

CURRENT INTERVENTIONS IN CO-OCCURRING CHILD MALTREATMENT AND DOMESTIC VIOLENCE:
A QUALITATIVE STUDY OF CHANGING POLICY, PRACTICE AND COLLABORATION IN NORTH CAROLINA

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ABSTRACT

STEPHANIE LEE FRANCIS: Current Interventions in Co-Occurring Child Maltreatment and Domestic Violence: A Qualitative Study of Changing Policy, Practice and Collaboration in North Carolina

(Under the direction of Marie Weil and Joan Pennell)

Although research suggests that spouse abuse and child maltreatment are clearly linked within families, the services developed to address these social problems, child protective services (CPS) and domestic violence (DV) agencies, have historically functioned separately. In 2004 and 2005, North Carolina implemented the Multiple Response System (MRS) and a domestic violence policy for CPS. This study examined these changes, particularly in relation to domestic violence, and explored current perspectives regarding collaborative efforts between CPS and DV agencies. The methods used were individual interviews with key informants from social services and the domestic violence community and focus groups with CPS workers and DV advocates across the state. Twelve key informants participated in the individual interviews. Twenty-two workers participated in three CPS focus groups and 14 advocates participated in three DV groups. Key findings included differences in the level of awareness and understanding of the two CPS policies between advocates and other study participants. Although workers and key informants from both communities were knowledgeable about MRS and the DV policy, the advocates in the DV focus groups were largely unaware of either. Notable changes with the new policies, as described by study respondents, fell into two categories - practice changes and philosophy changes. The most frequently noted practice changes for MRS were the dual tracking system and changes in interview order. For the DV policy, noted changes were interview order and changes in procedure around removal of children from battered mothers for “failure to protect”. Significant philosophical changes related to the DV policy

included directly linking the safety of mothers and children and not holding mothers responsible for their batterers' behavior. For MRS, philosophical shifts included being more family centered, needs focused and strengths based. Focus group participants from both CPS and DV identified an increased understanding of the complexity of domestic violence by CPS workers. Study participants also reported improved relations between CPS and DV agencies in recent years. All participants agreed more can be done to increase coordination and collaboration between these services and made recommendations about training, communication and the creation of a shared position between the two agencies.

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CHAPTER 1

INTRODUCTION

Although research suggests that spouse abuse and child maltreatment are clearly linked within families (Edleson, 1999; Moffitt & Caspi, 1998; Stacey & Shupe, 1983; Stark & Flitcraft, 1988), these two issues are typically examined and treated as separate social problems, each with its own set of causes and characteristics and each with its own solution. Consequently, different services have been developed for child and adult victims of family violence. These services often have different structures, with different organizational missions, mandates and goals. Although both services address issues of safety within the family, differences in history, philosophy, ideology, legal mandates, guiding legislation, funding streams and client focus often create tensions between the two systems. Much of that tension stems from different understandings of the rights and responsibilities of mothers. There also exist differences in practice goals between protecting children and empowering women. To adequately address these issues, there must be a unified approach to protecting women and children, empowering women as both individuals and mothers and empowering children and young people as active participants in the processes that affect their lives.

As an advocate and shelter director with ten years of experience in the domestic violence field, the author has first-hand knowledge of the complexities of domestic violence (DV) and the need for collaboration between DV agencies and other service providers in the community. A number of issues frequently co-occur with violence in a relationship, including mental health concerns, substance abuse issues and child maltreatment concerns. In any of these circumstances, the response to domestic violence cannot be complete if the co-occurring issues are not addressed

as well. The co-occurring issues of concern for this study are domestic violence and child maltreatment and the service providers of interest are domestic violence agencies and child protective services (CPS).

Although the services being addressed in this paper are CPS and DV agencies, these are not the only organizations or services involved with families experiencing issues of child maltreatment and/or domestic violence. For example, families may also be working with Guardians Ad Litem, child advocates, law enforcement and/or representatives from the legal community. Working relationships between and among these services will also affect the way in which family violence is addressed. However, because of the complexity of this issue, the following research project focuses on the policies of child protective services and the relationship between CPS and domestic violence agencies, focusing specifically on practice in the state of North Carolina. The study examines recent changes to child welfare policy in North Carolina, explores and compares perspectives among child welfare workers and domestic violence advocates regarding current levels of cooperation, coordination and collaboration between these two service agencies, and develops recommendations to improve collaboration on this serious social problem.

As communities across the nation are becoming more aware of the connection between child maltreatment and domestic violence, child protection agencies in several states have taken steps to address these issues more effectively. These efforts have ranged from domestic violence training for all child protection workers (Mills et al., 2000) to housing domestic violence specialists within the child protection agency to providing case specific consultation (Fleck-Henderson, 2000) to establishing a new unit specifically for cases involving both child protection services and adult probation (Aron & Olson, 1997). Over the past six years, North Carolina has made changes to child protection practices with families in general and with families experiencing domestic violence in

particular by implementing the Multiple Response System (MRS) (North Carolina Division of Social Services, 2005) and a domestic violence policy (North Carolina Division of Social Services, 2004, 2006). Examining this process provides the opportunity to see how an agency wide approach to changing case practice in this way may or may not influence the effectiveness of addressing co-occurring child maltreatment and domestic violence.

Before discussing policy changes specific to North Carolina, however, I will review the literature and research on the overlap between intimate partner violence and child maltreatment, identify the theories and practice models incorporated into services intended to assist battered women and those developed to protect children, and discuss the need for a more coordinated response to the issue of adult abuse and child maltreatment within families.

CHAPTER 2

SCOPE OF THE PROBLEM

Domestic Violence and Child Maltreatment

Domestic violence (DV), which may also be called spouse abuse, partner abuse, intimate violence or battering, is defined by the National Coalition Against Domestic Violence (NCADV) as “a pattern of behavior used to establish power and control over another person with whom an intimate relationship is or has been shared through fear and intimidation, often including the threat or use of violence” (National Coalition Against Domestic Violence, 2005). Domestic violence occurs in up to 16% of all marriages every year and in 50% of all marriages over their course (Stith, Williams, & Rosen, 1990). Nearly one in three adult women experience at least one physical assault by an intimate partner (American Psychological Association, 1996). Although victims and perpetrators can be either male or female, in most cases of domestic violence a woman is being battered by a male partner. According to the National Violence Against Women Survey (Tjaden & Thoennes, 2000a), the National Crime Victimization Survey (Bachman & Saltzman, 1995; Rennison & Welchans, 2000), and a compilation of statistical data maintained by the Bureau of Justice Statistics and the Federal Bureau of Investigation on violence against intimate partners (Greenfeld et al., 1998), women experience intimate partner violence at significantly higher rates than men, and men are the primary perpetrators of intimate violence. Analyzing data from the National Violence Against Women Survey, Tjaden and Thoennes (2000b) found that 91.9% of the women who were physically assaulted as adults were assaulted by a male perpetrator, and nearly three-quarters of these women (72.1%) reported being assaulted by a current or former husband, cohabiting partner,

boyfriend or date. According to the National Crime Victimization Survey (NCVS) conducted by the U.S. Department of Justice's Bureau of Justice Statistics, women experienced an estimated 876,340 nonlethal violent offenses at the hands of an intimate partner during 1998 (Bureau of Justice Statistics, 2000). These nonlethal violent crimes include rape, sexual assault, robbery, aggravated assault, and simple assault. Statistics on the incidence of child maltreatment are equally alarming.

Child maltreatment, or child abuse and neglect, is defined by the Child Abuse Prevention and Treatment Act as "physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of 18...by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened" (DePanfilis & Salus, 1992). Although most states adhere to this basic definition of child maltreatment, no universal set of definitions currently exists in the United States (Pecora, Whittaker, Maluccio, & Barth, 2000). Three of the major categories of child maltreatment generally include physical abuse, physical neglect and psychological (including emotional) maltreatment. In their book, *The Child Welfare Challenge*, Pecora, Whittaker, Maluccio and Barth offer definitions of these forms of maltreatment based on operational definitions used in the National Incidence Studies of Child Abuse and Neglect (NIS-1, -2, and -3) (Pecora et al., 2000). According to these definitions, physical abuse is defined as nonaccidental injury inflicted on a child by a parent or caretaker. Physical neglect refers to incidences in which parents or primary caretakers do not provide children with basic life needs, such as food, clothing and shelter. Psychological (emotional) maltreatment is defined as "an attack on the ability of children to fulfill their emotional and psychological needs", which "undermines the child's emotional development as well as his or her need for love and self-esteem" (Pecora et al., 2000, p. 215).

The Third National Incidence Study of Child Abuse and Neglect (NIS-3) estimated that there were 2.8 million reported cases of child abuse and neglect in 1993 (Sedlak & Broadhurst, 1996). According to the organization Prevent Child Abuse America, 3,154,000 children were reported to child protective service agencies as alleged victims of child abuse or neglect in 1998. Of these reports, approximately one million were confirmed (Prevent Child Abuse America, 2000).

Co-Occurrence of Domestic Violence and Child Maltreatment

Evidence is mounting that the co-occurrence of child maltreatment and domestic violence is a significant social problem. People are more likely to be killed or physically assaulted in their own homes by other family members than anywhere else, or by anyone else, in our society (Gelles, 1997). Although both forms of abuse contribute to family violence and violence in the home, child maltreatment and spouse abuse have traditionally been identified, addressed and examined through research as separate issues. This separation of societal responses continues to be true despite the increased understanding that adults and children are often victimized in the same families.

Research in public welfare systems suggests that child protection workers will encounter adults who are victims of intimate partner violence in at least one-third of their cases (Fleck-Henderson, 2000). Similar findings resulted from a review of 200 substantiated child abuse reports conducted by the Massachusetts Department of Social Services. According to this review, adult domestic violence was mentioned in 30% of the case records (Hangen, 1994). When considering cases of critical injury or death due to child abuse or neglect, the Oregon Department of Human Resources reported the presence of partner violence in 41% of the families investigated (Oregon Children's Services Division, 1993).

Studies based on medical records have also found high rates of overlap between child maltreatment and intimate partner violence. In a study conducted by Stark and Flitcraft (1988), medical records of children suspected of being abused or neglected were marked or “darted” and referred for investigation and disposition to a special hospital “dart committee”. Dart committee reports on children were matched to medical records of their mothers, who were then classified as battered or non-battered according to adult trauma history and a risk classification. Fifty-two (45%) of the 116 mothers of children referred to the dart committee were classified as abused. McKibben, DeVos and Newberger (1991) used medical records to conduct a retrospective case-control study. The study focused on the relationship between child abuse and violence against mothers in mother-child pairs in which a protective report was filed on behalf of the child at an emergency room visit. The control group was made up of children with non-traumatic complaints who sought medical attention within the same months as the case group. The authors determined that the case pairs were far more likely than the control pairs to be victims of violence (59.4% and 12.0%, respectively). While one of eight control mothers was a victim of violence, nearly three of eight case mothers were victimized (McKibben et al., 1991).

Stacey and Shupe (1983) studied 542 residents of two battered women’s shelters in Texas. Four hundred and twenty-four of these residents brought their children into the shelters with them. Almost half (45%) of these children had been physically abused and/or seriously neglected. This rate of child maltreatment is 1500 percent higher than national averages for families in the general population (Stacey & Shupe, 1983). Using a 1,000 case national sample for an investigation of wife beating, Bowker, Arbitell and McFerron (1988) determined that wife batterers abused children in 70% of the families in which children were present. The severity of the abuse demonstrated by batterers ranged from slapping one or more of their children (41% of batterers) to using weapons against their children (9% of batterers). Although the child abuse was generally less severe than the

wife abuse in these families, the severity of the child abuse generally increased with the severity of the wife abuse. Similarly, Stacey and Shupe (1983) discovered that the ways children were abused resembled the ways their mothers had been beaten, and men who battered women more severely were also more likely to harm their children.

In a review of studies that provided some data concerning the co-occurrence of spouse abuse and physical child abuse, Appel and Holden (1998) found five studies based on information from child abuse reports. Two of the studies discussed the association between these two forms of abuse while the other three reported on the extent of overlap, which ranged from 26% to 59%. Appel and Holden also reviewed 17 studies that used data from battered women. According to these studies, the median rate of co-occurrence was 41%. Similar findings resulted from a study conducted at Abused Women's Aid in Crisis, Inc. (AWAIC) which determined the percentage of wife batterers who physically abused at least one of their children to be 45% (Roy, 1988).

Taken together statistics suggest that the risk of child abuse is between three and nine times greater in homes where adult domestic violence is occurring (Moffitt & Caspi, 1998). In a review of 35 studies conducted over 25 years, several of which are described above, Edleson (1999) determined that the majority of the studies reviewed indicate that in 30% to 60% of families where either child maltreatment or adult domestic violence is occurring, the other form of violence is present as well. Edleson (1999) identified two ways in which samples were frequently developed. One strategy was to identify evidence of woman battering in families where known or suspected cases of child maltreatment existed (e.g. Hangen, 1994; McKibben et al., 1991; Stark & Flitcraft, 1988). The other strategy was to look for evidence of child maltreatment in families where abuse of the mother was known to exist (e.g. Bowker et al., 1988; Giles-Sims, 1985; Stacey & Shupe, 1983). These studies indicate that the overlap in abuse is substantiated whether approached from the

standpoint of child abuse reports or the reports of battered mothers. As the prevalence of co-occurring domestic violence and child maltreatment was demonstrated by research in the 1980s and 1990s, current research and publications focus more on the emotional, cognitive and behavioral impact of domestic violence on children (Geffner, Jaffe & Sudermann, 2000; Groves, 2002; Hughes, Graham-Bermann & Huber, 2001; Rossman, 2001).

Interactions of Domestic Violence and Child Maltreatment

Domestic violence and child maltreatment are linked in a number of ways that have serious consequences for the safety of children. Most directly, physical abuse of a parent can result in physical injury or harm to the child. Such injuries may occur when perpetrators physically or sexually abuse children, when batterers intentionally injure children in order to intimidate and control their adult partners, or when children are injured, intentionally or otherwise, during attacks on their mothers (Carter & Schechter, 1997; Ganley & Schechter, 1996). Children may also be hurt when intervening to protect a parent who is being battered. A study of shelter residents conducted by Hazen, Miller and Landsverk (as cited in Mills et al., 2000) found that 44% of the children surveyed attempted to protect their mothers during an attack, and 37% of these children were “hit” in the process. Another study of 146 children from homes where domestic violence was a problem found that all sons over the age of 14 attempted to protect their mothers from attacks. Sixty-two percent of these boys were injured in their attempts (Roy, 1988).

In addition to physical harm, batterers may place children at risk in other ways as well. They may endanger children through neglect by preventing adult victims from caring for their children properly (Carter & Schechter, 1997; Ganley & Schechter, 1996). For example, some batterers use financial abuse to control their partners, denying them the resources necessary to purchase adequate food and clothing for their children. Other batterers may use isolation to prevent mothers

from seeking necessary medical care for their children (Bancroft & Silverman, 2002). Perpetrators may further endanger children by undermining efforts by child protective services (CPS) workers and other community agencies to intervene and protect the children (Ganley & Schechter, 1996).

Batterers may place children at risk emotionally by exposing them to domestic violence and creating environments in which children witness abuse against their mothers. As Bancroft and Silverman state, "The behavior of men who batter sends a set of destructive ripples through the lives of families" (2002, p.xii). These ripples involve the batterer's day-to-day behaviors toward his partner, each of which have implications for children in the home, his approach to interacting with his children and his ability to shape family interaction patterns that affect all relationships in the home (Bancroft & Silverman, 2002). As parents, batterers often demonstrate behaviors that are authoritarian, neglectful and manipulative, and that undermine the mother's parenting. The battering father also models behaviors and attitudes that often shape the children's belief systems regarding issues such as abuse in relationships, violence and aggression, and personal responsibility (Bancroft & Silverman, 2002). It is also important to understand that the end of a relationship does not necessarily mean an end to the abuse, for the mother or the children. The abuse of power and control in violent relationships may continue through disputes over child custody, visitation and child support (Bancroft & Silverman, 2002; Jaffe, Lemon, & Poisson, 2003).

Battered mothers may also become neglectful or abusive toward their children as their own safety is increasingly threatened. The parenting capacity of women who are abused or intimidated by their partners can be seriously impaired, and as a result, they may be unable to meet their children's basic needs (Carter & Schechter, 1997; Hendry, 1998). Mothers may also become neglectful of their children if they respond to the abuse by withdrawing emotionally from the family or by directing all attention toward the batterer in a futile attempt to control the level of violence

(McKay, 1994). Some mothers are so fearful of the batterer's response to the children that they over discipline them in an effort to control their behavior and protect the children from what they perceive as even greater abuse (McKay, 1994; Mills, 2000).

Although men or women may be responsible for abusive or neglectful behavior, research on child maltreatment in general suggests that males are perpetrators of violence in one half to two thirds of the cases where males are present (American Humane Association, 1978; Gil, 1970). When considering cases where both domestic violence and child maltreatment are concerns, men are almost three times more likely to abuse their children (Bowker et al., 1988; Stacey & Shupe, 1983; Stark & Flitcraft, 1988). Despite this information, there exists widespread perception that women are responsible for child abuse and neglect (Stark & Flitcraft, 1988; Swift, 1995). Stark and Flitcraft (1988) argue that law, social service and psychological theory subscribe to this belief, generally considering child maltreatment to be a female crime resulting from environmental stress and family pathology. Mothers are held responsible because the work of caring for children has traditionally been allocated to women, who are viewed as naturally suited to nurturing behavior, and therefore, naturally suited to childcare (Swift, 1995). This is in contrast to fathers, who are not viewed as naturally suited to caring tasks, and therefore, are not held to such high standards regarding parental responsibilities (Swift, 1995).

The tendency to hold mothers accountable for child maltreatment is particularly evident in cases of domestic violence. The popular assumption is that battered mothers, frustrated by and unable to cope with their own abuse, turn against their children (McKay, 1994; Stark & Flitcraft, 1988). Even when mothers are not accused of violence themselves, they are often accused of neglectful behavior or failure to protect their children. Once again, protecting children is seen as the responsibility of the mother, and violence toward children, even violence perpetrated by a third

party, is perceived as a sign of her apathy or incompetence (Swift, 1995). In a review of child welfare cases from the 1930s to the 1990s, Karen Swift (1996) found that much evidence of wife abuse appeared in the records, but workers generally ignored this, focusing instead on the deficiencies of mothers.

This is not to say that battered mothers are never responsible for abuse or neglect. Previous research indicates that rates of child maltreatment among mothers who have been beaten are higher than those among women who have not been assaulted (Straus, 1983), and women in abusive relationships are more likely to hurt their children while they themselves are being battered than after they have escaped the abuse (Straus, Gelles, & Steinmetz, 1980). Yet, even when the mother is not the perpetrator and when the mother and child are both being abused by an identified male, the mother is typically held responsible for the child maltreatment (Edleson, 1998; Stark & Flitcraft, 1988). She is blamed or held accountable for not stopping the batterer's violence and ensuring her child's safety.

This situation can create serious dilemmas. A battered woman cannot protect her child unless she is protected, but if she asks for protection for herself, she fears she may lose her child to protective services. These concerns are not unfounded. Stark and Flitcraft (1988) found that children of battered women were more likely to be placed in out-of-home care when compared to children of non-battered women. If the child is removed, the mother, who is victimized by her abuser, now also feels betrayed by the system. Frequently, the domestic violence professional working with the battered woman also feels that the woman is being unfairly punished for her batterer's behavior (Jaffe & Sudermann, 1995; Wilson, 1998). Removing children from their mother's care fails to support the mother in efforts to protect herself and her children, and fails to hold the batterer accountable for his violence. Situations like this can create tension between those

services intended to assist battered women and those designed to protect children, making it difficult for agencies to work together to address the overriding issue of family violence.

Significance of Addressing Overlap

As co-occurring and interrelated issues, child maltreatment and domestic violence must be addressed together, or in some coordinated fashion. Failure to do so results in incomplete efforts and partial solutions that decrease the likelihood of creating safe homes for both women and children. Failing to address family violence with a coordinated response also decreases the likelihood that the party responsible for the abuse will be held accountable (Star, 1982). This is particularly apparent in situations of child maltreatment where the mother is also being abused but the intervention efforts are focused solely on the children, without addressing the needs of the battered mother. All too often, instead of being recognized for the steps she is taking to protect herself and her children, or being supported in those efforts, women in abusive relationships are held responsible for failing to prevent the batterer's abuse (Edleson, 1998; Stark & Flitcraft, 1988). One serious consequence of this situation is a higher rate of out-of-home placement for children whose mothers are also being abused (Stark & Flitcraft, 1988). In addition to punishing the mother for her batterer's violence and neglecting to hold the abusive party accountable for his actions, this intervention may not be in the best interest of the children. In many cases, out-of-home placement requires children to leave familiar surroundings and sever significant relationships, which in itself is often a traumatic experience (Cole, 1995; Rycus & Hughes, 1998b). Separation from their parents may also be interpreted as punishment by the children. One study found this to be true among sexually abused children who had been removed from their homes (Hunter, Coulter, Runyon, & Everson, 1990). There are also concerns that children in out-of-home placements may have medical concerns (Kavaler & Swire, 1983), mental health issues (Clausen, Landsverk, Ganger, Chadwick, &

Litrownik, 1998), behavior problems and/or academic delays (Zima et al., 2000), which are not given the attention they require. Another issue of great concern is the fact that the placements themselves may not be safe, with some children experiencing continued abuse after being placed in out-of-home care (Poertner, Bussey, & Fluke, 1999; Rosenthal, Motz, Edmonson, & Groze, 1991).

Just as the needs of battered women must be considered in cases of child abuse or neglect, the needs of children must be recognized in cases of domestic violence. The information stated above about the overlap of domestic violence and child maltreatment referred primarily to the physical abuse of children. Although this is of serious concern, domestic violence can also have negative effects on the emotional and developmental needs of children, many of which are overlooked unless a child becomes a victim of physical or sexual abuse (Elbow, 1982). As with women, the abuse of children can take many forms, including physical, sexual, emotional and psychological abuse. Regardless of its form, however, abuse is fundamentally about power and control, which is a significant issue for children as well as adults (McGee, 2000). Children who are not being physically abused but are witnessing the abuse of their mothers, and growing up in environments where one person is taking power away from or demanding control over another person, are no less affected by or victimized by the abuse.

Whether direct victims of physical abuse themselves or indirect victims who witness their mothers' abuse, the impact of domestic violence on children is significant. Children who are abused themselves and children who witness abuse in their homes may experience emotional stress and turmoil, including feelings of depression, confusion, animosity, anger, sadness or guilt. Some children may become quiet and withdrawn while others may "act out" or display aggressive behaviors (Cummings & Mooney, 1988; Edleson, 2004; NRC, 2002). A substantial portion of children exposed to interpersonal violence develop posttraumatic symptomatology, particularly those who

have both witnessed abuse and been abused themselves (Rossman, 2001). The emotional and behavioral effects of violence discussed here are not referring to more extreme cases of violence and abuse against children, such as severe sexual abuse, torture and other examples of extreme cruelty. Although many of the effects would be the same, the more extreme cases of abuse would also result in more severe and more complex consequences for children.

When referring to more typical circumstances of domestic violence and abuse it is important to note that all children exposed to domestic violence do not experience problems with behavioral, emotional and/or cognitive functioning. Edleson (2004) suggests this is most likely due to variation in experiences, which may differ according to level of violence in each family, degree to which each child is exposed to violence, other stresses to which the child may be exposed, and how resilient a child and his or her environment are to violence exposure. Interventions designed to support mothers and children in abusive families may positively influence the factors that decrease the risks of domestic violence to children. The most effective way to do this is for domestic violence agencies and child protective services to recognize the needs of both women and children in abusive relationships, and to work toward supporting and protecting both women and children in these relationships. The most effective way for that to happen is for agencies to be communicating, cooperating and collaborating with each other in the interest of creating safe families for everyone.

CHAPTER 3

THEORETICAL FRAMEWORKS AND PRACTICE MODELS

Practice Perspectives in Domestic Violence

Feminist Perspective

In order to fully appreciate the complex phenomenon of domestic violence and other forms of violence against women, it is necessary to recognize and understand the role of traditional unequal power of the sexes in society and the historical systematic oppression of women. Domestic violence is so often thought about and talked about on an individual level; recognizing and trying to explain abusive behaviors of a particular batterer, considering the effects of violence on individual women and children, identifying the specific or personal factors that influence one woman's decision to stay in or to leave an abusive relationship. Although it is important to understand these individual issues when working to support victims and survivors of domestic violence, a broader sociological and historical understanding is important as well, both for the individual survivors and for the cause of eliminating violence against women. The perpetration of such violence, the way the problem is viewed by society, and the way it is addressed – or not addressed – are all directly affected by sexism and sexist oppression. Recognition of this issue of the historical oppression of women within society is the foundation upon which a feminist analysis of domestic violence is based.

Fundamentally, the term feminism implies “the identification of women as systematically oppressed; the belief that gender relations are neither inscribed in natural differences between the sexes, nor immutable; and a political commitment to their transformation” (Andermahr, Lovell, &

Wolkowitz, 2000, p. 93). Feminist theory refers to a body of knowledge that offers critical analysis of women's subordination, documenting or explaining how and why women possess less power than men. In addition to these explanations, feminist theory also carries a social and political agenda designed to challenge and transform this imbalance of power (Buss & Malamuth, 1996; Stacey, 1993). Beyond the basic foundation of feminist thought, feminists have developed diverse theories about the basis of women's oppression and the methods best suited to resisting it. Consequently, there does not exist one coherent body of work that is "Feminist Theory" (Stacey, 1993) nor one single feminist perspective on male violence against women (Maynard, 1993). I will identify several of these diverse theories and briefly discuss their connection to explanations of violence against women.

Feminist theories. Three classic feminist positions include Marxist, liberal and radical feminism. Marxist theory recognizes oppression as being connected to capitalist exploitation of labor. Although this theory does not distinguish laborers and the work they perform by sex, Marxist oriented feminism attempts to create a synthesis between Marxist theory and feminist accounts of sexuality and systems of sex and gender (Andermahr et al., 2000). Marxist feminists analyze women's paid and unpaid labor in relation to its function within a capitalist economy (Stacey, 1993), highlighting the importance of domestic labor and labor of reproduction, which is most often performed by women, in the home, and without pay (Andermahr et al., 2000). While Marxists recognize that domestic labor benefits capitalism, Marxist feminists understand that women's paid and unpaid labor also benefits men as a class, regardless of their position within a capitalist society (Bart, 1991). Marxist feminists desire to see capitalism and patriarchy defeated simultaneously.

Liberal feminism is grounded in classical liberal philosophy, and its claims for equal rights, individualism, liberty and justice (Andermahr et al., 2000). Recognizing that women are often

denied individual rights and choices simply because they are women, liberal feminists strive for gender neutrality and equal treatment regardless of sex (Bart, 1991). Efforts to accomplish this goal are concentrated in the areas of politics, law and education (Bart, 1991; Stacey, 1993). This practice of working within current systems has generally caused liberal feminism to be differentiated from the more extreme politics of Marxist feminism on the one hand and radical feminism on the other (Andermahr et al., 2000).

Radical feminism typically focuses on male violence against women and men's control of women's sexuality and reproduction, identifying men as a group as responsible for the oppression of women (Andermahr et al., 2000; Stacey, 1993). This focus on the behaviors of men as a whole has sometimes caused critics to misrepresent radical feminist theory as biological in nature, and dependent upon the belief that men are innately violent (Hanmer, Radford, & Stanko, 1989). In actuality, radical feminists argue that gender distinctions are socially constructed concepts with no basis in natural differences between the sexes (Andermahr et al., 2000). Men choose violence, not because it is innate, but because it is an effective means of control and a remarkably easy option in a male dominated society (Hanmer et al., 1989). Male violence is recognized as both a result of women's societal subordination and as a contributing force behind the construction of that subordination (Maynard, 1993). Radical feminism generally contends that male domination has priority over other forms of oppression (Andermahr et al., 2000). bell hooks (1984) argues that sexist oppression is the practice of domination most people experience, either as the exploiter or the exploited, and the practice of domination most people are socialized to accept before they even know that other forms of group oppression exist. It is worthwhile to note, however, that male supremacy is not the only power structure that adversely affects women. While women are affected by an inferior social status in relation to men, other major power structures, particularly

those of race, class and sexual orientation, interact to generate oppression (Crenshaw, 1997; Hanmer et al., 1989).

The particular influence of race and racist oppression is the focus of another feminist position – Black feminism or womanism. Black feminism refers to a variety of feminist perspectives identified by opposition to both racism and sexism and by concern with the intersection of race and gender, recognizing that Black women have historically fought struggles on both fronts simultaneously (Andermahr et al., 2000; hooks, 1981). Black feminists or womanists critique the racism and ethnocentrism present in some White dominated systems and practices, as articulated by some second-wave feminists (Andermahr et al., 2000; hooks, 1984). Although feminist theories have been advanced as universally applicable to all women, on closer examination, they appear greatly limited by the white, middle-class origins of their proponents (Collins, 1991). In describing her experience as a participant in the Women's Movement, bell hooks (1984) reported that the movement was dominated by White women who failed to recognize or treat Blacks and other non-whites as equals. Critics within the feminist movement argue that the movement was built upon White women's experiences of sexism and a falsely universalized understanding of women's oppression that did not recognize the interconnection of sex, race and class oppression (Bernard, 2000; Crenshaw, 1997; hooks, 1984; Stacey, 1993). As a result of these interconnections, it is possible for individuals to be simultaneously privileged and oppressed.

One element that is particularly representative of the unequal power between the sexes, and essential to maintaining this system of gender inequality, is men's violence against women (Radford & Stanko, 1996; Schechter, 1981). When looking specifically at the issue of domestic violence, different feminist theories, including those identified above, have various ideas about what creates the problem of violence against women and what should be done to address it. Radical

feminism is generally most closely associated with the issue of violence against women (Andermahr et al., 2000). Radical feminists were largely responsible for initially uncovering the extent of such violence and developing services to support its victims. These services have included domestic violence shelters, rape crisis centers and other resources designed to support women as they heal from their abuse, gain confidence in their own abilities, and assume control of their lives (Andermahr et al., 2000; Dominelli, 2002).

Most of the services developed by radical feminists share the characteristic of being created for women, by women. One reason for this is an emphasis on women's empowerment. Another reason is a concern by radical feminists that women cannot truly be served by male-dominated government or public institutions and agencies. In order to meet the needs of women and effect change, radical feminists believe it is necessary to work outside the current patriarchal system. Liberal feminists, on the other hand, attempt to work within that system, looking to law and education as ways to prevent male violence and to empower women. One example of these efforts is the development of the Domestic Violence Protective Order (DVPO). Although laws vary by state, a DVPO is generally a civil order requiring an abuser, or plaintiff, to stay away from and stop assaulting the plaintiff. An order may also require an abuser to stay away from certain properties and to have no contact with children or other family members. The use of legal and educational options to effect change is consistent with liberal feminists' demands for justice and equal rights under the law. Liberal feminists work within the system in an effort to change that system. Both viewpoints have merit and contribute something of value to the struggle against female oppression and to the effort to assist and support battered women.

Although Marxist theory is generally considered somewhat weak in the area of domestic violence (Bart, 1991), the explanations put forth by this theory are still meaningful. Marxist

feminism focuses on unequal economic power and its effect on power structures in intimate relationships and families. Women's inferior earning power and primary responsibility for unpaid labor typically place them in subordinate positions (Kurz, 1997). Greater command of economic resources and opportunities affords men power and control in relationships. Violence is a way of demonstrating this power and maintaining this control. In practical terms, women may be prevented from escaping abusive relationships because they lack the economic resources necessary to support themselves and their children. Unequal access to economic resources, however, is not the only obstacle that traps women in abusive relationships. Many women have limited access to other resources and services because of multiple forms of oppression and discrimination. Black feminists recognize that many battered women are affected by more than one form of oppression, and that attention must be paid to that intersection in order to create services that truly support all victims and survivors of violence against women. As indicated by the selected theories discussed here, feminist theories cover a range of ideas about the causes of domestic violence and the best ways to address it. At base, however, they each recognize the centrality of the problem of sexism and sexist oppression and its intersection with other forms of discrimination and oppression.

Male violence against women. According to the National Crime Victimization Survey, 80% of the violent crimes committed in 2001 were committed by male perpetrators (Maston & Klaus, 2003). Similarly, the National Violence Against Women Survey found that 93% of the women and 86% of the men who reported being raped and/or physically assaulted since the age of 18 identified a male perpetrator (Tjaden & Thoennes, 1998, 2006). When considering violence overall, from personal assault and homicide to terrorism and war, one typically sees a pattern of male violence (Dobash & Dobash, 1994).

Efforts to explain the widespread occurrence of male violence, particularly violence against women, often rely on the concept of biological determinism. This position contends that male

violence is a natural and universal consequence of the biological differences between males and females. According to this theory, women's inherent passivity and submissiveness make them natural targets for men, who are predisposed to violent and controlling behaviors because of their superior strength and a variety of hormonal stimuli, including an innate and often uncontrollable sexual drive (O'Toole & Schiffman, 1997c; Stanko, 1985). Feminist thought however, recognizes that the physical and sexual abuse of women, which is so often characterized as a natural right of men, is actually a manifestation of male domination itself (Andermahr et al., 2000; Stanko, 1985). Feminists also understand that this system of male domination is a human invention, not the inevitable outcome of biological characteristics (O'Toole & Schiffman, 1997c). Consequently, women's engendered vulnerability to intimidating and violent male behavior is due, not to their biological position, but to their social position. Likewise, it is patriarchy and male social position that permit men to so easily make the choice to become violent. The fact that all men do not make this choice does not diminish the power afforded to all men as a gender over women as a gender (Stanko, 1985).

Whether accepted by all men or not, it is important to recognize that violence is a choice (Kappeler, 1995). In most circumstances, choice brings with it responsibility. This, however, tends not to be the case with male violence against women. Instead we consider male aggression to be either natural or provoked by "deserving" females (Maynard, 1993). Unprovoked violence is considered to be the rare exception rather than the rule (Stanko, 1985).

Elizabeth Stanko (1985) explains that women's experiences of male violence are filtered through an understanding of men's behavior as either typical or aberrant. Typical male behavior may include sexual advances by a coworker, slapping one's wife, or a wolf whistle on the street. These behaviors are accepted by many in society to be a natural expression of maleness, and

therefore non-threatening. Some might even argue that many of these practices are flattering. Aberrant behavior, on the other hand, would include such acts as brutal assault, vicious rape, or murder. These examples, most would agree, are threatening to females. Although the harmful aberrant behavior would appear to be readily distinguished from the “harmless” typical behavior, this distinction fails to reflect an understanding of what women themselves consider to be violent, potentially violent or otherwise threatening (Kelly & Radford, 1996; Stanko, 1985). In reality, most women find they must constantly negotiate their safety with men, those with whom they live, work and socialize, as well as those they have never met (Stanko, 1990).

Personal gender violence is experienced primarily in marriage and other intimate relationships, including both heterosexual and same-sex relationships. Although little is known about the prevalence of violence and abuse in gay and lesbian relationships, due to the difficulties drawing sizeable random samples from a largely hidden population, abuse is known to occur (Merrill, 1998; Renzetti, 1998). This abuse is also known to be similar in many ways to the violence present in heterosexual relationships (Merrill, 1998; Potoczniak, Mourrot, Crosbie-Burnett & Potoczniak, 2003; Renzetti, 1998; Turell, 2000). The focus of this discussion, however, is male violence perpetrated against intimate female partners. Historically, such violence has been supported by laws that promoted women’s subordination and condoned men’s use of force in marriage (Davis, 1995; Kurz, 1997). Although these legal rights no longer exist, the social right to beat women is still maintained (Schechter, 1981). In a speech to other participants of the battered women’s movement, Susan Schechter (1981) identified five factors that allow this male right to be sustained in the family; sexism, racism, women’s lack of alternatives, privatization of family issues, and the internalization of oppression.

The societal factor with the most apparent connection to women's subordination in families and to men's ability to dominate through violence and abuse is sexism. This applies not only to sexism in the family but also to sexism in institutions that causes violence against women to be sanctioned or viewed as insignificant (Schechter, 1981). Similarly, institutional racism perpetuates the belief that violence against minority women is of little or no consequence (Collins, 1991). Racism also affects the way Blacks and other women of color are treated when accessing services at public agencies and institutions. For many Black women, the reality of racism can create a tension between their experiences of violence in the family and the desire to protect their family and community from intervention by white institutions (Bernard, 2000; Kelly & Radford, 1996).

Violence in families is also supported by women's clear lack of alternatives to escape it. Many women are forced to stay in abusive relationships because of the real conditions of their lives within a male-dominated world. Without access to the same resources available to men, the ability of women to escape violent relationships is greatly diminished (O'Toole & Schiffman, 1997a; Stanko, 1985). Violence in families is protected too by the privatization of families and the apparent separation between the family and the social world (Schechter, 1981). Beliefs in the sanctity of the family protect it from public scrutiny and prevent others from interfering with "private matters" (O'Toole & Schiffman, 1997a). Finally, women are socialized so that one's oppression becomes deeply internalized, so internalized in fact that women often feel ashamed and guilty about being abused (Schechter, 1981). Many women blame themselves for the abuse, or dismiss their own experiences as not being "real" or "serious" (Kelly & Radford, 1996). Society encourages this perspective by characterizing violence in intimate relationships as normal, by suggesting that women generally provoke such violence, and by otherwise "blaming the victim" (Maynard, 1993).

It is important to note that violence in intimate relationships can only exist in communities that tolerate or condone it (O'Toole & Schiffman, 1997b). According to women's experiences, men's physical and sexual aggression toward them is not prohibited, but merely regulated (Stanko, 1985). Despite these regulations, women's claims of victimization are often disregarded, and men's violent behavior is rarely penalized. This process of allowing violence to occur with only minimal efforts to prevent it contributes significantly to the maintenance of women's powerlessness and subjugation to men (Schur, 1997). Ultimately, domestic violence is possible because it occurs within a patriarchal social structure that permits and supports it (Dobash & Dobash, 1994; Messerschmidt, 1997; O'Toole & Schiffman, 1997a; Schechter, 1981).

If violence against women is recognized as a result of patriarchy, and patriarchy is a social construction, then this violence cannot be dismissed as "human nature". Instead, gender violence must be acknowledged as a social problem with a beginning and, ostensibly, an end (O'Toole & Schiffman, 1997c). The only way to reach this end, however, is to resist or take action against the patriarchal system that promotes violence against women. This resistance must occur on a variety of personal, system and societal levels.

Such resistance is an important aspect of a feminist perspective. By definition, resistance means acting in situations of violence and oppression where one's freedom of action is severely limited (Kappeler, 1995). Resistance and fighting back are constant features of every woman's life (Hanmer et al., 1989), and feminist analysis sees the survivor of intimate violence not as a passive victim but as a person who has successfully sought to resist (Kappeler, 1995). Even feminists' use of the word "survivor" instead of "victim" makes visible women's resistance and coping strategies in the face of abuse (Kelly & Radford, 1996). Some of these strategies may involve behaviors that seem illogical or irrational to others. For example, complying with the batterer's demands,

continuing to live with the abuser, and even denying fear, which may look like complicity, may actually be forms of resistance, situation management or plain survival strategies (Hirschmann, 1997). Recognizing women's resistance in all its forms is an important aspect of feminist thought. Feminism should clarify for women the powers they exercise daily and show them ways these powers can be used to resist sexist domination and exploitation. As stated by bell hooks (1984), "Sexism has never rendered women powerless. It has either suppressed their strength or exploited it. Recognition of that strength, that power, is a step women together can take towards liberation" (p.93).

Empowerment Theory

One of the principles closely related to feminist thought and theory is empowerment. Most forms of feminist thought, from classic to contemporary, have been concerned with this concept, and in many cases, have contributed to the development of empowerment practice (Simon, 1994). The connection between these two theories is particularly apparent within the women's movement, where the goal and philosophy of empowerment has been the basis of almost every effort to challenge the oppression of women (GlenMaye, 1998).

Empowerment is a process through which individuals obtain personal, interpersonal, and community or political resources that enable them to gain greater control over their environment and to take action to improve their life situations (Gutierrez, 1990; Hasenfeld, 1987; Rappaport, 1984). In order to accomplish this, individuals must develop a "more positive and potent sense of self", increase awareness and understanding of the social and political realities of one's environment, and cultivate the resources and strategies necessary for attainment of personal and collective goals (Lee, 2001 p.34). Assisting individuals as they navigate this process is the goal of empowerment-based human service and social work practice. In the following section, I will

consider the origins of empowerment and empowerment-based practice, describe the principles and practices of such an approach, further explore the connection between empowerment theory and feminist thought, and discuss the use of empowerment practice with survivors of domestic violence.

Origins of empowerment and empowerment practice. Although empowerment has been a consistent theme within the social work profession for over a century (Simon, 1994), contemporary roots lie in the progressive social movements of the 1960s and 1970s, such as the Civil Rights, Black Power, Women's Rights, and Welfare Rights movements (Okazawa-Rey, 1998). These causes, founded in order to transform oppressive conditions in U.S. society, were based on the concepts of self-efficacy and self-determination (Okazawa-Rey, 1998), and utilized the self-respect and anger of individuals who were members of oppressed and devalued groups (Simon, 1994). Such movements helped professionals recognize and appreciate the legitimacy and strength of those who have experienced and begun to reject a disempowered condition (Simon, 1994).

Empowerment practice challenges the paternalistic models of service delivery that have dominated the human service field in the 20th century (Swift, 1984). These paternalistic practices are typically characterized by a focus on victimization, a preoccupation with the victimized parts of clients' lives, and a practice of reductionism, the process of placing one attribute in the foreground and excluding all others (Simon, 1994). Working within such a model, social workers and other human service providers lose sight of the complexity, humanity and strength of clients (Rose, 1990; Simon, 1994), viewing them solely as victims. Consequently, workers fall into the trap of believing they know what is best for clients, attempting to solve problems for them or acting on their behalf, often without consent. The inadvertent effect of this practice on clients is to reproduce feelings of powerlessness, inadequacy and incompetence (Rose, 1990).

In contrast to these prevailing views and practices, empowerment philosophy recognizes clients as whole individuals with both strengths and challenges, and strives to understand concerns and problems within a greater context. The goal is not to solve problems *for* clients, but rather to address issues *with* clients, and to provide them with the opportunity to speak for themselves, to make their own decisions, and to become active participants in their work with service providers. Social workers functioning within an empowerment tradition strive to initiate and maintain interactions with clients that inspire them to define their own goals, believe themselves worthy and capable of achieving these goals, and work toward them in a step-by-step fashion while providing technical and emotional support (Simon, 1994). This process results in clients who feel more competent and more capable of affecting change in their own lives. In other words, clients who feel empowered.

Power. In order to understand the concept of empowerment, it is necessary to consider the meaning of power and to appreciate the experience of feeling powerless. Power may be defined as the ability to make choices (Kabeer, 2001) or to cause or prevent change (May, 1972). Having power or being powerful, however, is not the same thing as being empowered. Empowerment presupposes an existing condition of powerlessness or marginality (Simon, 1994). An individual who exercises a great deal of choice in life may be powerful, but he or she is not considered empowered without having first been disempowered or powerless (Kabeer, 2001). Barbara Solomon (1976), a pioneer of empowerment theory among social workers, describes empowerment practice as “engaging in a set of activities with a client or client system that aims to reduce the powerlessness that has been created by negative valuations based on membership in a stigmatized group” (p. 19). She identifies “direct” and “indirect power blocks” that negatively affect members of oppressed groups. Indirect power blocks are incorporated into the developmental experiences of an individual, while direct power blocks are applied by some agent of society’s major

social institutions (Solomon, 1976). Being confined by these direct and indirect power blocks contributes to individuals feeling powerless, which Solomon defines as being “haunted by severe limitations of their self-determination and an inevitable sense of dependency” (1976, p.12).

Through the process of empowerment, an individual works to overcome these blocks and to erase the feeling of powerlessness. He or she begins to assume or assert personal power (Lee, 2001). In its most positive sense, power is the ability to influence the course of one’s life, the capacity to work with others to control aspects of public life, and the access to mechanisms of public decision-making (Parsons, Gutierrez, & Cox, 1998). Positive expressions of power suggest collaboration in a common enterprise, allowing cooperation itself to become a form of power (May, 1972). Social workers and other human service providers must keep this in mind as they work with clients. Workers must appreciate the fact that clients are required to surrender some power and control to the social workers when they ask for assistance (Hasenfeld, 1987). To the extent that many social workers, particularly those representing large, bureaucratic agencies, function as agents of social control, their individual and collective power can be substantial. This power is predominantly coercive and may be used to do what workers believe is best for clients with little regard for the clients’ choices (Weick, 1980). Succumbing to such power creates an atmosphere of paternalistic practice. In order to achieve empowerment practice, the worker must resist this use of his or her power, viewing power as cooperation and an opportunity to share knowledge and experience instead.

By working within an empowerment model, social workers and other human service providers are able to assist and support clients as they work to empower themselves. It is crucial to understand that workers cannot empower clients. Power cannot be given to another person, but must instead be assumed, taken or asserted (Lee, 2001; May, 1972; Simon, 1990). Empowerment is

a reflexive activity, which can only be initiated and sustained by the individual who seeks power or self-determination (Simon, 1990). Empowerment is also not a finite process. It is a continual process of growth and change that can occur throughout the life cycle (Gutierrez, 1990).

Elemental processes of empowerment. In her history of the empowerment tradition in American social work practice, Simon (1994) identifies five processes that are fundamental to empowerment. The first is constructing collaborative partnerships with clients, client groups and communities. Empowerment requires one to assume that humans bear significant responsibility for the enhancement of their conditions, but are unable to accomplish this on their own (Simon, 1994). The role of the social worker is to assist the client with this process. Accomplishing this requires a client-worker relationship and a helping process that is based on shared power and collaboration (Gutierrez, 1990; Lee, 2001; Parsons et al., 1998). Such a process allows clients to recognize their own strengths and to maximize the powers available to them (Simon, 1994; Solomon, 1976).

The first step in developing such a collaborative relationship is starting with the client's own presentation of his or her situation, accepting the client's definition of the problem, and understanding how he or she has arrived at that view (Gutierrez, 1990; Rose, 1990). Workers with an empowerment philosophy recognize and acknowledge that clients are experts on themselves, demonstrating knowledge of their own culture, environment and situation that is far greater than the workers' (Germain & Gitterman, 1996; Rose, 1990). For this reason, the process of working together should be client driven with the professional serving as a facilitator of resources rather than director of the process (Parsons et al., 1998). It is either in settings where the professionals are not the key actors or in circumstances where there is true collaboration between professionals and clients where empowerment is generally found (Rappaport, 1984). True collaboration can only

occur if power differences between workers and clients are acknowledged and then reduced to the greatest degree possible (Simon, 1990).

The second process is emphasizing clients' abilities and capacities rather than their deficiencies (Simon, 1994). This process characterizes one of the ways empowerment practice distinguishes itself from paternalistic models of human service, by focusing on possibilities rather than problems and viewing individuals as more than victims. Empowerment practice techniques include viewing clients in hopeful and optimistic ways and identifying and building upon existing strengths (Glicken, 2004; Gutierrez, 1990). The concept of empowerment practice is closely aligned with the strengths perspective. According to this perspective, all individuals, families, groups and communities have strengths, and every environment is full of resources (Saleebey, 2002). An important concept to both a strengths perspective and an empowerment philosophy is resilience. Resiliency is the ability to overcome or successfully adapt to adverse conditions (Norman, 2000). A growing body of inquiry and practice indicates that people are generally quite resilient and do rebound from serious trouble (Saleebey, 2002). Social workers can support such resilience by recognizing that there is generally more about clients that is positive and successful than is negative and dysfunctional (Glicken, 2004), and that all people have strength and resilience, although for some those strengths have been diminished by circumstances (Germain & Gitterman, 1996).

Sustaining a dual working focus on the individual and his or her social and physical environment is the third elemental process identified by Simon (1994). One goal of empowerment practice is to assist the client in efforts to gain personal power, to make choices and to gain control over their lives (Lee, 2001). Another goal is to encourage involvement with one's community and peer networks (Simon, 1994) in order to recognize the social basis of identity and experience, and to reduce feelings of isolation and disconnection (Rose, 1990). Maintaining this dual focus will allow

clients to gain control over their lives and their environments, with a thought toward both individual and community or political change. Clients will be able to develop a sense of self-efficacy and to perceive themselves as causal forces capable of exerting influence over their own lives and their external environments (Hasenfeld, 1987; Norman, 2000; Solomon, 1976).

The fourth process considered fundamental to empowerment practice is recognizing clients as active subjects with interrelated rights, responsibilities, needs and claims (Simon, 1994).

Promoting empowerment means believing people are capable of making their own choices and decisions. It is the clients, not the social workers, who own the power that brings significant change in social work practice (Cowger & Snively, 2002). Workers must explicitly acknowledge clients' knowledge, authority, and centrality to the change process (Simon, 1994), allowing clients to decide what needs to be changed, to set the agenda for that change, and to be the center for all decisions that affect their lives (Glicken, 2004; Parsons et al., 1998; Rose, 1990).

The fifth and final fundamental process in empowerment theory is directing professional energies in a consciously selective manner toward historically disempowered groups and their members (Simon, 1994). Lee (2001) identifies the value base of empowerment practice as a preference for work with poor, oppressed and stigmatized individuals and groups in order to strengthen individual adaptive potentials and promote environmental and structural change through individual and collective action. Incorporating these processes into social work and other human service practices will create relationships and environments that promote empowerment among clients and client groups.

Empowerment theory and feminist practice. As indicated previously, there exist some close associations between empowerment theory and feminist thought. These ties are apparent when considering the basic tenets of feminist therapy. As with empowerment practice, feminist therapy

strives to share the therapeutic process with clients by describing techniques and communicating insights as part of a mutual problem-solving relationship (Sancier, 1980). This process helps to equalize power differentials between the client and the therapist, respecting the client as an equal partner and reminding her she has the right and responsibility to make decisions about her own life (Henson & Schniderman, 1980). Practitioners working under a feminist perspective support clients' strengths, provide information and alternatives, and assist clients as they move toward independence and control of their own lives (Henson & Schniderman, 1980; Sancier, 1980). Feminists encourage social workers and other helping professionals to recognize women clients as survivors of multiple historical and cultural forces and institutions that have generally been focused on the priorities of men. Conceptualizing clients as survivors rather than victims is to view them as active, resilient, and influential actors on their own behalf (Simon, 1994).

The acknowledgement of women as survivors rather than victims is particularly significant in work with battered women. Recognizing battered women as survivors is contrary in many ways to the widely recognized theory of learned helplessness in cases of domestic violence, put forth by Lenore Walker (1980). According to Walker's theory, severe abuse fosters a sense of helplessness, which eventually causes victims to become psychologically paralyzed, passive and submissive (Walker, 1980). The survivor hypothesis, on the other hand, states that severe abuse prompts battered women to develop innovative coping strategies and to actively seek help from a variety of formal and informal sources (Gondolf & Fisher, 1988). The problem, this more recent theory submits, is that these efforts are frequently met by ineffective responses (Gondolf & Fisher, 1988). Consequently, the issue of inaction does not lie within the battered woman, but rather within the community and among helping resources. Walker (1980) contends that the women become blind to their options. Gondolf and Fisher (1988) argue that battered women have attempted to access these options but did not receive the support or assistance they needed.

In the second edition of her book, *The Battered Woman Syndrome*, Walker (2000) recognizes criticism of her learned helplessness theory from Gondolf and Fisher and other members of the feminist battered women's community. She defends her position by stating that the term learned helplessness was being misinterpreted. She states the term was being confused with being helpless rather than losing the ability to predict the outcomes of one's own actions. However the term is interpreted, the theory of learned helplessness seems to focus attention on internal and personal issues such as self-esteem and self-confidence (Walker, 1994, 2000). The survivor hypothesis focuses instead on external sources and resources. According to this concept, what survivors need most is access to resources that would enable them to escape their batterer. These services, in turn, need to be coordinated to assure the necessary allocation of resources and integrated to assure long-term comprehensive intervention (Gondolf & Fisher, 1988).

Recognizing and addressing both the internal and external issues are important for domestic violence advocates and agencies. The role of the domestic violence advocate is to facilitate immediate emotional and physical support (GlenMaye, 1998) in a safe and non-judgmental space, which allows battered women to explore their own experiences (Mills, 1996) and to reestablish self-esteem and self-awareness. An advocate helps battered women identify their own concerns, choices and goals, and helps them take an active part in their own recovery (GlenMaye, 1998).

As advocates assist victims and survivors of domestic violence on this personal level, they should also be educating the community about the issue of domestic violence, assisting in the development and maintenance of resources to support battered women and their children, creating collaborative relationships with other service providers and working toward change in policy and legislation. As survivors themselves work through their personal process of healing from an abusive relationship and recognizing their own strength and power, they too may participate in this

community education and advocacy process. By taking steps to support battered women, to create awareness and change in the community and to involve victims and survivors in these efforts, DV advocates and agencies assist in the empowerment effort on all three levels – personal, interpersonal and political.

Perspectives Guiding Child Welfare Practice

The following discussion identifies current child welfare practice and a dominant perspective guiding such practice and policy in the United States. Although some historical information is introduced at this time, a following section will provide a more detailed overview of historical developments in U.S. child welfare practice. The government's interest in protecting children from harm is rooted in the British principle of *parens patriae*, which refers to the state's responsibility for the welfare of dependent children. Under this principle, the state is required to ensure that children receive proper care from their parents or guardians. Historically, however, the state has been reluctant to interfere with the fundamental unit of the family, causing concern for the suffering of children to often be outweighed by a belief in family privacy and parental rights (Pleck, 1987). As the head of the hierarchical family unit, husbands and fathers have traditionally possessed the "right of correction" or physical discipline over wives and children. Although abuse has consistently been recognized as separate from discipline, the right of correction has served as justification for virtually all forms of abuse by fathers, short of those that cause permanent injury (Pleck, 1987). Over the course of American history, the family has become a less hierarchical institution, which recognizes that children have rights to minimum standards of care and to physical and emotional safety (Pleck, 1987). If a child does not receive such care, the state may assume parental authority over the child. This authority is the basis for all governmental legislation regulating the parent-child relationship, the scope of the child's independent rights and responsibilities, and the relationship of society to the

child (Downs, Moore, McFadden, & Costin, 2000). Governmental legislation then influences the services provided to families and children.

Traditionally, these services have been classified into four major categories; supportive, protective, foster care, and adoption services (Downs et al., 2000). Supportive services are available to families to support and strengthen family life, to promote the healthy development of all family members and to educate and support adults in their role as parents. Supportive services generally refer to a variety of programs and approaches in a variety of community settings. They are available to all families on a voluntary basis and do not impose participation criteria that may separate or stigmatize certain parents or families (Downs et al., 2000; Pecora, Reed-Ashcraft, & Kirk, 2001). Supportive services have traditionally fallen outside the child welfare system with the remaining categories, protective, foster care and adoption services, making up the domain of child welfare services. Protective services are designed to intervene with families who are being neglectful of children by failing to provide a minimally sufficient level of child rearing or are placing children at risk through forms of physical or emotional abuse. These services are intended to protect children from immediate harm, reduce risk to their safety or well-being, prevent further abuse or neglect, and restore adequate parental functioning whenever possible. If necessary, steps may be taken to remove children from their own homes and place them in foster situations where they should receive more adequate care. While children are in foster care, the focus is on helping parents enhance their parenting skills and improve their life situations so that children can be returned to them safely. When reunification is not possible, or when other circumstances place children in need of new, permanent families, adoption services are available to facilitate this process (Downs et al., 2000).

The term child protective services (CPS) refers to specialized laws and specific agencies that together constitute the government's response to child abuse and neglect (Waldfoegel, 1998). As a representative of child protective services, the worker, who represents the authority of the state, must reach out to involuntary clients, attempting to accurately assess the situation, prevent further injury or neglect toward the children, and require the parents to make certain changes or meet particular requirements (Baily & Baily, 1983). While performing these duties, the protective agency must be careful to maintain a balance between its authority and the rights, responsibilities and expectations of all parties involved. This includes both the child at risk, whose rights and protection depend on other individuals, and the parents, whose right to raise their children without outside intervention is being questioned (Downs et al., 2000). Maintaining this balance and creating a cooperative relationship with the family can be extremely challenging.

The traditional child protective services intervention process involves several stages. In the first stage, reporting, an individual makes a report of suspected child abuse or neglect to the CPS agency. Once the report has been made, the situation is screened. During this screening stage, most agencies use a risk-factor formula to determine whether or not the report should be investigated by CPS. If the intake worker feels there is sufficient evidence that a child has been abused and is at further risk, the case will be screened into the system. If the case falls outside the mandate of the agency or there is insufficient information to complete an investigation, the case will be screened out. After a case is screened in by the intake worker, the next stage is investigation. The social worker uses this time to meet with the child and family, to conduct interviews, and to gather information needed to determine whether the child has been abused or neglected. If so, the report is substantiated; if not, the report is unsubstantiated. Another purpose of the investigation is to decide whether the child and family require ongoing services to prevent further maltreatment. If not, the case is closed. If additional intervention or service is required, the case is transferred to a

case manager who then works with the family and oversees provision of services. In cases in which a child is at imminent risk of harm and cannot be protected at home, the CPS agency must take steps to obtain legal custody of the child and/or place the child in substitute care. In most situations, however, children whose cases are opened for services remain in their homes with some form of oversight by a social worker (Crosson-Tower, 1998; Waldfogel, 1998).

During the CPS investigation, the responsibility of the caseworker is to both investigate the report of maltreatment and to assist with stabilizing and improving the children's home by helping parents to perform more responsibly in relation to their children's care (Downs et al., 2000). The fact that the worker typically becomes involved with the family without a request from the family itself, may cause the process to feel invasive and accusatory. Furthermore, an integral part of the protective agency's method is to reserve the right to invoke the authority of the state and the courts if the parents do not improve their level of care (Downs et al., 2000; Lindsey, 1994). Many workers expect parents to be uncooperative without the use or threatened use of state authority, and many parents view these "threats", acknowledged or implied, as either subtle or overt coercion (Downs et al., 2000). These factors create a model for CPS operations, particularly at the investigation stage, that is often adversarial (Waldfogel, 1998). The adversarial nature of child protective services and the focus on investigation rather than support and prevention indicate to many that the system is in need of reform (Berg & Kelly, 2000; Waldfogel, 1998). In recent years, efforts have been made to make CPS practice more supportive and more family friendly.

Waldfogel (1998) identifies four assumptions underlying the current CPS system. The first is that a family should be free of coercive government intervention unless that family has crossed the line into what we have defined as abuse or neglect. As an involuntary service, the situation that justifies an "intrusion" by CPS into family life must strongly suggest that parents are not providing

children with the love or basic care required for healthy growth and development (Downs et al., 2000). The second assumption asserts that coercive government intervention should be used as a last resort and should be minimized to the greatest extent possible. When intervention is necessary, however, the third assumption indicates that the agencies involved should have as their focus the identification of abuse and neglect and the protection of children from abuse and neglect, whether by remedying the situation in the home or by removing the children from the home. The fourth assumption underlying the current CPS system declares that government intervention by agents such as social workers can and should be helpful to children and families. Efforts to be helpful and supportive to families and children may include focusing on the family as the unit of intervention and making efforts to preserve families whenever possible.

Over the years, child welfare as a field of practice has begun to focus more attention on families. These efforts include working to preserve a child's own family, returning children from foster care, finding adoptive families, and, on a limited basis, providing services to prevent abuse and neglect (Cole, 1995). The impetus for the family-centered approach came from various sources. One such source was a growing body of research on the potentially negative effects of out-of-home care on many children (Cole, 1995). An issue of growing concern is the over-representation of children-of-color in out-of-home care. In their book, *Children of the Storm*, Andrew Billingsley and Jeanne Giovannoni (1972) traced the history of the government's discriminatory treatment of African American children in the child welfare system. Dorothy Roberts (2002) reports that racial disparities in the system have only increased over the past three decades. Black children make up almost half of the foster care population, despite the fact that they represent less than one-fifth of the nation's children. Once removed from their homes, Black children remain in foster care longer, are moved more often, receive fewer services, and are less likely to be returned home or adopted than other children (Roberts, 2002). Another source was the development of several successful

family-centered program models at a time when concern was growing around the increased numbers of children in foster care and the enormous costs involved (Cole, 1995). The field of child welfare is attempting to change into a comprehensive service system for families and children, reflecting the recognition and understanding that the well-being of children is inextricably linked to the welfare of their families (Downs et al., 2000). The focus of child protective services should be on both the investigation of reported maltreatment and the provision of services designed to stabilize and improve children's own homes by supporting parents and helping them protect and nurture their children (Downs et al., 2000).

Family-Centered Practice

Family-centered practice is built upon a defined set of values and empowerment principles, which are based on long standing social work values and the National Association of Social Workers code of ethics. The key values inherent in the family-centered framework include self-determination, empowerment, respect, acceptance, flexibility, hopefulness, commitment and teamwork (Sandau-Beckler, Salcido, Beckler, Mannes, & Mary, 2002). Family-centered practice also presumes that family members are unique individuals with unique experiences that have shaped their lives, that families have inherent strengths and capabilities, and that most families have the capacity to learn, grow, change and participate as equal members in a collaborative change process (Cole, 1995; Rycus & Hughes, 1998a, 1998b; Sandau-Beckler et al., 2002). Family-centered practice also values family integrity, recognizing that families want to function well and in a constructive manner, and family safety, recognizing the need for all family members to be protected (Sandau-Beckler et al., 2002).

Rycus and Hughes (1998b) identify three underlying values in family-centered child welfare practice. First, the primary goal of all child welfare activities is to protect children from

maltreatment. When intervention is necessary, the first choice is to provide services that strengthen and empower the child's own family, helping to assure the child safe and nurturing care at home. When these efforts are unable to protect children, out-of-home placement alternatives must be considered. It is important to note, however, that efforts to strengthen and preserve the family are not always appropriate. In cases of extreme violence, such as severe sexual abuse, torture and extreme cruelty, the necessary and most effective intervention may be immediate removal to out-of-home care. Second, the concept of family-centered practice is not restricted to the child's biological family. Foster, kinship or adoptive families may also be recognized as the unit of intervention in family-centered practice. Third, preferred intervention approaches engage, involve and empower families to be active participants in the entire assessment, case planning, and service delivery process (Rycus & Hughes, 1998b).

Family-centered child welfare practice differs from the practices of the more conventional protective authority in a number of ways. In family-centered work, the family is viewed as a unit and treated as the primary focus of involvement and services. With more conventional services, the child and the "offending" parent are each viewed individually as the focus of separate interventions (Cole, 1995; Rycus & Hughes, 1998a). Family-centered services build on family strengths rather than emphasizing family deficits, and often work to prevent crises by meeting needs early rather than intervening only after a crisis has occurred or needs have intensified (Cole, 1995). When agencies do intervene, family-centered services involve the family in a mutual case assessment, considering both the causal and contributing factors to the maltreatment and identifying family strengths and resources. Case plans are then developed with family input and written as a contract that outlines all parties' agreed-upon roles, responsibilities and activities. In more conventional services, the agency determines the scope and nature of the family's problems and then develops its own plan for the family, which outlines a set of agency expectations (Rycus & Hughes, 1998a).

Potential outcomes vary for family-centered services and more conventional practices. Family members receiving family-centered services are more likely to collaborate with caseworkers, feel empowered to act on their own behalf and incorporate changes into their lifestyles, thus sustaining change beyond the agency's involvement. With more conventional services, family members are more likely to be resistant to caseworker involvement, less likely to feel invested in the process, and more likely to abandon changes once external supervision and monitoring are withdrawn (Rycus & Hughes, 1998a). The differences between the two intervention models are directly related to the level of family involvement. Increased involvement generally leads to increased investment in the change process by allowing family members to retain considerable control over their lives, increasing their motivation and improving their relationship with their worker (Rycus & Hughes, 1998b).

Embracing strength-based, family-centered child welfare practice does not mean ignoring risks or keeping families together at all costs. Although it is generally believed that most families do not intend to harm their children, and are capable, with the right support and assistance, of protecting and caring for their own children, this is not always the case. In some situations, children must be removed in order to keep them safe. If safety can be reasonably assured, however, the goal of family-centered practice is to protect children from abuse and neglect while also protecting them from the trauma of unnecessary separation and placement (Cole, 1995; Rycus & Hughes, 1998b).

Although family-centered, strengths-based practices are generally being recognized in the field of child welfare as the most effective approach for helping families where the risk to children is not so extreme as to require removal, the model has yet to be fully integrated into practice among child protective service agencies. An exploratory study looking at child welfare caseworkers'

descriptions of their everyday practice, indicated that practices fall short of the family-centered model generally being promoted (Smith & Donovan, 2003). One explanation for this may be pressure from current judicial and social service systems for child protection workers to gather legal information for the court and to take a police-like role in the investigation (Sandau-Beckler et al., 2002). Another explanation may be a belief by some that emphasis on family support and family preservation de-emphasizes the fundamental child welfare responsibility of child protection, keeping families together without ending the abuse and/or neglect (Bartholet, 1999). Rather than replacing child protective services, however, the goal of family-centered service is to complement it in a way that supports and empowers families (Rycus & Hughes, 1998b).

CHAPTER 4

COORDINATING DOMESTIC VIOLENCE AND CHILD WELFARE EFFORTS

DV Movement and Development of Child Welfare Services

Just as the issues of spouse abuse and child maltreatment have typically been considered independently, child protection and domestic violence communities and services have developed in relative separation (Berliner, 1998). This separation is due, in part, to differences in the way these service systems were established and how they have developed over time. Child welfare is by far the older service, dating back to the late 1800s. These services were developed as a public service based on the state's interest in the child as future citizen. Emergency shelters and other services for battered women first emerged in the mid- and late 1970s. These programs were developed by women in the community who realized that the needs of battered women were not being recognized or adequately addressed by public agencies. The focus of domestic violence programs has been on helping women. Services directed specifically toward the children who accompany their mothers into these shelters are fairly recent and remain limited in many communities. The focus of child welfare programs has been on protecting children from the abuse of parents and other caregivers. These agencies have typically viewed the mother's role in child maltreatment perpetrated by a male partner as "failure to protect" the child. Unfortunately this perspective fails to acknowledge that the safety of the child might be dependent upon addressing a situation that places both mother and child at risk (Aron & Olson, 1997).

Child Protection

Public interest in protecting neglected and abused children emerged late in the nineteenth century. The first recognized case of public intervention occurred when neighbors reported the abuse of a young girl named Mary Ellen Wilson, living in the home of Francis and Mary Connolly (Costin, Karger, & Stoesz, 1996; Dorne, 1997; Downs et al., 2000; Levine & Levine, 1992; Sigler, 1989). Neighbor, Etta Wheeler, noticed the brutal mistreatment of Mary Ellen and sought assistance on her behalf. These efforts included a visit to Henry Bergh, founder of the American Society for the Prevention of Cruelty to Animals (ASPCA). Bergh instructed Elbridge T. Gerry, attorney for the New York SPCA, to investigate and, if warranted, to file a petition for her to be removed and placed in a more appropriate home (Costin et al., 1996). In addition to petitioning for Mary Ellen's removal, Elbridge Gerry prosecuted Mary Connolly for assault and battery. Mrs. Connolly was convicted of assault with scissors, and sentenced to one year of hard labor in the state penitentiary (Dorne, 1997).

The popular version of the story indicates that Henry Bergh brought this case to court because Mary Ellen, as a member of the animal kingdom, was entitled to the same protection as abused animals (Dorne, 1997). The popular version also implies that a chance discovery of Mary Ellen's mistreatment led directly and singly to the beginning of a widespread child protection movement (Costin et al., 1996). Although the abuse and neglect of Mary Ellen was real, and her neighbor did intervene almost single-handedly on her behalf, including a visit to Henry Bergh, this process did not occur as quickly as the popular story implies, and Mary Ellen was not "rescued" as a member of the animal kingdom (Costin et al., 1996). Bergh, who had been approached before regarding the abuse of children and declined to get involved, was not immediately interested in assisting with legal action. The case of Mary Ellen, however, was hard to ignore because of heightened public interest in the matter (Costin et al., 1996). The increased public awareness was

influenced both by widespread and lurid publicity and by the fact that Mary Ellen was beaten by caregivers that were not her natural parents, a circumstance that prevented the case from interfering with beliefs about a parent's right to determine the nature of a child's punishment (Downs et al., 2000). When Bergh did become involved in the case, and asked attorney Elbridge T. Gerry to investigate, he made it clear he was involved as a humane citizen, not as President of ASPCA (Levine & Levine, 1992). It was actually Gerry, acting as an individual, who founded the New York Society for the Prevention of Cruelty to Children, which in turn prosecuted Mary Connolly for assault and battery (Dorne, 1997).

The Society for the Prevention of Cruelty to Children (SPCC), founded in 1874, was the first American child protection agency. The purpose of the agency was to protect children and to prosecute abusive parents (Crosson-Tower, 1998; Dorne, 1997). Under the leadership of Elbridge Gerry, the early SPCC made it very clear that they were arms of law enforcement, not welfare or charitable organizations (Levine & Levine, 1992). State legislation provided the New York SPCC with authority to place agents in the city's magistrate courts to investigate cases involving destitute, neglected or wayward children. Additional legislation gave SPCC agents the authority to make arrests and to take temporary custody of children. Anyone interfering with the Society's work could be charged with a misdemeanor (Dorne, 1997; Downs et al., 2000; Levine & Levine, 1992).

The SPCC movement spread quickly throughout American cities and into Europe (Costin et al., 1996; Hendrick, 2003). By 1910, more than 200 such societies existed, with the movement eventually becoming worldwide (Costin et al., 1996; Downs et al., 2000; Levine & Levine, 1992). As new agencies developed, many moved away from the law enforcement focus of the New York SPCC. In Chicago and Philadelphia, Societies for the Prevention of Cruelty to Children responded more to parental drunkenness, desertion and neglect than to physical assault. In Boston, the Society

emphasized “family rehabilitation” and support rather than punishment of child abusers. Although punitive policies toward abusive parents never really disappeared, the rehabilitative approach was more consistent with the ideology of the Progressive Movement of the late 19th and early 20th centuries, and ultimately proved victorious over the law enforcement approach of the New York Society (Dorne, 1997).

Widespread interest in child abuse and neglect was not the first area of focus regarding the protection of children. Public interest in child welfare began in the early 1800s with the beginning of the child-saving movement. Lela Costin (1992) identifies three systems of reform in this movement. The earliest system was religiously motivated and based on the belief that Christian upbringing and education would save children of the “unworthy poor” from the demoralizing effects of poverty. To achieve this goal, many children were separated from their indigent parents and placed in orphanages, foster homes, and other institutions (Costin et al., 1996). In 1825, the first statute was passed in New York State, permitting the placement of “neglected and dependent” children in houses of refuge. The House of Refuge Movement, however, was primarily viewed as a means of preventing crime (Costin et al., 1996; Dorne, 1997), rather than supporting children. In fact, conditions in refuge houses were generally abusive and neglectful themselves (Crosson-Tower, 1998). During the Civil War Period, some disenchantment developed with houses of refuge. One of the leading detractors was Charles Loring Brace, who developed a “placing out” program through his Children’s Aid Society. This program sent troubled youths from urban areas to the Western frontier to live with foster families. In addition to “protecting” children, this policy was seen by its advocates to have the additional economic benefit of bringing a source of labor into the under populated West (Dorne, 1997).

The second major system in the child-saving movement focused on child labor and industrial reform (Costin et al., 1996). The intent of this system was to end exploitation of children, to improve social conditions and to ensure public education for children. At this time, children were being recognized as people in need of nurturing, education, recreation and protection (Dorne, 1997). Individuals involved in this reform movement were not interested in intervention with individual families but in the larger social system. This system emerged during the Progressive Era, the political movement that initiated some minimum standards of public health and social welfare. Activities in the child labor movement gave leadership to other Progressive Era reforms in child welfare (Costin et al., 1996). Under these two systems, child welfare policies were focused less on saving children from abusive parents and more on saving society from future delinquents who were viewed as products of urban poverty (Dorne, 1997). The third system, efforts to protect children from abuse and neglect at the hands of their parents or other caregivers, emerged in the late 19th and early 20th century.

Interest in children and concern for child welfare continued to grow throughout the 20th century. In 1909 President Theodore Roosevelt convened the First White House Conference on Children. A number of recommendations emerged from this conference, including the request that children not be removed from their homes for reasons of poverty alone and that such removal occur only when less drastic alternatives have failed (Dorne, 1997). Another recommendation involved the development of a national children's bureau to research and report on all aspects of child life and welfare. This suggestion led to the creation of the United States Children's Bureau in 1912 (Crosson-Tower, 1998; Dorne, 1997).

The Second White House Conference was called by President Woodrow Wilson in 1919. Wilson declared that year to be "Children's Year" and allotted money from his War Emergency Fund

for activities on behalf of children. Two years later, the first federal act providing a grant to states for child health and welfare, the Sheppard-Towner Act, was signed into law. This law started a trend that would ultimately end with all states having child welfare divisions (Dorne, 1997). Five more White House Conferences on Children were held between 1930 and 1970. Taken together, these seven conferences increased American attention on the unmet needs of children. With the exception of the 1970s conference, however, little attention was given to the issue of deliberate child maltreatment. Such mistreatment, particularly in situations where perpetrators were parents or guardians, was not recognized to be a widespread social problem until the 1960s (Dorne, 1997).

Child maltreatment and the child protection movement are said to have been “discovered” in 1874, with the case of Mary Ellen Wilson. After the turn of the century, however, child welfare practice was marked by confusion and uncertainty about which agencies should be involved in protective work and how this work should be conducted (Downs et al., 2000). Although there were recommendations that the government should assume responsibility for this protection, appropriate governmental agencies did not exist and there were concerns about the government intruding into the privacy of family life to protect children (Costin, 1992). Interest in protective work began to wane, with child welfare workers becoming more concerned with dependency and neglect issues (Downs et al., 2000). This was true until the “rediscovery” of child abuse and the identification of the “battered child syndrome” in the early 1960s (Dorne, 1997; Downs et al., 2000). At this time, public interest in addressing child maltreatment was renewed.

In the 1950s, Dr. John Caffrey, a radiologist who was also trained as a pediatrician, was credited with attracting widespread medical attention to the child maltreatment problem by using x-ray technology to identify and study multiple suspicious injuries to children’s bones and internal organs (Dorne, 1997; Downs et al., 2000). By the late 1950s radiologists had compiled convincing

evidence that a much larger number of infants were physically abused than was previously suspected (Dorne, 1997). The most influential pediatrician to link x-ray evidence to clinical observations of physical child abuse was Dr. C. Henry Kempe who opened and directed The National Center for the Prevention and Treatment of Child Abuse and Neglect in the University of Colorado Medical Center in Denver. Dr. Kempe and four colleagues wrote a paper entitled “The Battered Child Syndrome” that was published in the Journal of the American Medical Association in 1962 (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Publication of the article stirred national interest in efforts to protect children and prompted state and federal governments to design new policies around child welfare (Dorne, 1997; Lindsey, 1994; Sigler, 1989). Specifically, it led to calls for a mandated child abuse reporting system (Lindsey, 1994). Within five years, every state had some form of legislation requiring physicians to report suspected child maltreatment to authorities (Levine & Levine, 1992; Lindsey, 1994).

In 1974, passage of the Child Abuse Prevention and Treatment Act, PL 93-247 (CAPTA) established the National Center of Child Abuse and Neglect within the Department of Health and Human Services. This center was developed to conduct research on child abuse and neglect and to provide training materials to states for the purpose of creating child abuse prevention programs (Roy, 1988; Stacey & Shupe, 1983). Eventually, all 50 states enacted statutes which specified standard definitions of child abuse and neglect, standard methods for reporting and investigating abuse and neglect, guarantees of immunity for those reporting suspected injuries of children, and development of prevention and public education efforts to reduce the incidence of abuse and neglect (Costin et al., 1996; Downs et al., 2000).

Mandated reporting eventually led to a flood of reports, which uncovered the need for preventive services as well as investigative ones (Levine & Levine, 1992). Although early legislation

directed reports to agencies that would initiate criminal prosecutions, pediatricians and social workers believed parents should be treated rather than prosecuted. As a result, later legislation mandated that reports be made to child protective authorities in addition to, or instead of, the police. The list of mandated reporters also grew, and the definition of what was to be reported expanded beyond physical abuse to include emotional abuse, sexual abuse and neglect (Levine & Levine, 1992). Within the decade of the 1980s, the child welfare system changed from a foster care agency protecting homeless, dependent and neglected children, to a child protective services agency whose function was to investigate the increasing numbers of child abuse reports (Lindsey, 1994).

Child protective services originated in the private sector, and the SPCC's that were organized on the model of the New York society were privately sponsored. Eventually, however, child protective services moved from the private to the public sector. By the 1920s, the desire for state-supported and state-administered child protective agencies was evident. The report from the Second White House Conference advocated that child protection be established within counties, under state supervision, as a government function. This recommendation was eventually reflected in the Social Security Act of 1935 (Levine & Levine, 1992). In 1946, the United States Children's Bureau was transferred from the Department of Labor to the Federal Security Agency. This was done to bring the Bureau closer to other welfare programs administered by the agency, which all used funds appropriated by the Social Security Act (Dorne, 1997). By the mid 1940s, child welfare had found its place among other federal bureaucracies in terms of funding. The Bureau could now set standards and offer funding to cooperative state programs (Dorne, 1997; Levine & Levine, 1992).

Domestic Violence Movement

For centuries, cultural, religious and legal norms have perpetuated the idea that women were the property and possessions of men (Hutchins & Baxter, 1980). This assertion is clearly evident in the original construction of rape laws in England and the United States. Instead of recognizing rape as a violation of the female victim, the act was viewed as a property crime against her father or husband (Sigler, 1989). As “property owners”, husbands were held responsible for their wives’ behaviors and were expected to control and discipline them accordingly. In the exercise of this discipline, men were expected to use reasonable physical force when necessary (Sigler, 1989). The use of such force was understood and accepted as a husband’s right in a patriarchal society (McCue, 1995; Stacey & Shupe, 1983).

What had been accepted for generations as a male right or privilege, first became legally recognized in 1824 by the Supreme Court of Mississippi (Stacey & Shupe, 1983). As courts in other states followed suit, wife beating received legal protection across the country. Ironically, securing legal protection for wife abuse also opened the door for public debate and challenge. With challenge, came reforms, in both England and the United States. In England in the 1880s, reform took place through legislative initiatives, which included severe beatings as grounds for divorce and a ban on selling wives and daughters into prostitution (Martin, 1976). In the U.S., reform occurred initially in case law rather than in the legislature, with legislation beginning to appear in 1883. By 1910, thirty-five of the forty-six states had passed legislation that classified beating one’s wife as assault (Dobash & Dobash, 1979).

Although the movement for reform of these laws and conditions is often viewed as a contemporary one, women have a long history of resisting battering in various ways (Gordon, 1988). During the nineteenth century Women’s Rights Movement, wife-beating was indirectly addressed

through temperance, child-welfare and social purity campaigns (Gordon, 1988). Though indirect, many of these efforts did allow steps to be taken toward removing legal sanctioning of wife abuse, recognizing the dangers of abuse to the family, and acknowledging that such violence was fundamentally immoral (Stacey & Shupe, 1983). These efforts helped to lay the foundation for a new, more concentrated attack on the problem of abuse, which emerged in the mid 1950s and 1960s (Stacey & Shupe, 1983). At this time, the second wave of the feminist movement was rekindled, and its members urged persons concerned about the environment, the Vietnam War and the civil rights movement to give equal attention to other problems unique to women (Stacey & Shupe, 1983). One of the first issues that American feminists addressed was rape, organizing rape crisis centers and advocating for sociolegal changes to protect victims' rights (Pagelow, 1984). Domestic violence became an issue of the women's movement in the early 1970s, shortly after rape crisis centers were established. It had become apparent to many activists that women were not only unsafe in the streets, but many were unsafe in their own homes (McCue, 1995).

Today's battered women's movement began in a London neighborhood in 1971 with 500 women and children marching in protest of high food prices and a reduction in free milk for school children (McCue, 1995; Pagelow, 1984). This demonstration led to the development of the Chiswick's Women's Aid, a community meeting place located in a small, dilapidated house that the women were renting from the local council. The purpose of the Chiswick's Women's Aid was to provide a place where women could meet to share information and to discuss problems and concerns (McCue, 1995; Pagelow, 1984). One of the concerns repeatedly addressed was the abuse many women were experiencing in their homes. Soon after its doors had opened, neighborhood wives, with no place else to go, were arriving on the doorstep, asking for a place to stay overnight in order to escape violent husbands. Although the house was rented for daytime use only, the need for overnight shelter was so great that the group broke the terms of their lease, and the first refuge

for battered women was in operation (Pagelow, 1984). Under the leadership of Erin Pizzey, who would later bring greater attention to the issue of domestic violence through her book, *Scream Quietly or the Neighbours Will Hear*, the Chiswick's Women's Aid became a "safe house" known as the Battered Wives' Center. At this time the shelter movement was launched as similar centers were replicated around Britain (McCue, 1995).

In 1972 and 1973 American feminists interested in the issue of battered women traveled to Britain, studied the structure of the women's refuge, and brought the ideas and basic plans back to be replicated in the United States (McCue, 1995). One of the first U.S. shelters for battered women was organized by a feminist organization called Women's Advocates, in St. Paul, Minnesota. Women's Advocates began with a phone service in 1972. In February 1973 the organization moved into a one-bedroom apartment that was used to provide minimal shelter to battered women when necessary. In April of 1974, the group was able to buy a house, which they called Women's House. In the following October, the doors were opened to women in need of refuge (McCue, 1995; Pagelow, 1984). Two other shelter programs were developed around this time. These were Rainbow Retreat in Phoenix, Arizona, which opened in 1973, and Haven House in Pasadena, California, which opened in 1974. Originally, these shelters restricted their services to women who were beaten by alcoholic husbands. They later opened their doors, however, to all victims of wife abuse regardless of whether or not the violence was related to alcohol consumption (McCue, 1995; Pagelow, 1984). One by one, shelters opened their doors to victims and their children, and the movement gained momentum. By the early 80s, the number of shelters, counseling programs and hotline services across the country had grown to over 300 (Pagelow, 1984; Schechter, 1982). By 1994, the number had increased to 1200 (McCue, 1995). Most of these programs were started by small groups of dedicated women, many of whom had been victims of domestic violence themselves. The majority of these women had little, if any, financial backing, and many had to deal

with powerful community resistance. Invariably, the founders of shelter for abused women proceeded despite community resistance and ambivalence (Hutchins & Baxter, 1980).

Feminist and grassroots origins. By the late 1960s and early 1970s, feminism had developed into two major branches, liberal feminism and a radical movement (Schechter, 1982). Liberal feminists focused primarily on gaining access to the rights and opportunities held by men. Radical feminism encompassed this goal, but also went beyond it to demand a total, equalitarian restructuring of male/female relationships and society (Schechter, 1982). In the early 1970s, both camps agitated and organized around a number of legal, political, social and personal issues. At this time, the women's liberation activists declared that the private and the social could no longer be considered separate issues. By defining wife beating as a social and political problem, as opposed to a private and uncommon phenomenon, feminism set the stage for the battered women's movement (Gordon, 1988; McCue, 1995; Schechter, 1982).

The battered women's movement began with two goals. The first was to provide battered women with short-term escape and a supportive environment designed to help individuals transform their lives and become independent. The other was to increase public awareness of domestic violence, and change the social and political conditions that foster violence against women (Sullivan, 1982; Wharton, 1987). The movement began providing services for individual battered women because the conventional service agencies and the existing social service system were not providing women with the assistance and support they needed (Findlater & Kelly, 1999; Sullivan, 1982; Wharton, 1987). Whereas conventional service providers and system approaches generally viewed domestic violence through a lens of individual pathology, assuming battered women to be masochistic or inadequate, feminist involved in the battered women's movement who were developing shelters and support programs assumed that violence against women resulted from women's oppression. Consequently, the services developed by the battered women's movement

were based on empowerment, personal choice and promotion of independence. These services were viewed as radically different from those of conventional agencies, both in content and structure (Sullivan, 1982). The battered women's movement emphasized egalitarian and participatory organizational models, which were organized on a peer support basis and were typically either collectively or cooperatively structured (Schechter, 1982; Sullivan, 1982). This structure was designed to develop every woman's leadership skills and to create an environment of power sharing that countered the hierarchical, violent relationships battered women were leaving (Sullivan, 1982). Although these egalitarian forms of working gave strength to the battered women's movement, these new ideas often conflicted with conventional concepts of structure and organization (Schechter, 1982).

The feminists who organized the battered women's movement recognized that change would not originate from established organizations or government agencies, and therefore launched their own grassroots campaign. Members of a grassroots movement are not necessarily connected through established professions or political parties, but are joined together by a common cause and pursuit of a common goal (Pagelow, 1984). Activists in the grassroots movement against domestic violence found one another through newsletters, conferences and coalitions, which provided them with opportunities to share information, work on problems and offer one another mutual support (Schechter, 1982). Movement gatherings like the two National Conferences on Violence Against Women held in Denver in 1979 and 1980 and the Conference on Confronting Woman Abuse held in Chicago in 1979 interwove information sharing, skills training, and politics. These conferences and other opportunities to connect with one another left activists renewed and energized, enabling them to continue their efforts (Schechter, 1982).

Success did not come easily to the feminists and grassroots groups who began the struggle to provide safety and support to battered women. To begin with, activists had to convince sometimes skeptical communities, funding agencies and politicians that this was a social rather than an individual problem (Pagelow, 1984; Schechter, 1982). Most community bodies denied that violence occurred in “nice” families, maintaining that the rare occurrence of violence happened only between “sick” individuals. Feminist groups refused to accept these explanations and accumulated evidence to show decision makers and other community members that woman battering was a serious and widespread concern that required immediate public attention (Pagelow, 1984). Throughout the country, women’s groups used educational forums, public hearings, and radio and television to reconceptualize the issue, stressing that woman abuse was a community responsibility rather than an interpersonal problem or a “private family matter” (McCue, 1995; Schechter, 1982).

As the grassroots battered women’s movement gained public attention, a governmental response set the stage for further attempts at national organizing. On July 20, 1977, the first White House meeting opened with the testimony of battered women, followed by twelve short statements from DV activists. Activists used this meeting, which was attended by battered women, service providers and federal agency personnel, as an opportunity to offer suggestions about how specific federal agencies and legislation could be improved. Although no substantive decisions were made, the movement used this meeting to build trust and support among an ever increasing number of grassroots activists (Schechter, 1982). Several months later, on January 30 and 31, 1978, the United States Commission on Civil Rights sponsored *A Consultation on Battered Women: Issues of Public Policy*, fulfilling its statutory mandate to investigate the denial of equal legal protection based on sex. Although the purpose of the consultation was to inform the Commissioners, hundreds of activists arrived in Washington to listen and organize. While attending this meeting, members of the battered women’s movement formed the National Coalition Against Domestic Violence (NCADV)

(McCue, 1995; Schechter, 1982). In addition to providing the space for women to start a national organization, the Civil Rights Commission hearing legitimated the needs of battered women, introducing federal agencies to a new constituency and forcing them to consider the legal, social and policy dimensions of domestic violence (Schechter, 1982).

As the grassroots movement grew and continued to draw attention to the plight of battered women, the federal government began to respond. Results of these efforts, however, were neither quick nor easy. The first effort at domestic violence legislation was introduced during the 1977-1978 congressional session. Although the bill was passed in the Senate, it lost in the House. During the 1978-1979 session, a similar bill was introduced. This time, the bill was passed in the House, but lost in the Senate. When DV legislation was introduced for the third time in 1980, the opposition argued that the bill was a feminist attack on motherhood, families and Christian values. The bill was ultimately withdrawn when it appeared to be headed for defeat (McCue, 1995).

Other efforts beyond federal involvement also originated at this time. In 1979 President Carter established the Office of Domestic Violence (ODV) to serve as a national clearinghouse and center for the dissemination of information (McCue, 1995). Although many DV activists did not feel that a clearinghouse, which often duplicated previously completed work, was necessarily the most effective use of resources for battered women, the ODV did work hard for the passage of federal legislation. Activists and ODV staff worked together on legislative lobbying strategy, with the office of Domestic Violence bringing an insider's knowledge to the grassroots movement and lending the legitimacy of its office to the struggle (Schechter, 1982). By 1981, however, the newly elected Reagan Administration closed the office (McCue, 1995).

While efforts at federal legislation were largely unsuccessful in the late 1970s, a number of state laws had been passed that provided funding for shelters, improved reporting procedures and

established more effective criminal court procedures. By 1980 all but six states had passed such laws (McCue, 1995). It was not until 1984 that legislation calling for federal funding of shelters was signed by President Reagan as part of the Child Abuse Prevention and Treatment Act of 1983 (McCue, 1995). Further federal funding was earmarked for programs serving victims of domestic violence with the passage of the 1984 Family Violence Prevention and Services Act, which succeeded largely because of grassroots lobbying efforts (McCue, 1995).

The 1990s brought continued attempts at federal legislation. In 1990 the Violence Against Women Act was introduced in the Senate and the House. It went to hearings in the Senate Judiciary Committee, but died with the 101st Congress. In 1994, the Violence Against Women Act was passed in both the House and Senate as part of a sweeping crime bill. The act included funds for a National Domestic Violence Hotline, an increase in Family Violence Prevention and Services Act funds for shelters, interstate enforcement of protection orders, training for state and federal judges, and funding for school-based rape education programs. President Clinton signed the bill into law on September 13, 1994. On March 21 of the following year, Clinton officially opened the Violence Against Women Office at the Department of Justice (McCue, 1995).

Concerns about cooptation. The battered women's movement pressed its demands on the federal government largely because of inadequate state and local resources. From the movement's perspective, a positive federal response would give battered women greater resources and would validate activists' earliest claims that violence against women was a national problem that necessitated wide-ranging reforms. Due to the efforts of the grassroots movement, the federal government was forced to respond to the issue of domestic violence. Federal recognition of the issue was an important symbolic victory for the movement, giving domestic violence attention and credibility as a major social issue (Schechter, 1982). Once the issue of battering gained legitimacy as

a social problem and funding opportunities became available, more established organizations began taking over this issue that grassroots activists had worked so hard to raise (Schechter, 1982; Wharton, 1987).

Many members of the original battered women's movement feel that the movement has been co-opted by the government, social service agencies and other conventional systems and services. Gail Sullivan (1982), one of the founders of the Massachusetts Coalition of Battered Women's Services Groups and a former shelter worker, identifies internal and external forces behind cooptation. She argues that these forces are not present in every domestic violence program but are presented as tendencies within the movement as a whole. One of the external forces she identifies is funding agencies. Funding generally happens in a context of acceptable reforms, with nothing too radical or non-conventional being funded (Sullivan, 1982). In order to gain funding from government and private industry, activist groups are frequently required to modify their focus and direction to satisfy their sponsor's expectations (Sullivan, 1982; Wharton, 1987). These expectations can have an effect on the structure and organizational development of battered women's programs. Many battered women's groups began as cooperative or collective organizations with consensus decision-making and no director (Sullivan, 1982). Funding sources familiar with hierarchal structures tend to be suspicious of collectives with democratic organization (Martin, 1976). Therefore, groups designed bureaucratic structures to acquire funding, and then began to view them as appropriate (Wharton, 1987).

Another external force in cooptation is social services. As conventional service providers became more involved with domestic violence and battered women's services, DV services may be influenced or pressured to conform to the individualizing orientation of most social service agencies. This concept is contrary to the philosophy espoused by the battered women's movement that battering is a result of women's oppression, that support for battered women must promote

empowerment, and that the solutions to battering need to be social and political. Battered women's groups are then caught between promoting their own view of the problem and solutions, at the risk of receiving no support, or receiving support and funding, at the cost of reinterpreting their views and programs to be seen as more acceptable (Sullivan, 1982).

Internal forces affecting cooptation include the lack of political direction and planning. Sullivan (1982) argues that the political drive and the analysis of battering as an aspect of women's oppression, which was present at the beginning of the movement, has not always been passed to the newer members of the movement. Another internal force is an increase in the number of services being provided versus the empowerment and group organizing approaches that had been the hallmark of the movement. Many women have envisioned this movement as twofold, consisting of organizing efforts with a long-term goal of ending violence and immediate services, which themselves organize and empower women. Typically however, the movement has been more involved in service provision, with few organizing efforts (Sullivan, 1982). This may allow beneficial services to continue, but the message of sexism and oppression may get lost. The concern among feminists and grassroots activists is that these internal and external forces create a situation in which battered women are replaced by issues of spouse abuse and intrafamily violence, terminology that hides the sexism that the grassroots movement worked so hard to uncover (Schechter, 1982).

Differences in origin have led to contrasting structures for the child protection system and the battered women's movement. While Child Protection is a public bureaucracy, women's advocacy organizations have traditionally been small, local, non-profit and democratically organized. Child protection organizations, with roots in social agencies and medical practice, have primarily been professionally driven. Women's organizations, with their roots in self-help efforts, have been

movement driven and are often suspicious of medical and mental health professionals (Fleck-Henderson, 2000).

In addition to differences in origin and structure, child protection services and domestic violence agencies focus on different client groups. Consequently, when these services interface, philosophies and values frequently clash (McKay, 1994). Edleson (1998) argues “our current systems for providing safety to child and adult victims of family violence are fragmented and often work at cross purposes” (p. 297). This is true despite the fact that both services attempt to address and eliminate violence within families.

Tensions or Differences Between Agencies

Domestic violence agencies typically serve adult victims of abuse. As adults, DV clients are viewed as having free will and the right to make their own decisions. DV advocates in the agency help clients identify their options and make the decisions that are best for them. In many cases, battered women believe that the safest course of action within their reach is to stay in or return to an abusive relationship. Domestic violence professionals are expected to respect this decision, offering support and working toward safety (North Carolina Coalition Against Domestic Violence, 2006). They recognize the mother’s commitment to protect the children no matter how “fragile, incremental or successful” (Friend, 2000).

When child protection services become involved in cases of domestic violence, their single legal mandate is to protect the child. Child protection professionals may recognize that a woman has free will, but believe they cannot stand by if a mother’s choices may place her child in perceived danger. Consequently, CPS workers may insist that a mother separate from her partner, seek counseling, or fulfill some other requirement in order to keep her children. Where domestic violence professionals may respect a battered woman’s right to self-determination, the CPS worker

feels he or she cannot allow that freedom of choice to unduly endanger the child (Aron & Olson, 1997; Wilson, 1998). The CPS worker's concern is generally based on an expectation that a mother who is unable to make the choices or take the steps necessary to protect herself will be unable to protect her children (Wilson, 1998).

These differences in responsibility and philosophy have sometimes created feelings of mistrust and confusion between domestic violence agencies and child protection services. Domestic violence advocates may view child welfare workers as lacking understanding of a woman's response to domestic violence and as too quick to remove the children. Child welfare workers may view domestic violence programs as blocking investigations of abuse and neglect and further endangering the children (Aron & Olson, 1997; McKay, 1994).

Research findings considering CPS interventions with families experiencing domestic violence are somewhat inconsistent. According to a questionnaire completed by 200 service workers employed in a public child welfare agency, the most frequent intervention used would be safety planning. Fifty-six percent of the sample indicated that they would engage in safety planning and only 12% indicated that they would remove the child(ren) as an initial intervention (Jones & Gross, 2000). Katherine Humphreys (2000), however, did not find this to be true. After conducting interviews with child protection workers and examining 32 case files involving 93 children who were the subject of a child protection conference, she found two predominant themes. CPS workers' interventions either avoided or minimized the issues of domestic violence in the family (the dominant pattern) or took a more confrontational approach involving the most serious intervention strategy of removing the children.

The removal of children in cases of overlapping domestic violence and child maltreatment is generally done because of "failure to protect". This response is founded on the prevalent belief that

a mother has primary responsibility for ensuring the safety of her children. The assumption is that she should have the power, ability and resources to protect her children even when she is repeatedly battered (McKay, 1994). While doing trainings with child welfare workers on a method of assessment and intervention in domestic violence cases, Mills (2000) found that workers held strong views about the definition and expectations of motherhood and about the culpability of battered women. The mother was recognized as the primary caretaker, and was therefore judged more harshly by the child protection agency worker than her husband or partner. Workers also held strong views that mothers should respond to the abuse in their relationships by permanently leaving their abusive partners. This was true despite the fact that separation does not guarantee an end to domestic violence for mothers or their children and that leaving a battering relationship may actually place some women and children in greater danger. Tjaden and Thoennes (2000a) found that 18.2% of women who left an abusive relationship continued to experience physical assaults by their partners. Other findings indicate that women are most vulnerable to violence (Bachman & Saltzman, 1995) and more likely to be murdered by their husbands (Wilson & Daly, 1993) when separated from them than when residing together. If women failed to respond to this mandate to leave an abusive relationship, some child welfare workers believed that battered mothers should be held responsible for the abuse of their children by having them removed from their custody. Stark and Flitcraft (1988) found, of all children “darted” for suspicions of abuse or neglect, one third were removed from homes where mothers were being battered. This was significantly higher than the percentage of children removed from homes where women were not being battered. Even when controlling for danger to the child, battered mothers were more likely than non-battered mothers to lose their children. The removal of children implies that the mother is responsible for both her own maltreatment by her partner and the maltreatment of her children, and encourages the view that

the presence of child maltreatment signifies a mother's failure to protect her children (McKay, 1994).

These attitudes are widely held. They could even be seen among the employees in the study by Jones and Gross (2000) who were likely to do safety planning with clients and less likely to remove children. Forty-two percent of these respondents at least somewhat agreed with the statement that the victim could simply just leave the home, and 26% at least somewhat agreed with the statement that the victim was at least somewhat responsible for the violence (Jones & Gross, 2000).

Even in cases where it is the mother who has abused or neglected her children, the role of domestic violence cannot be ignored. Although mothers are more likely to abuse their children if they themselves are being battered, the use of violence or aggressive behaviors decreases after leaving the abusive relationships (Giles-Sims, 1985; Holden, Stein, Ritchie, Harris, & Jouriles, 1998). Contrary to many myths, women in abusive relationships often take steps to protect themselves and their children. In a study conducted by Magan, Conroy and Del Tufo (2000), a domestic violence screening questionnaire was administered to women who were referred to neighborhood-based child welfare service agencies. Of the 437 women who responded to the questionnaire, 214 (48%) reported that they had experienced domestic violence in their current relationship. Most of these women also revealed that they had taken action in the past to deal with the domestic violence. One hundred seventy of the women left or tried to leave their partners, 157 called the police, and 149 women took other actions such as obtaining protective orders, receiving counseling, or going into shelter. This information implies that the women were not "passive victims" or incapacitated by "learned helplessness" but rather that the help they sought did not end the abuse (Magan et al., 2000).

More effective community responses to domestic violence may enable mothers to receive the assistance necessary to protect their children. This means supporting battered women's use of safety strategies, building on the strengths and protective capacities the women already demonstrate, and empowering women to seek other ways to protect themselves and their children (Hendry, 1998; McKay, 1994; Schechter & Edleson, 2000; Stark & Flitcraft, 1988; Wilson, 1998). Without these supports for women, children remain physically and emotionally at risk (Carter & Schechter, 1997; Schechter & Edleson, 2000). In an effort to address this issue, Humphreys (2000) suggests that two principles guide the development of policy and intervention in the area of domestic violence and child maltreatment. The first principle involves the development of interventions that direct responsibility towards the man and his abuse. The second principle requires promotion of the idea that protecting and supporting the child's mother in situations of domestic violence is also good child protection. In the cases reviewed by Humphreys (2000), male abusers were generally not involved in the assessment process and half the sample had no child protection intervention that even potentially addressed the man's violence. Battered women and their children will not be fully protected until these practices change.

Need for Collaboration

Although many battered women are fearful that child protective services will remove their children, this is not the primary goal of CPS. Ideally, the system aims to support and preserve families as a means of protecting children from maltreatment (DePanfilis & Salus, 1992; Gelles, 1997). In order to meet these goals, however, the co-occurrence of spouse abuse and child maltreatment must be recognized and these issues must be addressed together. This would best be accomplished through cooperation and collaboration between child protective services and domestic violence agencies. In order to achieve this goal, battered women's advocates and child

protection workers initially need to recognize the shared goal of family safety, while still acknowledging and preserving the unique strengths of each service (Carter & Schechter, 1997) and finding productive and effective means of working together to reduce these co-occurring forms of violence within families. If the fragmentation in current services can be reduced, proactive collaborative policies and legislation can be developed and implemented (Echlin & Osthoff, 2000). Beeman and Edleson (2000) recommend cross-training, ongoing communication and consultation, and coordination of services as mechanisms for overcoming this fragmentation.

Findlater and Kelly (1999) administered 60-item and 39-item questionnaires to CPS administrators and domestic violence coalition directors, respectively. The CPS questionnaire was designed to collect data regarding child protective policies, protocols, service delivery, and training related to domestic violence. The DV questionnaire was designed to gather data about interactions between CPS and domestic violence service programs and the extent to which DV service programs address issues related to child abuse and neglect. Although respondents to the survey expressed a hope for more system-wide collaboration between child welfare and domestic violence workers, survey results indicate that such efforts remain limited.

In answering the domestic violence questionnaire, coalition directors did not mention CPS as a significant source of referrals and 96% of the 26 respondents stated that domestic violence programs remain reluctant to contact CPS. Despite this reluctance, 81% of the coalition directors reported that DV programs in their state do possess written policies regarding child abuse and neglect. Forty-two percent of the coalition directors reported that staff training included information on CPS policy and practice. Only 27% reported that the training was provided by both domestic violence and child protection staff. Of the 40 CPS administrators who responded to the questionnaire, 85% reported that risk assessments conducted by CPS workers include domestic

violence as a risk factor. Only 33%, however, reported that domestic violence was of high importance in worker decision making. Fifty percent said it was of moderate importance. Eighty-three percent of the CPS administrators reported that CPS staff receives some training on domestic violence. The length of time devoted to training, however, varied from one to 20 hours. The report did not indicate whether any of this training was provided by domestic violence workers (Findlater & Kelly, 1999).

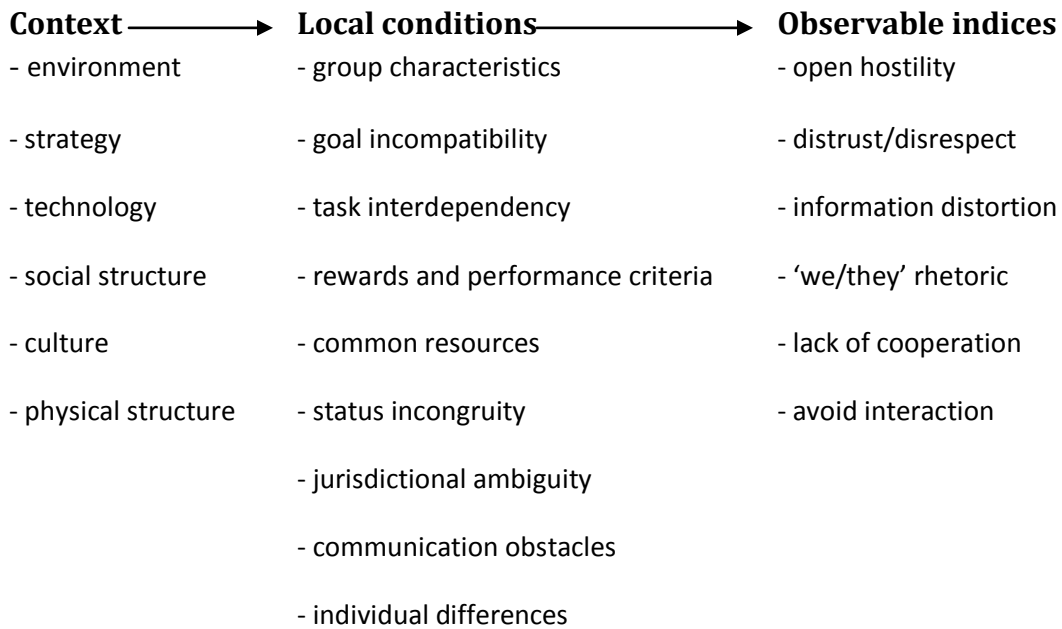
Despite the varying degrees of training actually received by CPS workers, policies that include mandatory, ongoing training for all caseworkers on domestic violence are crucial. This training should include information regarding screening for domestic violence, effective responses once it is identified, the effects of domestic violence on children, legal issues, and community-based services available for referrals. Likewise, domestic violence policies should require training for staff on child protection issues, including child abuse and neglect laws and juvenile-dependency court practices. DV advocates must also be informed about the range of services available from the child welfare system as well as the limitations of the system (Findlater & Kelly, 1999). Increased communication between these services and a better understanding of each will make great strides toward accomplishing the goal of protecting children and keeping all family members safe.

Interagency Potential for Tension and Conflict Model

Although the need for greater cooperation between child protective services and domestic violence agencies is fairly clear, accomplishing this may be a real challenge because the potential for conflict between these two agencies is deeply rooted in differences in structure, philosophy and client focus. In an effort to understand and explain how these tensions arose and how the potential for conflict is maintained, it may be helpful to consider theory regarding organizational conflict.

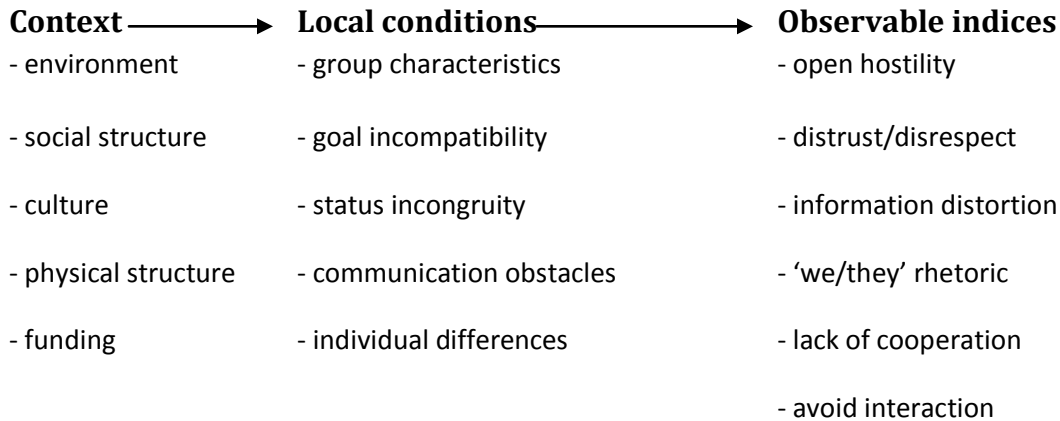
In her book on organizational theories, Mary Jo Hatch illustrates and discusses a model of Interunit Conflict based on work by Walton and Dutton (Hatch, 1997). According to this model (see Figure 1), conflict within an organization presents itself as “observable indices” or the things one is likely to see or experience in a conflict situation. These behaviors can range from open hostility to complete avoidance of interaction. Walton and Dutton (1969) trace these behaviors or observable indices to local conditions within an organization. These local conditions are even more deeply rooted in “context” or the social environment of the organization.

Figure 1. Interunit Conflict Model
Hatch (1997)



Although this model refers to conflict between units or departments within one agency, a somewhat modified version can help to explain conflict between organizations and agencies as well, specifically conflict between CPS and DV agencies. This modified model will be referred to as the Interagency Potential for Tension and Conflict Model (see Figure 2).

Figure 2. Interagency Potential for Tension and Conflict Model
Francis, 2007 (modified from Hatch, 1997)



The observable indices present during interunit conflict can also be present during interagency conflict, and can be seen in interactions between CPS workers and DV advocates. For example, feelings of distrust may present themselves if advocates fear CPS workers may remove a battered mother's children (Humphreys, 2000; Mills et al., 2000; Stark & Flitcraft, 1988) and workers fear DV advocates may respect a mother's choice and free will at the risk of her child's safety (Aron & Olson, 1997; McKay, 1994; Wilson, 1998). Then a 'we/they' rhetoric may develop as each agency attempts to protect "their" clients.

Five of the local conditions identified in the Interunit Conflict Model are also present in the Interagency Potential for Tension and Conflict Model. These include group characteristics, goal incompatibility, status incongruity, communication obstacles and individual differences. Group characteristics refer to the identities or cultures that develop within agencies or organizations due to the different tasks they perform and the different populations they serve. When these different cultures come together, there is the opportunity for multiple perspectives and interests to emerge and collide (Hatch, 1997). The primary responsibility of Child Protective Service workers is to protect maltreated children and to do so by performing tasks associated with investigation (Crosson-

Tower, 1998; Downs, Moore, McFadden, & Costin, 2000). The primary responsibility of domestic violence advocates is to support abused women and to do so by performing services associated with support and advocacy (GlenMaye, 1998; Mills, 1996; North Carolina Coalition Against Domestic Violence, 2006). When CPS and DV agencies come together to work with families experiencing both child maltreatment and domestic violence, these differences in task and focus increase the potential for conflict.

Goal incompatibility also creates opportunities for conflict between agencies. In some cases, agencies may have different goals all together. In other cases, they may share a common goal but the efforts to reach that goal are guided by different philosophies and practices. In these circumstances, there is plenty of room for disagreement and hostility to emerge as each agency pushes its methods and possibly interferes with the efforts of the other agency (Hatch, 1997). Although CPS and domestic violence agencies share the overall goal of safe families, their differences in focus, method and philosophy may cause one agency to interfere with the efforts of the other, or may at least cause one agency to feel as if the other is interfering. Different status between agencies can also be a source of potential conflict. In the case of domestic violence agencies and child protective services, one may argue that CPS has greater status as a large government agency (Dorne, 1997; Levine & Levine, 1992) with a statutory mandate (Downs et al., 2000; Waldfogel, 1998).

Communication obstacles are another source of potential conflict for agencies. Communication obstacles occur when separate agencies speak different languages. In such cases, agencies are less likely to agree on issues of mutual concern and more likely to assume lack of agreement is due to problems with the other agency (Hatch, 1997). CPS agencies use the language of investigation, victimization/perpetration and legal mandates while DV agencies speak the

language of advocacy, survival and choice. These basic differences may increase opportunities for tension and conflict. The final condition that may contribute to tension and conflict between agencies is individual differences and the simple fact that everyone does not always get along. Although this is not the primary reason for conflict, and rarely provides a complete explanation of conflict between agencies, it should be recognized as a possible factor.

The local conditions included in Hatch's Interunit Conflict Model that are not included in the interagency model (task interdependence, rewards and performance criteria, common resources and jurisdictional ambiguity) are more specific to the internal workings or needs of an agency and less likely to affect that agency's relationships with other agencies. For example, rewards and performance criteria are generally set by an organization and influence only the employees of that organization. When performance criteria and rewards emphasize the distinct performance of separate units within an organization, they de-emphasize combined performance of the whole agency. This may create conflict and lead units to ignore the value of cooperation (Hatch, 1997). The rewards and performance criteria in one agency, however, are less likely to create conflict with or affect another agency's perception of the value of cooperation.

All of the local conditions identified above are rooted in the wider concept of context. For interunit conflict, one looks at context to identify deeper patterns of conflict that lie within an agency (Hatch, 1997). For interagency conflict, the differences in organizational context between agencies may contribute to the overall barriers to understanding and communication that lead to opportunities for conflict. These contexts can differ in the areas of environment (complexity and power structure), social structure (creation and maintenance of hierarchies of authority and division of labor), organizational culture (dominant values and divergent values of subcultures) and physical structure (physical setting). For the interagency model, the issue of funding has also been included

in the area of context. The amount and sources of funding received by each agency may also contribute to tension between organizations. In her model of interunit conflict, Hatch includes strategy and technology in the area of context. These two categories do not transfer to the interagency model because they are specific to what is happening within an organization and how the employees of that organization are responding. For example, an organization's tasks are determined in part by its choice of technology. If changes in technology occur, changes in task assignments for units and individuals may occur. Task assignments influence the amount and type of interdependence between units of the organization, which means technologies can set up conditions for organizational conflict (Hatch, 1997). Having an understanding of some of the factors that influence the creation and maintenance of conflict and tension between agencies may help organizations overcome some of the barriers to greater coordination and collaboration.

CHAPTER 5

RESEARCH QUESTIONS

This study was designed to examine the effects of recent changes to North Carolina's child welfare policies, particularly those related to the issue of domestic violence, to explore current perspectives regarding coordinated or collaborative efforts between child protective services (CPS) and domestic violence (DV) agencies in the state, including expectations for the new policies, and from this information, to provide recommendations to assist in implementing new policies, increasing collaboration and developing more effective practice. The terms collaboration, coordination and cooperation refer to working relationships between two or more organizations. Cooperation is characterized by informal relationships that exist without a commonly defined mission, structure or planning effort. In these relationships, information is shared when needed and authority is retained by each organization. Coordination refers to a more formal relationship and a mutual understanding of the compatibility of agency missions. Communication channels are established and some joint planning is required. Collaboration describes "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals" (Mattessich, Murray-Close, & Monsey, 2001, p.4). This relationship requires well-defined communication channels, comprehensive planning and full commitment to a common mission. The study explores current relationships between CPS and DV agencies and analyzes feedback regarding recommendations to produce more collaborative relationships. The following research questions were addressed in the study:

- 1) With the implementation of the Multiple Response System and the 2004 domestic violence policy, what changes have been made to North Carolina public child welfare policy that influence the treatment of the co-occurrence of child maltreatment and domestic violence?
- 2) What factors propelled these changes?
- 3) What are the intended outcomes of MRS and the DV policy, according to the planners and the policy statements?
- 4) In the design of these new policies, how were MRS and the domestic violence policy intended to work together? How is the “fit” between MRS and the DV policy perceived by both child protective services workers and domestic violence advocates?
- 5) What is the current stage of implementation for MRS and for the 2004 DV policy?
- 6) What changes in CPS practice with families experiencing domestic violence have already occurred as a result of MRS and the 2004 DV policy? What additional practice strategies are needed to effectively address the co-occurrence of child maltreatment and domestic violence?
- 7) What changes, if any, should be made to the 2004 domestic violence policy to improve services to families experiencing both child maltreatment and domestic violence?
- 8) What understanding do child protective service workers and domestic violence advocates have of the Multiple Response System and of the 2004 domestic violence policy?
- 9) What are CPS workers’ and DV advocates’ expectations for potential outcomes that the implementation of MRS and the 2004 DV policy can produce? To date, what are their assessments of the actual outcomes that the policy changes have produced?
- 10) What perceptions do CPS workers and DV advocates have about current levels of collaboration between their respective organizations with regard to the co-occurrence of child maltreatment and domestic violence?

11) What recommendations do CPS workers and DV advocates have for successful collaboration between child welfare and domestic violence organizations in relationship to a) policy, b) practice, c) inter-organizational communication, d) organizational structure and e) training to improve intervention outcomes for families where domestic violence and child maltreatment occur?

Policy Changes

Recent changes in North Carolina child welfare policy include the development of the Multiple Response System (MRS) and the creation of a domestic violence policy that guides practice in CPS cases that involve domestic violence. In 2001 North Carolina underwent a Child and Family Services Review (CFSR), which is “the federal government’s program for assessing the performance of state child welfare agencies with regard to achieving positive outcomes for children and families” (U.S. Department of Health and Human Services, 2007, p.1). One of the issues addressed in the review was the need for child welfare services in North Carolina to be more family focused and family centered. Another was the potential benefit to implementing a differential response system for CPS across the state. As stated in the CFSR *Final Report*,

The Division [the North Carolina Division of Social Services] has identified as an important issue the extent to which child safety may be enhanced by implementing a differential response system in their child protective services work. According to the information in the Statewide Assessment, the current policies and protocols have resulted in a CPS system culture that too often alienates families and can miss important information about family functioning while focusing exclusively on the alleged maltreatment. (U.S. Health and Humans Services, 2001, p.2).

In 2001 the North Carolina Department of Health and Human Services, Division of Social Services was mandated by the North Carolina General Assembly to implement a differential response system for child protection in no fewer than two and no more than ten counties in the state. The Multiple Response System Pilot Project was piloted in 10 counties. In 2003 the project expanded to 52 demonstration areas across the state. In 2005 the North Carolina Multiple Response System (MRS) went statewide (North Carolina Division of Social Services, 2005). MRS Policy Consultant, Holly McNeill (personal communication, March 3, 2008), explained that the statewide expansion was accompanied by legislative changes. SL 2005-55, HL 277, defines Family and Investigative Assessment, the dual tracks in the differential response system, and allows all 100 counties to use one of these approaches for certain reports of neglect and dependency. Essentially the bill allows the two tracks for assessing reports of abuse, neglect and dependency, while allowing the counties themselves to decide which track to assign reports.

A specific domestic violence policy for county child protective service agencies was implemented by the North Carolina Division of Social Services in 2004 (North Carolina Division of Social Services, 2004). Prior to this, there were no formal policies or practice guidelines in place for CPS cases involving domestic violence. The development of this DV policy was based largely on recommendations set forth by the Child Well-Being and Domestic Violence Task Force, which was established to guide policy and practice designed to maximize safety of all family members, empower victims and hold perpetrators of domestic violence and child maltreatment accountable. The task force was made up of representatives of various organizations from state and county departments of social services to the North Carolina Coalition Against Domestic Violence to NC Prevent Child Abuse to the Department of Justice and the North Carolina Senate. All members of the task force shared a commitment to building a better way of working with families in North Carolina.

In this study, the following research questions regarding the Multiple Response System and the domestic violence policy were addressed:

- 1) With the implementation of the Multiple Response System and the 2004 domestic violence policy, what changes have been made to North Carolina public child welfare policy that influence the treatment of the co-occurrence of child maltreatment and domestic violence?
- 2) What factors propelled these changes?
- 3) What are the intended outcomes of MRS and the DV policy, according to the planners and the policy statements?
- 4) In the design of these new policies, how were MRS and the domestic violence policy intended to work together? How is the “fit” between MRS and the DV policy perceived by both child protective services workers and domestic violence advocates?
- 5) What is the current stage of implementation for MRS and for the 2004 DV policy?
- 6) What changes in CPS practice with families experiencing domestic violence have already occurred as a result of MRS and the 2004 DV policy? What additional practice strategies are needed to effectively address the co-occurrence of child maltreatment and domestic violence?
- 7) What changes, if any, should be made to the 2004 domestic violence policy to improve services to families experiencing both child maltreatment and domestic violence?

Perspectives

The second set of research questions focuses on the perceptions of child protective services workers and domestic violence advocates regarding the Multiple Response System and the North Carolina Division of Social Services’ domestic violence policy. The areas of interest are workers’ and advocates’ views about the Multiple Response System and the domestic violence policy themselves, how these policies are affecting their work with families experiencing domestic violence and child

maltreatment concerns and how their respective agencies could work together more effectively to better serve these families.

- 1) What understanding do child protective service workers and domestic violence advocates have of the Multiple Response System and of the 2004 domestic violence policy?
- 2) What are CPS workers' and DV advocates' expectations for potential outcomes that the implementation of MRS and the 2004 DV policy can produce? To date, what are their assessments of the actual outcomes that the policy changes have produced?
- 3) What perceptions do CPS workers and DV advocates have about current levels of collaboration between their respective organizations with regard to the co-occurrence of child maltreatment and domestic violence?
- 4) What recommendations do CPS workers and DV advocates have for successful collaboration between child welfare and domestic violence organizations in relationship to a) policy, b) practice, c) inter-organizational communication, d) organizational structure and e) training to improve intervention outcomes for families where domestic violence and child maltreatment occur?

CHAPTER 6

CONCEPTUAL FRAMEWORK

Typical domestic violence service is initiated by the victim or survivor who voluntarily contacts a DV agency or advocate. The role of the advocate is to listen to the survivor's story, offer support, discuss safety and provide educational information about abuse. The advocate also helps the survivor identify, discuss and process her options (North Carolina Coalition Against Domestic Violence, 2006). These options may include individual counseling, support groups, protective orders and/or shelter services. The services are voluntary and the advocate is expected to respect and support the survivor's right to make her own decisions (North Carolina Coalition Against Domestic Violence, 2006; Roberts & Roberts, 2002). When children are present in the family, the DV agency may provide services to the children as well, which may include safe shelter or opportunities for individual and/or group counseling. Domestic violence advocates are expected to understand the negative effects of DV on children but also recognize the mother's efforts to nurture and protect her children.

Unlike domestic violence services, involvement with child protective services is guided by legal mandates to protect children and is generally not voluntary (Baily & Baily, 1983; Downs et al., 2000). In most cases, a family's involvement with CPS begins with a report of suspected child abuse or neglect. As mandated by the Child Abuse Prevention and Treatment Act 1974 (P.L. 93-247), every state is required to provide for the reporting of known and suspected instances of child abuse and neglect (Allen & Knitzer, 1983; Pecora et al., 2000). As provisions were made for mandatory reporting, the number of alleged child abuse and neglect cases requiring investigation increased

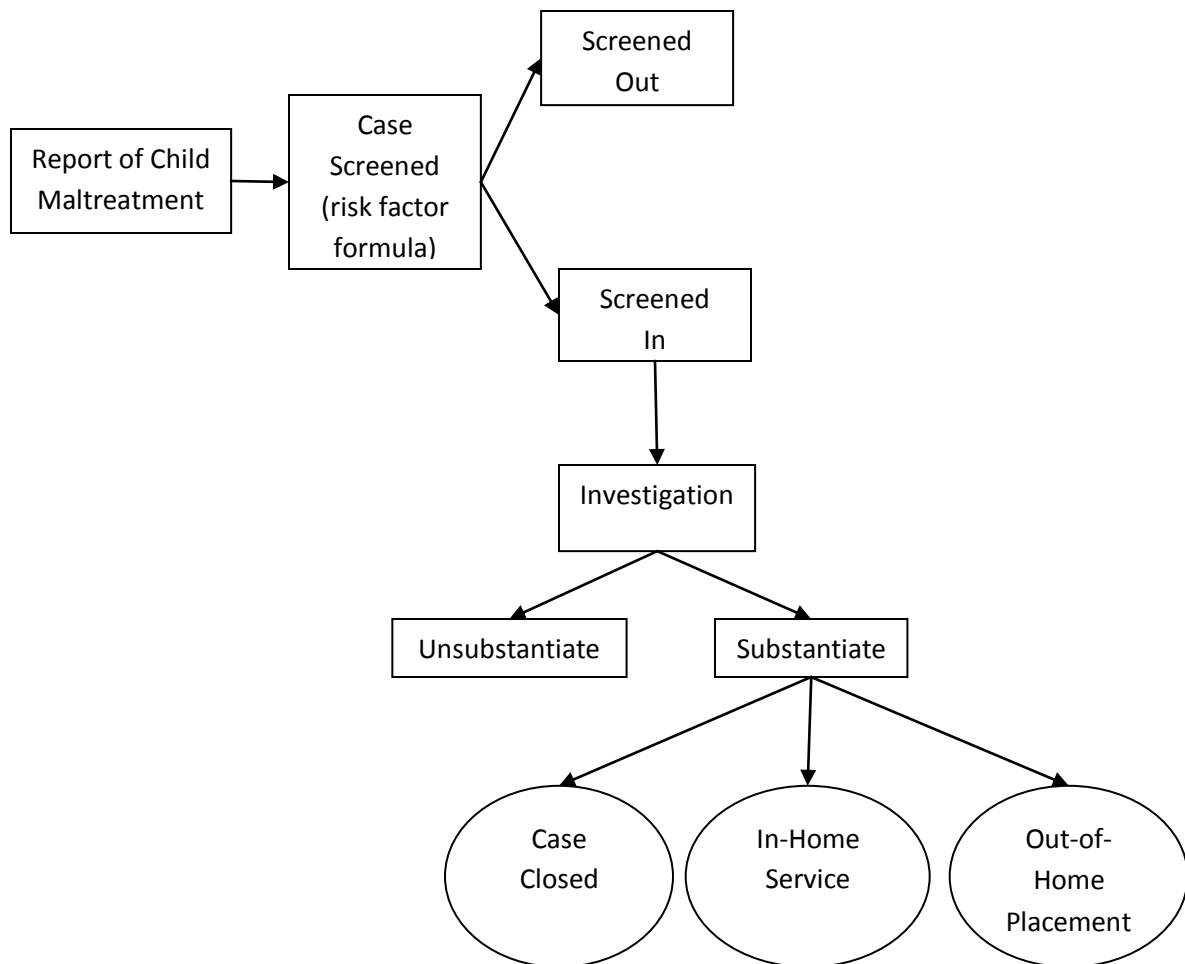
dramatically (McGowan, 1983). This increase brought with it concerns about the system's ability to handle the ever increasing number of reports and investigations and to serve large numbers of families who are at risk (Weil, 2000). Another concern facing the child welfare system in recent decades is the recognition that children often enter care unnecessarily and then experience foster care drift (Allen & Knitzer, 1983), which refers to the endless wandering of a child through the foster care system without a plan to return to his or her home and no preparation for adoptive placements (McGowan, 1983; Wells, 1985).

Efforts to combat foster care drift have been addressed by several pieces of legislation. One was The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), which used funding incentives and procedural requirements to ensure that children enter care only when necessary, are placed appropriately, and are provided permanent families in a timely manner (Allen & Knitzer, 1983; Pecora et al., 2000). Another law, passed in 1997, was the Adoption and Safe Families Act (P.L. 105-89), which set time limits for children in care so that permanency planning decisions are made within 12 months of system entry (Briar-Lawson & Drews, 2000). With these laws in place, the goals of protective services are to protect children and to strengthen families in order to prevent the recurrence of maltreatment. Emphasis is placed on maintaining children in their own homes whenever possible, removing them only when necessary to protect them from imminent danger, and then providing permanent placement in a timely manner (Pecora et al., 2000).

The predominant model for accomplishing these goals is an investigation-focused CPS service (see Figure 3). This model begins with a report of suspected child abuse or neglect. Once received, the report is evaluated. If determined to be valid, the report is screened into the system and an investigation is conducted (Crosson-Tower, 1998; Waldfogel, 1998). During intake and investigation, the CPS worker will conduct a risk assessment. Typical data collected for the purposes

of a risk assessment may include information about the severity and frequency of alleged abuse or neglect, tendency toward violence within the family and parental ability and willingness to protect the child (Downs et al., 2000; Turnell & Edwards, 1999). Items on risk assessment instruments are designed to predict the likelihood of later maltreatment of a child, whether or not maltreatment has already occurred (Downs et al., 2000). Upon completion of the investigation, the charges of child maltreatment are either substantiated or unsubstantiated. If substantiated, families are generally required to participate in some level of CPS service. In some cases, families may have their children removed from their care (Crosson-Tower, 1998; Waldfogel, 1998).

Figure 3. Predominant Model of CPS Service
Francis, 2007



Although domestic violence advocates, as mandated reporters, are required to report suspicions or disclosures of child abuse and neglect to child protective services, there has been reluctance among advocates to involve battered women in the CPS system. The investigation process is often viewed by advocates and by victims and survivors as adversarial and punitive, further punishing the battered mother for her partner's abuse. Of great concern to DV victims and their advocates is the possibility that CPS workers will not understand the complexities of domestic violence, will not respect the woman's choices and will not recognize her efforts to protect and nurture her children, resulting in findings of "failure to protect" and the removal of her children (Edleson 1998; Stark & Flitcraft, 1988).

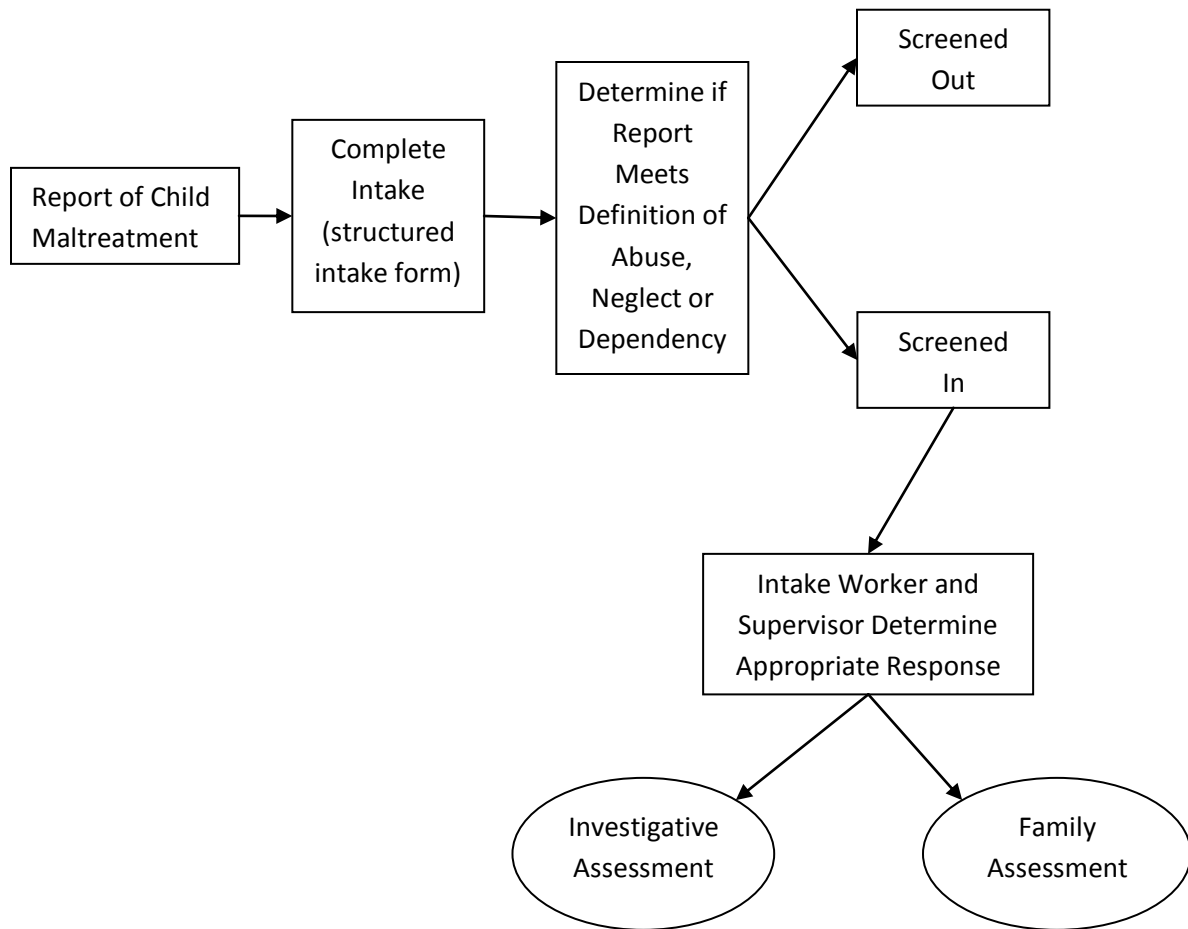
Unlike the predominant CPS model, the Multiple Response System (MRS) being implemented in North Carolina is based on a philosophy of family-centered practice, including seven specific practice strategies. The seven strategies of MRS are (North Carolina Division of Social Services, 2005, p. 10):

- 1) Collaboration between Work First and child welfare programs
- 2) Implementation of a strengths-based, structured intake process
- 3) A choice of two approaches to reports of child abuse, neglect or dependency
- 4) Coordination between law enforcement agencies and child protective services for the investigative assessment approach
- 5) A redesign of in-home services
- 6) Utilization of a team-decision making approach to Child and Family Team meetings
- 7) Implementation of Shared Parenting meetings in placement cases

The choice of two approaches to reports of child abuse, neglect or dependency refers to the two separate assessment tracks in place with MRS, the family assessment response and the investigative assessment response (see Figure 4) (North Carolina Division of Social Services, 2005). Upon

determination of a valid CPS report, reports of child abuse and selected reports of child neglect and dependency are assigned to the investigative assessment response while most reports of child neglect and dependency are assigned to the family assessment response.

Figure 4. Multiple Response System
Francis, 2007

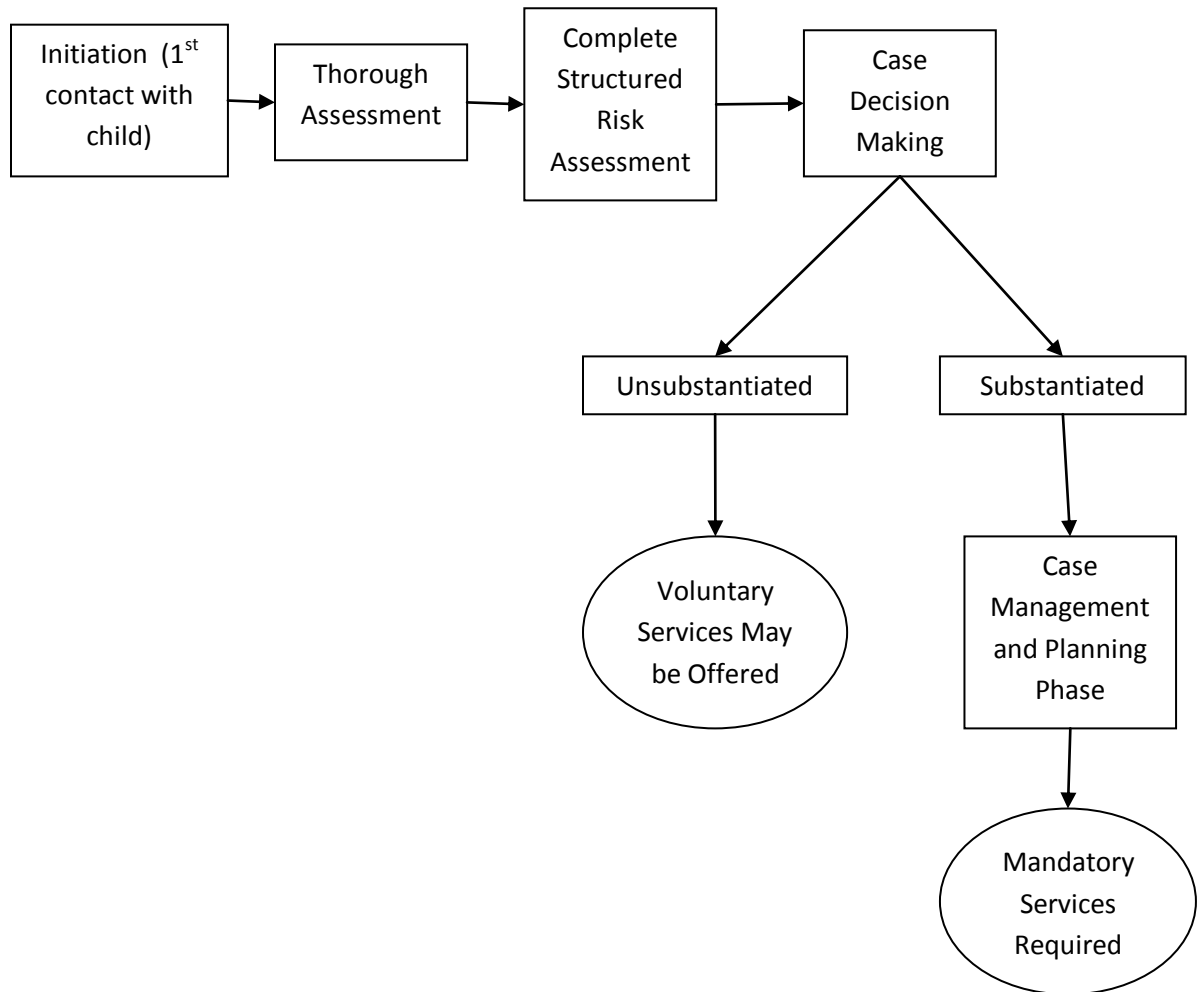


The investigative assessment response (see Figure 5) is the response most similar to the predominant CPS model. The initial phase involves interviewing, with the child being interviewed first, followed by the non-perpetrating parent, the alleged perpetrating parent and then collateral contacts. Collateral information sources refer to any individuals or agencies who know the child and the family situation well enough to provide the CPS worker with information, insight or advice about

how to best serve the family and provide for the child's safety (North Carolina Division of Social Services, 2005). In the investigative response, collaterals are contacted privately and their names are not shared with the family. These interviews are part of a thorough investigation, which also includes a review of agency records and central registry records, a visit to the child's residence, and contact with outside persons or agencies. The worker also completes a structured risk assessment on the family. If the report is determined to be unsubstantiated, the worker involved decides if any agency or outside services or resources are available and would be beneficial to the family. Involvement in such services is voluntary. If the report is substantiated, the case is then transferred to the case planning and management phase. At this time, mandatory services are put in place in an effort to protect the child. At this time as well, it may be determined that the child must be removed from the home for his or her safety.

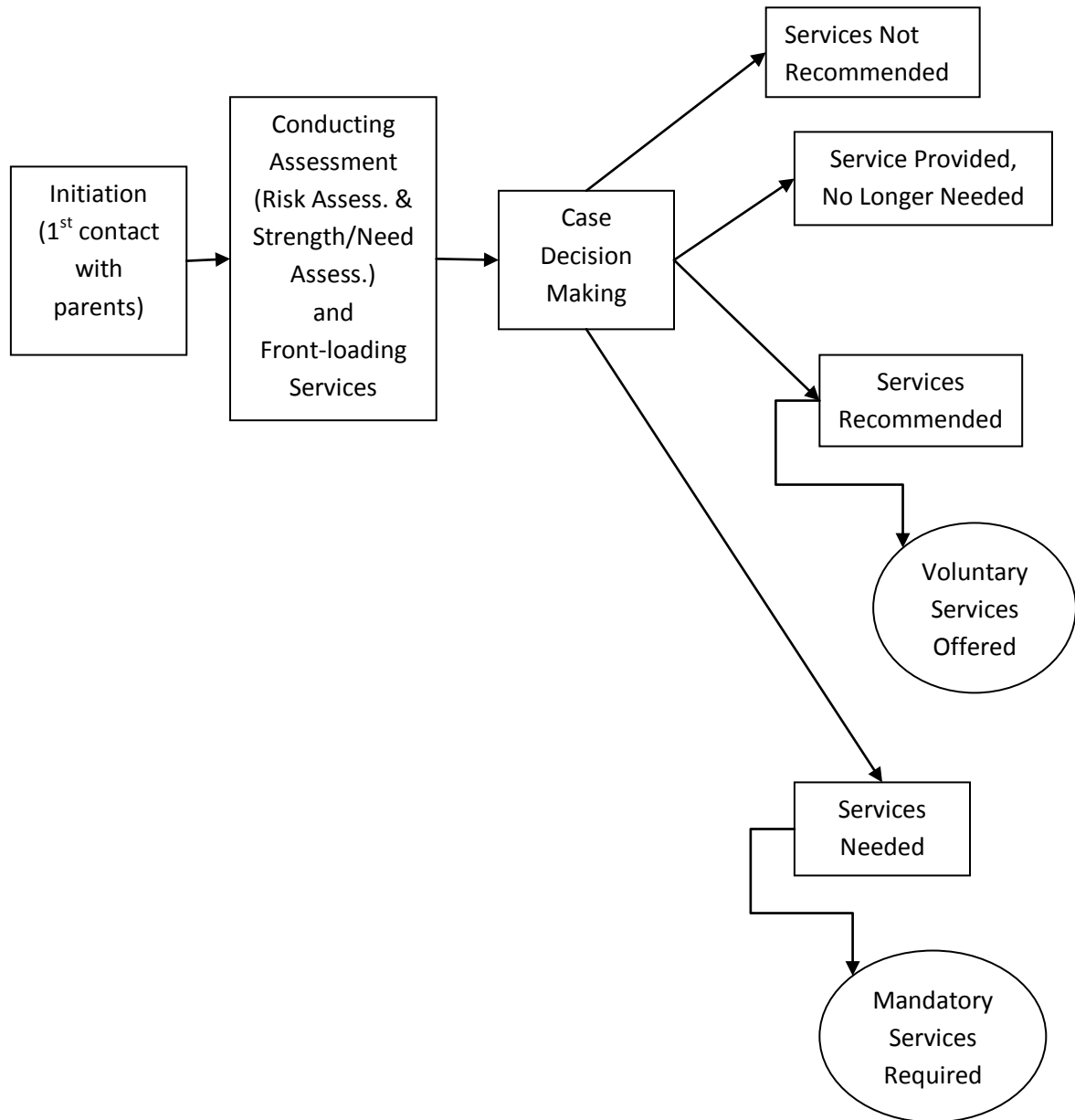
The family response system (see Figure 6) has a greater focus on family-centered practice (North Carolina Division of Social Services, 2005). The initial phase of this process begins by interviewing the parents or the parents and child together. During this interview, the CPS worker explains the MRS system to the family, conducts a safety assessment, and if safety is a concern, develops a safety response with the parents. The worker also uses this time to introduce the Family Risk Assessment and the Family Strengths and Needs Assessment, which are completed with the family during the assessment phase of the process. These assessments are completed with data based on face-to-face interviews with and/or observations of parents, caregivers, other household members, children and pertinent collateral contacts. These collateral contacts are identified by the family and the individual who initiated the CPS report. During the assessment phase, potentially beneficial services are identified and implemented for the purpose of "front-loading" services.

Figure 5. Investigative Assessment Response
Francis, 2007



Upon completion of the assessment, a case decision is made. It may be determined that services are not recommended or that services have already been provided and are no longer needed. In some cases services may be considered beneficial and the worker determines if services are “needed” or “recommended”. If recommended, voluntary services are offered to the family. If needed, mandatory services are put in place for the family.

Figure 6. Family Assessment Response
Francis, 2007



CPS reports involving domestic violence may be assigned to either track (North Carolina Division of Social Services, 2005). Reports containing abuse allegations related to DV must be assigned to the investigative assessment approach. Reports containing neglect or dependency allegations, however, may be assigned to the family assessment approach. The expectation is that cases previously considered to be neglect cases and circumstances of “failure to protect” will now

be assigned to the family assessment approach. Will the family-centered focus of this approach then make it more likely that a battered mother's rights and choices will be respected, that her efforts to protect her children will be recognized and that services designed to provide her with support will be offered?

In keeping with this family-centered model, the 2004 domestic violence policy in North Carolina is designed to keep the children safe without penalizing the non-offending parent/adult victim, and without escalating the alleged perpetrator's violent behavior. The framework of the policy is based on six principles (North Carolina Division of Social Services, 2006, p. 2):

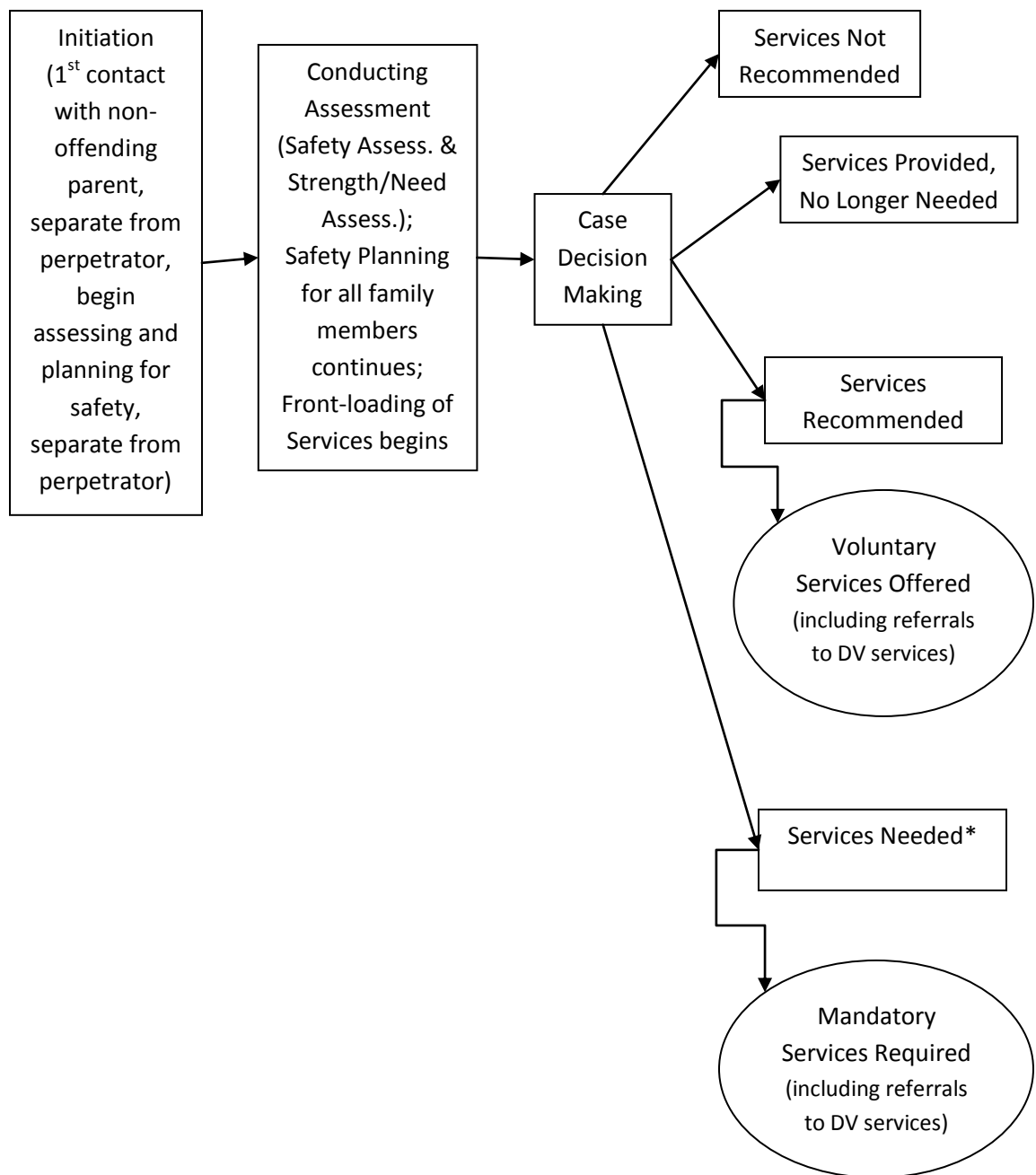
- 1) Enhancing a non-offending parent/adult victim's safety enhances his or her child's safety.
- 2) Domestic violence perpetrators may cause serious harm to children.
- 3) Domestic violence perpetrators, and not their victims, should be held accountable for their actions and the impact on the well being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

It is appropriate to use the family assessment response in cases involving allegations of or information about domestic violence, as long as they meet the designated definitions of neglect and/or dependency (North Carolina Division of Social Services, 2005). The majority of CPS cases

involving domestic violence that result in findings of “failure to protect” are cases that fall into the category of neglect rather than abuse. Therefore, as a result of the Multiple Response System and the 2004 domestic violence policy, families experiencing child maltreatment and domestic violence may not be required to undergo forensic investigation and may instead receive important support services that address both the child maltreatment concerns and the DV (see Figure 7).

Consequently, there may be less tension between domestic violence agencies and child protective services, the process may feel less punitive and adversarial and mothers may be less likely to feel further punished for the abuse they have experienced by losing their children. The question then becomes, do the new policies and practices work as intended?

Figure 7. Family Assessment Response with Domestic Violence
Francis, 2007



*The decision to find “services needed” should be based on the actions of the alleged perpetrator and the capacity and willingness of the non-offending/adult victim to take appropriate actions to protect the child(ren).

CHAPTER 7

METHODS

The theoretical framework guiding this project is “research as empowerment”, which Ristock and Pennell (1996) define as “an approach to research that seeks to effect empowerment at all stages of the research process through critical analysis of power and responsible use of power” (p. 9). An examination of any policy or practice involving child and/or adult victims of abuse requires consideration and analysis of power. The role of power is significant in the abusive relationship, but also in the way policies are developed and implemented, in the authority held by human service agencies and in the relationships between service providers and clients. In circumstances in which two service providers are involved, such as child protective services and domestic violence agencies, power may play a role in interagency relations as well.

The responsible use of power by researchers is demonstrated by efforts to affect the world while maintaining responsibility for one’s actions (Ristock & Pennell, 1996). In keeping with the social change focus of empowerment research (Lather, 1991; Rappaport, 1990), the ultimate goal of this project is to generate ideas about and recommendations for increased coordination and/or collaboration between CPS workers and DV advocates and improved services to families experiencing both adult domestic violence and child maltreatment. These recommendations are suggested by and developed with the participants in the research project. Within the framework of research as empowerment, the grounded theory approach is used to generate these recommendations and suggestions. “Grounded theory methods consist of systematic inductive

guidelines for collecting and analyzing data to build middle-range theoretical frameworks that explain the collected data” (Charmaz, 2000).

The methods employed in this study were in-depth, semi-structured interviews and focus groups. Interviews were conducted with state level key informants in child welfare involved with the implementation of the Multiple Response System in North Carolina and the development of the CPS policy regarding domestic violence. The primary purpose behind these interviews was to develop a better understanding of what the new policies and practices are, why they are being implemented, what the results of new policies are to date and what the long term results are expected to be. In the interview process, the diagrams illustrated in the conceptual framework were shared with state level social services staff to check for accuracy. Suggestions and recommendations made by interview participants were incorporated into the models to create the completed diagrams above. Interviews were also conducted with leaders in the domestic violence community who had been involved in the child welfare policy change process, including representatives of the North Carolina Coalition Against Domestic Violence (NCCADV) and other statewide organizations involved with county level domestic violence agencies. The purpose of these interviews was to learn about the DV community’s understanding of the new policies and practices, their involvement in the development of these policies, if any, and their experiences and expectations regarding the new procedures.

Separate focus groups were held with domestic violence advocates and with child protective services workers across North Carolina. Three focus groups were held with CPS workers, one in an eastern county, one in a central county and one in a western county. One criteria for county selection was geography, choosing one county in each region of the state. Another was reputation for successful implementation of new policies and/or new initiatives on the part of the county

department of social services. In order to evaluate perceptions of and possible outcomes from MRS and the DV policy, it was important to involve counties that were likely to have implemented the two new policies effectively. All three counties were demonstration sites for the MRS pilot project. The eastern and western counties were two of the original ten who implemented the policy in 2002 and the central county joined the project in 2003. Three focus groups were conducted with DV advocates as well. These groups were also conducted in eastern, central and western counties in the state. They included advocates from each of the counties corresponding to the CPS focus groups as well as two surrounding counties. The focus groups with domestic violence advocates included surrounding counties because the number of advocates in each county is significantly smaller than the number of child protective services workers in each county.

The focus groups were used to learn more about the experiences of individuals who work in these fields, regarding the levels of cooperation, coordination and collaboration that exist between these two agencies. These group interviews were used to gather information about the participants' perspectives on and experiences with the new policies and procedures and to identify potential for greater collaboration. These interviews also sought feedback from participants about what is necessary to make the new policies work effectively to ensure the safety of both women and children in violent homes.

A qualitative approach was used for this study because it offered the most appropriate method for understanding the experiences of those who helped develop and implement MRS and the domestic violence policy and those who are working under these policies. Individual interviews were considered the best way to collect more detailed and descriptive information about the process of policy development and implementation than the written descriptions provided in the policy manuals and related reports. Focus groups, which provide a forum for expressing and sharing

both common and diverse perspectives and attitudes and an opportunity for participants to expand on and critique each others' ideas (Krueger & Casey, 2000), were used to collect rich, descriptive data about workers' and advocates' experiences and to solicit feedback and recommendations based on those experiences.

Sample

Twelve key informants completed individual interviews between February 6 and September 19, 2007. Seven participants were members of the social services community and five were members of the domestic violence community. Based on recommendations from a member of the investigator's dissertation committee, who was involved in the process of bringing MRS to North Carolina, and on the investigator's knowledge of the domestic violence community, the researcher contacted individuals who were involved in the development and implementation of MRS and the 2004 domestic violence policy. Potential participants were contacted through e-mail. The e-mail message described the research project and the interview process, and asked if the recipient would be interested in participating. If the recipient agreed to participate, an interview was scheduled and the participant was asked to identify a meeting location that was convenient for him or her and offered quiet, private space. Participants were also asked at that time and/or after the interview to identify or recommend other individuals who should be contacted for an interview. If recipients declined to be interviewed they were asked if they would be able to identify other individuals who should be contacted for the project. Based on these recommendations, other potential participants were contacted.

Twenty-two child protective services workers participated in the three CPS focus groups (see Table 1). These groups ranged in size from six to ten with an average of seven participants per

group. Participants included workers from in-home services and investigations. Participants' years of experience with child protective services ranged from one to 17.

Table 1. Department of Social Services Focus Groups

Location	Date	Number of Participants
Eastern North Carolina	September 10, 2007	6
Central North Carolina	August 29, 2007	6
Western North Carolina	August 16, 2007	10

Fourteen domestic violence advocates participated in the three DV groups (see Table 2). These groups ranged in size from two to eight with an average of four participants per group. Participants included adult advocates, child and family advocates, case managers and shelter directors.

Participants' involvement with the domestic violence movement ranged from three months to 16 years.

Table 2. Domestic Violence Agency Focus Groups

Location	Date	Number of Participants
Eastern North Carolina	August 23, 2007	2
Central North Carolina	September 27, 2007	8
Western North Carolina	September 28, 2007	4

In order to recruit participants for the focus groups, the researcher contacted, through e-mail, supervisors from the identified eastern, central and western county departments of social services and directors of the domestic violence agencies serving those and surrounding counties.

The message explained the research project and the purpose of the focus groups, and asked if the

supervisors or directors were interested in having workers and advocates participate in the focus groups. If so, they were asked to assist with invitations to employees. One supervisor asked the investigator to contact members of his unit and provided a list of workers' names and e-mail addresses. Workers were randomly chosen from the list and sent an invitation to the focus group. All other supervisors and directors extended their own invitations to their employees. Directors of the departments of social services were asked to help identify and secure a location for the group that would be convenient for participants. For the DV focus groups, the director of the agency in the most centrally located county was asked to "host" the group, identifying and securing a convenient location in their county.

Procedures

The individual interviews were conducted by the researcher. In most cases these were individual interviews. In one case, however, at the participants' request, one of the social services key informant interviews included three participants. All interviews were conducted in locations of the participants' choosing. Most of the interviews were conducted in offices, two were located in coffee shops and one took place in the participant's home. The interviews were set up according to an interview protocol (see Appendix A). They involved open-ended questions in a semi-structured format directed by interview guides (see Appendix B and Appendix C). One guide was used for social services interviews and another for domestic violence interviews. The questions varied somewhat for the two sets of key informants in an effort to solicit the most meaningful and accurate information, according to that community member's likely involvement in the development or implementation of either policy. For example, members of the DSS community were asked to identify factors that influenced the development and implementation of the Multiple Response System in North Carolina. Members of the DV community, however, were not expected to have

extensive knowledge of the issues that influenced the department's decision to create a differential response system for the state. These key informants were instead asked to describe any involvement they or other members of the DV community had in the development and/or implementation of the MRS policy. All key informants, however, were expected to have some knowledge and awareness of the relationships between county child protective services departments and local domestic violence agencies in the state and were, therefore, asked to describe the current level of communication and collaboration between CPS and DV agencies and to offer recommendations for strengthening collaboration between these two agencies. Questions were added or adjusted as information arose during the interview and through the constant comparison data analysis process. The length of each interview ranged from 40 to 65 minutes with an average length of 54 minutes.

The focus groups were conducted by the investigator and a co-facilitator. The groups were set up according to a focus group protocol (see Appendix D) and guided by a set of interview questions (see Appendix E and Appendix F). As with the individual interviews, slightly different interview guides were used for the separate CPS worker and DV advocate focus groups in order to solicit the most meaningful and accurate information available to staff in the two different systems. The guides included open-ended questions intended to encourage conversation and discussion. Questions were added or adjusted as information arose during the focus groups and through the constant comparison data analysis process. As participants responded to the questions, the co-facilitator recorded flip chart notes. The length of each focus group ranged from an hour and 15 minutes to an hour and 32 minutes with an average length of one hour and 25 minutes. For each of the domestic violence focus groups, advocates from three counties were invited to attend. For the eastern DV group, representatives from two of the three counties sent their apologies the morning of the scheduled group, indicating they were no longer able to attend. In order to have the

opportunity for their counties to be represented in the project, the focus group questions were e-mailed to the directors of the two DV agencies that were unable to attend the meeting. An advocate from one of the two agencies answered the questions and e-mailed the responses back to the researcher.

Most individual interviews and all focus groups were audio taped. When interviews were not taped, detailed notes were taken, remaining as close to verbatim as possible. Tapes of individual interviews were transcribed by the investigator and focus group tapes were transcribed by the investigator and two other transcribers. The accuracy of the transcripts was verified by listening to the tapes while reading the transcripts and making necessary corrections or changes. Accuracy of content was verified for the individual interviews by contacting several participants and asking them to review a summary of information gathered and/or to provide clarification when needed. Six participants were contacted and four responded. Due to technical difficulties and the subsequent poor quality of the tape, one focus group tape was unable to be transcribed verbatim. After being “cleaned up”, the tape was used to enhance the information gathered through flip chart notes during the focus group and in reflective notes after the group.

Data Analysis

The audiotapes of the individual and group interviews were transcribed. The notes from the interviews that were not taped, the focus group flip chart notes and the reflective notes written after each individual and group interview were typed. The information from the notes and transcripts was reviewed and analyzed using constant comparison procedures (Glaser & Strauss, 1967). The transcripts and notes were coded, using an open-coding technique (Padgett, 1998). As transcripts were read and re-read, notes were taken, summarizing content, identifying themes and creating codes related to the research questions. Although the investigation focused specifically on

finding common themes, divergent cases and alternative perspectives were also identified. As themes emerged, codes were combined and clarified as needed. The individual interviews were analyzed for common themes regarding policies, implementation and expectations. Comparisons were also made between key informants from social services and those from the domestic violence community. The focus groups were analyzed for common themes both among and between child protective services workers and domestic violence advocates. Findings were organized according to policy and policy implementation, actual practice and collaboration issues, and recommendations for greater collaboration and more effective practice with families experiencing domestic violence and child maltreatment concerns. As data were collected and analyzed, findings and interpretations were shared with study participants in order to seek verification or feedback (Padgett, 1998). Summaries of findings and/or questions were sent to participants through e-mail. Participants were asked to respond to questions for assistance with clarification or to indicate whether findings and interpretations appeared to be accurate. These responses were also communicated through e-mail. This process of member checking along with the use of multiple data sources (key informants, CPS workers and DV advocates) and two data collection methods (individual interviews and focus groups) were used to help ensure trustworthiness, which is a key issue for defining rigor in qualitative research (Lincoln & Guba, 1985).

CHAPTER 8

RESULTS

Policy

Key informants associated with the department of social services and with the domestic violence community in North Carolina were asked to give feedback through individual interviews about the Multiple Response System and the 2004 domestic violence policy implemented for child welfare in North Carolina. The questions asked of the two sets of respondents varied somewhat based on different roles in the creation and implementation of, and the general involvement with, the two state policies. Members of the social services community typically demonstrated knowledge and understanding about both policies, while members of the domestic violence community had greater awareness of and more knowledge about the DV policy. The feedback received from these individual interviews with key informants was used to develop a better understanding of the purposes of the new policies and practices, how they are currently perceived by those interviewed, why they have been implemented, what the results of the policies have been so far and what the long term effects are expected to be.

Policy Changes

Key informants from both social services and the DV community were asked to discuss the changes that have been made to North Carolina public child welfare policy with the implementation of the Multiple Response System (MRS) and the 2004 domestic violence policy, and how these changes may influence the treatment of the co-occurrence of domestic violence and child maltreatment in families. The changes identified most frequently by all respondents fell into two

categories, changes in actual practice and changes in attitude or philosophy. For the Multiple Response System, the practice changes identified most often involved implementation of dual tracking (different paths possible at intake) and changes to the order in which family members are interviewed. The philosophy changes included being more family centered, more focused on needs and services and more strengths based in approach to families.

Changes in Philosophy with MRS.

When asked to describe or explain MRS, all DSS respondents and all but one DV respondent stated MRS was a more family-centered practice. As recited by one employee of the division of social services, and as written in the MRS policy statement (North Carolina Division of Social Services, 2005), family-centered practice is built upon six principles of partnership. These principles are (North Carolina Division of Social Services, 2005, p. 9):

- 1) Everyone desires respect
- 2) Everyone needs to be heard
- 3) Everyone has strengths
- 4) Judgments can wait
- 5) Partners share power
- 6) Partnership is a process

By following these principles, one domestic violence interviewee reported that child protective services has become more “family focused, less intimidating and more family friendly” (DV 2).

When discussing family-centered practice and how this differs from previous practice, the themes that were identified most often were viewing the family more holistically and tailoring services to family needs. Prior to the implementation of MRS, the child welfare worker by legal mandate was concerned almost exclusively with the safety of the child. With the implementation of the new policy, the child is still DSS’s primary focus, but the safety and the needs of the whole family are given greater consideration as well. If implemented as intended, the family-centered approach of

MRS allows the worker to “be more family friendly and [to] work with the family as a whole” (DV 3). As one employee of the division of social services stated, “The biggest difference is we look at families more holistically” (DSS 1).

In addition to taking a more inclusive approach to families, family-centered practice is demonstrated by identifying family needs and tailoring services to meet those needs. Before the implementation of the Multiple Response System, all families whose cases were “screened in” were investigated, and the investigation was intended to determine whether or not an act of child maltreatment (child abuse, neglect or dependency) could be substantiated. Working under the MRS model means cases of child neglect can be assigned to a family assessment process that is focused less on investigation and more on assessment and service provision. This is significant for families experiencing domestic violence because the majority of these cases falls under the category of neglect, and therefore, would most likely be assigned to the family assessment track. As one DSS informant explained, “In the past, most investigations pretty much looked alike. Now we try to consider the best way to work with that family” (DSS 2). Another key informant from social services stated, “We focus on needs, not deeds, and try to get at what caused the family to get to this place of child maltreatment. We still pay attention to allegations, of course, but we try to look further”. She went on to say, that following MRS procedures is “a way to deliver services more customized to each family’s needs” (DSS 1). Although this is good practice with any family, it can be particularly beneficial to families experiencing both child maltreatment and domestic violence. Under the new procedures, tailoring services to families’ needs means that families known to be experiencing domestic violence should be offered services designed to address this issue and to provide assistance and support.

All DSS respondents and two of the informants from the domestic violence community identified MRS as more strengths based, which is a key principle of family-centered practice. A member of a department of social services stated, “It’s about really recognizing family strengths and working with that” (DSS 7). This effort begins as early as the initial report to DSS. As one respondent explained, “We are even asking reporters about the strengths of the family” (DSS 3). A key informant from the DV community described the new process as a “different way that is less threatening and based on strengths” (DV 1). Just as the strengths perspective is integral to family-centered practice, it is also closely connected to empowerment theory (Robbins, Chatterjee, & Canda, 1998) and an empowerment oriented philosophy of practice, which is fundamental to domestic violence practice. Historically, one of the issues contributing to tension between domestic violence agencies and child protective service agencies can be traced to the DV movement’s subscription to empowerment theory, and the belief of most DV advocates that battered women should be allowed to make their own choices about leaving or remaining in an abusive relationship. The choice to remain with a batterer sometimes led CPS workers to believe that battered mothers were being allowed to endanger their children. Having both organizations now working from a strengths perspective may contribute to a decrease in interorganizational tension and foster an ability to work together more effectively.

Changes in Practice with MRS.

In addition to changes in attitude and philosophy, the Multiple Response System also brings with it specific changes in practice. The two changes identified most frequently by the individual interview participants were the dual tracking system and changes to the interview order. As one of seven practice strategies for MRS, the dual tracking system is one of the most significant shifts in interaction with families. In several of the key informant interviews as well as in the focus groups

conducted for this study, participants even referred to the dual tracks or the family assessment track as MRS itself. This identification of dual tracks with MRS parallels the understanding or development of differential responses for child welfare practice in most other states. These practices are generally referred to as alternative response, differential response, dual track or family assessment, and refer singularly to the practice of separating responses into those based on investigation and those based on needs assessment (Shusterman, Hollinshead, Fluke, & Yuan, 2005). In North Carolina, however, dual tracking is just one of the seven strategies that comprise the Multiple Response System.

With this strategy, all abuse and specific types of neglect cases are assigned to an investigative assessment track, while the majority of neglect cases are assigned to the family assessment track. As a current trainer and former CPS worker stated:

[Neglect cases] are 90% of the cases that we have in North Carolina and then the other 10% of our reports are typically abuse. And we were treating them all the same. You know, I would go out on a dirty house case or a supervision case and I would initiate that the exact same way I would a sexual assault case, except without the police. (DSS 6)

This is no longer true. Abuse cases are now assigned to the investigative track, which means they are initiated and assessed according to the more traditional CPS model, with allegations being substantiated or unsubstantiated. Neglect cases are typically assigned to the family assessment track. “With family assessment track, we don’t substantiate allegations. It’s not so much about ‘this has happened’, it’s what can we do to help this family” (DSS 6). The option of the family assessment track is significant for situations of co-occurring domestic violence and child maltreatment because “MRS targets neglect cases, which is where most DV cases were ending up. So MRS allows more opportunity to affect DV cases in positive ways, both because of MRS and the DV policy” (DV 1).

The other practice change most frequently noted throughout the individual interviews with DSS key informants, and later in the focus groups with CPS workers, was the change in interview order of family members within the family assessment track. In the traditional CPS model, the children were interviewed first, without parents' knowledge or consent. After interviewing the children, the parents were then contacted and interviewed. This continues to be true for the investigative track under MRS. With the family assessment track, however, parents are contacted earlier, before the children, and involved in the process differently. One key informant from social services explained:

One main difference is we are initiating cases differently. We are going to the head of the family first and trying to partner with them. You know, "you are the expert, what do you think needs to happen for your children to be safe?" (DSS 6)

Another key informant from social services explained that one of the reasons cases are initiated differently is because of:

A basic philosophy we try to hold each other to. How would I want to be treated if this were me and my family? For example, we now contact parents and make appointments rather than go to the school and talk to children privately without their knowledge. (DSS 2)

The initial contact is supposed to be focused less on investigation and more on creating a partnership with the parent or parents, identifying family strengths and assessing needs.

Changes with the Domestic Violence Policy.

In the initial interview for the family assessment track of MRS, all parties involved may be meeting together with the CPS worker: the mother, the father and the child or children. An employee of the division of social services stated, "The order of interview was a hard issue between

CPS and DV early on, but we have gotten past that” (DSS 3). This was an issue of interorganizational tension because, in cases of co-occurring domestic violence and child maltreatment, DV advocates were concerned that a meeting with both the mother and the father could place the adult victim at greater risk of subsequent violence and abuse. One of the things that helped the child welfare and domestic violence communities overcome this serious issue was the creation of the domestic violence policy, which stated that the non-offending parent/adult victim is not to be interviewed in the presence of the alleged batterer. As one DSS respondent stated:

The interview order is completely different with domestic violence cases. When you get a DV case, no matter which track it goes on, whether it’s investigative assessment track or family assessment track, no matter which one, the interview order is the same for DV. And that is, non-offending parent/adult victim first, then the children, then the perpetrator, and that’s different than in other cases. In investigative assessment track we talk to the children first. In family assessment track we talk to people together. So in DV it’s adult victim first, children second, perpetrators third. (DSS 6)

In cases of domestic violence, the policy further specifies that “family members are interviewed separately, so as not to put the individual at risk” (DV 4). Taking this step to help protect the non-offending parent/adult victim is one of the significant positive practice changes presented by the DV policy, and identified by the participants from both systems in the individual interviews.

As with MRS, the identified changes with the implementation of the DV policy include both changes in practice and changes in philosophy of practice. The changes in practice that were identified were interview order, as described above, and changes in the procedures for removal of children from the non-offending parent/adult victim. This change is really a combination of a practice change and a philosophical shift. Historically, in cases of domestic violence, CPS workers

were inclined to remove children from the non-offending parent/adult victim, typically the mother, for “failure to protect” her children in a violent environment. As one DSS respondent described it:

Prior to [the new] policy, there was an attitude of [we’re] “here for the kids”, “you’re wrong”, “failure to protect”, “if you don’t leave him we will take your kids.” Policy [now] says, if you can ensure the safety of the non-offending parent, that goes along with safety of the children. The primary focus is still safety of children, but not precluding services and safety of the non-offending adult victim. We are now looking at services for her. (DSS 5)

Under the domestic violence policy for CPS, there is “no longer automatic removal and [workers are] no longer allowed to threaten with removal of children if she doesn’t leave” (DSS 6). Not only does this change in practice “minimize concern for removal due to failure to protect” (DV 4), it also demonstrates a “philosophical change in not punishing mom” (DV 1).

Another philosophical shift represented in the DV policy is the recognition that the safety of the children is directly connected to the safety of the mother, which is a position members of the domestic violence movement have been advocating for many years. The DV policy “ties the safety of the adult victim to the safety of the children involved” (DSS 3). With the policy in place, workers now “look at protection not only of children, but also the non-offending parent, and a protective plan is made for the children and the non-offending parent” (DV 4). A member of the DSS community described this difference in philosophy in stating:

Historically [it has] been “we are child welfare, we worry about the children. I’m sorry this is happening to you but we need to worry about these kids.” So what the policy says now is the safety of the non-offending parent/adult victim is directly linked to the safety of children. If you do more to protect that person, they are going to do more to protect their children. (DSS 6)

A final shift in philosophy identified by the key informants from DSS is “not holding the non-offending parent accountable for the offending parent’s actions” (DSS 7). One DSS respondent explained the attitude and the practice prior to the implementation of the DV policy as follows:

What we were doing was, if there was domestic violence in the home, they would substantiate on both parents and they would tell the victim, “you are engaging in domestic violence in the presence of your children”, basically. No matter what the circumstances were, if there was DV in the home, the victim was held accountable for that. The policy forbids that now. What it says is that it is not appropriate to substantiate on the non-offending parent/adult victim solely for the actions of the perpetrator. (DSS 6)

Holding the batterer accountable can be very challenging, however. Several respondents stated that steps are being taken to enforce accountability, but more needs to be done. A few examples of ways this can be carried out in practice include “having that discussion with the batterer. ‘We are holding you accountable. What are you going to do to keep your children safe?’” (DSS 6). It can also be done by having “components of family service plans or case plans include activities and measures specific to the perpetrator’s behavior changes to protect the children” (DSS 4). Although more needs to be done to hold batterers accountable for the safety of their children and their partners, simply recognizing this issue is a significant step for child welfare services. A member of the domestic violence community summed up the philosophical shifts, and many of the practices tied to these shifts, associated with the DV policy in the following statement:

To me that was just a huge shift in philosophy, really, to have that implemented in policy that we are going to hold the perpetrator accountable, we’re going to really look to support that mother and child, and understanding that by keeping the mother safe, we are going to

be keeping that child safe. And that removing the child is not always what is going to keep them safe or what's best for the child. (DV 3)

Policy Development, Implementation and Outcomes

The decision to develop and implement a differential response system for CPS in North Carolina was largely initiated by the findings of a federal child and family services review conducted in 2001. Federal reviews happen regularly, and typically identify issues for the division management to “focus attention on and sort of work on enhancing, improving or including” (DSS 7). As one respondent with the division of social services explained, the federal review findings indicated that child protective services in North Carolina “have gotten away from family-centered practice in the child welfare system, need more consistency, especially around screening, and need more parent involvement in planning” (DSS 1). She further explained that “North Carolina was beginning to move in that direction already and the findings clarified what we already knew” (DSS 1). In order to address these concerns, North Carolina began seeking information from other states, such as Florida, Virginia, Missouri and Minnesota, who were trying differential approaches to child welfare practice. “Everybody had a little different model. We learned and took from each model what we liked and discarded what we didn’t like” (DSS 2). What resulted was the Multiple Response System being implemented in North Carolina today.

The origins of the domestic violence policy can be traced to a meeting in 1999 of the National Council for Juvenile and Family Court Judges. “What sprung from that was the Child Well-Being and Domestic Violence Task Force, which developed principles of how to respond to co-occurring domestic violence and child welfare” (DSS 3). The task force was actually comprised of four committees, one of which focused on the issue of domestic violence. According to a study respondent from the DV community who served on that committee, they were charged with addressing the issue of a domestic violence policy for CPS. Although the committee did not create a

DV policy, they did identify recommendations for practice. Both key informants who were involved in the task force shared positive feedback about the process. One respondent felt DSS “deserves a lot of credit for being committed to developing this policy” (DV 1). DSS was further commended by both respondents for taking most of the committee’s recommendations and incorporating them into the policy that was ultimately developed. As one of the participants stated, what was created “really was recommendations from that task force, so it [the recommendations] had to go through the normal channels, through DSS, but I think the main points we all agreed to remained in the final policy” (DV 5).

Intended Outcomes.

A federal review and a meeting of juvenile and family court judges initiated the creation of new policy and changes in CPS practice. What were the desired outcomes of these policies? The key informants for social services were asked to describe the intended outcomes for the Multiple Response System. The outcomes identified included those for families as well as those for the child welfare agency itself. Several respondents spoke to fairly global outcomes for families, such as a “decrease in repeat maltreatment” (DSS 1) and “less children coming into foster care” (DSS 6). Other general outcomes for families included, “stronger and healthier families” (DSS 7) and that “families are better served” and “have better opportunity to shape the direction and the outcome” of their case (DSS 5). Two respondents spoke specifically to better outcomes for families based on front-loading of services. Traditionally services were not provided to a family until the investigation was complete and the charges of abuse or neglect were substantiated. By frontloading services, workers are able to “begin services earlier, put more time into the family up front, knowing that the payoff will be in the end” (DSS 6). This process of front-loading even led to a new case decision option for the family assessment track of “services provided, no longer needed.” By receiving

services earlier in the assessment process, some families are able to adequately address concerns identified by CPS prior to their final case decision.

Both DSS and DV key informants identified potential outcomes of the MRS policy for the department of social services itself. The new policy may change “the way the community sees DSS. Not big bad agency that picks on people, but an agency that helps people” (DSS 2). Two members of the domestic violence community agreed that the policy “should make DSS a less scary place” (DV 1) and hoped it would encourage “less fear of DSS by the public” (DV 3).

The MRS policy itself does not speak directly to expected outcomes. It does, however, identify the overall goal of MRS as “the safety, permanence, and well-being of children and their families through the integration of family-centered practice throughout all family support and child welfare services” (North Carolina Division of Social Services, 2005, p. 11). This goal should be reached through the implementation of the seven strategies of MRS. Each strategy has its own outcomes. For example, the strengths-based structured intake should result in “improving the quality and consistency of information gathered through highly structured intake procedures” (North Carolina Division of Social Services, 2005, p. 5) and the Child and Family Teams should benefit families by “improving the decision-making process. Encouraging the support and buy-in from the family.... [and] developing specific, individualized and appropriate intervention for families and children” (North Carolina Division of Social Services, 2005, p. 5).

The intended outcomes for the domestic violence policy identified most often by key informants from social services were “increased safety for children and the non-offending parent/adult victim, increased support for non-offending parent and whole family, and increased accountability for offender” (DSS 6). In terms of increased safety for the children and the non-offending parent, the goal is to “ensure safety of child while providing services to adult victim that

enable her to protect herself and her children” (DSS 5). One way to work toward this goal is to complete safety planning with the non-offending parent. Increased support for the whole family, including the adult victim, is reflected in the change in philosophy discussed above, viewing the family more holistically and recognizing that support for the non-offending parent can translate into safety for the child. The new policy and practices encourage workers to “partner with the victim...the one person who can give us the most information, if they trust us” (DSS 6). The third identified goal, increased accountability of the offender, can be a very challenging outcome to achieve. One respondent stated that Child and Family Team meetings can be used to support this by providing a forum to inform the batterer that domestic violence is “flat out unacceptable” (DSS 3). Another respondent stated we need “more collaboration between law enforcement, the courts and DSS when it comes to accountability for perpetrators” (DSS 6). The outcomes identified by the DSS respondents aligned directly with the goals of the DV policy statement (North Carolina Division of Social Services, 2004, p. 2). According to the policy itself, the goals of child protective services intervention in cases involving domestic violence are:

- Ensure the safety of the child.
- All family members will be safe from harm.
- The non-offending parent/adult victim will receive services designed to protect and support him or her.
- The children will receive services designed to protect, support and help them cope with the effects of domestic violence.
- The alleged perpetrator of domestic violence will be held responsible for his or her abusive behavior.
- The incidence of child maltreatment co-occurring with domestic violence will be reduced.

Although implied by the outcomes identified above, only one key informant from DSS specifically identified the removal of fewer children from the home as a desired outcome of the DV policy. This, however, was the most frequently stated desire or expectation of the key informants from the domestic violence community. The greatest desire was that the DV policy would create

“better outcomes for families” and an environment in which families are “able to turn to DSS for assistance without the fear of losing their children” (DV 4). Another domestic violence community member expressed her hope that “it means a real change in the failure to protect issue and more understanding of what victims go through in a DV relationship, and that oftentimes they are doing everything they can to protect their children” (DV 3).

Key informants from DSS were the only ones asked to speak to the fit between the Multiple Response System and the domestic violence policy. These respondents identified MRS, and its focus on family-centered practice, as the umbrella or the over-arching policy and practice strategy, with the DV policy being implemented when domestic violence is present, but not changing the guiding principles of practice set forth by MRS. As one key informant stated, “MRS is what we do, everything we do. It informs everything we do. DV policy is a piece of that and meets those requirements” (DSS 3). Another stated that workers are “implementing DV policy by MRS guidelines, following what is required by MRS, and if DV is present, implementing DV policy as well” (DSS 5). CPS workers in the focus groups generally agreed that MRS creates an overall practice model that is more family friendly and sensitive to clients’ needs, which carries over to the application of the DV policy with families experiencing domestic violence. As one participant stated about working with DV cases, “I think we are becoming more holistic in looking at, what are the family dynamics?” (Western CPS Focus Group Participant). Another participant described the use of the DV policy under the Multiple Response System as “being able to help families choose what sort of services they want. So it’s not a cookie-cutter, ‘you’re going to do this’, it’s more, ‘this is what needs to be done, how are we going to get it done?’” (Western CPS Focus Group Participant). In these cases, the workers are still functioning under the DV policy, but are also incorporating the family-centered practices of MRS, viewing the family more holistically and focusing on needs assessment and service provision. The one challenge that was identified by participants in the

eastern CPS focus group was that the steps taken to follow DV policy, including separate interviews, separate safety plans and separate Family Services Agreements, are sometimes more involved and more time consuming, yet the workers are still expected to meet state timeframes for CPS. One worker described it as sometimes being “caught in the middle of the DV policy and the CPS policy” (Eastern CPS Focus Group Participant).

Current Implementation.

According to DSS respondents, both MRS and the DV policy have been implemented by all 100 counties across the state since 2005. All respondents agreed, however, that the degree to which these policies are being followed, or the success with which they have been implemented, varies a great deal. Although they were not asked to speak directly to the stage of implementation, key informants from the domestic violence community echoed the sentiment that practice and policy implementation can vary significantly across the state. As one DSS respondent stated about MRS, “All 100 counties have started implementation, but not done yet”. She went on to say, “Some counties are struggling in one area but excelling in another” (DSS 1). Similar feedback was shared about the DV policy and the fact that successful implementation of that policy varies as well from county to county.

Reasons for this variation include the fact that these policy changes require a shift in philosophy and thinking. MRS is system reform, which means it is a “new policy to learn but also a whole different way of thinking. We really went from being a sort of punitive agency to an agency that really wants to help. This was a philosophy shift for many” (DSS 2). Several respondents identified that resistance to the new way of thinking is often present with supervisors. If supervisors do not embrace the new philosophy, it can be difficult for workers to fully implement the new practices. One respondent involved with training stated:

People come to training and love the policy, but many are frustrated because supervisors haven't come to trainings, or their supervisor is "old school". Workers generally embrace new policy in training, but it may be a different story when they return to their home counties. (DSS 5)

The respondent indicated this problem holds true for both MRS and the domestic violence policy. When speaking about acceptance of the DV policy, another respondent stated, "I think in order for it to be truly implemented, we have to have complete buy-in from administrators and supervisors" (DSS 6). The expectation is "if the supervisor is on board, then the case workers, the line workers, are going to be on board" (DSS 7).

Another challenge for implementation is training and awareness of the policies. One respondent from the DSS community believed the Multiple Response System was generally better received than the domestic violence policy, and suggested more training may have influenced this. She stated:

MRS seems to be better received. One reason may be when it was first implemented, there was so much training, and required for all levels of staff. So supervisors and administrators were involved in the front end. This was not necessarily so for the DV policy. Very few supervisors have been in those trainings. (DSS 5)

Although getting supervisors and upper level management to training is one challenge, getting frontline workers to training is challenging as well. These challenges stem from high turnover rates among CPS employees and too few trainings being offered. As one key informant from social services stated, the challenge is "getting enough people to trainings, and the fact that there is high turnover, offering enough trainings" (DSS 7).

Participants in the three DSS focus groups agreed that the frequency and availability of training is particularly problematic with regard to the domestic violence training. One participant in the eastern DSS group reported that she had been in her role as an investigations assessment social worker for 15 months and had not yet received the domestic violence training. One reason so few trainings are offered is that “the DV policy training is not mandatory” (DSS 6). As one of the social services key informants explained, the DV policy training was mandatory before counties could begin implementing the policy, but now that the policy has been implemented across the state, the training is no longer mandatory. With the training being optional, fewer people are attending, and therefore, fewer trainings are being offered. The key informant reported that six trainings had been conducted across the state between July and December of 2006, but between January and June of 2007, there had been only one training on the domestic violence policy. In addition to the small number of trainings, location can also be an issue. As a participant of the eastern county DSS focus group stated, “We only go to [Town A] or [Town B] for training and if it’s not in one of those two locations, then people have to wait until it comes back around” (Eastern CPS Focus Group Participant).

These issues of training availability and accessibility combined with high rates of turnover can create challenges for policy implementation. One member of the domestic violence community stated that she had visited one of the county DSS departments in the state, and learned that 75% of their workers were new and had not yet received training on the DV policy. As she stated, “If training is not in place, people fall back to old ways” (DV 1).

Suggestions for Additional Practice Strategies

As discussed above, several changes in CPS practice with families experiencing domestic violence have already occurred as a result of MRS and the 2004 DV policy. These include assigning

neglect cases to the family assessment track, using Child and Family Team meetings and conducting separate interviews and meetings with victims of domestic violence. The use of the family assessment track helps to create an environment that is less punitive and adversarial. It encourages partnerships between workers and parents, and it focuses on needs assessment and service provision, including needs and services related to domestic violence. The use of Child and Family Team meetings allows the family to provide input into their case plan. It also allows other support persons, family, friends and service providers, to come to the table to provide feedback and offer support. Conducting separate interviews and having the opportunity to meet individually with the non-offending parent may create a safer and less threatening environment for this parent. She may then have the opportunity to share information more freely, create safety plans for herself and her children and develop case plans that may not be shared with her abusive partner. Child and Family Team meetings may be conducted either separately or jointly. The most recently revised version of the domestic violence policy states:

In some cases, the non-offending parent/adult victim may want the perpetrator of domestic violence to participate in the Child and Family Team meeting together. The non-offending parent/adult victim may see this as a safer opportunity to negotiate agreements in regards to the care of the children as well as a way to bring community pressure on the perpetrator to change their behaviors and stop the violence. (North Carolina Division of Social Services, 2006 p. 15)

In other cases the non-offending parent may not feel safe or the county DSS and/or CFT facilitator may believe it is too dangerous to conduct the meeting with the alleged perpetrator present, and the meetings may be held separately.

Workers who were interviewed as part of the North Carolina Family-Centered Meetings Project (Pennell, 2007) offered different opinions about whether to include alleged offenders in the CFT meetings and identified different strategies for conducting CFTs in cases of domestic violence. In situations where protective orders were in place, workers agreed that separate meetings should be held. If protective orders were not in place and the couple was living together, workers employed a range of strategies. These included holding separate meetings, having one parent participate through a conference call, holding staggered meetings with the group remaining constant but having each parent participate at different times, holding joint meetings with the non-offending parent's consent, and holding joint meetings with both parents signing papers for liability reasons (Pennell, 2007).

Although these current practices may be beneficial for families experiencing both domestic violence and child maltreatment, key informants identified some additional practice strategies which may also be useful. One is the creation of blended teams within CPS agencies. Instead of having separate units for the different stages of a CPS case, and having families move from unit to unit, blended teams would allow the family to work with one unit from start to finish. A blended team would consist of a supervisor, a worker from investigative assessment, one from in-home services and one from foster care and placement services. "And the purpose of that being, that [the] case stays with the people who know it the whole way through" (DSS 6). Several key informants stated that this is a system that has been implemented in several counties across the state, and the division would like to see it adopted by more. As one employee of the division stated, "Not all counties are doing it, and they don't have to all do it. We are looking at hopefully all of them doing it soon" (DSS 6).

Other practice strategies would include finding more and better ways to hold batterers accountable for their behavior. One key informant suggested writing memoranda of understanding with other service providers, such as abuser treatment programs and probation, in order to have greater collaboration between services and to have all involved parties holding the batterer to the same standards and expectations. Another suggestion was to do a better job of including batterers in the case planning process, incorporating steps in the plan that he is expected to accomplish and holding him accountable to that. The involvement of fathers in the CPS process was recognized as an area for improvement in the most recent Child and Family Services Review (CFSR) as well. Conducted in March 2007, this North Carolina CFSR reviewed the period from 10/1/05 to 3/26/07. According to the report, an identified area of concern pertains to “an inconsistency with regard to agency efforts to engage fathers either in services to meet their own needs or in the process of planning for their children” (U.S. Department of Health and Human Services, 2007, p. 4). Several advocates in the domestic violence focus groups expressed frustration about workers expecting more from, and requiring more of, mothers than father. One advocate described experiences in one county in which she worked by stating, “The mother was held more accountable than anyone else involved and more stipulations were placed on her – you have to do this, you have to do that – and the batterer was kind of like exempt” (Central County DV Focus Group Participant). An advocate in another group stated:

It’s really interesting that, you know, if you [the mother] want to get your kids back you have to do all of many hoops, and I’ll hear all the time he doesn’t have to do anything. And I think it’s probably a combination that he won’t cooperate, but also...I think there’s just an expectation that a good mother does more than a good father. (Western DV Focus Group Participant)

There was general consensus among advocates that CPS should have similar expectations and requirements for mothers and fathers and that fathers should be held equally accountable to these requirements.

It was also suggested that a broader understanding of accountability for batterers be encouraged. As one member of the DV community explains, “I think one problem is that when people hear ‘accountable’, they often either first or only think of ‘punishment’, which is not only inaccurate, but can really limit your options” (DV1). When we look only to batterers’ treatment programs, we also limit our options. Another option for helping to hold batterers accountable is to have them enroll in parenting education. Two parenting programs identified by a member of the domestic violence community are Fathering After Violence and Caring Dads. Fathering After Violence was developed by the Family Violence Prevention Fund and is designed specifically for fathers involved in child welfare who have been abusive to their intimate partners. The Caring Dads program was developed at the University of Toronto in collaboration with representatives from The University of Western Ontario and Changing Ways, London, Inc. This program targets men who have maltreated their children and/or exposed their children to the abuse of their mothers. “I think you can’t hold them accountable without engaging them with their children – safely and in a productive way” (DV 1). A final recommendation for practice came from several of the key informants from the domestic violence community who would like, ideally, for all battered mothers to have a DV advocate with them any time they meet with CPS. As one key informant stated, “Advocates [should] go with individual clients to the different meetings and such that women who are DV victims and are involved with CPS end up attending repeatedly” (DV 4). Another informant described “a perfect service world [in which] a battered woman does not have to talk to her child protective services worker alone” (DV 2).

None of the key informants from either social services or the domestic violence community identified desired or recommended changes to the 2004 domestic violence policy. All of the key informants identified it as a sound policy that is supporting more effective practice. Several respondents recognized that some counties and some individuals may be slower to adopt or fully implement the DV policy, but all assessed the policy itself to be a good one. One member of the domestic violence community stated that the DV policy “to me is really one of the biggest accomplishments of the state”. She went on to say, however, “how that change in policy really translates into practice, you know, is a-whole-nother issue” (DV 3). Another respondent similarly stated, “The policies are outstanding. Their implementation has been not as outstanding. Although some agencies that I’ve seen have got it down beautifully, and then others are really struggling with it” (DV 4). One of the key informants who works for a statewide DV organization that sometimes receives complaints about client services stated that when she receives negative feedback about a CPS case, the policy is typically not being followed. So in general, the DV policy is a sound policy that needs better and more consistent implementation. The implementation is happening, but as one informant explained, “this is going to be slow-going because we are talking about a shift in attitudes and belief systems. You know, not just, ‘Oh okay, instead of filling out Form A, fill out Form B. And that’s extremely difficult to change - people’s attitudes and belief systems” (DV 2).

Perspective

In addition to learning more about the policy changes that were implemented with the Multiple Response System and the 2004 domestic violence policy, another focus of the project was to learn more about CPS workers’ and DV advocates’ experiences with these new policies and their perceptions of how the policies work, what they have meant for service providers and for families and what effect they have had on collaboration between child protective services and local

domestic violence agencies. Although the key informants offered some insight into these issues, the majority of the information about perspectives on practice was gathered through focus groups with CPS workers and domestic violence advocates.

Policy Awareness

MRS.

At the beginning of each focus group, participants were asked to describe the Multiple Response System and the 2004 domestic violence policy. When describing MRS, the workers in the central CPS group focused their explanation and discussion on the dual tracking system and the Child and Family Team (CFT) meetings. They described the investigative and family assessment tracks developed under MRS. They explained which cases were assigned to each track and they identified the different response times, depending upon the allegation. They described the Child and Family Team meetings as an opportunity for family members, support people and service providers to participate in family goal planning. The meetings were also characterized as a time to identify strengths of the family as well as concerns of CPS. The workers described these meetings as time intensive, occurring at least once in the first 30 days and then every 90 days after that. The CPS workers from the western and eastern counties also identified the different practice strategies of the dual tracking and the CFT meetings, but focused more on the family-centered aspect of MRS, how that is achieved and how they believe it is received by the families. Both groups spoke extensively about the practice of making appointments to meet with the family, meeting with everyone together, unless domestic violence is present, and involving the family in the entire process. As one participant in the western DSS focus group explained:

We often schedule our initiations with the family. We give the family the option of interviewing everyone together, doing a family interview, versus separate and private. We

give them the opportunity to do the assessments, strengths, needs and risk assessment, with us and get a copy of that. They also can be part of the collateral contact. That's our information gathering. They can be a part of it from start to finish. Everything except for the case decision itself, they can be a part of. (Western CPS Focus Group Participant)

Another worker explained, "When it [MRS] started, it tried to include the family more" (Eastern CPS Focus Group Participant).

Both groups also discussed changes in language with the new policy. "Some of the [old] language was often off-putting to families" (Western CPS Focus Group Participant). With MRS "they've softened some of the terminology" (Eastern CPS Focus Group Participant) to be more family friendly. One of the most significant changes is that allegations are no longer "substantiated". Instead, with the family assessment track, families are now found to be "in need of service". As one worker explained:

I think families find it easier to handle when you say that we find that there's services your family needs, that are going to be required and non-voluntary services, but it just sounds better and it's easier for families to comprehend. Substantiate or in need of service – substantiate sounds really rough and cold. (Eastern CPS Focus Group Participant)

Although there was less discussion about it in the central DSS focus group, those participants also identified MRS as more family centered and family friendly.

The advocates in the domestic violence focus groups had very little knowledge of the Multiple Response System. One advocate in the western group knew that MRS gave the option of two responses to reports, and that one response was an effort to be more family friendly. She also knew that parents were contacted before the initial interview and that the interview order had been

changed in some way. The three other participants in the group had heard the term Multiple Response System, but stated they did not really know what it meant. This was true in the two other advocate focus groups as well. In both groups everyone indicated that they had heard of MRS but were unsure of what it was. The two people, one from each group, who did offer an explanation of MRS described it as multiple people responding to one family. One advocate stated, “It would be like multiple people would come together to respond to make sure that there was a seamless process to insure the safety of children” (Central DV Focus Group Participant). Another stated:

My understanding is, is when all the system agencies involved with the family is helping, we include the school system, we include the DSS, DV if it is involved, and any members of the family that are going to help the family survive this crisis, and we meet around the table, and as a group we want to make sure this family understands we are here to help them during the crisis. (Eastern DV Focus Group Participant)

The process being described by this advocate is the Child and Family Team meeting, which is one of the seven strategies of MRS, but does not describe the Multiple Response System as a whole. In each of the three domestic violence focus groups, in one case after a rather long silence, one participant spoke up and described her understanding of MRS. The remaining participants agreed with that description, offering no further explanation or discussion.

DV Policy.

Advocates in the three focus groups did not have much knowledge of the specific domestic violence policy either. When asked to explain it, one participant stated, “I didn’t even know they have a new DV policy” (Eastern DV Focus Group Participant). One focus group participant said she just knew the CPS workers were sometimes calling their agency when they had families experiencing domestic violence. Another said all she knew about was that CPS workers were doing safety

planning with families, particularly with mothers. Only one participant, the director of a DV agency in the western part of the state, was able to speak to anything more specific about the domestic violence policy. She stated:

The things that feel significantly different to me have to do with a recognition that the non-offending parent, keeping her safe, and sort of defining that the policy is that we should look to her as a resource and that she is the best person to try and help her children be safe...and that the new policy states real clearly that the perpetrator should be held accountable. (Western DV Focus Group Participant)

This was the same participant who was able to speak to the policy changes implemented with MRS. She explained that she had received and been involved with some training related to these issues.

When it became apparent with each domestic violence focus group that participants had very little knowledge of either policy, the investigator provided a brief explanation of the new policies and how they differed from previous policy, practice and procedure. In addition to discussing their actual experiences with child protective services over the past few years, advocates were encouraged to think about potential outcomes for families and for agency relations based on the information they just received about the new policies.

As with MRS, the CPS workers had a more thorough knowledge of the DV policy and the practice associated with it. Workers in the east and west both talked about the change in interview order when DV is present; non-offending parent/adult victim, followed by children, followed by the perpetrator. Participants in these two groups also identified the use of separate Child and Family Team meetings for the victim and the perpetrator. A participant from the western area DSS further explained that the policy “sets up some strong boundaries about what information can be shared with each part of the team, in order to protect the safety of both participants” (Western CPS Focus

Group Participant). Another participant in the same group went on to say, “We are not allowed to share any information with the alleged perpetrator that could only have come from the alleged victim” (Western CPS Focus Group Participant). Participants in both the western and central focus groups discussed the significant change in policy of safety planning with the mother, which includes talking through her plan and discussing safety concerns and possible resources. These two groups also talked about the use of DV assessment tools that became available with the domestic violence policy.

Although the practice strategies described by the workers participating in the focus groups alluded to the philosophical shift of insuring the safety of the non-offending parent/adult victim, they did not mention the other philosophical shifts that the key informants in both the social service and the domestic violence communities discussed (i.e., recognizing the safety of the child is directly connected to the safety of the mother and not holding the non-offending parent accountable for the offending parent’s actions). Two DSS groups, however, mentioned that the creation and implementation of the 2004 domestic violence policy helped bring to light the seriousness of domestic violence and did help workers recognize it and treat it as “a true problem” (Eastern CPS Focus Group Participant).

Outcomes and Expectations

Participants in both the CPS and domestic violence focus groups were asked to discuss the outcomes they saw resulting from the MRS and DV policies. As the domestic violence advocates were largely unaware of the implementation of either of the new policies, they spoke to the changes they have witnessed over the past two to three years. The three outcomes identified most frequently by both groups involved increased knowledge of domestic violence and DV agencies,

better experiences for the families involved with CPS and improving relationships between CPS workers and domestic violence advocates.

Advocates in all three domestic violence groups identified that CPS workers seem to be recognizing the significance of domestic violence more so than they have in the past. One advocate stated, “In the past three years, I’ve noticed they [CPS] take domestic violence more seriously” (Eastern DV Focus Group Participant). The advocate who appeared to be most aware of the 2004 domestic violence policy attributed this increased awareness in part to that policy:

I feel like it’s certainly helped to have a policy that says these are the things, these are the principles that should guide our work, that came from DSS rather than domestic violence advocates out here saying this is what you need to be thinking about and looking at....

When something has legitimacy from the top, then I think that’s gotta make some difference. (Western DV Focus Group Participant)

There was a feeling among advocates in all three DV focus groups that social workers in CPS are receiving more training in domestic violence and have a better understanding of the complexities of the issue and what it means for families. Similarly social workers in the western and eastern focus groups agreed that they [workers] now have a better understanding of and greater knowledge about domestic violence. CPS respondents thought that they and their colleagues had come to recognize that domestic violence can incorporate a variety of behaviors beyond physical abuse:

Before the DV policy came out, it was only the physical stuff we were looking at, and now we can kind of consider some of the other stuff that is just as detrimental as being hit, if not worse sometimes. (Western CPS Focus Group Participant)

These workers were also able to explain concepts such as: domestic violence is fundamentally about power and control; separating a child from the non-offending parent may not be the best option for the child; and in fact, may be viewed as “victim-blaming” of the non-offending parent. The advocates in the DV focus groups also felt that CPS workers were now “more aware of what [DV agencies] do” (Eastern DV Focus Group Participant) and are willing to acknowledge “that there are DV agencies out there and we do have something to offer” (Central DV Focus Group Participant).

Social Workers in the three CPS groups reported that families seem to have better experiences with CPS now that MRS has been implemented. As one respondent in the eastern county stated, “I think they like it better. They actually find us helpful sometimes and they like, I think, most of them like participating in their plan because it gives them the chance to be creative too and understand it better” (Eastern CPS Focus Group Participant). A participant in the central county stated that families having their first experience with CPS after the implementation of MRS are “more willing to cooperate” (Central CPS Focus Group Participant). Participants identified several factors that contribute to a better experience for families including: front loading of services (Western DSS Participant); tailoring services to family needs (Western DSS Participant); and more flexibility about how changes within the family are made (Eastern DSS participant).

One of the factors specifically identified in two of the DSS groups and two of the DV groups that has contributed to better experiences for families is implementation of the Child and Family Team meetings. One benefit of the CFT meetings is that they can help families see they have support from service agencies they may not have recognized before:

When all these agencies come together and sit down at a table and the parent comes in and just sees these are all the 15 people I can call when this happens, or this happens, or this

happens. That's an amazing [realization], I've had an amazing outcome with a situation like that. (Western CPS Focus Group Participant)

Another benefit of the Child and Family Team meetings is that families "actually feel like they are being heard" (Eastern CPS Focus Group Participant). Members of the domestic violence focus groups also brought up the issue of the Child and Family Team meetings. It was agreed that they were "more effective because everybody is at the table and trying to address the same issue. Both in offering what services they can and how they can help the family" (Eastern DV Focus Group Participant). One advocate in the central DV group explained that when she participated in a team meeting, "it was good for the family just to have another advocate there" (Central DV Focus Group Participant). Another participant described the casual and non-threatening environment of the team meetings stating, "It makes things easier and the person doesn't feel attacked" (Eastern DV Focus Group Participant), and the family knows they are supported by a number of different people and agencies.

Although CPS workers agreed that both MRS and the DV policy generally create better experiences and better outcomes for families; members of two DSS groups admitted that the new policies sometimes make their work more difficult. This is particularly true in domestic violence cases. In the past, children could be removed or mothers could be required to leave the home merely because domestic violence was present. This course of action is now contrary to policy, but several workers agreed it would sometimes be easier, when domestic violence is known to be in the home, to just remove the children. One worker explained:

Especially, I think, in investigations, because sometimes we get there either right in the middle of it or right after it, and you see what's happened, and you want to go back to the old way where you're like, "okay, you're gone!", just for the safety. And it's really hard to

pull back and say, “okay, what’s your plan”, and give people options and different things.

It’s really hard. (Western CPS Focus Group Participant)

Another worker stated, I think we do, in the investigation part, still find it difficult when you know that the child is at risk of seeing this violence” (Eastern CPS Focus Group Participant). Overall, however, it was recognized by workers that the new policies are generally more effective and better for families.

Participants in both sets of focus groups also stated that the policies have contributed to better relationships and more communication between child protective services and domestic violence agencies. With the exception of the CPS workers in the central county, everyone involved in the focus groups agreed that the relationships between CPS and DV agencies are “getting stronger and stronger” (Western DV Focus Group Participant). One of the participants in the western DV group explained, “In just like the last year or so, just more involvement with them and more communication with them. I don’t know who is doing more of that but we are, I think, talking more and working with them more” (Western DV Focus Group Participant). A participant in the eastern DSS group agreed, “I think we have better collaboration now” (Eastern CPS Focus Group Participant). Expectations for the policies, according to members of both eastern focus groups and the western DSS group included continued improvements in communication and collaboration. “As it grows and as we continue to work on it, we can probably work out more of the issues that each agency might have, and do that collaboration” (Eastern CPS Focus Group Participant) explained one focus group participant. Another expectation expressed by members of two of the DSS groups is increased consistency due to implementation of the MRS and DV policy, consistency within departments (Western DSS Group) and consistency within the state (Central DSS Group).

Relationship Between CPS and DV Agencies

With the exception of the CPS workers in the central county, all focus group participants agreed that the relationships between child protective services and their local domestic violence agencies have improved over the past two to three years. Historically, there has been tension between these two agencies, centered largely around the issues of viewing mothers as perpetrators of child abuse or neglect because of the domestic violence in the home and removing children from battered mothers because of “failure to protect.” Workers in the CPS focus groups were able to recognize the past procedures that are in the process of changing. As one worker in the east stated, “In previous history, before the new policy training, we did sometimes find both as perpetrators” (Eastern CPS Focus Group Participant). A participant in the western group explained, “It used to be, ‘okay this is happening. Y’all need to separate. The kids have to go somewhere else’ (Western CPS Focus Group Participant). An advocate from one of the eastern DV agencies explained how these historical responses could be problematic:

They were more like dictators to their clients, which scares them away and also sets the CPS worker apart as part of the problem. You know, you are just becoming another batterer when you start giving people ultimatums and basically threatening them, ‘I’m going to take your children from you’. And the batterer is saying the same thing, ‘you’re going to lose your children’ or ‘I’ll kill you and the children’ or whatever. So of course this poor victim is sitting here with her poor self-esteem and her confusion, and they’re blaming themselves and then they’re getting blamed by the CPS worker and the batterer. (Eastern DV Focus Group Participant)

An advocate involved in the domestic violence movement for almost 30 years explained:

In the early days there was a real victim-blaming kind of mentality and not much understanding about the dynamics of domestic violence, and a tendency to jump to removing children when it wasn't appropriate, or on the other end, not taking any kind of action in situations that should have been. (Western DV Focus Group Participant)

She went on to say, "I think we've come a long way in regards to those things and I think there's a lot of workers over there now that I feel like really get it and really are operating in collaboration with us" (Western DV Focus Group Participant).

Most focus group participants agreed that shifts in thinking and changes in practice have contributed to improved relations between CPS and DV agencies. One worker attributed this improvement to DSS and "our perspective changing, the awareness we have now and the education we have gotten, and the way we look at situations differently. The new DV policy, I think that helped a lot (Western CPS Focus Group Participant). Despite a recognition of, and an appreciation for, improved relations between these agencies, all participants agreed that more improvement was still necessary.

When talking about the relationship between these two agencies, one of the key topics that repeatedly arose was the issue of communication. In the past, differences in philosophy and efforts to protect their own interests made communication very challenging. As one worker described:

We had such differences of opinions and looked at things so differently. We had a really hard time communicating with the domestic violence agencies. They would not talk to us. It was kind of two separate things, and do it yourself and be done with us. And I think that's better [less of a problem now]. (Western CPS Focus Group Participant)

As new policy is implemented, as philosophies shift and as parties on both sides of the issue become more aware of the significance of co-occurrence, most participants agreed that communication is improving. Information is being shared more openly and individuals are recognizing the value of each others' services for their clients. As one advocate explained:

Because they know they have to rely on us for that piece of the DV that they are willing to come to the table more and dialogue and talk about what's going on and issues and the problems they have and, you know, what we can do to better serve the clients because that is the ultimate goal. (Central DV Focus Group Participant)

Although separation between the agencies is still quite evident, the feel of it may be less territorial now:

It used to feel a lot more 'turf'-ish to me. Here's DSS, and here's mental health, substance abuse and domestic violence, and kind of we were, I don't know, it was just always a struggle there, and I've definitely seen that change over the past three or four years. (Western CPS Focus Group Participant)

Workers and advocates identified two practices that are helping to diminish these turf lines, and communication is a key element for both. These practices include referrals to DV agencies and Child and Family Team meetings. The CFT meetings are an opportunity for family members, support people and service providers to come together to identify the strengths and needs of the family, to create goals and to evaluate progress. Workers discussed their efforts to invite advocates to these meetings. As one worker stated, "We do invite them to the meetings and ... we try to involve them early on" (Eastern CPS Focus Group Participant). Advocates discussed their appreciation for being included in this process:

Sitting in on team decision meetings with DSS I found it very helpful because they wanted to know my view and they wanted to know how the victim was doing in support group and, you know, our assessment of her safety. I just felt like I had more of a voice at DSS when I was sitting in on the table at the team decision meeting than if she had a CPS case where the CPS worker really didn't have anything to do with our agency. (Central DV Focus Group Participant)

Advocates also expressed appreciation for workers who took an active role in referrals to DV agencies. As one advocate explained, "The actual social worker is getting more involved.... The social worker will call us and not just send the client over to the office" (Eastern DV Focus Group Participant). Advocates stated it was most helpful when workers called to let them know a client had been referred, discussed the needs of the client and any significant issues the advocate may find helpful, and then followed up to offer and receive feedback.

Although most advocates agreed this was happening, at least to some extent, in their counties, one advocate stated this was not true for her agency. This advocate happened to represent the same central county whose DSS workers identified no improvement in relations between CPS and their local DV agency since the implementation of new policy. According to the advocate, "they are sending their clients to our office to get, I think they are referring to it as a DV assessment, without any dialogue about the best way to make that happen" (Central DV Focus Group Participant). She described the situation as very frustrating. One of the DV agencies in a western county explained that they had been dealing with the same frustration, "They would say this person's coming and there would be no connection" (Western DV Focus Group Participant). That agency resolved the issue by developing and initiating a referral protocol. Instead of simply sending a client to the agency, workers were asked to complete an official referral, including

information about the client's situation, the family's needs and what the worker hoped the client would gain by coming to the agency. She stated that implementing the protocol "really helped a lot."

This increased level of interaction does not come without frustrations and challenges, however. Chief among them, as identified by participants in all three DSS groups, is that the local domestic violence shelters are so often full. This can be particularly frustrating for workers who have a battered mother who is ready to leave her abuser but has no place to go. They turn to the local DV shelter, but it is not an option either, because they have no space. This frustration was particularly evident in the central county DSS focus group. This county is one of the largest and most populated in the state but its DV shelter has the lowest number of beds, per capita. Consequently, workers from the county felt that efforts to seek DV support for their clients were rarely successful. This experience may contribute to the perception of central county CPS focus group participants that relations between CPS workers and DV advocates in their county have not improved with the implementation of MRS and the DV policy. The workers in the central and western DSS groups also expressed frustration that their local DV agencies did not have enough Spanish-speaking counselors or advocates. The advocates in the DV groups expressed frustration that the social workers do not appear to appreciate the difference in size between their two organizations. "There's like all of them and there's one of me...they still don't get that we are this tiny agency" (Western DV Focus Group Participant).

Another key theme that emerged was that the success of the relationship between agencies relied a great deal on the personal relationships between workers and advocates and on the cooperation and skill demonstrated by individual employees of each organization. With the exception of the workers in the central DSS focus group, participants in all other groups were able to

identify and describe positive experiences they have had with their local service providers. Participants described meetings with members of the other agencies that were “very positive”, “excellent” and “fabulous”. They described situations where an advocate went out of her way to accommodate a large family in the shelter after hours on a weekend, a CPS worker truly went above and beyond to support a woman and help to keep her and her children safe, and a worker and advocate participated in a three-day collaborative effort to assist a client with relocation to another state. When describing these experiences, participants focused largely on the effort of the individual with whom they were working. Several DV advocates identified individual workers whom they described as “amazing” and “awesome”. One worker described the importance of that individual connection:

A DV provider is going to learn more from working with a social worker that they have a positive experience with and vice versa, probably even more than an interagency training. But all that occurs on an individual case-by-case basis and is hard to track and measure.
(Western CPS Focus Group Participant)

The willingness of an individual to put forth extra effort plays a significant role in making an experience a positive one. As explained by a worker in the eastern county, a positive experience occurs when:

People aren’t trying to pass the buck. That’s the main thing for me. Is everybody taking responsibility, for these are our families here, and if there’s something I can do, even if it’s not in my normal job description, I’m going to do it. And I like it when I see other agencies do that. The good experiences are whenever everyone is willing to participate and help one another even though you’re not with the same agency. (Eastern CPS Focus Group Participant)

As with the key informants from both social services and the domestic violence community, participants in the focus groups stated that the connections between CPS and domestic violence agencies vary from county to county, both in the relationships they have and in the services or resources available to them. As one participant stated about efforts in her county to communicate and work together, “I’ve worked in other counties where it has not been a good experience, so I think [our county] does a really good job at this” (Eastern CPS Focus Group Participant). A participant in another group stated, “In spite of any frustrations we have, I do think [our county] has a stronger provider network than a lot of the other counties we see around here” (Western CPS Focus Group Participant). Advocates from one of the counties in the eastern area described an interesting situation for their agency. They provide services to two counties and have very different relationships with each; one fairly positive, the other quite negative. Although they said it was difficult to think of concrete examples, the advocates tried to explain the differences between these two counties. County A, with whom they have a better relationship, just seems more willing to contact their agency, share information and involve advocates in the child welfare process. County B, on the other hand, rarely makes referrals, rarely invites advocates to CFT meetings and generally behaves in a way that feels “exclusive” (Eastern DV Focus Group Participant) to the advocates. As one of the women stated, “They do their thing there in a little capsule” (Eastern DV Focus Group Participant). The advocate described a situation in which a worker from County B wanted to put a client in the shelter. She did not share any information about the client, including the fact that she had taken her to the hospital the day before where she was diagnosed with a very serious communicable disease. The advocate felt certain this would not have happened with a worker from the other county. She further explained that there was a general feeling among advocates in their agency that “[County A] is going to give you help. [County B] is going to give you a headache” (Eastern DV Focus Group Participant).

Recommendations for Greater Collaboration

Although most workers and advocates in the focus groups agreed the working relationships between child welfare agencies and domestic violence agencies are improving, they also agreed that greater cooperation and collaboration is needed. The recommendations for improved relationships and greater collaboration fell into three categories: increased dialogue, more cross training and the development of a shared position.

An advocate in the central domestic violence focus group stated of the relationship between DV and CPS agencies, “What is lacking most is that constant contact and dialogue between them” (Central DV Focus Group Participant). The majority of project participants, those involved in the focus groups and those completing individual interviews, agreed. A key informant from the DV community stated, “I think getting together and meeting face-to-face is one of the best things that domestic violence programs and child protective services can do” (DV 2). In the parts of the state where relationships are improving, much credit is given to the fact that individuals from both agencies are more willing to contact each other, share information, offer insight and receive feedback. The majority of participants also agreed, however, that most agencies are at the early stages of this process and more should be done to encourage and maintain this effort at communication. The most frequently identified model for increasing communication was meetings. Participants agreed that regular meetings involving representatives from both agencies could be effective vehicles for getting to know one another, becoming more familiar with each others’ policies and procedures, sharing information and solving common problems. In the counties where meetings have occurred, the participants recognized them as being helpful. In most instances these meetings were occurring on a supervisor and director level. Participants recognized interaction on this level to be important. As one key informant from the domestic violence community stated, “It

has to start from the top down as well. People on the executive director and administrator level need to be saying, 'We are going to build this relationship' (DV 2). Workers and advocates from the focus groups agreed that it is important for supervisors to be participating in these meetings and demonstrating cooperative and collaborative efforts because they are then "funneled down to us as workers because they know their supervisors expect them to do certain things" (Eastern CPS Focus Group Participant). Convening meetings only on a supervisory level, however, is not sufficient for real change. As one advocate explained:

Sometimes a lot of people get together who are the heads of whatever and they talk about policy and they decide to make all these changes, but it's the little teeny eeny working people the "capillaries" of the body that aren't getting ... either they aren't getting the information or they aren't given a way to actually change the way they are doing their job.

(Eastern DV Focus Group Participant)

In order to be most effective, workers and advocates themselves should be included in meetings and the information from the meetings must be clearly communicated throughout each agency. Participants in the focus groups also recommended that the meetings be viewed as more than networking opportunities, but focused instead on working and problem solving.

Dialogue is recognized as such an important component of collaboration because it allows members of both agencies and communities to "talk about these differences in philosophy and start trying to come up with some common ground, some common practices" (DV 2). Through increased dialogue and communication workers and advocates can learn more about each others' roles, responsibilities, expectations and limitations, which all focus group participants agreed was very important and very useful in efforts to collaborate. As one worker explained:

I think it takes a respect of and knowledge of competing mandates and ethical considerations both in the DSS world and the DV world. I think it's important that DV advocates understand the constraints the CPS workers are working under, and vice versa. That there are ethical considerations for DV advocates that may differ from what we might want to happen, but we both have to kind of have respect and knowledge of those in order to successfully collaborate. (Western CPS Focus Group Participant)

In addition to meetings and other efforts to increase dialogue and communication, workers, advocates and key informants recognized cross-training and interagency training as another activity that could improve relations and foster collaboration between these agencies. Workers identified an interest in having their local DV agencies provide training on the topic of domestic violence itself. In the western county, the local DV agency has already "been very open to helping to educate us" (Western CPS Focus Group Participant). Advocates expressed an interest in receiving training from CPS workers about the domestic violence policy. As one advocate stated, we need to "have our agency trained in their actual policy and what they do, 'cause obviously, I don't know. I think we need to be trained by them" (Western DV Focus Group Participant). In addition to the specific issues of domestic violence and the DV policy, focus group participants recognized cross training as "a time for people from other agencies to say what they do and for us to say specifically what we do so that everybody can understand where we fit in the mix" (Western CPS Focus Group Participant). According to a key informant from the social services community, feedback she receives from programs indicates it would be beneficial to "be able to receive and share information about their agency, their services, their practices and philosophical basis for them to really gain a better understanding of the work of both communities and agencies" (DSS 4). Cross training was viewed as an opportunity to learn necessary information about each others' agencies, policies, procedures and responsibilities. Such training would give workers and advocates greater understanding of each

other's roles and insight into each agency's abilities and limitations. Most of the workers and advocates would agree with one advocate's assessment that greater training and dialogue is required:

On both our parts because I guess the better we understand the policies and the system, then the better we can serve our clients. If we have a better understanding, then they'll have a better understanding of us, so continue open dialogue. (Central DV Focus Group Participant)

The recommendations made by participants in all six focus groups that would create the opportunity for truer collaboration were to have employees who are specifically responsible for working with the other agency or to have some sort of shared position between the social services department and the local domestic violence agency. Suggestions for this type of collaboration fell into three categories. The first was to have a designated person in the domestic violence agency who was responsible for assisting CPS with their DV cases. Workers felt it would be helpful to "have a go-to person at the DV agency. One person who is that contact person" (Central CPS Focus Group Participant). The designated person would be available to the worker for consultation and to the client for assessments, counseling and safety planning. Although they recognized potential issues around confidentiality, ideally, the workers would like to have the advocates come on home visits, assisting with the initial contact and safety planning. As one worker explained, "It would be great when you have a case where a report is screened as domestic violence and having somebody go out with you that's not from DSS" (Western CPS Focus Group Participant). Workers saw this as beneficial, not only because the advocate is the expert on domestic violence assessments and working with domestic violence victims, but also because they are not employed by CPS. As the workers explained, CPS will always create some level of fear about taking children, because they

can. It would be beneficial “to be able to have somebody that [the mother] can tell this happened to, and that particular person is not going to take their children” (Western CPS Focus Group Participant). The challenge with this model, however, is the difference in size between the two agencies. The number of co-occurring cases that come to CPS may be overwhelming for one DV advocate. Workers in the central county, which is rather large, explained that they work in “zones” and would like to have one advocate assigned to each zone. A system like that may make the workload more manageable if the DV agency is large enough to accommodate each zone.

Another model that was suggested was to have a specific unit in the CPS agency that dealt exclusively with DV cases. Similar to the blended teams discussed by some of the key informants, the unit would consist of a supervisor, a worker or two from investigations and in-home services and a worker from foster care and placement. The members of this team would work closely with the advocates in their local DV agency. Advocates felt this would be beneficial because “we would know exactly who was on the team and that’s a great way to make relationships” (Western DV Focus Group Participant). Another advocate agreed, “We would have like points of contact, and all our cases we know would come to like five people. And then those two supervisors [DV and CPS] could meet to talk about glitches” (Central DV Focus Group Participant).

The final suggestions involved a jointly funded position that would place a DV expert in child protective services. Workers in the western county department of social services explained that they currently have an employee of a mental health agency housed in DSS and they find this to be “incredibly helpful” (Western CPS Focus Group Participant). Several workers agreed, “If we had a DV person from an agency, somebody who could do those assessments on-site, and help with the safety planning questions, at least via consult, that would be huge, I think, for us” (Western CPS Focus Group Participant). The responsibilities of the on-site advocate would include doing

assessments, doing safety planning and being an expert witness. Workers in the focus groups recognized that they were not the experts in domestic violence and that close collaboration with an expert would be both helpful to the workers and beneficial for the families.

CHAPTER 9

DISCUSSION

Key Findings

One important finding from the individual interviews and focus groups was the difference in awareness and understanding of the two CPS policies. This difference was apparent between members of the two communities and between people in different roles within one community. As expected, key informants from social services were generally knowledgeable about both the Multiple Response System and the domestic violence policy. Key informants from the domestic violence community were aware of MRS and its efforts to be more family centered and family friendly but were more knowledgeable of the domestic violence policy. One reason for this is that several of the key informants from domestic violence were involved in the development and/or implementation of the DV policy. Although none of the key informants from the DV community were involved in the MRS process, they were still informed about some of the changes that were taking place.

As with the key informants from social services, the participants in the social services focus groups were knowledgeable about both the Multiple Response System and the domestic violence policy, particularly with regard to implementation and the changes in practice for both workers and families. This knowledge was not apparent in the domestic violence focus groups. Unlike the key informants from the domestic violence community, who were aware of MRS and knowledgeable of the DV policy, the advocates in the domestic violence focus groups were largely unaware of either. When pressed for an explanation of MRS, most advocates described it only as multiple people and

services coming together to assist a family. When asked to describe the domestic violence policy, only one advocate had any real knowledge of it. Most advocates admitted that they were unaware of any domestic violence policy existing for CPS. Despite the lack of knowledge about a formal policy change, most advocates were able to identify some changes in practice and some improvements in interactions with child protective services over the past two to three years.

Policy

For key informants from both social services and the domestic violence community and for workers in the DSS focus groups, notable changes due to policy fell into two categories, practice and philosophy. The most frequently noted practice changes with MRS were the use of a dual tracking system and changes in the interview order with the family assessment track, in cases where domestic violence is not present. The new order involves interviewing children and parents together instead of interviewing children first followed by their parents. For the domestic violence policy, one of the most frequently noted changes was again interview order. With DV cases the order for interviewing is non-offending parent/adult victim first, then children then the alleged perpetrator. In some cases children may be interviewed with the non-offending parent, but the alleged perpetrator is always interviewed separately. The other significant change most frequently identified was the change in procedure around removal of children from a battered mother for “failure to protect”. Under the new policy, “children should remain in the care of the non-offending parent/adult victim whenever possible” (North Carolina Division of Social Services, 2006, p.2).

These changes in practice are closely associated with the significant philosophical shifts frequently identified by study participants with relation to the domestic violence policy. These shifts in thinking include directly connecting the safety of the children to the safety of the mother and not punishing the mother or holding her responsible for her batterer’s behavior. The most frequently

identified philosophical changes associated with the Multiple Response System included being more family centered in approach to and practice with families, focusing on needs and services, and being more strengths based. These philosophical shifts, and subsequent practice changes, affect all families involved with child protective services, including those experiencing domestic violence.

The intended outcomes for the Multiple Response System, as identified by key informants from both social services and the domestic violence community, were generally global in nature such as fewer repeat incidences of child maltreatment and stronger, healthier families. Both sets of key informants also recognized the potential for MRS to improve the image of the department of social services within the community, allowing people to see DSS as less threatening and more helpful and supportive. Key informants' expectations for the DV policy varied somewhat between social services and the domestic violence community. Members of the social services community hoped to see increased safety and support for battered mothers and increased accountability for batterers. Although members of the domestic violence community supported these outcomes as well, they were more likely to identify the desired goal of a decrease in the number of children removed from battered mothers. Only one social services key informant specifically identified this as an intended outcome.

All key informants and many participants in the focus groups agreed that implementation of policy, particularly the domestic violence policy, varies from county to county across the state. Training within DSS and cross-training between DSS and DV agencies were recognized by all participants as important for more successful and consistent implementation of policy, both within departments and across counties. Additional policy issues or practice strategies identified by key informants for better service to families, especially those experiencing domestic violence, included the creation of blended teams in CPS, identifying and implementing more and better ways to hold

batterers accountable for their actions and increased involvement by DV advocates when battered mothers are meeting with CPS workers.

Perspectives

When asked to discuss benefits of the Multiple Response System and the domestic violence policy, workers in the DSS focus groups expressed the opinion that MRS was beneficial for all families, including those experiencing domestic violence, because of efforts to front-load services, tailor services to family needs and be more flexible about the ways families meet expected goals. Both CPS workers and DV advocates were particularly pleased with the use of Child and Family Team meetings and the potential benefits these may have for families. With regard to the domestic violence policy, workers recognized an increase in awareness and knowledge of domestic violence and a greater understanding of battered women's experiences. Although advocates were unable to attribute these changes to new policy, they too recognized an increased knowledge and awareness on the part of CPS workers over the past two to three years.

With the exception of the workers in the central DSS focus group, who expressed a great deal of frustration about difficulty accessing shelter space and other DV services for their clients, workers and advocates both reported better experiences and improved relations between their agencies over the past two to three years. This improvement was attributed by both groups to a shift in philosophy among CPS workers about no longer holding mothers' accountable for their batterers' behaviors and no longer removing children from non-offending adult victims because of "failure to protect". The positive change was also attributed to an improvement in communication and an increase in contact between these two agencies. Advocates in the DV focus groups expressed appreciation for an increased number of referrals to their agencies and invitations to participate in Child and Family Team meetings. Recommendations for continued improvement in

interagency relations included maintaining and further increasing dialogue, implementing more cross-training and creating some kind of shared position between local domestic violence agencies and county departments of child protective services.

Limitations of the Study

The most significant limitation of the study was the necessarily small sample size required to complete a research project by one individual with minimal funding for the purpose of a dissertation. Although the results are meaningful and informative, they cannot be considered representative of the state as a whole. One of the challenges of researching policy implementation in North Carolina is adequately representing the diversity present among the 100 counties across the state. North Carolina is 500 miles long. The eastern 2/5 of the state is characterized as coastal plain and tidewater while the central 2/5 consists of a piedmont plateau. The western region of the state slopes upward from rolling hills to the southern Appalachian Mountains. Some counties are characterized as having major metropolitan business centers while others are extremely rural and agriculturally based. The populations of counties vary as well, with most having White, Black and an emerging Latino population. North Carolina is also the home of the two largest Native American populations east of the Mississippi, the Cherokee and the Lumbee. Further diversity exists in educational level achieved and economic status among residents of the state. Although efforts were made to include both urban and rural communities and to represent each region of the state, the vast diversity could not be captured with three focus group locations. Exploring policy implementation and community relationships in additional counties would contribute to a fuller understanding of the impact of MRS and the DV policy on the issues of co-occurring domestic violence and child maltreatment and collaboration between DV agencies and child protective

services in North Carolina. Such a broader and more representative study would require financial resources beyond those available for this study.

The inability to fully represent the diverse nature of the state may have contributed to another limitation of the study as well, the fact that issues of race and culture were generally not addressed by individual interview and focus group participants. Although race and culture were not the central focus of the study or the research questions, issues of equal access to service and culturally competent provision of service are significant for both child protective services and domestic violence agencies. A key issue for child welfare services and the co-occurrence of child maltreatment and domestic violence is the disproportionate number of minority children that are placed in out-of-home care each year (Roberts, 2002). This overrepresentation of Black children in the child welfare system raises questions about comparable treatment and decision making related to race. With the family-centered practices of the Multiple Response System and the domestic violence policy's guiding principle of keeping children with the non-offending parent/adult victim whenever possible, the implementation of these two policies has the potential to positively influence this issue of disproportionate placements of minority children. In turn, changes in the way agencies work with families-of-color may have an impact on relations and collaborative efforts between child protective services and domestic violence agencies. The study participants did not address concerns of race and culture spontaneously and the interview questions were not designed to elicit such information because system collaboration was the central focus of this study. Longitudinal and multi-state research efforts beyond the scope of this project are recommended to evaluate the need for and provision of quality services to all, regardless of race and ethnicity.

Implications

The changes in CPS philosophy and practice brought about by the Multiple Response System and the 2004 domestic violence policy have the potential to decrease long-standing tensions, improve communication and increase opportunities for more coordinated and collaborative efforts between child protective services and domestic violence agencies. The strengths-based and family-centered practice of MRS aligns well with the empowerment philosophy and practice of most domestic violence agencies. The DV policy's focus on keeping mothers safe and not holding them accountable for their batterers' abuse is in alignment with the values embraced by most DV advocates and agencies. The potential for these new policies and practices to bring child protective services and domestic violence agencies closer together, however, can only be achieved if DV agencies and advocates are aware of the changes.

The fact that the domestic violence advocates who participated in three DV focus groups across the state were unable to describe MRS and unaware of the existence of a domestic violence policy for CPS, indicates a need for more communication and training across agencies. Advocates should receive training on the policies themselves, why they were created, what the intended outcomes are, and what these changes mean for families involved with child protective services. If advocates are providing service to families involved with CPS or making reports, it is important for them to be knowledgeable of the policies and procedures guiding practice and to know what families can likely expect when they become involved with CPS. Likewise, child protective services workers should know what services domestic violence agencies can provide to families and how those services are accessed and implemented. With shared knowledge, both agencies will be better able to serve and support their families.

The difference in knowledge between the key informants in the domestic violence community and the advocates in the local DV agencies indicates a need for greater communication and training within the DV community as well. The involvement of key domestic violence informants in the development and implementation of the domestic violence policy was important and beneficial, but the information about their involvement and the results of the process were not shared effectively with local agencies and advocates. Effective coordination and collaboration between agencies require communication and training both across and within participating disciplines and organizations.

Key informants from both communities and workers in the DSS focus groups identified significant changes in philosophy upon which the Multiple Response System and the domestic violence policy are based. The driving force behind MRS was the need to implement more family-centered practice. The philosophy underlying the domestic violence policy was the belief that protecting mothers protects children and that victims should not be held responsible for their batterers' abuse. Shifts in philosophy can drive changes in policy, which in turn, can create new practice. Changes in policy and practice guidelines or requirements, however, do not necessarily lead to changes in philosophy and attitudes of those instructed to implement or enforce policy.

Advocates in the DV focus groups were able to identify workers who were functioning under and expressing an appreciation for the new philosophies, but they could also identify workers whose beliefs and attitudes have not changed. Several key informants from both social services and the domestic violence community shared feedback about supervisors or other "old timers" who did not support the new philosophies. One key informant described interactions with workers who attended the DV policy training, agreed with and appreciated the new practices, but expressed concern that their supervisors would not allow them to implement these practices. Implementing

new policy is quite challenging if one meets resistance from above. Buy-in from administrators and supervisors is extremely important for new policies to be successful. One way to work toward this goal is to ensure that training occurs at all levels of an organization and is offered in a timely manner to all new employees.

The changes in philosophy identified above seem to play a role in decreasing tension between child protective services and domestic violence agencies. In most individual interviews and in every focus group, reference was made to the history of tension between these agencies, and the contributing factor identified most frequently was the more traditional belief among CPS workers that mothers could be held accountable for the abusive behaviors of their batterers and that removing children from the home was an appropriate course of action. Although philosophy was the issue most frequently identified by participants in the study as causing serious tensions in the past, it is not the only factor that contributes to tension between these two agencies. Other factors that may influence the existence of continuing tension or conflict include differences in structure, culture and legal mandate.

Some of these issues, or aspects of these issues, are included in the Interagency Potential for Tension and Conflict Model described previously. The model identifies observable indices that may be present when tension exists between two agencies. These observable indices refer to concerns one is likely to see or experience in a conflict situation. Except for open hostility, all of the observable indices identified in the interagency model (feelings of distrust/disrespect, “we/they” rhetoric, lack of communication, information distortion and avoidance) were described or alluded to in the focus groups with CPS workers and DV advocates. For example, feelings of disrespect were described by advocates in the central DV focus group when explaining that workers have not always appreciated the work of advocates and have not viewed them as the experts on domestic violence.

An advocate in the eastern DV group expressed feelings of distrust when she described the incident involving a CPS worker who, while trying to get a client into shelter, withheld information about the client's serious communicable disease. Workers in the central DSS focus group alluded to an underlying feeling of distrust when they discussed their frustration about seeking DV services for clients, and coming to feel that the local DV agency was not doing all that it could to make services accessible. When discussing such frustrations, a "we/they" rhetoric would sometimes present itself as well.

Other observable indices were presented as workers and advocates discussed positive changes over the past few years, and compared them to previous experiences. As focus group participants described positive interactions they have shared with members of the other agencies, they sometimes compared these experiences to a lack of cooperation and incidences of information distortion that occurred in the past. Although these issues may still be present today, they seem to occur with less frequency and consistency. In some cases, it may happen with less frequency because workers and advocates are careful to interact with people who have proven themselves to be helpful and supportive. While describing a wonderful worker with whom she interacts, an advocate in the eastern DV group admitted there were other workers with whom she avoided contact because she did not feel they were respectful to her clients or sensitive to her clients' needs. Whether present today or lingering from past experiences, observable indices of tension and conflict between workers and advocates were apparent in the focus group meetings.

As described by the Interagency Potential for Tension and Conflict Model, these observable indices can be traced to local conditions within an organization that may contribute to tension or conflict. These local conditions, in turn, are rooted in the context or social environment of an agency. Differences in the area of context may create or contribute to overall barriers to

understanding and communication between agencies. Differences in local condition and context that may contribute to tension, past and present, between child protective services and domestic violence agencies are identified below (see Table 3 and Table 4).

The contexts or social environments for these two agencies are fairly established and stable. The one area in which some change has been identified is organizational culture, or dominant values, which relates to the philosophical shifts identified by study participants. Other categories, such as environment and social structure, are not likely to change anytime soon for either CPS or DV agencies. Likewise, some of the local conditions such as status incongruity are fairly stable as well. Others, such as communication obstacles, may be easier to influence. For example, the overall shift to more family-centered practice and the development of a family assessment track associated with the Multiple Response System may bring the language of child protective services and domestic violence agencies closer together. With MRS the language of investigation is changing to the language of needs assessment and support, which is closer to the empowerment and advocacy language of domestic violence services. The local condition most frequently discussed by focus group participants was individual differences. When discussing negative interactions, workers and participants described other individuals as having negative attitudes, displaying an air of superiority, or treating them or their clients poorly. When describing positive interactions, however, other individuals were recognized as respectful, cooperative and sensitive toward the needs of clients. Study participants emphasized that with positive personal interactions, members of both agencies are more likely to learn about and appreciate the work of the other agency and be receptive to greater cooperative and collaborative efforts.

While tension is still present between these two agencies, workers, advocates and key informants from both communities agreed that interagency relationships in North Carolina are

improving. All participants recognized that an important contributor to that improvement is change in philosophy and perspective by CPS workers. Participants recognized as well that shifts in philosophy are neither quick nor easy. This is an ongoing process. Right now, it also appears that most of the shift is taking place on the part of CPS and its workers. Advocates expressed appreciation for the change they have seen among CPS workers and with CPS practice, but still appear somewhat leery of the agency. Advocates particularly felt that workers hold mothers to higher standard than fathers, and would like to see batterers held more accountable for their abusive behaviors. Perhaps a better understanding of the policy, continued appreciation for the changes in CPS practice and continued improvement in relationships combined with better experiences and outcomes for families will allow DV advocates to demonstrate a more positive shift in their thinking about CPS and the services they have to offer battered women.

Table 3. Local Conditions for CPS and DV Agencies

Local Conditions	Child Protective Services	Domestic Violence Agencies
Group Characteristics – identities based on tasks performed and populations served	Primary responsibility is to protect maltreated children and, traditionally, to do so by performing tasks associated with investigation	Primary responsibility is to support abused women and to do so by performing tasks associated with advocacy
Goal Incompatibility – different goals or different ways or reaching similar goals	Overall goal of safe families, focus on children, may feel DV agencies allow children to be placed at risk while they support the mother	Overall goal of safe families, focus on mother, may feel CPS blames victim and punishes mother for batterer's abuse
Status Incongruity	Large governmental agency with some legal authority	Small private, non-profit agencies with no legal authority
Communication Obstacles	Traditionally uses language of investigation, victimization/perpetration and legal mandate	Uses language of advocacy, support and choice
Individual Differences	Made up of individuals who may or may not interact well with members of other agencies	Made up of individuals who may or may not interact well with members of other agencies

Table 4. Context for CPS and DV Agencies

Context	Child Protective Services	Domestic Violence Agencies
Environment – complexity and power structure	Larger, bureaucratic, more layers of authority, guided by legislation and legal mandate, ultimately responsible to federal government	Smaller, fewer layers of authority, fewer departments or divisions within the agency, ultimately responsible to boards of directors and funders
Social Structure – creation and maintenance of hierarchies of authority and division of labor	More layers of authority, more distinct hierarchical structure, greater clarification of roles and responsibilities within those roles	Fewer layers of authority, flatter hierarchical structure, historically developed as cooperatives, less distinction between roles, advocates generally considered “jacks-of-all-trades”
Organizational Culture – dominant values	Primary responsibility is safety of children, primary client is child, legally mandated to protect child, services largely involuntary	Primary responsibility is safety and support of women, primary client is woman, services are voluntary
Physical Structure – physical setting	Office building	Offices or houses and other structures converted to agency space, often confidentially located
Funding – income source	Government funding, workers generally overworked and underpaid	Variety of funding sources (i.e., federal grants, foundation grants, United Way, private donations), advocates are generally overworked and underpaid

Although all key informants and participants in five of the six focus groups agreed that relations between CPS and DV agencies have improved over the past two to three years, there was general agreement as well that the level of communication and the quality of relationships between agencies vary across the state. More training both within and across disciplines and more opportunities for dialogue across agencies were repeatedly identified as tools for further increasing understanding and enhancing relationships between these two agencies. The current relationship described by study participants signifies an improvement in the level of cooperation experienced by

the two agencies. Cooperation indicates an informal relationship in which information is shared when needed but authority is retained by each organization (Mattessich, Murray-Close, & Monsey, 2001). In order to move beyond cooperation to a relationship characterized by coordination, there must be a more formal relationship with a mutual understanding of goal compatibility, established channels of communication and joint planning (Mattessich, Murray-Close, & Monsey). Participants' recommendations for more cross-training and more opportunities for dialogue would help them move toward this goal. Training on policy and practice strategies for all CPS employees, including administrators, supervisors and front-line workers would help to increase consistency within departments and across the state. Training and greater communication within the domestic violence community would help to ensure that information known by members of state level organizations is disseminated to local agencies and advocates. Training between agencies can be used to educate one another on issues, share information about agency practices, priorities, resources and limitations, and learn about policy and policy changes that may affect work with a shared population. This level of education and training is necessary for the agencies to understand one another, work together and provide the best services possible to families involved with both agencies.

Study participants identified opportunities for more dialogue as key to further improving relationships between CPS and DV agencies. They also expressed the need for such dialogue to occur at many levels. On an individual level, participants recognized the value of walking over, introducing oneself and having face-to-face interaction. This personal contact was described as an important building block for better relationships between the agencies as a whole. Participants also identified the need for more meetings between agencies. Meetings were viewed as an opportunity to share information, discuss challenges, problem solve and offer support. Workers and advocates felt that meetings across disciplines at the state or administrative level were important because a

commitment to work together from the top would be recognized as a priority and reflected in the practice of both workers and advocates. Meetings at the front-line or direct services level were viewed as opportunities to get to know one another, learn individual and agency strengths and limitations, learn about frustrations and job challenges, and develop protocols that would assist one another and ultimately benefit clients. Although everyone recognized the challenges of busy schedules and large workloads, more frequent meetings were universally recognized as one of the best ways to increase communication, improve relationships and build upon improvements that have already been made.

Recommendations

Based on the feedback from key informants in social services and domestic violence and from CPS workers and DV advocates across the state, recommendations for improving relationships between child protective services and domestic violence agencies and moving toward more coordinated and collaborative practices included recommendations about training, communication and the creation of a shared position between the two agencies. The implementation of the Multiple Response System and the domestic violence policy, which are more family centered and responsive to the needs of adult victims of abuse, should make CPS involvement less threatening and more supportive of battered mothers. This, in turn, may ease some of the tension that has existed between CPS and DV agencies for years, and allow them to work together more effectively for the benefit of women and children in abusive homes. In order for this to happen, however, there must be adequate training on the policy.

Although participants in the DSS focus groups reported receiving training on MRS in a fairly timely manner, they agreed that the training on domestic violence and the DV policy was harder to acquire. In some cases, workers reported that they had not yet received the training at the time of

the focus group meeting, although they were working with domestic violence cases. One problem is that the DV policy training is currently voluntary. Making this training mandatory for all employees in CPS would be an important step toward ensuring effective implementation. The Child Well-Being and Domestic Violence Task force agreed, recommending all new and current child protective services social workers have mandatory pre-service and in-service training on domestic violence and child maltreatment and on the DV policy (Staroneck, 2003). The training on policy should both describe the policy and discuss its application in practice (Staroneck, 2003). Workers and several key informants expressed the importance of supervisors also being trained on the policy and being willing to fully support its implementation. State legislation requires all social workers to be trained in family-centered practice. Similar legislation requiring training on the domestic violence policy would help to ensure all workers receive training on the DV policy in a timely manner and would likely contribute to a decrease in supervisor resistance.

Two challenges that influence training efforts are the number of trainings state trainers are able to offer each year and the high rate of turnover in child protective services. One way to offer more trainings and to reach new employees more quickly would be to include county CPS supervisors in the training process. In addition to facilitating training on the DV policy, the state trainers could offer train-the-trainer workshops for supervisors in county agencies to acquire the knowledge and materials necessary to offer the training on a more frequent or regular basis to workers, particularly new workers, in their departments.

Another recommendation, also supported by the Child Wellbeing and Domestic Violence Task Force (Staroneck, 2003), is cross-training between county CPS agencies and local DV agencies. DV agencies could provide education about the issue of domestic violence, share information about the services they offer and procedures for accessing these services, and answer questions about

working with families who are experiencing domestic violence. CPS agencies could provide education about the issue of child maltreatment, share information about CPS policies and procedures, including MRS and the DV policy and how they work to serve families, share information about the services they can offer and the procedures for accessing these services, and answer questions about families who are experiencing child maltreatment concerns. Agencies would be encouraged to enter into memoranda of understanding that support regular training sessions. If policy is going to help increase understanding and improve relationships, everyone needs to know what the policies are and how they are supposed to benefit families. Cross-training allows employees in each agency to develop an understanding of the other agency's mandates, roles and strengths (Schechter & Edleson, 1999). "Cross-communication and training are the foundations on which successful collaboration can be built" (Schechter & Edleson, 1999, p. 39).

Creating more opportunities for communication between agencies is also recommended. On a personal level, workers and advocates should be encouraged by supervisors and peers to get to know the individuals working in each agency, calling each other to share information, request feedback and problem solve whenever possible. When a worker refers a client to a DV agency, he or she should call ahead, or follow some other established protocol, in order to share information about the client and why she is being referred. The worker could then make a follow-up call to process the situation and see how the worker and advocate can be of assistance to one another. Likewise, when an advocate makes a report or has a client who is involved with CPS, he or she should make contact with the worker, let it be known that the advocate is working with the client and discuss ways they could assist one another. Advocates should also be encouraged, with the client's permission, to attend meetings with the client and her CPS worker. Although this may be time consuming at first or inconvenient at times, it should ultimately make interaction easier, which will be beneficial for families.

Regular meetings between groups of workers and advocates are also recommended. Such meetings were viewed by study participants as opportunities to get to know one another, develop a better understanding of each other's jobs, ask and answer questions about issues or concerns that affect them both, and process challenging cases. This was also viewed as a time to work together to develop procedures and protocols that would support more coordinated and collaborative practices.

Just as first-line workers and direct service providers should meet regularly, area directors, executive directors and state level personnel from both agencies and communities should meet regularly as well. These meetings would serve as forums to discuss policies, procedures and efforts to better coordinate services. They could also be used to debrief about cases that have presented problems or concerns, and determine ways to prevent or better address similar situations in the future. A yearly meeting of state and program representatives would be an excellent opportunity to identify any problems that have arisen within and between local DV programs and county CPS agencies across the state in the previous year, discuss the problem-solving efforts that were implanted, create such strategies if none were in place, take steps to prevent future problems and continue to build collaborative relationships between agencies. It is important, however, for information discussed in these meetings, "front-line" or "management", to be shared and discussed within each community. Being informed of policy issues that affect both agencies will make it easier for workers and advocates to work together and to support and advocate for their clients. Being aware of the issues and concerns faced by workers and advocates will make it easier for upper level management and other stakeholders, such as the Coalition Against Domestic Violence and the Council for Women, to make informed decisions about policy and procedure.

The final recommendation for increasing coordination and collaboration between agencies and best serving families experiencing both child maltreatment and domestic violence is to create a shared position that would place a domestic violence expert in child protective services. The Child Well-Being and Domestic Violence Task Force and the National Council for Juvenile and Family Court Judges also recommend some kind of DV specialist position or avenue for joint case consultation be created in each community (Staroneck, 2003; Schechter & Edleson, 1999).

Although there are multiple ways to approach such a position, one model would involve an employee of the DV agency being housed in CPS as an outreach advocate. Partial funding for this position would be provided by child protective services. The responsibilities of this position would include guidance and consultation for the workers as well as direct work with clients, including counseling, assessment and safety planning. In addition this position would help to ensure a link with community-based resources for adult and child victims of domestic violence and maltreatment (Staroneck, 2003), which would address a primary area of concern identified in the most recent North Carolina Child and Family Services Review. The CFSR identified “a lack of services necessary to address the needs of the children and families served by the child welfare agencies in the state, particularly substance abuse treatment, mental health services and domestic violence services” (U.S. Department of Health and Human Services, 2007, p. 4). Having a domestic violence advocate on site would greatly increase the availability and accessibility of DV services to families in the child welfare system. The creation of this or a similar jointly funded position would indicate an effort at true collaboration, which is characterized by a mutually beneficial relationship entered into to achieve a common goal (Mattessich, Murray-Close, & Monsey, 2001). In conjunction with the Multiple Response System and the 2004 domestic violence policy, a shared position with child protective services and domestic violence agencies would help to ensure the greatest level of safety and

support for women and children experiencing domestic violence and maltreatment in North Carolina.

CHAPTER 10

CONCLUSION

With the fundamental goal of creating safe families, child protective services and domestic violence agencies must recognize the high rate of overlap between domestic violence and child maltreatment, the need to address both forms of violence in order to keep all family members safe, and the need to work together to accomplish this task. Although working together and developing collaborative relationships may be challenging, it is beneficial for clients and should align well with the practice theories of domestic violence agencies and the new family-centered practice perspectives of child protective services. One of the essential principles of family-centered practice is partnership, involving family members as equal partners in a collaborative change process (Rycus & Hughes, 1998a, 1998b). To be truly family-centered and family-focused, it may be necessary to extend the principle of partnership to other agencies and community resources as well, in order to fully meet the needs of families. Empowerment theory, which is closely associated with family-centered practice and fundamental to the practice models of most DV agencies, also recognizes the importance of constructing collaborative relationships with clients, client systems and communities (Simon, 1994). Such a standpoint would include collaboration between service providers in an effort to better meet client needs.

The concept of building collaborative relationships to better support battered women and their children also aligns with some feminist thought. This may not be true for radical feminists who would likely be reluctant to move away from the grassroots origins of the DV movement to join in a collaborative relationship with a large government agency. Liberal feminists, however, recognize

the need to work within the system and to build relationships with other systems in an effort to receive better and more equal treatment for women. This perspective would recognize the value of collaborative relationships. Although feminism and feminist thought is focused primarily on challenging the subordination of women and providing services specifically designed to meet their needs, it is impossible to completely separate the needs of women from their responsibilities as mothers. Black feminism is particularly sensitive to women's roles as mothers (Hill, 1991). To adequately meet the needs of women, they must be recognized and respected as both individuals and mothers. The presence of children forces us to look at collaboration and to realize that more services must come together and form collaborative partnerships for the most effective support of women and their children.

With the implementation of a domestic violence policy in 2004 and the Multiple Response System in 2005, child protective services in North Carolina has laid a foundation upon which more cooperation, coordination and collaboration between CPS and domestic violence agencies can be established. Functioning under the new policies, CPS work with families is more family centered and more focused on needs assessment and service provision. In cases of domestic violence, more effort is made to ensure that battered mothers are being protected and that they are not being held responsible for their batterers' abuse. In the few years that these policies have been in place, CPS workers and DV advocates have recognized increased communication and improved relations between their agencies. Despite these improvements, however, all study participants agreed more could and should be done. Efforts such as cross-trainings and shared meetings were viewed as avenues for continued improvements in communication and coordination. The recommendation of a shared position between the two agencies would create the opportunity for true collaboration. Through these efforts, services developed to protect children and those created to assist battered women can work collaboratively to meet their own goals while supporting the efforts of the other

organization. Practicing in this way would provide the greatest opportunity for keeping women and children safe.

All participants in the study agreed that collaboration between child protective services and domestic violence agencies is important. Most participants agreed that they are taking steps in that direction, but recognize that the process will be slow. As one DV focus group participant stated, “I think it’s [that] we’re just caught in this paradigm shift, and it’s like the middle right now. So it would be interesting to see what this focus group looks like in ten years” (Central DV Focus Group Participant).

Whether conducted through focus groups and interviews or the use of other methods, it is recommended that more research be completed to further evaluate the effects of the Multiple Response System and the domestic violence policy on the experiences of families dealing with domestic violence and child maltreatment concerns and on the level of coordination and collaboration between child protective services and domestic violence agencies. Research conducted at a state level, incorporating a broader sample would be necessary to adequately represent this issue and monitor progress in North Carolina.

Appendix A

Key Informant Interview Protocol

- I. Objective: The purpose of the interview is to obtain feedback about the development, implementation and expected outcomes of the Multiple Response System (MRS) and the new domestic violence policy for Child Protective Services of North Carolina.
- II. Preparation
 - a. Based on recommendations by a member of her dissertation committee who was involved in the process of bringing MRS to North Carolina, the researcher will contact individuals who were involved in the development and implementation of MRS and the new domestic violence policy for families experiencing both domestic violence and child maltreatment concerns. The researcher will explain the research project and the interview process, and ask if they are interested in participating. The researcher will also ask if they can recommend other individuals who should be contacted for an interview.
 - b. The researcher will further explain the project and procedures for confidentiality and informed consent. She will extend an invitation to participate in an interview and set a date.
- III. Interviews
 - a. The researcher will meet the participant at a location of the participant's choosing. The researcher will introduce herself, review the purpose of the project and review procedures for confidentiality.
 - b. Informed Consent
 - i. The researcher will give the participant a copy of the informed consent form.
 - ii. The researcher will review the form with potential participants and answer any questions.
 - iii. The participant will be asked to sign the forms, and may decline with no adverse consequences.
 - iv. The participant may participate in the interview but decline to be audio taped, with no adverse consequences.
 - c. Interview Questions
 - i. The researcher will ask the participant questions, according to the interview guide (see attached).
 - ii. The interview will be audio taped (with signed consent).
 - iii. The researcher will also take notes during the interview.

- d. At the conclusion of the interview, the researcher will thank the participant for his or her time and participation and remind the participant of IRB procedures, should he or she have any later questions.

IV. Data Analysis

- a. The audio tape of the interview will be transcribed by either the researcher or a transcriber. The transcriber will sign an agreement of confidentiality.
- b. The transcription and notes will be analyzed using Atlas ti software.

Appendix B

Interview Questions for Key Informants Child Protective Services

- 1) Would you please explain the Multiple Response System (MRS) model or process?
- 2) How does the MRS model differ from the traditional CPS practice?
- 3) What factors influenced the development and implementation of the Multiple Response System?
- 4) What are the intended outcomes and expected benefits for clients of using MRS?
- 5) Would you please explain the new domestic violence (DV) policy for CPS?
- 6) What is the relationship between the Multiple Response System and the new DV policy? (How are they designed to fit together?)
- 7) What are the expected benefits of the new domestic violence policy?
- 8) What is the current stage of policy implementation for MRS and the new DV policy? (How would you assess implementation? Have there been any challenges? Have you seen positive changes so far? If so, what kind?)
- 9) How would you describe the current level of communication and collaboration between CPS and domestic violence agencies?
- 10) What do you think would strengthen collaboration between CPS and DV agencies? (Workers, advocates, administrators in both systems, state level administrators?)

Appendix C

Interview Questions for Key Informants Domestic Violence

- 1) What is your understanding of the new Multiple Response System for Child Protective Services?
- 2) What is your understanding of the new domestic violence policy for CPS in North Carolina?
- 3) What involvement did you or other members of the domestic violence community have in the development and/or implementation of MRS?
- 4) What involvement did you or other members of the domestic violence community have in the development and/or implementation of the new domestic violence policy?
- 5) What is your understanding of the current stage of policy implementation for MRS and the new DV policy?
- 6) What expectations do you have regarding the new policies and procedures?
- 7) How would you describe the current level of communication and collaboration between CPS and domestic violence agencies?
- 8) What do you think DV programs need in order to work more effectively with battered women who fear for the safety of their children?
- 9) What do you think women who are dealing with domestic violence and are concerned for the safety of their children should receive from CPS and DV services?
- 10) What do you think would strengthen collaboration between CPS and DV agencies? (Workers, advocates, administrators in both systems, state level administrators?)

Appendix D

Focus Group Protocol (To be used with both CPS group interviews and DV group interviews)

I. Preparation

A member of the local domestic violence community (e.g. North Carolina Coalition Against Domestic Violence or a county DV agency) or a member of the county Department of Social Services will be asked to host a focus group. The host will contact potential participants from the area and invite them to take part in the group. Participants will be CPS workers (for the CPS focus groups) and domestic violence advocates (for the DV focus groups).

II. Focus Group

A. Introductions

- The host will open the focus group and introduce the facilitator/researcher.
- The facilitator/researcher will welcome group participants and explain the purpose of the focus group.
- The participants will introduce themselves.

B. Informed Consent

- The facilitator will pass out copies of informed consent.
- The facilitator will review the forms and answer any questions.
- Participants will be asked to sign the forms.
- The group session will be audio taped. The tape recorder will be turned on once the consent forms have been signed and collected.

C. Focus Group Questions

- The facilitator/researcher will distribute copies of the Focus Group Questions.
- The facilitator/researcher will ask participants to answer each question and/or use questions to facilitate group discussion about the Multiple Response System, the new domestic violence policy for CPS and the current and desired level of collaboration between CPS and domestic violence agencies.
- The facilitator/researcher will lead discussion. A co-facilitator will observe interactions, takes notes on a flip chart, and monitor the tape recorder.

D. The facilitator will thank focus group members for their time and participation

III. Data Analysis

- A. The audio tapes of each focus group will be transcribed and the flipchart notes will be recorded and summarized.
- B. The transcriptions and notes will be analyzed using constant comparison techniques.

Appendix E

Focus Group Questions for Child Protective Services Workers

- 1) Please describe the Multiple Response System (MRS).
- 2) Please describe the new domestic violence (DV) policy for CPS in North Carolina.
- 3) What training did you receive regarding MRS and the new DV policy?
- 4) What do you see as the greatest differences between the “old” policies and practices and the new MRS and DV policy?
- 5) Prior to the policy changes, what has been your experience working with domestic violence agencies and advocates in cases of co-occurring domestic violence and child maltreatment? (How would you describe the level and/or quality of cooperation and collaboration between CPS and DV agencies?)
- 6) Have your experiences with DV agencies and advocates changed at all since the implementation of the new policies? If so, how?
- 7) Can you share examples of positive collaboration with DV agencies in cases of co-occurring child maltreatment and domestic violence? (What made these positive experiences?)
- 8) What do you think needs to happen in order to have successful collaboration between CPS and DV agencies?
- 9) What expectation do you have that the new policy changes can produce greater collaboration between CPS and DV agencies?

Appendix F

Focus Group Questions for Domestic Violence Advocates

- 1) Please describe your understanding of the Multiple Response System (MRS) for Child Protective Services.
- 2) Please describe your understanding of the new domestic violence policy for CPS in North Carolina.
- 3) How did you learn about MRS and the new DV policy? Were you involved in any way with the development, implementation or training regarding the new policies?
- 4) Prior to the implementation of the new policies, what has been your experience working with CPS in cases of co-occurring domestic violence and child maltreatment? (How would you describe the level and/or quality of cooperation and collaboration between CPS and DV agencies?)
- 5) Can you share examples of positive collaboration with CPS in cases of co-occurring child maltreatment and domestic violence? (What made these positive experiences?)
- 6) What experiences have you had with CPS since the implementation of the new policies and practices?
- 7) What do you think needs to happen in order to have successful collaboration between CPS and DV agencies?
- 8) What expectation do you have that the new policy changes can produce greater collaboration between CPS and DV agencies?
- 9) What would be required to make the new policies work most effectively for the safety of both women in children?

Appendix G

**University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants for Individual Interviews
Social Behavioral Form**

IRB Study # _____ **06-0639** _____
Consent Form Version Date: _____ 11/9/06 _____

Title of Study: Co-Occurring Child Maltreatment and Domestic Violence: An Examination of Policy, Practice and Collaboration in North Carolina

Principal Investigator: Stephanie Francis
UNC-Chapel Hill Department: School of Social Work
UNC-Chapel Hill Phone number: 962-1225
Email Address: stephaniefrancis1@earthlink.net
Faculty Advisor: Marie Weil
Funding Source: NA

Study Contact telephone number: (919) 403-9303
Study Contact email: stephaniefrancis1@earthlink.net

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to examine policy and practice by child welfare agencies in cases of co-occurring child maltreatment and partner violence. The study will examine recent changes to child welfare policy in the state of North Carolina, explore perspectives among child welfare workers and domestic violence advocates regarding current levels of coordination and cooperation between these two agencies, and develop recommendations to improve collaboration on this serious social problem.

You are being asked to be in the study because you have been involved in the development and implementation of the new child welfare policies in North Carolina.

How many people will take part in this study?

If you decide to be in this study, you will be one of approximately 75 people in this research study who are participating in either individual interviews or focus groups. Eighteen to 60 Child Protective Service workers and domestic violence advocates will be participating in focus groups while 10 to 15 individuals involved with the development and implementation of the Multiple Response System and the new CPS domestic violence policy will participate in individual interviews.

How long will your part in this study last?

You will be asked to participate in an individual interview that will take approximately one hour. You may be contacted by e-mail at a later date (within six months of the interview) in order to assist with a review of an information summary to insure accuracy.

What will happen if you take part in the study?

If you participate in the individual interview, you will meet with the researcher who will ask you questions according to an interview guide. You do not have to answer any question you do not choose to answer. You may stop participation in the project at any time. With your permission, the interview will be audiotaped. You may opt not to have the interview audiotaped and you may request that the tape be turned off at any time. Within six months of completing the interview, you may be asked to review a summary of the information collected to insure accuracy. This review would be conducted via e-mail.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. Information from this project may be used to inform and improve services to families in North Carolina experiencing both domestic violence and child maltreatment concerns. Increased knowledge in this area may help agencies find better ways to work together to protect both child and adult victims of abuse. You may not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?

No risk to you is anticipated. There may, however, be uncommon or previously unknown risks. You should report any problems to the researcher.

How will your privacy be protected?

The individual interview will be conducted in a private location of your choosing, and will have only you and the researcher present. If you agree to be audiotaped, the tapes of the interviews will be transcribed by either the researcher or a transcriber. Anyone transcribing the tapes will sign an agreement of confidentiality. Although your name may be present on the audiotape, a pseudonym will be used on transcripts. Pseudonyms will be used only to assist with analysis. Your name will not be in any reports of the data.

The audiotapes will be stored in a locked cabinet. Six months after completion of all data analysis, the tapes will be destroyed.

You may request that the audio recorder be turned off at any time during the interview.

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?

You will not receive anything for taking part in this study.

Will it cost you anything to be in this study?

There will be no costs to you for being in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:

___ I give the researcher permission to record the interview.

___ I do not give the researcher permission to record the interview.

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

Signature of Person Obtaining Consent

Date

Printed Name of Person Obtaining Consent

Appendix H

**University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants in Focus Group
Social Behavioral Form**

IRB Study # 06-0639
Consent Form Version Date: 11/9/06

Title of Study: Co-Occurring Child Maltreatment and Domestic Violence: An Examination of Policy, Practice and Collaboration in North Carolina

Principal Investigator: Stephanie Francis
UNC-Chapel Hill Department: School of Social Work
UNC-Chapel Hill Phone number: 962-1225
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Faculty Advisor: Marie Weil
Funding Source: NA

Study Contact telephone number: (919) 403-9303
Study Contact email: stephaniefrancis1@earthlink.net

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to examine policy and practice by child welfare agencies in cases of co-occurring child maltreatment and partner violence. The study will examine recent changes to child welfare policy in the state of North Carolina, explore perspectives among child welfare workers and domestic violence advocates regarding current levels of coordination and cooperation between these two agencies, and develop recommendations to improve collaboration on this serious social problem.

You are being asked to be in the study because you work with clients experiencing child maltreatment and/or domestic violence as either a Child Protective Services Worker or a domestic violence advocate.

How many people will take part in this study?

If you decide to be in this study, you will be one of approximately 75 people in this research study who are participating in either individual interviews or focus groups. Eighteen to 60 Child Protective Service workers and domestic violence advocates will be participating in focus groups while 10 to 15 individuals involved with the development and implementation of the Multiple Response System and the new CPS domestic violence policy will participate in individual interviews.

How long will your part in this study last?

You will be asked to participate in a focus group that will take approximately 90 minutes. You may be contacted by e-mail at a later date (within six months of the focus group) to review a summary of the information gathered during the focus group to assist with a check for accuracy.

What will happen if you take part in the study?

If you participate in the focus group, you will meet with the researcher, a co-facilitator, and other CPS workers or domestic violence advocates in your county to discuss child welfare policies and procedures and collaboration between Child Protective Services and domestic violence agencies. The discussion will be guided by a focus group question guide. You do not have to answer any question you do not care to answer. You may stop participation in the project at any time. The focus group will be audio taped. If you do not want to be audiotaped, you may withdraw from the focus group without penalty. Within six months of completing the focus group, you may be contacted by e-mail and asked to review a summary of information collected to insure accuracy.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. Information from this project may be used to inform and improve services to families in North Carolina experiencing both domestic violence and child maltreatment concerns. Increased knowledge in this area may help agencies find better ways to work together to protect both child and adult victims of abuse. You may not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?

No risk or discomfort to you is anticipated as a result of being in this study. Although all participants will be informed that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future. Therefore, we encourage you to be as honest and open as possible, but remain aware of our limits in protecting confidentiality.

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

How will your privacy be protected?

The focus group will be conducted in private locations with only the participants, the researcher, and a co-facilitator present. The audiotapes of the focus groups will be transcribed by either the researcher or a transcriber. Anyone transcribing the tapes will sign an agreement of confidentiality. Although your name may be present on the audiotape, pseudonyms will be used on transcripts.

Pseudonyms will be used only to assist with analysis. Your name will not be in any reports of the data.

The audiotapes will be stored in a locked cabinet. Six months after completion of all data analysis, the tapes will be destroyed.

If you do not want to be audiotaped, you may withdraw from the focus group without penalty.

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?

You will not receive anything for taking part in this study.

Will it cost you anything to be in this study?

Your costs may include transportation costs to the location of the focus group.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

Signature of Person Obtaining Consent

Date

Printed Name of Person Obtaining Consent

Appendix I

AGREEMENT OF CONFIDENTIALITY FOR PROJECT TRANSCRIBER

I, _____, do agree that I will not, directly or indirectly, without due authority disclose to any person any information or other matter that may come to me regarding participants in the focus groups conducted as part of the research project, *Current Interventions in Co-occurring Child Maltreatment and Domestic Violence*, by reason of my involvement with this research project.

Signature _____

Agreed to and subscribed before me _____

This _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires:

Appendix J

AGREEMENT OF CONFIDENTIALITY FOR PROJECT CO-FACILITATOR

I, _____, do agree that I will not, directly or indirectly, without due authority disclose to any person any information or other matter that may come to me regarding participants in the focus groups conducted as part of the research project, *Current Interventions in Co-occurring Child Maltreatment and Domestic Violence*, by reason of my involvement with this research project.

Signature _____

Agreed to and subscribed before me _____

This _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires:

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