Supporting the Safety of Battered Mothers & Their Children Together

A Guide to Assessing Child Protection Practice in Domestic Violence-Related Cases

Another Praxis International Tool for Change-Oriented Advocacy

Supporting survivors' efforts to secure safety, recovery, rights, and autonomy while also working to reform the social institutions, public policy, and community norms that support battering and other forms of violence against women.

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Praxis International is a nonprofit research and training organization that works toward the elimination of violence from the lives of women and children. Praxis' methods of Institutional Analysis, Safety and Accountability Audits, and Domestic Violence Best Practice Assessment have been used by communities across the country to examine the responses to domestic violence and sexual assault in the criminal and civil legal systems, advocacy programs, supervised visitation, and child protection. **Find this and additional tools for assessing institutional practices in response to violence against women at:** http://praxisinternational.org/institutional-analysiscommunity-assessment-2/

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Introduction

Supporting the Safety of Battered Mothers[1]*and Their Children Together* is a guide for advocates and child protection workers to 1) take a critical look at current child protective services (CPS) practices, 2) identify gaps between intention and outcome in securing safety for child and adult victims of battering – and discover ways of closing those gaps, and 3) explore a new conceptual and practice framework for organizing the CPS response to battering. The principles, practices, processes, and tools developed in this guide pull from a long history of work to reform child protection's responses to the co-occurrence of child abuse and battering.

Since the release of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*[2] in 1999, there has been increasing attention to shaping a child welfare response that prioritizes the safety of children and their battered mothers together.[3] The Greenbook, as it came to be known, set forth a framework, principles, and more than sixty specific recommendations for the three primary systems that become involved when domestic violence and child maltreatment intersect: child protective services (CPS), advocacy on behalf of domestic violence victims, and dependency courts.

The Greenbook's guiding framework and principles call for collaboration between community institutions to "establish responses to domestic violence and child maltreatment that offer meaningful help to families."[4] ***Meaningful help*** includes:

1. Providing for the safety, well-being, and stability of children and families
2. Keeping children in the care of their non-offending parent(s) whenever possible, in large part by making adult victims safe and stopping batterers' assaults

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[1] While it does not take the same form and pattern in every country and culture, "violence against women by their male partners is common, widespread and far-reaching in its impact" (*WHO Multi-country Study on Women's Health and Domestic Violence against Women: Summary report of initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005). While individual circumstances can vary and batterers in some relationships are female, data shows that women are disproportionately the victims of battering. This guide will therefore refer to batterers as ***he*** and victims of battering as ***she*** and to a battering parent as ***father*** and a battered parent as ***mother***, with the acknowledgement that individual circumstance may differ.

[2] *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (known as the Greenbook), Susan Schechter and Jeffrey L. Edelson (Principal Authors), National Council of Juvenile and Family Court Judges, 1999. Access at: http://thegreenbook.info/

[3] The term ***non-offending parent*** reflects the language of the child welfare system. ***Battered mother*** reflects the non-offending parent that child protective services (CPS) is most likely to encounter.

[4] See the Greenbook, Chapter 1: Guiding Framework.

3. Creating a community service system with many points of entry and fair and capable service to people of diverse backgrounds
4. Designing a differential response that does not require opening a child protection investigation or finding of maltreatment in order to access help

Following publication of the Greenbook, a five-year demonstration initiative sought to put its principles and recommendations into practice in six communities.[5] The Greenbook initiative shared many lessons about the promise and challenges of building partnerships and collaboration (with battered women as well as between CPS, advocacy, and the courts) and building accountability (with batterers as well as between and across community systems). The Greenbook was influential in the *Nicholson v. Williams* decisions that rejected the widespread practice of routinely removing children from the care of their mother under a charge of neglect, solely because the mother had been abused and absent any act of abuse on her part.[6]

Other lessons about "supportive, non-coercive, and empowering interventions" have come via study of the child welfare and court response to battered women and their children; research on the impact of adult domestic violence on children, survivors, and parenting; knowledge gleaned from Child and Family Service Reviews in the child welfare system; insights from battered mothers who have been involved with CPS; and the guidance of key technical advisors to the Greenbook and other communities on addressing the intersection of child maltreatment and domestic violence.[7] Together, these and other sources have helped identify recommended practices that increase the likelihood that CPS intervention will reflect the Greenbook principles and prioritize the safety of children and mothers together as a first strategy in domestic violence-related cases. (See Recommended Practice: References and Resources.)

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[5] "Collaborations to Address Domestic Violence and Child Maltreatment" (known as the Greenbook demonstration initiative) was launched in 2001 by the U.S. Department of Justice and U.S. Department of Health and Human Services. The six communities were: Santa Clara County, California; San Francisco County, California; Lane County, Oregon; El Paso County, Colorado; St. Louis County, Missouri; and Grafton County, New Hampshire.

[6] The *Nicholson v. Williams* case challenged the practices of New York City's Administration of Children's Services. Giving "particular weight" to the Greenbook, the court in *Nicholson* identified the following "best practices": (1) mothers should not be accused of neglect for being victims of domestic violence; (2) batterers should be held accountable; (3) children should be protected by offering battered mothers appropriate services and protection; (4) separation of battered mothers and children should be the alternative of last resort; (5) child welfare employees should be adequately trained to deal with domestic violence; and (6) agency policy should provide clear guidelines to caseworkers. http://www.clearinghouse.net/chDocs/public/CW-NY-0003-0008.pdf

[7] For example: National Council of Juvenile and Family Court Judges, http://www.ncjfcj.org/our-work/domestic-violence; Resource Center on Domestic Violence: Child Protection and Custody, https://www.rcdvcpc.org/; Futures Without Violence, http://www.futureswithoutviolence.org/; and David Mandel and Associates, Safe and Together™ Model, http://endingviolence.com/our-programs/safe-together/safe-together-overview/.

Audience

This guide[8] supports institutional change work by community-based advocates. The primary audience, therefore, is advocates in non-governmental community organizations who are seeking to identify and close gaps in the child welfare system's response to battered women and their children. Such change-oriented advocacy requires a partnership with child welfare workers who are interested in examining practice and finding common ground with advocates. Each perspective is essential to the discussion and to developing an accurate understanding of the nature and impact of the child welfare response in domestic violence-involved cases. While this guide has been written with CPS partners in mind, it has not been designed as a tool for CPS to use in-house. Nonetheless, it will be of interest to any child welfare worker or agency that wants to explore the CPS response to domestic violence.

In many jurisdictions, community-based advocates and practitioners in the criminal legal system have had decades of experience in developing relationships, crafting interagency agreements and practices, and working with the idea and reality of building a coordinated community response to domestic violence.[9] In the child welfare system, this experience of relationship-building and common purpose is more recent and generally far less developed. Not every community will be positioned to conduct an in-depth practice assessment. While communities are encouraged to make full use of the guide and its tools, when and how that happens should fit local conditions and the readiness to use them.

Overview

The practice assessment helps communities explore and answer important basic questions about their response to battering and other forms of domestic violence,[10] including:

- Do we know when battering is a factor in child maltreatment cases? If yes, do we know its impact on the child and mother?

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[8] ***Guide*** and ***practice assessment guide*** are used interchangeably to refer to this publication and its tools.

[9] For a variety of web-based and print resources related to coordinated community response, see the Criminal Justice System and Interagency Coordination (CCR) resources tab at: http://www.bwjp.org/resource-center.html

[10] The child welfare system—and the legal system—use ***domestic violence*** to refer to many types of abusive behavior and intimate partner and familial relationships. ***Battering*** is characterized by ongoing, patterned coercions, intimidation, and violence. It differs from ***resistive*** violence, used by victims of battering to resist or defend themselves or others, and from ***non-battering*** violence, resulting from such causes as a physical or mental health conditions or traumatic brain injury.

- What do we know about her strategies to protect her children?
- Does our intervention enhance or diminish her capacity to protect her children?
- Are we centralizing and strengthening safety for children and mothers together?
- Do our efforts enhance or diminish a batterer's accountability?
- Does our intervention increase or decrease risk of harm from the batterer?
- Is there more we can do to stop the batterer?
- Does our intervention contribute to harmful, disparate outcomes for specific groups of people?
- Does our intervention respect and support the culture of children and their mothers, yet still hold the batterer accountable?
- In what ways are community systems accountable for their responses?

The practice assessment guide is built around five sets of tools related to examining child welfare intervention in domestic violence-related cases.

Toolkit 1: Planning and Coordination

Toolkit 1 guides a process of gauging community readiness to conduct a practice assessment, gather basic data, and establish the necessary coordination. The tools include:

- Readiness questionnaire
- Data-collection template
- Coordination checklist
- Sample assessment team configurations and timelines

Toolkit 2: Mapping and Conversations

Toolkit 2 helps develops a detailed picture of how a case moves through CPS, guides the team and others to explore key topics related to CPS intervention in domestic violence-related cases, and supports the relationship-building that is necessary to conduct the assessment and subsequent change. Tools include:

- Mapping the steps in child welfare intervention in domestic violence-related cases from the vantage point of CPS workers' knowledge and experiences
- Guided discussions designed to begin conversations, establish relationships, ground the team in shared principles, and explore issues related to producing equitable case outcomes that support mothers and children together
- Tips for conducting practitioner interviews and observations

Toolkit 3: Expanding Understanding of Lived Experience[11]

Toolkit 3 provides guidance in grounding the practice assessment in the firsthand accounts of those most directly affected by CPS actions in domestic violence-related cases, with attention to identifying gaps between people's needs and the CPS response. The tools include:

- Links to and tips for conducting individual and group interviews with victims of battering
- Filmed interviews with survivors and an accompanying transcript and discussion guide

Toolkit 4: Examining Policy and Case Processing

Toolkit 4 structures the heart of the practice assessment: discovering whether and how CPS practice recognizes and understands battering, ensures children's safety by supporting their mother's safety, and holds domestic violence perpetrators accountable for abusive behavior and for stopping the abuse. The tools include:

- Guides to analyzing CPS policies and forms
- Case-record analysis worksheet and summary

Toolkit 5: Planning for Change

Toolkit 5 sets the stage for implementing changes in practice. The process emphasizes areas of change that are realistic at a local level for a child welfare agency to accomplish. It suggests ways of presenting and distributing the practice assessment's recommendations. The tools include:

- Implementation planning grid
- Template for presenting findings and recommendations

[11] ***Lived experience*** refers to people's first-hand accounts and reflections in relation to the full context of their lives. Lived experience includes people's stories, but it is more than "this happened to me" accounts. It includes people's reflective stories about the meaning of what has happened in the context of identity, culture, and history. Lived experience pays particular attention to the ways in which people are marginalized according to identity, position, and oppression in relation to the larger or dominant society.

The final section of the guide—Recommended Practice: References and Resources—includes the primary materials consulted in developing this guide and its tools and indicators of CPS practice that reinforce the Greenbook principles.

Practice Assessment Applied and Tested

Child Protective Services Response to Battering: A Practice Assessment National Test Site—Findings and Recommendations for Practice

Wright County, MN, Child Protection and Rivers of Hope, Buffalo, MN, September 2015

Download at http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

The practice assessment guide is an application of the methods of Institutional Analysis (Institutional Analysis), as developed by Praxis International, to the setting of the child welfare system.[12] Its content benefits from child welfare-focused Institutional Analysis projects that examined CPS practices in several Greenbook sites and Minnesota counties and race disparity in foster care in four national locations. As part of the design process, the guide's process and tools were also tested in a local community.[13]

The practice assessment's structure and process have much in common with the Child and Family Services Reviews (CFSRs) that the U.S. Department of Health and Human Services requires. The CFSR goal is to improve safety, permanency, and well-being outcomes for children and families who become involved in the child welfare system. Many features of the this guide will be familiar to child welfare agencies and

[12] See http://praxisinternational.org/institutional-analysiscommunity-assessment-2/ for additional tools and resources related to Institutional Analysis. ***Institutional Analysis*** (Institutional Analysis) is a method of examining how complex institutions and systems operate in ways that either meet people's needs or produce negative outcomes for the people they are dealing with. Institutional Analysis discovers how workers are organized and coordinated, directly and indirectly, to approach and act on cases in specific ways. It is primarily concerned with uncovering and analyzing gaps between what people need when they become involved in complex institutions and what the institution actually provides. Institutional Analysis can be used to discover information about: (1) people's actual lived experience with the ways in which intervention is meeting or not meeting their needs; (2) organization and function of current practice; (3) contrasts between the stated official process and the actual process; (4) problems that require a shift in policy and practice; (5) whether recommended policies and protocols have been implemented as intended; (6) where harmful unintended consequences and disparity of impact might exist in a system or institution's response; and (7) impact of changes in policy and practice. Institutional Analysis tools include interviews and conversations with people about their experiences, mapping the steps and intersecting actions involved in case processing, interviewing and observing workers, and analysis of policies, forms, case records, and other documents related to how an agency or system intervenes.

[13] For publications related to Institutional Analysis of the child welfare system, see Recommended Practice: References and Resources. Wright County, Minnesota, tested the practice assessment guide and its report is available at: http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

caseworkers because of the CFSR and a related process utilized in many states, the Quality Service Review (QSR), and the citizen review panels required in each state.[14] These quality assurance methods involve collaborative teams of professionals and community stakeholders that are charged with examining all parts and decision points in the CPS system. The teams might conduct onsite reviews of case records; interview members of families involved with CPS, caseworkers, other practitioners, and community members; conduct focus groups; review agency policy, procedures, and practices; and observe caseworkers on the job and attend court and review hearings. Community-based advocates who promote practice assessment as a way to help identify and close gaps in the child welfare system's response to battered women and their children—i.e., who turn to the practice assessment and Institutional Analysis as tools for change-oriented advocacy—will be asking a CPS agency to use a process that is in many ways known and familiar.

Scope: Initial Screening and Assessment

Once the child welfare system enters the lives of a battered woman and her children, there are many steps, practitioners, and decision makers who can be potentially involved. The practice assessment is a starting point; it does not extend to all possible points of intervention and decision-making in the child welfare system. The guide focuses primarily on the stages of initial screening and assessment that determine whether or not CPS opens a formal investigation and the resulting initial service plans.

The practice assessment does not extend directly to ongoing case management or to the role and practices of juvenile and dependency courts. While the court's role is highly intertwined with the child welfare system, court practices are complex and distinct enough to warrant their own attention.[15] If your community wants to examine such aspects of child welfare practice, the practice assessment tools can be adapted for that purpose or a broader Institutional Analysis may be more useful.

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[14] For links to general information and fact sheets about Child and Family Service Reviews (CFSR), see: http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews/overview. For a specific discussion of CFSR and domestic violence, see: *Child and Family Service Review Outcomes—Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plan*, Shellie Taggart, NCJFCS, et al., August 2009, see: http://www.ncjfcj.org/resource-library/publications. For information about citizen review panels, see: https://www.childwelfare.gov/topics/management/administration/partnerships/oversight/citizen/

[15] The National Council of Juvenile and Family Court Judges is a primary source of technical assistance and publications related to the court response to the intersection of child maltreatment and domestic violence, including a child protection and custody resource center. See: https://www.rcdvcpc.org/ or http://www.ncjfcj.org/our-work/FVDR

Similarly, there are many dimensions to the ways in which Tribal sovereignty impacts people's lives and child welfare practices. While this guide includes some attention to the Indian Child Welfare Act (ICWA), if your community serves a significant tribal population, begin with the resources included in Appendix 1.6 Considerations and Resources Related to the Indian Child Welfare Act. Seek additional guidance for tailoring the activities included in this guide for your specific context.

Child welfare is a large and multifaceted institution that becomes involved in the lives of people who are deeply affected by the complexity of social inequities related to poverty, race, gender identity, sexual orientation, disability, and violence. These are conditions that individual child welfare agencies and CPS workers alone cannot entirely address and that ultimately require extra-local action by the larger institution itself and the economic, social, and political systems that shape it.

Peoples' lives are complex and there is much complexity in the intersection of domestic violence and child protective services. A woman can be battered *and* be abusive to her children, for example, and that is a situation immediately challenging the goal of addressing the safety of children and mothers together. The batterer is often not the father of a woman's children, representing a situation that immediately challenges the goal of focusing attention on the person causing the harm. Some women who live with battering also face struggles with addiction, mental illness, or their own childhood experiences of abuse. Child welfare workers too often work under limitations of high caseloads and scarce or ill-suited resources. Communities may have little in place that fits the needs of battered women and their children or supports batterers in a process of change.

The practice assessment guide acknowledges this complexity but cannot address all aspects of it. What it provides is direction on how to (1) take a critical, detailed look at current practice, (2) identify gaps between intention and outcome, and, in doing so discover ways of closing those gaps, and (3) explore a new conceptual and practice framework for organizing the child welfare response to domestic violence. There is much that local agencies and workers *can* do to better meet the needs of battered mothers and their children.

Framework

Recognizing the gap between intent and outcome

Intervention by the child welfare system can be unintentionally harmful to battered women as mothers and inadequate in securing children's safety and well-being. The widespread, common fear—and sometimes the reality—that turning to child protective services (CPS) will result in the loss of one's children means that victims of battering rarely approach CPS as a source of support or as a partner in crafting safety for their children and themselves. A batterer commonly threatens a victim that if she seeks help she will lose her children. If CPS does become involved, whether a woman has reached out herself or, more likely, been drawn in by the actions of a police officer, teacher, or other mandated reporter, it is unlikely that she will be able to speak freely, given the fear of losing custody of her children. The less able she is to speak freely and convey what she and her children actually need, the more likely that CPS may view her as unconcerned about her children's or her own safety and the potential for punitive actions against her as a mother increases.

There is no universal victim of battering and there is no universal batterer. There is no single formula for securing a life free of danger, injury, and damage. In other words, there is no single formula for safety and accountability. Aspects of culture[16] can be a source of strength for victims of battering, but can also be used by a batterer to control. Interventions can pose their own risks and when dominant culture institutions impose a "one-size-fits-all" response, they cut off avenues of potential safety and support. We need to be equally mindful of the risks generated by a batterer, by a victim's immediate personal circumstances, by aspects of culture that might increase her vulnerability, and by institutional responses. (See Figure 1.)

Additional barriers exist for battered women from marginalized communities. Broad and deep problems of disparity and disproportionality in the child welfare system overall have been well-established. "By most measures of child well-being, African American, American Indian, Hawaiian and Alaskan Native children who are involved in the nation's child welfare system have worse experiences and outcomes than do white children. Although the situation varies significantly across states and local jurisdictions, African American and American Indian children served by child

[16] ***Culture*** is the complex, symbolic frame of reference shared by a group of people. It takes in the totality of behavior patterns, art, beliefs, language, institutions, and other products of human work and thought. Its many aspects are dynamic, diverse, and often misperceived by those inside and outside the group.

protective services and child welfare agencies generally enter care more often, stay longer in care, are reunified with their families less frequently and move into adoption only after longer periods of time than do white children."[17]

Institutional Analysis is used to examine race disparity in the child welfare system. Institutional Analysis provides insight into the kinds of local actions that can address contradictions between the intent of child welfare to be protective and helpful and the actual experiences of many children and their families.[18] As the work of the Center for the Study of Social Policy and its partners has established, when the following features are missing or inconsistent in the child welfare response, the distance between intent and outcome can be enormous. Organizing the CPS response around these features will benefit families in domestic violence-involved cases just as it benefits any family—and prevent battered mothers and their children from being drawn into the child welfare system in the first place, or drawn in as far and as deeply. Institutional Analysis aims to:

- Understand the unique strengths and problems faced by each family.
- Intervene with individualized assessment and service plans that reflect a family's specific needs and assets, rather than a generic set of services.
- Ensure that locations and hours of operation for services fit people's circumstances related to transportation and employment.
- Use culturally relevant and accurate practices, meaning practices that are anchored in the family's own perspective, cultural context, and values.
- Challenge and reject assumptions that children from certain backgrounds and circumstances will fare better if removed from their families and communities.
- Avoid and prevent the perpetuation of negative characterizations and labels related to a parent's behavior that are applied without sufficient evidence and context.
- Build an infrastructure of policy, practice, and resources that contribute to fair outcomes.

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[17] *Disparities and Disproportionality in Child Welfare: Analysis of the Research*, December 2011. Research Symposium convened by the Center for the Study of Social Policy and the Annie E. Casey Foundation on behalf of the Alliance for Racial Equity in Child Welfare. Access at: http://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011.pdf

[18] The Center for the Study of Social Policy, in partnership with Praxis International, adapted Institutional Analysis to examine race disparity in foster care. CSSP has used Institutional Analysis methods to examine practices in Fresno and Los Angeles counties in California, Fairfax County Virginia, and the state of Michigan. See accounts of this work at: http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/ or http://www.cssp.org/reform/child-welfare/institutional-analysis

Assumptions that frame the practice assessment

The ways in which CPS practice can unintentionally harm a battered mother and fail to protect her children is not typically a matter of individual workers acting with bad intentions. Nor is it only a matter of inadequate training or lack of sensitivity. The framework that supports this practice assessment accounts for the complexity of risk illustrated in Figure 1. The framework includes core assumptions about the ways in which child welfare as an institution could organize and coordinate CPS workers to support the safety of children and mothers together. The practice assessment tools and process are designed to uncover how and to what extent these core assumptions shape the CPS response. They include:

- Much of what is called ***domestic violence*** occurs in the context of ***battering***.[19]
- Children do not simply witness battering; the batterer uses the children as a tactic to control the adult victim.
- Safety for children is linked with safety for their mothers; the primary intervention strategy should be to ensure the safety of mothers and children together.
- There is no universal experience of living with battering—for women or for their children—and varied experiences require varied responses.
- Intervention that accounts for peoples' unique, lived experiences requires individualized assessment and service plans.
- Intervention that prioritizes the safety of children and mothers together requires decision-making and service plans grounded in an accurate understanding of the dynamics of battering, the risks, and protective factors specific to individual circumstances.
- Intervention that prioritizes the safety of children and mothers together minimizes the compounding trauma related to removal of children from their mothers.
- An accurate, context-based understanding of the violence and its impact will be limited, if not impossible, if psychological theory and assessment is the primary conceptual orientation for intervention.

[19] The child welfare system—and the legal system—use ***domestic violence*** to refer to many types of abusive behavior and intimate partner and familial relationships. ***Battering*** is characterized by ongoing, patterned coercions, intimidation, and violence. It differs from ***resistive*** violence, used by victims of battering to resist or defend themselves or others, and from ***non-battering*** violence, resulting from such causes as a physical or mental health conditions or traumatic brain injury. For further discussion, see *Re-examining Battering: Are All Acts of Domestic Violence Against Intimate Partners the Same?* Shamita Das Dasgupta and Ellen Pence, Praxis International, 2006. Access at: http://praxisinternational.org/library/batterer-intervention/

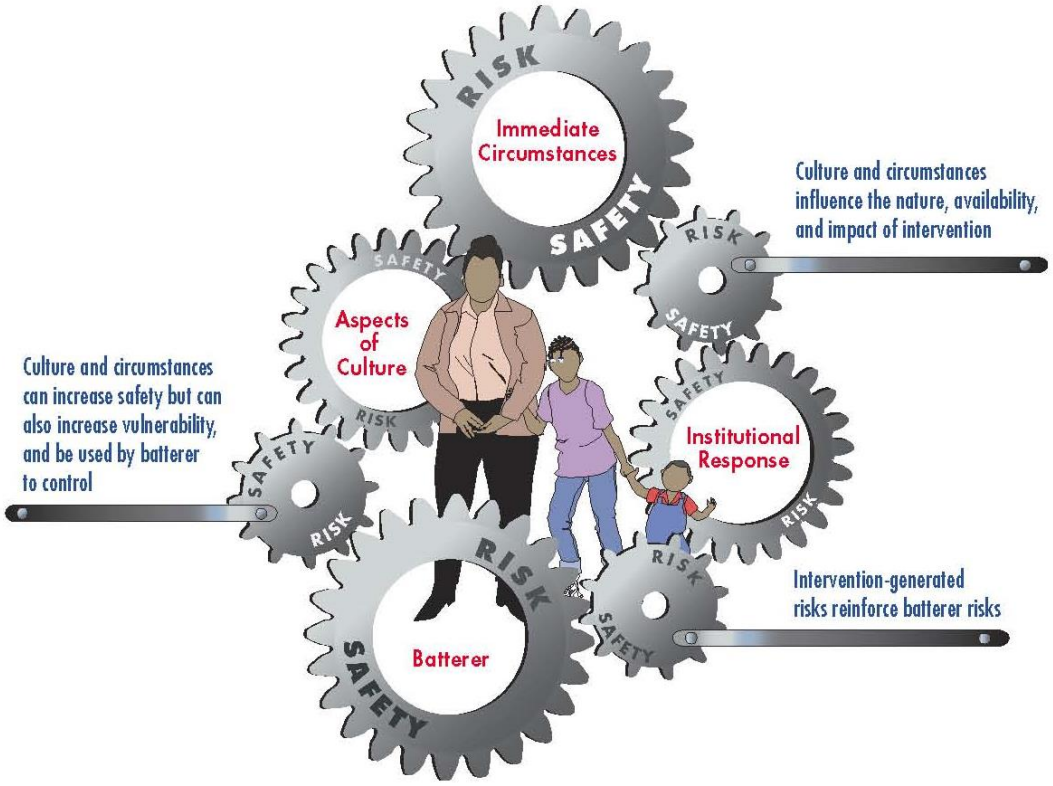
- Intervention that prioritizes the safety of children and mothers together shifts accountability and attention to the person causing the harm—i.e., to the batterer—and requires an institutional response that minimizes re-victimization.

- Intervention that prioritizes the safety of children and mothers together requires a holistic approach that meets their economic, health, safety, housing, immigration, legal, language access, educational, cultural, spiritual, and/or advocacy needs.

- Intervention that prioritizes the safety of children and mothers together and secures safe, fair outcomes for each family requires organization and coordination of CPS to achieve that purpose. It requires that the CPS mission, purpose, and function support that goal. It requires an infrastructure of related rules and policy, administrative practice, resources, conceptual and theoretical frameworks, training, and measures of accountability.

When an institution such as the child welfare system fails to meet the needs of children and their mothers who are being battered, the problem is rooted in the gaps between what people need and how the work of the institution is organized. It is not the problem of a single CPS worker or even several workers. The practice assessment provides a way for community advocacy organizations and local child welfare agencies to uncover where those gaps are located and how to close them.

Figure 1: For each woman and her children, ask what risks are generated by…



Immediate Circumstances	Aspects of Culture	Institutional Response
• Immigration status • Limited English proficiency • Poverty • Lack of skills or education • Professional or social position abilities • Mental illness • Age • Sexual identity • Alcohol/drug use • Rural isolation • Dependence on adults • Other	• Race • Cultural norms and standards • Childhood socialization • Community practices • Nationality • Belief systems • Ethnic pride • Language • Class • Religion • Other	• Imposition of dominant culture response or adaptation to cultural needs • Promotion of victim autonomy or use of coercion • Make battering visible or ignore it • Enhance or further damage victim's relationship with children • Anticipate or ignore unintended consequences of intervention (e.g, arrest, deportation) • Other

Batterer	
• Physical violence • Psychological cruelty and manipulation • Sexual violence	• Economic abuse • Damages her relationship to children

What is the risk?
In the immediate situation? Of retaliation?
Of ongoing abuse and violence? Of unintended consequences of intervention?

Excerpted from the Praxis Safety & Accountability Audit Tool Kit and developed from several sources, including Safety Planning with Battered Women: Complex Lives/Difficult Choices, by J. Davies, E. Lyon, and D. Monti-Catania (Sage Publications, 1998); Assessing Social Risks of Battered Women, by R. A. Jaaber and S. Das Dasgupta; and the Battered Women's Justice Project.

Toolkit 1: Planning and Coordination

Toolkit 1 helps gauge community readiness to conduct a practice assessment, gather basic data, and establishes the necessary coordination. It includes tools related to the mechanics of planning and conducting a practice assessment.

Is Your Community Ready?

Begin by looking at the state of the current relationship between community-based or tribal-based advocacy and child protective services and your shared capacity to conduct a practice assessment. A brief readiness review will help determine whether to proceed and how far your organization and community might be able to go with the range of suggested information-gathering and analysis. Not every practice assessment step included in this guide will fit every community.

Praxis International can provide guidance and support related to building an advocacy organization's capacity to pursue a practice assessment. Of particular interest:

Essential Skills in Coordinating Your Community's Response to Battering—An E-Learning Course

Advocacy Learning Center—An 18-Month Course for Advocates

www.praxisinternational.org

Communities where advocacy organizations and CPS agencies have established memorandums of understanding or joint protocols or are otherwise accustomed to working with one another may be ready to use all of the tools, from mapping and shared discussions to community consultation, policy review, and case file analysis.

Communities where advocacy and CPS have limited experience working together or have relationships that are relatively new or fragile may need to stay with the initial activities outlined in this guide: one-to-one conversations and mapping. Attention to basic relationship-building—perhaps as basic as people meeting for a cup of coffee and getting to know one another—will need to come first.

Advocacy organizations that provide little or no specialized individual advocacy to battered women involved with CPS or that are otherwise unaware of battered women's experiences in the child welfare system—particularly the experiences of women of color—will need to do more internal preparation and capacity building before approaching CPS and seeking to launch a practice assessment. Similarly, advocacy organizations that are largely unfamiliar or inexperienced with change-oriented advocacy need to step back and prepare for that role before proceeding.[20]

[20] ***Change-oriented advocacy***: supporting survivors' efforts to secure safety, recovery, rights, and autonomy while also working to reform the social institutions, public policy, and community norms that support battering and other forms of violence against women.

This guide assumes that community-based organizations advocating on behalf of victims of battering actively practice change-oriented advocacy as part of their core role and function in the community.

Who completes the readiness review—and how?

The following scenarios illustrate ways in which the readiness review might proceed:

- *COMMUNITY A* does not have any formal working agreement between the advocacy organization and CPS agency, but several individuals at both services know one another. The advocacy organization begins with a staff discussion of Part 1 of the readiness review (working relationships) to share information about working relationships between advocacy and CPS. It then decides whether to proceed and hold a similar discussion with CPS representatives.

- In *COMMUNITY B*, advocates and CPS workers have been meeting informally for some time to explore how they might improve the response to victims of battering and their children. They have attended some training together and volunteers have been searching out and reporting back on different ways of addressing battering in child welfare cases, such as co-located domestic violence advocacy services in CPS offices, the Safe and Together™ Model, or West Virginia's co-petition process and effort to move beyond "failure to protect" as the dominant response.[21] They agree to devote their next two meetings to completing the readiness assessment together, using a facilitator to help guide the discussion.

- *COMMUNITY C* has had a written Memorandum of Understanding between the advocacy organization and CPS agency in place for the past year. A joint work group meets every two months to discuss issues that have come up. They want to use the practice assessment to help gauge the extent to which the agreement is making a difference in how battering-related CPS cases are handled. The advocacy organization sets up Part 1 of the readiness review (working relationships) as an online survey. A wide range of advocates and caseworkers are invited to complete the survey. The survey information is compiled for the joint work group to discuss.

[21] For information about co-located advocacy services in New Jersey and New York, see the webinar and related material at: http://www.futureswithoutviolence.org/the-new-jersey-and-new-york-state-initiatives-on-dv-advocates-co-located-in-local-child-protective-offices-2/. Also, see information on Vermont's experience at http://www.vawnet.org/domestic-violence/summary.php?doc_id=846&find_type=web_desc_GC. The Safe and Together Model™ describes itself as "a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence." See http://endingviolence.com/our-programs/safe-together/safe-together-overview/. The following webinar presents an overview of West Virginia's effort to encourage a practice of CPS as a "partner" with battered women to protect children (and provides links to related publications): http://www.bwjp.org/resource-center/resource-results/the-child-custody-child-protective-service-sandwich.html.

Part 2 (logistics and coordination) is then completed by a representative of the advocacy organization, in consultation with CPS to determine how records will be accessed and any restrictions that need to be addressed.

These examples illustrate different approaches to completing the readiness review. Consider local conditions and determine who can best contribute to the readiness review and what kind of format to use.

We've completed the readiness review. Now what?

The readiness review helps explore the kinds of relationships and features that contribute to a successful practice assessment. As you summarize the readiness review, ask to what extent are the following qualities in place?

- The community-based or tribal-based advocacy organization and child welfare agency have experience or interest in working together to identify and solve problems related to the CPS response to domestic violence-related cases.
- Advocates and CPS workers routinely consult with one another (within a framework of confidentiality).
- The necessary coordination to complete a practice assessment can be established.
- Access to CPS data, policies, forms, and case records (using confidentiality agreements as needed) can be secured.
- There is organizational and agency motivation and commitment to implement recommendations that the practice assessment may produce.

The more of these qualities that are in place, the more likely it is that your community will be able to conduct a thorough practice assessment and create lasting, meaningful systems change that improves outcomes for battered women and their children. Access to data, for example, is critical to understanding if there are racial disparities in outcomes for women and children. Depending upon which qualities are absent or underdeveloped, you can still initiate a practice assessment, but you may need to build and strengthen relationships with CPS and other community partners as you proceed.

What is essential? You need (1) a basic foundation of interest or experience in advocacy organizations and CPS agencies working together to solve problems, (2) a way to coordinate the process, and (3) access to CPS records and documents. If these elements are missing, then a practice assessment is premature.

Readiness Review

PART 1—Working Relationships *(survey to advocates and child protection workers)*

1. Where would you put your community on the following continuum of relationships between community-based or tribal-based advocacy and CPS?
   - ❒ No relationship
   - ❒ Open distrust & antagonism
   - ❒ Relatively new & fragile
   - ❒ Seems OK, but doesn't hold up when there's a difficult situation or case
   - ❒ Common understanding or roles & mutual respect; can talk about "tough cases"
   - ❒ Shared commitment & problem-solving around (1) safety of battered mothers & children together, (2) focus on batterer accountability, & (3) individualized response
2. If there is no relationship or a difficult relationship, what has contributed to that situation?
3. What kind of relationships do *individual* advocates have with *individual* CPS caseworkers?
4. To what extent do advocates and CPS caseworkers use hypothetical scenarios to solve problems involving specific cases?[22]
5. How would you characterize the *agency-to-agency* relationship between the advocacy organization and the parent agency for CPS? Is there a formal Memorandum of Understanding in place that defines the relationship and sets expectations for each party?
6. Of the following issues, which are advocates and CPS caseworkers struggling with or in disagreement with—and what does that struggle or disagreement look like?
   - ❒ Confidentiality
   - ❒ Mandated services
   - ❒ Failure to protect
   - ❒ Mandated reporting
   - ❒ Other (e.g., predominant aggressor, family group decision-making)?

[22] In other words, rather than identifying people by name or otherwise breaching confidentiality, advocates and caseworkers pose "what-if" situations that reflect the kinds of concerns that they are trying to address.

PART 2—Logistics and Coordination *(conversation between advocacy program and Child Protective Services)*

7. Will CPS policies and forms be made available to the assessment team?

8. Will CPS case records be made available to the assessment team? What kind of restrictions or limitations might apply?

9. Do you have someone available who can coordinate and facilitate the practice assessment? Can this person also effectively and respectfully communicate with diverse disciplines and groups of people?

10. Will you need funding to support the practice assessment? For example: coordinator salary, stipends and other expenses related to survivor interviews and focus groups, copying costs related to case file and policy review, or funds to support implementation of practice changes recommended as a result of the assessment.

11. Has your organization defined a systems change advocacy/institutional advocacy component or role as part of its work? What does that look like? Does someone have the specific job of "systems-change advocate"?

12. Has your community completed a Praxis Safety and Accountability Audit or other kind of assessment of institutional practice, in the criminal legal system or elsewhere? If yes, who is available from that team who might participate in a CPS practice assessment?

13. Is your organization a culturally specific program that is seeking to address disparate outcomes in intuitional responses? Or is your organization already connected with a culturally specific program that seeks to address disparate outcomes in intuitional responses? If yes, could you approach them about participating in this process? If no, what relationship building needs to happen to approach them about participation?

Which Tools at What Point?

Not every community will be in a position to use every tool in this guide. Here are ways in which different tools can be helpful, depending upon the outcome of the readiness assessment and the kind of relationship that exists between community-based advocacy and CPS.

- No relationship or open distrust and antagonism

  In this situation, a practice assessment is likely to be of little value, if not impossible. Begin by trying to build relationships between advocates and CPS workers. Start small; identify like-minded individuals who might be willing to talk.

  → Starting the Conversation: One-to-One

> ***Are You Ready to Launch a Practice Assessment?***
>
> Help and support is available from Praxis International:
>
> www.praxisinternational.org

- Relatively new relationship, but fragile

  Advocates and CPS workers may have had some conversations or started meeting together, but it is likely that they know relatively little about each other's work and what happens with cases involving battering and other forms of domestic violence when they reach CPS. Continue the conversation and examine together what happens at each step of case processing. It is probably too early to jump into a full practice assessment, but these tools can help build the relationships, interest, and an understanding of key aspects of the CPS response.

  → Starting the Conversation: One-to-One
  → Mapping
  → Data Collection Template
  → Analyzing Policies

- Relationship seems well-established, but does not hold up when there is a difficult situation

  When advocacy and CPS are willing to keep working together—i.e., to "stay at the table"—the practice assessment can help open a path to new ways of talking about and approaching CPS cases that involve battering. Start with conversations, shared discussion series, mapping, and expanding the understanding of lived experience, and then reassess readiness to look more deeply into policy and practice.

  At this point it might be time for all practice assessment tools to be considered.

→ Starting the Conversation: One-to-One
→ Mapping
→ Shared Discussion Series
→ Data Collection Template
→ Talking with People
→ Analyzing Policies
→ Analyzing Forms
→ Analyzing Case Files
→ Implementation Planning Grid

- Relationship characterized by common understanding of roles and mutual respect, with ability to talk about difficult or challenging cases:

  → Ready to use the full range of practice assessment activities and tools.

- Shared commitment and problem solving around: (1) safety of battered mothers and children together, (2) focus on batterer accountability, and (3) individualized response:

  → Ready to use the full range of practice assessment activities and tools.

Planning the Practice Assessment

The following key tasks establish the structure and process to conduct the practice assessment. Depending upon the task and the point in time, a mix of people will be involved, including the primary organizers in the advocacy organization and CPS agency, coordinator, assessment team members, and staff from the CPS agency who can assist with compiling data, policies, and case records.

Task 1: Review research, models, and strategies

Primary organizers in the advocacy organization and the practice assessment coordinator will benefit from a review of research, models, and strategies related to both CPS practice in domestic violence-involved cases and to the application of Institutional Analysis to the child welfare system. Many such sources are referenced throughout the guide, and key concepts and practices are woven into the activities in each toolkit. Such a review is an opportunity to understand:

1. How the child welfare system functions and its impacts on children and families
2. Domestic violence and best practices in domestic violence-related child welfare cases
3. Community population and demographics
4. Where disparities may be located in the CPS response

The following selection provides a quick start to understanding current issues and approaches. Together, these references are particularly helpful to someone who may

have little direct experience or familiarity with child welfare practice. See Recommended Practice: References and Resources for additional information.

CPS practice and domestic violence

- *How the Child Welfare System Works,* Child Welfare Information Gateway Factsheet, February 2013.
  https://www.childwelfare.gov/pubs/factsheets/cpswork/
  Note: *This is a general overview of steps and decision-making points in the child welfare system. It does not, however, address the Indian Child Welfare Act (ICWA). For ICWA information and resources, see Appendix 1.6, Considerations and Resources Related to the Indian Child Welfare Act.*

- *Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plans,* Shellie Taggart, 2009, Rev. 2011.
  http://www.ncjfcj.org/sites/default/files/cfsr%20dv_web.pdf

- *Emerging Response to Children Exposed to Domestic Violence*, J. L. Edelson in consultation with B. A. Nissley, VAWnet Applied Research, Updated July 2011.
  http://www.vawnet.org/applied-research-papers/summary.php?doc_id=585&find_type=web_desc_AR

- *Battered Mothers Involved with Child Protective Services: Learning from Immigrant, Refugee and Indigenous Women's Experiences*, V. Pualani Enos, Asian and Pacific Islander Institute on Domestic Violence, July 2003, Revised 2010. In particular, see sections IV.A.6 (Insights, Opinions, and Recommendations) and IV.C.4 (CPS System Steps: Five Stages of Intervention).
  http://www.ncdsv.org/images/APIIDV-etal_Battered-Mothers-Involved-With-CPS-revised_2010.pdf

- *The Facts on Children's Exposure to Intimate Partner Violence*, Futures Without Violence.
  http://www.futureswithoutviolence.org/the-facts-on-childrens-exposure-to-intimate-partner-violence/

- The Safe and Together™ Model for CPS intervention in domestic violence-involved cases: "A perpetrator pattern-based, child-centered, survivor-strengths approach to working with domestic violence."
  http://endingviolence.com/our-programs/safe-together/safe-together-overview/

- *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, Fernando Mederos, 2004.
  http://www.thegreenbook.info/documents/Accountability.pdf

Institutional Analysis applied to the child welfare system

- *Child Welfare Practice: Creating a Successful Climate for Change—Findings and considerations from an Institutional Analysis*, Center for the Study of Social Policy, September 2012.
  http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

- *Child Protective Services Response to Battering: A Practice Assessment National Test Site Findings and Recommendations for Practice,* Wright County, MN, Child Protection & Rivers of Hope, Buffalo, MN, September 2015.
  http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

Task 2: Assign a coordinator

The coordinator oversees the organizational details, logistics, and documentation related to the assessment. Coordination tasks include scheduling meetings, collecting policies and case material to review, and reporting out the results of the assessment. The coordinator is also a member and facilitator of the assessment team.

The tasks of the coordinator can be fulfilled by a temporary reassignment of one person or can be shared between two or more members of the team. The key requirement is that someone is responsible for organizing the process and preparing and communicating with the work group.

The coordinator will:

- ✓ Become familiar with all of the tools and instructions in this guide
- ✓ Collect pertinent laws and agency policies and protocols (build a "site book")
- ✓ Identify and gather agency case files, forms, and policies for the team to analyze
- ✓ Identify diverse team members, including connecting with external agencies and culturally-specific organizations to recruit participation
- ✓ Schedule and facilitate assessment team meetings
- ✓ Provide the team with necessary copies and materials
- ✓ Keep a written record of the team's discussions and findings
- ✓ Prepare findings and recommendations to relay to agency administrators, supervisors and others, as applicable

Task 3: Determine the structure and timeline

There are multiple approaches to organizing the practice assessment structure. Will the team complete all of its work together as a group during a series of regular day-long meetings? Will members work in pairs to complete assignments on their own and

then review what they have learned during a series of shorter group meetings? Will the group meet one morning each week until the assessment has been completed?

Any of these approaches is a path to completing the practice assessment as long as the expectations and schedule are clear up front and the team follows through on assignments. Selecting an approach early makes it possible for team members to set aside the necessary time and schedule activities. The specific structure is less important than the commitment to complete the assessment in a timely manner.

The time required to complete an assessment can vary according to factors such as the time it takes to build the necessary relationships to support the assessment, the number of cases reviewed, the number of focus groups and interviews with battered women who have been involved in a CPS case, and the extent to which the assessment includes interviews and observations with CPS workers. The practice assessment focuses primarily on the early screening and decision points in CPS. Communities interested in examining ongoing case management or other facets of CPS intervention will benefit from guidance early in the planning process to determine how to best apply the practice assessment or fuller Institutional Analysis approach.

The chart included as Appendix 1.1 illustrates the time commitment for a representative, comprehensive practice assessment that includes interviews and focus groups with victims of battering, interviews and observations with practitioners, and review of twelve or fewer case files. Local decisions and conditions impact the actual time required to complete a practice assessment, such as the number of focus groups held, the number and size of case files reviewed, whether or not interviews and observations are included, the readiness with which case records can be accessed and organized for the team, and whether the team members split up to complete the activities. Unanticipated events can also affect the time required, such as personnel changes, a surge in caseloads, or the demands of a high profile case.

While frequency of meetings can vary and it may take twelve months to complete the practice assessment, the activities in each phase should be scheduled relatively close together. For example, here are two possible timelines (see Appendix 1.1. for a list of key tasks for each phase).

A. **Concentrated**: practice assessment organized and completed in **six months**
   - Months 1-3: Phase 1 through 3 activities, including initial planning, data collection, team orientation, mapping and shared discussions, and activities related to expanding understanding of lived experiences (e.g., individual interviews and focus groups with victims of battering, guided discussions of

videotaped interviews, conversations with organizations and advocates working in marginalized communities).
    - Team meets weekly for two to three hours and completes individual assignments.

- Months 4-6: Phase 4 policy and case file analysis, plus practitioner interviews and observations and Phase 5 review and identification of key themes and recommendations to produce a report and implementation plan for the CPS agency and community-based advocacy organization.
    - Team meets daily for one week (five hours per day) to complete all activities. Or, team meets for two three-day sessions and a final half-day meeting.

B. **Expanded**: practice assessment organized and completed in **twelve months**
- Months 1-3: Phase 1, including initial planning, data collection, and team orientation
    - Team meets once toward the end of the period while the coordinator is more active.

- Months 4-5: Phase 2 mapping and shared discussions
    - Team meets once or twice weekly for two to three hours, depending upon the activity.

- Months 6-7: Phase 3 interviews and focus groups with victims of battering and other activities related to expanding understanding of lived experiences, such as guided discussions of videotaped interviews or conversations with organizations and advocates working with marginalized communities.
    - Team meets or conducts activities bi-/weekly for two to five hours.

- Months 8-10: Phase 4 policy and case-file analysis, plus practitioner interviews and observations.
    - Team meets every other week for four hours to review case files and once each month for an additional two hours to report on interviews and observations that members have conducted. Alternatively, the team meets for three days back-to-back to review case files (which helps to see multiple cases in comparison).

- Months 11-12: Team meets every other week to review notes and identify key themes and recommendations, review the report that the coordinator drafts, present the practice assessment recommendations to the CPS agency and the community-based advocacy organization, and develop an implementation plan.

Regardless of the specific timeline, team meetings will benefit from a regular schedule in a setting that is conducive to group meetings and assessment activities. Considerations include:

- ✓ Access to flip charts and whiteboard
- ✓ Seating that can be easily rearranged to accommodate small group work
- ✓ Central location that team members can reach without extensive travel

In addition, support for the assessment process includes planning food and refreshments for mapping activities and assessment team meetings. There also may be a need for emotional debriefing at different points in the practice assessment. As the process uncovers and confronts the harm that victims of battering and their children experience and the deep pervasiveness of racial disparities and poverty, team members may need extra support and listening time with each other and/or the coordinator or other designated person. This is equally important for practitioners, advocates, and community members who are participating on the team or contributing to different activities.[23]

[23] See an example under Audit Process in *Safety and Accountability Audit of the Response to Native Women Who Report Sexual Assault in Duluth, Minnesota, 2006-2008*, Mending the Sacred Hoop and the Program to Aid Victims of Sexual Assault. In the words of the Audit co-facilitator, Rebecca St. George: "The emotional and spiritual impact on some team members was more acute than expected. We were faced with how institutionalized our violent past and present was. It was impossible to examine the issue from a scientific distance, as a group of researchers examining the 'other.' We were continually confronted with the stories of our sisters, our mothers, our grandmothers, and ourselves. And while those stories were often bloody, oppressive, and ugly, we needed to find a way to remind ourselves that they were also full of strength, beauty, and survival. We talked about these issues, some of us kept journals about the dreams that kept coming to us, and we continued to smudge. Some of us wanted to quit, and many of us had a hard time seeing what we were even trying to do."

Task 4: Select the assessment team

The practice assessment assumes that a core group of advocates and CPS caseworkers and supervisors will complete the policy and case analysis. The process benefits from the dialogue, reflection, and discussion that is possible with this mix of experience and perspective.

The composition of the assessment team will depend upon local needs and considerations, such as the size of the community, size and composition of the CPS caseload, availability of likely team members, and scope of the planned assessment. The assessment team or work group typically consists of four to six members, but could include more depending upon local needs. (See Appendix 1.2 for sample team configurations.) The team meets regularly over the course of the assessment. The number of meetings and time commitment will vary depending upon the scope of the project. (See Appendix 1.1 for examples of the phases and time commitment.)

The team should include experienced, skilled CPS caseworkers and supervisors and at least two or more community-based or tribal-based advocates who work with victims of battering. The team also will include representation from communities that are disproportionately involved with the child welfare system and/or are culturally distinct. It also might include practitioners from related systems, such as a domestic-violence unit detective, probation officer, representatives from a statewide or tribal advocacy coalition, or other professionals. The team also might include attorneys who represent parties to a CPS action or those representing undocumented and immigrant victims of battering. If the community has completed a Praxis Safety and Accountability Audit of the criminal legal system response or other application of Institutional Analysis, including one or more of the people involved in that project might benefit the CPS practice assessment. Beyond a mix of advocates and practitioners, a strong team will reflect qualities of mutual respect, collaboration, curiosity, willingness to seek out and solve problems, and a commitment to engaging in all practice assessment activities. (See Appendix 1.2)

Assessment team members will:

- ✓ Prepare by reading a “site book” that will include related policies and protocols, as provided by the coordinator
- ✓ Attend and participate in all scheduled training, meetings, and activities
- ✓ Complete all assignments to review case files or other documents
- ✓ Use the assessment worksheets or other format to take notes on each assigned case that will be legible for the coordinator or other team members to read
- ✓ As a group, articulate findings and recommendations

Task 5: Develop and implement a confidentiality agreement

Because the practice assessment team will have access to detailed information about specific cases, individuals, and practitioners, it is crucial that its members agree to a set of ground rules governing how information will be treated and when and to whom it will be released. Appendix 1.3 is a template that can be used to develop a confidentiality agreement for the assessment. The CPS agency is likely to have additions or changes to make once its administrators have reviewed the template and considered the type and scope of case records that will be included in the assessment.

Task 6: Compile baseline statistical data

Gathering basic data early grounds the practice assessment in an understanding of the degree to which domestic violence-related cases are visible in the CPS caseload. Striving for an accurate count is critical and, admittedly, likely to be challenging. Are such cases being missed? Over-counted? Based on information from thirty-six states, the national average for CPS cases involving "[child] victims with a domestic violence caregiver risk factor" is 27.4 percent of all of child victims. The rate fluctuates broadly across the states, however, from a reported low of 1.4 percent to a reported high of 50.6 percent.[24] How these states classify cases is unclear.

An example of how domestic violence-related cases can be missed is illustrated by teenage girls who are in foster care and who are also mothers. Are they being urged to co-parent with the father of their children? What if the father has been battering her? Are these situations categorized as domestic violence-related or as "typical" teen relationships?

Appendix 1.4 provides a framework and template for data collection in the practice assessment.

[24] *Child Maltreatment 2013*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). Access at: http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Task 7: Plan for attention to disparity and unintended consequences

Recognizing and addressing disparity and unintended consequences of CPS intervention in cases involving battering and other forms of domestic violence begins early on and continues throughout the practice assessment by asking:

- Who is being affected by CPS intervention and in what ways?
- What are the experiences of victims/survivors from marginalized communities that have been overrepresented and/or underprotected in the child welfare system?
- Are adult victims of battering who have not harmed their children being treated as if they were the perpetrators? If yes, how is the response different for adult victims from a diverse range of communities?
- What is the experience of immigrant families who become involved with CPS in a domestic violence-related case?
- What kinds of language access are in place or absent—and with what impact?

Answering questions related to disparity and unintended consequences requires "disaggregating" or breaking apart general statistical data to learn more about who is in the child welfare system, and in what ways. The more specific data is then compared to the proportion of that particular community in the total population. You can then begin to see a picture of whether a particular community is overrepresented or underrepresented in the total, and in what ways and with what meaning.

Figuring out how CPS data on domestic violence-related cases can be further taken apart to examine disparity and unintended consequences requires planning and attention over time. Appendix 1.5 outlines first steps in setting a foundation from which to develop and pursue ways of establishing what is happening in relation to disparity and unintended consequences. In addition to compiling baseline statistical data, the practice assessment involves community consultation to help keep the needs and experiences of adult and child victims of battering at the center of the practice assessment and to discover what is occurring in communities that have been traditionally overrepresented and/or underprotected in the child welfare system.

Task 8: Gather and organize policies, forms, and case files to review

Organizing the policy and case-file review is one of the coordinator's primary assignments. The extent to which this material is compiled and well-organized has much to do with how readily the team can complete the assessment.

Each team member should have a folder or binder—typically called a "site book"—that includes the initial baseline data and policies and protocols governing the agency's response to domestic violence, including screening forms, checklists, risk assessment tools, or similar items.

For case-file reviews, the coordinator will create a binder for each team member that includes a sample of case records relevant to the scope of the assessment along with a set of case-analysis worksheets for the case records under review.

In organizing the case-record material for the team, the coordinator will assemble a set of records for each team member according to the option selected for the case-record analysis. The options range from all members completing a detailed analysis of all case records to splitting cases across the team. (See a full description of each process in Toolkit 4, Examining Policy and Case Processing.)

Assessment organizers and the coordinator also will need to meet with agency administrators and reach an agreement about whether or not to redact the case material that the team will have access to and, if so, to what extent. ***Redact*** means to make documents unidentifiable to a specific person or place. In any examination of policy and response to domestic violence-related cases, masking the identities of the people involved can help shift the focus off individuals or personalities and refocus on the practices involved.

Redacting can be time-consuming and costly, particularly if it involves lengthy case files. It is also beyond the reach of almost any community to redact many child welfare case files.[25] Given these realities, the practice assessment guide assumes that

[25] In a Child and Family Services Review, for example, records are not redacted. Team members may also interview individuals related to a case (unless unavailable or unwilling to participate), including school-aged children, parent(s), foster parent(s) or other caregivers, and professionals knowledgeable about the case. The CFSR local site coordinator's responsibilities include securing any releases of information or confidentiality forms needed to permit reviewers to access case records and interviewing those associated with the cases. See *Child and Family Services Reviews Procedures Manual*, pages 47 and 57. Access at: http://www.acf.hhs.gov/sites/default/files/cb/cfsr_procedures_manual.pdf

the case records the team works with will generally *not* be redacted. The confidentiality template (see Appendix 1.3) has been designed accordingly, with its emphasis on keeping case information confidential and secure and not identifying or discussing any person named in the case beyond the team's meetings. Anything used in a report or presentation or setting outside the team's internal discussions, however, must first be redacted. In addition, Social Security numbers and birth dates in any case records that are copied for the team should be redacted.

While the guide assumes that case records will not be redacted, ultimately each practice assessment must consider local needs and decide whether or not and to what extent to redact the case material.

Task 9: Organize and schedule community interviews and/or focus groups

Securing a varied mix of participants for individual interviews and/or focus groups with survivors of battering who have been involved with CPS cases requires attentive planning early in the practice assessment process, with attention to language accessibility, transportation, childcare, and other factors that support participation. Similarly, conversations with individuals and organizations that can speak to the experiences of communities that are culturally distinct and/or overrepresented in the child welfare system also require planning on the front end of the practice assessment. Incorporating survivor and community voices and perspectives may require a level of outreach and relationship-building—and credibility-building—that takes time and is likely to extend the timeline beyond the six- to twelve-month estimates.

See Toolkit 3, Expanding Understanding of Lived Experience for guidance. Also, the following resource provides basic information about planning and conducting community focus groups, particularly with battered women: *Safety and Accountability Audit Logistics Guide Section 3: The Complexity of Life Circumstances and Social Standing*.[26] The logistics guide includes a planning checklist, sample flyers, and illustrations of questions and facilitator's notes.

[26] Download at: http://praxisinternational.org/institutional-analysiscommunity-assessment-2/the-logistics-guide/logistics-guide-3-complexity-of-life-social-standing/

Appendix 1.1

Practice Assessment Phases and Estimated Time Required

Estimates are based on a pilot test of this guide plus familiarity with other applications of Institutional Analysis methods, such as the Safety and Accountability Audit, used in child welfare, family court, and supervised visitation settings. Local decisions and conditions impact the actual time required, such as the number of focus groups held, the number and size of case files reviewed, whether or not interviews and observations are included, and the readiness with which case records and other documents can be accessed and organized for the team.

- Estimates for the coordinator reflect the additional time involved in planning and managing the process, as well as participating in team activities.
- Estimates for the team member assume participation in all phases and activities and include the time involved in group meetings, case review, and related preparation.
- Additional time not reflected in coordinator and team member estimates:
    - CPS: 8 to 16 hours to identify, gather, and organize polices, forms, and case files
    - Advocacy organization: 8 to 12 hours for planning, readiness, preliminary meetings, and follow-up—outside of coordinator and team member roles.

Practice Assessment Phases and Estimated Time Required		
Phase	**Coordinator**	**Team Member**
1. Planning and Coordination • Readiness review • Review current research, models, and strategies • Recruiting assessment team • Data collection • Gathering and organizing policies and case files • Team orientation	30 hours	10 hours
2. Mapping and Conversations • Mapping CPS intervention steps and connections • Shared discussion series (4 to 6 sessions)	15 hours	12 hours
3. Expanding Understanding of Lived Experience • Individual and/or group interviews with victims of battering • Guided discussion of video tools (filmed interviews)	24 hours	14 hours
4. Examining Policy and Case Processing • Analyze policies and forms • Analyze case files (team, 3 cases; coordinator, 12 cases) • Option of interviews and observations with CPS caseworkers and community-based advocates	92 hours	26 hours
5. Planning for Change • Review notes and summaries of practice assessment activities • Identify key themes and recommendations • Present recommendations for change via written report and/or other means	55 hours	8 hours
Total estimated time*	216 hours (27 days)	80 hours (10 days)

*Additional time will be required of key team members to support implementation of the recommendations after the assessment project is complete.

Appendix 1.2

Sample Practice Assessment Team Configuration

The chart illustrates **possible** team configurations. The actual composition will reflect local conditions and may also include representation from batterer-intervention programs, attorneys representing the parties in a CPS action, attorneys representing undocumented and immigrant victims of battering, mental health services, emergency services, Head Start, early childhood services, and others whose works intersects with CPS. Battered women who have had experiences with CPS have a very distinct perspective and, where possible, can greatly enrich the assessment team. This must be done, however, with adequate planning and support from the community-based advocacy program. It is also best if more than one survivor can participate in order to avoid community members feeling singled-out or over-scrutinized.

Other factors that will influence the team size and configuration include population, CPS caseload, the number of cases to be included in the practice assessment, and community involvement—all in relation to the anticipated timeline (see Appendix 1.1).

Sample practice assessment team configurations
****Actual composition will vary according to local needs****

A. Small, rural community

1. Advocacy organization director
2. Advocacy organization volunteer (support group facilitator)
3. CPS supervisor
4. CPS caseworker
5. If serving a tribal population, family violence services advocate and/or tribal child welfare worker
6. Practice assessment coordinator

B. Medium-sized county

1. Advocacy organization legal advocate
2. Advocacy organization child advocate
3. CPS supervisor
4. CPS caseworker: initial assessment
5. CPS caseworker: ongoing
6. Representatives from organizations working on behalf of culturally distinct or other communities overrepresented in CPS
7. Representative from batterer intervention program
8. Representatives from survivors' group of battered women involved with CPS
9. Attorney representing undocumented and immigrant victims of battering
10. Practice assessment coordinator

Sample practice assessment team configurations
Actual composition will vary according to local needs

C. Tribal community

1. Family violence services advocate
2. Family violence services advocate/youth worker
3. Child and family services intake/investigator
4. Child and family services case worker
5. Tribal public health nurse
6. Tribal law enforcement/domestic violence detective
7. Representatives from survivors' group of battered women involved with CPS
8. Practice assessment coordinator

D. Large, urban county

1. Advocacy organization A legal advocate
2. Advocacy organization A child advocate
3. Advocacy organization B support group facilitator
4. Representatives from organizations working on behalf of culturally distinct or other communities overrepresented in CPS
5. CPS supervisor
6. CPS case worker
7. CPS case worker
8. Representative from batterer intervention program
9. Police officer assigned to domestic violence response unit
10. Probation agent
11. Attorney representing battered women in CPS cases
12. Practice assessment coordinator

Appendix 1.3

Sample Confidentiality Agreement Template

The Practice Assessment of the [insert agency name(s)] response to domestic violence will involve reviewing case records and other documents. To ensure the integrity of the process, respect the role of agency employees, and protect the privacy of community residents, assessment team members agree to the following:

1. The material collected and distributed to team members is intended only for use in conducting the practice assessment and to inform the team and policy makers on the need for changes in intervention policies and practices.

2. Team members will keep any materials containing case information confidential, in a secure location, and will return materials to the assessment team coordinator as requested on designated dates.

3. Team members will not release or divulge at any time confidential information, including names, addresses, applicant/recipient identifications, Social Security numbers, or any information about former or present recipients of agency services which may identify them directly or indirectly.

4. Team members will not identify or discuss any person named in any case materials, except as necessary within assessment team meetings.

5. Team members will not copy or remove any non-public forms, files, or other records containing personal identifying information.

6. Team members will adhere to agreed-upon procedures for releasing information about the assessment to agency administrators.

7. Team members are not authorized to release or discuss any details of the assessment to anyone outside of the [insert agency name(s) or CCR name].

Team Member Signature: _____

Print Name: _____ Date: _____

Appendix 1.4

Data Collection Framework and Template

Establishing a baseline and ongoing data collection

The template in Appendix 1.4 includes data elements that contribute to a comprehensive picture of domestic violence-related cases in CPS. This information helps set a baseline from which the impact of changes made as a result of the practice assessment can be tracked. The fields can be adapted to construct or modify a customized database or guide queries and reports from existing CPS databases and reporting systems.

Few communities may be able to compile all or most of the data elements included in the template. One of the practice assessment's initial discoveries might be that there is little statistical data—or readily accessible data—on the volume and type of domestic violence-related cases. CPS data may not be organized to readily count and track such cases.

The template illustrates the type of information that can be assembled over time to develop a more complete picture of domestic violence-related cases in the CPS system. For most communities, data collection is a goal to work toward. In the meantime, a practice assessment can attempt, at a minimum, to identify the number of cases where domestic violence has been identified as a factor in the CPS referral.

Learning the data system

The first step is to find out how CPS data is obtained, recorded, stored, shared, changed, and reported. The coordinator and others involved in planning and organizing the practice assessment can ask CPS administrators and others the following types of questions about the data system:

- What kind of statistical data is collected and used at each key decision point in the CPS process?
- Where is the data located? Who has access to it?
- What is the process for obtaining the data?
- Can data be retrieved and compared across years?
- Does the data track or flag all domestic violence-related cases?
- Can data be sorted and queried by relationship, gender, race, ethnicity, immigration status, tribal enrollment, or factors related to specific communities?

- What is the process for adding data fields or features and who determines what can be added?

See Appendix 2.1 for a diagram of key decision points. State and tribal child welfare agencies may also have charts specific to a particular jurisdiction. The National Indian Child Welfare Association uses the Indian Child Welfare Glossary and Flowchart.[27]

The following strategies will help you learn about the data system:

- With a diagram of key decision points in hand, ask a CPS supervisor or caseworker to describe what gets tracked and documented at each step. Ask to see the forms and/or screens that workers use. Review the practice assessment data template together and find out what kind of information can be retrieved or how similar information can be obtained.
- If it is difficult to obtain statistical data about domestic violence-involved cases, conduct a time-limited case survey or census. Pick a one-week or one-month period (depending upon the overall caseload) and review all of the referrals made to the CPS agency during that time period. Identify all cases that appear to reference or involve domestic violence. Use the fields in the practice assessment template to construct a basic spreadsheet or database. Track and tally the number of domestic violence-related cases in comparison to the total number of CPS referrals. Estimate an annual rate of domestic violence-related cases from that information.[28]

A note on data and "other ways of knowing"

We commonly think of data as equaling numbers. Counting elements related to the work of CPS intervention in domestic violence-related cases is important, such as the number and type of cases screened in or out and the demographics of the families involved. To more fully understand and describe what is happening, however, we want more than numbers. Other sources of data—or other ways of knowing—also are essential in drawing a full picture of what is happening. These other sources include family members' accounts of how CPS and other systems have responded to their needs, and the processes of mapping the steps in case processing, talking with CPS practitioners and observing them at work, studying cases to see what actually happens, and analyzing the extent to which policy and practice reflect recommended approaches. The practice assessment relies on these other ways of knowing, in addition to numbers.

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[27] See Indian Child Welfare Glossary and Flowchart at: http://www.nicwa.org/Indian_Child_Welfare_Act/glossary.pdf

[28] If the practice assessment proceeds to examine case processing (see Toolkit 4, Examining Policy and Case Processing), consider using the pool of cases identified during a survey/census for that purpose.

Sources and strategies

Quantitative Approach

The quantitative approach to data (commonly referred to as statistical data) collection includes using a variety of sources to:

- ✓ Develop a picture of how many families in the CPS system are homeless? or how many mothers currently involved in the CPS system are battered?
- ✓ Compare the frequency of different types of case dispositions
- ✓ Identify who is overrepresented and/or underserved in the CPS system

The quantitative approach is one path to ask questions about possible problems to be further investigated. Sources of quantitative information in a CPS-related practice assessment can include counts, databases, and reports compiled by:

- Child welfare/CPS agencies
- Community-based advocates
- Tribal-based advocates
- Criminal legal system agencies (e.g., police, prosecutor, probation)
- Fatality Review Board
- Family Justice Center
- Courts
- Other community-based organizations working with victims/survivors of battering
- Organizations representing marginalized communities

Qualitative Approach

The qualitative approach to data collection is characterized by such activities as talking with people, observing actual practices, and reading and analyzing policies, forms, and case files. Information acquired in these ways helps fill out the picture suggested by collecting quantitative data. A qualitative approach helps us to see the full impact of a system, such as CPS, and the ways in which it is structured to act in certain ways. It helps discover:

- ✓ People's actual lived experience with the ways in which intervention is meeting or not meeting their needs
- ✓ The language the system uses to describe people and how that language shapes interventions
- ✓ The organization and function of current practice
- ✓ Contrasts between the stated official process and the actual process

- ✓ Problems to be addressed via recommended practice
- ✓ Where harmful unintended consequences and disparity of impact might exist
- ✓ The impact of changes in policy and practice over time

Praxis Institutional Analysis—and this practice assessment as an application of Institutional Analysis—is a versatile set of tools that supports a qualitative approach to gathering and analyzing data and information. This guide includes tools designed to engage in the gathering of qualitative information. It supports communities in analyzing that information to create a clear picture of how to structure attention to battering into the day-to-day practice of CPS workers.

Data and Analyzing Disparity

Nuanced data, both quantitative and qualitative, is essential to uncovering and addressing disparity in any institutional response. Without detailed data that has been examined or disaggregated by race, ethnicity, age, gender, sexual orientation, and Indian Child Welfare Act (ICWA) eligibility, "there is no way of measuring the current landscape or impact of interventions to improve outcomes" for children and battered women of color who enter the child welfare system.[29]

While a practice assessment coordinator and team will strive to compile as much related data as possible, it is ultimately a function of the child welfare agency's overall approach to organization of data, which is also influenced by state, federal, and Tribal requirements. See Recommended Practice: References and Resources for links to information about using data to uncover disparity, including a comprehensive data analysis tool developed by the Center for the Study of Social Policy for state or local child welfare agencies to use to assess for disparities in the child welfare population.

[29] See "Strategies" in *Achieving Racial Equity: Child Welfare Strategies to Improve Outcomes for Children of Color*, Megan Martin and Dana Dean Connelly, Center for the Study of Social Policy (2015). Access at: http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf

Data Collection Template

Note: Adapt terminology used by the local CPS agency. For example, some jurisdictions use the term "unsubstantiated" while others use "unfounded." Some use the term "alternative response" while others use "differential response" or "family assessment and response."

Domestic Violence-Related Cases [Insert CPS Agency Name and/or Community]

Data Elements	A. Baseline Year Totals	B. If unknown, how might the information be obtained?
NUMBERS		
To what extent can any of the data below, if available, be reported according to race, ethnicity, gender, age, and relationship of those involved? Other characteristics and aspects of identity? Sexual orientation? Tribal enrollment? ICWA eligibility? Adapt the template to record disparity-related data.		
Law Enforcement Data[30]		
Domestic violence-related cases resulting in arrest		
Among arrest cases, referrals to CPS		
Domestic violence -related cases resulting in non-arrest		
Among non-arrest cases, referrals to CPS		
CPS Agency Data		
Total case referrals/reports to CPS		
• Screened in		
• Screened out		
• Referred to alternative response		
• Investigation case opened		
• Unsubstantiated/unfounded		
• Substantiated/founded		
• Out-of-home placement		

[30] Include total for all law enforcement agencies in CPS agency's jurisdiction, or adapt and include subtotals for each agency.

Data Elements	A. Baseline Year Totals	B. If unknown, how might the information be obtained?
• Termination of parental rights		
Total case referrals/reports to CPS where DV cited as **primary** concern		
What happened to cases where DV cited as the **primary concern** for the referral?		
• Screened out		
• Screened in		
• Referred to alternative response		
• Investigation case opened		
• Unsubstantiated		
• Substantiated		
• Out-of-home placement		
• Termination of parental rights		
Total case referrals/reports to CPS where DV cited among **multiple** concerns		
What happened to cases where DV cited as **one of multiple concerns** for the referral?		
• Screened out		
• Screened in		
• Referred to alternative response		
• Investigation case opened		
• Unsubstantiated		
• Substantiated		
• Out-of-home placement		
• Termination of parental rights		

Appendix 1.5

Disparity and Unintended Consequences

Setting a Foundation

The following first steps help set a foundation from which to develop and pursue ways of establishing what is happening in relation to disparity and unintended consequences.

1. Learn who is in the community.
   - What are the demographics of the larger community?
   - What are the distinct communities within the larger community? Who are the leaders?
   - What is the history of each community and its experience with the child welfare system?

2. Build relationships with those in the community who can guide and inform the data collection and analysis.
   - Who are the advocates working in each distinct community, both specific to issues of battering and in general? Which organizations would have the resources and orientation necessary to participate in the practice assessment? What kind of compensation is available to support community participation?
   - Who are the researchers and scholars in the community, state, or Tribe who have knowledge about the child welfare system? What, if any, are their concerns about the practice assessment?

3. Talk with adult victims/survivors of battering—and older youth—about their experiences and concerns with the CPS response to domestic violence-related cases. (See Toolkit 3, Expanding Understanding of Lived Experience.)
   - What did victims/survivors and their children most need at that time in their lives?
   - What did CPS provide, and how it did it meet or not meet those needs?
   - What actions did CPS take that made the victim and her children feel safer? Less safe?
   - What actions did CPS take that made the victim feel respected? Disrespected?
   - How could CPS strengthen its response?
   - How did professionals talk with and about mothers and children?

4. Compile basic data about domestic violence-related cases and demographics.
    - How many domestic violence-related referrals are made to CPS? How many are investigated, how many referred to alternative response?
    - How does the overall case data break down according to common race, ethnicity, sex, age, and relationship categories?
    - What, if any, other demographic or identity features are recorded and available (e.g., gender identity, preferred language, and/or income)?

5. Take the data-gathering and analysis deeper into prevailing issues related to disparity of impact and unintended consequences.
    - What issues have various communities of victims/survivors identified as of concern in the CPS response to domestic violence-related cases?
    - What are we learning about the following features related to meeting people's needs?
        - Respectful interactions and engagement that discover each person's needs and strengths
        - Individualized assessment and service plans that reflect people's specific needs and strengths
        - Opportunities and supports to succeed, such as service-provider hours and locations that fit people's circumstances related to transportation and employment; opportunities for a second chance
        - Assessments that are relevant to people's cultures
        - Support for children remaining with their families and communities
        - Descriptions of behavior that are respectful, accurate, and conveyed in the context of the situation
    - What does the data say about victims of battering being held responsible for the battering? Are mothers being charged with neglect or failure to protect?
    - How is the agency holding batterers accountable for the abuse and harm?
    - To what extent are disparities identified for communities of color, American Indian, Native Hawaiian and Alaskan Native children in the child welfare system overall reflected in the response to domestic violence-related cases?

6. Seek a broader understanding of issues related to disparity and unintended consequences in the child welfare system.

The following resources are not specific to battering and other forms of domestic violence but provide useful insight into disparity within the child welfare system overall.

- Watch a series of video by youth in foster care and parents involved in the child welfare system. The videos were produced by the Alliance for Racial Equity in Child Welfare and are available via the Center for the Study of Social Policy.
    - Link at: https://www.youtube.com/playlist?list=UUgw_slCsjgt4FqOiouYjD4g
    - Scroll down to find the stories of Mary, Maryellen, Jewel, Adam, Captain, and Amanda
- Explore the work and findings of the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission:
    - Watch *First Light*, a film about the commission's work: http://upstanderproject.org/firstlight/
    - Read *Beyond the Mandate: Continuing the Conversation—Report of the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission*: http://www.mainewabanakitrc.org/
- Learn about disproportionality rates in foster care in your state. Read *Disproportionality Rates for Children of Color in Foster Care (Fiscal Year 2013)*, National Council of Juvenile and Family Court Judges, June 2015. http://www.ncjfcj.org/sites/default/files/NCJFCJ%202013%20Dispro%20TAB%20Final.pdf
- Read the executive summary—or full report—of *Child Welfare Practice: Creating a Successful Climate for Change—Findings and Recommendations*, Center for the Study of Social Policy, September 2012.
    - The Center for the Study of Social Policy (CSSP) has used Institutional Analysis to examine racial disparity in foster care. CSSP's most recent and earlier reports are available at: http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/ or at http://www.cssp.org/reform/child-welfare/institutional-analysis.
- Read the recommendations in *Achieving Racial Equity: Child Welfare Strategies to Improve Outcomes for Children of Color*, Megan Martin and Dana Dean Connelly, Center for the Study of Social Policy, 2015. It also includes a Race Equity Impact Assessment tool. http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf.

Appendix 1.6

Considerations and Resources Related to the Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) was enacted in 1978 in response to the alarmingly high removal of American Indian children from their families and tribal communities. In brief, ICWA is a federal law that establishes a structure and requirements for case planning and judicial oversight that seek to keep American Indian children with their families and connected to their tribal communities. The following resources provide an overview of the law's history, meaning, and links to technical assistance and information related to implementing ICWA.

- Videos on the history, meaning, and implementation of ICWA:
    - Indian Child Welfare Act Educational Resource Video, Native American Rights Fund (2013). https://www.youtube.com/watch?v=VJCqeauLvY8
    - FACES Implementing the Indian Child Welfare Act (2011). https://www.youtube.com/watch?v=BIQG65KFKGs
- The National Indian Child Welfare Association provides topic-specific information packets, research, training, and technical assistance.
    - *Indian Child Welfare Glossary and Flowchart:* http://www.nicwa.org/Indian_Child_Welfare_Act/glossary.pdf.
    - *Frequently Asked Questions: A Resource for Families* provides an explanation of ICWA and its implications, written for a general audience: http://www.nicwa.org/what_we_do/documents/NICWA%20FAQ.pdf.
    - *A Guide to Compliance with the Indian Child Welfare Act* is geared toward CPS and other professionals: http://www.nicwa.org/Indian_Child_Welfare_Act/documents/Guide%20to%20ICWA%20Compliance.pdf.
- The Tribal Law and Policy Institute provides fact sheets and tools related to ICWA: http://www.tribal-institute.org/lists/icwa.htm.
- The National Council of Juvenile and Family Court Judges provides training, technical assistance, and publications related to implementation of ICWA and other Tribal child welfare issues: http://www.ncjfcj.org/our-work/tribal-work.
- The Child Welfare Information Gateway has links to ICWA-related publications and videos: https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/.

Toolkit 2: Mapping and Conversations

Toolkit 2 provides guidance on ways to begin conversations and establish relationships between community-based advocates and CPS caseworkers—on both a worker-to-worker and agency-to-agency level. It uses a mapping tool to develop a detailed picture of how CPS processes cases and what happens in a domestic violence-related case at each step. It includes a set of guided discussions that help the practice assessment team initiate a mutual exploration of issues related to battering and the child welfare response. Toolkit 2 also includes tips for conducting practitioner interviews and observations (Appendix 2.3).

Starting the Conversation: One-to-One

CPS caseworkers function in a highly scrutinized environment. When a child dies or is seriously injured, public attention is often immediate and unsparing in its condemnation about what a particular worker or the agency did or did not do. Individual workers may take the blame—or feel that they are left to take the blame—for failures in the larger system's response. Caseworkers often face rigorous internal investigations about their practices. They operate within a complex legal framework that requires specific decisions within specific timeframes. Conducting a practice assessment of the CPS response to domestic violence that involves community-based advocates organizing the activities and participating alongside CPS caseworkers requires attention to these realities. It may also require building relationships before much of anything can happen. Consequently, holding these one-to-one conversations is primarily the role of advocacy-based organizers and the coordinator in the early stages of planning and launching a practice assessment.

Starting the conversation does not mean an isolated interview or two or one that is limited to a single advocate and lone CPS caseworker. Rather, it is the use of multiple conversations to develop an ad hoc network of advocates and caseworkers who can go on to participate in other practice assessment activities. These one-to-one conversations should occur at both basic service and supervisory levels. These early conversations are related to but also distinct from the practitioner interviews and observations addressed elsewhere in Toolkit 2 (Appendix 2.3).

☐ Make a connection with a CPS caseworker or supervisor.

- Approach workers that you know or with whom others in your organization have worked.
- Ask women who have come to your program for advocacy and support if they can recommend a CPS worker who has been helpful to them.
- If necessary, ask a supervisor or the child welfare agency director to refer you to a caseworker you can talk with.

☐ Schedule time to learn about each other's work.

- Keep it informal; if possible, set a first meeting at a coffee shop or café with be a more relaxed atmosphere than an official site.
- Visit the CPS office; invite CPS caseworkers to come to the advocacy organization.
- If you are at a no-trust or distrust end of the relationship continuum, acknowledge that reality with something like: "We'd like to start fresh. It's in the best interest of those who are living with the abuse to find more common ground."

☐ Focus on listening to each other and understanding how each other's work is organized to respond to domestic violence.

- Stay receptive, not defensive.
- Explore each other's missions, philosophies, legal frameworks, resources, and limitations.
- Make note of areas of common ground, as well as differences in one another's roles in response to domestic violence.

Advocates for battered women and child welfare workers have more in common that might be immediately apparent—or that might have been forgotten in the aftermath of tragedy or substantial conflict when the needs of children and their mother may have been difficult to reconcile. Both share a vision of a world without violence and see the harm that has been done to women and children by those who are supposed to love and care for them. Both are constrained by limited time and other resources as they navigate complex systems with women and children who are often living with fear and severe trauma.[31] Yet the roles of advocacy and CPS are not interchangeable.

[31] *CPS: Closing the Distance Between Domestic Violence Advocacy and Child Protective Services*, Jennifer Inman, Washington State Coalition Against Domestic Violence, July 2008. Access at: http://wscadv.org/wp-content/uploads/2015/06/CPS-Closing-the-Distance.pdf

Mapping

Discovering how domestic violence-related cases are identified and acted upon by CPS is at the heart of the practice assessment. The team seeks to clearly understand how the response is organized and what decisions are made at what points in the case process. Mapping develops a picture of whether or not and how attention is paid throughout the CPS response to (a) recognizing and understanding battering, (b) establishing the nature and context of risks to children and battered women, and (c) identifying and matching services to individual circumstances and needs. It also establishes whether and how CPS workers and the case process are linked to advocacy and other points of intervention. Mapping identifies where and how specific forms and policies are used.

Preparation

☐ Use a facilitator who is familiar with general CPS practice but, if possible, who does not work for the child welfare agency.

The closer the facilitator is to the work of the agency, the easier it is to make assumptions about the case process, to take shortcuts in developing the map, or get sidetracked in the minutia of agency politics and personnel issues. While it is helpful to have an understanding of basic CPS practice, a more detailed knowledge can inhibit questions. It is easy to fall into assumptions of "this is how we always do it" and forget about probing more deeply into how things actually happen.

An experienced community advocate may be the best fit, whether someone on the assessment team or invited specifically to facilitate the mapping activity. If a CPS practitioner fills the role of facilitator, take care to stay focused on drawing a clear picture of case processing in domestic violence-related cases and avoid assumptions about how it occurs or jumping to defend a policy or practice. A helpful strategy under either facilitation scenario is to ask questions as if the process is new and the group is learning about it for the first time.

☐ Decide on the scope of the mapping activity.

How many of the broad case processing steps will the mapping activity cover? This guide is designed to focus on the initial screening and assessment steps in case processing. Will you pay more attention to screening? To assessment? To both? Will you take the mapping activity further and examine other decision points?

☐ Decide whether the mapping activity needs to involve CPS workers in addition to those who are involved as members of the assessment team.

If the team includes newer and more seasoned social workers, there is likely to be a sufficient mix of experience. Consider, however, whether the breadth or focus of the mapping activity requires additional perspective.

☐ Select a format to record the mapping that makes it possible to bring the map to each subsequent assessment team meeting for ongoing reference and revision. For example:

- Flip-chart paper that can be taped together as needed
- A long, wide sheet of paper taped to a chalk board or wall
- Laptop and projector to record and display the map as it is developed and save it for later distribution to the team
- Electronic copy board that captures and prints the map

The map does not need to be transcribed and printed. Whether or not to take that extra step depends upon time and resources, and if the information will be used outside of the team (e.g., if a detailed report will be compiled or is required by a funder). The map will be useful to the team in the format of a poster that can be displayed and referenced at each meeting. A map that has been transferred to a document, however, can be copied and shared electronically with team members.

☐ Allocate adequate time to complete the mapping activities.

Sufficient time for discussion and exploration is required to develop a full understanding of case processing. Those who have been invited to participate in the process should have an opportunity to make their contributions and given adequate time to talk about the questions and issues that emerge. The time required will vary according to how many decision points and sub-steps will be explored. Because of their practitioner roles, CPS workers will have detailed knowledge about the steps involved in processing a case. Provide at least **two hours for each** broad step—screening and assessment—if completing the mapping over a series of separate meetings. Allow **four to five hours** to cover all steps in a single session.

☐ Include community-based domestic violence program advocates in mapping activities.

Advocates have critical roles in applying the mapping tool, as well as throughout the entire assessment process. Their participation provides an avenue for learning about the range of experiences with CPS that victims and survivors report. When advocates are involved in mapping case processing with CPS workers, advocates can introduce questions that might otherwise be missed because they do not work in that system and are therefore less likely to assume that certain steps or activities occur.

Process

☐ Post the major steps in the community's child protective services response as a visual aid and platform for taking notes.

- Use Appendix 2.1 or a version that is specific to your state or tribal jurisdiction. (Many state and tribal human services agencies have local versions.) Provide a reference handout for each team member.
  NOTE: For a basic flow-chart of steps in ICWA-related cases, see *Indian Child Welfare Glossary and Flowchart*, National Indian Child Welfare Association:
  http://www.nicwa.org/Indian_Child_Welfare_Act/glossary.pdf
- Adjust the initial map to reflect a traditional or differential/alternative response, according to local conditions.[32]
- Option: Break down the flow-chart and develop a set of flip chart pages for each key step. Arrange them in sequence and use the flip charts to take notes.
- Option: Project the chart or sections and take notes electronically; or use other available technology, such as an interactive whiteboard.

☐ Introduce the mapping activity.

- Explain that the purpose is to develop as clear of a picture as possible of whether and how domestic violence is identified and responded to in CPS cases.
- The focus will be on how things actually happen in day-to-day practice.
- Ask team members to be concrete and to use specific cases as reference points as they develop the case-processing map. Stay focused on the actual steps and case process without making assumptions.
- The mapping activity will pay attention to whether and how current CPS practice:
  - Accurately recognizes and understands battering

[32] ***Differential response*** or ***alternative response*** refers to an approach to reports of child maltreatment that typically does not require a formal determination or substantiation of child abuse or neglect and does not enter names into a central registry. Implementation varies across jurisdictions, however. For more information, see *Differential Response to Reports of Child Abuse and Neglect—Issue Brief*, November 2014, Child Welfare Information Gateway, https://www.childwelfare.gov/pubs/issue-briefs/differential-response/. For a discussion of differential response in the context of children exposed to domestic violence, see Robert Sawyer and Suzanne Lohrbach, "Integrating Domestic Violence Intervention into Child Welfare Practice," *Protecting Children*, Vol. 20, 2005, American Humane Society. Access at:
https://www.co.olmsted.mn.us/cs/cspublications/Documents/CFSPublications/integratingdvintervention.pdf

        - Establishes the nature and context of risks to children and to mothers who are being battered
        - Identifies and matches services to individual circumstances and needs
        - Links CPS workers and case processing to advocacy and the criminal legal system
    - The map will provide a reference and check point for other activities in the assessment, particularly the case-file review.

☐ Explain the roles of those involved in the mapping activity.

- A **facilitator** poses questions and keeps the activity moving and on track.
- A **note-taker** tracks the map as it develops and documents it according to the method selected.
- **CPS team members** are the primary resource for developing the map, drawing upon their knowledge and experience to identify key steps, provide concrete details about how the CPS response is organized to accurately recognize and understand battering, establish the nature and context of risk, match services to individual needs, and so forth.
- **Community-based advocates** ask for clarification as the map develops, particularly when they see a contradiction between CPS practices as described and what they have learned from survivors.

☐ Begin with the point of the initial report or access to CPS.

- Functionally, how do initial reports come into CPS?
    - From law enforcement?
    - From schools?
    - From counselors?
    - From other mandated reporters?
    - From community members? Family members?
- What kind of information do you typically get from each of the reporters?
- How would you know if battering was involved in a case at this stage?
- What kind of action occurs at this stage to identify domestic violence-related cases?

☐ Continue with the following types of questions to develop specific details about case processing and attention to battering.

- What happens next? What is the next step?
- Who is involved and how?
- How is domestic violence defined?

- How is the presence of domestic violence established?
- How are the nature, context, and impact of the domestic violence determined and documented?
- How is battering distinguished from other forms of domestic violence?
- How is the risk and harm the batterer poses to each child established and documented?
- How are a mother's protective capacities and strategies identified and documented?
- How are individual circumstances and needs related to safety, well-being, and security identified? For children? For their mothers?
- What kinds of policies or protocols govern this step?
- What kind of specific forms or fields are used to document and track domestic violence-related cases?
- Where do those forms and reports go? Who gets copies, and how?
- How is CPS linked with community-based advocates at this step? With the criminal legal system?

☐ Direct questions to the CPS team members who are most involved at the point of case processing that is being explored. For example, if developing a picture of the decision to screen a case in or out of CPS, pose those questions to those who are actually making the decisions.

☐ Encourage questions across the assessment team. Mapping benefits from everyone's participation, experiences, and perceptions.

☐ Identify key themes and questions that emerged from mapping case processing.

- Prioritize questions and identify who can help answer those questions.
- Assign each team member one or more questions to address and report back on at the next team meeting.

Bring the map to each team meeting and use it as a point of reference when reviewing case files and completing other assessment activities.

Shared Discussion Series

The shared discussion series supports the relationship-building and readiness that set the foundation for the collaborative process presented in this guide. It also introduces questions about everyday practice that can spark curiosity and interest in taking a deeper look.

The discussion series brings advocates and CPS caseworkers together for an hour or so to engage in a topic-focused, guided discussion related to domestic violence and their respective roles and responses. Depending upon local needs and interests, the discussion group might be limited to the assessment team or might include a mix of advocates, CPS workers, and other community practitioners, such as maternal and child health workers, family law attorneys, immigration attorneys, court personnel, probation agents, or batterer intervention program facilitators.

To Learn More . . . Building Relationships and Common Purpose

- *CPS: Closing the Distance* http://wscadv.org/wp-content/uploads/2015/06/CPS-Closing-the-Distance.pdf
- *Cross-System Dialogue* http://www.thegreenbook.info/documents/crosssystemdialogue.pdf
- *Development of a Memorandum of Understanding Between a Domestic Violence Intervention Program and a Child Protective Service Agency: A Resource Paper* http://dcf.wisconsin.gov/children/domv/publications/pdf/mou_develop.pdf
- *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, Ann Rosewater and Leigh Goodmark, 2007 http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/steps_toward_safety.pdf

While any one of the topics warrants a longer conversation, if not an entire training or conference, the purpose of this tool is to use a time-limited format to *begin* the exploration of issues related to the intersection of child welfare and domestic violence. The discussion series introduces issues that will reemerge during the core assessment activities (mapping, policy review, and case analysis). The team will return to the topics and themes introduced in the shared discussion series as the practice assessment continues.

Logistics

Where, when, and how often discussions occur will vary according to local circumstances. If distance and ready access permit, a group of advocates and CPS caseworkers might meet once a week for six weeks, focusing on a single discussion topic at each meeting. When transportation or release time is difficult, participants might meet in person only once or twice and cover several of the discussion topics in a longer meeting. A geographically remote area might organize all or some of the discussion series via videoconference or conference calls. The activity could be presented as a brown bag lunch series. Providing refreshments or a shared meal can be helpful to establish a positive working environment.

A facilitator helps to maximize the limited time available in order to hear from all participants. The facilitator could be someone from the advocacy organization or child welfare agency who agrees to guide but not participate in the discussion. Some communities might turn to a third-party facilitator. Where advocacy and CPS have had a difficult history or tensions are high in relation to a specific issue, an outside facilitator may be particularly useful.

The table outlines the discussion topics, purpose, and instructions. The referenced handouts are included in Toolkit 2, Appendix 2.2.

Shared Discussions: CPS Caseworkers & Advocates for Battered Women

Topic	*Discussion Questions*	*Handout*
Facilitation:	(1) As needed, split the participants into pairs or groups of three to explore the topic and then bring the large group together for a summary discussion. (2) In each discussion, remind the team that it will return to the themes and topics discussed as the practice assessment continues.	
Operating Framework	▪ Introduce the discussion by reviewing the definition of operating framework. ▪ Ask each member of the group to (1) review each element listed and select a response: agree, neutral, disagree, or uncertain/don't know; (2) highlight which elements raise the most questions or uncertainty; and (3) highlight which elements they would like to explore further. ▪ Discuss each of the elements in the framework. ▪ Explore where there is agreement, disagreement, and uncertainty.	*Framework that Supports the CPS Practice Assessment*
The Greenbook Principles	▪ Review the principles. ▪ To what extent do these principles currently guide our work as CPS caseworkers? As advocates? ▪ For each principle that someone cites as guiding his/her work, ask: How do we know that this principle is reflected in what we really do? What does the principle look like in action? ▪ What are the barriers to putting these principles into practice?	*The Greenbook Principles*
What is Safety?	▪ Ask a volunteer from the CPS caseworkers present to define safety. ▪ Ask a volunteer from the advocates present to define safety. ▪ How do the definitions compare and contrast? ▪ Where is the common ground? Where do they diverge? ▪ What laws govern each definition?	*Defining Safety*

Shared Discussions: CPS Caseworkers & Advocates for Battered Women

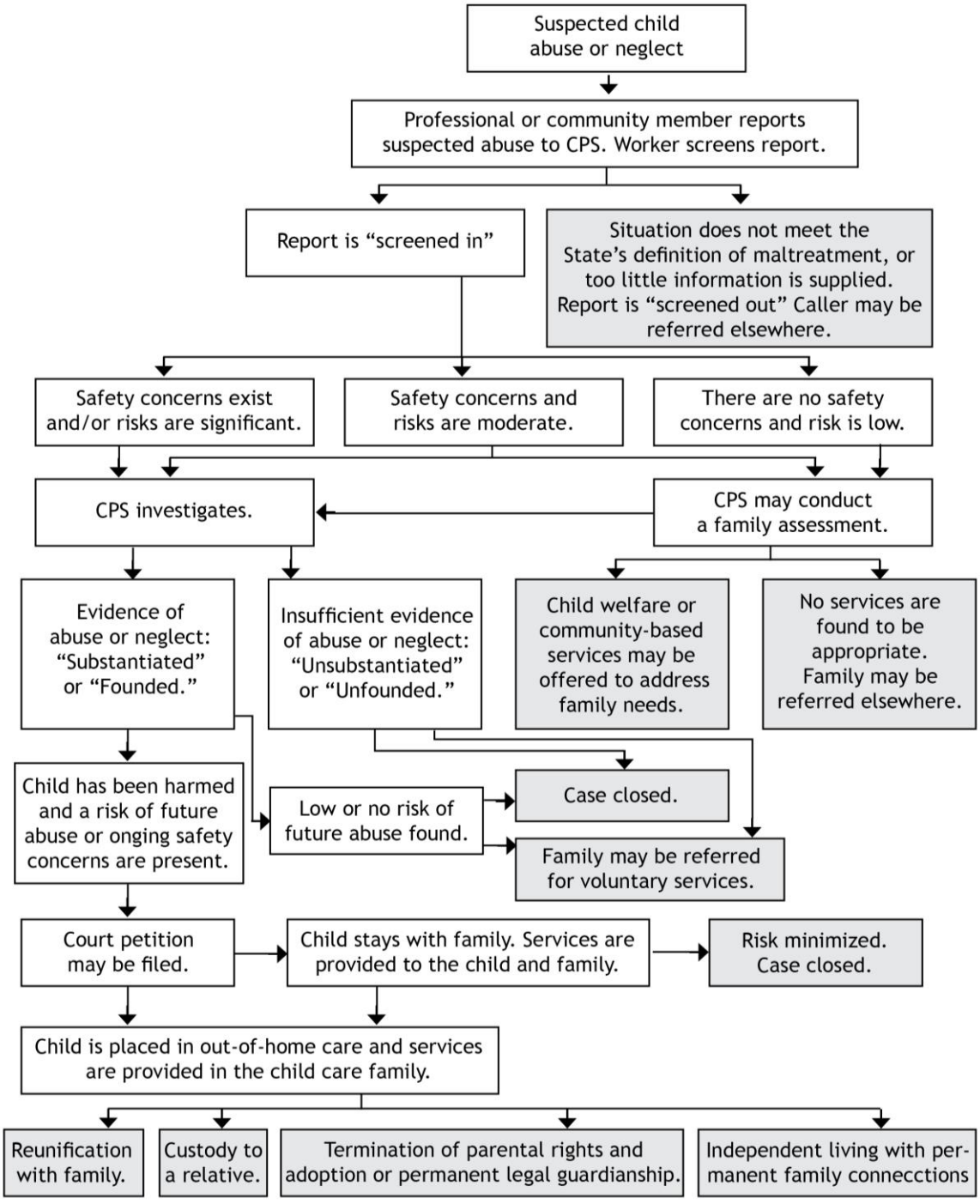
Topic	*Discussion Questions*	*Handout*
	▪ Use the handout as a reference in the discussion.	
The Power and Control Wheel: Using Children	▪ If possible, show the YouTube video at this link or ask the group to watch it on their own before the discussion: http://www.youtube.com/watch?v=r9dZOgr78eE. Length: 5:38 minutes The video shows the late Dr. Ellen Pence explaining the origins of the Power and Control Wheel and its meaning.[33] ▪ Whether or not the video is available, use the handout as a reference in the discussion. ▪ Ask the group to list examples of the ways in which batterers use children to exert power and control. ▪ In our roles as CPS caseworkers or as advocates, how do we intervene and counteract the ways in which children are used?	*The Power & Control Wheel—Using Children as a Tactic of Abuse*
Children's Experience Living with Domestic Violence	▪ Is every child who is exposed to domestic violence significantly and permanently harmed by the experience? ▪ If there is no single experience of living with a parent who batters, how do we avoid providing a single response? What should a varied response look like? ▪ What kinds of mandated practices are in place in our agencies and community that we might want to reconsider? ▪ What is the primary protective factor in helping children heal from the experience of domestic violence? How do we best support that protective factor? ▪ Use the handout as a reference in the discussion. ▪ If possible, use a website link or slide to display the infographic referenced in the handout: "Factors that Promote Resiliency" http://promising.futureswithoutviolence.org/files/2013/06/Promising-Futures-Infographic-FINAL.jpg.	*Children's Exposure to Domestic Violence—Varied Experiences Deserve a Varied Response*
Mothers' Protective Strategies	▪ What are the key strategies that you expect women to use for their own and their children's safety and well-being? o Make a list of the top three that you most often look for or require. o Compile a list of examples from the group.	*What Is a Protective Strategy?*

[33] The late Dr. Ellen Pence was one of the founders of the Duluth, Mininesota-based Domestic Abuse Intervention Project and developers of the Power and Control Wheel. She was the founding director of Praxis International.

Shared Discussions: CPS Caseworkers & Advocates for Battered Women		
Topic	***Discussion Questions***	***Handout***
	▪ What are some strategies that are not on this list? Use the handout as a reference. ▪ How can we talk with a woman about protective strategies? ▪ How can we talk with her about strategies that might have an adverse impact on how her efforts are perceived? ▪ How might CPS interventions enhance or diminish a mother's capacity to protect her children? ▪ What other factors might diminish a mother's capacity to protect her children? ▪ How might assumptions about race and class impact our view of a mother's protective capacities?	
Meeting People's Needs and the Reality of Disparity	▪ Read the opening discussion related to meeting people's needs and the realities of disparity in the child welfare system. ▪ Review the recommended features that could help close the gap between the intent of the child welfare system to be protective and the poor outcomes for many children and families. For each feature: o Does this happen in the CPS response in our community? Do we know? o Provide examples of how it happens or does not happen. o If we don't know whether or not it happens, how would we find out? ▪ Pay particular attention to features E (assumptions that children with certain backgrounds are better off removed from their families) and F (perpetuating negative characterizations and labels). Use the cues as needed to encourage discussion.	*Meeting People's Needs*

Appendix 2.1: Flow Chart—CPS Response to Reports of Child Abuse or Neglect

Source: *How the Child Welfare System Works*, Child Welfare Information Gateway Fact Sheet, February 2013 https://www.childwelfare.gov/pubPDFs/cpswork.pdf#page=9&view=Appendix: The Child Welfare System (flowchart)



Appendix 2.2: Shared Discussion Series Handouts

The following pages are handouts for each of discussion in the shared discussion series.

Framework that Supports the CPS Practice Assessment

The operating framework that supports the practice assessment includes core elements that must be in place in order for *child welfare as an institution* to organize and coordinate CPS workers in ways that make it possible to support the safety of children and mothers together as a primary strategy.[34] The ways in which CPS practice can unintentionally injure a battered mother and fail to protect her children are not typically a matter of individual workers acting with bad intentions or only a matter of inadequate training or lack of sensitivity.

1. Review each of the elements listed and select a response:
    a. Agree
    b. Neutral
    c. Disagree
    d. Uncertain/don't know
2. Which elements raise the most questions or uncertainty for you?
3. Which elements would you like to explore further?

A. Much of what is called ***domestic violence*** occurs in the context of ***battering***.[35]

B. Children do not simply witness battering; the batterer uses the children as a tactic to control the adult victim.

C. Safety for children is linked with safety for their mothers and the primary intervention strategy should be to ensure the safety of mothers and children together.

D. There is no universal experience of living with battering—for women or for their children—and varied experiences require varied responses.

E. Intervention that accounts for peoples' unique, lived experiences requires individualized assessment and service plans.

[34] An ***operating framework*** is the set of assumptions, concepts, values, and practices that constitutes a way of viewing reality: in the CPS setting, the reality of the dynamics and impact of battering.
[35] The child welfare system—and the legal system—use ***domestic violence*** to refer to many types of abusive behavior and intimate partner and familial relationships. ***Battering*** is characterized by ongoing, patterned coercions, intimidation, and violence. It differs from ***resistive*** violence, used by victims of battering to resist or defend themselves or others, and from ***non-battering*** violence, resulting from such causes as a physical or mental health conditions or traumatic brain injury.

F. Intervention that prioritizes the safety of children and mothers together requires decision-making and service plans grounded in an accurate understanding of the dynamics of battering and the risks and protective factors—the context—specific to individual circumstances.

G. Interventions that prioritize the safety of children and mothers together minimize the compounding trauma related to removal of children from their mothers.

H. An accurate, contextualized understanding of the violence and its impact will be limited if not impossible if psychological theory and assessment is the primary conceptual orientation for intervention.

I. Intervention that prioritizes the safety of children and mothers together requires shifting accountability and attention to the person causing the harm—i.e., to the batterer—and an institutional response that minimizes re-victimization.

J. Intervention that prioritizes the safety of children and mothers together requires a holistic approach that meets their economic, health, safety, housing, education, spiritual, cultural, language, and advocacy needs.

K. Intervention that prioritizes the safety of children and mothers together and secures safe, fair outcomes for each family requires organization and coordination of CPS to achieve that purpose. It requires that the CPS mission, purpose, and function support that goal. It requires an infrastructure of related rules and policy, administrative practice, resources, conceptual and theoretical frameworks, training, and measures of accountability.

The Greenbook Principles

Since the release of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* in 1999, there has been increasing attention to shaping a child welfare system response that prioritizes the safety of children and their battered mothers together.

The Greenbook, as it came to be known, set forth a framework, principles, and more than sixty specific recommendations for the three primary systems that become involved when domestic violence and child maltreatment intersect: child welfare, domestic violence advocacy and services, and dependency courts. The Greenbook's guiding framework and principles call for collaboration between community institutions to "establish responses to domestic violence and child maltreatment that offer meaningful help to families." Among the guiding principles are:[36]

1. Providing for the safety, well-being, and stability for children and families
2. Keeping children in the care of their non-offending parent(s) whenever possible, in large part by making adult victims safe and stopping batterers' assaults
3. Creating a community service system with many points of entry and fair and capable service to people of diverse backgrounds
4. Designing a differential response that does not require opening a child protection investigation or finding of maltreatment to access help

Discussion questions:

- Review the principles.
- To what extent do these principles currently guide our work as CPS caseworkers? As advocates?
- How do we know if what we're actually doing reflects these principles?
- What are the barriers to putting these principles into practice?

Information about the Greenbook initiative, the experiences of the demonstration sites, and related tools and resources can be found on the back of this page.

[36] See the Greenbook, Chapter 1: Guiding Framework.

http://www.thegreenbook.info/ or through the Resource Center on Domestic Violence: Child Protection and Custody at www.rcdvcpc.org.

"The Greenbook," *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, by Susan Schechter and Jeffrey L. Edelson (principal authors), is at: http://www.thegreenbook.info/documents/Greenbook.pdf.

Also, see *Bringing the* Greenbook *to Life: A Resource Guide for Communities*, Leigh Goodmark and Ann Rosewater, National Council of Juvenile and Family Court Judges, May 2008. Access at http://www.thegreenbook.info/documents/BJA.pdf or through the Resource Center on Domestic Violence: Child Protection and Custody: www.rcdvcpc.org.

Defining Safety

- What definition of safety governs your work as a CPS caseworker?
- What definition of safety governs your work as an advocate for battered women?
- Does it look like any of these?
- Where is the common ground in the definitions? Where do they diverge?

Safety for Children	Safety for Victims of Battering	Safety for Mothers and Children
Children are safe when: • They are not exposed to any dangers (whether present danger threats or impending danger threats) **OR** • If exposed to dangers, parent or caregiver demonstrates sufficient parental protective capacity (i.e., the way a parent thinks, feels, and acts that make her/him protective) to shield the child from danger	**Women are safe when:** • The risk of physical violence and other harm caused by an abusive partner is reduced or eliminated **AND** • Basic needs for income, housing, and health care have been met.	**Mothers and children together are safe when:** • They are free from physical, sexual, and emotional harm, coercion, and threats in ways that strengthen and support the mother-child bond. • Immediate safety in relation to a specific assault or threat • Ongoing safety over time (including post-separation)

The Power and Control Wheel—Using Children as a Tactic of Abuse

Watch the YouTube video at this link: http://www.youtube.com/watch?v=r9dZOgr78eE or read the summary on the next page.[37]

- What are examples of the ways in which batterers use children to exert power and control?

Use the wheel on the handout titled "Successful Interventions in Cases of Battering that Involve Children", as a reference.

- In our roles as CPS caseworkers or as advocates, how do we intervene in and counteract the ways in which children are used? How do we weaken the batterer's opportunity and inclination to abuse? How do we strengthen the positive aspects of the mother's and child's lives?

Examples of how a batterer uses children as a tactic of power and control over a mother:

Directly hurting or threatening the children to hurt and control their mother

- Causing physical harm as a result of violence toward the mother (e.g., children intervene or are in their mother's arms when she is attacked)
- Using physical, sexual, and emotional abuse, and/or neglect directly against the children
- Blaming the children for the violence directed toward their mother
- Using excessive and coercive discipline and punishment
- Demanding that the mother discipline and punish the children in the same harsh way
- Using even harsher discipline and punishment or threatening to otherwise harm the children if the mother does not do what the batterer demands
- Threatening the children to keep quiet about his violence, thereby leaving the mother without verification of what has happened when she tries to seek help
- Threatening to take the children away, make a CPS report, or hurt the children if the mother reports the abuse or tries to leave the batterer
- In the final exercise of this tactic, killing the children but not their mother

[37] The video shows the late Dr. Ellen Pence explaining the origins of the Power and Control Wheel. Dr. Pence was one of the founders of the Duluth, Minnesota-based Domestic Abuse Intervention Project and a developer of the Power and Control Wheel. She was the founding director of Praxis International.

Undermining the relationship between the children and their mother

- Controlling or sabotaging the use of contraception
- Overwhelming the mother with multiple and closely-spaced pregnancies, children and childcare demands
- Keeping the mother awake at night and exhausted
- Forcing children to watch while their mother is beaten or raped
- Telling the children their mother is stupid, incompetent, or crazy
- Using the children to monitor and report on their mother's behavior or preventing her from calling for help, such as locking her in a room
- Mocking and humiliating the mother in front of her children (e.g., making fun of her when she speaks English, her second language)
- Playing favorites among the children and/or targeting a child who most resembles his/her mother for humiliation, punishment, and abuse
- Physically isolating children from their mother by obtaining joint or sole custody
- Using supervised visitation or exchange to blame and harass the mother
- Encouraging the children to disparage their mother or call her names
- Allowing or encouraging the children to physically attack their mother
- Attacking the mother's parenting and confidence as a parent
- Blaming the mother for any problems the children have with school, friends, health, or behavior

A Short History of the Power and Control Wheel

The Power and Control Wheel[38] was developed in the 1980s by the Domestic Abuse Intervention Project in Duluth, Minnesota, after many conversations with battered women asking "What is it like living with a batterer?" Women talked about intimidation, threats, isolation, and constant undermining of their relationships with their children. The advocates who organized the meetings eventually produced the familiar graphic as a means of illustrating what they learned from the women.

The tactics on the wheel are not the only ones that batterers use, but they are among the most common. Beyond the initial discussions in Duluth, countless other women

[38] The Power and Control Wheel is used with permission of the Domestic Abuse Intervention Programs, Duluth, Minnestoa. For adaptations and examples of actions that counter power and control and abuse of children (e.g., equality wheel and the nurturing children wheel), see the Wheel Gallery at: http://www.theduluthmodel.org/training/wheels.html

have described these same tactics and added others, such as the ways that religious or spiritual beliefs, immigration status, and extended family are used as tactics of control. The graphic uses the concept of the wheel to convey the constant nature of the violence and abuse as the rim (which holds the wheel together). What the graphic does not convey—especially to someone who has not been battered—is the difference between battering and being abusive, mean, unkind, or hurtful in a relationship, but without a pattern of ongoing coercion and domination.

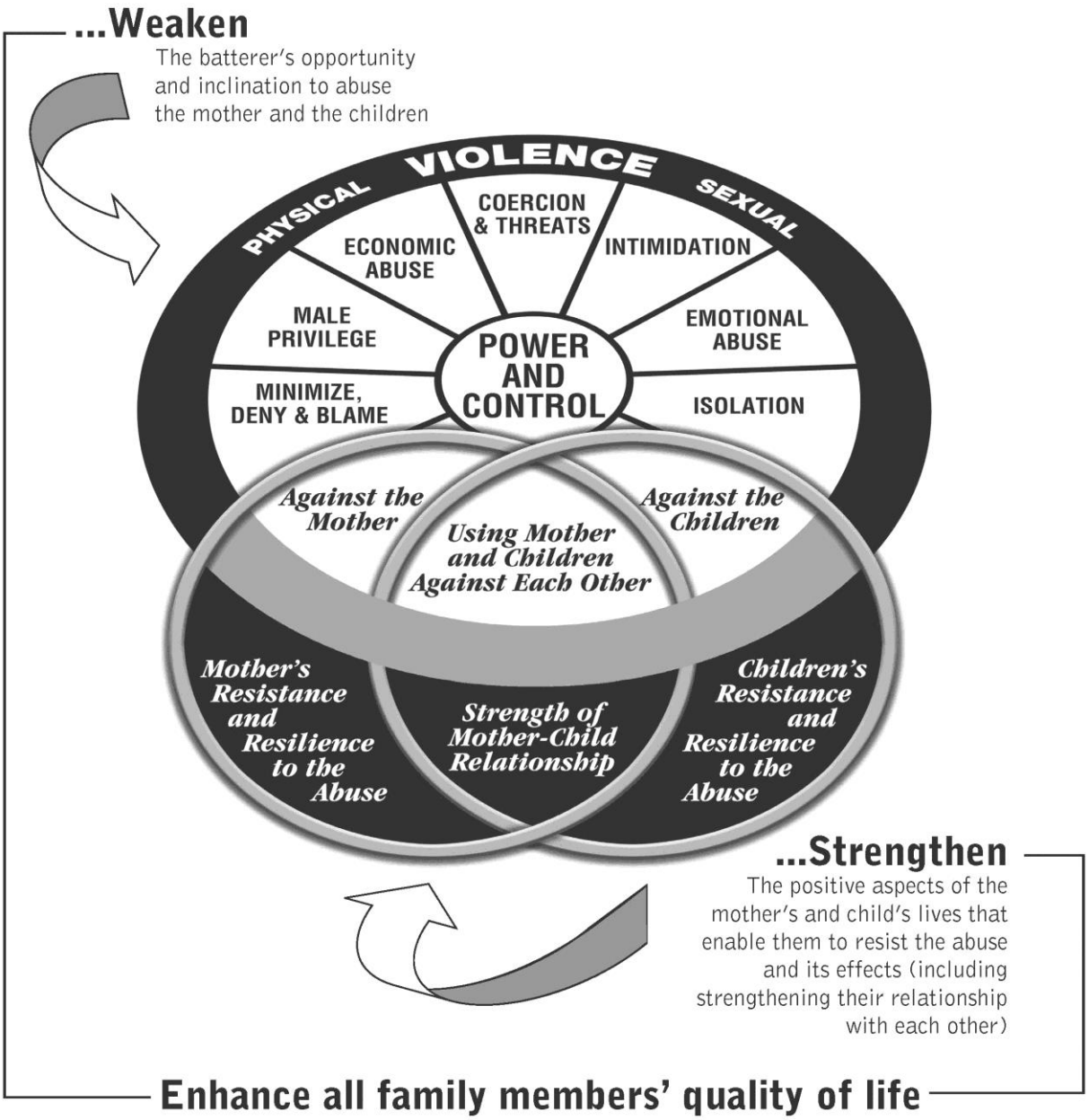
The graphic is a static depiction of battering. Not all batterers control with the same degree of cruelty, hostility, or violence. While there are common characteristics across batterers, such as tending to see themselves as the victims of those they batter, we must recognize that there is no single, universal definition of a batterer. The challenge for any intervener is to recognize and understand what is and is not battering. It means determining: (1) Is this action part of an ongoing pattern of behavior? (2) Is this behavior intended to instill fear? (3) Does this behavior result in domination and control?

To learn more and to download a printable copy and adaptations of the wheel, go to Duluth Domestic Abuse Intervention Programs:
http://www.theduluthmodel.org/training/wheels.html

DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

SUCCESSFUL INTERVENTIONS IN CASES OF BATTERING THAT INVOLVE CHILDREN...



Adapted with permission from the DAIP Power and Control Wheel, Duluth, Minnesota. All rights reserved.

Excerpted from *Will you hold my child*...training packet and play production guide produced by Praxis International

Children's Exposure to Domestic Violence—Varied Experiences Deserve a Varied Response

Research has made it clear that exposure to violence and toxic stress in communities and in homes is harmful to children. There is also increasing research on children's resilience in the face of traumatic events and the factors that function as protective factors in children's lives. Fortunately, many children appear to survive exposure to domestic violence and show no greater problems than non-exposed children. What do we reliably know?

Jeffrey Edleson and Barbara Nissley in *Emerging Responses to Children Exposed to Domestic Violence,* (VAWnet Applied Research, updated July 2011), provide a summary:

- Children's social environments and experiences vary greatly.
- The impact of exposure to domestic violence also varies greatly, even within the same families, as does the frequency, severity, and nature of the violence.
- Children have a variety of protective and risk factors present in their lives.
- There is no single experience of living with a battering parent—children with varied experiences deserve a varied response from our communities.

If there is no single experience of living with a parent who batters, how do we avoid providing a single response? What should a varied response look like?

What kinds of mandated practices are in place in our agencies and community that we might want to reconsider?

What is the primary protective factor in helping children heal from the experience of domestic violence? How do we best support that protective factor?

- According to research, a protective factor it is the presence of a consistent, supportive, and loving adult—most often their mother.
- See the infographic, "Protective Factors that Promote Resilience," at Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence: http://promising.futureswithoutviolence.org/files/2013/06/Promising-Futures-Infographic-FINAL.jpg

Find the article, *Emerging Responses to Children Exposed to Domestic Violence*, July 2011, at: http://www.vawnet.org/summary.php?doc_id=585&find_type=web_sum_AR

What Is a Protective Strategy?

- Individually review the chart on the next page. Think about how you define a protective strategy.
    - What are the key strategies that you expect women to use for their own and their children's safety and well-being?
    - List the top three that you most often look for or require or that women share with you.
    - Compile a list of examples from the group.
    - What are some strategies that are not on this list?
- How can we talk with a woman about protective strategies?
- How can we talk with her about strategies that might have an adverse impact on how her efforts are perceived?
- How might CPS intervention enhance/diminish a mother's capacity to protect her children?
- *Examples of Survivors' Strengths and Safety Plans*, David Mandel and Associates, Safe and Together™ Model, 2012. http://endingviolence.com/wp-content/uploads/2013/01/ExmplSrvivrStrength.pdf
- *Battered Women's Protective Strategies*, Sherry Hamby with contributions by Andrea Bible, VAWnet Applied Research Forum, July 2009. http://www.vawnet.org/Assoc_Files_VAWnet/AR_BWProtStrat.pdf

Is This a Protective Strategy?	*Yes*	*No*	*Maybe*
Work with a domestic violence or sexual assault advocate or program			
Get a civil order for protection			
Have a no-contact order during a pending criminal case			
Cleaning up the mess after an assault, i.e., making things look normal			
Teaching children to call 911			
Reporting the violence to police			
Sending children to stay with neighbors, friends, or relatives			
Living with extended family members in the home			
Talking with the children about the violence and how to respond and cope			
Complying with what the batterer asks her to do			
Refusing to talk about the abuse			
Getting the children to after-school and weekend activities			
Fighting back or defying the batterer			
Lying			
Asking the children to lie			
Attending parent-teacher conferences			
Maintaining involvement with religious/spiritual activities			
Using alcohol or other drugs			
Telling schools officials about the battering			
Following family traditions and holidays			
Refusing or not following through with services			
Continuing to live with the batterer or going back			
Moving out			
Leaving the relationship			
Staying in the relationship			

Meeting People's Needs

Intervention by the child welfare system can be harmful to battered women as mothers and inadequate in securing children's safety and well-being, as shown in the *Nicholson v. Williams* decisions. This landmark case addressed the widespread practice of routinely removing children from the care of their mother who had been battered under a charge of neglect, solely because the mother had been abused and absent any act of abuse on her part. The court found that "children's welfare, the state interest in which is so often the great counterweight deployed to justify state interference in family affairs, has virtually disappeared from the equation in the case of [the city's] practices and policies regarding abused mothers."

The widespread, common fear—and the reality, as reinforced by *Nicholson*—that child protective services (CPS) involvement will mean the loss of custody of her children means that victims of battering rarely approach CPS as a source of support or a partner in crafting safety for their children and themselves. There is no single formula for securing a life free of danger, injury, and damage. Aspects of culture[39] can be a source of strength, but can also be used by a batterer to control. Interventions can pose their own risks. When dominant culture institutions impose a "one-size-fits-all" response they cut off avenues of potential safety and support (Figure 1).

Additional barriers exist for battered women from marginalized communities. Broad and deep problems of disparity and disproportionality in the child welfare system have been well-established. "By most measures of child well-being, African American, American Indian, Hawaiian and Alaskan Native children who are involved in the nation's child welfare system have worse experiences and outcomes than do white children. Although the situation varies significantly across states and local jurisdictions, African American and American Indian children served by child protective services and child welfare agencies generally enter care more often, stay longer in care, are reunified with their families less frequently and move into adoption only after longer periods of time than do white children".

The intent of child welfare to be protective of children's safety and well-being is in stark contrast to the lived experience of many children and their families. What can help close the distance between intent and outcome? The Center for the Study of

[39] ***Culture*** is the complex, symbolic frame of reference shared by a group of people. It takes in the totality of behavior patterns, art, beliefs, language, institutions, and other products of human work and thought. Its many aspects are dynamic, diverse, and often misperceived by those inside and outside the group.

Social Policy and others have identified key features that can help close the distance between intent and outcome. These are not the only solutions, but they are promising approaches that can concretely make a difference in people's lives. In some cases, shaping practice around these features will help keep children out of the child welfare system; in others, the features will help ensure fair outcomes that better meet *all* children's needs for safety and well-being. For battered women and their children, such features can help avoid the harmful responses addressed in the *Nicholson* decisions.

While the recommendations emerged from attention to the child welfare system, they are relevant to any system or organization—such as advocacy—that becomes involved in people's lives.

Instructions:

1. Review each recommended feature.
    a. Does this happen in the CPS response in our community? Do we know?
    b. Provide examples of how it happens or does not happen.
    c. If we don't know whether or not it happens, how would we find out?

2. Pay particular attention to E: Challenge and reject assumptions that children from certain backgrounds and circumstances will fare better if removed from their families and communities.

    For example, in the analysis of disparity in the child welfare system, many concerns have been raised about the ways in which African American mothers are seen as unworthy parents. It may be hard to uncover such assumptions, which might be hidden or implicit. They can be visible in the language that gets used or the demands that are routinely made on one set of families but not another. The Indian Child Welfare Act emerged in part because American Indian families were seen as unworthy parents and their children were assumed better off living with Caucasian families and away from tribal lands. What assumptions exist about children of battered mothers?

3. Pay particular attention to F: Avoid and do not perpetuate negative characterizations and labels related to a parent's behavior that are applied without sufficient evidence and context.

    For example, what happens when someone is labeled as "hostile, uncooperative, and difficult"? What about "angry, aggressive, or loud"? Analysis of disparity in the child welfare has found many examples in case files where African American parents, particularly in contrast to Caucasian parents involved with the same agency, were described in such ways without consideration of the context of the behavior, such as being distraught about the removal of their children or the demand to appear for a meeting when it meant the loss of a day's wages or possibility of losing employment.

Recommended features of child welfare practice that meets people's needs and reduces disparity:

A. Understand the unique strengths and problems faced by each family.
B. Intervene with individualized assessment and service plans that reflect a family's specific needs and assets, rather than a generic set of services.
C. Ensure that locations and hours of operation for services fit people's circumstances related to transportation and employment.
D. Use culturally relevant and accurate practices, meaning the use of practices that are anchored in a family's own perspective, cultural context, and values.
E. Challenge and reject assumptions that children from certain backgrounds and circumstances will fare better if removed from their families and communities.
F. Avoid and do not perpetuate negative characterizations and labels related to a parent's behavior that are applied without sufficient evidence and context.
G. Build an infrastructure of policy, practice, and resources that contribute to fair outcomes.

References

Nicholson v. Williams decisions

- Overview: David Lanser, *The* Nicholson *Decisions: New York's Response to 'Failure to Protect' Allegations*, ABA Commission on Domestic Violence, e-Newsletter, Fall 2008. https://www.americanbar.org/newsletter/publications/cdv_enewsletter_home/vol12_expert1.html
- Decision, including identification of best practices: http://www.clearinghouse.net/chDocs/public/CW-NY-0003-0008.pdf

Disparity and race equity

- *Disparities and Disproportionality in Child Welfare: Analysis of the Research*, December 2011. Research Symposium convened by the Center for the Study of Social Policy and the Annie E. Casey Foundation on behalf of the Alliance for Racial Equity in Child Welfare. http://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011.pdf

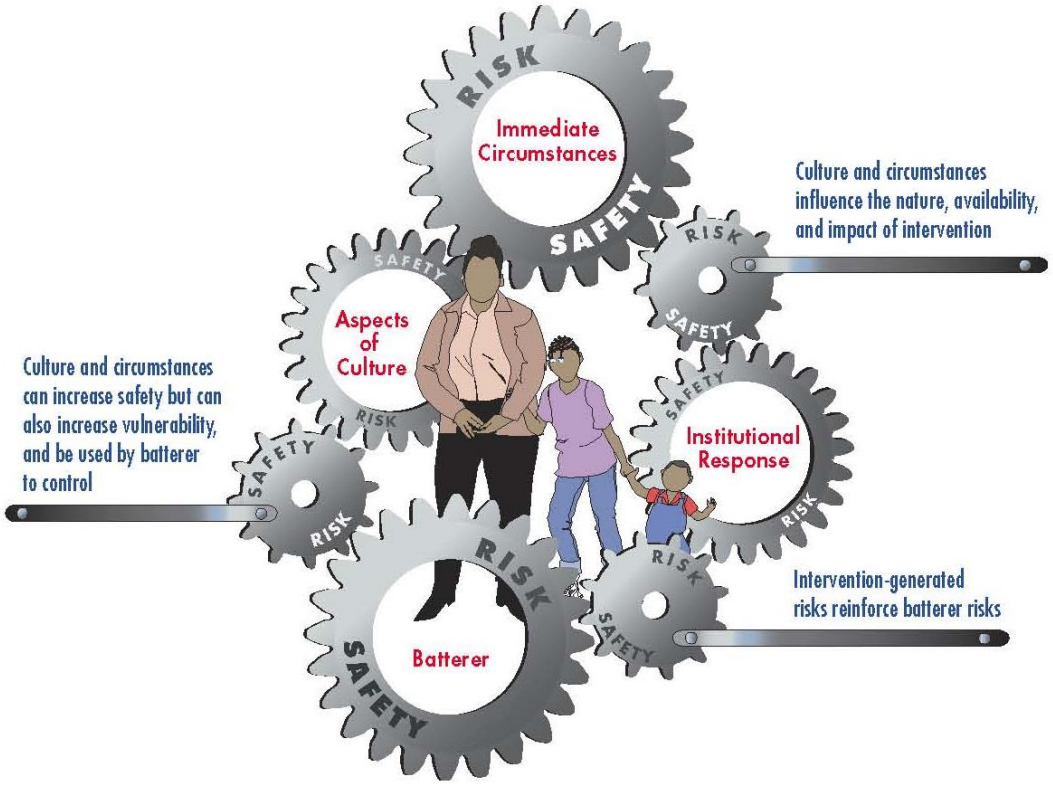
- *Disproportionality Rates for Children of Color in Foster Care (Fiscal Year 2013) Technical Assistance Bulletin*, Released June 2015, National Council of Juvenile and Family Court Judges: http://www.ncjfcj.org/Dispro-TAB-2013

- See other publications and tools from the Alliance for Racial Equity in Child Welfare: http://www.cssp.org/reform/child-welfare/alliance-for-race-equity

- See the reports of Institutional Analysis conducted by the Center for the Study of Social Policy: http://www.cssp.org/reform/child-welfare/institutional-analysis

- *Battered Mothers Involved with Child Protective Services: Learning from Immigrant, Refugee and Indigenous Women's Experiences*, V. Pualani Enos, Asian & Pacific Islander Institute on Domestic Violence, July 2003, Revised 2010. http://www.ncdsv.org/images/APIIDV-etal_Battered-Mothers-Involved-With-CPS-revised_2010.pdf

Figure 1: For each woman and her children, ask what risks are generated by…



Immediate Circumstances	Aspects of Culture	Institutional Response
• Immigration status • Limited English proficiency • Poverty • Lack of skills or education • Professional or social position abilities • Mental illness • Age • Sexual identity • Alcohol/drug use • Rural isolation • Dependence on adults • Other	• Race • Cultural norms and standards • Childhood socialization • Community practices • Nationality • Belief systems • Ethnic pride • Language • Class • Religion • Other	• Imposition of dominant culture response or adaptation to cultural needs • Promotion of victim autonomy or use of coercion • Make battering visible or ignore it • Enhance or further damage victim's relationship with children • Anticipate or ignore unintended consequences of intervention (e.g, arrest, deportation) • Other

Batterer	
• Physical violence • Psychological cruelty and manipulation • Sexual violence	• Economic abuse • Damages her relationship to children

What is the risk?

In the immediate situation? Of retaliation?

Of ongoing abuse and violence? Of unintended consequences of intervention?

Excerpted from the Praxis Safety & Accountability Audit Tool Kit and developed from several sources, including Safety Planning with Battered Women: Complex Lives/Difficult Choices, by J. Davies, E. Lyon, and D. Monti-Catania (Sage Publications, 1998); Assessing Social Risks of Battered Women, by R. A. Jaaber and S. Das Dasgupta; and the Battered Women's Justice Project.

Appendix 2.3

Practitioner Interviews and Observations

Interviews and observations with those working in the CPS system can supplement the information gained via mapping, policy and case review, and other information-gathering. Practitioner interviews and observations are useful in learning more about a specific step in case processing and to answer questions and clarify what the assessment team is learning. They are also a way to further explore issues and gaps for victims/survivors that emerge via community focus groups and conversations. While much is learned and accomplished using only mapping and case reviews, conducting interviews and observations can enhance the depth and quality of the practice assessment. As time allows, use the interview and observation option as a part of the practice assessment.

Interviews

Interviews provide insight into how the CPS response is organized or "put together" in ways that that case-workers are required or authorized to take certain actions and restricted from taking others. Talking with line staff and administrators—and with practitioners in agencies that intersect with CPS—contributes to more comprehensive knowledge about the kinds of rules, administrative procedures, training, documents, forms, links, and other factors that influence each point of decision-making.

Interviews can help an assessment team expand its understanding of dimensions of the CPS response, such as:

- Laws and policies governing CPS
- The purpose of different steps in the CPS process
- Choices that a CPS worker is authorized to make at specific points in case processing
- The policies, forms, reports, and other documents that are involved at each decision point
- How battering is identified and addressed
- Whether and how batterers are held accountable for the harm they cause
- How the intervention enhances or impedes a mother's protective strategies
- The extent to which intervention centralizes and strengthens safety for children and mothers together
- Whether and how victims of battering are connected with independent advocacy

- Where and how the Greenbook principles and related practices are included in or missing from the CPS response
- How practitioners talk about/characterize victims of battering and their abilities to parent

Observations

Watching practitioners at work provides a more detailed and often more accurate picture of the CPS response by focusing on what actually happens in the moment, on the job. In interviews, people tend to convey what agency policy and their job description say they should do. Observations help an assessment team see what actually happens in the identification of and response to battering. What the team observes may confirm or contradict what they have learned at other stages of the assessment. Observations are often on opportunity to talk with practitioners as well and conduct a type of abbreviated interview.

Observations can help an assessment team expand its understanding of such things as:

- The tasks that practitioners do daily or intuitively that are outside of the official job description
- The conditions under which CPS workers function, such as caseloads, time, tools, and equipment involved and the short-cuts workers might take
- Case workers' actual interactions with people and the ways in which they engage and explain what is happening at each step
- The environment that people encounter in agency waiting rooms and offices
- The human emotions, strains, and vulnerabilities that are rarely accessible in case files and difficult to fully explore in interviews
- Specific steps and decision points and the types of forms, reports, and other documents that impact the process
- The full range of the ways in which CPS workers are organized to respond to cases involving battering or other forms of domestic violence
- The ways in which CPS workers interact with mothers and children

Who to interview and what to observe

A practice assessment might involve any of the following types of interviews and observations and others specific to local needs.

Assessment organizers and the coordinator will need to address issues of privacy and permission from parents for any observations that involve families in non-public settings. CPS administrators may have templates that can be adapted, depending on past experience or familiarity with observations, interviews, and other activities conducted as part of a Child and Family Services Review or Citizen Review Panel process (see Introduction, Audience and Overview). The provisions of any assessment team confidentiality agreement (see Appendix 1.3) would also apply.

Practitioner Interviews

- CPS line staff and supervisors at different points of decision-making and case management, such as:
  - Screening
  - Assessment
  - Investigation
  - Alternative response
- Members of any specialized domestic violence-focused teams
- Home-visiting program caseworkers
- Other community agencies, such as:
  - Law enforcement
  - Probation
  - Courts
  - Family safety center agencies
- CPS administrators and policy makers

Practitioner Observations

- Intake or call-screening
- Shadowing caseworkers as they review and follow-up on cases
- CPS waiting rooms and offices
- Court hearings on CPS-related actions
- Case management or team meetings, including any domestic violence-related specialized response
- Family team conferencing[40] or similar meetings

[40] See *Family Team Conferences in Domestic Violence Cases: Guidelines for Practice*, Lucy Salcido-Carter, Family Violence Prevention Fund (now Futures Without Violence), October 2003. Access at: http://www.futureswithoutviolence.org/family-team-conferences-in-domestic-violence-cases/

Practitioner Interviews and Observations: Steps and Tips

1. Expect to spend an hour for most interviews and two hours for most observations.

   You need enough time to explore the aspect of CPS response and practice that you want to learn more about.

2. Prepare ahead of time.

   If unsure about the focus or purpose of the interview or observation, clarify it with the assessment team coordinator. Review the results of any mapping, shared discussions, or case review that has occurred.

3. Review privacy considerations and any confidentiality requirements and necessary permissions.

   In addition to the conditions of the assessment team confidentiality agreement, there may be requirements to obtain permission from a parent or other party to observe a family team meeting or appointment between a caseworker and a parent.

4. Consider the person to be interviewed or observed as an extension of the assessment team.

   Each practitioner's perspective into the child welfare system and CPS process is a significant source of information. He/she will have many contributions to understanding how policy and practice operate to enhance or diminish batterer accountability and support or impede the safety of children and mothers together.

5. Provide a brief overview of the practice assessment.

   Explain the purpose of the practice assessment and emphasize that the interviews and observations are not assessments of individual effectiveness or actions.

6. Use the mapping as a guide to ask questions and watch what is happening.

   The map provides a reference point about what is currently happening—or what the assessment team thinks is happening, based on its inquiry up to the point of any interviews.

7. Stay concrete.

Ask for specific examples of what you are discussing: "*Show me the case file, report, form, computer screen,*" etc. "*Describe the last two cases that involved battering. Take me through each step.*" Note concrete details from cases you observe.

8. Ask about how policies, forms, and technology are used; how information is collected and routed; and how this practitioner is linked to others.

   Use the interview or observation to fine-tune the practice assessment's discoveries about how the CPS response to battering and other forms of domestic violence is organized.

9. Avoid arguing or disagreeing about practices you observe or opinions that differ from your own.

   Arguing or judging diverts attention away from the goal of fully understanding what is happening. The more relaxed you stay, the better the person being interviewed or observed will be at sharing their perspective and contributing to the assessment.

10. Prepare, review, and submit notes promptly to the assessment coordinator.

    The longer you wait to summarize the interview or observation, the more likely you are to miss the flow and forget key insights to share with the assessment team. In addition, the coordinator has the job of managing and tracking the results of the practice assessment. Prompt completion of assignments and notes help keep the process moving forward.

Toolkit 3: Understanding of Lived Experience

As an application of Institutional Analysis, the practice assessment is grounded in understanding the firsthand experiences of those most directly affected by CPS intervention. Attention to people's ***lived experience*** helps identify gaps between people's needs and the system's response. Toolkit 3 provides guidance on a basic level of attention to lived experience that is essential to any assessment of CPS actions in domestic violence-related cases. It includes tools that help expand a general understanding of people's lived experience with the intersection of battering and the child welfare system. It also provides guidance and links for learning about what is happening in the community and exploring aspects of disparity.

Lived experience refers to people's first-hand accounts and reflections in relation to the full context of their lives. Lived experience includes people's stories, but it is more than this happened to me" accounts. It includes people's reflective stories about the meaning of what has happened in the context of identity, culture, and history. Lived experience pays particular attention to the ways in which people are marginalized according to identity, position, and oppression in relation to the larger or dominant society. All experience is not lived experience. Being battered—living with battering—is lived experience. Watching a documentary about battering is an experience, but it is not lived experience.

Attention to lived experience in the practice assessment includes the full array of women and children served in the community and how they experience the child welfare system in their lives. How does CPS intervention reflect what actually happens in their lives and what they need to secure safety and well-being? How does CPS intervention account for the intersecting aspects of the lives: complexity of risk and danger, family, community, diverse identities, cultures, and histories?

Expanding Our Knowledge Base

The following activities can be used as an extension of the shared discussion series outlined in Toolkit 2, Mapping and Conversations. When a practice assessment team is in place, the material provides a way to reinforce a common understanding of the complexity of risk and safety for battered women and their children and examine issues related to the ways in which the child welfare system becomes involved in people's lives.

The Story of Rachel

- ☐ Show the 4-minute DVD, "The Story of Rachel," available from Praxis International.[41] Repeat as needed during the discussion.
- ☐ Use the story to explore the following questions:
    - What does Rachel need related to safety and well-being for her children and herself?
    - How will CPS help her meet those needs?
    - How do we go about understanding the problems that Rachel and her family face?
    - How do we go about understanding their strengths?
    - How can the ways in which our system responds sometimes shift our attention away from the person causing the harm—i.e., away from the batterer—and lead us to see the people needing help as the problem? "Rachel is becoming increasingly uncooperative…"

When a woman who is beaten in her home dials 911 for help—or when a neighbor, bystander or mandatory reporter calls—a complex institutional apparatus is set in motion. The same set of circumstances can generate simultaneous cases in the criminal court, civil protection order court, child protection system, and family court. Within days as many as a dozen workers, representing six or seven different agencies and up to five levels of government, might act on her case. Rachel's life suddenly becomes a collection of cases, although Rachel is unlikely to see these multiple practitioners as distinct entities. Her life is a continuous lived experience, not a collection of separate or isolated cases. Each intervening practitioner, on the other hand, sees Rachel through his/her specific function—i.e., screen in or out, secure compliance, meet conditions of the case plan—which too often means a narrow framework from which to understand Rachel's life and circumstances. Such fragmentation can work against clearly seeing the full scope of adult survivors' strengths and protective strategies.

Imagine that this web of case processing suddenly engulfing Rachel is overlaid with the realities of her everyday life: her son needs to get to band practice; her sister wants to plan a surprise party for their mother; she's trying to keep up with exercise and eat well; she's missing too much time at work; she's behind with the bills; her phone is out of minutes; her daughter wants a friend to sleep over; taxes are due; both kids get chicken pox and they ask repeatedly about when their father is coming

[41] Email info@praxisinternational.org for information on how to order The Story of Rachel and other products produced by Praxis International.

home; she might lose her home; and her batterer, Calvin, calls alternately wanting to work things out and threatening that she'll "be sorry."

Imagine that this web of case processing and the realities of Rachel's everyday life are now overlaid with the multiple appointments, forms, and requirements that she is being asked to attend, fill out, and meet.

- Do we know that any of the interventions are aware of and meet the needs of Rachel and her children?
- How likely is it that Rachel will begin to be seen as increasingly uncooperative, noncompliant, recanting, unconcerned for her children's welfare, or lacking sufficient protective capacity?

Voices of Battered Women

NOTE: The women we hear from have generously and courageously agreed to share their lived experience in order to expand our understanding of what it means to live with battering and to be a mother under such conditions. Nonetheless, out of respect for their contribution and privacy, Praxis does not distribute the transcripts and DVDs via its website or apart from use in the practice assessment. To obtain the transcripts and DVDs, contact Praxis International at: safetyaudit@praxisinternational.org.

☐ Read the transcripts and/or watch one or more of the DVDs accompanying the assessment guide. The DVDs include a focus group excerpt and individual interviews.
  - Recommended: Using children as a tactic of battering (run time approximately eight minutes)
  - Expanded: Impact of battering (run time approximately eleven minutes)

☐ Use the women's stories to explore the following questions:
  - What did the women need related to safety and well-being for their children and themselves?
  - How did the systems they interacted with recognize and meet those needs?
  - What strategies did the women use to try and protect their children and themselves?
  - If each woman's partner expects her to discipline the children—to "keep them quiet"—what might that discipline require from her in order to satisfy his expectations?
  - What do we expect from the women as mothers? Can they meet that expectation?

Talking with People: Community Conversations

Talking with adult survivors about living with battering and their experiences with the child welfare system adds significant depth to practice assessment. Communities are encouraged to hold discussions such as focus groups or talking circles or conduct individual interviews with battered women, in particular. Such "community conversations" help expand understanding about many dimensions of lived experience, including:

- The realities of living with an ongoing pattern of intimidation and abuse
- The many protective strategies that battered women use to seek safety and stability for themselves and their children
- The ways in which CPS becomes involved in people's lives
- The meaning of CPS intervention for battered women and their children

Tips to Increase Accessibility for Focus Groups and Other Community Conversations:

- Choose a location that requires minimal travel
- Offer transportation and child care
- Provide a meal and participation stipend
- Prepare in advance for language interpreters (ASL, Spanish, or other languages)
- Include one or more community-based advocates available who can provide support and links to advocacy and other resources.

If focus groups or individual interviews with battered women are conducted as part of the practice assessment, explore the following types of questions:

- How did you become involved with child protective services (CPS)?
- How did the CPS worker explain to you what was happening?
- How was the CPS process explained to you?
- How were your rights explained to you?
- Did you have to sign anything? Do you recall what it was and what it was for?
- How did the CPS worker talk with you about the abuse that you were experiencing?
- How did the CPS worker talk with you about your children?
- What did the worker seem to be most concerned about?
- What did you and your children need at this time in your lives? How did CPS help meet those needs? Not meet those needs?
- Did the worker ask about your family's language, cultural, social, and/or religious needs?
- What did CPS provide to you and your children?
- What did CPS require you to do?
- Did you ever have to lose work or wages because you were trying to comply with a CPS requirement? If yes, what happened?

- What did CPS require your children's father/your partner to do?
- If you had a case plan with CPS, how involved were you in creating your case plan?
- What actions did CPS take that made you feel safer? Less safe?
- What actions did CPS take that made you feel respected? Disrespected?
- What recommendations do you have for how CPS could respond to situations like yours?

Focus Group Discussion Tools

An online guide is available via Praxis International to assist coordinators of Institutional Analysis projects in conducting community conversations.

Logistics Guide 3: The Complexity of Life Circumstance and Social Standing includes basic information and templates related to planning and conducting community focus groups and specific considerations for talking with survivors of battering.

Access the guide at:
http://praxisinternational.org/institutional-analysiscommunity-assessment-2/the-logistics-guide/logistics-guide-3-complexity-of-life-social-standing/

Using Focus Group Discussions to Explore Aspects of Disparity

- The Asian Pacific Institute on Gender-Based Violence conducted focus groups to learn about the experiences of battered immigrant, refugee, and indigenous women who had been involved with CPS. The project report includes an account of how the discussions were organized and how the community researchers and facilitators were trained.

  See *Battered Mothers Involved with Child Protective Services: Learning from Immigrant, Refugee and Indigenous Women's Experiences*

  http://www.ncdsv.org/images/APIIDV-etal_Battered-Mothers-Involved-With-CPS-revised_2010.pdf

- The Center for Family Policy and Practice focuses on removing the barriers and negative public perceptions that affect low-income men of color, while also addressing issues of domestic violence and safety. It has conducted focus groups and interviews throughout the country and its reports help expand understanding of the lived experience of low-income families and communities.

  See *Enhancing Safety for Women: Communities of Color, Domestic Violence, and Social Welfare Services for Low-Income Men* and *Domestic Violence in Context: Unmet Needs and Promising Strategies*

  http://cffpp.org/our-publications/

Toolkit 4: Examining Policy and Case Processing

Discovering how CPS identifies and acts on cases related to battering and other forms of domestic violence is at the heart of the practice assessment. It begins with the mapping, shared discussions, practitioner interviews, and community conversations presented in Toolkits 2 and 3. It continues with analysis of CPS policies, forms, and case files, and is guided by worksheets and other tools that reflect recommended practice. The assessment team conducts additional interviews as needed to develop as complete an understanding as possible of the CPS response to domestic violence-related cases.

Analyzing Policies

Policy review helps the assessment team discover the extent to which agency guidelines reflect recommended practice. Policy regulates what practitioners must do and the boundaries of their discretion and responsibility. The team looks at whether or not and how policy has been constructed to reflect principles, procedures, and monitoring that are consistent with the Greenbook and other guidelines for responding to domestic violence-involved cases (see Recommended Practice: References and Resources).

Child welfare policy is set primarily at the state, federal, and Tribal levels. Communities may have some distinctly local policies, but most of what governs practice will be determined beyond the county or community. CPS policies typically fill many pages and may involve hundreds of forms. For example, the Wisconsin Department of Children and Families *Ongoing Service Standards* (2013), which is the core policy for child welfare workers, runs 260 pages.[42] The Kansas *Prevention and Protective Services Policy and Procedure Manual* (2015) is 683 pages.[43]

The practice assessment is concerned with aspects of CPS policy that are specific to domestic violence-related cases, as well as issues of disparity that are so closely interconnected with the safety and well-being of battered mothers and their children. The assessment team does not have to consider every aspect of large and often complex policy documents that cover everything from the response to reports of child abuse and neglect to foster care and adoption. It will, however, pay attention to how agency policy seeks to organize its overall response in ways that reduce disparity.

[42] Access at: http://dcf.wisconsin.gov/memos/num_memos/DSP/2013/2013-02standards.pdf
[43] Access at: http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx

To identify the relevant policies, begin with CPS members of the assessment team and information developed during the mapping process (Toolkit 2). What guides CPS workers in domestic violence-related cases? Is there a domestic violence-specific supplement or section or policy? For example, the Oregon Department of Human Services has a specific set of guidelines, *Child Welfare Practices for Cases with Domestic Violence* (2015).[44] The Minnesota counterpart is *Guidelines for Responding to Co-Occurrence of Child Maltreatment and Domestic Violence* (2012).[45]

Preparation

☐ Identify any domestic violence-specific policies or guidelines for CPS workers.

☐ Collect general policies governing CPS screening, assessment, and case management.

☐ Collect policies specific to cultural diversity and access and to addressing disparity.

☐ Decide whether the full team or a smaller work group will conduct the review.

☐ Provide a set of policies to each team member who will be reviewing them. Note: Policies can be paper copies or in an electronic format/PDF file. An electronic format is particularly helpful for searching general CPS policies to find specific references to domestic violence-related policy and procedure.

Process

☐ Use the policy analysis checklist (Appendix 4.1).

☐ Read the policy and complete the checklist. Tip: If working with a paper copy, assign a different color to each of the four sections and highlight content accordingly: (1) principles, (2) procedures, (3) monitoring, and (4) addressing disparity.

☐ Convene as a full team to review all sections of the checklist and discuss the policy.

- Have the map available as a reference during the discussion.
- Identify whether policy elements or language are missing or problematic.
- Compile a preliminary list of possible policy enhancements to bring to the final phase of the assessment (Toolkit 5, Planning for Change).

[44] Access at: https://apps.state.or.us/Forms/Served/ce9200.pdf
[45] Access at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3490-ENG

Where policy elements are missing or the team is unsure whether or not they are included in agency policy, the coordinator and/or an assessment team member can conduct a follow-up interview with a CPS administrator or supervisor.

Analyzing Forms

For many communities, child welfare policies are determined at the state level and are difficult to change. Individual agencies develop guidance for individual workers through forms, worksheets, checklists, and informal processes. There is a great deal that can be learned by a close review of blank forms. Forms includes items like report formats, checklists, and screening or assessment tools.

Preparation

☐ Meet with one or more CPS partners to compile a list of all forms that would be involved in processing a case. The most thorough way to do this is to work from an actual case file and review it page by page (or screen by screen) to identify each form, checklist, assessment tool, etc., that is used (and to include forms specific to a family's cultural identity, and religious/spiritual practice, etc.).

☐ Obtain blank copies of all forms on the list. Make a set for each team member that will be reviewing the forms.

Process

☐ Decide which approach to take in reviewing the collected forms.

- Option 1:
  Complete the review as a full team, working through the forms individually and asking CPS members to answer the questions on the form analysis worksheet (Appendix 4.2).

- Option 2:
  Split the team into pairs of one CPS and one non-CPS member. Divide and distribute the forms between them. Each pair will work complete a worksheet for each assigned form.

☐ Convene as a team to answer the following questions about how the forms considered as a whole organize or influence the CPS response to domestic violence-involved cases. How do the forms help workers:

  - Accurately identify the batterer and the victim(s)?

- Concretely describe the violence using explicit language, without paraphrasing?
- Document the responsibility of the batterer for ending the violence and abuse?
- Develop a full picture of a victim-parent's protective strategies?
- Provide a framework for strategizing and attending to the safety of children and adult victims together?
- Tailor response to fit people's identified needs for safety, well-being, and security?
- Engage with people in ways that are culturally relevant and respectful?
- Link to and coordinate with other community systems?

Analyzing Case Records

A ***case record*** is a collection of documents—forms, checklists, assessment tools, reports, correspondence, etc.—that comprise the official account of a case. The case record tells a certain story about the people who become the focus of CPS intervention. It also tells the story of the agency's response, what it requires of workers, and what is deemed important to pay attention to and prioritize.

Analysis of this official story of the case record is the primary way in which the practice assessment identifies gaps between what children and their mothers need and what the child welfare system provides when responding to domestic violence. Case-record analysis is another lens through which to examine the understanding of case processing developed via mapping (Toolkit 2). It can readily reveal gaps between what practitioners think is happening and the actual response; i.e., gaps between the intention to strengthen the safety, well-being, and stability of families and the reality of the intervention and its impact.

In some communities, however, analyzing case records may not be possible, for a single reason or a combination of reasons:

- The relationship between the advocacy program and CPS is too new or too fragile to support the kind of trust that a close examination requires.
- CPS administration objects to anyone outside of the agency having access to actual case records.
- There are insufficient resources (e.g., time and/or staff) to adequately address the request to redact all case records that would be used in the assessment.
- After consulting with CPS partners, the assessment organizers decide that they will begin with a more streamlined assessment that examines policies and forms and puts the case record review on hold.

If it is not possible for the practice assessment to include case record analysis, analyzing forms (as outlined above) will provide much useful information, although without the depth and detail that case records provide.

Preparation

☐ Identify screening and assessment cases to include in the analysis.
- Consult with CPS partners to select cases that have been flagged or otherwise identified as involving domestic violence.
- Assemble a sample of ten to fifteen cases to include in the analysis.
- Include all forms and case notes, organized in chronological order.

☐ Decide early on which of the following approaches to the case record analysis the team will use, as each option impacts how the case records will be assembled:

- Option 1:
  Each member of the team reviews all of the case records and completes all sections of the practice worksheet for each case. The advantage of this approach is that everyone on the team sees all cases and pays attention to the full range of recommended practices included on the worksheet. Everyone has a common base of information to bring to the discussions.

- Option 2:
  Each member of the team reads every case record, but completes only assigned sections of the worksheet. Each member becomes a kind of expert in paying attention to those aspects of practice. During the discussion of each case, team members pool their analyses to develop a full picture of the response. This approach can be particularly useful with the large case records that involve numerous documents. In this approach, everyone has a basic overview of the cases, but does not have to cover the same level of detail with all aspects of practice. Each team member can focus attention on the assigned areas, rather than all of the elements.

- Option 3:
  All team members complete a full review of two case records and discuss them together in order to become familiar with the process and develop a common base for the analysis. Then the team works in groups of two or three, with a different set of cases assigned to each group. This approach can be a way to include more cases in the review while still providing a level of common grounding for the process and ensuring that at least two members of the larger team are familiar with any one case. Because all members lack a rudimentary understanding of each case, however, discussions can be more challenging and incomplete.

☐ Prepare case records, worksheets, instructions, and any applicable policies and protocols that the team will need (see Toolkit 1, Planning and Coordination).

☐ Review the instructions and become familiar with the case-record analysis worksheet that will be used to guide the analysis (see Appendix 4.3).

Process

☐ Review the case record analysis worksheet and process with the assessment team. Option: If an analysis of the forms used by CPS has not already been completed, assign team members to identify and list all forms in the case record, analyze them (using the worksheet in Appendix 4.2), and report back to the team.

☐ Read the first assigned case record without stopping to take notes on the worksheet or jumping into the analysis.
- Read as if you were reading a story of the events.
- Let the words do the talking.
- Highlight what catches your attention in relation to the overall response.

☐ Work through the case record a second time, paying close attention to whether or not and how it reflects the practices listed on the worksheet (use one worksheet per case).
- If sections of the worksheet have been divided among the team (see Option 2 above), pay primary attention to the sections assigned.
- Check off all practices that are evident in the call, report, or record.
- Note what is missing.
- Use the notes column to record additional observations, questions, examples related to the case, and the practitioner's response.

☐ Repeat the steps outlined above with each case record.

☐ Review and discuss each case with the full team.
- Have the map available as a reference during discussion of the case record analysis.
- Use the case review summary (Appendix 4.4) to take notes.
- Have the case review summary and notes available for the final phase of the assessment (Toolkit 5: Planning for Change).

Appendix 4.1

Policy Analysis Checklists

Inventory all policies and guidelines under review. Read each policy or guideline and highlight the elements in the assigned section(s) of the checklist that are visible. Cite specific policy sections.

Note: The actual wording in policies or guidelines will vary from that used in the worksheet. Consult with team members and the coordinator as needed to clarify whether an element is present or not.

Title of Policies Reviewed	Date Published or Revised
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

A. Policy Analysis Checklist: Principles	
Visible in the policy or guidelines?	**Where and how? Unsure?**
1. Protection of the adult victim-parent is critical to the welfare of children	
2. Children in the care of their non-offending/non-battering parent as the preferred response	
3. Differentiation between forms of domestic violence: *battering* as a pattern of ongoing coercive and controlling behavior and actions; *resistive* used by victims of battering to resist or defend themselves, their children or others	
4. Batterers held accountable for harm caused and for stopping the violence and abuse	
5. Differential response option that does not require opening a child protection investigation or finding of maltreatment to access help	
6. Flexible, community-based service system with many points of entry	
7. Support for privileged advocacy communication protections for victims of battering	
8. Commitment to and participation in an interagency and coordinated community response with collective intervention goals, including Indian Child Welfare Act	
9. Discourages victim-blaming language; e.g., rejects "failure to protect" language[46]	

[46] See link to West Virginia in the section Recommended Practice: References and Resources.

B. Policy Analysis Checklist: Protocol and Procedure	
Visible in the policy or guidelines?	**Where and how? Unsure?**
1. Separate interviews for known or likely domestic violence victims, held away from likely perpetrator in a safe environment	
2. Protective measures taken when battering is previously unknown but disclosed during a joint interview with the victim-parent and the batterer present	
3. Case file opened in perpetrator's name	
4. Separate service plans for adult victims and for perpetrators, regardless of their legal status in relation to the child	
5. Domestic violence-specific screening and assessment tools applied as standard practice in child protection intake, investigation, and assessment	
6. Recognition and documentation of perpetrator actions and impact on child and adult victims and family functioning, including: a. Nature of the harm b. Safety concerns for current child and adult victims c. Likelihood of battering in future relationships d. Use of children to coerce and control adult victims	
7. Service plans and referrals emphasize safe housing in adult and child victim's own residence whenever possible or in other settings that keep mothers and children together	
8. Service plans and referrals meet adult and child victims' needs for economic support, legal services, immigration services, language access, housing, health care, transportation, child care, and other aspects of a secure, stable life	
9. Confidentiality and information-sharing agreements maximize safety for children and adult victims of battering	

B. Policy Analysis Checklist: Protocol and Procedure	
Visible in the policy or guidelines?	**Where and how? Unsure?**
10. Service plans and referrals focus on the safety, stability, and well-being of all victims of violence by holding batterers accountable for the harm caused by their violence and abuse	
11. Clear statement of criteria under which children can remain safely with non-abusive victim parent (i.e., safety of children and mothers together as first strategy)	
12. Avoid potentially dangerous or inappropriate interventions such as couples counseling, mediation, family group conferencing, or anger management	
13. Account for how victims of battering may use violence in resistance to battering	
14. Recognize and guard against increasing victim vulnerability to consequences and retaliation when confronting and holding offenders accountable	

C. Policy Analysis Checklist: Monitoring and Accountability	
Visible in the policy?	**Where and how? Unsure?**
1. Collaborative information gathering and evaluation of systems to determine the intended and unintended outcomes of interagency response to families experiences domestic violence and child maltreatment	
2. Ongoing data collection and fact-finding to determine whether children and families of diverse backgrounds are served fairly and capably	
3. Requirement that vendors providing services have up-to-date training on nature and impact of domestic violence	
4. Methods to evaluate vendors' responsiveness to needs of each person referred for services	
5. Specifications for how case information is shared with whom and in what time frame	
6. Mechanisms for tracking practitioner compliance and recording exceptions to the policy	
7. Steps to ensure compliance with policy and procedures and to address non-compliance	
8. Ongoing mandatory education and training on battering and other forms of domestic violence for CPS social workers and supervisors, including cross-training with domestic violence victim advocates, anti-racism/oppression training, etc.	
9. Regular reviews of CPS capacity to respond safely and effectively to domestic violence	
10. Participation by domestic violence partners and former consumers in quality assurance reviews	
11. Domestic violence data collected and used to generate dialogue relative to improving practice	
12. Expectations of safe and effective domestic violence practice in performance evaluation standards	

D. Policy Analysis Checklist: Addressing Disparity

Visible in the policy?	Where and how? Unsure?
1. Collection of nuanced data by race, ethnicity, gender, age, sexual orientation, and/or Indian Child Welfare Act (ICWA) eligibility	
2. Data publicly available and accessible	
3. Data collection includes qualitative measures such as Institutional Analysis, Quality Service Reviews, Child and Family Service Reviews	
4. Options for meeting the concrete needs of families without labeling parents as neglectful, such as differential response/alternative response	
5. Prioritizing family strengths and in-home support	
6. Cross-system collaboration that prioritizes diverse partnerships and shares data, training, and dialogue (e.g., partnerships between child welfare and schools, juvenile justice, mental health, other public agencies, and community-based organizations)	
7. Community involvement in policy review (e.g., community councils, community review boards, and local ICWA advisory committees) that is representative of the communities served	
8. Emphasis on connecting families with concrete supports such as housing and transportation, advocacy, health care, substance abuse treatment, and other support	
9. Consistent application and enforcement of ICWA	
10. Meaningful Tribal-county and/or Tribal-state partnerships	
11. Regular assessment of agency policies and programs for race equity and disparity impacts	
12. Training to agency staff and partners: • Cultural respect/cultural humility • Anti-racist principles and history of institutional racism and its impact on poor communities and communities of color	

D. Policy Analysis Checklist: Addressing Disparity	
Visible in the policy?	**Where and how? Unsure?**
• Interconnection of multiple forms of oppression (e.g., race, class, gender, sexual orientation, age, ability) and how it limits options for people	
13. A diverse workforce that represents the communities served	
14. Services and communication in people's primary language	
15. Culturally relevant and accurate practices (practices that are anchored in a family's cultural context and values)	
Primary references: (1) *Achieving Racial Equity: Child Welfare Strategies to Improve Outcomes for Children of Color*, Megan Martin and Dana Dean Connelly, Center for the Study of Social Policy, 2015. (2) *Activist Dialogues: How Domestic Violence and Child Welfare Systems Impact Women of Color and Their Communities*, Chick Dabby and Angela Autry, Family Violence Prevention Fund and collaborating partners, April 2005.	

Appendix 4.2: Analyzing Forms

Name or Type of Form:	
Question/Aspect	***Notes***
1. At what stage in case processing is it used?	
2. Who completes/creates it?	
3. Who relies on it—and for what?	
4. What action does it trigger or document?	
5. Is it filled out with an adult and/or child who is involved with CPS? If yes, what does that person do to fill out the form?	
6. If information on the form is inaccurate or wrong, how does it get corrected?	
7. Who has access to the information? Can adults involved with CPS see the completed form?	
8. What role, if any, does the form have in accurately identifying a batterer and a victim(s) of battering?	
9. What role, if any, does it have in developing a full picture of a victim parent's protective strategies?	

Question/Aspect	*Notes*
10. How does it contribute to developing individualized assessments and service plans?	
11. Does it clearly distinguish the non-battering parent from the batterer?	
12. How does it identify, document, and direct workers to account for people's diverse languages, cultures, and life circumstances?	
Other observations about the form and how it is constructed and/or used:	

Appendix 4.3

Case Record Analysis Worksheet

1. Read the case through from the first page to the last page, like a story. What questions does it raise about the battering or other types of domestic violence that may be or is occurring and its impact?
2. Read the case a second time and pay attention to the questions on the worksheet. Note specific examples and highlight the language used in the report in answering the question.

Case #

PART 1: Documentation	**Reference pages, forms; quote material**	
	Where/how is it documented?	**Where/how could documentation be stronger?**
[1] Accurately identify the batterer and the victim(s) • Clear statement of who is doing what to whom and with what impact; establish type and context of domestic violence • Avoids lumping parties together, such as "parents fighting"		
[2] Concretely describe the violence and abuse • Explicit language; quotations instead of paraphrasing • Avoids generic statements, such as "domestic violence in the home" or "it's been physical," without specific examples		

PART 1: Documentation	Reference pages, forms; quote material	
	Where/how is it documented?	**Where/how could documentation be stronger?**
[3] Relay a full picture of victim parent's protective strategies • Traditional: e.g., order for protection, shelter, call police • Non-traditional: e.g., maintain children's routines, comply with batterer		
[4] Attend to securing safety of children and adult victim together • Strategize with victim parent and children • Hold batterer responsible for stopping the abuse		
[5] Use culturally relevant practices • Language and communication • Respect and accessibility		
[6] Other observations		

PART 2: What is required of victim parent? Of batterer?

Case file opened under offending adult's name?

☐ Yes ☐ No

Each adult has a separate, individualized service plan?

☐ Yes ☐ No

Victim parent		Batterer
☐	Drug/alcohol screening	☐
☐	Drug/alcohol treatment	☐
☐	Psychological testing	☐
☐	Parenting class	☐
☐	See a therapist	☐
☐	Take child to therapist	☐
☐	Attend family therapy	☐
☐	Take child to medical appointments	☐
☐	Get an order for protection	☐
☐	Supervised visitation	☐
☐	Attend group at domestic violence program	☐
☐	Anger management counseling	☐
☐	Batterer intervention program	☐
☐	Stay at domestic violence shelter	☐
☐	Go to domestic violence agency for legal services	☐
☐	Secure housing	☐
☐	Employment counseling	☐
☐	Secure employment	☐
	Other (list)	☐

How do services fit people's identified needs for help and circumstances related to transportation, language access, income, housing, education, and employment? Other needs?

Appendix 4.4

Case-Record Review Summary

Use this worksheet to guide and record the assessment team's discussion and summary of the case-record analysis.

Based on what we found in the case record review, to what extent are the following features part of the response to domestic violence-involved cases?	
[1] Individualized assessments and service plans	[2] Attention to the dynamics and impacts of battering
[3] Safety of children and mothers together as the primary strategy	[4] Focus on batterer's actions and responsibility for ending the violence and abuse
[5] Links to community-based advocacy	[6] Coordination with other community systems
[7] Use culturally relevant practices	[8] Services that fit people's identified needs for help and circumstances related to transportation, language access, income, housing, education, employment, and other needs

Toolkit 5: Planning for Change

Implementation Planning Grid

The assessment team draws on the results of its mapping, focus groups, case-record analysis, policy analysis, and any interviews and observations it has conducted to report on what it has learned. This is not a formal or complicated report, but an account of key discoveries and recommendations, using the templates included in Appendix 5.1.

The summary provides the reference point for identifying needed changes in practice. At the conclusion of the practice assessment, child welfare agency administrators—those charged with making and implementing changes in how work practices are organized and coordinated—have available in one place a concrete, documented account of what needs to change.

Preparation

- ☐ Team members review all of their worksheets, notes, and any other material provided to the team. Coming to the discussion well-prepared will help the process move as smoothly and quickly as possible.

- ☐ Post or provide the following material in the meeting room:
  - Case-processing map
  - Summary notes from the case record, policy, and form analysis; focus groups and other community conversations; practitioner interviews and observations
  - Copies of the findings and recommendations template (Planning for Change, Appendix 5.1)

Process

- ☐ Begin with Section 1: Findings

- ☐ Divide the findings template into sections and the team into pairs or small groups.
  - Assign one or two sections of the template to each group.
  - Each group designates a note taker to record their discussions.
  - Each group completes the list of findings for its assigned section(s).

☐ Reconvene as the full assessment team and review Section 1: Findings.
- Each pair or work group reports its conclusions for its assigned section(s).
- Other team members ask clarifying questions and suggest additions to the findings for that section.
- Affirm that team members are in agreement on the conclusions in each section.
- Identify and record any areas where the team is not in agreement or where additional investigation is necessary in order to reach any conclusions.

☐ Move to Section 2: Recommendations
- As a team, review Appendix 5. 2: Primary Ways of Organizing Work.
- Each pair or work group develops recommendations for changes related to its assigned section(s) and suggests the kinds of changes in how CPS practice is organized that might be necessary.
- Each group designates a note taker to record their discussions on the template.
- Each group completes the list of recommendations for its assigned section(s).

☐ Reconvene as the full assessment team and review all recommendations.
- Each pair or work group reports its conclusions for its assigned section(s).
- Other team members ask clarifying questions and suggest additions to the recommendations for that section.
- Affirm that team members are in agreement on the recommendations in each section.
- Identify and record any areas where the team is not in agreement or where additional investigation is necessary in order to make a recommendation.

☐ Report the results of the practice assessment to agency administrators, supervisors, and others who will be involved in implementing change, such as coordinated community response partners.
- Start by meeting individually with agency administrators and supervisors to brief them on the key findings and recommendations to address individual questions, concerns, or requests.
- Convene a meeting of the assessment planners, team, and agency administrators to report on and discuss the assessment's findings and recommendations.
- It is the coordinator's responsibility at this stage to keep an account of the team's findings and recommendations for change that can be shared

with agency administrators and others, according to whatever agreements govern the assessment.

- Options for compiling a report:
  - Write a report for later distribution, according to whatever agreements govern the assessment. Use the planning for change template (Appendix 5.1) to help structure and organize the report. Add an explanation of why the practice assessment was conducted, a list of team members and supporters, and any additional narrative that provides background and context for the work.
  - Construct a slide presentation that highlights findings and recommendations.

Appendix 5.1

Planning for Change

Section 1: Findings

What did the practice assessment discover about how the CPS response is or is not organized to support the following aspects of recommended practice?	
A. Accurate assessment of the presence, dynamics, and impact of battering	B. Safety of children and mothers together as the primary strategy in domestic violence cases
C. Individualized assessments and service plans for the battered mother and for the batterer that reflect each person's needs for safety, well-being, and stability	D. Focus on batterer's actions and responsibility for ending the violence and abuse
E. Culturally relevant and respectful engagement and practices	F. Services that fit people's identified needs for help and circumstances related to transportation, language access, income, housing, education, and employment
G. Linking battered mothers with community-based advocacy	H. Coordination with other community systems (e.g., courts, police, probation, and Indian Child Welfare Act)

Section 2: Recommendations

Area(s) of recommended change (check all that apply):

- ☐ [A] Accurate assessment of the presence, dynamics, and impact of battering
- ☐ [B] Safety of children and mothers together as the primary strategy in domestic violence cases
- ☐ [C] Individualized assessments and service plans for the battered mother and for the batterer that reflect each person's needs for safety, well-being, and stability
- ☐ [D] Focus on batterer's actions and responsibility for ending the violence and abuse
- ☐ [E] Culturally relevant and respectful engagement and practices
- ☐ [F] Services that fit people's identified needs for help and circumstances related to transportation, income, language access, and employment
- ☐ [G] Linking battered mothers with community-based advocacy
- ☐ [H] Coordination with other community systems (e.g., courts, police, probation, and Indian Child Welfare Act)

[1] Rules/regulations/ laws/policies	
[2] Administrative practices	
[3] Resources	
[4] Linkages	
[5] Education and training	
[6] Concepts and theories	
[7] Mission, purpose, and function	
[8] Accountability	

Reference Appendix 5.2: Primary Ways of Organizing Work

Appendix 5.2: Primary Ways of Organizing Work

No one working in a complex system such as CPS arrives at work each day and decides what to do and how to do it. While there are degrees of discretion according to role and job function, CPS workers do not get to make up their own job; no one has total discretion. The agency—and the larger setting of the institution of child welfare—organize and direct what workers do in order to standardize the response.

What CPS workers must do and how they do it is shaped by laws, policies, roles, functions, procedures, training, concepts, and other factors. Identifying these factors is a key strategy in addressing any problems identified via the practice assessment. Changing the ways in which work is organized changes the response.

1. **Rules and regulations**
   Laws, administrative rules, court rulings, policies, and directives, etc., that direct and guide management of the institution and tell workers what they *must* do.

2. **Administrative practices**
   All ways that standardize *how* workers do what rules and regulations require them to do—e.g., forms, reports, screening tools, and routing instructions.

3. **Resources**
   Funding, materials, processes, and personnel needed to accomplish the work.

4. **Linkages**
   Ways that workers are connected to other workers and processes, to the people who seek or drawn into its services, and to other institutions, such as state, federal, or Tribal regulating agencies.

5. **Education and training**
   Formal and informal ways that workers learn their jobs and are exposed to different concepts and theories and professional thinking and practice.

6. **Concepts and theories**
   Theories, assumptions, language, categories, etc., that organize workers to act on cases in authorized and approved ways.

7. **Mission, purpose, and function**
   Overarching purpose of a system (e.g., child protective services), a specific process within that mission (e.g., intake and screening), and a specific practitioner role (caseworker).

8. **Accountability**
   Person to person (e.g., batterer to victim), practitioner to practitioner (e.g., intake worker to case manager), agency to agency (e.g., CPS to probation), agency to person (e.g., CPS to a child or adult victim/survivor), and institutions to due process.

Recommended Practice: References and Resources

The practice assessment guide draws on the contributions of many sources related to child welfare practice and response to domestic violence. The following publications and sites are particularly useful and accessible to those wanting to explore these topics more deeply, make policy and practice changes, and develop supportive training.

Child Protection and Domestic Violence

Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety, Fernando Mederos and Massachusetts Department of Social Services Domestic Violence Unit, Family Violence Prevention Fund, 2004.

http://www.thegreenbook.info/documents/Accountability.pdf

Activist Dialogues: How Domestic Violence and Child Welfare Systems Impact Women of Color and Their Communities, Chick Dabby and Angela Autry, Family Violence Prevention Fund and collaborating partners, April 2005.

https://www.futureswithoutviolence.org/userfiles/file/ImmigrantWomen/Activist%20Dialogues.pdf

Battered Mothers Involved with Child Protective Services: Learning from Immigrant, Refugee and Indigenous Women's Experiences, V. Pualani Enos, Asian & Pacific Islander Institute on Domestic Violence, July 2003, Revised 2010.

http://www.ncdsv.org/images/APIIDV-etal_Battered-Mothers-Involved-With-CPS-revised_2010.pdf

Battered Women's Protective Strategies, Sherry Hamby with contributions by Andrea Bible, VAWnet Applied Research Forum, July 2009.

http://www.vawnet.org/Assoc_Files_VAWnet/AR_BWProtStrat.pdf

Bringing the Greenbook *to Life: A Resource Guide for Communities*, Leigh Goodmark and Ann Rosewater, National Council of Juvenile and Family Court Judges, May 2008.

http://www.thegreenbook.info/documents/BJA.pdf

Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence, National Council of Juvenile and Family Court Judges, 2011.

http://www.ncjfcj.org/resource-library/publications

Child and Family Service Review Outcomes—Strategies to Improve Domestic Violence Responses in CFSR Program Improvement Plan, Shellie Taggart, National Council of Juvenile and Family Court Judges, et al., August 2009.

http://www.ncjfcj.org/resource-library/publications

Domestic Violence and the Child Welfare System, Child Welfare Information Gateway, October 2014.

https://www.childwelfare.gov/pubs/factsheets/domestic-violence/

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

http://www.thegreenbook.info/ or through the Resource Center on Domestic Violence: Child Protection and Custody at https://rcdvcpc.org/the-greenbook.html

Emerging Response to Children Exposed to Domestic Violence, Jeffrey L. Edleson in consultation with Barbara A. Nissley, VAWnet Applied Research, Updated July 2011.

http://www.vawnet.org/applied-research-papers/summary.php?doc_id=585&find_type=web_desc_AR

Examples of Survivors' Strengths and Safety Plans, David Mandel and Associates, Safe and Together™ Model, 2012.

http://endingviolence.com/wp-content/uploads/2013/01/ExmplSrvivrStrength.pdf

Family Engagement in Assessing Child Welfare in Domestic Violence Cases. Videoconference series featuring Shellie Taggert, consultant to the National Resource Center for Child Protective Services; produced by the New York State Office of Children and Family Services. Video segments are arranged by topic and question, such as "How does a worker know if it's safe to engage a DV offender?" and "What are solution-focused questions and why should workers use them with DV offenders?"

http://ocfs.ny.gov/main/dv/child_welfare_Video.asp

Family Team Conferences in Domestic Violence Cases: Guidelines for Practice, Lucy Salcido-Carter, Family Violence Prevention Fund (now Futures Without Violence), October 2003.

http://www.futureswithoutviolence.org/family-team-conferences-in-domestic-violence-cases/

Safe and Together™ Model Website blog and postings, David Mandel & Associates

http://www.endingviolence.com/

The VIGOR (Victim Inventory of Goals, Options, and Risks) Safety Plan: Strengths-Based Safety Planning developed by Sherry Hamby and based on battered women's protective strategies.

http://www.thevigor.org/the-vigor/

Nicholson v. Williams decisions

- Overview by one of the plaintiffs' attorneys: David Lanser, Esq, *The* Nicholson *Decisions: New York's Response to 'Failure to Protect' Allegations*, ABA Commission on Domestic Violence, e-Newsletter, Fall 2008. https://www.americanbar.org/newsletter/publications/cdv_enewsletter_home/vol12_expert1.html

- Decision, including identification of best practices: http://www.clearinghouse.net/chDocs/public/CW-NY-0003-0008.pdf

- Link to case profile and all documents via Civil Rights Litigation Clearinghouse, University of Michigan Law School: http://www.clearinghouse.net/detail.php?id=9878

Applications of Institutional Analysis to Child Welfare Practice

Wright County, Minnesota, tested the practice assessment guide. *Child Protective Services Response to Battering: A Practice Assessment National Test Site Findings and Recommendations for Practice,* Wright County, MN, Child Protection and Rivers of Hope, Buffalo, MN, September 2015. Access at: http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

See also:
Building Safety for Battered Women and Their Children into the Child Protection System, Ellen Pence and Terri Taylor, Praxis International, 2003.

http://files.praxisinternational.org/buildingsafety.pdf

Child Welfare Practice: Creating a Successful Climate for Change—Findings and considerations from an Institutional Analysis, Center for the Study of Social Policy, September 2012.

http://praxisinternational.org/institutional-analysiscommunity-assessment-2/institutional-analysis-reports/

Other examples of the Center for the Study of Social Policy's application of Institutional Analysis to child welfare system can be found at:

http://www.cssp.org/reform/child-welfare/institutional-analysis

El Paso County, Colorado, Institutional Safety and Accountability Audit Report—A Project of the El Paso County Greenbook Project, August 2007.

http://www.thegreenbook.info/documents/El%20Paso_Final_Audit_Sept07.pdf

Related Websites

Praxis International—Institutional Analysis/Community Assessment

http://praxisinternational.org/institutional-analysiscommunity-assessment-2/

National Council of Juvenile and Family Court Judges

http://www.ncjfcj.org/our-work/domestic-violence

Resource Center on Domestic Violence: Child Protection and Custody

https://rcdvcpc.org/

Futures Without Violence

http://www.futureswithoutviolence.org/

David Mandel and Associates, Safe and Together™ Model

http://endingviolence.com/our-programs/safe-together/safe-together-overview/

CPS Practice Guides—State and Tribal

Many state human service and child welfare agencies have collaborated with state coalitions working on behalf of victims of battering to develop specific guides to support CPS workers in responding to domestic violence. For example:

Kansas

Since 2009, Kansas has provided a desk reference that outlines interview, documentation, and intervention strategies specific to making the battering and harm visible and to expanding understanding and identification of survivors' protective strategies. The July 2012 edition of *Domestic Violence Manual for Child Welfare Professionals—A Desk Reference Guide* can be downloaded at:

http://digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/458443.

Minnesota

In Minnesota, CPS workers intervening in cases involving domestic violence refer to *Guidelines for Responding to Child Maltreatment and Domestic Violence*.

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3490-ENG

Ohio

The Impact of Batterers on Children: An Ohio Model Community Response Protocol was released in 2015. It is based on the Safe and Together™ Model for CPS intervention in domestic violence. It includes interview guides, screening questions, and report formats, among other tools.

http://www.ohiochildlaw.org/ohio-intimate-partner-violence-collaborative/

Oregon

Oregon published the fifth addition of its practice guidelines in February 2015. Its guide and tools are often cited or adapted by other states. *Child Welfare Practices for Cases with Domestic Violence* is available at:

https://apps.state.or.us/Forms/Served/ce9200.pdf

West Virginia

West Virginia has made system-wide changes include eliminating "failure to protect" language and developing an avenue for "no-fault battered parent adjudication."

- For an overview and link to a webinar presentation and related materials, go to "System Change in West Virginia's Child Protection System," posted January 2015 at: http://www.bwjp.org/resource-center/resource-results/system-change-in-west-virginia-s-child-protection-system.html
- Information about the collaborative policy development and training processes used, legislative language, and child welfare practice is available via the West Virginia Coalition Against Domestic Violence at: http://wvcadv.org/?page_id=2596

Wisconsin

Domestic Violence Handbook for Child Protective Services Workers, published in 2010, draws on the experiences of victims of battering who have been involved with CPS and includes a range of practice tips and safety guides. Access at:

http://dcf.wisconsin.gov/children/DomV/publications/pdf/dvhandbook2015.pdf

Tribal

Domestic violence-specific guides for child protective services in Tribal jurisdictions are not as readily available as the kinds of publications listed above. Determination of standing under the Indian Child Welfare Act is a primary initial concern in any intervention (see Appendix 1.5, Disparity and Unintended Consequences).

The Tribal Law and Policy Institute's Tribal Court Clearinghouse has collected and posted a range of practice guidelines and resources related to child abuse and neglect and to domestic violence:

http://www.tribal-institute.org/lists/topics.htm

Among the Tribal Court Clearinghouse resources is an examination of and recommendations for responding to the co-occurrence of domestic violence and child maltreatment on Tribal lands: *Responses to the Co-Occurrence of Child Maltreatment and Domestic Violence in Indian Country: Repairing the Harm and Protecting Mothers,* Maureen White Eagle, Bonnie Clairmont, and Lonna Hunter (principal authors), Tribal Law and Policy Institute, December 2011 Draft.

http://www.tribal-institute.org/download/OVWGreenbookReportHVS_TD_7-18.pdf

An individual CPS worker might rely on guidelines for CPS practice overall, Indian Child Welfare Act (ICWA) determination, and specific considerations in domestic violence-related cases. For example, a state CPS worker in Oregon might use all of the following in working with an American Indian child, survivor, and other family members:

- Department of Human Services Child Welfare Procedure Manual https://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html
- ICWA Compliance Checklist https://www.dhs.state.or.us/policy/childwelfare/icwa/icwa_checklist.htm
- *Child Welfare Practices for Cases with Domestic Violence* https://apps.state.or.us/Forms/Served/ce9200.pdf

Differential Response

Differential Response to Reports of Child Abuse and Neglect—Issue Brief, November 2014, Child Welfare Information Gateway

https://www.childwelfare.gov/pubs/issue-briefs/differential-response/

"Integrating Domestic Violence Intervention into Child Welfare Practice," Robert Sawyer and Suzanne Lohrbach, *Protecting Children*, Vol. 20, 2005, American Humane Society.

https://www.co.olmsted.mn.us/cs/cspublications/Documents/CFSPublications/integratingdvintervention.pdf

Resilience

"Ordinary Magic: Lessons from Research on Resilience in Human Development," Ann Masten, *Education Canada*, Vol. 49, 2010.

http://www.cea-ace.ca/sites/cea-ace.ca/files/EdCan-2009-v49-n3-Masten.pdf

Resilience and Resistance: Addressing Acute and Chronic Adversity in Communities of Color, Lisa Richardson, Denese Shervington, Chloe Walters-Wallace, and Rachel Van Parys, Institute of Women and Ethnic Studies, New Orleans, 2015.
http://www.iwes-resilience.org/

Uncovering and Addressing Disparity

Many of the publications listed elsewhere in this Recommended Practice section that are specific to child welfare intervention in domestic violence-involved cases include discussions and strategies related to cultural respect and access, the intersection of different oppressions, and issues of disparity. For example, see *Activist Dialogues* and *Battered Mothers Involved with Child Protective Services*.

The following references and resources relate more broadly to uncovering and addressing disparity in the child welfare system as a whole.

Achieving Racial Equity: Child Welfare Strategies to Improve Outcomes for Children of Color, Megan Martin and Dana Dean Connelly, Center for the Study of Social Policy, 2015. Includes a Race Equity Impact Assessment to help child welfare agencies examine policy and practice.

http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf

Disparities and Disproportionality in Child Welfare: Analysis of the Research, December 2011. Research Symposium convened by the Center for the Study of Social Policy and the Annie E. Casey Foundation on behalf of the Alliance for Racial Equity in Child Welfare.

http://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011.pdf

Disproportionality Rates for Children of Color in Foster Care (Fiscal Year 2013) Technical Assistance Bulletin, Released June 2015, National Council of Juvenile and Family Court Judges. Provides state-by-state data.

http://www.ncjfcj.org/Dispro-TAB-2013

Policy for Results: Connection to data, trends, policy discussions, and tools related to research-informed child welfare policy.

http://www.policyforresults.org/

Population data sources: Census Quick Facts

https://www.census.gov/quickfacts/

Racial Equity Child Welfare Data Analysis Tool: The Center for the Study of Social Policy has developed a comprehensive data analysis tool for state or local child welfare agencies to use to assess disparities in their child welfare population.

http://www.cssp.org/reform/child-welfare/Racial-Equity-Child-Welfare-Data-Analysis-Tool.pdf.

Racial Equity Tools is an extensive online collection of tools related to strategy, training, research, and evaluation.

http://www.racialequitytools.org/home

Strategies for Reducing Racially Disparate Outcomes in Child Welfare: A National Scan, Oronde Miller and Amelia Esentad, Center for the Study of Social Policy and Alliance for Racial Equity in Child Welfare, March 2015.

http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf