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Domestic Violence Issues

Concern about how domestic violence affects children and youth is long standing. Still, numerous researchers, child advocates, battered women advocates, and policy makers grapple with how best to keep families safe. However, the different and sometimes conflicting orientations that domestic violence and child protective services (CPS) professionals bring to their work make it difficult to agree on a single strategy, frustrating families who need help. Still to be resolved are questions about who should be held accountable for the exposure to domestic violence. Should it be the mother, the usual caregiver, who has supposedly "failed" to protect her children from abuse? Or should it be the father or father surrogate, most often the abuser, who may be invisible to the child welfare system? And how should CPS respond to families experiencing domestic violence? Do the harms children suffer from domestic violence constitute child maltreatment? Should CPS remove children so exposed for their own protection and to break the cycle of violence?

This chapter will answer these questions by first defining domestic violence and its prevalence, followed by describing the extent, nature, and consequences of children's exposure to domestic violence. Next I review the very different philosophies with which CPS and domestic violence service providers approach the problems created by children's exposure to

domestic violence. The third section describes state and local initiatives that address this issue. The final section concludes with a discussion of the practice, policy, and research implications[1].

Domestic Violence Defined

Domestic violence, also known as intimate partner violence, is defined as a pattern of behavior where the batterer intentionally attempts to physically, sexually, psychologically, emotionally, or economically harm the victim with whom there is an intimate relationship. Physical violence may include pushing, shoving, grabbing, kicking, biting, hitting, choking, or threatening with a weapon. Psychological and emotional abuse may include humiliation, isolation, fear and intimidation, threats, emotional withholding, and verbal attacks. Economic abuse includes controlling or exploitative tactics that keeps victims financially dependent on abusers for economic resources. Regardless of the type of abuse or the tactics employed, the goal of the abuser is to gain control over an intimate partner.

The National Violence Against Women Survey conducted between 1995 and 1996 (Tjaden & Thoennes 1998) indicates that each year, 1.4 million women are victims of violence ,committed by an intimate partner, defined as current or former husband, cohabiting partner or date. Indeed, approximately 44% of women in the U.S. experience domestic violence at least once in their lifetime (Thompson, et al. 2006). Additionally, Tjaden and Thoennes (1998) have reported that women are at greater risk of violence than are men, and, as the seriousness of the violence and injuries increases, the number of female victims increases while the number of male victims decreases. The results also indicate that women are six times more likely to be injured by intimate partner violence than are men and that the risk of serious or lethal violence increases when women leave the relationship (Tjaden & Thoennes 1998).

[1] Please note that a revised version of the original chapter appeared in Stark and Buzawa (2009), Violence Against Women in Families and Relationships: Making and Breaking Connections: Volume 2: The Family Context by ABC-CLIO.

While the data indicate that most victims of domestic violence or intimate partner violence are women, men are also victims – just not as often and not as overwhelmingly as women are victims. Thus, this chapter will refer to victims of domestic violence as women and batterers as men because this is the most common domestic violence scenario where intervention is required. However, domestic violence may also be initiated by women against male or female partners.

Children and Youth Exposed to Domestic Violence

Exposure to domestic violence can be direct or indirect and can include being a co-victim during an abusive episode, watching or hearing violent events, or suffering the consequences when a primary parent is partially or fully disabled by abuse, such as depression. Additionally, children and youth may be exposed as a result of experiencing the aftermath of the events, such as watching a father being arrested. Exposure also includes being manipulated by the batterer to gain further control over his partner. This may include being used to spy on a mother before or after separation, being made to watch abuse, or being used as a pawn during a custody dispute.

Unfortunately, the word "exposure" fails to capture the nuanced and multi-faceted nature of this experience. By reviewing how many children are exposed to or witness domestic violence and understanding the consequences of that exposure, we can begin to grasp the enormity of what children experience when exposed to domestic violence.

Prevalence

The most commonly cited estimates are that between 3.3 million (Carlson 1984) and ten million children (Straus 1991) witness domestic violence each year. However, these estimates are problematic because they are based primarily on reports from adult victims who are asked about their children's exposure or asked whether they themselves were exposed as children to

domestic violence. Therefore, there are problems associated with accurate recall of events that may have happened long ago or in the midst of a crisis.

Another problem with these estimates of prevalence is that parents often believe their children are not exposed to or even aware of domestic violence occurring in the home. In fact, children consistently report witnessing domestic violence even when their parents insist they have not (O'Brien, John, Margolin, & Erel 1994). And,, it is difficult to interpret these statistics because the actual nature of exposure is not detailed. Researchers tend to pose the issue of exposure as a "yes" or "no" dichotomy and as a result fail to capture the 1) co-incidence of exposure with actual harm to the child; 2) severity, type, frequency, type, and/or duration of violence to which children are exposed; and 3) the developmental age of the child at the time of exposure and/or or the child's reaction. Indeed, most studies that examine the impact of domestic violence on children focus on physical violence, ignoring other forms of violence including psychological abuse (Chang, Theodore, Martin, & Runyan 2008). All of these factors tend to be significant in shaping how children are affected. Even with these caveats, the estimates of children exposed directly or indirectly to domestic violence make this a significant social problem.

As suggested, children can be inadvertently injured during domestic violence incidents. However, data gathered at the scene of these incidents suggest this may occur in fewer than 3% of the incidents in which police make an arrest, presumably those incidents at the higher end of severity (Stark 2002). This percentage merits concern, particularly when considering the frequency and duration of domestic violence. Still, while the prevalence of injury to children during domestic violence incidents is slightly higher than the estimated incidence of child abuse

in the general population (3% vs. 2.5%), it is probably lower than the percentage of children estimated to be abused by foster families (5%) (Stark 2002).

Moreover, research has consistently shown that domestic violence is a problem for approximately 30-60% of the families referred to CPS (Edleson 1999; Jones, Gross, & Becker 2002; Shepard & Raschick 1999). In a recent study that queried a national sample of families referred to CPS, almost 4% of female parents or caregivers experienced domestic violence at some point in their life -- 29% of the parents had experienced domestic violence in the year prior to the survey (Hazen, Connelly, Kelleher, Landsverk & Barth 2004). In another study, 31% of mothers involved with CPS reported domestic violence, but only 12% of those mothers were reported by the CPS workers assigned to their cases. Therefore, 71% of CPS cases with domestic violence were not identified as such by CPS workers (Kohl, Barth, Hazen, & Landsverk 2005).

Consequences

Children may be deliberately abused during an attack on their mother, inadvertently hurt (e.g. if the mother is holding a baby when she is assaulted) or hurt because they try to stop the abuse or otherwise intervene when their mother is being attacked. Thus, children may either become involved in the conflict or may distance themselves from it, either physically (by going somewhere else in the house to hide) or psychologically. Among the psychological consequences of children's exposure to domestic violence are the behaviors children use to cope. These include "internalizing" behaviors where children defend against their fear by disguising it in other problems, such as withdrawal, anxiety, sleep disturbances, somatic problems, and post-traumatic stress disorder as well as "externalizing" behaviors, such as exhibiting aggression against others (including their mother) and delinquency (Kernic, et al. 2003; Lehmann, 2000; Levendosky, Huth-Bocks, Semel, & Shapiro 2002; Wolfe, Crooks, McIntyre-Smith, & Jaffe 2003). Indeed, in one

recent study, children exposed to domestic violence were found to be two times more likely to develop internalizing and externalizing behavior problems when compared to children not exposed (Sternberg, Baradaran, Abbott, Lamb, & Guterman 2006). Exposure may also lead to problems with school, including difficulties forming peer relationships, acting out in classrooms, diminished concentration and memory, challenges with organizational or language abilities, and perfectionist tendencies (Cole, et al. 2005). Indirectly, children may be affected by the lack of consistent parenting; by the secondary consequences of abuse of their primary parent, such as alcohol or drug abuse; or by the high levels of irritability and tension typical in violent homes.

Children may also be affected by the threat of violence towards the mother; the rigid or authoritarian parenting styles of the batterer; being used by the batterer to undermine the mother's authority; and by the fear of abduction. Violence against a mother may escalate during a separation or after a divorce, and children may be harmed during visitation exchanges or be used in a range of ways by the abuser who seeks to control his former partner but cannot do so directly. Finally, although is the direct result of the perpetrator's abusive behavior that is most harmful to children in these families,, abused women are also more likely to abuse their children than are non-abused women (Norman 2000).

While domestic violence may directly or indirectly influence children in any of the ways already described, the extent of these effects differs depending on the type, duration, and severity of domestic violence to which children are exposed. Children's developmental age and the developmental tasks associated with their age also determine how children are affected By domestic violence. Infants and toddlers appear to react differently to being exposed to domestic violence than do school age children or teenagers, for instance (Levendosky, Huth-Bocks, & Semel 2002; Levendosky, Huth-Bocks, Semel et al. 2002; Osofsky 2003). Since attachment and

bonding are critical tasks for younger children, an abuse-related separation or fear of separation induced by witnessing an assault against a primary parent is likely to be more traumatic for a younger child than for a teen who may have some experience getting by on his or her own. A child's sex may also influence how s/he is affected. Some research suggests that boys are more likely to become aggressive as a result of witnessing domestic violence, whereas girls are more likely to exhibit passive adaptations, such as withdrawal (Jaffe, Wolfe, & Wilson 1990). Not all researchers agree on this, however (Lehmann & Rabenstein 2002). Other important factors contributing to the effects of domestic violence on children include the nature of institutional interventions and whether these are perceived as helpful or not. Children who reside in domestic violence shelters also display trauma symptoms as a result of moving suddenly, living in an often chaotic and disruptive shelter environment, and being removed from friends and school (Levendosky, Huth-Bocks, Semel, et al. 2002). Importantly, the stress levels—hence the probability of behavioral adaptations—appear to be cumulative rather than incident specific, with those children exposed to abuse for a longer period reacting more strongly than do those children who are exposed to fewer incidents.

Aspects of children's lives may protect them from the effects of exposure as well as increase their risk. These protective factors include the characteristics of the child, the quality of family support, and the quality of extra-familial support. We know, for example, that poverty, divorce, exposure to violence in the community, and other stressors may have many of the same effects on children as exposure to domestic violence. When child psychologists Emmy Werner and Ruth Smith (1992) followed children in Hawaii, they found that children exhibited extraordinary resilience even in the face of extreme poverty, neglect and abuse, particularly if there was a caring and supportive adult present. Indeed, other researchers have noted that

parental warmth, positive expectations, and support positively impact children's behavior regardless of exposure to adverse social problems (Katz & Gottman 1997; Kim-Cohen, Moffitt, Caspi, & Taylor 2004). In a more recent study, those children exposed to domestic violence demonstrated more positive and fewer antisocial behaviors when mothers exhibited greater authority and control (Levendosky & Graham-Bermann 2000). In contrast, constant exposure to domestic violence led to internalizing and externalizing behavior in children; however, limited exposure (i.e. only once or early in life) was not associated with resilience (Martinez-Torteya, Bogat, von Eye, & Levendosky 2009). Yet these same researchers found that when children had an easy going temperament and when the mother was not depressed, the combination resulted in positive outcomes or enhanced resilience for children who had limited exposure (Martinez-Torteya, et al. 2009). Thus, only by knowing the protective and risk factors in a particular situation can we predict how a child will be affected by exposure to domestic violence.

Just as estimates about the prevalence of child witnessing violence may be questioned, generalizations from research on child exposure can also be challenged. First, many studies of children's behaviors are based on reports provided by their mothers while residing in domestic violence shelters. These women have typically experienced abuse that is more severe and long lasting than the violence experienced by other victims. In addition, because of their education about domestic violence, they may be prone to interpret their children's behavior differently from other adults and from the children themselves. Additionally, children's behavior may be influenced by the disruption of their normal routine by going to a shelter, the experience of living in a shelter itself, or by their emotional reaction to leaving home and possibly a father-figure whom they love. Study designs and interviewers may also not have considered or given adequate weight to demographic factors, including age, gender, intellectual functioning,

socioeconomic status, race, unemployment, and age of parents. Other family factors are known to affect children adversely, such as parents' substance abuse, paternal or maternal physical or mental health difficulties, pathology, and the level of stress, degree of parenting ability, and the stability of the home environment.

The Philosophical Conflicts

Even if we cannot predict exactly how a child will be harmed by exposure to domestic violence, or whether he or she will be harmed at all, there can be no question that children so exposed are at an increased risk of suffering some adverse short or long-term reaction. The challenge, then, is how to best intervene with families experiencing domestic violence while keeping children and their mothers safe from further abuse. Apart from the police, the two systems that are most directly responsible for family members in these cases are CPS and domestic violence services. So, it is worth considering how these services approach families experiencing domestic violence.

Tension and sometimes open conflict is a common feature of the relationship between child protection services (CPS) and domestic violence service providers (Moles 2008). Much of this tension stems from a difference in philosophy and in the preferred approach to dealing with violence in the home. The public mandate of CPS is to protect children. The preferred approach is to keep children in their homes by providing services or support that strengthens the family's capacity to keep them safe. Temporary removal is an option if services fail or the risk to the child is deemed eminent. Permanent placement and termination of parental rights are the most extreme interventions if efforts to reunify the family fail. Once a case is referred, CPS workers investigate reports of child maltreatment to determine if the report is substantiated, assess the

risk of harm to the child, and determine what combination of services, support, or other interventions are needed.

In contrast, the first priority of battered women advocates is the safety of the adult victim. This, they believe, is best accomplished through a collaborative approach known as "empowerment" whereby victims and advocates work together to identify the victims' goals, which often include keeping themselves and their children safe. In this view, safety is a time-consuming and frustrating process that may involve victims struggling with life changing decisions about leaving their partners and becoming economically and emotionally independent. Hence, while child safety is important to battered women advocates and most shelter programs today also provide services and support for children, the physical, emotional, and financial needs of the victim as she perceives them are paramount. Advocates also emphasize "accountability" for violence, usually by encouraging the arrest of an abusive partner.

Both CPS and domestic violence programs want women and children to be safe. But there are a number of obstacles that make it difficult for them to address this goal without conflict. On a practical level, there may be an adversarial relationship because CPS and domestic violence services compete for funding from the same general pool. CPS practices often include opening child abuse cases in the name of the primary caregiver who is usually the mother, who may or may not be the perpetrator of the abuse. Moreover, CPS workers typically develop a service plan that focuses on the mother's ability to protect her children, regardless of whether she herself remains at risk. If she continues to remain in an abusive home, CPS workers will often try to convince a mother to leave an abuser or charge her with "neglect" or with "failure to protect" her own children. One result is that many mothers fear and distrust CPS workers, feel powerlessness to resist CPS mandates, and overtly resist any interventions.

Early on, in an attempt to work with child protective services staff, many battered women advocates supported laws equating exposure to domestic violence with child abuse because they believed charges would be filed against the partner responsible for the abuse, usually the man. But their support of such laws turned into opposition when it became clear that abused women were often being charged with failing to protect the children even when they themselves had been victimized. Advocates were also concerned that such laws would lead to mandatory reporting of child abuse in domestic violence cases.

By contrast, CPS workers often become frustrated with the long process needed for victims to achieve safety; they often struggle with advocating for a mother when her decision, or lack thereof, jeopardizes her children. Indeed, as time passes, CPS workers may become more critical and controlling of a victim's decisions and may identify her as the person solely responsible for protecting the children. Additionally, CPS workers may think they lack the authority to legally pursue the batterer. Hence, by not focusing on holding the abuser accountable and keeping the mother as well as her children safe, CPS advocates may unknowingly increase the problems faced by domestic violence victims and their children.

Both CPS and domestic violence service approaches assume that the needs and goals of abused women and their children are in conflict. Unfortunately, in the midst of this conflict, little attention is paid to the abuser. If the abuser is neither the legal guardian nor the biological parent, he is often missing from the case file and is not officially a party to the service plan or any court decisions. This may make him largely inaccessible to CPS. One response is for CPS workers to hold a victimized mother responsible for seeking a restraining order to remove her partner, even if this is not the safest option, or worse, to demand she leave him regardless of the

risks she perceives this may pose. When she fails to meet these requirements, CPS may initiate a legal proceeding to place the children in our-of-home care.

Assumptions

The ideal situation is for CPS and domestic violence services to work jointly and collaboratively on protecting *all* victimized parties in the family and to clearly target the partner responsible for any violence in the home. Unfortunately, the conflicts between the two fields are largely a function of the assumptions made by CPS workers and other helping professionals about domestic violence. These assumptions frame policy, the mandates that constrain the discretion of caseworkers, the services offered to mothers and their children, and the methods used to evaluate the efficacy of these services.

This section explores three of the core assumptions about children exposed to domestic violence that have historically guided the practices and policies of the child welfare system.

Assumption #1: Children Who Witness Domestic Violence are More Likely to Become Abusers or Victims as Adults.

Deciding whether exposure to domestic violence is a form of maltreatment may depend on one's theoretical perspectives concerning the causes of domestic violence. To policy makers, CPS workers, and others who, based upon the social learning model, hold that children learn behaviors from their parents and transmit them intergenerationally, it seems obvious that any child exposed to domestic violence is at risk of becoming an abusive adult, regardless of any mediating factors.

However, if one concurs with the feminist theory that domestic violence is not a personal problem, but political, and rooted in sexism, sexual inequality, and a patriarchal culture that tolerates and even encourages male domination over females, then one would assume that the

impact of a child's exposure to domestic violence should be assessed individually based on the nature, frequency, and severity of the exposure. Hence, one's belief about the cause of domestic violence and the corresponding impact on children exposed to such violence will influence one's decisions about when and how to intervene with families experiencing domestic violence.

Research conducted from a social learning theory perspective concludes that being exposed to domestic violence as a child is positively correlated to involvement in a domestic violent relationship as an adult and that children learn how to use violence to control others from observing a parent doing so. Stith and her colleagues (2000) conducted a meta analysis of 39 studies and concluded that when children grow up in families experiencing domestic violence, they are more likely to be involved in violent marital relationships as adults. Another study found that children who had witnessed domestic violence were more likely than children who had not witnessed domestic violence to respond violently when they felt excluded or personally rejected (Ballif-Spanvill, Clayton, & Hendrix 2007). Unfortunately, most research in this area fails to consider other risk factors that might pre-dispose children to violence, including the media, schools, or communities.

Clearly, though research has found that a child's exposure to domestic violence increases the risk of violent behavior as an adult, this is not automatic. One issue with research in this area lies in the samples studied. For example, despite the self-interest persons have in justifying their current situation by finding a cause in their childhood, much of the evidence to support the intergenerational thesis comes from interviews with adult batterers and victims. In comparing children who did or did not witness domestic violence, for instance, Ballif-Spanvill et al (2007) found that neither group used violence involving limited resources, intimidation, or jealousy. They concluded that, "finding so many children with prosocial responses emphasizes the

importance of assessing a range of positive social behaviors and exploring adaptive abilities in all children, even those who have been exposed to family violence" (p. 210).

Thus, while exposure is a risk factor, other protective or resiliency factors may mediate the outcomes for children. Studies have found that such factors include: 1) having a strong relationship with a caring parent or other significant adult; 2) having safe and supportive locations, whether located in schools, community centers, or religious havens; 3) developing athletic, scholastic, or artistic talents; 4) being able to avoid self-blame; and 5) having strong positive peer relationships (Bancroft & Silverman 2002).

Much of the discussion about CPS intervention in domestic violence cases highlights the need to "break the cycle of violence." However, a range of protective or resiliency factors mediate any connection between exposure to domestic violence as a child and adult abuse. CPS workers and others who fail to assess these factors on a case-to-case basis may unwittingly make decisions that negatively impact the children and their mothers.

Assumption #2: Victimized Mothers Often Abuse or Neglect Their Children.

While we know there is often an overlap between domestic violence and child abuse, the challenge is to determine who is the abuser of the children, particularly if this means that children will be protected if the abusive partner is removed. A number of explanations have been offered for why battered women may abuse their children, including controlling the children to prevent both the mother and children from being abused by the batterer; using the children as an outlet for their frustration from being abused themselves; or blaming the children for their abuse (Mills, et al. 2000). Other explanations focus on the mother's mental health. Studies have found that mothers suffering from psychological distress (e.g. depression or PTSD, which is commonly found in abused women) are less available to and supportive of their

children (Katz & Windecker-Nelson 2006; Levendosky, Leahy, Bogat, Davidson, & von Eye 2006).

Anoother widespread belief is that abuse causes mothers to be emotionally unavailable to their children and/or causes them to be more likely to use corporal punishment than nonabused mothers. To test this belief, psychologist Cris Sullivan and her colleagues (2000) examined how women's victimization related to their parenting stress and, in turn, how their parenting affected their children's adjustment. They found that, despite the fact that mothers had experienced substantial levels of physical abuse, they continued to be emotionally available to their children and enjoyed their role as parent. Moreover, battered women were more likely than nonbattered women to use non-violent forms of discipline, including using time-out, removing privileges, or grounding their children. All of these results were confirmed by the children (Sullivan, et al. 2000).

However, in a more recent secondary analysis of the National Survey of Child and Adolescent Well-Being (NSCAW), researchers found mixed results among women involved in CPS who also had experienced domestic violence (Kelleher, et al. 2006). These results indicate that women who reported recent domestic violence victimization were almost 11 times more likely than women with no domestic violence experiences to also report physical aggression towards their children. Indeed, the researchers conclude that women who experience domestic violence were more physically and psychologically aggressive towards their children (Kelleher, et al. 2006).

Batterers also abuse their children as a means of controlling or hurting their adult partners and/or may use the children to spy on the mother's movements and relationships. While mothers are more often cited for child abuse than fathers, in the most severe forms of child abuse, men

are most often the perpetrators. In one recent study that examined the role of psychological abuse in families, results indicate that when the male partner psychologically abused his female partner, their children were five times more likely to experience neglect than were the children in families without psychological abuse (Chang, et al. 2008).

Finally, children can be hurt accidentally by getting in the middle of a violent episode either intentionally, in an attempt to protect their mother, or unintentionally because they happen to be in the same room. In one study of battered women in shelter, 44 percent of the children surveyed reported that they had attempted to protect their mothers on at least one occasion; 37 percent reported being hit in the process (Mills, et al. 2000).

Can battered women become abusers themselves? Absolutely. Even in these instances, however, it may important to understand the role of the batterer.

Assumption #3: Battered Women Must Leave the Abusive Relationship in Order to Keep Themselves and Their Children Safe.

The common reaction of most service providers, including CPS and many domestic violence providers, is to protect women and children from harm by urging them to separate from the abuser. Since CPS uses removal as a means to protect children, it seems logical to some that the same tactic can be effective in protecting children from domestic violence. Even if we set aside the concerns raised by the Nicholson case (see below), this approach raises a number of problems.

First, removing children from their home and placing them in foster care does not necessarily protect children from physical or psychological harm. We know that removal and long-term separation can be even more traumatic for children than the initial maltreatment, an important reason why courts have increasingly required CPS to make their case for removal by

weighing the harms this would cause against the harms of not removing. Additionally, longitudinal research has shown that living in multiple homes (often in foster care) is more predictive of poor outcomes in adulthood than is the original maltreatment (McDonald, Allen, Westerfelt, & Piliavin 1996). In any case, limited resources make it impossible for CPS in most states to provide protective services for any but those children and families who have suffered the greatest harm.

Second, removing women and their children from the home does not automatically mean they are safe from further harm. Women may actually be more likely to be seriously injured or killed by their abusive partners when they leave the relationship than if they stay (Bachman & Saltzman 1995; Browne & Bassuk 1997; Fleury, Sullivan, & Bybee 2000). And, for those who leave, their perpetrators continue to harass or hurt them during a separation or after a divorce. So even where leaving is encouraged, it is not a stand-alone solution. Meanwhile, a growing body of work (Bancroft & Silverman 2002) suggests that a mother's efforts to protect children can significantly reduce the danger posed by a batterer. Hence, we must identify ways in which mothers keep themselves and their children safe whether or not they continue in the relationship with an abusive partner.

Instead of removing the children and the mother from the family's home, an alternative is to remove the perpetrator by having him arrested or getting a restraining order – strategies the domestic violence movement frequently uses. CPS may lack the authority to remove the adult perpetrator, particularly if he is unrelated to the child; in some cases, "no contact" orders may be used as part of a service contract to avoid placement of children and their mother in a shelter.

Unfortunately, the remedies used to keep women and children safe have not always been effective in protecting battered mothers and their children. For instance, in my own research,

I've found restraining orders are inconsistently enforced and have varying effects on stopping abuse for women (Postmus 2007). Research finds the efficacy of mandatory arrest, dedicated prosecution, and other criminal justice approaches mixed at best. Other research indicates that mothers' experiences with CPS were mixed; some felt blamed for the abuse or were given additional tasks to complete while others experienced fair and supportive responses from CPS workers (Johnson & Sullivan 2008). Finally, while women generally rate their shelter experiences positively, there is little evidence that a shelter stay ends violence in most cases.

Unintended Consequences

Although these assumptions have a weak empirical foundation, they have exerted a powerful ideological force on public policy and the institutional response. One result of these assumptions has been pressure on states to require professionals to report children who witnessed domestic violence to the state's abuse hotlines and to include exposure to domestic violence as a form of child abuse or neglect. Initially, both child welfare staff and battered women advocates supported the enactment of these laws; unfortunately, several unintended consequences resulted.

For example, when Massachusetts and Minnesota enacted policies that required all cases of domestic violence be reported to CPS, the states' already overburdened and underfunded services were quickly overwhelmed, reducing the states' capacity to respond appropriately to cases where abuse or neglect were clearly identified. Additionally, battered women may be less willing to disclose domestic violence to professionals who are mandated reporters because they fear CPS involvement may lead to losing their children.

Other states left their reporting policies ambiguous, leaving the decision to report up to the individual professional. States also use ambiguous protocols for investigations and assessments, giving the worker broad discretion on whether to assess for and include domestic

violence in their findings and whether to substantiate a finding of neglect in domestic violence cases. When faced with ambiguous policies, a wide range of discretion, frustrations and/or fear of working with batterers, and pressures to resolve the report in a timely fashion may contribute to CPS workers reliance on their mandate to protect children from harm and consequently place the blame on the mother for not protecting her children from exposure to domestic violence. In such instances, CPS workers may fail to officially "see" domestic violence at all.

Another unintended consequence of actions based upon these questionable assumptions is that CPS workers are citing victimized mothers with "neglect" and removing children for witnessing domestic violence. In a study of children labeled as abused or neglected, Stark and Flitcraft (1988) have reported that the children of battered women are more likely to be removed from the home than children from nonbattered mothers even when the level of harm to the child is the same. Using data from NSCAW, over half (52%) of families currently experiencing domestic violence were substantiated compared to only 29% of families with a history of domestic violence or 22% of families with no domestic violence (Kohl, Edleson, English, & Barth 2005). Most of the substantiated cases fell under the neglect category, with the blame or person responsible being assigned to the mother. CPS workers rarely identified past or current domestic violence as the critical factor in their decision making unless other risk factors (i.e. substance abuse, mental health issues) were also present. The researchers emphasized the importance of using consistent risk assessment protocols that differentiate between past and present domestic violence in a family as well as the importance of staff receiving appropriate training on the multiple challenges that plague families.

To gain an even fuller picture of the CPS response to domestic violence, English and her colleagues (2005) examined 2,000 randomly selected CPS cases. Their results indicate that

fewer than half of the cases in which domestic violence had been reported to CPS were accepted for investigation; of those accepted, most were viewed as “high standard of investigation” requiring a face-to-face interview with a CPS worker. Domestic violence was listed as a risk factor in 40% of the cases investigated (20% of all referrals). In cases where domestic violence was indicated (i.e. classified as moderate to high risk after investigation and opened for services), 4 out of 5 children were removed from their homes, a far higher proportion than in other cases (English, et al. 2005).

The practice of charging battered mothers with neglect and removing their children to foster care either because of the domestic violence or because they had refused services mandated due to domestic violence led to a federal class action lawsuit in 2001 in New York City, Nicholson v. Scoppetta. After a trial that included dozens of caseworkers, administrators, researchers, and mothers as experts, Judge Weinstein ruled that the city’s removal practices were unconstitutional and that "government may not penalize a mother, not otherwise unfit, who is battered by her partner, by separating her from her children; nor may children be separated from the mother, in effect visiting upon them the sins of their mother's batterer" (Carter 2002). The judge further stated that reasonable efforts, a term not unfamiliar to CPS, must be made to separate the batterer from the victim and her children while providing reasonable, adequate protection, such as assisting in helping the family find shelter or other safe accommodations and filing a protective order against the batterer. Additionally, the judge stated that mothers are to be informed of their rights and those of their children prior to CPS taking any actions to remove children and that these rights be provided in both English and Spanish. Finally, the judge ordered that training and supervision be given to CPS workers and contractual service providers; a domestic violence specialist be hired as part of a clinical consultant team; and a review

committee be established to enforce the terms of the findings and provide the court and all other interested parties with monthly reports. The agency targeted by the lawsuit, the Administration for Children's Services (ACS) in New York City, appealed Judge Weinstein's decision. The case was resolved when the New York Court of Appeals, to whom the case had been referred by the federal court, concurred with Judge Weinstein and added the stipulation that in its petitions for removal of children from the family's home, ACS had to weigh the harms of leaving a child in the home against the trauma of removal. After three years of operation, the Nicholson Review Committee (NRC) representing all the parties to the lawsuit, concluded that the practice of removing children solely because of domestic violence had largely ended in New York City.

Current Practices

The case of Nicholson v. Scoppetta had a ripple effect across the country. Child Protective Service staff began examining the strategies used to intervene in families experiencing domestic violence. Many states are still examining how to best serve families that experience domestic violence. In this section, the current practices of local and state agencies are reviewed.

The response of state agencies, domestic violence programs, and communities has not kept pace with research on the overlap of domestic violence and child maltreatment. Few states have developed strategies to address the overlap of these problems in families; moreover, those states which have initiated policies addressing the overlap of domestic violence and child maltreatment have generally failed to evaluate their programs and service outcomes to see if the recently implemented strategies are working.

Twenty-one states and Puerto Rico address the challenge of children witnessing domestic violence in their state statutes. (To find information on state statutes, visit www.childwelfare.gov/systemwide/laws_policies/state.) Many other states have attempted to

include screening and services for children exposed to domestic violence as part of CPS. In general, most of these efforts involve collaborating with other agencies and/or training for CPS workers to screen and intervene with families experiencing domestic violence. The review of these efforts includes those with promising ideas as well as those that are empirically supported.

Massachusetts

Massachusetts has a long history of addressing the challenges when children are exposed to domestic violence. In a review of their case files, the Department of Social Services (DSS) discovered that 70 percent of referrals for intensive services included domestic violence; however, the investigative worker identified domestic violence in fewer than half of these cases (Schechter & Edleson 1994 as cited in Aron 1997). In response to these findings, the Massachusetts DSS piloted a project that required professionals to report child abuse and initiate an investigation if a child was exposed to domestic violence. As a result of the project, reports of domestic violence increased dramatically, but without additional funds or staff to handle the reports. Additionally, they found that women were reluctant to disclose their abuse to professionals for fear of losing their children to DSS. Rather than continuing the pilot project, DSS created a domestic violence unit staffed by advocates or specialists from the domestic violence field. This unit provides training and consultation to child protective services staff, offers education, training, and collaboration to other community agencies including shelters, and provides direct services to battered women identified by CPS. A six-month follow-up (Meills et al. 2000) showed that 70% of <u>all</u> CPS cases were referred to the new DSS unit for domestic violence services, a dramatic increase compared to the proportion of cases in which domestic violence had been identified prior to co-locating a battered women advocate with CPS workers.

Michigan

Similar to Massachusetts, Michigan has a long-standing history of addressing the challenges faced when CPS works with families experiencing domestic violence. In the mid 1990s, Michigan established the Domestic Violence Prevention and Treatment Board, a statewide coordinated effort to end domestic violence. The of the Board's mandate included CPS collaborating with family preservation services and domestic violence programs. The collaboration resulted in the establishment of Families First, a program that recognized that children's safety can best be achieved by ensuring the safety and self-sufficiency of their mothers (Aron & Olson 1997; Saunders & Anderson 2000). The focus of Families First was to provide cross-training on domestic violence for all program managers, supervisors, and caseworkers, as well as battered women advocates and domestic violence shelter staff. The biggest change in services occurred when shelter staff was permitted to directly refer families to the Families First program. Previously, cases could only be referred to the CPS hotline whose staff would decide whether a domestic violence referral was appropriate.

Through a collaboration of battered women advocates with Families First staff, mandated training is provided for all CPS workers in Michigan. These training sessions focus on batterers, the criminal and civil laws pertaining to domestic violence, community resources, and related topics, such as substance abuse, sexual abuse, parenting, and child development. An evaluation found that, as a result of their training, caseworkers decreased their blame of holding victims responsible for their children's safety from 54 to 40 percent and decreased their referrals to couples counseling from 74 to 46 percent. The proportion of CPS workers empathizing with battered women increased and less emphasis was placed on ending the relationship (Saunders & Anderson 2000).

New Jersey

In the late 1990s, New Jersey Department of Children and Families (DCF), Division of Youth and Family Services (DYFS), launched the PALS program – Peace: a Learned Solution – an intensive therapeutic treatment program for children exposed to domestic violence. PALS uses different modalities of art therapy (e.g. drama, dance, music, art). PALS' intent is to provide children a safe environment to heal from their experiences with domestic violence without having to directly talk about those experiences. Treatment lasts for six months in which children attend therapy twice a week – once for individual and once for group therapy. The children's mothers also receive therapy and case management services. Early evaluation results suggest that 80% of children (n=68) who participated in PALS showed improvements in their anxiety, depression, withdrawal, and aggression symptoms (www.njleg.state.nj.us/legislativepub/PUBHEAR/050201RS.pdf). The program remains in place in several of the state's domestic violence organizations, but is not available statewide. No further evaluation has been conducted since the initial one.

New Jersey

In the last few years, New Jersey has embarked on an unprecedented state-level effort to create a comprehensive, integrated response to the co-occurrence of domestic violence and child maltreatment through the creation of a Domestic Violence Liaison (DVL) program. (See http://www.state.nj.us/dcf/prevention/DPCPflyer.pdf.) This effort has included collaborations between the Department of Children and Famjlies (DCF), Division of Youth and Family Services (DYFS), the courts, and the New Jersey Coalition for Battered Women (NJCBW). The results from this collaboration included the finalization and implementation of the DCF Domestic Violence Protocol, the adoption of a directive for the courts, and the creation of the DVL program. DVLs are specially trained professionals with extensive knowledge of domestic

violence and available services and are employed and clinically supervised by the local domestic violence program. DVLs are co-located at DYFS offices to assist DYFS caseworkers in on-site assessment, case planning and safe interventions and domestic violence safety planning, support, and advocacy for domestic violence victims and their children. Services of the DVL for domestic violence victims and their children also include: advocacy within DYFS; advocacy and referrals to other community-based services, including health and criminal justice; and support and services through individual and group counseling.

The goals and outcomes of New Jersey's DVL Program include to:

(1) ensure the safety of children whose family is experiencing the co-occurrence of child abuse and/or neglect and domestic violence, from reporting through case termination;

(2) develop a safety protection plan with the non-offending parent (NOP) or caregiver to ensure that each child is safe from harm and substantial risk of harm;

(3) enable the child to live in a stable and nurturing home environment, with the non-abusive parent wherever and whenever possible;

(4) provide individualized, strengths-based, needs-driven services to children and families; and

(5) reduce the subsequent reports of domestic violence and/or child abuse and neglect while DYFS provides services and after case closure.

Unfortunately, the DVL program has not yet been evaluated to determine if the stated goals are being accomplished.

The Greenbook Initiative

A committee designated by The National Council of Juvenile and Family Court Judges to develop recommendations on how to best work with families with children who are exposed to

domestic violence produced a report, formally called *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (Schechter & Edelson 1999), commonly known as the "Greenbook." In early 1991, the United States Department of Justice and the Health and Human Services funded six sites across the US to implement the Greenbook's recommendations and focus on coordinating efforts between the courts, CPS, domestic violence shelters, and other professional groups involved with families experiencing domestic violence, e.g., law enforcement, medical providers, and schools, in a "seamless service delivery system." Early on, evaluators identified several obstacles to the success of these collaborative efforts, including a lack of trust among participating organizations which hindered their willingness to work together to overcome ideological differences; inadequate resources; and a compromised ability for the organizations to work collaboratively due to the inclusion of some members that hurt the effort (Caliber 2004).

More recent evaluation projects have found significant changes in policy and practice in CPS when responding to families experiencing child abuse and domestic violence. For example, 72% of CPS staff reported that they had a formal mechanism to address domestic violence, with another 17% reporting an informal structure to share information with others (Banks, Hazen, Coben, Wang, & Griffith 2008). This same evaluation found that 73% of CPS staff had formal contact with local domestic violence providers; and 28% of agencies had battered women advocates co-located within the offices (Banks, Hazen, et al. 2008). Unfortunately, only a few of the CPS caseworkers knew how to use the co-located advocate (Banks, Landsverk, & Wang 2008). Significant changes have been reported due to CPS participation in the Greenbook Initiative; however, the implementation continues to face challenges and obstacles to moving

beyond the adoption of revised policy and procedure to actual changes in practice and collaboration between CPS workers and advocates.

Family to Family (F2F)

F2F initiative, funded by the Annie E. Casey Foundation in the early 1990s and later expanded to 60 cities in 17 states, has encouraged CPS to place children who are removed from their homes in their own neighborhoods and to keep families involved with their children. (See http://www.aecf.org/MajorInitiatives/Family%20to%20Family/Resources.aspx.) The F2F grantees realized that failing to address domestic violence could significantly interfere with their ability to reach their stated outcomes, but lacked the resources or knowledge needed to adequately respond to these cases. A more recent assessment noted the wisdom of these fears, citing the philosophical differences between CPS staff and battered women advocates and their reluctance to frankly acknowledge and discuss these differences as major barriers (Cohen & Davis 2006). The participating sites also noted difficulties in gathering information about domestic violence with children, their families, foster families, and/or adoptive families as well as the lack of screening for domestic violence in foster families or support for victims in these families. The sites were also frustrated with the lack of knowledge and training on domestic violence for all involved, including community representatives (Cohen & Davis 2006).

Safe Start Demonstration Projects

As a result of a national summit in l999 to create "a multidisciplinary continuum of prevention, intervention, and accountability," the U.S. Departments of Justice and Health and Human Services created the Safe Start Demonstration Project, piloted in 11 sites throughout the U.S. between 2000-2005. The idea was similar to the Greenbook Initiative – developing partnerships and collaborations between and among service providers, law enforcement, and the

courts with the intent to create a comprehensive and coordinated system of care for families experiencing domestic violence. The major achievement of this initiative involves the materials and information produced, including policies, protocols, and a judicial checklist (Maze 2006).

Evaluative results concerning Safe Start have indicated that most of the perpetrators were the biological father (31%) or mother (9%) and that the children were more often a witness (35%) than an actual victim of violence (9%) (Kaufman, Ortega, Schewe, & Kracke 2011). Additionally, 25% of the children who were exposed to domestic violence had PTSD and almost 50% of the parents reported stress related to parenting. A specific intervention (e.g., police) sparked a referral for 21% of the children; another 10% were identified through routine screening. Program evaluators identified the value of providing training to many different community agencies to provide such referrals for services to children exposed (Kaufman, et al. 2011). Unfortunately, with varying implementation of the Safe Start Initiative across 11 sites, limited information exists to determine if the program produced any positive outcomes.

Responding to the Problem

In addition to training and collaboration and coordination between agencies, the literature discusses methods for screening and assessing domestic violence and responding with appropriate interventions for all family members involved, including the children, the victims, and the batterers. Given the dynamics of domestic violence, including fear, isolation, secrecy, and control, domestic violence is often not detected by CPS (McKay 1994). Add the fear of having children removed and perceptions of professionals who blame them for the abuse, women may hesitate to report domestic violence.

Screening and Assessing

Screening procedures should include direct and indirect questions regarding the existence of abuse in the family and should be a routine part of the assessment. Direct inquiry includes questions such as "Have you ever been hit, slapped, poked, pushed by an intimate partner?" Indirect inquiry includes questions such as "Many women today are physically and emotionally abused by their significant others. Has this ever happened to you?" An important caution should be noted when screening for domestic violence: always ask these questions in private, out of the hearing of the alleged batterer.

If the batterer refuses to allow the worker to meet privately with the mother and/or the children, the worker should set up a time for a private meeting. The worker may also have routine answers that dictate the privacy of the questions, such as "Agency rules dictate that I must meet individually and privately with every member of the family."

In New York City, an intake questionnaire was developed by the Family Violence Prevention Project, a program designed to address the co-existence of domestic violence and child maltreatment (Magen, Conroy, & Tufo 2000). The questionnaire had five sections including a face sheet, interview questions, the extent of domestic violence, caseworker's assessment, and applicant's evaluation. The face sheet included basic demographic information about individuals in the house. The interview questions guided the caseworker in asking about "normal" marital conflict and arguments to actual abusive behavior using questions from the Revised Conflict Tactics Scale (Straus, Hamby, Sugarman, & Boney-McCoy 1996). If the interview questions revealed the presence of domestic violence, then the worker was instructed to determine the extent of the domestic violence, a section designed to collect specific information on the type and frequency of abuse as well as protective measures the victim has used to keep herself and her children safe. The fourth section presented a caseworker's

assessment, and included current and past abuse and the action steps taken by the worker to help the client deal with the abuse. The final section of the questionnaire, the applicant's evaluation, contained consumer satisfaction questions about the perceived helpfulness of the questionnaire. The evaluation of the implementation of this questionnaire showed some positive results. First, the questionnaire led to a 300 percent increase in the number of women identified as victims (Magen, et al. 2000). The data generated also indicated that many of the women were victims of severe and life-threatening violence, reported having taken some form of action to stop the abuse, and responded positively to the caseworker's interventions. Finally, the majority of women expressed favorable perceptions to having been asked about domestic violence by the caseworker (Magen, et al. 2000).

Fleck-Henderson (2000) interviewed Massachusetts Department of Social Services supervisors as part of a needs assessment, asking them about challenges when working with families with domestic violence. The ten challenges they listed include: 1) assessing dangerousness; 2) assessing kids to determine the impact of domestic violence on them and deciding whether to keep a case open or not; 3) understanding risk if abuse is minimized; 4) knowing responsibilities when dealing with batterers; 5) knowing when focusing on safety actually increases risk of violence and knowing what to do; 6) collaborating with other agencies and maintaining confidentiality; 7) knowing where to find more resources for all family members including children, victims, and batterers; 8) considering cultural differences; 9) taking care of their own and workers' safety and liability; and 10) managing frustration and their own and their workers' feelings of powerlessness (Fleck-Henderson 2000). The ten challenges listed by the supervisors were used to develop training to address them.

The results of these studies indicate the need for screening and assessing for domestic violence among families involved with CPS. Assessments should take into account the frequency and severity of domestic violence, any parental or child injury, the parental ability to nurture, and any actual or attempted actions to protect themselves and their children from further abuse (Kaufman-Kantor & Little 2003). Additionally, workers should assess multiple forms of victimization including physical, sexual, emotional, psychological, and economic abuse in the parents' current relationship, past relationships, and as children (Kaufman-Kantor & Little 2003). Workers should also talk with children, if age-appropriate, about the violence in the home and provide outlets for children to express their feelings and thoughts about the violence (Eriksson 2009).

Finally, once domestic violence has been identified, workers should evaluate the danger posed to the children and the mother; the physical, emotional, and developmental impact of domestic violence on the children; and the strategies that the mother has used to protect herself and her children (Carter & Schechter 1997). Once domestic violence has been identified, CPS workers as well as other human service providers should work with the mothers who have survived domestic violence by demonstrating core social work values, such as holding a non-judgmental attitude, showing empathy, explaining the process, and keeping mothers informed of decisions made (Johnson & Sullivan 2008).

Interventions

After screening and assessing for domestic violence, the worker must provide appropriate and sensitive interventions. The CPS worker should attempt to meet three goals with all domestic violence cases: protect the child; help the abused mother protect herself and her children using noncoercive and supportive interventions; and hold the batterer accountable and responsible for

stopping the abusive behavior (Carter & Schechter 1997). Practice principles that underlie good interventions include: protecting the battered woman will also protect the child; attempting to individualize services will help the worker realize that not every case of family violence is the same; and holding the batterer accountable for the abuse and not blaming the mother will help protect her children (Goodmark 2001).

Wolak and Finkelhor (1998) suggest guidelines for practitioners when working with children in either a crisis or non-crisis situation. In a crisis situation, such as when the police have been called or the mother is fleeing the home, practitioners should focus on assisting the mother and her children to complete a safety plan, including what to do if the violence reoccurs. In a non-crisis situation, practitioners should be developmentally and culturally appropriate when encouraging children to reveal their exposure to the abuse. Practitioners should also coordinate their efforts with other professionals, including battered women advocates and teachers. In addition, workers should be aware of any child custody issues (Wolak & Finkelhor 1998).

Finally, when working with children exposed to domestic violence, the goals of intervention should include to promote an open discussion of the children's experiences; help children understand and cope with their emotions while producing positive behaviors; reduce the symptoms experienced as a result of the violence; and help the family create a safe, stable, and nurturing environment for the child(ren) (Groves 1999).

When interviewing children to determine if domestic violence is present in the home, Faller (2003) has several suggestions, including cognitive interviewing and narrative elaboration. Cognitive interviewing, for example, would prompt the worker to discuss everything about the domestic violence event to reconstruct the context of the abuse. Narrative elaboration techniques are useful for school-aged children and include the use of cue cards to serve as triggers of the

violent event. Different types of questions should be used including general questions, focused questions, invitational questions, and multiple choice questions (Faller 2003). Little has been written on individual therapy provided to children exposed to domestic violence, with the exception of the small evaluation of the PALS program in New Jersey; more research is needed in this area.

Implications and Conclusion

Does exposure to domestic violence indicate child maltreatment? How should CPS and domestic violence service providers respond to families with domestic violence? This chapter has attempted to answer these complicated questions by reviewing research on the number of children impacted by domestic violence, and the consequences faced by children when exposed. The philosophical challenges between CPS and domestic violence organizations have been discussed, and state and local initiatives were then presented in a review of the efforts of these systems to collaborate. What can we learn from this review? This concluding section outlines the implications for collaboration, training, practice, and policy for those planning for, working with, or encountering families experiencing domestic violence.

Implications for Collaboration

When working with families experiencing domestic violence, collaboration among all interested organizations and agencies is crucial. The Greenbook and Safe Start Initiatives outline solid first steps in encouraging communities to work together to keep families safe; however, much more work and evaluation are needed.

It is common for service-providing organizations in the community to work together either voluntarily or as a mandate from federal, state, and local governments. Indeed, as discussed earlier, many communities have developed collaborative efforts between CPS,

domestic violence service providers, and other entities. Unfortunately, there is little empirical evidence that suggests that successful interagency collaboration leads to improved client outcomes.

Past research on interagency collaboration "suggests that organizations whose cultures support teamwork, flexibility and participation in decisions, with an open flow of communication and a shared vision, tend to be better able to deliver positive outcomes for clients" (Johnson, Wistow, Rockwell, & Hardy 2003). Johnson also cautions that there will be problems with collaboration when evidenced-based practices are vague or when there are different philosophical views – such as the differences discussed earlier between CPS and domestic violence agency staff.

Child welfare agency practitioners must take the initiative to learn about domestic violence and to work closely with different professionals. They must also make efforts to forge a common commitment to keep families safe without blaming the mother and leaving the abuser unaccountable for his actions. Workers must also be patient: system change, community change, and individual change do not occur overnight. Non-judgmental support is essential to working with others, whether professionals or battered women and their children.

Implications for Training

While training has been helpful for CPS workers, it is not a panacea to deal with the complex issues faced by families experiencing domestic violence (Postmus & Merritt 2010). The issues raised by battered women and their children are often complex and cannot be solved through training alone. Issues such as poverty, substance abuse, and mental health may complicate plans to keep women and children safe from further abuse. Additionally, the attitudes and beliefs of CPS workers may impact the decisions they make regarding assessment

and intervention with families experiencing domestic violence. Finally, training can be a fruitless endeavor if not coupled with changes at the organizational and supervisory levels. CPS, judicial, medical, or domestic violence staff members may have the best knowledge regarding services to families experiencing domestic violence, yet still be thwarted by policies or protocols established by their respective organizations.

Practice Implications

Successful practice with families experiencing domestic violence, as suggested in the literature, establishes and achieves the goals of holding the batterer accountable, supporting the battered woman and her children, and keeping the family safe from further harm (Edleson 1998). Both CPS and domestic violence service providers must come to an agreement to how to help families and keep everyone safe from harm. Gewirtz and Manakem (2004) recommend the following as elements for a common practice framework: 1) All family members need to be safe; 2) Children need to experience warm, supportive, nurturing relationships with parents; 3) All members of the family should have their basic needs met; 4) Service providers need to be welcoming, supportive, and culturally competent; and 5) Services should include strengths-based interventions that avoid unintended consequences.

Additional practice principles outlined by experts in the field include: 1) professionals must be willing to collaborate together across disciplines in a coordinated manner; 2) services to families at-risk should focus on prevention and be supportive; 3) service providers must think developmentally about prevention and intervention services; 4) service efforts should emphasize keeping mothers safe so that they, in turn, will keep children safe; 5) the law must be enforced, holding perpetrators accountable; 6) adequate resources must be provided; 7) service providers miust rely on sound, evidence-based practices; and 8) service providers must collaborate with

others to create a culture of non-violence at the individual, family, and community levels (Maze 2006).

Policy Implications

Child welfare agencies and domestic violence service providers must evaluate current policies and practices to determine what does and does not work when it comes to keeping women and children safe from abuse. Without statewide policy shifts, reallocation of resources, changes in agency philosophy, and the development of standard procedures or protocols for screening, protective investigations, and case management, agency staff will be frustrated not only in their dealings with battered women, but also with their place of employment.

Additionally, policy makers should establish minimum competency standards that include training for staff at all levels that might encounter families experiencing domestic violence. Protocols should also be established that clearly provide direction to CPS workers and supervisors when they encounter the overlap of child abuse and domestic violence as well as to advocates and administrators working in the domestic violence field. These standards and protocols should include information and guidance on working with any family, including those with different cultural, ethnic, or immigrant backgrounds. It is imperative that staff from CPS and domestic violence service providers be involved in the development and implementation of practice standards and protocols and be responsible for providing training and consultation when necessary to their peers in their respective fields.

When I conduct training on domestic violence, CPS supervisors frequently express their frustrations of wanting to give women time to go through the process of leaving an abusive relationship; however, they are required to maintain the deadlines dictated by the Adoption and Safe Families Act (ASFA). ASFA requires that permanency be achieved for every child placed

in legal custody within a specific time period; hence, the clock begins ticking once a family becomes part of a CPS caseload. Even if a CPS worker is sensitive to the challenges faced by survivors of domestic violence, the worker' is required to adhere to federal policies regarding the amount of time allowed for families to become safe.

Additionally, supervisors express frustrations with local law enforcement's inability to hold batterers accountable – especially those that violate restraining orders. While their frustrations are anecdotal, more work is needed to examine how child welfare and criminal justice may hinder agency staff members as they attempt to be supportive of battered women.

Research Implications

A review of the literature indicates that it is imperative that additional research be conducted to evaluate current practices and initiatives. What does and does not work must be determined. States must be encouraged to open case files to researchers to examine current practices and to offer suggestions on ways to improve services without condemning or blaming agencies or individual workers. Finally, researchers must not lose sight of battered women themselves as they develop methodologies and sampling plans when evaluating policies or practices. Too often, the voices of women are not heard when it comes to policy or program evaluation (Nichols-Casebolt & Spakes 1995).

In conclusion, the future lies with service providers from different fields being able to set aside their differences, collaborate closely and learn from each other, and create meaningful policies and innovative programs that address the needs of families experiencing domestic violence. Without such coordination, collaboration, and creativity, we will continue to punish families by removing children, blaming mothers, and not holding abusers accountable.

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