Abstract

In 2010 Praxis International, a national training and research organization on ending violence against women, in partnership with the National Council of Juvenile and Family Court Judges and The Center for the Study of Social Policy, received funding from the U.S. Department of Justice, Office on Violence Against Women (OVW), to create a tool for communities to assess their current child protective services (CPS) practices and linkages with community-based advocacy. Using the Praxis Institutional Analysis process, a draft of Planning and Conducting a Practice Assessment of Community Response to Domestic Violence: Child Protective Services was produced, creating tools for community teams of advocates, child protection representatives, and others to engage in an assessment of the child protective services response to domestic violence, and to incorporate new policies and practices for responding to cases with an overlap of child maltreatment and battering. The guide and assessment process was then tested in Wright County, Minnesota, by a team including representatives from Rivers of Hope, a local community-based advocacy program, Wright County Health and Human Services, Child Protection, and Praxis International. This report highlights the findings and recommendations from this 10-month assessment which was designed to answer important questions:

- Do we know when battering is a factor in child maltreatment cases and its impact on the child and mother?
- What do we know about her strategies to protect her children? Does our intervention enhance or diminish her capacity to protect her children?
- Does our intervention increase or decrease risk of harm from the batterer?
- Is there more we can do to stop the batterer?

1 Praxis International, a nonprofit research and training organization, developed the Institutional Analysis to support communities to figure out how gaps between what people need and what institutions provide are structured into the everyday work of practitioners. Since 2003, Praxis has provided support to over 100 communities who have used Institutional Analysis to create systems change, including several focusing on child welfare response to the co-occurrence of battering and child maltreatment.
**Introduction**

Child Protective Services (CPS) has a unique role in helping children and families secure safety, well-being, and stability in their lives. Always a difficult proposition, this task is complicated further when battering overlaps with child maltreatment.

Case Example. Asked to evaluate a family whose children were in [temporary] foster care and make custody recommendations to the court, a child protection agency... interviewed a mother who treated her children well. The children in turn were deeply attached to her. The problem according to CPS was that she was also beaten regularly by her husband and, on a couple of occasions, one of the children had gotten assaulted when attempting to come to his mother’s aid. Because of the potential danger to the children, CPS and hospital staff felt it was impossible to recommend that the children be returned to their parents. With the unsettling feeling that they were punishing a non-abusive mother for a violent father’s behavior, the staff prepared its findings for the court. Sometime later the court terminated parental rights.

This case created an upsetting dilemma for staff. Was it in the best interest of these children to remove them from their caring mother? Would the case have had a better outcome if the mother had received adequate help? Thinking beyond this case the staff began to reconsider the questions posed by battering and child abuse: “Do we really help or protect children if we ignore the abuse that is done to their mothers?”

Across the country, child protection workers frequently encounter cases like this one. In fact, domestic violence permeates child protection caseloads and is concerning to child welfare agencies for three reasons:

1. Children are at great risk of physical harm [when living in homes with batterers]; in a national survey of 6,000 American families, 50% of the men who frequently assaulted their wives also frequently assaulted their children.  
2. A large number of severe and fatal injuries to children occur where there is battering [of the mother also occurring]. The Oregon Department of Human Resources and the Massachusetts Department of Social Services identified that 43% and 41% respectively, of fatal injuries of children occurred in families where the mother was battered.  
3. Children are harmed emotionally, as well as physically, by batterers. [Living with batterers] can result in varying levels of behavioral, emotional, and cognitive impairment for children, depending upon the level of violence, the degree of exposure, risk, and protective factors.

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2 Battering is a pattern of physical, sexual, and emotional abuse, intimidation, coercion, violence, and other tactics intended to control and dominate an intimate partner. Battering is distinctive from other types of domestic violence for the variety of coercive tactics used, the level of fear it produces for adult victims and their children, and its potential lethality. One type of domestic violence, known as “resistive” or “reactive” violence is often employed by victims of battering who fight back or use force in reaction or to resist the battering they experience. In most cases, their violence does not deter the battering they experience and in many cases, it can further strengthen the batterer’s power and control over them when interveners fail to recognize and understand the context.  
3 Adapted from Schechter, S. With Gary, L.T. 1992, *Health Care Services for Battered Women and their Abused Children*  
CPS is also increasingly cognizant that the use of intervention strategies that require or rely on a battered mother’s separation from a batterer and/or strategies that are guided by the concept of “failure to protect” are problematic for both adult and child victims. One major flaw in relying on the separation of a battered mother from her abusive partner is that separation often increases, rather than reduces, risk of violence, threats and other coercive behavior by batterers; often a battered woman stays to protect herself and her children. And applying a failure to protect policy, resulting in removal of the child from a battered mother can be extremely detrimental to a child’s well-being.

In Nicholson v. Williams (a seminal 2002 federal class action case in which battered mothers successfully challenged New York City’s Administration for Children Services’ practice of bringing child neglect proceedings against battered mothers on the basis of their having “allowed” their children to witness domestic violence) there was agreement among the experts testifying on both sides about the harm of separating a child from their parent. Plaintiffs’ expert Dr. David Pelcovitz concluded that removal heightens the child’s sense of self-blame and that children exposed to battering are at a significantly above-normal risk of suffering separation anxiety disorder if separated from their mother. He stated that “taking a child whose greatest fear is separation from his or her mother and in the name of ‘protecting’ that child [by] forcing on them, what is in effect, their worst nightmare, is tantamount to pouring salt on an open wound.” The court ruled that the harm of witnessing battering has to be determined, not assumed, and it has to be weighed against the harm of removing a child from their non-offending parent; that even when witnessing battering does harm, removing the child from the non-offending parent can cause more.

National efforts have been growing for some time to reshape child welfare responses to shift from penalizing both the mother and child victims to seeing their safety as intricately connected. In 1999, the National Council on Juvenile and Family Court Judges released Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice. The Greenbook set forth the need to identify the impact of the batterer’s violence on the child, the victim’s protective and help-seeking strategies (giving due consideration to the impact the violence has on her options), and methods to hold the offender accountable for ending the violence. After rigorous investigation in partnership with national experts in the fields of child welfare, battering, and related fields, The Greenbook’s overarching conclusion is that the best response prioritizes both the safety of children and their battered mothers together. To protect the child by protecting the mother, The Greenbook set forth a framework, principles, and more than sixty specific recommendations for the three primary systems (child welfare, advocacy and services, and dependency courts) that can become involved when battering and child maltreatment intersect.

7 75% of all battered women are separated from their batterer and report being battered fourteen times as often as women still living with their partner. Harlow, Carolyn Wolf (1991). U.S. Department of Justice, Female Victims of Crime.
8 Judge Weinstein ruled on December 21, 2002 that New York City’s Administration for Children’s Services (ACS) violated the constitutional rights of mothers for removing children because they are victims of battering.
11 The Greenbook Initiative was supported by: David and Lucile and Packard Foundation, the Edna McConnell Clark Foundation, the Anne E. Casey Foundation, the National Council of Juvenile and Family Court Judges, offices of the Justice and Health and Human Services, the National Institute of Justice, the Office on Violence Against Women, the Office for Victims of Crime, and the Office of Juvenile Justice and Delinquency Prevention, the Department of Health and Human Services, including the Children’s Bureau, Administration for Children, Youth and Families; the Office of Community Services, Administration for Children and Families; the Division of Violence Prevention at the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; and the Office of the Assistant Secretary for Planning and Evaluation.
12 The term “non-offending parent” reflects the language of the child welfare system. “Battered mother” reflects the non-offending parent that child protective services is most likely to encounter.
The Greenbook’s guiding principles include:

1. Safety, well-being, and stability for children and families is central;
2. Priority is given to children remaining in the care of their non-offending parent(s);
3. Batters, not their victims, should be held accountable for stopping their violence and coercively controlling behavior;
4. Community service systems should offer many points of entry to fair and capable services for people of diverse backgrounds; and
5. Differential response should be available that does not require opening a child protection investigation or findings of maltreatment to access help.

Six communities were subsequently selected to implement The Greenbook principles and recommendations in a 5-year Demonstration Initiative. The sites were required to develop collaborative structures, policies, and procedures to enhance the safety and well-being of battered women and their children. Across the country communities have benefited from The Greenbook Demonstration Initiative and its guidance for local and state CPS responses to the co-occurrence of child maltreatment and battering. The Minnesota Department of Human Services 2000 Guidelines for Responding to Child Maltreatment and Domestic Violence, for example, incorporates many of The Greenbook principles and recommended practices, asserting that, “the preferred way to protect children in most battering cases is to join with the adult victim in safety planning and to hold the abusive partner accountable”.

While The Greenbook, court cases, and research have identified ways forward, many state and local child protection agencies nationwide have yet to institutionalize changes that would produce better outcomes for children and their battered mothers. Many still operate with policies and practices guided by the concept of “failure to protect” which equate a battered mother’s entrapment with poor parenting and child neglect. Additionally, some states have passed legislation that defines the presence of domestic violence in the home as constituting maltreatment, resulting in battered mothers losing their children to the foster care system. Not surprisingly, women report that batterers use this to their advantage – increasing their coercive control by threatening women with the very real potential that they may lose their children if they reach out for help. Significantly, this dilemma is not the result of individual CPS workers’ or CPS administrations’ orientation to intervening in child abuse; the intervention system we have in place is not effectively organized to account for the complex nature of the co-occurrence of child abuse and battering.

A number of efforts are currently underway across the country to assist communities interested in integrating more effective methods of intervention. In 2010 Praxis International, a national training and research organization on ending violence against women, in partnership with the National Council of Juvenile and Family Court Judges and The Center for the Study of Social Policy, received funding from the U.S. Department of

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13 The six communities involved in the initiative were: El Paso County, Colorado; Grafton County, New Hampshire; Lane County, Oregon; St. Louis County, Missouri; Santa Clara County, California; San Francisco County, California. For more information, go to: http://www.thegreenbook.info/

14 Guidelines for Responding to Child Maltreatment and Domestic Violence, Minnesota Department of Human Services.

15 Safe & Together MT Model Suite of Tools and Interventions by David Mandel and Associates, LLC; West Virginia Department of Health and Human Resources Bureau of Children and Families, Office of Children and Adult Services; The National Child Custody Project by Battered Women’s Justice Project, etc.

16 The National Council of Juvenile and Family Court Judges (NCJFCJ) operates the Resource Center on Domestic Violence: Child Protection and Custody to provide assistance to professionals seeking to improve outcomes on child protection cases that involve domestic violence, while engaging in policy reform in those areas. The NCJFCJ provided technical assistance related to the Greenbook Initiative described above.
Justice, Office on Violence Against Women (OVW), to create a tool for communities to assess their current CPS practices and linkages with community-based advocacy. Based on the collaborative process of Praxis Institutional Analysis\textsuperscript{18}, Praxis created a draft of Planning and Conducting a Practice Assessment of Community Response to Domestic Violence: Child Protective Services\textsuperscript{19}. Designed for community teams of advocates, child protection representatives, and others to engage in an assessment of the child protective services response to domestic violence, the draft guide provides tools to identify and close gaps by incorporating recommended practices and principles for responding to the overlap of child maltreatment and battering. The guide is intended to help communities conduct the assessment and seek answers to these critical questions:

- Do we know when battering is a factor in child maltreatment cases and its impact on the child and mother?
- What do we know about her strategies to protect her children? Does our intervention enhance or diminish her capacity to protect her children?
- Does our intervention increase or decrease risk of harm from the batterer?
- Is there more we can do to stop the batterer?

To test the guide and tools, Praxis secured the interest of Rivers of Hope (ROH), a local community-based advocacy program and then approached Wright County Health and Human Services, Child Protection (WCCHS-CP) in Buffalo, MN, which has a history of testing progressive methods for enhancing responses to child maltreatment. In 2014, both agreed to partner with Praxis and serve as the national test site to conduct the assessment.

Over ten months, the following individuals served as members of the “practice assessment team”:

<table>
<thead>
<tr>
<th>Wright County Child Protection</th>
<th>Wright County Public Health</th>
<th>Rivers of Hope</th>
<th>Praxis (facilitators and consultants)</th>
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<tbody>
<tr>
<td>Jessica Nelson</td>
<td>Shannon Anderson</td>
<td>Jodi Vannett</td>
<td>Rose Thelen</td>
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<tr>
<td>Marianne Charbonneau</td>
<td>Kristie Eull</td>
<td>Laurel Thompson</td>
<td>Jane Sadusky</td>
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<td>Katie Brown</td>
<td>Mary Nesseth</td>
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<td>Maren Woods</td>
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<td>Stacie Phillips</td>
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<td>Tamara Chiglo</td>
<td>Kristie Rathmanner</td>
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<td>Michelle Miller</td>
<td>Jenna Johnson</td>
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\textsuperscript{17} Center for the Study of Social Policy is a national welfare reform agency that has formally adapted the Praxis Safety and Accountability Audit to assess for racial disparity in foster care placements of African American children.

\textsuperscript{18} Praxis International developed the Institutional Analysis to support communities to figure out how gaps between what people need and what institutions provide are structured into the everyday work of practitioners. Since 2003, Praxis has provided support to over 100 communities who have used Institutional Analysis to create systems change, including several focusing on child welfare response to the co-occurrence of battering and child maltreatment.

\textsuperscript{19} The initial draft was reviewed by the National Council of Juvenile and Family Court Judges, The Center for the Study of Social Policy, David Mandel & Associates, Dane County child protective services (WI), and a rural community who successfully have co-located advocates and child protection workers (ME).
**Practice Assessment Activities**

The assessment team had two goals: 1) to use the guide to identify ways to enhance the child protection response to the co-occurrence of child maltreatment and battering in Wright County; and 2) to recommend changes to the draft guide to improve a final version for use nationally. Praxis facilitated 15 team meetings to apply the guide’s tools (worksheets, agendas, handouts, video clips, and templates), and included the following activities:

- **Discussion series**: Using discussion tools from the guide, the team met six times to explore various aspects of the intersection of child welfare and battering, including: The Greenbook Principles, defining safety, using children as tactics of abuse, children’s varied experiences with domestic violence, defining a battered mother’s protective strategies, and enhancing children’s safety by increasing their mother’s safety.

- **Mapping**: over the course of three meetings, the team constructed a map of the steps in case processing from the initial child protection intake report through family assessment or investigation, identifying where specific forms and policies were used and where these directed the worker to attend to: (a) recognizing and understanding battering; (b) establishing the nature and context of risks to children and battered women, (c) identifying and matching services to individual circumstances and needs; and (d) linking with advocacy and other points of intervention.

- **Policy and text analysis**: building upon the mapping exercise, the team met three times to identify and analyze the policies, texts, directives, etc. that organize the worker to take specific actions at each point of intervention. This included an examination of over 25 written statutes, guidelines, procedures, checklists, assessment tools, forms, and other directives. The analysis focused attention on how these documents currently do or don’t prompt workers to attend to the co-occurrence of battering in child protection cases.

- **Case file analysis**: Praxis reviewed twelve WCHHS-CP case files that involved battering. From these, three cases were selected for detailed analysis by the team over three half-day sessions. Guided by a “Case File Analysis Worksheet” the team identified whether and how the “official story” as contained in the case files described battering, distinguished the assailant from the victim (as opposed to lumping them together), identified the victim’s protective strategies, attended to the safety of the children and adult victim together, addressed and linked with advocacy and other community systems to address the battering.

- **Recommendations**: throughout the assessment process, the team identified ways that the response could be strengthened, including suggestions for practice enhancement within WCHHS-CP, but also for enhanced linkages with other agencies, such as ROH, law enforcement agencies, probation, batterer’s intervention programs, etc. At the close of the process, the team met to review the draft recommendations and make suggestions for this final report.

- **Additional activities**:
  - Praxis met with ROH advocates several times to review 20 written advocacy records, and to meet with four women who had used both ROH services and WCHHS-CP to discuss their experience and level of satisfaction with that involvement.
Findings and Recommendations

Strengths

It is a courageous act for any human service agency to invite others to review its response to cases. Child protection workers, in particular, face great scrutiny given the high stakes of their work. The commitment of the administration and staff of WCHHS-CP to protect the safety and well-being of children in Wright County is remarkable, as is their willingness to assess their responses to enhance their work. Given the time required and the sensitive nature of the assessment task, WCHHS-CP demonstrated impressive leadership in participating as a national test site.

Strengths to note:

- Team members demonstrated a high level of understanding about the dynamics of battering; were in agreement with The Greenbook principles and recommended practices; understood the risks for victims when engaged with the child protection system; and sought ways to make the system safer and less adversarial for battered mothers.
- General WCHHS-CP practice is to treat battered mothers with respect. It is not a typical strategy to gain compliance with CPS recommendations by threatening the removal of children. Concerted efforts are made by workers to engage in ongoing personal contact to meet the unique needs of battered mothers.
- WCHHS-CP generally errs on the side of caution, reporting that they are not aware of any children removed because the mother was battered.\(^\text{20}\)
- As a result of their collective experience, training, and knowledge of families in Wright County, the WCHHS-CP team (supervisors and frontline workers) are able to make informed and sophisticated decisions about cases. Workers are able to call the team together as needed to provide guidance and different perspectives on how to proceed in specific cases.
- WCHHS Public Health practitioners were a valuable addition to portions of the assessment activities; they also were knowledgeable and concerned about finding better approaches to address the impact of battering on the children and safety of battered mothers.
- While ROH has experienced recent leadership changes, they are committed to implementing the recommendations and strengthening their capacity to provide individual and institutional advocacy for battered mothers involved with the child protection system.

Gaps

As identified above, WCHHS-CP currently benefits from the expertise and knowledge-base of the supervisors and frontline workers who, as a team, screen all reports of alleged child maltreatment. This team is also frequently called together to provide guidance, as needed, to individual workers throughout the duration of a case. While their strengths as noted above are apparent, the assessment team found four primary gaps in how the frontline work is structured to attend to, inquire about, take action on, and document information related to battering.

1. The focus of the workers’ attention directed by a myriad of guidelines, procedures, forms, protocols, coversheets, checklists, Structured Decision Making tools, safety planning templates, assessment tools, database screens, and other written texts. Because CPS, like other public institutions such as the criminal/civil legal systems, was originally designed to address a broad range of issues present in

\(^{20}\) There was no data available to corroborate this; it is possible that children were removed where it was unknown that battering occurred.
people’s lives, practice guidelines rarely attend to the specific nature of battering. As a result, how battering operates in the lives of the adult victim, her children, and the batterer is fairly invisible in case files and actions taken in the case. Beyond noting that “domestic violence is in the home” and perhaps including an arrest report in the case file, there is little in the case files that focus on the specific dynamics of battering and the impact on both the adult and child victims.

2. From intake to workers assigned to investigations, the screens and inquiries about the presence, history, context, and impact of battering are inconsistent or absent. Beyond the yes/no questions in the Structured Decision Making tool21, there is no requirement to inquire about, document, and adjust responses according to history, context, impact, or the specific needs for the safety and well-being of adult and child victims.

3. The batterer is invisible in the written WCHHS-CP record and only marginally involved in the response22. As currently structured, WCHHS-CP is unable to hold a batterer accountable (unless a formal investigative case is opened) and he is free to continue to harm both adult and child victims with impunity.

4. Resources are stretched to a breaking point. WCCHS-CP caseloads exceed recommended MN Department of Human Services limits making it difficult for workers and administration to spend the time necessary to meet their clients’ needs. In comparison with other counties in Minnesota, WCCHS-CP workers are among the lowest paid. High caseloads and low compensation contribute to high turnover, administrative time and money spent on hiring and training, and a workforce that is challenged to develop experience and expertise. Additionally, Rivers of Hope has only one advocate available to serve a population of over 125,000.

Recommendations

In broad terms, the assessment team recognized the need for WCHHS-CP to:

1. Enhance the ability of frontline workers to:
   a. Conduct an accurate assessment of the presence, dynamics, and impact of battering, including when the batterer’s violence against the mother rises to a level of “threatened injury”23 or child maltreatment
   b. Identify risks that the batterer’s violence and other coercively controlling behavior poses to the adult victim and identify threatened or current risks to the child victim
   c. Document the full scope of the adult victim’s protective strategies
   d. Take action to secure safety of children and adult victims together

2. Develop and integrate written guidance that direct workers to take specific action throughout case processing that accounts for the dynamics of battering.

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21 WCHHS-CP is required by MN DHS to use Structured Decision Making and the statewide database (SSIS) prompts caseworkers to use it. The SDM is based on yes-or-no questions, however, that fail to capture essential elements of context in cases involving battering. The Vermont Department for Children & Families is currently seeking to update/revise the Structured Decision Making Tools to better account for safety and risk assessment.

22 This is typical across the country and is well documented in Building Safety for Battered Women and their Children into the Child Protection which details the results of Praxis Safety and Accountability Audits conducted in three communities’ child protection practices and the consistent finding that batterers “disappeared from sight and any real intervention plan. It was as if he were not on the CPS’ radar screen.” Pence and Taylor, 2003, p. 15.

23 MS 626.556, subd.2 (n)
3. Provide enhanced training and supervision on the recommended policies and practices specific to cases involving battering.
4. Enhance linkages with advocates to increase safety for victims and law enforcement, courts, and batterer’s treatment to hold offenders accountable.

The assessment team also recognizes the intersection of poverty and the lack of opportunity, housing, and basic human needs that deeply impact the lives of many of the families involved with the child protection system. Public officials ultimately need to provide adequate resources and leadership in public policy changes to address this disparity of opportunity if the safety and well-being of children and families is truly our goal.

Specific recommendations in WCHHS-CP case processing
The team identified steps in current case processing where the broad recommendations above could be applied to frontline work to strengthen a child protection worker’s capacity to:

1. Identify battering and other forms of domestic violence
2. Understand and document the context (intent, meaning, impact) of the violence
3. Determine the impact of the violence on child and adult victims
4. Take informed action that accounts for battering

The following indicates the steps where existing written directives (forms, checklists, protocols) can be enhanced or where new ones need to be created.²⁴

At Intake/Screening
- Inquire about domestic violence on all reports of child maltreatment; check that risk assessment and documentation from law enforcement reporters has been obtained; use MN Court Information System (MNCIS) to check criminal history, identify existence of prior or current protection orders
- Law enforcement domestic violence-related reports to child protection consistently include investigative information regarding: lethality/risk, prior responses to the home and/or criminal/protection order history; interviews with children; assessment of “threatened injury”.
- At Screening: account for risk/lethality, history, and impact posed by batterer to both adult and child victims

At Family Assessment/Investigation
- Conduct ongoing screening for domestic violence²⁵ - identify history, emotional/physical impact and risks to both child and adult victims; differentiate where violence is “battering” or resistive, i.e. used by the adult victim in response to battering.
- Prioritize safety for child AND adult victim together: conduct separate interviews; interview adult victim first and address safety for her and the children, including how separation would increase risk; don’t leave domestic violence-related messages; don’t share victim information with abuser.
- Document explicit descriptions of who is doing what harm to whom and its impact (e.g., instead of “they were fighting” use “he strangled her and threatened to kill her”; instead of “the impact of domestic violence on the child” use “impact of the batterer’s behavior on the child”); itemize specific acts and frequency of violence used/threatened by the offender and their impact on the child.
- Document adult victim protective strategies, differentiate between whether she: 1) took reasonable steps considering threat of harm, including seeking help to end the violence or managing children’s lives to minimize exposure and risk; 2) was unable to take protective steps given the level of violence; or 3) knowingly allowed or condoned the maltreatment.

²⁴ A separate chart has also been made to identify specific forms, guidelines, etc. need to be enhanced or created. This will guide the work at the county level.
²⁵ The level of risk can change at any point and so risk assessment needs to be done throughout a child protection case.
In addition to adult victim’s protective strategies, assess other individual, family and community factors that impact resiliency and child safety.

Provide resource handout on battering and other topics to adult victims.

Secure signed release to contact ROH to initiate contact with victims to offer advocacy and services.

When there is criminal/ court involvement because of the battering, (where necessary) secure signed releases and exchange relevant information regarding offender’s compliance with court, batterer intervention program, or child protection requirements.

When adult or child victim discloses information regarding the batterer’s non-compliance with court orders, utilize victim safety guidelines to assure victims’ safety when determining whether/how that information is used to commence revocation or other non-compliance actions.

Complete Internal Coversheet “harm and danger statements” regarding the risk the batterer poses to the adult victim and how it constitutes threatened harm to the child.

With the victim, develop domestic violence-specific safety plans that focus on safety, stability and well-being of adult and child victims together; identify need for economic support, housing, health care, and child care; incorporate clear criteria under which children can remain safely with adult victim; assess for risks posed by leaving or staying; create separate and tailored safety plans for the batterer, adult victim, and child victim(s).

Complete battering-specific risk assessment supplement to the Structured Decision-making (SDM) tool.

On “Family Assessment” form, complete sections: 1. “domestic violence history” section - include specific acts of violence, risk, impact, protective strategies; 2. “Other Resources” section, document ROH contact.

Complete “Family Assessment Response Protocol Checklist” or “Child Protection Investigation Checklist” to record practices and actions taken that specifically attend to dynamics of battering.

Consult “desk reference” tool to assist workers in intervention.

For MN Department of Human Services:
The assessment revealed that not all practice changes can be implemented at the county level and so the assessment also articulated a number of recommendations, found in the following chart, to the MN Department of Human Services for their assistance at the state level.

Clarify definition of “threatened injury” in MS 626.556, subd. 2n; create guidelines for counties to identify when exposure to battering is considered child maltreatment, particularly when child did not witness the violence.

In consultation with experts in the field, update MN Guidelines for the Co-occurrence of Domestic Violence and Child Maltreatment to include best practices, integrate into the MN DHS screening guidelines and “foundation training”.

Amend the structured decision-making (SDM) tools to incorporate attention to battering, including accurate identification of the abuser, impact on the child, risks posed to both adult and child victim(s), protective strategies employed by adult victim in the context of the violence.

Include domestic violence inquiry/assessment in SSIS fields.

Include attention to domestic violence/child protection overlap in Quality Service Reviews.

Provide assistance to counties in the creation /revision of all other tools and forms that guide workers to account for dynamics of battering.

Investigate West Virginia child protection model, allowing for “no-fault” battered parent adjudication; co-petitions for protection orders where reasonable efforts were taken to protect the children, CP procedures to monitor and hold
<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>Accountable referrals to CPS from family court, and eliminating “failure to protect” in cases of overlap</td>
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<tr>
<td>Examine other best practices, i.e. co-location of domestic violence advocates in child protection agencies and the Safe and Together™ Model</td>
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<tr>
<td>Prioritize legislation to increase funding and other resources to enhance child protection’s capacity to respond to individual families and collaborate with advocacy programs and other community agencies to increase effective responses to the co-occurrence of battering and child maltreatment.</td>
</tr>
<tr>
<td>Work with the Department of Public Safety’s Office of Justice Programs to seek additional funding for community-based domestic violence programs to increase staffing and expertise to provide individual and systems advocacy for battered mothers and their children involved in the child welfare system.</td>
</tr>
<tr>
<td>Submit these recommendations to the Governor’s Task Force on the Protection of Children to inform development of their recommended Domestic Violence Child Protection Track</td>
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Though not the direct focus of the assessment, the presence of underlying issues of poverty as well as the lack of affordable housing, living wages, child care options, etc. were starkly apparent. These factors increase stress for families and also make it difficult for victims of battering to live autonomously from their abuser; we recommend that county and state representatives provide the necessary resources, leadership, legislation and public policy initiatives that reduce, and seek to eliminate, poverty and disparity of opportunity.

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27 West Virginia Department of Health and Human Resources Bureau for Children and Families, Office of Children and Adult Services.
**Implementation**

In the process of making the recommendations found in this document, the team agreed that changes to existing forms, protocols, procedures that guide internal WCCHS-CP practices constitute “low-hanging fruit” and can be made within three to six months. Those requiring development of new forms, research of best practices and those involving outside local agencies, such as ROH, Wright County and City law enforcement agencies, probation, the courts, and batterer’s intervention can be implemented subsequently within one year. For changes involving extra-local agencies, such as the MN DHS, Governor’s Task Force, and others, it will depend on their schedules, interest and availability but these agencies will be approached within three to six months to begin planning for their involvement.

Jessica Nelson, Wright County Child Protection Supervisor, Jody Vannett, Executive Director, Rivers of Hope will be responsible for coordinating the implementation of the recommendations. Rose Thelen, Praxis Technical Assistance Partner will provide technical assistance and support.

They will work with an existing domestic violence team which is currently coordinated by Wright County Probation to develop a committee for exploration and implementation of recommended changes that involve law enforcement, BIP, and the courts.

To garner support for all these recommendations and activities, presentations will be made to the local Children’s Justice Initiative and the County board. In December, team representatives will showcase the recommendations at the Association of Minnesota Counties annual conference. This document will also be made available for further distribution.

**Suggested next steps for Implementation**

- Identify and prioritize recommendations at specific points of case processing, as listed in the table above.

- Review MN Guidelines for Responding to the Co-occurrence of Child Maltreatment and Domestic Violence and best practice models (see Resources section) for specific forms, interview guides, screening tools, desk references etc. to adapt/implement.

- Provide training, supervision, and evaluation on practice changes facilitated by the enhanced written directives.

- Advocate at the county and state level for resources to build capacity to implement changes for both community-based advocacy programs and county child protection agencies.

- Submit these recommendations to the Minnesota Department of Human Services as a resource in the development of a “Domestic Violence Child Protective Services Response Track” as recommended by the Governor’s Task Force on the Protection of Children.

- Network with other OVW-funded projects currently underway in Minnesota to enhance responses to children where there is battering, including the National Council on Juvenile and Family Court Judge’s Model

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28 While listed here as a resource, it is recommended that these guidelines be updated by MN DHS in the next section. www.dhs.state.mn.us

Courts Implementation Project in Ramsey County 30 and the Battered Women’s Justice Project National Child Custody Project. 31 While these projects have a primary focus on custody concerns, victims of battering involved in the child protection system often become involved in custody disputes, and as a result find themselves sandwiched between competing demands. Additionally there are similarities in the types of reforms needed to close gaps in both the custody and child protection arena. 32

- Identify resources, funding, training, policy and protocol development to increase ROH’s capacity to offer and/or provide specialized advocacy to battering victims at initial and other points of contact in WCHHS-CP.

- Work with ROH, Wright County Sheriff’s Office, City police departments, Wright County Attorney’s Office, Probation, Judiciary, the 10th Judicial District, and Central Minnesota Mental Health Center Batterer Intervention Program to identify methods to hold offenders accountable, including the development of protocols that:
  - Adopt/adapt West Virginia’s co-petitioning model 33 in protection order hearings.
  - Requires protection order respondents also involved in child protective services to attend the Batterer’s Intervention Program and provides criminal consequences for failures to comply.

- Collaborate with school districts and ROH to enhance their capacity to identify, document, and respond to battering when making reports to child protection.

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30 The National Council of Juvenile and Family Court Judges (NCJFCJ) Implementation Sites Project builds on the success of its Model Courts Project by engaging selected jurisdictions in cutting-edge program, policy, and initiative development to reduce the number of children in foster care and improve the outcomes for children in care. The Implementation Sites Project seeks to accomplish its goals through guiding and assisting Lead Judges and collaborative team members in assessing current practice, implementing best practices outlined in the Enhance Resource Guidelines, gathering data, measuring performance, and participating in ongoing training opportunities. http://www.ncjfcj.org/implementationssites


33 West Virginia CPS reforms enable the County to co-petition for protection orders or be the sole petitioner (with a no-fault clause for adult victim), in cases of overlap.
Acknowledgements

Praxis would like to thank Wright County Health and Human Services for their commitment to this process. In particular, we are grateful to Jessica Nelson, Wright County Child Protection Supervisor, Marianne Charbonneau, Wright County Social Services Supervisor, and Katie Brown, Social Worker, for their ongoing, patient and tireless participation in this assessment and expert guidance in navigating the complicated course of the child protection system. We are indebted to them for the changes they suggested to make the guide more practical and effective. We also want to acknowledge Rivers of Hope for their participation in spite of staff turnover and a new director with limited experience with child protection, who earnestly supported and joined the effort. WCHHS Public Health Department’s involvement and perspective also contributed significantly to an assessment process that helped shape important revisions to the guide. It is with great hope and optimism that we look forward to the successful implementation of the recommendations in this report. And we are confident that the results of this test run of the assessment guide, and the lessons learned, will improve the final assessment tool and greatly benefit local, county and state agencies nationwide.

Finally, we would like to thank the many courageous victims of battering and their children, whose ceaseless struggles for safety, autonomy, and dignity never cease to amaze us, and whose lived experiences guide the development of all Praxis activities to bring justice to the world.
Resources – Recommended Practice

  
  [http://www.thegreenbook.info/documents/Accountability.pdf](http://www.thegreenbook.info/documents/Accountability.pdf)

- **Building Safety for Battered Women and Their Children into the Child Protection System**, Ellen Pence and Terri Taylor, 2003
  

- **Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence**, National Council of Juvenile and Family Court Judges, 2011
  
  [http://www.ncjfcj.org/sites/default/files/checklist-to-promote-accountability_0.pdf](http://www.ncjfcj.org/sites/default/files/checklist-to-promote-accountability_0.pdf)

  
  [https://apps.state.or.us/Forms/Served/ce9200.pdf](https://apps.state.or.us/Forms/Served/ce9200.pdf)

- **Colorado Domestic Violence Practice Guide for Child Protective Services**, Colorado Department of Human Services, Colorado Coalition Against Domestic Violence
  

- **Desk Reference for Key Concepts from: Domestic Violence Handbook for Wisconsin Department of Children and Families**, 2010
  

- **Domestic Violence Handbook for Wisconsin Child Protective Services**, Wisconsin Department of Children and Families, 2010
  

- **Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice** *(The Greenbook)*, Susan Schecter and Jeffrey L. Edleson, 1999
  

- **Guidelines for Responding to the Co-occurrence of Child Maltreatment and Domestic Violence**, MN Department of Human Services
  
• National Child Custody Project, Battered Women’s Justice Project

• Safe and Together™ Model, David Mandel and Associates
   http://endingviolence.com/our-programs/safe-together/safe-together-overview/

   http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/steps_toward_safety.pdf

• Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans, Shellie Taggart, 2009, Rev. 2011

• West Virginia, Child Protective Services Policy Family Functioning Assessments, West Virginia Department of Health and Human Resources Bureau of Children and Families, Office of Children and Adult Services

• West Virginia: Guidelines for Evolving Practice Responding to the Co-occurrence of Domestic Violence and Child Victimization, West Virginia Coalition Against Domestic Violence

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