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 | OCFs INFORMATIONAL LETTER |
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TRANSMITTAL: 98 OCFs INF-4

DIVISION: Development
 and Prevention
 Services

TO: Commissioners of
 Social Services
 Directors of Domestic
 Violence Programs

DATE: November 25, 1998

SUBJECT: Collaborative Efforts for Assisting Families
 Experiencing Both Domestic Violence and Child
 Abuse/Maltreatment

SUGGESTED

DISTRIBUTION: Directors of Services
 Directors of Child Protective Services

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ATTACHMENTS: Attachment (Summary of Findings) on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 LCM-101			SSL 422.4 (A) (o)	CPS Program Manual Sections Pgs. IV-K. 1-6;xB.4.5- 6	

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The purpose of this transmittal is to provide you with information regarding a collaborative initiative for serving families experiencing both domestic violence and child abuse/maltreatment.

During 1996 and 1997, the former Department of Social Services funded two demonstration projects to improve the provision of services to families impacted by both domestic violence and child abuse. One project was funded in Orange County and another was implemented in Warren and Washington Counties. In both areas, the projects represent a close collaboration between the local social service district and the domestic violence service provider. As an outcome of these projects, protocols were developed for intervening with families where both child abuse and domestic violence are identified, including joint investigations and case planning with CPS and DV staff.

Throughout the development and implementation of these projects, many lessons were learned and both projects are continuing beyond the demonstration period. In light of the success of these projects and the potential for replication, a summary of the findings related to these projects is being distributed for your consideration. We urge you to review the attached document and to communicate with one another regarding any components that may be of relevance in your community.

Below are contact people from each of the demonstration projects:

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Summary of Findings Regarding
COLLABORATIVE EFFORTS FOR ASSISTING FAMILIES
EXPERIENCING BOTH
DOMESTIC VIOLENCE AND CHILD ABUSE/MALTREATMENT

Background

Recent research confirms the significant overlap between domestic violence and child abuse/maltreatment and the fact that the existence of violence against one family member is often indicative of violence towards another family member. Consider for example:

- o the City of New York's 1993 Child Fatality Report, which showed that domestic violence was evident in over half the fatality cases; and the Department's 1992 Preventive/Foster care study which indicated that domestic violence was a factor in 45% of the foster care and 25% of the preventive services cases.
- o national research in which 75% of battered women report that their children are also battered.
- o documentation that children in homes where there is domestic violence face risks of the violence affecting their emotional, physical or mental development as a result of witnessing the violence and/or being harmed or threatened with harm.

Historically, domestic violence and child abuse have been addressed separately due to philosophical and structural differences in the service delivery systems. Over the past couple years, shrinking resources coupled with increased evidence of the overlap between the two issues, has led to widespread efforts to improve coordination. Nationwide, there are a myriad of examples of training initiatives, demonstration programs and funding sources aimed at forging the collaboration between the service fields. In keeping with this spirit, New York State funded two model domestic violence/child protective projects with Federal Family Violence Prevention and Services Act funds. These projects were designed to enhance collaboration between domestic violence and child protective service providers, thereby improving safety and support for victims of domestic violence and their children.

The projects proved successful in improving both casework practice and client outcomes. As a result, this document was prepared to share the "lessons learned" and the protocols developed (available upon request) which can be used in full or part to assist other counties in working with families where both child abuse/maltreatment and domestic violence exist. While this document discusses findings specific to these projects, this information can be applied towards making general improvements to local policy and practice. The information provided represents past operations and as the agencies continue to re-evaluate their work, modifications may occur as necessary.

Common bonds

While some polarization of the two systems has frequently been the focus of the past, recognition of common bonds between the two fields argues for greater collaborative efforts. For example:

- o both systems tend to serve the same families and both are concerned about increasing safety and eliminating violence
- o workers in the two systems have expertise in advocating for families and together can provide a more comprehensive assessment and intervention strategy using the variety of available community resources
- o both realize that children have a relationship with both parents and the responsibility of both parents to protect children
- o both understand the harmful impacts created from violence in the home
- o both recognize the role of law enforcement in dealing with violence in the home

Summary of the New York State Models

Similar projects were funded in both Orange County and Warren/Washington counties. The projected goals included:

- o bridging the gaps between the two systems by addressing systemic and structural barriers
- o enabling victims of domestic violence to better protect themselves and their children
- o developing a protocol for continued joint response and joint case planning.

In both counties, a team of representatives from each discipline were designated to help develop the workplan and program goals and to design and implement the protocol. The workgroups continue to meet to evaluate the effectiveness of the protocol and modify it as needed, to discuss specific cases and to continue to generally educate one another.

Simultaneously, a domestic violence worker is outstationed at the local social service district and accompanies CPS workers on the investigative home visit. During the visit, the domestic violence worker typically talks with the mother, provides information and options, follows-up if needed to encourage her to access domestic violence services and assists the CPS worker and the family in designing a safety and service plan. Depending on the circumstances, the DV worker may meet with the mother at the same time as the CPS worker conducts the interview or while the CPS worker is interviewing another family member. The domestic violence advocate is also available for case consultation and to meet with supervisors and staff as needed, as well as to offer formal and informal training.

Benefits of collaborating

The benefits of collaborating were realized by both the domestic violence and child protective workers and by the clients. Some of the more significant benefits are summarized below:

- o By identifying and addressing domestic violence early in the process, often before the crisis stage, the child can more frequently remain safe in his/her own home. When foster care placement is necessary, there is an increased likelihood of expediting the child's return home as a result of the parent obtaining the necessary help to better enable her to create a safer home environment.
- o A domestic violence worker can offer support for a caseworker who may otherwise be frustrated by the mother's inability to leave the violent situation
- o A caseworker's workload can be somewhat alleviated by having another resource for providing advocacy, court work, etc. for the adult victim.
- o In many situations, the domestic violence worker is seen by the client as less of a threat and therefore better able to engage the woman and offer support. As a by-product, families may begin to view CPS less punitively and more as a resource.
- o The domestic violence worker may provide additional perspective and information to be used in making a CPS determination
- o As mothers become more active in their own case planning, less invasive actions are necessary on the part of CPS. Victims are further empowered when they have additional tools/options.
- o CPS offers an additional avenue for identifying victims of domestic violence who may not otherwise access DV services.
- o As the two systems learn to trust and respect one another's role, they also learn what is realistic for each to accomplish and to view each other less as a detriment and more as a resource towards improving the entire family's level of safety.
- o DV providers can learn what is reportable and they learn to think more about children's needs. Similarly, DSS workers can learn to better understand why a victim is unable to leave and/or why leaving can be more dangerous than staying, and can learn that by also helping her with the domestic violence issues, abuse and maltreatment of the child and the likelihood of re-incidence can be reduced.

How to collaborate

Although there is no prescription for establishing mutually respectful working relationships, findings from these projects support the following recommendations for facilitating local collaborations.

- o Consider beginning with team building exercises, facilitated by a neutral trainer, to build the foundation of trust and communication. Begin collaborating from the point of inception/design and include as many line as well as supervisory staff as possible.
- o Provide opportunities for cross training and cross experiencing (i.e. shadow one another on home visits, court advocacy, in shelter, etc.) to better understand each others roles, limitations, mandates, guiding principles, resources, etc. and the challenges faced by victims in the various settings.
- o Develop a workteam of DSS and DV staff to openly evaluate practices and procedures, to identify those that interfere with achieving safety and support for all victims, to brainstorm solutions and develop protocol, to institutionalize and modify a protocol as needed, to provide case consultation/conferencing, and to maintain positive relationships and trust.
- o Hold regular meetings to share state-of-the-art information, policy/legislative updates, etc. Invite one another to training sessions and share program relevant newsletters.
- o Help workers get to know each other to improve their ability to rely on one another as both a formal and informal resource.
- o Once trust is established, engage in open discussions of differences. Expect that there may be differences of opinion in individual cases, and appreciate that respectful discussion of these differences will strengthen ties and generally result in better case decision making.
- o In cases where domestic violence may be a factor, as suggested by the SCR report or other information subsequently obtained by CPS, conduct joint home visits during the investigation. The DV advocate can offer support and information to the victim of domestic violence while the CPS worker interviews other family members. For on-going cases, the advocate and CPS worker, together with the family, develop a safety and service plan that addresses the needs of the adult and child victim and includes a referral for domestic violence services.

- o Ideally, stationing a DV advocate at the DSS office, even on a part-time basis was found to offer the greatest benefits. It was recommended that the advocate not be a DSS employee. The advocate is more likely to gain the respect of caseworkers when they are willing to join the worker "in the trenches" and accompany them on investigative home visits. This may be more of an option in counties with smaller caseloads. In larger counties, it may only be feasible for the advocate to provide consultation on an as needed basis. Additional responsibilities should include, attending team/supervisory meetings to assist in case reviews, providing technical support, providing training and assisting in the development and implementation of protocol. Being stationed in the DSS office helps maintain the momentum and acts as a constant reminder for cases where domestic violence is identified.
- o While working primarily with the on-site DV advocate, local district staff should develop working relationships with the other DV workers, so that ultimately all workers have the necessary expertise thereby improving overall local service provision.
- o It is essential that management demonstrate support for the project and emphasize its priority to all workers. The organizational culture should be such that caseworkers will be motivated to participate and will view participation as routine.

Challenges

Admittedly, getting to the point of true collaboration is not without its challenges. Some of those identified in the course of the project were:

- o coordination of home visits may be viewed as time consuming, can create logistical problems, may require delays in scheduling visits or may require the CPS worker to conduct the first visit alone.
- o due to philosophical and safety issues, some DV programs do not permit staff to go to the home; in these situations the collaboration may be limited to office-based consultation or meeting in an alternate location
- o some workers view the need to make referrals and to coordinate as an added burden; DV programs with limited staff may find that the increase in referral unrealistically increased their caseload.
- o coordination becomes more difficult without an on-site, accessible advocate

- o more than one DV advocate may be needed in counties with larger caseloads
- o CPS has a responsibility to work with the entire family while DV providers typically focus on adult and child victims only. Therefore, the two will need to predetermine how to develop a service plan to include the batterer.
- o burnout becomes more predominant due to the increased complexity of cases involving both adult and child victims; however, because the end results are ultimately more successful and safer, workers may reap greater satisfaction in the long run.
- o in some counties, there may not be willingness to put forth the resources to support the domestic violence advocate position until proven beneficial; therefore, it may be worthwhile for the domestic violence service provider to designate an outstationed worker, or for the local district to fund such a position for a one year period, at which point funding issues can be revisited.
- o the protocol must address confidentiality issues around sharing information; questions have been raised about under what circumstances and to what extent CPS can share information with a domestic violence worker. Particularly, the issue of whether it is legally permissible for a domestic violence worker to accompany a CPS worker on an initial home visit has been raised. It is the Office's position that Section 422.4 (A) (B) of the Social Services Law authorizes the local CPS to invite a domestic violence worker to accompany a CPS worker to meet with family members, and therefore, obtain confidential information pertaining to the CPS report. This section of Law allows CPS to share otherwise confidential information with a provider of service when CPS deems it necessary for the service provider to have information that will, among other criteria, enable the provider to directly provide services to a member(s) of the family.

Experience and research demonstrate that it is more difficult for a child to remain safe if the mother is unsafe. By working together, domestic violence providers and child protective workers will be more attuned to the needs of and better able to help victims of domestic violence to address their own as well as their children's safety and service needs.