

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!

If you would like to comment about something that appears in this or any other issue of *Children's Services Practice Notes*, please do so! Address your comments to:

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DOMESTIC VIOLENCE AND CHILD WELFARE SERVICES

Domestic violence is the establishment of control and fear in an intimate adult relationship through the use of violence and other forms of abuse.

Research indicates that between 30% and 60% of families served by child welfare agencies also experience domestic violence (Edelson, 1999). Despite this fact, many child welfare agencies have been less than clear about what to do when they come across domestic violence in the families they serve.

Some, interpreting their mission narrowly, have chosen not to address the issue if children were not directly involved in the violence. Others, defining children's exposure to domestic violence as a form of child maltreatment, automatically placed the victim's children in foster care.

While some agencies offered child welfare workers training and provided them with explicit policies and protocols about domestic violence, many did not.

In some places this lack of clarity about domestic violence resulted in inconsistent child welfare practice, the unnecessary disruption of families and, in the worst examples, the re-victimization and further endangerment of children and their mothers. Often these problems were exacerbated by poor relationships between child welfare agencies and agencies designed to support and empower battered women.

Thankfully, the fog is lifting. Today child welfare agencies across the country are educating themselves about domestic violence and the effects it has on children and their families. In light of what they learn they are re-examining their approaches to do-

mestic violence, revising their policies, and improving their training on this topic. In many places they are also reaching out to other professionals in an effort to improve outcomes for victims of domestic violence and their families.

North Carolina is one of the places where this is happening. This issue of *Practice Notes* provides an introduction to domestic violence, explores upcoming changes in children's services policies related to domestic violence, and offers practical suggestions for talking with and protecting adults and children struggling with this serious issue. ♦



One of the best ways to keep children safe is to keep their mothers safe.

CHILDREN AND DOMESTIC VIOLENCE

- Each year, at least 3.3 million children are exposed to violence by a family member against their mothers or female caretakers (APA, 1996)
- In one study, 27% of domestic violence homicide victims were children (Florida, 1997)
- In fiscal year 2000-01, more than 1,200 children received services from domestic violence programs in North Carolina (NCCWDV, 2001)

Source: N.C. Council for Women and Domestic Violence Commission, 2002

DOMESTIC VIOLENCE: AN INTRODUCTION FOR CHILD WELFARE WORKERS

Editor's Note: Much information in this article was adapted from the Family Violence Prevention Fund's publication "Domestic Violence: A National Curriculum for Child Protective Services," by Anne L. Ganley, Ph.D. and Susan Schechter, MSW. Special thanks to these authors for sharing this wonderful resource.

"The kids were carrying a dreadful secret. If they talked, they would lose their dad, and they would be responsible for 'breaking up' the family. If they didn't talk, they felt like they were taking part in my abuse."

—Annette, domestic violence survivor

Earlier this year, a Hickory firefighter shot and killed his fiancée in front of his home, then walked into the garage and shot himself. Their 2-year-old son was nearby (Lacour, 2003).

When it comes to domestic violence, well-informed intervention can have a real impact on the well-being of the families and children involved. In some cases it can even mean the difference between life and death. Before you can intervene effectively, however, you must understand this common form of family violence.

DEFINITION

Domestic violence is the establishment of control and fear in an intimate adult relationship through the use of violence and other forms of abuse. The aim of domestic violence perpetrators is power and control over victims. Domestic violence takes many forms. Abusive behaviors used by perpetrators, also called **batterers**, include physical, sexual, and psychological attacks; economic oppression; intimidation; threats; manipulation and maltreatment of children; and isolation.

Domestic violence can occur in heterosexual relationships, same-sex relationships, and teen dating relationships. Although women can be batterers, recent statistics show that 85% of domestic violence victims are female (BJS, 2003). Therefore, in this issue of *Practice Notes* we refer to adult victims of domestic violence as "she" and to batterers as "he."

INCIDENCE

Though experts suspect it is vastly under-reported, we know that domestic violence in the United States is widespread. Nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime, according to the National Violence Against Women Survey (CDC, 2000).

Violence of this kind occurs every year to women from all walks of life. In 2001, more than half a million American women (588,490 women) were victims of nonfatal violence committed by an intimate partner (BJS, 2003). Women of all races are about equally vulnerable to domestic violence (BJS, 1995).

Domestic violence can be fatal. On average, more than three women are murdered by their partners in the U.S. every day. In

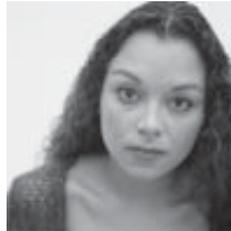


Photo Illustration

To intervene effectively you must know the facts about domestic violence.

2000, 1,247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner (BJS, 2003).

Adults are not the only victims of domestic violence. Children live in many of the homes where domestic violence occurs: one study found that slightly more than half of female victims of domestic violence live in households with children under age 12 (DOJ, 1998).

In some of these homes, children are maltreated by the batterer, his victim, or both. The correlation between domestic violence and child

maltreatment is a strong one, especially where the domestic violence is serious/frequent: in a national survey of more than 6,000 American families, half of the men who frequently assaulted their wives also frequently abused their children (Strauss & Gelles, 1990).

Research at Yale New Haven Hospital revealed that "in the vast majority of cases" where a mother was battered and a child was maltreated, the man who battered the mother also abused or neglected the child. In other words, the "man hits wife, wife hits child" scenario is rare; abuse tends to flow from a single source—usually the male batterer (Weinstein, 2002).

In the minority of cases when the adult victim of domestic violence abuses or neglects her children, her ac- **cont. p. 3**

SOCIAL CAUSES OF DOMESTIC VIOLENCE

Historically

- Husband and wife were viewed as one
- Husbands had the authority, including the right to:
 - Chastise (beat) their wives and children
 - Control property and children

Current Institutional Practices

Although it is no longer legal to "chastise" your wife, institutions allow domestic violence to continue and reinforce the sense that the woman belongs to her husband. This happens when:

- Police don't arrest perpetrators
- Judges don't impose consequences for battering
- Doctors don't ask about abuse
- Clergy tell the woman to go home and try harder
- Employers pay women lower wages than men

Source: Ganley & Schechter, 1996



Photo Illustration

continued from p. 2

tions are often linked to the domestic violence. For example, a batterer's actions may prevent a woman from satisfying her children's basic needs for food, supervision, and support. However, some battered women will abuse or neglect their children whether or not they are being abused themselves.

There is also a link between domestic violence and child fatalities. Of the 67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence. In 17 of the 22 (77%) child deaths examined by the N.C. Division of Social Services' child fatality review team in 2000, the families involved were struggling with both domestic violence and substance abuse (McHenry, 2001).

Even if they are not physically involved, often children know about domestic violence. It is estimated that 87% of the children in homes where domestic violence occurs are aware of the violence (Youngblood & Morris, 2003). As discussed below, witnessing domestic violence can have serious consequences for children.

The number of children exposed to domestic violence is staggering. Between 3.3 million (Carlson, 1984) and 10 million (Strauss, 1991) children in the U.S. witness some form of domestic violence *each year*.

CAUSES

Over the years, people have attributed the cause of domestic violence to factors such as genetics, illness, alcohol and drugs, anger, marital problems, and stress. Sometimes people even blame the victim, believing her behavior provoked the violence.

In truth, battering is a learned behavior. Individuals learn domestic violence in their families, communities, schools, peer groups, and in our culture at large. It is reinforced through exposure to values and beliefs put forth by the media, education, religion, and other social institutions that directly or indirectly condone the use of violence against women.

Although in a sense battering is caused by our culture, from a legal and practical standpoint every perpetrator of domestic violence, like everyone else in society, is ultimately responsible for his abusive behavior, and for stopping it.

BATTERERS

Batterers are individuals who believe (1) it is their right to use violence to get their way, and (2) they have a right to control their partners. Individuals who engage in domestic violence often receive reinforcement of these beliefs from peers and from authorities (e.g., police, judges, religious leaders, etc.) who ignore or condone violence against women.

Many families involved with the child welfare system also struggle with domestic violence.

Batterers may be current or previous spouses or boyfriends; they may live in or out of the woman's home. Adolescents in dating relationships can also engage in domestic violence. Batterers come from every group and every part of society.

Batterers often have a public and private face, which can make it difficult for those outside of the family to tell what's really going on.

VICTIMS

Like their abusers, the victims of domestic violence come from all racial and ethnic groups, socioeconomic classes, occupations, religious affiliations, sexual orientations, and ages.

Most victims of domestic violence are women involved in heterosexual relationships, although men and people involved in same-sex relationships can also be targets of intimate violence. When battering occurs in same-sex relationships the tools of abuse are often different. For example, a female partner may threaten to "out" a woman to her friends and family in order to gain control over her.

Victims of male violence are no more likely than non-victims to have symptoms of psychopathology, to be hostile, or to abuse alcohol. When victims of domestic violence do exhibit mental illness or substance abuse issues, these problems are often the result of stress caused by the chronic abuse (Hotaling & Sugarman, 1986). Contrary to popular belief, re-

cont. p. 4

PERPETRATORS OF DOMESTIC VIOLENCE AND CHILD ABUSE

Many of the tactics used by domestic violence perpetrators are similar to those used by child abusers (Leberg, 1997; Groth, 1982; Herman, 1998; Sanford, 1988). Both batterers and child abusers:

- Feel a sense of entitlement, feel justified
- Are manipulative and often blame the victim
- "Groom" their victims
- Maintain a good public image
- Are selfish and self-centered: their goal is self-gratification, power, and control
- Use other people for their own purposes
- Sow divisions within the family and isolate their victims
- Confuse love with abuse
- Threaten the victim (and victim's family, friends, pets, etc.)
- Impose secrecy
- Claim a loss of control rather than specific exercise of it
- Promise to change and may even express remorse
- Receive societal/cultural support or affirmation

Source: NCCWDVC, 2002

DOMESTIC VIOLENCE: AN INTRODUCTION

continued from p. 3

search has found that as a group, battered women do not have a higher incidence of multiple abusive relationships.

THE CYCLE OF VIOLENCE

In the short term, whether it is the first incident of domestic violence or the hundredth, domestic violence is often marked by a particular cycle. In this cycle of violence there is a buildup of tension, followed by an abusive event (not always physical), followed by contrition from the abuser and a period of relative calm. The cycle then repeats itself. With some abusers this cycle gradually increases in frequency and intensity, putting the woman and her children at greater and greater risk (Walker, 1979). Though there is some disagreement within the domestic violence movement about whether this cycle is applicable to all cases of domestic violence, every child welfare professional should understand this important theory.

In order to protect themselves and their children, victims of domestic violence usually go to great lengths to prevent, anticipate, and avoid abusive episodes. Ganley and Schechter (1996) note that actions women take include:

- Fighting back OR pleasing and placating the batterer
- Leaving to try to make things better OR not leaving for fear of making things worse
- Avoiding the batterer (e.g., working separate shifts)
- Protecting the children by sending them away
- Searching for help for herself or the batterer OR dropping the search for help as a way to protect herself
- Lying to the batterer and others as a way to survive
- Encouraging the batterer to drink so he'll pass out and not hurt anyone OR drinking to numb her own pain
- Reasoning with the batterer and expressing disapproval of his behavior
- Creating an internal space through fantasies that the batterer cannot touch

Child welfare workers should consider the victim's attempts to protect herself and her children as strengths that can be built upon during an intervention. Though they may not work, these attempts may have been the best choice for her within the context of the abuse.

THE DYNAMICS OF LEAVING

Usually a victim stays in an abusive relationship because of certain **barriers**. A primary barrier is the batterer's attempts to harm, control, and intimidate the woman and her children: assaults against the victim frequently escalate before, during, and after attempts to leave. Women who leave are at a 75% greater risk of being killed by their abusers than those who stay; 1 out of 3 women killed in the U.S. is murdered by a spouse, ex-spouse, or boyfriend (Mecklenburg, 1999).

Money is another major barrier. Many women choose not

to leave, or are forced to return to the abuser, because they cannot afford safe housing, health insurance, and the other things they and their children need to get by. To succeed, interventions with domestic violence victims must empower women and support their independence—especially their financial independence.

Community barriers, such as lack of support for leaving from peers and church, lack of job training programs, and lack of day care also present obstacles to victims of domestic violence. There can be individual barriers as well. These may include the victim's fear of having to raise the children alone, her belief that the abuse is her fault, and her love for the abuser. Like other people, batterers may have positive qualities—they may be charming, good providers, and good conversationalists. Recognizing this point helps us understand the ambivalence a woman may feel about leaving her abuser.

Taken together, these obstacles explain why many women choose to stay with their abusers, and why the ones who try to leave often find it so difficult. "The reality," explains Pat Youngblood, Director of the Albemarle Hopeline, a domestic violence agency in Elizabeth City, "is that when it comes to domestic violence, leaving is a process, not an event."

Victims and their abusers often engage in this pattern:

- Many women don't leave the first time they are hit because the violence is unprecedented
- If the abuse continues, victims often leave for a few days to teach the abuser a lesson
- It seems to work—he pursues her, apologizes, promises to change, and tries to reform
- If the abuse continues the victim may leave many times, but often returns

"On average," says Youngblood, "women leave six to ten times before they leave for good."

EFFECTS

Adult Victims. Domestic violence affects its adult victims in a number of ways. In addition to physical injuries, batterers often inflict emotional and psychological damage on their partners. Normal emotional responses to battering include fear, denial, anger, guilt, and feelings of helplessness. Some of the more serious psychological consequences of battering include depression, post traumatic stress disorder (PTSD), and substance abuse. As is the case with child maltreatment, when the domestic violence is severe and chronic, victims are more likely to suffer serious effects for a longer period of *cont. p. 5*



Photo Illustration

To protect kids we must do all we can to support mothers who choose to stay.

continued from p. 4

time. However, many victims recover well from the effects of the abuse once they are safely out of the abusive situation and properly supported.

Domestic violence can definitely interfere with an adult victim's ability to parent her children. For example, injuries caused by the batterer may prevent a mother from getting out of bed in the morning, so that she cannot feed her children and tend to their needs. Even when she is physically capable, batterers may interfere with proper care of the children (e.g., preventing her from taking children to the doctor).

Perpetrators of domestic violence take away the victim's ability to direct her own life and protect her children. With appropriate intervention, most victims of domestic violence can provide proper care for their children.

Children. Children who see, hear, or are otherwise aware of domestic violence in their homes experience a broad range of responses. Some appear to be unaffected. Others experience negative developmental, emotional, psychological, and behavioral consequences. Indeed, some children who live with domestic violence demonstrate the same symptoms as children who are physically abused and neglected (Mecklenburg, 1999).

A number of factors may influence how an individual child responds to being exposed to domestic violence. These factors include the level of violence, the degree of the child's exposure to the violence, the child's exposure to other stressors, and the child's individual coping skills. Not surprisingly, the child's age affects his or her ability to cope with exposure to domestic violence: younger children are more vulnerable. The victim's relationship to the child and the presence of a parent or a caregiver to mediate the intensity of the event are also potential factors in a child's reaction (Weinstein, 2002).

Short-term effects in children exposed to battering include PTSD, sleep disturbances, separation anxiety, depression, aggression, passivity or withdrawal, distractibility, concentration problems, hypervigilance, and desensitization to violent events. Child observers of domestic violence also tend to have a higher rate of academic difficulties than other children (Weinstein, 2002).

Once safety and security are provided to these children, symptoms tend to disappear. Studies have demonstrated that, among children exposed to the most severe domestic violence, over 80% tested psychologically normal, were self-confident, had positive images of themselves, and were emotionally well (Weinstein, 2002).

Although much less common, the long-term effects of exposure to battering can include delinquency, higher risk for substance abuse, a propensity to use violence in future relationships, and a pessimistic view of the world (Weinstein, 2002).

Historically, exposure to domestic violence has also placed some children at risk of inappropriate child welfare in- *see p. 6*

UNDERSTANDING AND HELPING CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Know that children may feel:

Afraid:

- Their mom/dad will be hurt or killed
- They or their siblings will be hurt or killed
- They'll make things worse if they tell
- The battering parent won't love them anymore if they tell

Angry:

- With the battering parent, the parent being abused, siblings, other family members, and with themselves for not stopping the violence

Confused:

- They may love and hate the battering parent
- They may not know what causes the violence or how to stop it
- They may be confused about whether it is abuse at all

Helpless:

- To stop the violence
- To escape the abuse permanently
- To get help for themselves, the batterer, the abused parent, siblings

Guilty:

- They believe they are the "cause" of the violence
- They believe they should intervene but sometimes don't
- They use unhealthy coping mechanisms to "feel better" or "escape"

Source: NCCWDVC, 2002

To support these children child welfare workers can:

- Support the child's mother by helping her establish a safety plan and by connecting her to resources that promote her independence
- Identify and support those factors that shield children living in violent homes from harm. **Protective factors** include:
 - Child is old enough and mature enough to carry out a safety plan when violence occurs at home
 - Child has a positive relationships (with family members, neighbors, and friends) that will support him during a crisis
 - Child is self-reliant and willing and able to seek help
 - Child's caretaker is willing to seek help for domestic violence
 - Caretaker's primary concern is the safety of the child
 - Adult victim has good parenting and coping skills

Source: Ganley & Schechter, 1996



Photo Illustration

DOMESTIC VIOLENCE: AN INTRO continued from p. 5

terventions—specifically, with unnecessary placement in foster care. Certainly this is the conclusion reached by a federal judge in the case *Nicholson v. Williams*, a class action lawsuit in which adult victims of domestic violence in New York City alleged that they were unfairly harmed when the city's child welfare system placed their children in foster care.

In his decision in this case, Judge Jack Weinstein (2002) wrote "Some child protection agencies in the United States appear to be defining exposure to domestic violence as a form of child maltreatment....Defining witnessing as maltreatment is a mistake." Weinstein goes on to state that automatically defining witnessing as maltreatment harms children. He bases this conclusion on the research showing that not all children are negatively affected by domestic violence, and upon evidence from experts.

During the trial psychologists and others testified that children separated from their mothers because of domestic violence experience that separation as exceptionally traumatic because, in the words of one witness, the child "is terrified that a parent might not be OK, may be injured, may be vulnerable.... They feel that they should somehow be responsible for the parent and if they are not with the parent, then it's their fault."

The judge also found that in concluding that abused mothers had neglected their children by exposing them to domestic violence child welfare agencies often ignored battered mothers' efforts to develop safe environments for their chil-

To blame a crime on the victim desecrates fundamental precepts of justice.
—Judge Weinstein

dren and themselves. "To blame a crime on the victim," he wrote, "desecrates fundamental precepts of justice." Weinstein found that these inappropriate foster care placements resulted from "benign indifference, bureaucratic inefficiency, and outmoded institutional biases."

IMPLICATIONS FOR CHILD WELFARE

Since the 1980s our society has learned a great deal about domestic violence. We now understand the dynamics of power and control that exist in these abusive relationships, the strategies employed by batterers and their victims, and the negative effects domestic violence has on the safety and well-being of adult victims and their children.

Based on this knowledge—and prompted both by the desire to do right by the families they serve and by rulings like Judge Weinstein's—child welfare workers and the systems they work in are examining their assumptions, policies, and practices relative to domestic violence. For example, in the reaction to this court case, New York City has taken significant steps to change the way it responds to domestic violence.

Here are some of the conclusions agencies are reaching about effective child welfare practice with domestic violence:

- **Screening for domestic violence must be universal and ongoing.** We know domestic violence is relatively common in the families involved with child welfare. We also know battering can have serious, negative effects on children and their caregivers. Therefore we must seek to identify domestic violence throughout the child welfare continuum—at intake, during assessment and service provision, and in foster care and adoption.
- **Children cannot be safe unless their mothers are safe.** Therefore child welfare interventions must address domestic violence. We must provide battered women with appropriate supports, including help with safety planning.
- **We must hold perpetrators, not victims, accountable for domestic violence.** To do this DSS and other agencies should collaborate to ensure batterers are the focus of appropriate legal and therapeutic interventions. Effective intervention and meaningful consequences make it clear to adult victims and their children that help is available and that they are not responsible for the abuse (NCCWDV, 2002).

The next article discusses some of the steps North Carolina is taking to translate these conclusions into policies and practices that ensure the safety, permanence, and well-being of children exposed to domestic violence. ♦

For references, visit <http://ssw.unc.edu/fcrp/Cspn/vol8_no3.htm>

TO LEARN MORE, READ . . .

- *Children and Domestic Violence: An Information Packet* <<http://www.doa.state.nc.us/doa/cfw/child&dv.doc>>
- *In Harm's Way: Domestic Violence and Child Maltreatment* <<http://www.calib.com/nccanch/pubs/otherpubs/harmsway.cfm>>
- *Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence* <<http://www.aphsa.org/hotnews/dvguidelines.doc>>
- *Guidelines for Conducting Family Team Conferences When There is a History of Domestic Violence* <<http://endabuse.org/programs/display.php3?DocID=159>>
- *Domestic Violence: A National Curriculum for Children's Protective Services* <<http://endabuse.org/programs/display.php3?DocID=79>>
- *Effective Intervention In Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* <<http://www.ncjfcj.org/dept/fvd/publications/>>
- *N.C. Child Well-Being and Domestic Violence Task Force Final Report* <<http://www.doa.state.nc.us/doa/cfw/cfw.htm>>

NORTH CAROLINA FORMULATES A NEW RESPONSE TO DOMESTIC VIOLENCE

When she talks about our ability to respond to domestic violence, Leslie Starstoneck doesn't mince words.

"There is a lack of training professionals receive about domestic violence," she says. "There is a lack of accountability, a sense of being overwhelmed by the complexity of this problem."

In Starstoneck's view, this is clearly unacceptable.

She is not alone in her thinking. When she addresses this subject, Starstoneck speaks not just as the Executive Director of the N.C. Council for Women and Domestic Violence Commission, but as a member of an interdisciplinary, state-wide task force charged with assessing North Carolina's response to families experiencing domestic violence.

This group, the **Child Well-Being and Domestic Violence Task Force**, convened in early 2002. Co-chaired by N.C. Chief Justice I. Beverly Lake, Jr. and Health and Human Services Secretary Carmen Hooker Odom, the task force brought together advocates, policy makers, judges, law enforcement personnel, and citizens.

After a year of study, task force members concluded that the professionals working in a wide range of disciplines—including child welfare, the courts, law enforcement, and community agencies—could and should do more to ensure the safety and well-being of women and children exposed to domestic violence in North Carolina.

Guided by six principles (see sidebar), the task force divided itself into subcommittees charged with issuing recommendations in four areas: the courts and law enforcement, providers of community-based services, funding, and child protective services.

The task force's final report, issued in February 2003, contains many legal, policy, and training recommendations. These include a suggestion that domestic violence protective order hearings routinely address the temporary custody of children, and a proposal that North Carolina adopt a statute criminalizing the act of seriously assaulting an adult in the presence of a child. This latter recommendation has already inspired bills to this effect in the N.C. Senate (Bill 868) and House (Bill 926).

CHILD WELFARE CHANGES

The task force made specific recommendations for improving the way North Carolina's child welfare system responds to domestic violence. This is not surprising, given the prevalence of domestic violence in families involved with child welfare. Research indicates that between 30% and 60% of families served by child welfare agencies also experience domestic violence (Edelson, 1999).

The N.C. Division of Social Services and individual child welfare agencies—like the profes-

sionals in other systems that serve families affected by battering—are already taking steps to implement these recommendations. The following summary provides a glimpse of the changes coming to child welfare, as well as a sense of when they will take effect.

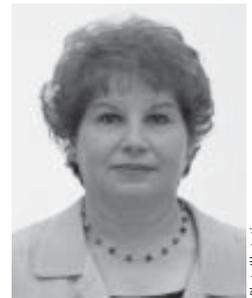


Photo Illustration

Get a preview of North Carolina's new children's services policy on domestic violence.

RECOMMENDATION #1

Uniform policies and procedures should be implemented in all county departments of social services on domestic violence and child well-being.

To facilitate the implementation of this recommendation the task force developed a sample protocol that addresses the following components of children's services:

Screening. Screening for domestic violence should be universal and should occur at intake, during assessment, and during interventions. Screening for domestic violence at intake should involve questions that allow us to assess/identify a pattern of domestic violence, the presence and role of children in domestic violence incidents, and factors that suggest a heightened risk for lethality.

Investigation. In domestic violence cases, DSS should interview all household members separately, beginning with the adult victim. Under MRS's family assessment response, workers should meet with the family as a group to discuss other matters, but must discuss domestic violence issues individually.

Domestic violence should not warrant the automatic removal of children. Safety of the mother and children **cont. p. 8**

GUIDING PRINCIPLES

- Enhancing a parent's safety enhances the child's safety.
- Domestic violence perpetrators may cause serious harm to children.
- Domestic violence perpetrators, and not their victims, should be held accountable for their actions and the impact on the well-being of the adult and child victims.
- Appropriate services, tailored to the degree of violence and risk, should be available for adult victims leaving, returning to, or staying in abusive relationships and for child victims and perpetrators of domestic violence.
- Children should remain in the care of their non-offending parent whenever possible.
- When the risk of harm to the children outweighs the detriment of being separated from non-offending parents, alternative placement should be considered.

A NEW RESPONSE continued from p. 7

should be a key concern; information obtained from the woman should not be shared with the batterer.

Safety Planning. Safety planning should begin with the first contact with the non-offending parent. Provide the adult victim with information about local advocacy and support services. To learn about these resources, consult the N.C. Council for Women's list of 113 state-funded domestic violence and sexual assault programs in North Carolina (<http://www.doa.state.nc.us/cfw/dvsadir.pdf>). Most are local programs.

Assessing Risk and Lethality. Proceed with caution so as not to put the children or adult victim at greater risk.

Case Decision. Always clearly identify the perpetrator of domestic violence and explain the context of the abuse. Hold the perpetrator accountable. Do not blame or shame the non-offending parent. See sidebar for factors to consider when reaching a case decision.

Case Planning and Management. The primary goals of case planning with the non-offending parent and children are

to promote enhanced safety for the children and mother and to encourage perpetrators to take responsibility for their violence and for changing their behavior. The non-offending parent should not be held responsible for the perpetrator's failure to follow through with requirements. Case plans should always include ways to hold the perpetrator accountable for stopping the violence. For safety reasons, the non-offending parent's case plan should not be shared with the perpetrator.

Case Closure. Before a case is considered for closure, the non-offending parent should be connected with a service provider in the community who will follow-up and provide ongoing support. Consider the safety of the non-offending parent as well as the children when closing the case.

Implementation. North Carolina's county departments of social services began using a new screening/intake tools in **June 2003**. These tools, which are officially known as the "Strengths-based, Structured Intake," were developed in connection with the Multiple Response System (MRS). These tools ensure agencies screen every report for domestic violence and substance abuse, both of which have been linked with child maltreatment.

Other recommendations are being incorporated into a new children's services policy on domestic violence that will go into effect in **fall 2003**. According to Candice Britt, a children's services policy consultant with the Division, in addition to guiding practice, the policy will be a teaching document. When published the new policy will be located at <http://info.dhhs.state.nc.us/olm/manuals/dss/>.



Do not share the mother's case plan with the batterer.

RECOMMENDATION #2

The Multiple Response System (MRS) model should be evaluated to measure its effectiveness, including in cases where violence is threatened or committed against a parent and children, prior to expansion.

As detailed in previous issues of *Practice Notes*, MRS

is a new approach to child welfare being piloted in ten North Carolina counties. In keeping with many of the task force's policy recommendations, the MRS approach takes domestic violence into account at all stages of child welfare.

Under MRS, all reports are screened for domestic violence, and families are assessed for this issue throughout their work with the agency. To ensure the safety of the children and the adult victim, MRS also prescribes interviewing family members separately on the topic of domestic violence, and it requires agencies to deviate from the traditional model of child and family team meetings (see *Practice Notes* vol. 8, no. 2) to ensure the adult victim and children are protected from the batterer.

Anecdotal reports suggest the MRS approach to families experiencing domestic violence works well. According to one Mecklenburg social worker, "Especially with the family assessment approach, we get more information and better cooperation than we did before MRS."

Implementation. It is anticipated MRS will become the standard approach to child welfare in North Carolina in 2005. MRS will be evaluated before, during, and after this expansion.

RECOMMENDATION #3

Every county DSS should have access to a CPS/domestic violence consultant.

In large part this recommendation stems from the benefits experienced by Mecklenburg County, the only **cont. p. 9**

REACHING A CASE DECISION

In families experiencing domestic violence, the following factors may indicate a need for substantiation or a determination that the family is in need of services:

- Children have attempted to intervene in the domestic violence (whether injured or not)
- There is an established pattern of domestic violence that is chronic or severe
- Children exhibit extreme emotional, behavioral, or mental health needs as a result of living with domestic violence
- Substance abuse and domestic violence coexist in the home
- The non-offending parent is threatened or injured in the presence of the children
- The non-offending parent has been hospitalized for injuries resulting from domestic violence

continued from p. 8

county in North Carolina with a full-time child welfare/domestic violence liaison employed by a DSS. The person in this position trains social workers and related systems' employees and assesses clients for issues related to domestic violence.

Implementation. In an effort to comply with this recommendation, the N.C. Department of Health and Human Services has applied for the funding needed to create a small Domestic Violence Liaison Unit. If funded this unit would be staffed by four regional consultants and a DV program manager; these positions would work closely with county DSS's, the Division, the domestic violence community, and others around domestic violence issues.

RECOMMENDATION #4

Memorandums of Understanding (MOUs) should be established between or among county DSS's, domestic violence programs, law enforcement agencies, and others.

The task force believes MOUs are a means of ensuring a community's response to domestic violence is coordinated. MOUs may also encourage county DSS's and others to rely more on each other.

Implementation. For a sample MOU, visit <http://ssw.unc.edu/fcrp/Cspn/vol8_no3.htm>.

RECOMMENDATION #5

A community collaboration model should be adopted when addressing domestic violence as it relates to children's well-being.

The types of activities that communities should address when developing their collaborations include: the reporting of domestic violence and child maltreatment to law enforcement; emergency responses to support the safety of children; accessing safety shelter and advocacy services; improving the community's capacity to respond to fam-

FAMILY-CENTERED PRACTICE AND DOMESTIC VIOLENCE

To social workers who embrace the family-centered approach, supporting victims of domestic violence and holding batterers accountable makes a lot of sense. Although family-centered practice emphasizes the positive, these practitioners understand that focusing on a family's strengths does not mean ignoring or minimizing the batterer's abusive and controlling behavior.

Rather, strengths-based practitioners seek to offset these deficits through the use of the family's successful coping and adaptive patterns, its natural support networks, and other resources. They understand that by addressing the safety needs identified by adult victims, by expanding upon previously successful strategies and resources, and by connecting the family with new resources, children and adult victims can be protected.

Indeed, the family-centered approach can help agencies prioritize safety for victims and accountability for batterers. One strategy that has been used in child protection cases involving domestic violence is **child and family team meetings**. These meetings can be modified to ensure the safety of adult victims and to hold batterers accountable. In fact, as noted in the issue of *Practice Notes* on child and family team meetings (vol. 8, no. 2), batterers are often not physically present at these conferences.

Adapted from NAPCWA, 2001

ily violence; supporting legal interventions that hold the perpetrator accountable by working with community corrections; and coordinating legal representation for victims of domestic violence with legal aid, *pro bono* projects, and law school clinics.

In some places collaboration—especially between the child welfare and domestic violence communities—may seem like a tall order. Historically, differing mandates and perspectives on social problems have created a significant divide between these two groups. In the worst cases, domestic violence service providers have viewed child welfare workers as “baby snatchers,” while child welfare workers have seen domestic violence advocates as unconcerned about child safety.

Sybil Mann, Director of the Waynesville-based 30th Judicial District Domestic Violence-Sexual Assault Alliance, sees **communication** as the key to putting aside past disagreements. “We must talk to each other despite the past relationships between different agencies. Strained and adversarial though they may

be, these conversations are a first and necessary step to helping the women and children we all care about.”

RECOMMENDATION #6

Pre-service, in-service, and cross-training.

To facilitate interagency collaboration and improve services to families struggling with domestic violence, the task force recommends (1) mandatory domestic violence training for all new and current DSS CPS social workers via pre-service and in-service training; (2) mandatory cross-training of DSS CPS social workers, domestic violence advocates, and guardians ad litem; (3) ongoing training for domestic violence consultants.

Implementation. The N.C. Division of Social Services and its partner agencies are developing a plan for implementing this recommendation. In addition, the Division currently offers a two-day course on the topic entitled, *Domestic Violence: An Overview*. For course times and locations visit the North Carolina Social Services Professional Development site <<http://www.ncswtrain.org>>. ♦

TALKING ABOUT DOMESTIC VIOLENCE

Practice Tips from a Child Welfare/Domestic Violence Liaison

No matter how much experience you have, talking with families about domestic violence is never easy. Just ask Morgan Cromwell, the Domestic Violence Social Worker for Mecklenburg County Department of Youth and Family Services.

As the only full-time child welfare/domestic violence liaison employed by a department of social services in North Carolina, it is her job to assess suspected batterers and their victims and to teach social workers to do the same. Despite years on the job and many years prior experience working with sexual assault and domestic violence victims, Cromwell is still challenged when the time comes to talk about this kind of abuse.

But she also knows that these tough conversations can be the gateway to healing and better times for women and their children. Here are her suggestions for how to have successful conversations about domestic violence.

SPEAKING TO THE MOTHER

Cromwell suggests child welfare workers follow these guidelines during conversations with victims of domestic violence:

- Always interview the mother alone
- Assure her you are concerned about her safety, as well as the safety of the children
- Assure her you will not confront the batterer with information she shares
- Emphasize to her that it is her decision about what to do about the abuse

WHAT NOT TO SAY

When you are talking to a child or adult who is the victim of abuse, choosing the right words is very important. Why? Because inappropriate or inadequate verbal responses—even if they are not intended to be hurtful—can feel like a second victimization for the person you are talking to. This can make the initial victimization that much more difficult to resolve. Examples of attitudes or questions that may re-victimize include:

- Disbelief (“Are you sure this happened?”)
- Blame (“What did you do to set him off?”)
- Cultural insensitivity (“Isn’t this accepted in your culture?”)
- Judgment (“How can you stay!?”)
- Minimizing (“The pain will go away, things will get better”)

In addition, avoid ultimatums. Never use placement of the children in foster care as a weapon or leverage (“If you don’t leave him, we’ll have to remove your children.”) Instead, focus on how the violence affects her children and their safety. Emphasize the elimination of threats and violence (rather than leaving) when developing plans with families.

Source: Ganley & Schecheter, 1996; Cromwell, 2003



Morgan Cromwell

- Make it clear you understand the domestic violence is not her fault

After you have expressed your concern and set the tone for your conversation,

define domestic violence for her. Explain that the abuse is almost always

more than physical. The power and control wheel (see next page) developed by the Domestic Abuse Intervention Project can be a useful tool at this stage.

Begin your assessment with nonthreatening, general, open-ended questions. Cromwell suggests the following as an example: “All families argue. In fact, disagreements can be healthy as long as people don’t feel threatened or intimidated. Tell me about some good and bad things about your relationship with [HUSBAND/BOYFRIEND]. What do arguments between you and [HUSBAND/BOYFRIEND] look like? What is it like when things get ‘hot’? Is there any time when one person gets pushed or shoved?”

Avoid questions direct yes and no questions such as, “Have you been hit or beaten?”

If the mother denies or minimizes the domestic violence but the children have made clear and convincing descriptions of it, consider sharing the children’s descriptions with her.

However, use your judgement on this point—if you suspect that the child has colluded with the batterer or that the child will be put at risk if you share these statements, do not use them in your discussion with the mother.

Be careful about leaving information with the mother. Leaving behind pamphlets about domestic violence or other information that suggests the woman may be thinking of leaving could place her and the children in greater danger.

Conclude the discussion by thanking her for discussing this difficult topic with you. Express again your concern for her safety and the safety of her children: “A lot of our clients are exposed to domestic violence. We want to be aware of what’s going on in your family so we can help and support you.”

SPEAKING TO THE BATTERER

Ensure your own safety. Interview the batterer in your environment, not his. This will give you a psychological advantage (remember, the violence is about his need for power and control) and it will make you physically safer.

Prior to the interview, make sure that others in the office know who you are interviewing and why, and that people understand and will follow your agency’s safety protocols (for more on this, see *Practice Notes* vol. 3, no. 2).

Recognize that the batterer may try to manipu- *cont. p. 12*

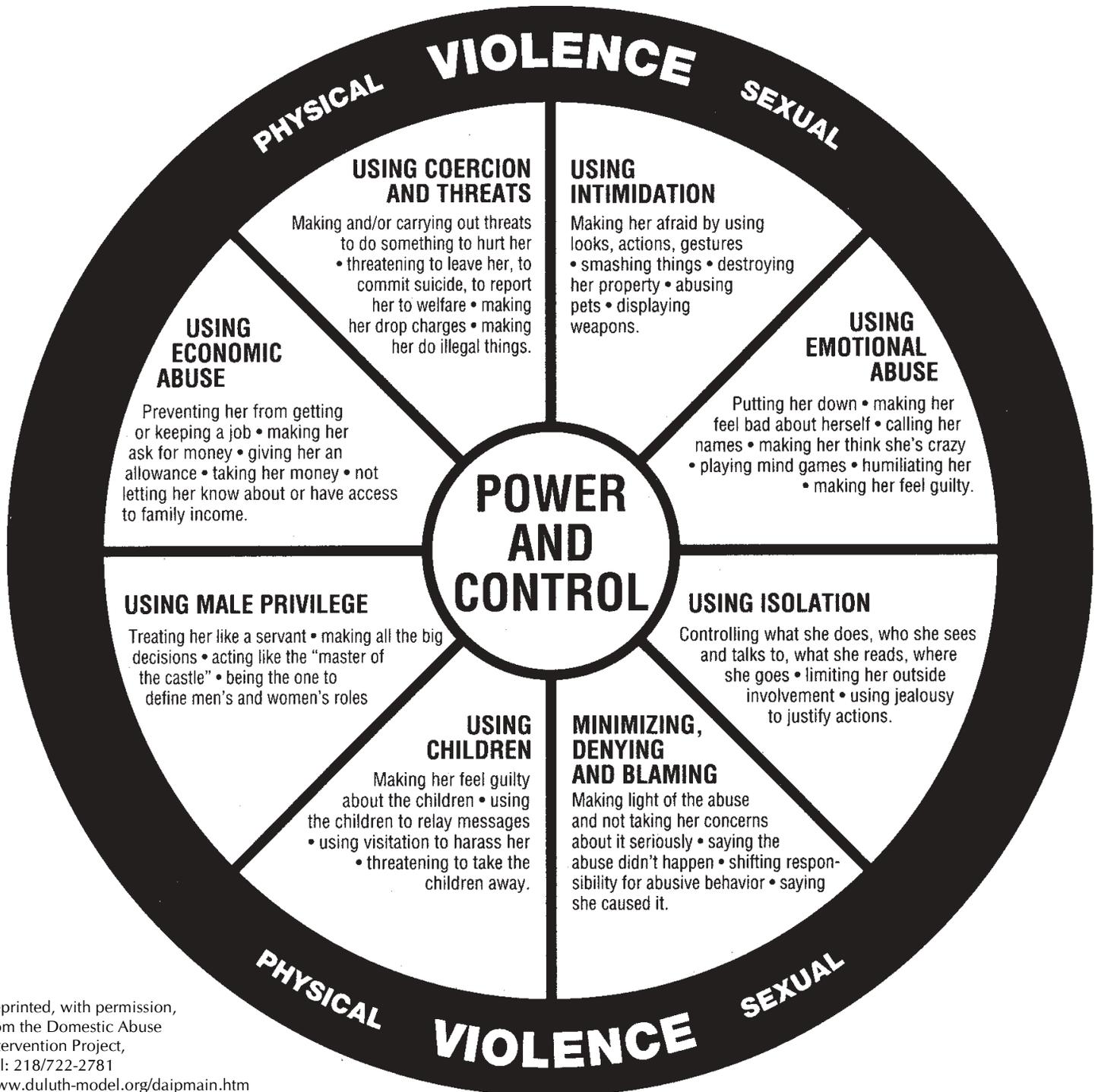
WHEEL OF POWER AND CONTROL

What is domestic violence? Most people would say that hitting your spouse or partner with your fist or a weapon falls into this category, but what about calling her names? Or throwing out her clothes?

This chart, which was developed by the Domestic Abuse Intervention Project, outlines some of the behaviors and tactics used by men who abuse their partners. Although there are

a wide variety of strategies used, all forms of abuse are designed to demean, intimidate, and otherwise control another person.

This power and control wheel is one tool you can use while reviewing a partner's behaviors with someone as you screen for domestic violence. ♦



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Tel: 218/722-2781
www.duluth-model.org/daipmain.htm

TALKING ABOUT DOMESTIC VIOLENCE *from page 10*

late you or physically intimidate you. NEVER let him know you are scared of him. He may also attempt to “charm” you and your supervisor in an effort to identify himself as the victim and to convince you that he could never harm his partner.

Normalize the fact that you are discussing domestic violence. For example, you might say: “This is information we talk about with everyone. We’re not singling you out.”

Protect the victim and her children. Do not confront the suspected batterer with information obtained from the mother or children. Instead, use information contained in the CPS referral and other third party reports (e.g., police reports, hospital records, prior CPS referrals).

Allow the batterer to begin talking about himself. Batterers enjoy talking about themselves and receiving attention from others. By allowing him to speak freely, you may be able to obtain more information from him. ◆

INTERVIEWING CHILDREN

The questions below are only a guide. Rely on your discretion when interviewing children. Always take the child’s age, developmental level, and the current situation into account.

1. Assess the Pattern of the Batterer’s Abusive Conduct.

What happens when the adults fight? Does anyone hit, shove, push? Does anyone yell? Does anyone throw or break things?

2. Assess the Impact of Domestic Violence on the Adult Victim.

Has anyone gotten hurt or injured? Is your parent afraid? How do your parents act after a bad fight?

3. Assess the Impact of the Violence on the Child.

Have you been hurt by any of their fights? What do your brothers or sisters do during a fight? Are you ever afraid when your parents fight? How do you feel during a fight? How do you feel afterwards?

4. Assess Children’s Protective Factors.

Where do you go during their fights? Have you tried to stop a fight? What happened? In an emergency for your parent or yourself, what would you do? Whom do you call?

5. Assessing Lethality: Child’s Knowledge of the Danger.

Has anyone needed to go to a doctor after a fight? Do the adults use guns or knives? Do you know where the gun is? Has anyone threatened to hurt someone? What did the person say?

Source: Ganley & Schechter, 1996



Photo Illustration

An estimated 87% of children know when domestic violence occurs in their homes.

IN THIS ISSUE: DOMESTIC VIOLENCE AND CHILD WELFARE SERVICES

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