
Child Protective Services and Domestic Violence

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Child Protective Services and Domestic Violence

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Abstract

Studies estimate that domestic violence is present in at least one-third of the families involved in child protective services (CPS). Yet, until recently, CPS has not directly addressed domestic violence in its handling of child abuse and neglect cases. By the same token, domestic violence programs have historically emphasized services for battered women, with limited understanding of the child safety goals of CPS. Despite these historical differences, collaborative efforts between CPS and domestic violence service programs are emerging based on a common goal of safety from violence for all family members. Innovative strategies include the use of domestic violence specialists in a variety of child protection settings for case consultation and for support to the battered women, direct referrals of battered women from domestic violence programs to family preservation services, and cross-training of CPS workers and domestic violence service providers. A survey of state CPS administrators and domestic violence coalition directors conducted for this article revealed that although there is mutual interest in greater collaboration, such efforts remain limited. New forums, such as CPS citizen review panels and community-based CPS partnerships, hold promise for further collaboration. Critical to successful strategies are supportive agency leadership, greater trust and understanding across systems, a recognition of common goals, and a willingness to change policies and practice.

Domestic violence is an issue for CPS because it is present in many of the families CPS serves and because it can have serious adverse effects on children who are exposed to it.¹ For example, a 1991 study of the Massachusetts Department of Social Services (DSS), reviewing approximately 200 substantiated child abuse reports, found that 33% of the case records mentioned domestic violence.² Similarly, a 1993 study in Michigan showed that 37% of the families referred by CPS to Families First, Michigan's intensive family preservation program, self-reported that domestic violence was a major family problem.³ Other studies show that between 30% and 60% of men who batter their female partners also abuse their children.⁴ Even when children themselves are not the direct victims of physical violence, they are affected by the violence they witness in their homes.⁵ Children sometimes see their mothers being beaten. Other times, they hear the violence

and see its aftermath—the cuts, bruises, broken bones, and destroyed property.⁶ Research on the effects on children of witnessing domestic violence is relatively new. Studies thus far, however, have found that children who witness domestic violence generally exhibit greater childhood behavioral, emotional, and social problems than do those who have not experienced domestic violence.⁷ (For more on the effects of domestic violence on children, see the article by Fantuzzo and Mohr in this journal issue.)

In recognition of the connection between domestic violence and the risk of harm to children, CPS agencies in a number of states have begun collaborating with state and local domestic violence programs to develop strategies for addressing domestic violence. This article first describes the specific roles of CPS and domestic violence service programs in responding to child abuse and domestic violence, respectively, and identifies some of the reasons that these two systems, each working with families experiencing both forms of abuse, have not worked together in the past. It presents results of a national survey of state CPS administrators and directors of state domestic violence coalitions regarding systems responses to these two forms of violence. It describes collaborative strategies that are emerging to address domestic violence and child maltreatment, including policy development and training, and the use of domestic violence specialists in CPS, courts, and pediatric health settings. Finally, it makes recommendations regarding the successful implementation of collaborative initiatives between CPS and domestic violence programs.

The Role of Child Protective Services

Child protection in the United States is primarily the responsibility of state and local governments, operating within a framework created by federal law and funding. Public child welfare agencies are required by federal law to receive and respond to reports of child abuse and neglect. By 1967, all states had enacted laws requiring certain persons to report child abuse and neglect, though these laws vary from state to state with regard to their scope.⁸ In addition, while CPS generally has wide latitude to screen cases into the system, there is variation in state policy and practice regarding investigation of reports, assessment of risk of harm to the child, level of risk required

for opening a CPS case, and appropriate intervention. Nonetheless, the core responsibility of CPS in each state encompasses, and is structured around, two primary functions: screening and investigating child maltreatment reports to determine whether child abuse or neglect has occurred; and, when it has, assessing the risk of harm to the child and the needs of the family in order to determine what, if any, CPS intervention or other service provision is necessary.

Child protection is fast-paced and high-pressure work. CPS workers must investigate reports of abuse quickly and assess extremely complex family situations. Multiple risk factors such as poverty, substance abuse, mental illness, and domestic violence may be pres-

ent in the families being investigated. These factors, and issues such as cultural and religious differences and language barriers, further complicate CPS casework.

After investigation and assessment, the CPS worker will decide in some cases that there is not sufficient risk to the child to warrant continued CPS involvement. If, on the other hand, the risk is sufficient, a case will be opened, and the CPS worker will determine, along with the family whenever possible, what services and support the family needs in order to reduce the risk of harm to the child. The CPS worker will

The child welfare system and domestic violence programs in several states and local communities have begun to work together to address domestic violence and child maltreatment.

develop a service plan, arrange for necessary services, and evaluate the family's progress under the plan. The family must successfully complete the service plan and reduce the risk of harm to the child, in order to keep the child at home. If the risk abates, the case is closed.⁹

If, however, despite the provision of adequate services to the family, the risk of harm to the child remains high, the CPS worker can seek court approval for an out-of-home placement.¹⁰ Under federal law, this placement must be made as close to the home as possible and in the least restrictive environment. Federal law also requires that a case plan be developed that includes services to the family so that the child can be reunified with the family, or that establishes another permanent placement for the child (through adoption, for example). Parents must successfully complete the reunification plan in order for their child to be returned to them. If they do not, CPS will find another permanent placement for the child.¹¹

In recognition that families often need support and services if their children are to remain safely at home or to be safely reunited after out-of-home placement, the Family Preservation and Support Initiative

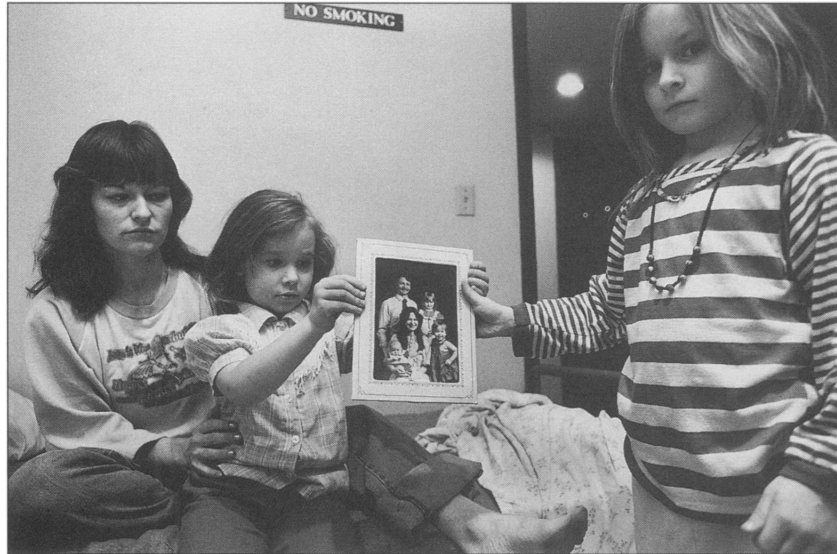
of 1993¹² was established to provide federal funding for prevention and family preservation services. The focus of CPS traditionally has been on the risk of harm to the child, without always recognizing how this risk is tied to the safety of the other members of the child's family. The emergence of family preservation and family support services shifted the focus of CPS to looking at the entire family.¹³ This recognition of the importance of family safety to the safety of the child helps to create a context within which CPS can address domestic violence.

The Role of Domestic Violence Service Programs

Domestic violence services are usually provided by community-based, nonprofit organizations that, unlike CPS, are not highly regulated by federal or state law or policy. The domestic violence movement began in the mid-1970s as a grass roots response to the fact that public institutions and private agencies were not addressing the needs of battered women. Hundreds of community-based shelters and support groups for battered women were organized throughout the country. In addition, as part of the women's liberation movement, the domestic violence movement worked for social change—in particular, for the reform of society and its institutions to end violence against women.¹⁴

Today, there are about 1,800 domestic violence service programs in the United States.¹⁵ These community-based programs provide a wide range of services, including shelter; 24-hour crisis lines; counseling; advocacy with police, courts, and other agencies; information about legal options; and assistance with transportation, housing, financial aid, and emergency medical needs.¹⁶ Battered women voluntarily seek out the services of domestic violence programs.

Domestic violence service programs generally receive some state and federal funding.¹⁷ However, these funding sources do not fully support programs. As a result, most domestic violence service programs are also engaged in continuous fundraising efforts in their local communities and rely heavily on unpaid volunteers.



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A Difficult History: Child Protection and Domestic Violence

For years, domestic violence service programs and CPS have worked with families experiencing both forms of abuse, but until recently they had not begun working together to create safe, appropriate, and effective responses to family violence. The relationship between child welfare workers and battered women's advocates has been difficult, at best. Mistrust has been common, noncollaboration the rule.

A significant obstacle to collaboration has been the tension caused by the different historical developments and missions of the domestic violence and child welfare movements. As stated above, the domestic violence movement began less than 30 years ago in order to provide safety to battered women because public institutions were not doing so. The criminal justice system did not treat domestic violence as a crime.¹⁸ Batterers were not being held accountable for their abuse. Some battered women and their advocates viewed CPS as yet another public institution that overlooked domestic violence and the needs of battered women, or blamed battered women for the harm their batterers caused to their children.

The mistrust has existed on both sides. Because of CPS's focus on the safety of the

child, caseworkers did not consider the identification of domestic violence to be important to accomplishing CPS goals. When domestic violence was identified, CPS workers have often misunderstood its dynamics and held battered mothers responsible for ending it. Furthermore, as the domestic violence movement has focused primarily on the needs of battered women, and been slower to directly address the needs of these women's children, CPS workers have not viewed battered women's advocates as potential allies in their efforts to protect children.

Finding Common Ground

An end to the standoff is under way, and long overdue. The reality is that many workers in both CPS and domestic violence are concerned about the safety needs of children and their battered mothers. Domestic violence service programs now seek to provide support and counseling services to the many children who go with their mothers to shelters. State CPS administrators today report that they view addressing domestic violence as important. And many CPS workers report that they develop safety plans that include protection for battered mothers.¹⁹

The child welfare system and domestic violence programs in several states and local communities have begun to work together to address domestic violence and child maltreatment. While there is specific information available about some of these

collaborative projects,^{2,16,20} little is known about the full extent and nature of these efforts throughout the country. In order to gather more information about work between CPS and domestic violence programs, a telephone survey of state CPS administrators and state domestic violence coalition directors was conducted from July through October 1998. The results of this survey are summarized in Box 1. Though survey participants articulated a hope for a more broad-based, systemwide collaboration between child welfare and domestic violence workers, survey results show, for the most

child welfare agencies to recognize that the safety of children living in homes where there is domestic violence and the safety of their battered mothers, cannot be separated.²¹ CPS workers in Massachusetts are required to screen all families for domestic violence. A protocol was developed in 1992 to serve as a guide to assist workers in investigation, risk assessment, and service planning for cases involving domestic violence. It emphasizes the need for ongoing assessment of the risk posed to children by the presence of domestic violence, and states a preference for protecting children by including mothers in safety planning and in holding domestic violence perpetrators accountable for their actions.²²

It is unlikely that CPS could handle the additional cases that would result from defining all child exposure to domestic violence as child abuse.

part, only the very beginning stages of cooperation. However, several collaborative strategies currently being implemented in a number of states and local communities hold promise for more widespread collaboration in the future.

Emerging Strategies

New strategies for collaborative work between domestic violence service programs and CPS include changes in CPS policies and protocols that reflect the increasing awareness of the importance of addressing domestic violence, and training programs for domestic violence services personnel to bridge the gaps in their understanding of child protection issues. Some of the most promising collaborative efforts make child protection interventions such as family preservation services available to battered mothers and their children, or use domestic violence specialists in child protection agencies, juvenile dependency courts, and pediatric health settings. Other opportunities for greater collaboration include partnerships between community-based child protection programs and local domestic violence programs, and the participation of domestic violence specialists on CPS citizen review boards.

New Policies and Protocols in CPS

The Massachusetts Department of Social Services (DSS) was one of the first public

The development of CPS policies with regard to domestic violence centers on two critical issues: (1) whether child witnessing of domestic violence constitutes child abuse or neglect; and (2) whether and when it is appropriate to remove a child from the custody of a battered mother because she has failed to protect her child. (For more information regarding public policies and case law related to both these issues, see the articles by Matthews and by Lemon in this journal issue.) Recent information about the potential harms to children of exposure to domestic violence has resulted in greater concern for children in families in which there is domestic violence. One reaction to this information is to seek ways to bring cases of child witnessing into the CPS system, even when no other indications of direct abuse to the child exist.

This is a complex issue that needs further study. Domestic violence includes a range of behaviors and its impact on children varies. Not all child witnesses show enhanced developmental problems; a number of factors appear to mitigate the impact of witnessing for these children. It is, therefore, important to carefully assess each case of child exposure to domestic violence to determine what, if any, risk of harm exists.²³ In addition, it is unlikely that CPS, already overburdened with its current caseload, could handle the additional cases that would result from defining all child exposure to domestic violence as child abuse. Families in which there is domestic violence may be better served by other service systems.

Box 1

The Child Protective and Domestic Violence Services Survey

Methodology. CPS administrators were sent a 60-item questionnaire designed to collect both quantitative and qualitative data regarding child protection policies, protocols, service delivery, and training related to domestic violence. Directors of state domestic violence coalitions received a 39-item questionnaire designed to collect both quantitative and qualitative data regarding interactions between CPS and domestic violence service programs and the extent to which domestic violence service programs address issues related to child abuse and neglect. Results reported here are based on responses from 40 of 50 (80%) state CPS administrators and 26 of 50 (52%) state domestic violence coalition directors. These responses have not been independently verified, and domestic violence respondents said that because practices vary throughout the state, their responses did not necessarily describe every domestic violence service program in their states. CPS administrators reported that data collection on the incidence of domestic violence in CPS cases in their states has either only begun or is not yet under way.

Domestic violence responses. The domestic violence respondents listed police, word of mouth, and other nonprofit service providers as the main sources of referrals; CPS was not mentioned as a significant source of referrals. Ninety-six percent of the domestic violence coalition directors reported that domestic violence service program staff receive some training on child abuse and neglect issues. Forty-two percent said that the training includes information on CPS policy and practice, and only 27% reported that the training was provided by both domestic violence program and CPS staff. Eighty-one percent of the respondents said that domestic violence service programs in their state possess written policies regarding child abuse and neglect. Yet, 96% stated that domestic violence service programs remain reluctant to contact CPS.

CPS responses. Of the 40 CPS administrators who responded to the survey, 34 (85%) reported that risk assessments conducted by CPS workers in response to reports of child abuse or neglect include domestic violence as a risk factor. Thirty-three percent said that domestic violence was of high importance in worker decision making, and 50% said it was of moderate importance. Similarly, the mother's safety was described by 33% as having high importance, while 50% said it had moderate importance. Forty-five percent of state CPS administrators reported that they had, or were developing, a written policy for CPS responses to domestic violence; 35% said the impetus for this policy development was recognition by CPS staff of the need for such policies. Eighty-three percent reported that CPS staff receive some training on domestic violence. However, the length of time reportedly devoted to training on domestic violence varied from 1 to 20 hours.

Source: Montminy-Danna, M. The child protective and domestic violence services survey. Conducted in 1998; complete results as yet unpublished. For additional information regarding this survey, contact Ms. Montminy-Danna at (401) 847-6650, ext. 3173, or montminm@salve.edu.

The Massachusetts DSS is currently revising its intake policy to provide a framework for determining which reports involving domestic violence warrant CPS intervention. The policy will not define child witnessing, in and of itself, as child maltreatment. The effects of domestic violence on the child must meet the existing definitions of child abuse and neglect. Only the most serious cases will be brought into the CPS system. Families needing less intru-

sive interventions will be referred to community-based services.²⁴

Although the terminology varies, all states have laws that include child abuse or neglect as failure to protect a child from harm. In the past, this has resulted in CPS removing a child from the battered mother's custody. However, more recently, CPS has begun to examine the circumstances under which the harm to the child is occurring, to

better understand whether it is truly in the best interest of the child to be removed from the mother's custody. There is growing understanding that a battered woman does not have control over the batterer's use of violence, and that she may be choosing to stay with a batterer because she believes it is safer for herself²⁵ and her child if they stay.²⁶ There is also concern that, if a battered woman believes her child will be taken from her, she is less likely to acknowledge the violence and to get help.

This is a difficult issue. CPS workers often use the failure-to-protect argument as a way to substantiate child abuse or neglect in order to access services for the family. In most states, the jurisdiction of the juvenile court in child maltreatment cases is limited to those situations in which the child's parent or legal guardian has created, or failed to protect the child from, the conditions deemed by the court to be harmful to the

dial or biological parent may not care enough about the possible loss of the child to change his behavior. Ultimately, the CPS worker may have no choice but to use the failure-to-protect argument, if intervention is necessary to protect the child. But it should be a last resort. In situations in which the battered mother is not abusing the children, perpetrators of domestic violence should be held responsible for the violence in the household.

CPS policies that include mandatory, ongoing training for all caseworkers on domestic violence are crucial. This training should include information regarding screening for domestic violence, effective responses once it is identified, the effects of domestic violence on children, legal issues, and community-based services available for referrals.²⁸

New Policies and Protocols in Domestic Violence Programs

Domestic violence program staff are often not trained in child protection laws, policies, and court and agency practices. Nor are they provided with protocols for handling child-abuse-and-neglect cases. As a result, they misunderstand the role of CPS and are uncertain about how to handle abuse or neglect cases involving the children of the battered women they serve. Michigan is currently developing a model child protection policy for domestic violence service programs, to help them clarify their own procedures for when and how to file reports to CPS, and for responding to women who abuse their children or return with their children to a violent household.²⁹

Domestic violence policies must require training for staff on child protection issues, including child-abuse-and-neglect laws and juvenile-dependency court practice. Moreover, staff need to be informed about the range of services available from the child welfare system, and the limitations of the system. A greater understanding of child protection work will make it easier for domestic violence program staff to change their practices to better assist CPS in responding to domestic violence and accomplishing the goal of protecting children.

Trainings developed and delivered through collaborative efforts involving domestic violence prevention advocates and

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child. Thus, in most states, the juvenile court, and thus CPS, cannot intervene in direct response to the conduct of an adult who is not the child's parent or guardian, even when the adult has regular contact with the child because of a close personal relationship with the child's parent. In situations in which such an individual is perpetrating the violence, substantiating the case by charging the nonabusive parent with failure to protect becomes the only way to obtain dependency jurisdiction over the child. Fortunately, state policies are beginning to change to address this problem. Michigan law, for example, now allows the juvenile court to assert jurisdiction and authorize CPS intervention in cases involving non-parent adults, whether or not such adults reside in the same household as the child.²⁷ However, CPS has relied on the possibility of a child being removed as a motivating factor for encouraging changes in adult behavior so that the risk of harm to the child is reduced. A violent adult who is not a custo-

child protection workers are more likely to be accepted by each system and to result in changes in practice. With grant support from the U.S. Department of Health and Human Services, Michigan has developed a training institute to provide ongoing training for child welfare workers on domestic violence and for domestic violence service providers on child welfare. These trainings have fostered many informal, local partnerships between CPS and domestic violence programs.²⁹ Since 1994, the U.S. Department of Health and Human Services has awarded more than a dozen similar grants to states and local communities to support collaboration between child protective services and domestic violence prevention advocates; many of these grants have been used for training.³⁰

The Use of Domestic Violence Specialists

The Massachusetts DSS pioneered the placement of experienced domestic violence advocates as full-time staff in local DSS offices in 1990. Today, there are 11 domestic violence specialists and 2 coordinators serving 26 area offices. In addition to case consultation and direct service, the domestic violence specialists provide training on domestic violence to DSS child welfare staff and a myriad of other agencies and organizations, and serve as a liaison between DSS and domestic violence service programs.² In 1998, these specialists provided consultation on more than 5,000 child welfare cases.³¹

The presence of domestic violence specialists in child welfare offices is a constant reminder that domestic violence is a significant child protection issue and that family safety is essential to child safety. With their expertise in domestic violence and the needs of battered mothers, these specialists can assist child protection workers in identifying domestic violence and creating reasonable, supportive, and appropriate interventions. They also serve as a bridge between both systems. Having worked in shelters, they know the difficulties that domestic violence service providers face, and, as domestic violence specialists working for CPS, they understand the pressures and limitations of that system. Because of this understanding, domestic violence service programs often call on them to help battered women negotiate the CPS system.²⁴



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Oregon also places domestic violence specialists in local child welfare offices.³² Whereas Massachusetts DSS hires domestic violence specialists to be full-time members of the DSS staff, Oregon contracts with local domestic violence service programs for advocates to work as part-time consultants to CPS. This model differs from Massachusetts in that the expertise comes from outside the CPS system, and the specialists are used on an ad hoc basis. The decision to hire domestic violence specialists as CPS staff, versus part-time expert consultants, raises issues of confidentiality. Communications between battered women and domestic violence service providers are protected in most states by statutory privilege. However, this is not true for domestic violence specialists who are employees of state or local agencies like CPS.

Because the juvenile-dependency court plays such a key role in the outcome of child protection cases, it is critical that court personnel have access to domestic violence

expertise. In October 1997, the Dade County, Florida, juvenile court launched a collaborative intervention program for families in which both child abuse and domestic violence are present. CPS, the court, battered women's shelters, and batterer treatment programs all participate in the project. Domestic violence advocates provide services at no cost to battered women who are referred to them by CPS or through court proceedings. Services include crisis intervention, safety planning, counseling, parenting skills training, referrals to social service agencies, and legal assistance.³³ (For more information regarding the Dade County program, see the article by Lemon in this journal issue.)

Domestic violence specialists also have a key role to play in health interventions on behalf of families in which there is domestic violence and child abuse. Advocacy for Women and Kids in Emergencies (AWAKE), founded in 1986 at Children's Hospital in

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Boston, was the first program to link support for battered mothers with clinical services for their abused children.³⁴ AWAKE provides advocacy and services for battered mothers and their abused children in order to keep them safe and, whenever possible, together. The wide array of services offered includes counseling; assistance with housing; referrals for legal and medical issues; and advocacy with the criminal justice system, CPS, and other public agencies. AWAKE's advocates also provide case consultation and training to hospital staff.³⁵ (For more information on AWAKE and other health care system responses to children exposed to domestic violence, see the article by Culross in this journal issue.)

Family Preservation Services

In 1988, the Michigan Department of Social Services began Families First, an intensive in-home family preservation program. Families are referred to this program when children

are at risk of removal from the home because of child abuse or neglect, or delinquency. The program offers an array of services to assist families in reducing the risks of harm to their children. Families First workers handle no more than two cases at a time and are available to the families 24 hours a day.

In the early 1990s, Families First workers began to notice domestic violence in many of the homes in which they were working, and asked for training and support to address it. In response, a domestic violence training program was established for Families First staff.³⁶ In addition, a demonstration project was developed to provide Families First services to battered women and their children, by direct referral from domestic violence service programs. Through this project, Families First workers have been able to support battered women in making the changes they must make to secure a safer life for themselves and their children. Workers help with safety planning; independent living issues like housing, transportation, child care, and budgeting; parenting issues; creating a social support network; and linking up with other social services.

In 1996, this demonstration project was expanded from 5 to 11 sites, which now serve 27 of Michigan's 83 counties. From August 1994 to November 1997, the program served 504 families with a total of 1,361 children. An internal evaluation of the program conducted in 1997 found that 12 months after Families First services had been provided, battered mothers and their children have been able to stay safely together in 95% of the families.³⁷

Partnerships with Community-Based CPS

Recognizing that no single agency can itself adequately address child abuse or domestic violence, the Edna McConnell Clark Foundation launched an initiative to promote communitywide involvement in child protection. There are currently four sites participating in the initiative. While each partnership site is unique, they share the goal of collaboration between the local community and CPS to protect the children, to help abused mothers protect themselves and their children, and to hold the perpetrators of violence accountable.^{38,39}



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For example, one partnership operates out of three neighborhood family resource centers that provide a wide range of services and activities for children and families. Services include assistance with parenting issues, housing, health care, job training, employment, and domestic violence. Staff from private community-based organizations and public agencies are all housed at the centers and form teams to coordinate services for families. Because of the emphasis on safety for all family members, the program has developed strong domestic violence and child protection collaborations. A domestic violence specialist was hired to provide CPS with consultation on cases involving domestic violence and to offer advocacy and support to the battered mothers. This domestic violence specialist also participates in the coordinated team efforts to provide preventive support services to families at risk of child abuse or domestic violence.³⁸ Similar collaborations between CPS and domestic violence services providers have developed at other initiative sites, from a shared goal of safety for all family members.

CPS Citizen Review Panels

Under a 1998 amendment to the federal Child Abuse Prevention and Treatment and Adoption Reform Act,⁴⁰ all states receiving funding under the Act to improve their CPS system are required to establish CPS citizen review panels. These panels must meet reg-

ularly to examine the policies and procedures of state and local CPS agencies and to review CPS cases to ensure compliance with the requirements of the Act. The law also requires that panel membership include broad community representation.

Training of citizen review panel members should include information regarding domestic violence. In addition, at least one panel member should represent the domestic violence field. This is true for other CPS review boards like child fatality and foster care review panels, as well. The inclusion of individuals who have expertise in domestic violence on panels that review CPS, child fatalities, and foster care is an acknowledgment that domestic violence is a child safety issue. It also provides another forum for cooperation between the domestic violence service and child protection systems. The participation of child protection specialists on comparable domestic violence boards and councils is also important for accomplishing these goals.

Conclusion

Collaboration between CPS and the domestic violence community is under way in several states and communities throughout the country. A number of promising strategies are emerging as results of this collaborative work. In addition to the initiatives described in this article, other collaborative efforts involving multiple systems and agencies are

under way to support battered women and their children.⁴¹

In order for collaborative efforts that address domestic violence and child abuse to be successful, agency leadership that supports collaboration and system change is critical. Both systems must be committed to working together and to moving beyond judgment, criticism, and blame of each other. Everyone in each system, from supervisors to front-line staff, must be open to reexamining attitudes, policies, and practice. Common ground can be reached through the identification of common goals. Current collaborative efforts have identified the following as shared goals: protecting the children, enhancing the safety and self-

sufficiency of nonabusing battered mothers, and holding perpetrators accountable for their violence.

Collaboration begins with a conversation. Beyond conversation, however, well-informed action is necessary. The importance of institutionalizing these efforts cannot be overstated. The work cannot end with pilot projects or occasional trainings. CPS and domestic violence service programs each must continue to change so that creative, effective, and lasting solutions can be implemented.⁴² There is no easy way to do this work. It takes a significant investment of time and energy. But hard as the work is, it needs to be done. The children deserve no less.

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2. This is, no doubt, an underestimate of the actual incidence of domestic violence in the CPS caseload, as the study was conducted before Massachusetts CPS workers were required to ask about domestic violence as part of their investigation. In 1994, when the Massachusetts DSS Domestic Violence Protocol for CPS required screening of all families for domestic violence, CPS workers identified domestic violence as an issue to be addressed in service planning in 48% of the cases (10,500 out of 22,000). National Council of Juvenile and Family Court Judges. *Family violence: Emerging programs for battered mothers and their children*. Reno, NV: NCJFCJ, 1998; see also Whitney, P., and Davis, L. Child abuse and domestic violence in Massachusetts: Can practice be integrated in a public child welfare setting? *Child Maltreatment* (Winter 1999) 4:158-66.
3. University Associates. *Evaluation of Michigan's Families First program, summary report*. Lansing, MI: University Associates, 1993.
4. Edleson, J.L. The overlap between child maltreatment and woman battering. *Violence Against Women* (February 1999) 5:134-54.
5. See note no. 1, Edleson.
6. One study found that children are almost always aware of the violence, even though the parents think they are hiding it. See Carlson, B.E. Children's observations of interparental violence. In *Battered women and their families*. A.R. Roberts, ed. New York: Springer Publishing, 1984.
7. See note no. 1, Edleson.
8. For example, state laws may vary in the ways they define abuse or neglect, or in who qualifies as a mandatory reporter of abuse. See Myers, J.E.B. *Legal issues in child abuse and neglect*. 2nd ed. Thousand Oaks, CA: Sage Publications, 1998.
9. For a description of the role of CPS, see Schene, P.A. Past, present, and future roles of child protective services. *The Future of Children* (Spring 1998) 8,1:23-38.
10. See note no. 9, Schene, p. 31.
11. Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272; Adoption and Safe Families Act of 1997, Public Law 105-89.
12. Public Law 103-66 (1993); the Adoption and Safe Families Act of 1997, Public Law 105-89, reauthorized and increased funding for the Family Preservation and Support Services Program, and changed its name to Promoting Safe and Stable Families.
13. Child Welfare and Mental Health Division, Children's Defense Fund. Conversation with Mary Lee Allen, director, August 15, 1998.
14. Schechter, S. *Women and male violence*. Boston, MA: South End Press, 1982.
15. National Research Council. *Violence in families: Assessing prevention and treatment programs*. Washington, DC: National Academy Press, 1998.

16. Findlater, J.E., and Kelly, S. Reframing child safety in Michigan: Building collaboration among domestic violence, family preservation, and child protection services. *Child Maltreatment* (Winter 1999) 4:167-74.
17. Domestic violence shelters throughout the United States received \$87 million in federal funding in 1998, up from \$20 million in 1994. The Violence Against Women Act of 1994, Public Law 103-322, provides for much of this federal funding. See Edleson, J.L., and Schechter, S. *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice*. Reno, NV: National Council of Juvenile and Family Court Judges, 1999, p. 17.
18. See note no. 14, Schechter, pp. 157-83.
19. Montminy-Danna, M. The child protective and domestic violence services survey. Conducted in 1998. Complete results as yet unpublished. For additional information regarding this survey, contact Ms. Montminy-Danna at (401) 847-6650, ext. 3173, or montminm@salve.edu.
20. Lecklitner, G., Malik, N.M., Aaron, S.M., and Lederman, C.S. Promoting safety for abused children and battered mothers: Miami-Dade County's Model Dependency Court Intervention Program. *Child Maltreatment* (Winter 1999) 4:175-82; see also Aron, L.Y., and Olson, K.K. *Efforts by child welfare agencies to address domestic violence: The experience of five communities*. Washington, DC: The Urban Institute, 1997.
21. For a comprehensive description of the collaborative work being done in Massachusetts, see note no. 2, Whitney and Davis.
22. Massachusetts Department of Social Services, Domestic Violence Unit. Domestic violence protocol for CPS. Unpublished document issued in 1995. For a copy of the protocol, contact Pamela Whitney or Lonna Davis, Domestic Violence Unit, Massachusetts Department of Social Services, 24 Farnsworth St., Boston, MA 02210, (617) 748-2333.
23. See note no. 1, Edleson.
24. Domestic Violence and Family Support, Massachusetts Department of Social Services. Conversation with Pamela Whitney, director, November 10, 1998; see also note no. 2, Whitney and Davis, p. 165.
25. Mahoney, M. Legal images of battered women: Redefining the issue of separation. *Michigan Law Review* (1991) 90:1-94.
26. Dobash, R.E., and Dobash, R. *Violence against wives*. New York: The Free Press, 1979; see also the excellent discussion of the complexity of risk assessment and decision making by battered women in Davies, J., Lyon, E., and Monti-Catania, D. *Safety planning with battered women*. Thousand Oaks, CA: Sage Publications, 1998.
27. Michigan Public Act No. 530 of 1998 and Michigan Public Act No. 531 of 1998 (effective July 1, 1999, and codified at M.C.L.A. §§ 712A.2 et seq., 722.622) authorize juvenile court jurisdiction over cases involving maltreatment perpetrated by nonparent adults. The court can order the nonparent adult to participate in a service plan and/or to stay away from the child, and can punish violations of the court's orders with contempt sanctions that include imprisonment.
28. Recognizing the critical need for states and local communities to train child welfare staff on domestic violence issues, the Family Violence Prevention Fund published a comprehensive training manual. See Ganley, A., and Schechter, S. *Domestic violence: A national curriculum for child protective services*. San Francisco: Family Violence Prevention Fund, 1996.
29. Cain, D. *Michigan's domestic violence/children's protective services collaboration: Final report to Health and Human Services*. Lansing, MI: Domestic Violence Prevention and Treatment Board, 1998.
30. For a brief description of cross-training efforts in California, Maine, and Ohio, see The Resource Center on Domestic Violence. *Synergy: Child protection and custody*. Reno, NV: National Council of Juvenile and Family Court Judges, Fall 1997.
31. Second Annual Meeting of the States, Promoting Safe and Stable Families, Singer Island, FL. Conversation with Pamela Whitney, director, Domestic Violence and Family Support, Massachusetts Department of Social Services, January 11, 1999.
32. See note no. 20, Aron and Olson, pp. 79-80.
33. See note no. 20, Lecklitner, Malik, Aaron, and Lederman, pp. 177-80.
34. See note no. 2, National Council of Juvenile and Family Court Judges, p. 127.
35. School of Social Work, University of Iowa. Conversation with Susan Schechter, clinical professor, August 15, 1998.
36. Michigan is the first state to institutionalize statewide training on domestic violence for all family preservation program managers, supervisors, and staff. As a result of collaboration

between the Family Violence Prevention Fund (FVPPF), Michigan's Domestic Violence Prevention and Treatment Board, and Families First, a national training curriculum was developed and is used as the basis for two-day training sessions for Families First staff. See Schechter, S., and Ganley, A. *Domestic violence: A national curriculum for family preservation practitioners*. San Francisco: FVPPF, 1995.

37. Family Independence Agency. Domestic violence/Families First demonstration project: Summary of internal evaluation data analysis for cases opened between January 1997 and November 1997. Unpublished document. To obtain a copy, contact the manager, Families First, Family Independence Agency, P.O. Box 30037, Lansing, MI 48909, (517) 335-6079. For a comprehensive description of the collaborative work being done in Michigan, see note no. 16, Findlater and Kelly.
38. Shirk, M. *We are in this together*. New York: Edna McConnell Clark Foundation, 1998. The four sites are Cedar Rapids, IA; Jacksonville, FL; Louisville, KY; and St. Louis, MO.
39. Edna McConnell Clark Foundation. Addressing domestic violence: The vision of the community partnerships. *Safekeeping* (Fall 1998) 3:5.
40. 42 U.S.C. § 5106c (1998).
41. For descriptions of 29 model projects, see note no. 2, National Council of Juvenile and Family Court Judges.
42. To support the development of successful programs for families in which both domestic violence and child abuse are present, the National Council of Juvenile and Family Court Judges has published a set of recommendations for CPS, court, domestic violence services, and other agency personnel. See note no. 17, Edleson and Schechter.