decision-making that keeps children of color safely with kin, helps find placements in the community, and speed either reunification or permanency with relatives or through adoption. Evaluate if this practice has decreased the amount of time children spend in out-of-home care and reduce the disproportionate representation of children of color in foster care awaiting permanency.
- Researchers have found that one fourth to one half of men who commit acts of domestic violence also have substance abuse problems and that a sizable percentage of convicted offenders were raised by parents who abused drugs or alcohol. Studies also show that women who abuse alcohol and other drugs are more likely to be victims of domestic violence.<sup>11</sup> When pursuing reunification as a permanency plan use strengths-based assessment methods for determining what services should be provided, with an emphasis on employment and treatment of substance abuse; explore alternative drug treatment practices such as family drug courts and collaborations between child welfare and substance abuse agencies; and/or consider residential treatment programs in which children are placed with their mothers during treatment.
- Work with the community to identify creative community-driven ways of holding perpetrators accountable for ending their abuse that do not rely so heavily on the criminal justice or child welfare systems.
- Work with the courts and families to improve the quality of representation provided to birth families and children.

## **B. Use of Data to Guide Policy and Practice**

A core strategy used by the F2F approach is to use data to guide planning, implementation and evaluation of progress towards meeting each site's goals as well as the initiative outcomes.

The self-evaluation process in F2F is based on the following assumptions:

- 1) Traditional evaluation approaches based exclusively on an independent assessment by a third party evaluator are many times inappropriate for this type of initiative.
- 2) To assess progress towards meeting the goals, it is critical to get baseline performance data as well as data that allow the sites to compare their progress to other localities that are comparable, but are not following the F2F approach.

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<sup>11</sup> Gondolf, E.W. (1995). Alcohol abuse, wife assault, and power needs. *Social Service Review* 69(2):274-284. Bureau of Justice Statistics (1994). *Violence Between Intimates: Domestic Violence*. Washington, DC: Bureau of Justice Statistics.

- 3) Given staff feelings about the time needed to gather data as well as its usefulness, it is necessary to convince everyone involved that the information can be relevant and useful to make changes that will improve resource allocation, policies and practice.

Knowing what the needs of families and children living with domestic violence are critical to the development of a system that is responsive and in developing clear goals. Therefore, collection of data must be an ongoing process. The challenge for sites is to conduct a *strategic and manageable* collection of data that can guide setting goals, designing strategies and targeting resources—without duplicating data already available and without getting an enormous amount of *useless* data. Several decisions flow from relevant data:

- Identification of the highest priority needs for families and children living with domestic violence
- Determining the community capacity to meet these needs
- Establishing clear multi-disciplinary goals
- Developing and using the capacity to measure progress in achieving the goals

**a. Focus Group Findings Related to Using Data for Self-Evaluation**

- Some sites have built databases that track children through their experiences in out of home care, drawing on data already being collected as part of their program operations. Others are beginning to compile information about children in out of home care from a variety of systems, outside child welfare, serving the same families (for example, mental health, or juvenile justice).
- Even though there is some data tracked by the F2F database at the TDM level (pre, during, and post TDM) and data on numbers of families with domestic violence issues in the overall caseload, workers are not accessing and using the information.
- Very few sites have data on how often domestic violence happens in foster and adoptive families although they acknowledge it exists.
- As a result of lack of data, there has been no clear justification to allocate resources for domestic violence staff, services, and supports.
- There are few efforts to collect and analyze data to assess the extent of disproportionality of children of color in the systems and to measure the differential impact of services on minorities of color and immigrants.

## **b. Recommendations Relevant to Using Data for Self Evaluation**

- 1) Develop an information tracking system to gather and analyze data relevant to identification of the numbers and needs of families and children living with domestic violence (both those supported at home and in out-of-home placement). Use this data to identify most frequently needed services, enhance collaborative efforts and improve decision making practice.
- 2) Review relevant forms and protocols to integrate indicators of domestic violence on all databases. Train relevant staff to gather the data. Useful indicators of domestic violence that are relevant to the F2F outcomes include:
  - Reports of child abuse and neglect in which there is domestic violence
  - Substantiation of child abuse and neglect reports that include domestic violence—including data about domestic violence services provided to families with substantiated reports
  - Out-of-home placement of children (including length of stay in out of home care and multiple placements in care) that are related to domestic violence
  - Re-entry of children into out-of-home care and the nature of the subsequent placements
  - Children that were living with domestic violence who are reunified with their families
- 3) Develop a plan to gather data that will be useful to review, monitor, and evaluate the impact of core strategies on children of color. Specific strategies include:
  - Gather and analyze data to monitor and evaluate the impact of services on different populations
  - Develop data reporting, gathering and analysis methods, instruments and procedures that track performance measures and accountability as it relates to demographic indicators for children
  - Ensure the involvement of the community in assessing the quality of services provided
- 4) Carefully consider data that will be collected on immigrant survivors, men and their children. Gathering data has the potential of putting victims of immigrant survivors at risk. Strategies include:

- Review data gathering forms and protocols for safety and culturally/linguistically appropriateness. Community members, families, survivors, and men who have renounced violence and representative immigrants should have a strong voice in developing these forms and in assessing the effectiveness of the services.
- 5) Use a variety of strategies to gather qualitative and quantitative information including:
- Review of case records to determine the impact of domestic violence on families and children
  - When conducting Quality Services Reviews, select cases of families living with domestic violence
  - Through focus groups with families (birth, foster, adoptive), child welfare workers and staff from community determine whether certain localities have domestic violence issues that place children and families under particular risk
  - Examine the specific needs of families in communities of color by holding town hall meetings and facilitated conversations with residents, teens, elders, survivors, community men and service providers
  - Carry out qualitative interviews with victims regarding TDM safety
  - Gather data and information from staff and families on the capacity of the community to respond to the needs of families living with domestic violence (including men, children). Important information includes, the nature and intensity of services that are being provided; who has access to the services including eligibility requirements and geographical coverage, and how success is measured

### **C. Recruitment, Training, and Support of Resource Families (Foster and Relative Care)**

A core strategy of F2F initiative is to build and sustain a pool of available and appropriate foster and adoptive families in the neighborhoods where families they serve live. These resource families are asked to commit to the children in their care regardless of the permanent outcome—reunification with their birth family or adoption.

Caring for children with a history of domestic violence—either known or unknown—can be challenging for foster parents. The expectation that resource families will work closely with the birth family (as a mentor and through consistent and frequent visitation, as well as helping the child deal with the potential inconsistencies of birth families that live with domestic violence, can make the recruitment a challenge.)

Most child welfare workers are strong advocates for maintaining the parent-child connection whenever it is possible. They understand that victims of domestic violence are doing the best they can and are under very stressful circumstances to protect and parent their children. Resource families may not share the same belief system about birth families living with domestic violence or do not understand the birth families' parenting styles, priorities, and life choices.

In addition, some resource caregivers have limited understanding of domestic violence and think that they are not working hard enough to eliminate the domestic violence concerns and have their children returned home. Or foster families may not have the skills to deal with the social and emotional consequences of living with domestic violence and consequently may respond inappropriately to the child's difficult behaviors. Foster parents may also find themselves living with domestic violence. This poses unique challenges as foster parents may fear that the children will be taken away from them if they disclose this information.

**a. Focus Group Findings Related to Recruitment and Support of Foster Families**

- Due to shortage of foster homes, agencies stated that they sometimes pay insufficient attention to issues of domestic violence.
- Agencies are not prepared to provide assistance and support to foster parents who may be in domestic violence situations themselves.
- Most of the states have a domestic violence indicator as part of the licensing requirements. Domestic violence is often identified through criminal records. However, there is very little assessment and follow-up. For example, once homes are licensed, there is no formal ongoing assessment for the presence of domestic violence.
- Foster care parents do not have the support, monitoring and guidance they need to help children that have experienced violence. In addition, foster parents have few resources to attend to children's needs.
- Training of recruiters and foster parents on how to help children is needed.
- Kin caregivers face special challenges in providing care for their relative children who have experienced domestic violence.

**b. Recommendations Relevant to the Recruitment and Training of Resource Families**

- 1) Expand the training on domestic violence and the support of foster parents. Specific strategies include:

- Offer orientation and education for foster parents—at the point of initial contact and on a continuing basis. The training should include the dynamics of domestic violence and contact with the birthparent and other family members. This orientation can be provided by adult child witnesses, survivors, and/or domestic violence programs.
  - Ensure that foster parents have access to training opportunities that prepare them to help children who experience domestic violence in very ordinary ways as well as how to help when problems arise.
  - Develop mechanisms to improve information sharing with foster families when it does not compromise the safety of the children. Confidentiality is sometimes used as a barrier to effective sharing and team building between child welfare agency, birth and resource families.
  - Educate foster families on how to provide support to the birth mother.
  - Ensure that foster parents have a space/mechanism and support to talk about their own issues with domestic violence.
  - Develop tools for foster parents that provide information and resources to respond to children who have been exposed to violence.
  - Provide opportunities for resource families from outside the community to spend time in the community and become familiar with the people, activities, and culture.
- 2) Make diligent efforts to recruit and license resource families who reflect the diversity of children in need of families as a strategy to decrease disparities in outcomes for children of children of color, including:
- Apply screening standards in the selection and licensing process to minimize the possibility of children experiencing domestic violence while in care.
  - Identify foster parent champions who have successfully worked with children exposed to violence who can recruit and train others.
  - Target specific recruitment efforts based on the needs of the children in care—especially targeting recruitment efforts in tribal communities and communities of color.
  - If domestic violence is identified, respond to potential resource families and children immediately in a manner that is culturally appropriate and in the language of the family;

- Develop policies to address domestic violence in the foster care system.
- 3) Make kinship placements and subsidized legal guardianship a priority means of providing permanency. Children who are placed with family members maintain their connection to kin, their communities, and their racial and cultural heritage. Strategies may include:
- Expand “relative” to include *fictive* kin as a resource for placing children with adults with whom they have connections.
  - Ask the child and the birth family for information about relatives. Careful assessment of kin placements is necessary in domestic violence situations. The kinship placement should be assessed to ensure no further harm comes to the child or the survivor.
- 4) Improve supports available to kinship caregivers. Specific strategies include:
- Ensure that resource families are given the information they need, early in the process, to support the children who are placed in their homes.
  - Educate kinship providers on domestic violence to increase their understanding. The feelings of torn loyalties that non-offending parents and their children experience between birth parents and kin families may be mitigated by facilitated conversations between birth and kin families who are very important relationships in the lives of the child. On the other hand, some kin placements may not be in the child’s best interests.
  - Provide training and supports to kinship caregivers to deal with kinship issues such as: safety, loyalty; how the demands of meeting the needs of fostering may impact their family and exacerbate domestic violence situations; and supports and resources available to them to successfully manage this challenge.

#### **D. Building Community Partnerships**

Working in partnership with community members and organizations is a central component of F2F. F2F has developed a series of tools to facilitate partnering with families, individuals and a wide array of neighborhood organizations. The tools help the sites focus on outreach to real community members in neighborhoods and not just the more traditional, easier to reach system partners.

This framework is based on the premises that strong communities help children and families thrive and that community members are the experts at finding solutions to local problems. At the same time, strong families and neighborhoods are the base from which healthy communities develop.

From the focus groups results, we can infer that some of the F2F sites have been successful at engaging non-traditional community partners, such as diverse linguistic and cultural groups, family resource centers, parents, family preservation centers and others. Families who experience domestic violence need the resources of these groups as well as some specific help from organizations that specialize in violence prevention.

**a. Focus Groups Findings Related to Community Partnerships**

- Only one site consistently had a domestic violence organization as a partner
- None of the sites had engaged organizations that work with abusive men
- Generally, advocates only come to TDMs when there is known or suspected DV
- When survivors are at the table, women are more likely to disclose
- Community representatives who are at the table are not usually knowledgeable about domestic violence
- Community partners can be trained to be at TDM meetings and assist in DV cases
- The domestic violence organizations need resources to attend TDM's on a consistent basis

**b. Recommendations Relevant to Community Partnerships**

- 1) At a minimum, domestic violence advocates should be invited to TDM meetings when the woman has requested an advocate. F2F sites must do outreach to domestic violence organizations and initiate a working relationship. Due to past histories between child welfare and domestic violence organizations, careful and deliberate outreach is critical.
- 2) Re-allocate or develop new resources in order to allow domestic violence advocates to become more active participants in TDM's. Develop protocols on the role of the advocate to ensure safety and confidentiality for victims of violence.
- 3) Develop specific partnerships with mentoring organizations and child mental health centers and train them on the impact of domestic violence on children and also help them respond to what children need from them. Ensure that providers who work with children are also working con-jointly with their caregivers.
- 4) Ensure that all community partners have an understanding of domestic violence and the needs of children exposed.

- 5) Engage men's non-violence programs. Programs for men who have used violence have become prevalent in the United States. Although the outcome research on these programs has been mixed and is still inconclusive, many do a good job of keeping men accountable for their behavior, especially if they work closely with the court system. The best programs are able to engage some men in a genuine process of change without colluding with them.

Good batterers' intervention (BI) programs could be an important resource for domestic violence committee meetings, training and consultation. Some programs schedule regular case reviews with child welfare workers. In some cases, with proper screening and training, men who have gone to the program and renounced their violence could become mentors for fathers in the child welfare system or even become parenting advocates.

- 6) Open a dialogue with responsible fatherhood programs. Programs that encourage low-income fathers to become more involved with their children are a growing presence in this country. Several F2F sites have developed their own fathering initiatives. While the goals of these projects are important in the context of child welfare, very little attention is paid to domestic violence. This oversight can have dangerous consequences, as the drive to involve an absent father can put in jeopardy the safety of the children and their mother.

These programs are valuable and serve a function in the system. For instance, many of them have been quite successful at engaging men of color to improve their fathering skills. More training and monitoring are necessary to make sure that father involvement does not have damaging, unexpected consequences for other members of the family. Alternatively, practice wisdom has revealed that some men may be more interested in changing abusive behavior on behalf of the children.

- 7) Keep expanding the circle of community partners and providers. As trust and understanding develops among child welfare workers, domestic violence advocates, batterer intervention providers and responsible fathering professionals, it's important to include other members from the community in committee meetings, cross-dialogues and training opportunities. New participants might include multi-service community agencies, parent advocates, grass-roots organizations and neighborhood residents, especially men who have not used violence, but are interested in investing in the health of the community.