



Domestic Violence and the Child Welfare System

Domestic violence is a devastating social problem that affects every segment of the population. It is critical for child welfare professionals and other providers who work with children who have experienced abuse to understand the relationship between domestic violence and child maltreatment, as many families experiencing domestic violence also come to the attention of the child welfare system.

Increasingly, child welfare professionals, domestic violence victim advocates, courts, and other community stakeholders are working together to address the impact of domestic violence on children. This bulletin discusses the extent of the overlap between domestic violence and child welfare, some of the effects of domestic violence on child witnesses, and the trend toward a more collaborative, communitywide response to the issue. It also features promising practices from States and local communities.

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Definitions

Domestic Violence:

The Women’s Resource and Rape Assistance Program defines domestic violence (<http://www.wraptn.org/domestic-violence.html>) as:

“A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender. Domestic violence affects people of all socioeconomic backgrounds and education levels. Domestic violence occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating. Domestic violence not only affects those who are abused but also has a substantial effect on family members, friends, coworkers, other witnesses, and the community at large. Children who grow up witnessing domestic violence are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life—therefore, increasing their risk of becoming society’s next generation of victims and abusers.”

Intimate Partner Violence:

The U.S. Centers for Disease Control and Prevention (CDC) defines intimate partner violence (IPV) (<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>) as “physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. IPV can vary in frequency and severity. It occurs on a continuum, ranging from one hit that may or may not impact the victim to chronic, severe battering.”

Family Violence

The National Council of Juvenile and Family Court Judges’ (NCJFCJ’s) model code for family violence (http://www.ncjfcj.org/sites/default/files/modocode_fin_printable.pdf) defines family violence as “the occurrence of one or more of the following acts by a family or household member, but does not include acts of self-defense:

- (a) Attempting to cause or causing physical harm to another family or household member;
- (b) Placing a family or household member in fear of physical harm; or
- (c) Causing a family or household member to engage involuntarily in sexual activity by force, threat of force, or duress.

‘Family or household members’ include:

- (a) Adults or minors who are current or former spouses;
- (b) Adults or minors who live together or who have lived together;

(c) Adults or minors who are dating or who have dated;

(d) Adults or minors who are engaged in or who have engaged in a sexual relationship;

(e) Adults or minors who are related by blood or adoption;

(f) Adults or minors who are related or formerly related by marriage;

(g) Persons who have a child in common; and

(h) Minor children of a person in a relationship that is described in paragraphs (a) through (g)."

For definitions of the different types of abuse, see Child Welfare Information Gateway's factsheet *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms* at <https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm>.

Scope of the Problem

Estimates of the number of children who have been exposed to domestic violence each year vary. Research suggests that nearly 30 million children in the United States will be exposed to some type of family violence before the age of 17, and there is a 30 to 60 percent overlap of child maltreatment and domestic violence (Hamby, Finkelhor, Turner, & Ormrod, 2011; Taggart, 2011). The most comprehensive data collected on this issue were gathered by the National Survey of Children's Exposure to Violence (NATSCEV), sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the CDC. Researchers surveyed 4,549 children and youth ages 17 and younger between January and May 2008. Findings show that more than 11 percent of children and youth were exposed to some form of family violence within the past year, and 26 percent were exposed to at least one form of family violence during their lifetimes. Extrapolating these findings to the general population yields an estimate of more than 8 million

children and youth who were exposed to family violence in the past year and more than 18 million exposed to family violence during their lifetime (Hamby et al., 2011).

Large numbers of children come in contact with domestic violence service providers each year. Every year, the National Network to End Domestic Violence (NNEDV) conducts a 1-day, unduplicated count of adults and children seeking domestic violence services in the United States. On September 12, 2012, the NNEDV census found that "18,968 children and 16,355 adults found safety in emergency shelters and transitional housing, while 5,815 children and 23,186 adults received advocacy and support through nonresidential services" (National Network to End Domestic Violence, 2013).

Exposure to both domestic violence and child maltreatment can have immediate and, often, long-term impact on children and youth.

Impact of Domestic Violence on Children

Children who have been exposed to domestic violence are more likely than their peers to experience a wide range of difficulties, and the potential effects vary by age and developmental stage. The challenges faced by children and youth exposed to domestic violence generally fall into three categories:

- **Behavioral, social, and emotional problems.** Children in families experiencing domestic violence are more likely than other children to exhibit signs of depression and anxiety; higher levels of anger and/or disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem (National Child Traumatic Stress Network, n.d.).
- **Cognitive and attitudinal problems.** Children exposed to domestic violence are more likely than their peers to experience difficulties in school and with concentration and task completion; score lower on assessments of verbal, motor, and cognitive skills; lack conflict resolution skills; and possess limited problem-solving skills. Children exposed to domestic violence

also are more likely to exhibit pro-violence attitudes (National Child Traumatic Stress Network, n.d.).

- **Long-term problems.** In addition to higher rates of delinquency and substance use, exposure to domestic violence is also one of several adverse childhood experiences (ACEs) that have been shown be risk factors for many of the most common causes of death in the United States, including alcohol abuse, drug abuse, smoking, obesity, and more. (For more information, visit the Adverse Childhood Experiences (ACE) Study website at <http://www.acestudy.org>.)

Additional factors that influence the impact of domestic violence on children include:

- **Nature of the violence.** Children who witness frequent and severe forms of violence or fail to observe their caretakers resolving conflict may undergo more distress than children who witness fewer incidences of physical violence and experience positive interactions between their caregivers.
- **Age of the child.** Younger children appear to exhibit higher levels of emotional and psychological distress than older children. Children ages 5 and younger may experience developmental regression—the loss of acquired skills—or disruptions in eating or sleeping habits. Adolescents may exhibit impulsive and/or reckless behavior, such as substance use or running away (National Child Traumatic Stress Network, n.d.). Age-related differences can result from older children’s more fully developed cognitive abilities, which help them to better understand the violence and select various coping strategies to alleviate upsetting symptoms. Additionally, because very young children are more likely to have closer physical proximity to and stronger emotional dependence on their mothers (often the victims of domestic violence), they may be more susceptible to and exhibit enhanced trauma symptoms (Levendosky, Bogat, & Martinez-Torteya, 2013).
- **Elapsed time since exposure.** Children often have heightened levels of anxiety and fear immediately after a violent event. Fewer observable effects are seen in children as time passes after the violent event.

- **Gender.** In general, boys exhibit more externalized behaviors (e.g., aggression and acting out), while girls exhibit more internalized behaviors (e.g., withdrawal and depression) (Moylan et al., 2010).
- **Presence of child physical or sexual abuse.** Children who witness domestic violence and are physically or sexually abused are at higher risk for emotional and psychological maladjustment than children who witness violence and are not abused (Moylan et al., 2010).

Despite these findings, not all children exposed to domestic violence will experience negative effects. Children’s risk levels and reactions to domestic violence exist on a continuum; some children demonstrate enormous resiliency, while others show signs of significant maladaptive adjustment. Protective factors such as social competence, intelligence, high self-esteem, and a supportive relationship with an adult (especially a nonabusive parent) can help protect children from the adverse effects of exposure to domestic violence (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). It’s important for domestic violence, child welfare, and other child-serving professionals to understand the impact of trauma on child development and how to minimize its effects without causing additional trauma.

Child Welfare Information Gateway’s issue brief *Protective Factors Approaches in Child Welfare* provides an overview of protective factors approaches to the prevention and treatment of child abuse and neglect at https://www.childwelfare.gov/pubs/issue_briefs/protective_factors.cfm.

Resources on Building Resiliency

Promising Futures Without Violence, a national technical assistance provider for the U.S. Family and Youth Services Bureau (FYSB), produced an infographic depicting the relationship among individual, family, and community protective factors—circumstances in families and communities that increase the health and well-being of children and families—that can help children heal and build resiliency: <http://promising.futureswithoutviolence.org/files/2014/01/Promising-Futures-Infographic-FINAL.jpg>.

The Safe Start Center offers a series of trauma-informed care tip sheets for a variety of audiences, including tips for professionals working in domestic violence shelters, tips for child welfare professionals, tips for staff working with and engaging fathers, and more: <http://web.safestartcenter.org/resources/tip-sheets.php>.

Responding to Domestic Violence

Often families impacted by domestic violence may be involved with child welfare and child-serving community agencies. It is important to work with State domestic violence coalitions and local domestic violence programs to ensure an understanding of the dynamics of domestic violence, how abusive parents affect children, and how to support the safety of both children and nonabusive parents. Promising practices for building and sustaining community partnerships include:

- Building and sustaining relationships and partnerships with employees of other agencies and systems that affect family safety
- Establishing a shared vision for practice based on safety for all family members

- Understanding various perspectives and work processes and acknowledging the experience and skills of staffs in other agencies
- Developing joint protocols and policies to guide practice

Investing in meaningful training and technical assistance partnerships is critical to supporting victims of domestic violence and their children. Domestic violence coalitions, local domestic violence shelter programs, Tribal domestic violence programs, and culturally specific community-based organizations are all an integral part of any coordinated health care and social service response to domestic violence.

Each State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa have a Domestic Violence Coalition. These coalitions are connected to more than 2,000 local domestic violence programs receiving funding from FYSB's Family Violence Prevention and Services Program (FVPSA). The domestic violence coalition working with programs in your community can be found at <http://www.vawnet.org/links/state-coalitions.php>.

Additional information about FVPSA domestic violence coalitions can be found at <http://www.acf.hhs.gov/programs/fysb/resource/dvcoalitions>.

Addressing the issue of domestic violence requires a communitywide response. While there are some challenges to responding to this serious social problem, the emergence of trauma-informed care and differential response are fostering cross-system collaboration to protect children and strengthen families.

Challenges

Although adult and child victims often are found in the same families, child welfare and domestic violence programs have traditionally responded separately to victims. This focus on the safety and protection of only one victim can lead to unintended consequences. For example, removing children from their homes and placing them in out-of-home care can cause additional trauma.

Individual therapies focused on parents may not help rebuild family relationships or strengthen protective factors to prevent future violence or abuse. In recent years, however, enhanced collaboration among child- and family-serving organizations and domestic violence programs has led to more comprehensive services to better meet the needs of both children and adults affected by domestic violence.

One example of enhanced collaboration efforts is the groundbreaking Greenbook Initiative, which was composed of six demonstration sites working on issues related to the intersection of domestic violence and child maltreatment. The projects implemented guidelines and policies outlined in the 1999 publication *Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (the Greenbook). The demonstration sites were funded from 2000 to 2007, and many service providers, agencies, and the courts continue to implement guidelines put forth by the Greenbook. For more information, visit <http://thegreenbook.info>.

A training module on the Greenbook Initiative is available on the website of the Center for Advanced Studies in Child Welfare: <https://umconnect.umn.edu/p24584437/>.

Still, challenges in responding to the issue of domestic violence and child maltreatment continue. Domestic violence is not always reported to authorities or identified by caseworkers. Of the data gathered through NATSCEV, authorities knew about approximately one-half (49 percent) of the incidents of children witnessing domestic violence (Finkelhor, Ormrod, Turner, & Hamby, 2012). While a majority of children with reports of abuse or neglect remain at home after an investigation, they may remain in a home where they experience domestic violence. The National Survey of Child and Adolescent Well-Being II found that one-quarter of the caregivers for children with reports of maltreatment—and who remained in the home following investigation—indicated having experienced domestic violence within the previous 12 months. Caseworkers for those families identified active domestic violence in 1 out of 10, highlighting the possibility that domestic violence is underidentified in

some child welfare cases (Casanueva, Ringeisen, Smith, & Dolan, 2013).

A Trauma-Informed Approach

Trauma-informed practice—the services and programs specifically designed to address and respond to the impact of traumatic stress—help children and families build resiliency and prevent further trauma. The importance of this approach has become especially evident in child welfare, since the majority of children and families involved with child welfare have experienced some form of past trauma (Wilson, 2013). A trauma-informed approach means that all service providers share values and goals, focus on promoting healing and preventing further trauma, and work to identify and eliminate the abuse or violence that caused the trauma (VAWnet.org, 2013).

One helpful resource has been made available by the Children’s Bureau’s National Resource Center for Child Protective Services (NRC CPS), which sponsored a webinar series focused on domestic violence and child protection. Audio recordings, presentation slides, and handouts from the series, titled “Safety Organized, Trauma-Informed, Solution-Focused Approaches to Domestic Violence in Child Protection,” are available on the NRC website at <http://nrccps.org/special-initiatives/domestic-violence/nrccps-webinar-domestic-violence-and-child-protective-services-summer-series/>.

The National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH) offers the Creating Trauma-Informed Services: Tipsheet Series, which includes *Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do*. This tip sheet for child advocates outlines ways to support children who have been exposed to violence at home and tips for supporting parents as they help their children heal from trauma. Divided by age group—infants, toddlers, preschoolers; school-age children; and adolescents—the tip sheet lists signs and symptoms of violence exposure and corresponding tips for offering support. Find it at http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet_Children-Exposed_NCDVTMH_May2012.pdf.

NCDVTMH also offers a trauma-informed approach framework for domestic violence victim advocacy. Find links to all three parts at <http://www.nationalcenterdvtraumamh.org/2013/04/announcing-the-trauma-informed-domestic-violence-services-special-collection/>.

Integrating Differential Response Into Domestic Violence Intervention

Some experts in the field assert that families and their children who show minimal evidence of harm resulting from exposure to domestic violence, and who have other protective factors present in their lives, may benefit more from voluntary services in the community. An emerging child welfare practice—differential response—reflects this approach. Differential response (DR), also called alternative response, multiple response, or dual track, allows for more than one method of initial response from child protective services (CPS) to reports of abuse or neglect. DR child welfare practices emphasize a broad assessment of a family’s situation and a determination of whether the family can be helped while maintaining the children in the home using both child welfare services as well as services and supports outside of the child welfare system and dependency courts. Initially, child welfare systems included only two DR tracks or responses. Over time, however, some States (e.g., Hawaii, Minnesota, and Tennessee) recognized the value of additional tracks, and Olmsted County, MN, includes a specialized noninvestigative pathway for families dealing with domestic violence.

Depending on legislation or agency policies, eligibility criteria for an alternative response vary by State or even by jurisdiction within a State. Once CPS receives a report of child maltreatment, determining whether a family is eligible for a noninvestigative response is generally based on immediate safety concerns and risk for the children, the type of maltreatment, previous reports, age of the child or children, and caregiver factors. Based on those factors, CPS decides whether to initiate a standard investigation or move forward with a noninvestigative assessment response.

For more information on alternative or differential response in child welfare, read Child Welfare Information Gateway’s issue brief *Differential Response to Reports of Child Abuse and Neglect* at https://www.childwelfare.gov/pubs/issue_briefs/differential_response/.

Or, visit Information Gateway’s web section Differential Response in Child Protective Services at <https://www.childwelfare.gov/responding/alternative/>.

Collaborative Approaches

Despite their differences, child welfare advocates and domestic violence service providers share significant goals that can help bridge the gap between them. These include:

- Ending violence against adults and children
- Ensuring children’s safety
- Protecting adult victims so their children are not harmed by violence
- Promoting parents’ strengths
- Deferring CPS intervention—as long as child safety is preserved—and referring adult and child victims to community-based services

The National Resource Center for Permanency and Family Connections, formerly the National Resource Center for Family-Centered Practice and Permanency Planning (Toussaint, 2006), suggests the following policies to align efforts of child abuse and domestic violence practitioners:

- Identify and assess domestic violence in all child welfare cases
- Provide services to families where domestic violence has been identified (even if child abuse has not been substantiated), including helping abused women protect themselves and their children using noncoercive, supportive, and empowering interventions whenever possible
- Hold perpetrators of domestic violence accountable for stopping the violent behavior in order to protect children

To help judges hold perpetrators accountable, the NCJFCJ developed the *Checklist to Promote Perpetrator*

Accountability in Dependency Cases Involving Domestic Violence, available at http://www.ncjfcj.org/sites/default/files/checklist-to-promote-accountability_0.pdf.

In recent years, increased awareness of the co-occurrence of domestic violence and child abuse has compelled both child welfare systems and domestic violence programs to reevaluate their interventions with families experiencing both forms of violence. Many professionals now acknowledge that communities can serve families better by allocating resources to build partnerships among domestic violence service providers, child protective service providers, and an array of informal and formal systems within the community. National, State, and local initiatives are demonstrating that a collective ownership and intolerance for abuse against adults and children alike can form the foundation of a coordinated and comprehensive approach to ending child abuse and domestic violence. Additionally, the 2010 reauthorization of the Child Abuse Prevention and Treatment Act authorized grants to develop or expand effective collaborations between child protective service and domestic violence service entities.

Institutional and societal changes can begin to eliminate domestic violence only when service providers integrate their expertise, resources, and services into an expansive network. New practices are enhancing cross-system understanding and interactions between agencies and communities. New protocols are institutionalizing change and ensuring that child welfare workers and domestic violence advocates benefit from the lessons learned by their predecessors and colleagues.

A collaborative approach to working with families that experience the co-occurrence of domestic violence and child maltreatment has a number of potential benefits: families receive more comprehensive and coordinated services, while avoiding redundant interviews and program requirements; agencies can effectively identify and provide appropriate services; and caseworkers can minimize blaming of the adult victim, hold batterers accountable, and advocate on behalf of all family members (Banks, Dutch, & Wang, 2008). To improve collaboration within and among systems and to engage

new community partners in keeping families safe, organizations must have certain strategies. While some of these are described in more detail later in this bulletin, examples of strategies to improve collaboration include:

- Collaborative learning and practice as a prelude to new policies
- New strategies to address issues of race, culture, and gender
- Greater participation by survivor mothers and children
- Greater investment in community
- Differential responses for families based on risk
- Therapeutic and other services and supports for mothers and children
- Greater accountability for men who batter and greater attention to the roles they continue to play as fathers and providers
- Broad, meaningful engagement of men as allies in protecting children (Rosewater & Goodmark, 2007)

The National Online Resource Center on Violence Against Women offers a list of contact information for all domestic and sexual violence coalitions across the country at <http://www.vawnet.org/links/state-coalitions.php>.

FYSB's Family Violence Prevention and Services Program (FVPSA) funds a network of culturally specific resource centers that work to address the impact of domestic violence and provide culturally specific programming and culturally relevant responses for the African-American, Asian and Pacific Islander, and Hispanic and Latina communities. More information on FVPSA services and programs is available on its website at <http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services>.

The Asian and Pacific Islander Institute on Domestic Violence produced a publication that aims to share the voices of immigrant, refugee, and indigenous women who are survivors of intimate partner violence and who have been involved with child protective services. By gathering and sharing the experiences of these women, the project hoped the information would help with the development of policies, practices, and interventions that more

effectively address the issue of family violence. *Battered Mothers Involved With Child Protective Services: Learning from Immigrant, Refugee and Indigenous Women's Experiences* is available here: [http://www.apiidv.org/files/Battered.Mothers.Involved.With.CPS-Report-APIIDV-2003\(Rev.2010\).pdf](http://www.apiidv.org/files/Battered.Mothers.Involved.With.CPS-Report-APIIDV-2003(Rev.2010).pdf).

Responding Early: Teens and Dating Violence

Children and youth learn about healthy relationships by watching and modeling the relationships they witness. Children who are exposed to domestic violence may later repeat the abuse they see, thinking that it is a normal part of relationships. This can be especially concerning with young adults forging their first romantic relationships. Child welfare professionals, domestic violence victim advocates, and related professionals can work together to help youth understand that healthy relationships are nonviolent relationships, and they can help young people who have experienced dating violence develop resilience and heal.

In addition to a web section on teen dating violence (http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html), the CDC offers a 1-hour training for youth-serving organizations to help young people understand the risk factors of dating violence. *Dating Matters: Understanding Teen Dating Violence Prevention* is available on the CDC website at <http://vetoviolence.cdc.gov/datingmatters/>.

Other resources with information and materials on teen dating violence include the following:

- Child Welfare Information Gateway's web section on teen dating violence prevention that offers links to prevention programs and other materials on the subject: https://www.childwelfare.gov/systemwide/domviolence/prevention/teen_dating.cfm
- The National Online Resource Center on Violence Against Women's resource collection on collaborative and multilevel approaches to the prevention of and response to teen dating violence: <http://www.vawnet.org/special-collections/TDV.php>
- The National Center for Victims of Crime's bulletins for teens that define teen dating violence and

the signs and symptoms of abuse, in addition to providing information on getting help: <http://www.victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/dating-violence>

- Break the Cycle: Empowering Youth to End Domestic Violence, which provides comprehensive dating abuse prevention programs exclusively to young people, including tools for action, training, and a Dating Violence 101 section: <http://www.breakthecycle.org/>

Promising Practices

The following are examples of strategies used to support more effective collaboration between domestic violence services and child welfare systems.

In 2012, The National Resource Center on Domestic Violence, along with the U.S. Department of Health and Human Services' Administration for Children and FYSB, published *Enhanced Services to Children and Youth Exposed to Domestic Violence: Promising Practices and Lessons Learned*. The guide outlines promising practices and lessons learned from nine demonstration projects funded between 2005 and 2008 through FVPSA: http://www.vawnet.org/Assoc_Files_VAWnet/ESCY-PPLGuide.pdf.

For specific information about addressing the co-occurrence of domestic violence and child maltreatment in State Program Improvement Plans, see also *Child and Family Service Review Outcomes: Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans*, developed by the NCJFCJ in partnership with the Family Violence Prevention Fund and the National Resource Center for Child Protective Services: http://www.ncjfcj.org/sites/default/files/cfsr%20dv_web.pdf.

The Domestic Violence Evidence Project also offers evidenced-based practices for domestic violence: <http://www.dvevidenceproject.org/>.

Integrating Domestic Violence Assessment and Training Into Home Visiting Programs

Enhanced Nurse Family Partnership Study [Oregon].

This clinical intervention is an enhancement of the Nurse Family Partnership (NFP) that targets at-risk, first-time mothers-to-be, offering support from community nurses from the second trimester of pregnancy until the child reaches the age of 2. The Enhanced Nurse Family Partnership study incorporates intimate partner violence prevention (IPV) into NFP by utilizing nurses trained in IPV prevention. The Enhanced NFP program is centered on an empowerment model that provides its participants with strategies for meeting relationship goals and maintaining safety. For more information on the Enhanced Nurse Family Partnership Study, contact Dr. Lynette Feder, Portland State University at lfeder@pdx.edu.

Colocating Domestic Violence Advocates in Child Welfare Offices for Case Consultation and Supportive Services

Center for Human Services Research [New York]. As of 2012, 37 percent of local districts in New York State have adopted a colocation model placing domestic violence advocates within child protective services offices to increase collaboration. In those districts, the colocated domestic violence advocates provide training and case consultation, attend joint home visits with child protective services workers, and participate in workgroups to define and clarify the roles. More information about New York's collaborative approach for serving families experiencing both intimate partner violence and child maltreatment is available at <http://www.albany.edu/chsr/csp-dv.shtml>.

Domestic Violence Liaison Pilot Project [New Jersey]. The Domestic Violence Liaison Pilot Project is a partnership between the Department of Children and Families and the New Jersey Coalition for Battered Women at the State level and the Division of Youth and Family Services (DYFS) offices and domestic violence programs at the county level. Domestic Violence Liaisons are domestic violence experts colocated at DYFS Offices (when available) to provide onsite case consultation to DYFS and support and advocacy for domestic violence victims and their children. The

purpose of this collaboration is to (1) increase safety and improve outcomes for children and their nonoffending parents/caregivers in domestic violence situations and (2) strengthen DCF/DYFS capacity to provide effective assessments and intervention for families in domestic violence situations. More information on this project is available at http://www.law.capital.edu/uploadedFiles/Law_School/NCALP/NJ%20FINAL%20DV%20Case%20Practice%20Protocol%20Oct%20%202009.pdf.

Developing Cross-System Protocols and Partnerships to Ensure Coordinated Services and Responses to Families

West Virginia Collaborative: West Virginia has implemented new statutes, rules, case law, and departmental policies that eradicated the "failure to protect" doctrine and replaced it with innovative new ways to empower victims of domestic violence, hold batterers accountable, and increase safety for children. The change required a collaborative, strength-based, systemic change effort that now enables child protective service workers to partner with adult victims of domestic violence and empower them to protect their children by (1) removing the term "failure to protect" from all agency policies, (2) permitting the adult victims to co-petition with the State, and (3) allowing the State to request a no-fault battered parent adjudication if co-petitioning is not the best option. For more information, go to the Collaborative Projects link and click on Child Victimization on the West Virginia Coalition Against Domestic Violence website: <http://www.wvcadv.org/>.

PALS Expansion Project [New Jersey]: The New Jersey Coalition for Battered Women leads an innovative partnership between child welfare, domestic violence shelters, and mental health professionals that established a model program for children who have been exposed to domestic violence. The Peace: A Learned Solution (PALS) program provides children ages 3 through 12 with creative arts therapy to help them heal from exposure to domestic violence. The PALS Expansion project works with 11 counties to ensure that the therapeutic intervention provided is evidence-based and provides intensive technical

assistance and training to improve practice. For more information, visit <http://promising.futureswithoutviolence.org/advancing-the-field/communities-in-action/new-jersey-coalition-for-battered-women/>.

The San Diego Family Justice Center [San Diego, CA].

The Family Justice Center was launched by the City of San Diego to assist victims of family violence. It was the first comprehensive “one-stop shop” in the nation for victims of family violence and their children. More than 25 agencies under one roof provide coordinated legal, social, and health services to women, men, children, and families in need. There, victims of family violence can talk to an advocate, get a restraining order, plan for their safety, talk to a police officer, meet with a prosecutor, receive medical assistance, receive information on shelter, and get help with transportation. For more information, visit <http://www.sandiegofjc.org>.

Cross Training Domestic Violence and Child Welfare Advocates

Families First [Michigan]. Families First is an intensive, short-term crisis intervention and family education services program—a core service of the Michigan Department of Human Services for the State’s 83 counties. In 1993, Families First asked the Governor’s Domestic Violence Prevention and Treatment Board (DVPTB) to provide domestic violence in-service training seminars for family preservation workers. Families First and DVPTB worked together to develop extensive cross training, and in 1995, Michigan became the first State to institutionalize mandatory domestic violence training for family preservation workers and supervisors. Ten federally recognized Indian reservations also make referrals to Families First. For more information, visit http://www.michigan.gov/dhs/0,1607,7-124-5452_7124_7210-15373--,00.html.

Summary

The co-occurrence of domestic violence and child maltreatment is a serious and pervasive social problem. The adverse effects of domestic violence on children can include behavioral, social, emotional, and cognitive problems that may last into adulthood. A literature

review reveals general agreement that the most effective approach to reducing domestic violence is based on comprehensive partnerships within and among child- and family-serving systems. Only by cooperating with one another can these systems ensure the safety and well-being of children and families.

Resources, Training, and Tools

Futures Without Violence (formerly, the Family Violence Prevention Fund) provides educational materials and participates in community-based programs and public policy work focused on ending domestic and sexual violence. The organization offers a number of resources for family- and child-serving programs and professionals:

- **Connect: Supporting Children Exposed to Domestic Violence** is a 3-hour training with related tools for use in child welfare settings with caregivers at all levels of experience in caring for children who have been exposed to domestic violence. <http://www.futureswithoutviolence.org/connect-supporting-children-exposed-to-domestic-violence//>
- **Healthy Moms, Happy Babies: A Train the Trainer Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed** supports States and their home-visitation programs in developing core competency strategies, ensuring that all home visitation programs are equipped to help women and children living in homes with domestic violence. <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Healthy%20Moms%20Happy%20Babies%203-7-13.pdf>
- **Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence** (<http://www.PromisingFuturesWithoutViolence.org>) is a website developed by Futures Without Violence designed to help domestic violence advocates enhance their programming for children and their mothers. The website includes:
 - A searchable database of evidence-based interventions and promising practices for serving children and youth

- Strategies for strengthening program capacity to deliver developmentally appropriate, trauma-informed, and effective programming
- Strategies for collaborating with community partners
- Information and resources on protective factors, resilience, and interventions that strengthen the mother-child bond
- Guidance on program evaluation and adaptation
- Resources and guidance on working with culturally diverse families
- Training curricula, research articles, and other tools for advocates and parents/caregivers

For more information on the work of and resources of Futures Without Violence, visit <http://www.futureswithoutviolence.org/>.

The Chadwick Trauma-Informed Systems Project (CTISP) identifies effective treatments and develops specialized service delivery models to serve victims of child abuse and children exposed to domestic violence who are involved with child welfare. <http://www.chadwickcenter.org/CTISP/ctisp.htm>

The National Center on Domestic Violence, Trauma & Mental Health offers training and technical assistance, publications, research, and other supports to domestic violence advocates and related professionals in the fields of mental health, substance use, and the courts. <http://www.nationalcenterdvtraumamh.org/>

The National Council of Juvenile and Family Court Judges provides resources, knowledge, and training to professionals involved with juvenile, family, and domestic violence cases to help improve the lives of families and children. NCJFCJ resources include the following:

- *Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence* (RE Checklist): The RE Checklist describes the dynamics of domestic violence, how domestic violence affects parenting, and the interrelationships between domestic violence and substance abuse and mental health, and it provides information on what constitutes reasonable efforts

in a dependency case involving domestic violence. http://www.ncjfcj.org/sites/default/files/reasonable%20efforts%20checklist_web2010.pdf

- *Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence* (Accountability Checklist): The Accountability Checklist provides information to help dependency courts intervene with perpetrators of domestic violence in ways that promote accountability and the safety of the children and victim parent. The Accountability Checklist provides a framework to hold perpetrators accountable, identify and provide appropriate services, and improve judicial decision-making. http://www.ncjfcj.org/sites/default/files/checklist-to-promote-accountability_0.pdf
- Resource Center on Domestic Violence: Child Protection and Custody provides technical assistance, training, and resource development. To request technical assistance, email fvdinfo@ncjfcj.org, or call 800-52-PEACE (800.527.3223).

For more information on the NCJFCJ, visit its website at <http://www.ncjfcj.org/>.

The National Resource Center on Domestic Violence works to improve the community response to domestic violence and prevent its occurrence by providing technical assistance, training, and resource development through its key initiatives:

- Building Comprehensive Solutions to Domestic Violence provides a victim-defined framework for creating solutions to domestic violence. <http://www.bcsdv.org/>
- AWnet, the National Online Resource Center on Violence Against Women, offers a resource library with thousands of materials on domestic violence, sexual violence, funding, research, and more. <http://www.vawnet.org/>

For more information, visit the NRCDV website: <http://www.nrcdv.org/>

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Acknowledgment:

This bulletin was developed with help and support from the National Council of Juvenile and Family Court Judges and the National Resource Center on Domestic Violence. This document is made possible by the Children's Bureau, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.

Suggested citation:

Child Welfare Information Gateway. (2014). *Domestic violence and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

