How can child protection agencies partner with domestic violence programs?

Approximately 30 million children in the United States will be exposed to some type of family violence prior to turning 17, and research suggests that 30% to 60% of the families where domestic violence is identified also experience some form of child maltreatment. Despite these trends, child protection agencies and domestic violence programs historically have responded to victims separately. While two different perspectives may guide the child protection and domestic violence systems, the systems share a common goal of protecting children and families from current and future violence. Accessing support may be even more complicated for families of color because culturally appropriate services may be challenging to find or nonexistent. In addition, negative experiences or perceptions of law enforcement and social services may lead to fear and mistrust, further complicating whether individuals of color who have experienced domestic violence are willing to reach out or accept and engage in services.

The consequences of a disjointed approach could be graver than a missed opportunity, leading to a person who has experienced domestic violence being more distrustful of the child protection system, the wrongful conflation of domestic violence and child maltreatment, an increase in the likelihood of substantiation in allegations of maltreatment when domestic violence is
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According to the Centers for Disease Control and Prevention, intimate partner violence, commonly called domestic violence, includes "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse", and can occur among heterosexual or same-sex couples. While the definition specifies that the actions are purposeful and directed toward an intimate partner, it also impacts the children who reside in the home as well as the larger community.

Understanding the impacts

Impacts on children

Children may be exposed to domestic violence both directly (when they witness violence or are physically harmed, either accidentally or on purpose, as a result of the violence) and indirectly (when they overhear abusive communication between partners, experience the aftermath of an incident, or hear about it through other avenues of communication). The impact of domestic violence exposure varies depending on the child and the circumstances although, according to the Children’s Bureau, any exposure to domestic violence can be traumatic for children and lead to the following negative outcomes:

- **Behavioral, social, and emotional**, including depression, low self-esteem, anxiety, anger, and inability to sustain good relationships.
- **Cognitive and attitudinal**, including diminished problem-solving and conflict resolution skills, pro-violence attitudes, academic difficulties, and challenges with concentration and task completion.
- **Long-term**, including higher rates of substance use, chronic mental health issues, and delinquency.

The existence of protective factors can help ameliorate the effects of domestic violence. Research indicates that a consistent, secure attachment with a parent or caregiver can help a child heal from the effects of domestic violence, as can neighborhood support and connectedness, and the coordination of resources among community agencies. A thorough understanding of the resources that best serve domestic violence survivors and their children can lead to successful outcomes.

Domestic violence is a serious public health issue that requires a strong network of community-based prevention and support. While child protection agencies are responsible for keeping children safe from harm, assuming a parent who has experienced domestic violence is a perpetrator of child abuse is inaccurate, leading to unwarranted and potentially damaging interventions that result in more trauma for both the child and the family.

— David Sanders, Executive Vice President, Systems Improvement, Casey Family Programs
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**Impacts on the adult survivor**

Just like children, the impact of exposure to domestic violence varies from survivor to survivor. Adults who have experienced domestic violence may have resulting physical and mental health challenges, substance use disorder, difficulties in their relationships with their children and others, and feelings of isolation. Being knowledgeable about — and aware of — the potential impacts on the adult victim/survivor is important for caseworkers both during initial assessment and when planning for services to help promote child and family safety, permanency, and well-being. The Quality Improvement Center on Domestic Violence in Child Welfare developed the Adult & Child Survivor-Centered Approach, a framework currently being tested to improve how child protection agencies collaborate with other community agencies to work with families experiencing domestic violence. A key element of this approach is treating both domestic violence victims and their children as survivors in need of support and wraparound services.

**Strategies for capacity building and collaboration**

To help child protection agencies, family courts, and service providers collaborate and more effectively serve families impacted by domestic violence, the U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Justice (DOJ) supported the implementation of a guidance developed by the National Council of Juvenile and Family Court Judges, Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. Collaboration between domestic violence advocates and child protection agencies is key to effectively supporting children and families, keeping children and adults who have experienced domestic violence safe, and holding individuals who have perpetrated domestic violence accountable.

Successful collaboration is also a critical part of The Greenbook Project, a federal demonstration with six pilot sites funded by DHHS and DOJ that has paved the way for designing and implementing a thoughtful and streamlined approach for overlapping child maltreatment and domestic violence cases. Each model includes multi-disciplinary practice at its core, but varies by the location of the collaborative work and by how many disciplines are included in the collaborative model. For example, Massachusetts implemented a model that establishes an internal domestic violence unit in its child protection agency, which creates more informed intervention strategies due to consultation and referral opportunities throughout the life of a case. In other pilot sites, the location of the collaboration is relative to the specific partner organizations working with child protection. Jacksonville, Fla., and Cedar Rapids, Iowa, use community-based models with cross-training of professionals and co-location in community-based settings like shelters, while New Haven, Conn., works closely with police officers to identify victims and connect them to supportive resources. The model in Boston also focuses on the point of identification, but is located and managed through a pediatric hospital setting, and the Miami-Dade, Fla., model is judicial in which domestic violence advocates are available to assess and support families through referrals and navigation of the legal systems.

In addition to national and site-specific evaluations, the Resource Center on Domestic Violence: Child Protection and Custody features a range of resources developed as a result of this initiative, including lessons learned, assessments, trainings, and site descriptions. Effective multi-disciplinary collaboration includes the co-location of domestic violence advocates working with child protection caseworkers throughout the investigation and subsequent stages of a case, as well as cross-training for domestic violence and child protection caseworkers so that they can make appropriate referrals and fully grasp the implications of varied interventions with respect to domestic violence survivors and their children.

Cross-training of professionals, first and foremost, arms staff with the knowledge to recognize the co-occurrence of domestic violence and child maltreatment. Training also should include guidance on best practices when working with families experiencing both domestic violence and child maltreatment in order to avoid harmful decision-making practices. For example, child protection staff may conflate domestic violence varies from survivor to survivor. Adults who have experienced domestic violence may have resulting physical and mental health challenges, substance use disorder, difficulties in their relationships with their children and others, and feelings of isolation. Being knowledgeable about — and aware of — the potential impacts on the adult victim/survivor is important for caseworkers both during initial assessment and when planning for services to help promote child and family safety, permanency, and well-being. The Quality Improvement Center on Domestic Violence in Child Welfare developed the Adult & Child Survivor-Centered Approach, a framework currently being tested to improve how child protection agencies collaborate with other community agencies to work with families experiencing domestic violence. A key element of this approach is treating both domestic violence victims and their children as survivors in need of support and wraparound services.

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Violence with child abuse or neglect without proper training, resulting in an allegation being substantiated against an adult who has experienced domestic violence, based on the idea that the victim failed to protect her children from violence in the home. Without an understanding of the child protection investigative process, domestic violence advocates may worry that a child protection caseworker will use the threat of removal against a victim/survivor of domestic violence in an effort to ensure compliance, or that the perpetrator will be allowed to make or threaten false reports against the victim/survivor that could lead to the separation of the mother and child, thus creating another avenue for abuse. Educating staff in each system about best practices and creating an understanding of protocols and procedures can help eliminate misunderstandings and strengthen systemwide capacity for more informed decision-making.

More specifically, child protection agencies can:

- **Establish and use clear guidelines when working with families**, including:
  - Whenever possible, keeping children with the non-offending parent.
  - Reducing harm to children as a result of their exposure to domestic violence by continuously assessing for domestic violence throughout the family’s involvement with the child protection agency.
  - Providing interventions to perpetrators to address their violence, while also having them take responsibility and holding them accountable for their actions.
  - Taking care to avoid conflating child maltreatment and domestic violence. Substantiating survivors of domestic violence as perpetrators of maltreatment may lead to more children being placed in foster care, rather than placed safely with the non-offending parent, and could lead to revictimization for the survivor and additional trauma for the children. In addition, the increased likelihood of substantiation when substance use is involved indicates a need for services that target both domestic violence and substance use.

- **Require interagency collaboration** when investigating allegations of child maltreatment that also involve domestic violence. Domestic violence specialists can provide additional guidance to understand the dynamics present in relationships that involve violence, including evaluating harm and identifying ways the adult survivor may have attempted to protect the children. This may be especially helpful when determining maltreatment responsibility.

- **Include cultural considerations** in training and referral services, and collaborate with people with lived experience of domestic violence and child protection system involvement. Cultural and religious beliefs can have an impact on a family’s perspective on domestic violence and willingness to ask for or receive support. As a result, there may be challenges associated with engaging specific communities when domestic violence and child protection are alleged. For immigrant groups, there may be a fear of deportation associated with any government intervention. For communities of color, there may be a significant distrust in law enforcement or supportive services. It is important, therefore, not only to work with domestic violence experts but also to approach the work with cultural competence and humility.

- **Adopt, create, or adapt tools** for frontline caseworkers, such as a standardized risk assessment, that are designed to estimate the likelihood of future harm to the child. Child protection agencies may also develop tools, in partnership with domestic violence programs, specifically designed to assess for risk related to childhood exposure to domestic violence.

- **Integrate strategies into program improvement plans that build upon collaboration with domestic violence service providers** to improve caseworker screening and assessment, safety, and case planning. Some examples include:
  - Analyzing existing data or building capacity to capture more data in order to understand the current prevalence of domestic violence in the jurisdiction.
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- Tracking whether a child is placed out-of-home, referral patterns (of both the survivor and offender), and case outcomes to understand baseline and identify trends.
- Clearly defining thresholds related to exposure to domestic violence, intake, and removal of children across the child protection agency.
- Clearly defining best practices and protocols related to domestic violence from intake to case closing.
- Incorporating domestic violence training at all levels of the agency, and expanding the training offered to caseworkers and others who work directly with families to those that may be serving families in other capacities, including supervisors, contracted service providers, foster parents, and kinship caregivers.

- Create the structure to incorporate consultation from an organization that specializes in domestic violence, including staffing positions within the agency. Co-locating domestic violence advocates within the child protection agency allows subject-matter experts to provide training, conduct home visits, and offer case consultation to caseworkers interacting with families that may be experiencing domestic violence.

- Explore new avenues for funding that support preventative and collaborative work. Funding streams for prevention, such as those allocated through the Family First Prevention Services Act, can help support innovative models that support both domestic violence survivors and their children. Work with legal systems to offer families pre-petition relief options. Creating access to legal resolutions like protective orders or housing protection may offer meaningful support to families and prevent unnecessary removals.

- Ensure caseworker safety by providing extra support, training, and supervision for caseworkers involved with families where issues of domestic violence are known or suspected. For additional guidance, see Child Protection in Families Experiencing Domestic Violence.

To learn more, visit Questions from the field at Casey.org.

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3 Anonymous (2020). No Way Out: My ex-husband has used CPS to abuse me for more than a decade. Rise: Rise News.