

Integrating Domestic Violence Intervention into Child Welfare Practice

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In the past decade, there has been an increasing interest within the child welfare field to initiate reforms in child protection services (Waldfoegel, 1998; Schene, 1998). The National Study of Child Protective Services Systems and Reform Efforts Literature Review (USDHHSACE, 2003) identifies new approaches and initiatives in child protection in 39 states. The review further identifies 10 states that are developing or implementing a differential or alternative response to the investigation of child maltreatment reports in the child protection system.

A differential response to the assessment of accepted child maltreatment reports has been studied in Florida, Missouri, Western Australia, and Minnesota (Siegel & Loman, 1998, 2004; Parton, 1999). The service strategies employed in these child protection systems offer a flexible response to how selected child maltreatment reports will be assessed. The alternative strategy is usually focused on those presenting concerns that appear to represent low or moderate risk of repeat maltreatment to the child. Generally, a family assessment option replaces a forensic child-focused incident-based investigation. Further, the

requirement to determine a specific finding of abuse or neglect is waived in many states, including Minnesota. Initial efforts are centered on engaging the family in an assessment process that identifies family needs and strengths and facilitates the family's access to services to resolve issues that negatively affect their ability to care for their children.

Olmsted County context

Olmsted County is located in southeastern Minnesota and has a population of approximately 133,000. Rochester, a progressive technology community, is the major city in the county with a population of approximately 90,000. Home of the Mayo Clinic, an international medical facility, the county and city are experiencing rapid growth and increasing diversity. People of color are an estimated 14% of the population, and local schools report 24% of elementary students are children of color. Kids Count Minnesota reports the poverty rate is below 10%, and the unemployment rate is typically below 3%. The Olmsted County United Way observes that the service level economy is challenged by the absence of affordable housing required to retain personnel. Minnesota is a state-supervised/county-administered social service system, and Olmsted County Child & Family Services is the public child protection agency. Minnesota allows for significant local control in the development and implementation of social services for its respective 87 counties and 11 tribal communities.



Differential response

A countywide differential child protection response was established in Olmsted County in January 1999. The public child welfare agency initiated a reorganization of child protective services to provide a choice in agency response to accepted reports of child maltreatment. Prior to differential response, the agency had one way of approaching families and one set of procedures established through a combination of law, rule, and local practice. There appeared to be an increasing concern by the legislature, the Minnesota State Department of Human Services, and county child welfare agencies that the traditional child protection investigative response to issues of neglect was too intrusive and that a family assessment approach piloted in Missouri could be safely used with families at low or moderate risk of maltreatment.

Prior to differential response, Minnesota statute required two determinations for all accepted reports of child maltreatment. One is the determination of whether maltreatment occurred and the other is the determination of service need. The traditional child protection investigation represents a forensic process focused on substantiation of child maltreatment along with assessment of service need. The finding of such an investigation leads to a formal classification that is maintained for up to 10 years. There is a general tendency to delay non-emergency services until a finding has been made and a decision to provide ongoing services is reached by the agency.

Differential response replaces the traditional investigation and need for determination of maltreatment with a family assessment. The assessment process involves the use of statutory authority in a less intrusive manner. Sexual abuse and facility and daycare licensing reports, along with some criminal cases, are currently excluded from a

differential response. The initial assessment process is built around contacts with the family, engaging them in the identification of strengths and challenges that may affect the safety and well-being of their children. In the original design, the social worker involved with the family assessment process remains with the family in the provision of ongoing services. The focus of the intervention becomes the identification of family needs and development of a constructive, working relationship with the family in the negotiation of a service plan based on child safety and well-being.

The differential response for families in which child exposure to domestic violence is a presenting concern requires a modified intervention strategy to ensure that the mother and child are safe. The family assessment process in differential response

Figure 1. Guiding principles for child protection involvement in cases with domestic violence

1. The protection of children is the highest priority.
2. Children's safety and well-being can be enhanced by increasing their mothers' safety.
3. Children's safety is increased by supporting the autonomy of the adult harmed.
4. The person responsible for the harm, not the person harmed, is held accountable for the abusive behavior.
5. Child protection has a responsibility to provide direct services and referral to education and/or treatment services for abusive adult partners.
6. Child protection will promote a comprehensive, coordinated community response to address family violence and alleviate its consequences.



generally supports meeting with the entire family together. This approach is viewed as potentially dangerous for victims of interpersonal family violence as it may threaten the person responsible for the violence. To maintain a position of power, a person responsible for the harm may increase the threat of further harm if threatened by external intervention. The initial intervention requires the social worker to contact the adult victim of harm and to arrange a meeting where an interview can be held. Generally, the child's mother is contacted and interviewed separately. Engaging the person harmed and developing a safety plan with them and the children is often the first task. The variation in approach is driven by an appreciation of the dynamics of domestic violence.

Child exposure to domestic violence – Why child protection?

In 1998, the Minnesota legislature modified the child maltreatment-reporting law to include or clarify that child exposure to adult domestic violence was a valid report of child maltreatment. While this legislation was later repealed, the public county child

protection agencies continue to have the option to address reports of child exposure to domestic violence under the current statute addressing child neglect. A more complete analysis of this state struggle can be found in Edleson, Gassman-Pines, and Hill (2004).

Abuse often occurs against both the woman and children in the same family. There is a reported 40% to 60% overlap between intimate adult partner abuse and child maltreatment (Edleson, 1999), thus bringing child exposure to domestic violence into view

as a valid child protection concern. Strauss and Gelles (1990) report that, in a survey of over 8,000 families, half of the men who acknowledged assaulting their female intimate partners also abused their children. Schechter and Edleson (1994) note that the majority of mothers who leave a domestic violence perpetrator do so out of concern for their children. Domestic violence was found in 41% of the families experiencing critical injuries or deaths due to child abuse and neglect (Oregon DHS, 1993). Of 67 child fatalities in the state of Massachusetts in 1992, 43% occurred in families where the mother identified herself as a victim of domestic violence (Felix & McCarthy, 1993).

There is a growing body of research that validates that witnessing violence may put children at risk. Compared to children who have not witnessed violence, children who have are more likely to exhibit increased anxiety, aggression, depression, and temperament problems (Christopheropoulos, et al., 1987; Holden & Ritchie, 1991; Hughes, 1988; Westra & Martin, 1981). Children may demonstrate less empathy and lower self-esteem

(Hinchey & Gavelek, 1982; Hughes, 1988). Research supports the theory that children from violent families are more likely to carry violent and violence-tolerant roles to their adult intimate relationships (Cappell & Heiner, 1990; Rosenbaum & O'Leary, 1981; Windom, 1989). Edleson (2001) notes there are many questions remaining about the conditions under which negative outcomes occur for children, and not all children exposed to domestic violence suffer long-term negative effects. However, there does appear to be a

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sufficient base of concern for children that supports public intervention to reduce the impact of children's exposure to domestic violence. Responsible practice recognizes the importance of careful assessment of children's needs, inclusive of strengths and protective factors.

Domestic violence and differential response: Avoiding revictimization

The differential response option in child protection allows the public child welfare agency to approach adult victims from a perspective that is less inclined to hold them accountable for harm done through the violence of another. The forensic approach in traditional child protection investigation has established an expectation that when neglect or abuse of a child occurs, a person or persons is identified as responsible. Child protection may hold the adult victim responsible for the violence or the results of the violence. The "failure to protect the child" becomes the base of a finding of maltreatment and the legal base for court action. The adult victim of domestic violence can become a victim of the child protection process when the child protection agency fails to address the role and behavior of the adult who is causing harm. In Olmsted County each year, women represent more than 95% of the adults harmed in domestic violence cases referred to child protection (Olmsted County Child & Family Services, 2003).

Revictimization can be prevented through the waiver of the determination of maltreatment that a differential response offers, along with practice expectations that

the intervention be focused on the person responsible for the harm and support the safety planning of those being harmed.

Responding to the overlap between domestic violence and child maltreatment

In Minnesota the primary purpose of public child protection services is to respond to reports of child maltreatment and to intervene to prevent recurrence of neglect and abuse. As prioritized in the Adoption and Safe Families Act (1997), child safety is the focus of child protection intervention. In the response to the domestic violence and child maltreatment overlap, the emphasis on child safety is embedded in the larger context that

includes the parent or caretaker and the nature of the relationship between the adults.

The broader view incorporates two complimentary priorities that in combination define the aim of agency activity. First is the recognition that the safety of the child is best achieved through the safety of the mother. Child protection intervention is targeted toward work with the mother to assist her in building safety

plans for herself and her children. Respect for the autonomy of the mother and seeking her view on how best to build safety can support her assertion to reclaim control of her life. The paternalism reflected in the general practice of compelling her to leave her partner or her children may be taken away is a bankrupt approach that promotes naive optimism about child safety. A mother may judge that it is safer for herself and her children to remain with a partner than to leave. An initial report of child safety because the person doing the harm has

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left may result in child protection closing its involvement; this is often premature as our experience indicates that adults often reconnect. In Olmsted County, 50% of the couples receiving services due to child exposure to domestic violence remain together. When adults separate and no longer reside together, child protection may close its involvement with the family, as the source of possible harm has moved on. However, the adults may reunite without benefit of any safety planning after child protection closes. Specialized approaches are used in situations where it has been determined that both caretakers are involved in the physical, sexual, and/or emotional maltreatment of their children. These interventions require inclusion of a broader family system and community response.

The second priority established requires child protection efforts to collaborate in coordinating the system of investigation, justice, and available services. Child protective services can enhance the safety and well-being of abused women and children through partnerships that build on common ground. Through building a culture of social inclusion, child protection agencies can adopt a learning posture in developing and implementing collaborative practice with extended family systems and other professional groups responding to domestic violence. An effective community response to the overlap between domestic violence and child maltreatment requires a coordinated effort including law enforcement, child protection, the court system, adult probation, women's advocacy services, men's domestic violence treatment programs, and

supportive community services. The importance of a collaborative community response is explored in the publication *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* provided by the National Council of Juvenile and Family Court Judges (Schechter & Edleson, 1999).

The three established priorities (child safety, child safety through mother safety, and a coordinated system of investigation, justice, and services) provide sufficient common ground to establish interagency forums within the larger community. Three such interagency forums operate in Olmsted County. The Intervention Project for Domestic Assault

Specialized approaches are used in situations where it has been determined that both caretakers are involved in the physical, sexual, and/or emotional maltreatment of their children.

(IPDA), developed out of the state department of corrections and administered under the umbrella of the local battered women's shelter, serves to coordinate law enforcement and court activity specific to domestic violence. The Domestic Violence Consortium includes representation from child welfare, adult probation, the women's shelter, and community service providers to coordinate support and

treatment services. The Family Violence Council's membership widens the circle of stakeholders in the community response to domestic violence by including representation from former service users, schools, churches, medical facilities, and others.

Collaborative practice in Olmsted County is reflected most evidently at the service delivery or practice level. Direct service staff from the various disciplines regularly coordinate their efforts to promote safety planning that is practical and realistic,



facilitates access to supports and services and strives to hold the person responsible for the harm accountable. Fragmentation of service provision increases the risk of harm while collaboration among professionals promotes safety for children (DSMO, 1995).

Holding the person responsible for the harm, not the person harmed, accountable for the abusive behavior shifts the focus of intervention to the source of the danger and harm. This principle supports practice strategies that require child protection to work with law enforcement, the courts, and adult probation services. Helping a woman file an order for protection limiting further contact provides a beginning effort to engage the court in providing safety. Collaborating with law enforcement to promote a positive response to a call to activate an order for protection places the child protection focus at the source of the challenge to child safety. When considering access to the leverage of the court through child protection, this principle is reflected in the practice of filing petitions based on concerns regarding a dangerous environment caused by the person doing the harm. Further, coordinating safety and intervention planning with adult court services often provides increased opportunity for addressing the behavior of the person doing the harm.

Target population

Intimate family violence includes a broad range of relationships affected by the consequences of that violence. Child protection intervention involves a focus on a subset of the larger national concern. The following identifies the target populations served in domestic violence child protection efforts:

1. Children and adolescents at risk of child abuse or neglect when domestic violence is reported or there is a risk of repeated domestic violence.

2. The adult victim of domestic violence who is the primary source of care and support for a child or adolescent.
3. The abusive partner who remains a risk to the safety of the children and/or the adult caretaker of the children.

Child protection pathways

The organizational structure of child protective services can facilitate selection of the pathway for responding to reports of child maltreatment when differential response options are available. Olmsted County uses a team approach to **review, evaluate, and direct (RED)** cases accepted through intake screening for consideration as a valid report of child maltreatment requiring an agency response (see page 46-52). The RED Team meets daily to review presenting information to determine if a report meets the threshold for child protection for a child in need of services, or if more information is necessary to guide further agency activity. A traditional response is a forensic child protection investigation that is taped and may result in a finding of child maltreatment and/or a finding of a need for services. The investigation may be conducted with law enforcement if there is a potential for legal charges due to maltreatment.

Alternative response offers a family assessment due to presenting concerns, and this can lead to a finding of a need for services. Family members are approached as a unit and engaged in a process that leads to a family-centered plan of intervention. There is no formal finding of child maltreatment required.

The domestic violence response requires separate assessment and planning with the adult who was harmed and the children. Specific safety planning is developed to reduce further risk of harm between adults in the home. Further, domestic violence-specific



interventions, such as a men’s treatment group, men’s restorative parenting group, and women’s and children’s support group may be used to support individual family members. There is no requirement for a formal finding of child maltreatment. Social workers receive specialized training and consultation in intimate family violence.

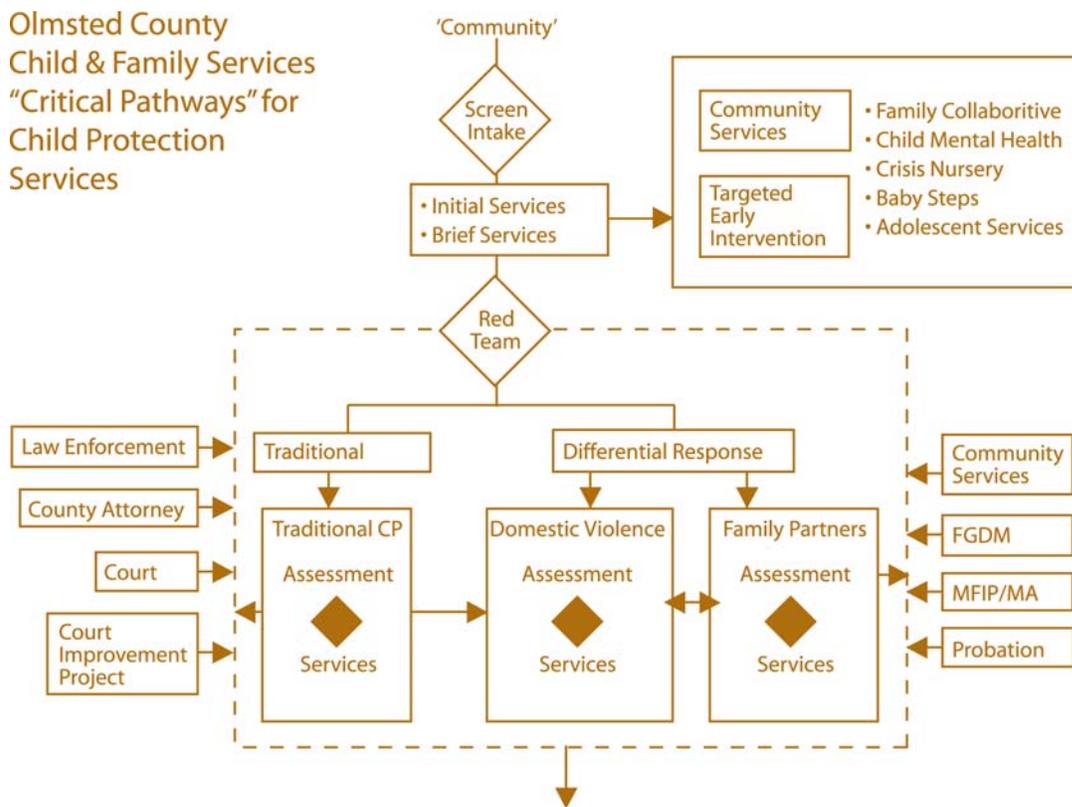
Once accepted for child protection, the family may be referred for a traditional assessment, a family assessment, or a differential response specific to the considerations of assessment in domestic violence. Figure 2 provides a pictorial representation of the organizational structure.

The use of a team in pathway selection has been an effective innovation that brings together social workers representing each pathway, along with intake staff to manage the

selection and flow of cases. Since 1999, less than 2% of cases per year are redirected to a different pathway after the initial case assignment (Olmsted County Child & Family Service Report, 2003).

The reports referred to the domestic violence-specific pathway are those that present with known intimate partner violence with children present in the environment. When domestic violence concerns emerge in traditional or family assessment cases, social workers may use consultation from the domestic violence response team (DVRT). The DVRT is a team of social workers trained in domestic violence intervention and child protection intervention who respond to reports of children exposed to intimate family violence. The DVRT is described in greater detail later in this article. All child protection

Figure 2. Olmsted County Critical Pathways



social workers, supervisors, and internal resource personnel have annual training on the dynamics of domestic violence to build agency-wide capacity in responding to the challenges presented in working with intimate partner violence.

Child exposure to domestic violence: The initial engagement

The acceptance of exposure to domestic violence as a valid report of child maltreatment requiring public agency intervention requires a modification in the differential response approach to ensure safety for the adult at risk of harm. The mother's safety may be jeopardized if the family assessment process requires the social worker to engage the partners in conjoint interviews. During the child protection assessment phase, intervention-induced risk may arise with a conjoint meeting, where the male partner may be threatened by the process or concerned about his loss of control. Special consideration and care is given to impact interviews with the mother prior to any such meeting so adequate safety can be planned.

The adult victim should be interviewed separately in a setting that provides the opportunity for information disclosure without undue fear of being overheard. Where possible, interviews in a location chosen by the person harmed may reduce exposure to later pressure from her partner to share information. During the assessment phase, child protection social workers aim to engage the mother in a constructive assessment of her perception of safety for herself and her children. The child protection agency

generally does not have sufficient information or knowledge of the violence in the home to contradict the mother's views. Respecting and supporting her autonomy and right to make decisions is an important first step in engaging her in a working relationship.

Child protective services' initial engagement with the person responsible for the harm may be most effectively built on the concerns raised by the children's exposure to such violence. The focus of the intervention is building safety from the risk and/or recurrence of physical and/or emotional harm suffered by

the children in the context of the violent behavior toward their mother. Typically, crisis behavioral control plans are developed at the outset.

Engagement with the children involved is guided by the agency's responsibility to observe and talk with the children, along with the mother's counsel on the negative impact this may have. A crisis safety plan is developed with the mother in an effort to prevent further harm. Safety plans for the

children are developed with the mother, and children are often included. Individual safety plans for children are also crafted, with careful consideration given to informing those named in the plans that they are part of the plans. If a neighbor's home is an identified place for the child to seek safety, it is critical that the neighbor is aware of the plan and responsibility.

According to data in Olmsted County, approximately 50% of the families served by DVRT remain within their original membership, with the adults expecting to continue in one household. In Olmsted County it is often not clear which couples will eventually choose to separate permanently.

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Child Welfare and Domestic Violence Decision Points

There are at least seven significant decision points in the case management process in child welfare that facilitate a focus on safety.

- 1. Screening:** Social workers are expected to talk with women (more than 95% of the adults harmed are women) about domestic violence and their possible victimization within the family home as part of the initial assessment process for services. The questions are also raised intermittently throughout the helping process. Identification of domestic violence in the intake or initial agency screening may influence a decision to accept a report of alleged child maltreatment.
- 2. Safety assessment:** A safety tool is used after the first contact with a child to further inform a decision regarding child safety. Whether the child is **safe**, **conditionally safe**, or **unsafe** contributes to the decision making regarding the risk of harm and a child remaining at home, going with relatives/friends, or being placed outside the family system. When domestic violence is disclosed or reported, the safety assessment process continues by engaging the mother in development of a crisis safety plan for her and the children. To date, 96.5% of children in child exposure cases served through the Domestic Violence Response Pathway remain within their family systems with operational safety plans. English, Edleson, and Herrick (2004) noted similar findings in a recent study in Washington.
- 3. Risk assessment:** The risk of recurrence of child maltreatment is identified through a **structured decision-making** process that generates a **low**, **moderate**, **high**, or **intense** risk level rating (CRC, 1999). The risk level provides a mechanism for determining response times and allocation of resources. In situations where domestic violence is known or suspected to be present, the child risk assessment is supplemented with the **Campbell Danger Assessment tool** (Campbell, 1995). The adult who has been harmed is asked to respond to specific items on a checklist and complete a calendar dating violent events in the past 12 months. The **Domestic Violence Inventory** is used when possible with the person responsible for the harm. An effort to obtain a Domestic Violence Inventory without court/probation involvement is highly variable.
- 4. Family needs and strengths:** This tool is completed by the social worker in consultation with the family before development of a case plan. It represents the early identification of family needs and strengths and provides case-planning focus. In Olmsted County, 44% of families entering the child protection system receive ongoing social work services (Olmsted County Child & Family Services, 2003).
- 5. Statutory intervention:** Children's safety is enhanced when the social worker and family develop a constructive working relationship based on mutual understanding and agreement regarding the goals (Turnell, 1998; 1995; DSRU, 1995). In situations where social workers are unable to effectively engage family members in a process that supports safety, court leverage may be necessary. Less than 10% of Olmsted County cases served by the DVRT are under traditional child protection services, and less than 1% are under court order. However, 29% of the women have an order for protection, and 44% of the abusive men may be under supervision by adult probation (Olmsted County Child & Family Services, 2003). The court's leverage is best focused on holding the person responsible for the harm accountable.
- 6. Case plan:** The development and implementation of the case plan specifies the work to be done for child/mother safety and victimizer accountability and rehabilitation. Women and children may need support services within the community. Abusive adult partners may need more intensive education, treatment, and support if they are to remain together without recurring violence. The case plan must be reviewed on a regular basis to ensure that it remains focused on building safety to risk and context.
- 7. Closure:** A decision to close agency involvement is best achieved when there is consensus among the social worker, family members, and relevant involved others that risk is reduced sufficiently to prevent recurrence of harm. A less than satisfactory closure is common when there is no working relationship between the agency and the family and insufficient information to support court intervention. In Olmsted County, a decision to close is monitored through a group consultation process. Social workers preparing to close a child protection case present the case for closure to a group of social workers facilitated by a supervisor. The group reviews the initial risk, efforts to assist the family in resolving challenges, and current information regarding child safety and risk of maltreatment recurrence. The supervisor can approve the case for closure, ask for further information, and/or request additional interventions.

Protecting Children

Domestic violence child protection response: Logic model

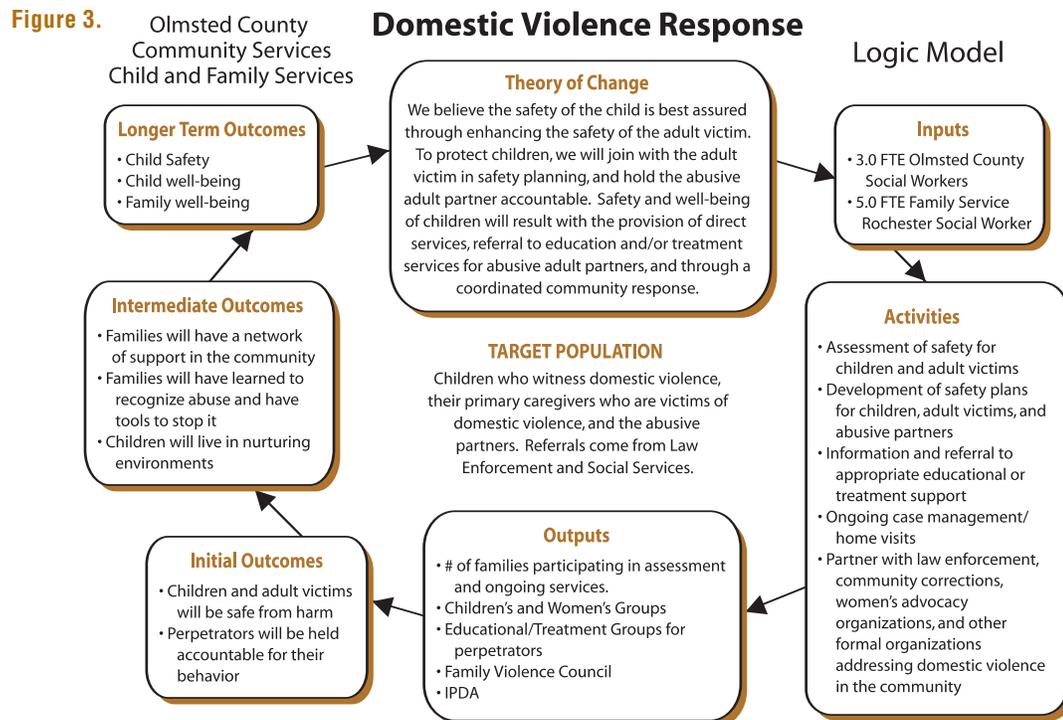
The domestic violence response logic model increases the visibility of intimate partner violence and the impact on children as a community concern by providing a pictorial representation. The development and implementation of a new venture in child welfare is enhanced through construction of a logic model to capture the purpose, design, and aims. Figure 3 provides an overview.

Olmsted County Domestic Violence Response Team

The DVRT represents a public/private partnership between Family Service Rochester and Olmsted County Child & Family Services. Family Service Rochester is a non-governmental agency providing a variety of social services, including a long history of work with domestic violence. Olmsted County Child & Family Services is the public child

welfare agency with statutory responsibility for responding to reports of child maltreatment. This collaborative project, initiated in 1999, is based on a belief that both child maltreatment and intimate partner abuse are communitywide concerns that require a broader community response.

The DVRT has eight child protection social worker members who are co-located within the county social service main office building. The team members can access intake information, case consultation, financial services workers, and purchased services for family members, along with various practical services including transportation, food vouchers, and basic household supplies. The social workers additionally provide consultation and assistance to other child welfare staff working with families where domestic violence is present. Team members are representatives on various inter- and intra-agency work groups, where there is an



opportunity to raise awareness about the dynamics and impact of intimate family violence. An ongoing cooperative relationship with the TANF staff facilitates access to financial support that is often critical when the adult victim is establishing a separate residence.

The eight social workers include three county-employed child protection staff and five private agency-employed child protection staff. One of the county social workers has primary responsibility for families with known domestic violence that enter the agency through the traditional child protection process. The social workers have previous work experience with intimate family violence, having worked in women's refuge services, child services, probation, medicine, and men's treatment programs. This diversity of experience enriches the child protection approach by supporting an ecological approach to family violence. A public agency child protection supervisor provides management and oversight in cooperation with a private agency supervisor.

The team members participate in regular individual and group case consultation. The consultation process helps maintain focus on the identified risks to women and children and promotes efforts to build safety around and accountability for those responsible for the harm. A child protection supervisor has clinical consultation responsibilities specific to the dynamics of domestic violence and provides additional support and focus to the work with families. Team members have ongoing access to specialized training in domestic violence.

Model of service: Collaboration

The DVRT social worker engages community professionals in planning and intervention to ensure a collaborative effort with family members. The child protection

agency has staff available seven days a week and 24 hours a day to respond to incidents of family violence. Law enforcement may contact the crisis social workers and/or the women's shelter staff for emergency services for a family. Ongoing work with the abusive partner is often facilitated through a coordinated effort with adult probation services. Approximately 40% to 45% of the victimizers encountered by the DVRT social workers end up on probation due to a violent incident against their family members (Olmsted County Child & Family Services, 2003). These connections are important for ensuring accountability for the person causing the harm and planned interventions that are consistent and effective for all parties involved.

Professional cooperation can be gained when system representatives focus on communication that identifies common ground. Child welfare's primary concern has been the child's safety. The primary focus of the women's shelter has been the woman's safety. The common ground is identified by viewing child safety as best addressed through building safety for the mother. The common ground lies in the overlap between two larger systems (Figure 4), where working together has resulted in joint ventures around the development of mother and child support

Figure 4.



groups for women not involved with the women's shelter and additional curricula focused on restorative parenting for the abusive father.

Communication and cooperation in the wider system is also enhanced through professional training. Olmsted Child & Family Services annually sponsors a two-day training focused on the dynamics of domestic violence and strategies for engagement with men who are violent with their adult partners. This opportunity is open to larger system representatives, and it is required training for new child welfare social workers. DVRT members have co-facilitated orientation and training with law enforcement.

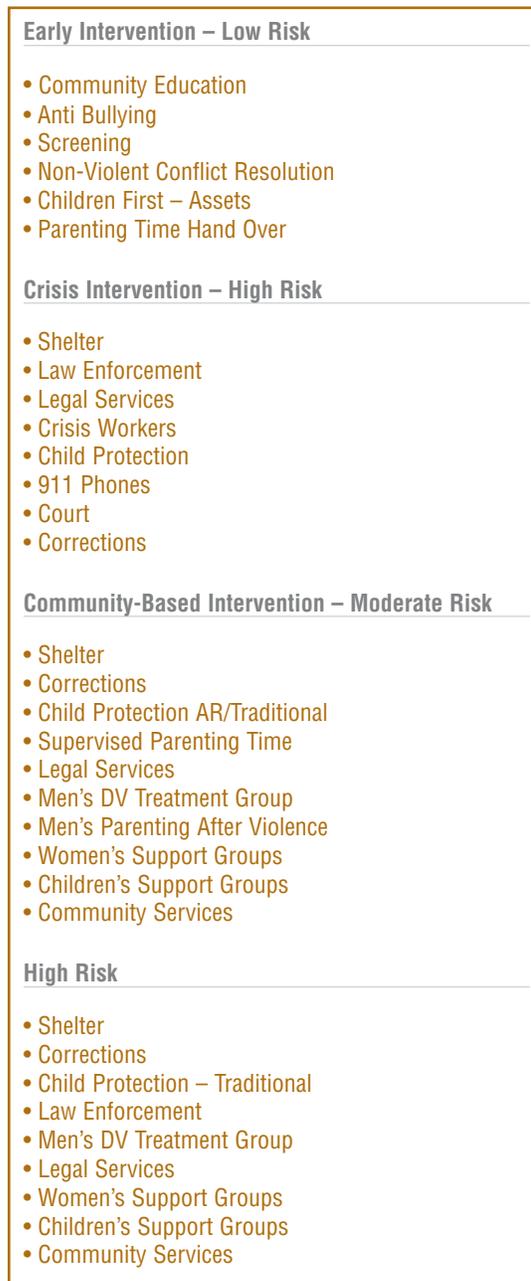
Figure 5 outlines an initial effort to identify a system of care, custody, and accountability in the response to domestic violence in a larger community context. A system of care organizes information around and provides for prevention and early intervention activities to reduce the impact of violence before it emerges. Moderate and high-risk circumstances require different levels of service intensity, frequency, and duration.

Domestic violence child protection pathway: demographics

The number of accepted reports for child exposure to domestic violence has ranged from a low of 145 (18% of total child protection reports accepted) in 2002 to a high of 177 (24% of total) in 2003. Each year, over 90% of the cases presenting with domestic violence are accepted through the domestic violence-specific differential response pathway for assessment. Following either the domestic violence-specific differential response or traditional child protection assessments, approximately 50% of the families receive child protective services. The high- and/or intensive-risk-level families are offered services, and 95% accept those services. Less

than 2% of the family cases in the domestic violence response pathway are under a court order due to a child protection matter, and there have been no petitions filed since 1999

Figure 5. Community – Domestic Violence Response System of Care, Custody, and Accountability



against the adult harmed under “failure to protect.” The data source for the information presented in this section is the annual Olmsted County Child and Family Services Child Protection Report (2003).

In the year 2003, approximately 48% of the children involved were under the age of five and thereby particularly vulnerable. Older children are likely to be at risk of accidental injury in their attempts to intervene to stop the violent act.

Olmsted County examined 95 cases closed in 2002-2003 and compared them by looking at the initial structured decision-making risk assessment and the closing level of risk. The aggregate data documents a shift in risk level from 82% of the cases rated at the high/intensive or moderate level at entry, and 34% rated at the same level at time of closure. The percent of cases at low risk moved from 18% at entry to 66% at closure. These data suggest a positive reduction in the aggregate risk level for most children and families. Further data indicate that 74% of family cases closed in 2001-2002 do not have a subsequent report of child maltreatment and/or domestic violence within 12 months of completing ongoing social services, and 5% of the families in this data set returned with an escalated concern resulting in a traditional finding of child maltreatment. This finds a 5% recidivism rate for cases closed through the DVRT.

In 2003, the DVRT worked with 260 children exposed to intimate adult partner abuse. Nine children were placed outside the family home. Eight of the children were reunified with their family after short stays in shelter or family foster care. All eight placements were voluntary and did not require court involvement. One youth was placed due

to youthful offender issues, and his care and custody resides with another agency. This information is consistent with prior findings and reflects a pattern of child welfare practice that does not rely on child placement as a significant intervention for families in which exposure to domestic violence is the presenting concern. In Olmsted County, 3.5% of the children exposed to domestic violence enter placement outside their family systems. English, Edleson, and Herrick have found similar results in a study conducted in Washington (2004).

There may be a tendency for social workers to view the person causing the harm as one not worthy of assistance.

Lessons learned

The Olmsted County Domestic Violence Team is entering its sixth year of responding to reports of children exposed to intimate partner violence. The following information is offered for consideration.

1. Engaging men is a challenge

The DVRT social workers initiate contact with men who are responsible for harming the mother/children and exposing the children to violence. Although men may engage in the assessment and service process, there are men who require significant skill and leverage to engage. The social workers find it more challenging to engage the men.

The child protection intervention is directed toward forming a working relationship with the adult harmed to assist in safety planning for her and her children. There may be a tendency for social workers to view the person causing the harm as one not worthy of assistance. Efforts and impact interviews with mothers may be viewed by the men as an alliance already formed. Some social workers struggle to engage those who



have been violent with women, and personal worker safety is a reasonable concern. The social workers have access to personal safety training and support.

The person responsible for the harm may not have an interest in engaging with a professional or system that may ultimately hold him accountable for his violence. The coordination of expectations and services between social services and adult probation is critical to effective intervention.

Experience, supervision, and training can mediate the challenges of engaging men in constructive relationships.

2. Working with others is a journey; there is no arrival point

Partnerships or collaborative relationships are built over time. Positive experiences can replace old memories and myths.

Take a learning posture, define common ground, acknowledge history and traditional approaches, offer crossover training opportunities, and listen for ways to remove barriers. These make a working difference in attitudes and actions.

3. A differential response in child protection can allow for engagement with women who are not using the refuge of a shelter

Each year in Olmsted County an estimated 90% of the women engaged have never used the services of a women's shelter.

4. Re-victimization can be managed

Use of the court's leverage via orders for protection and adult probation rather than child protection petitions can be effective interventions. Placement of children away from their families is very low.

5. Training and protocols can provide guidance for new ways to work

All child welfare personnel and relevant

community providers must be trained to promote awareness of the dynamics of domestic violence and its impact. A protocol provides a set of guidelines for social work practice.

6. Capacity must be built within the larger community

Develop forums to discuss opportunities and challenges.

- Disputing the myths – take kids, blame moms
- Redefining turf – playing well with others, learning posture
- Training – system, agency, team, consistent message
- Awareness – raise the level of community concern about vulnerable children

Conclusion

The advent of a differential response provides the child welfare agency with new opportunities to approach families where valid reports of child maltreatment require agency intervention. A family assessment process tied to an offer of service may replace a traditional forensic approach that requires a finding of maltreatment, a labeling of parental behavior, and oftentimes the unnecessary separation of children from their mothers. Families that present with lower risk and safety concerns can receive a less intrusive public child welfare response. Research conducted in Missouri and Minnesota reports that child safety is uncompromised by a differential response to reports of child maltreatment (Siegel & Loman, 1998; 2004).

The overlap between domestic violence and child maltreatment can be addressed through child protective services when a specifically designed alternative response pathway is available to assess child exposure to intimate partner violence. Child protection is guided by three principles: (1) child safety



through mother safety, (2) respect the authority and autonomy of the mother to direct her own life, and (3) hold the person responsible for the harm accountable.

The establishment of an effective strategy for addressing domestic violence requires agencies and organizations involved in responding to intimate partner violence to find common ground to build protective capacity within the community. The coordination of law enforcement, women's refuge services, child protective services, the courts, adult probation, and community agency activities sets the stage for collaboration among professionals. When professionals work together with family members, their culture, community networks, and each other, the common ground allows for the development of safety plans, strategies for intervention, and unifying plans of service that reduce fragmentation and can build safety for children and their mothers.

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