

Alternative Response Survey

Summary of Results

Prepared by MEMconsultants, December 2, 2009

Report Highlights

About the Respondents

- The overall survey response rate was approximately 40%.
- Survey responses represented all 10 counties that were invited to participate; however response rate by county varied from 5% to 100%.
- Respondents seemed to take the survey seriously as most completed the entire survey; responses to open-ended questions were thoughtful and reflective.

Themes

- Although responses varied regarding whether a child witnessing domestic violence should be considered child abuse (23% indicated "it depends"), open-ended responses were dominated by concern for the long-term health of the child.
- Nearly twice as many respondents see Traditional Response as a safer option than Alternative Response for children exposed to DV.
- Comments suggest a lack of understanding among some respondents that domestic violence is a *pattern* of behaviors and the systematic use of tactics to use fear to invoke power and control, and that the effects of domestic violence are not only from the observed physically violent incidents.
- At least one person in every county responded "No, we do not universally screen for domestic violence." This suggests that the truth in practice cannot realistically be that the agencies do universally screen.
- Many comments indicate caseworker frustration with victim responses (e.g., their forthrightness during screening or engagement in services), belief that it hampers accurate screening and service provision, and that this can result in victim-blaming.
- Many, many comments refer to a shortage or lack of services; however, if more services are created or identified, referrals will still need to be made. A large number of the responses point to the fact that the respondents expect another organization, community system, or CPS staff worker to make a referral, or for the victim or abuser to request a referral.
- Many comments indicated openness to or a desire for training and technical assistance related to DV-related topics. Some possible topics that emerge from this data include the following.
 - How to work with victims who stay in the relationship/home, or where the batterer returns.
 - Issues regarding separation of children from non-offending parent.

- How to diminish emotional scarring on children who have witnessed domestic abuse.
- Effective DV screening.
- Alternative Response screening procedures as they relate to DV.

Summary of Data

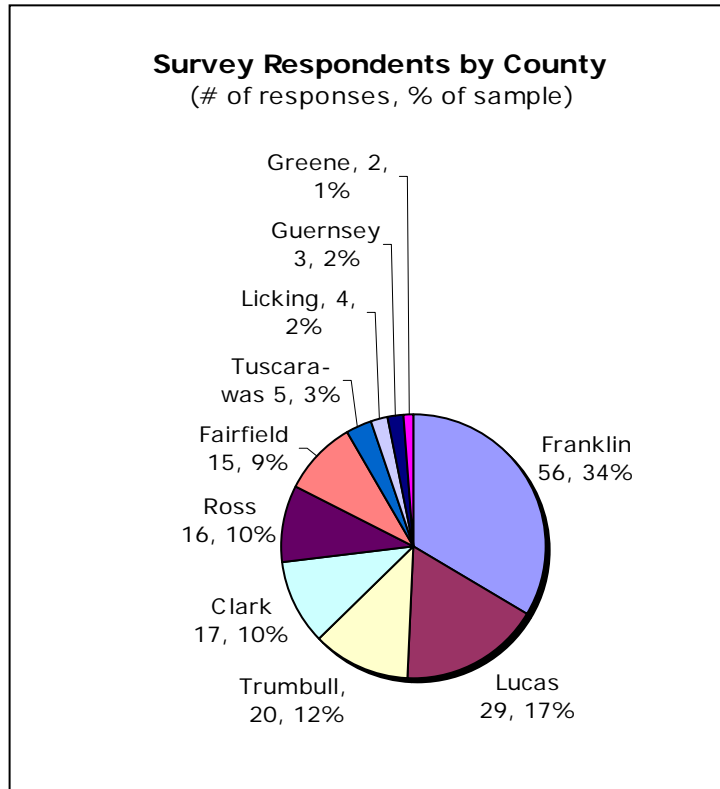
Response Rate

169 individuals partially or completely responded to the online survey, out of the 423 invited. This represents a response rate of approximately 40%. *

County Representation

Although every county surveyed was represented in the responses, certain counties had much higher response rates than other counties. In some instances, this is because those counties have a much larger staff to begin with.

- Franklin, Lucas and Trumbull counties had twenty or more responses each.
- Green, Licking Guernsey and Tuscarawas counties had five or fewer responses each.

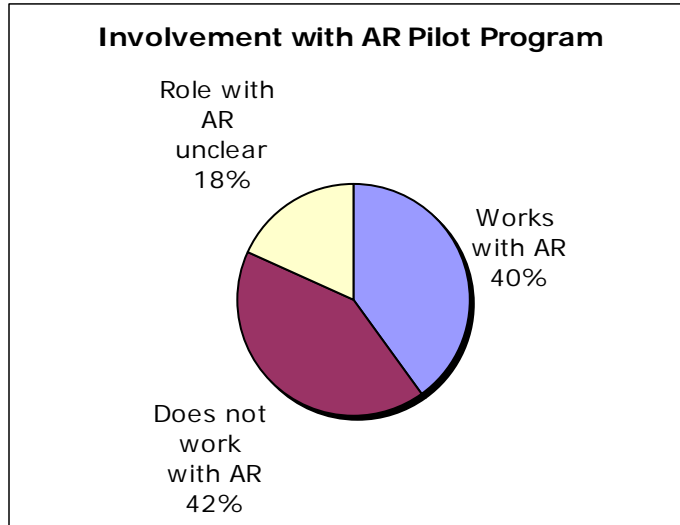


County	Percentage of Employees who Responded
Lucas	100%
Clark	52%
Franklin	52%
Ross	50%
Fairfield	39%
Trumbull	33%
Tuscarawas	17%
Guernsey	13%
Licking	11%
Greene	5%

Percentages are based on number of email addresses provided for each county. In some counties the survey was forwarded to employees not on the original list, so these percentages are best estimates.

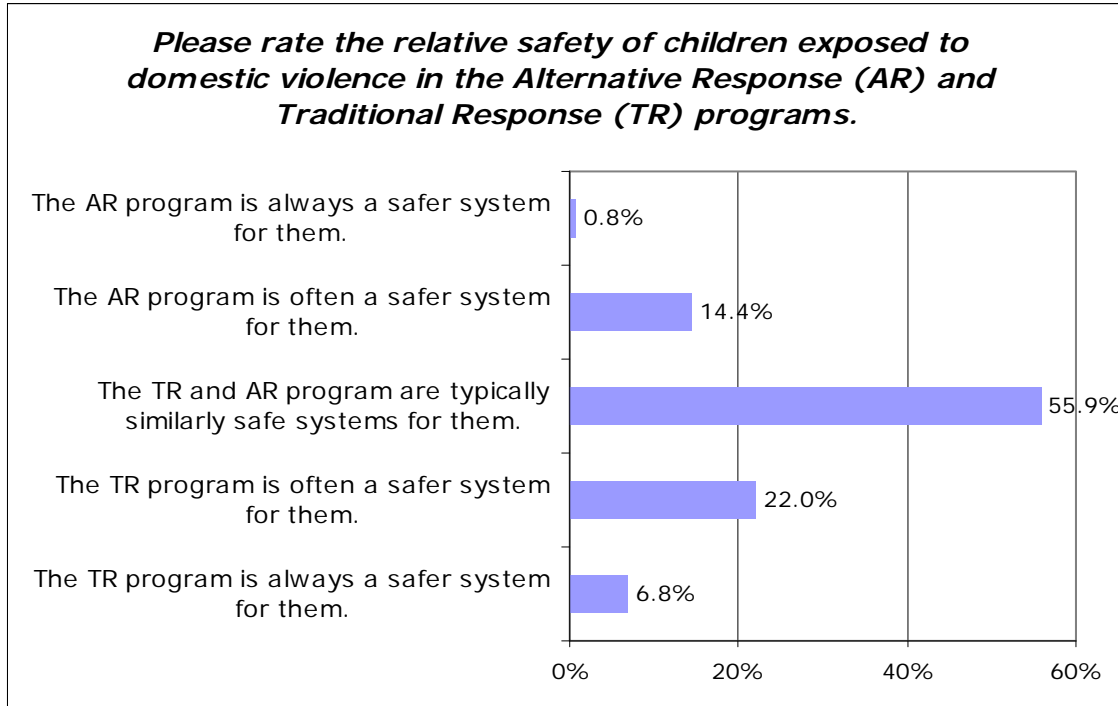
Position of Respondents

- "Works with AR" includes positions that work only with AR cases as well as those who interact with both AR and TR clients.
- Responses in the "Role with AR unclear" category include "I am an administrator," "I am a screener or screening supervisor," and "Other" responses.



Position	Number of Responses
I am not involved with the AR pilot program.	70
I am an ongoing services caseworker who works with AR and Traditional Response clients.	20
I am an intake caseworker who works with AR clients only.	15
I am a caseworker who works with AR and Traditional Response clients.	13
I am an intake supervisor who works with the AR and Traditional Response programs.	12
I am an administrator.	12
I am a screener or screening supervisor.	12
I am an ongoing services supervisor who works with the AR and Traditional Response programs.	5
I am an ongoing services caseworker who works with AR clients only.	2
Other (<i>Kinship Coordinator, Daycare Worker, Manager of a Department, Resource Worker, Facilitator, Clerical Staff and Intern</i>)	7

Relative Safety of AR and TR



Are these results consistent within the 4 counties of interest?

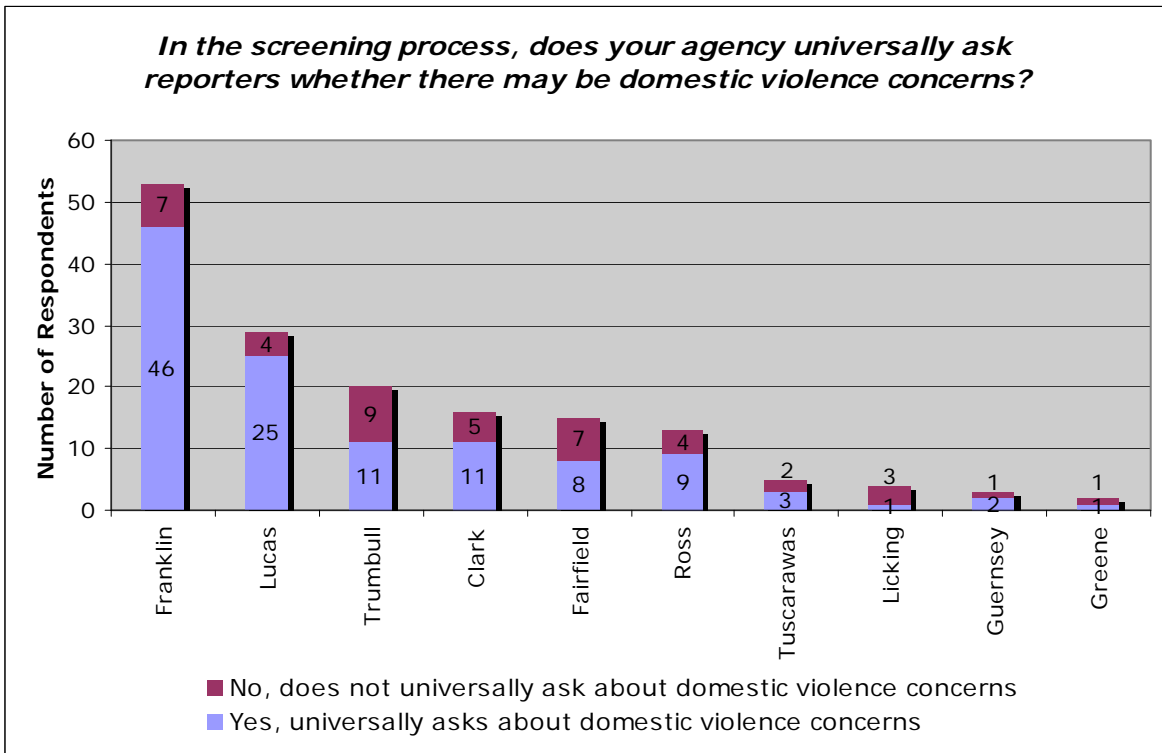
Clark – Yes, Clark County results mirror those above

Franklin – The results were similar, except a higher percentage (12%) felt that AR is always the safer system

Fairfield – No, a higher percentage of respondents (30%) answered that the AR program is often safer, only 20% believed that AR and TR are similarly safe, 50% said that TR is often the safer system. No one responded that TR or AR is always the safer option.

Ross – The majority of respondents (83%) said that the TR and AR programs are similarly safe. No one answered that the TR program is often or always a safer system.

Screening for Domestic Violence



- Surprisingly, “no” responses were scattered across every county. Every county had “yes” and “no” responses.
- A separate question elsewhere on the survey asked *“Is it your agency’s practice for workers to universally assess for domestic violence in completing Safety and Family Assessments?”*
 - Out of 165 responses, only 5 (3%) were “no’s.”
 - Franklin and Ross Counties each had 2 “no” responses and Trumbull County had 1. Of these respondents, 4 also answered “no” to the previous question about screening processes and 1 did not answer the question.

Noteworthy Comments

- Ross County: First, a case will only be considered appropriate for AR track when the victim “protects the children” by reporting and cooperating with law enforcement and seeking protection orders. Yet they exclude cases from AR if there is any prior history with law enforcement or court involvement. These appear to be in direct tension with each other. Additionally, Ross County reports that the courts don’t recognize the issue and the conviction rate for DV is 2%.

Child Exposure to Domestic Violence

All of the respondents agreed that child witnessing domestic violence constitutes child maltreatment (Yes = 77%) or indicated that it depends on the situation (Depends = 23%). "Depends" explanations cluster into four categories, each listed below with an example comment.

Depends on the understanding and emotional level of the child

- *It depends on their ages/comprehension level... and their understanding of the situation. Also, if they are fearful then that matters.*

On the history and circumstance of the DV

- *If the situation is verbal and is not placing the child at risk of physical/emotional harm then no. If the situation is physical or verbally escalates to an extreme that places the child in emotional/physical harm then yes it is maltreatment to the child.*

On who was involved in the DV

- *Depends if the victim is family member, or someone closely involved w/ the child. Depends how old the child is. I would want to know if the child was in the line of fire.*

Not Specified

- *There is a wide range of DV cases screened in, some not severe while others are, case by case decision.*

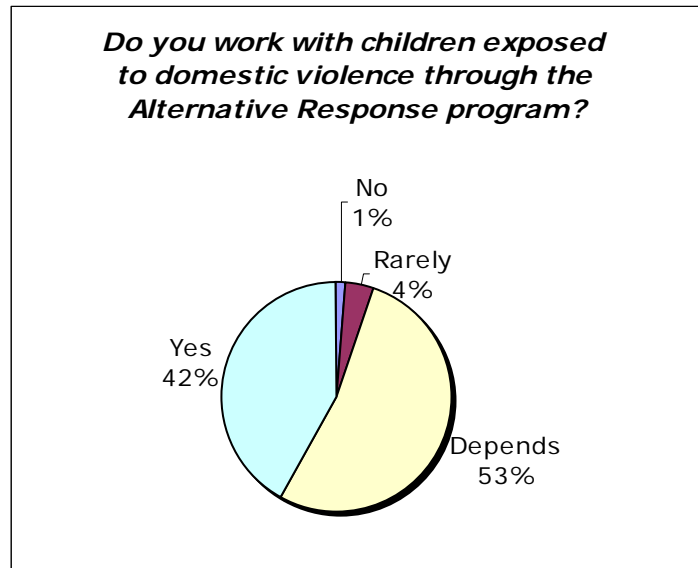
(See Appendix A for all "Yes" and "Depends" comments)

Child Exposure to Domestic Violence and AR Inclusion

- Over half (54%) of question respondents indicated they have no involvement with the AR Pilot Program; they are not represented in the pie chart.

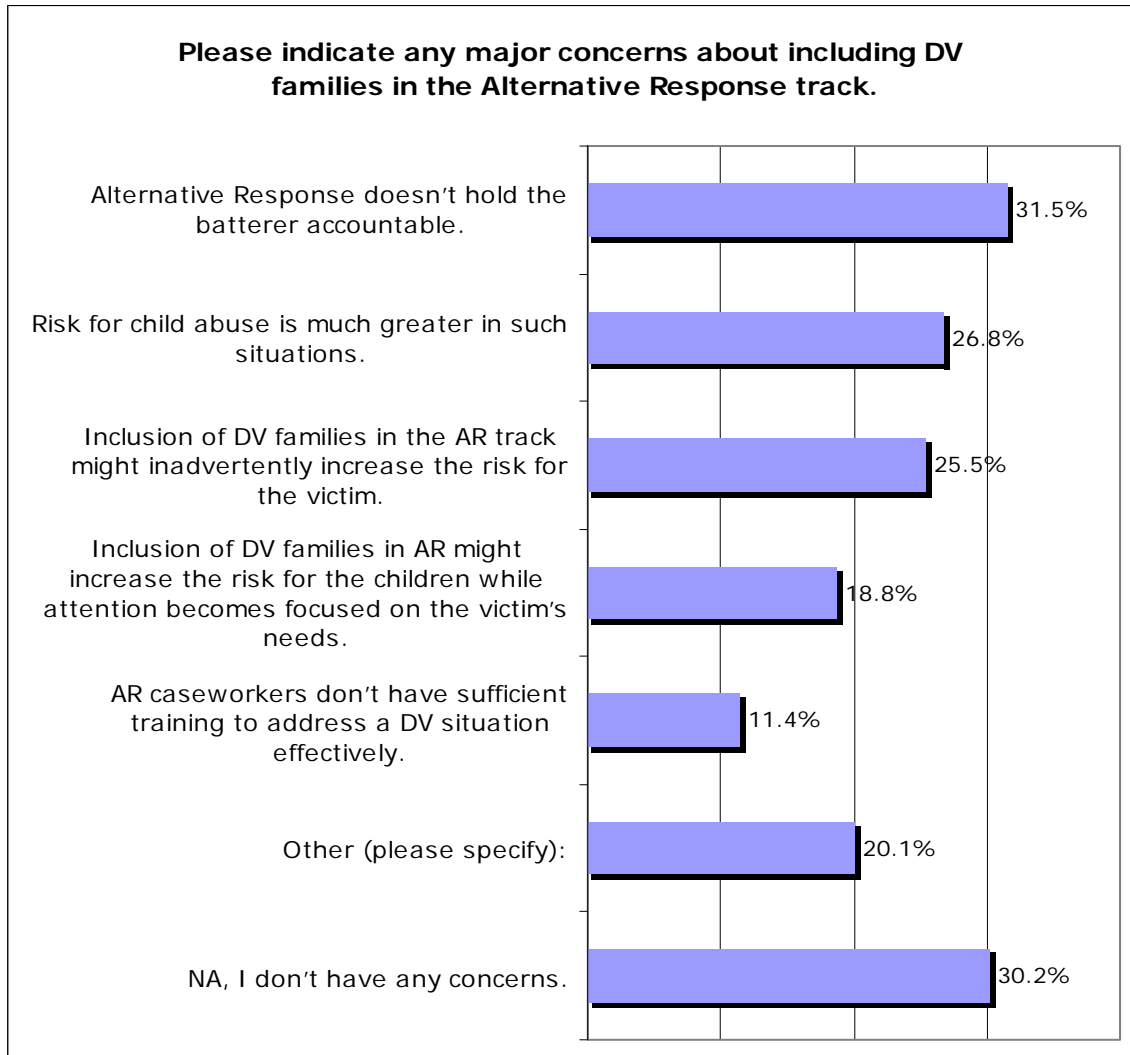
- Only one response (from Franklin County) indicated "No: They are intentionally screened out of the AR program."

- Three respondents (2 from Clark County and 1 from Franklin County) indicated "Rarely: They are intentionally screened out of the AR program, but very occasionally domestic violence reveals itself after they are selected into the AR program."



See Appendix B for the county-by-county list of comments in response to: *Please elaborate on how families are screened into or away from the AR program based on their experiences with domestic violence. Describe the criteria used for selection or in what instances the domestic violence would lead to inclusion or exclusion from the AR program.*

See Appendix C for the county-by-county list of comments in response to: *Regardless of agency practice, do you think families experiencing domestic violence should be included in the AR Program? Why or Why Not?*



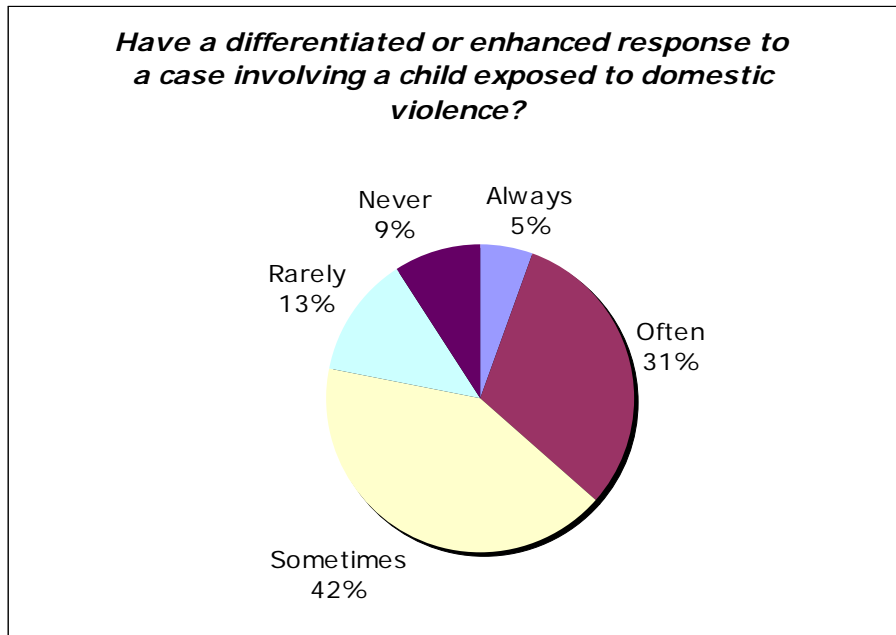
“Other” Responses:

- I think it is important for AR workers to have sufficient training to be aware of the risks in families with dv, but I have no concerns for dv cases being included in AR. Batterers can still be held responsible through criminal charges and being court ordered to treatment.
- I believe that further training in becoming better equipped to work with DV cases would be beneficial (ie..safety planning and beneficial resourses to work with). I

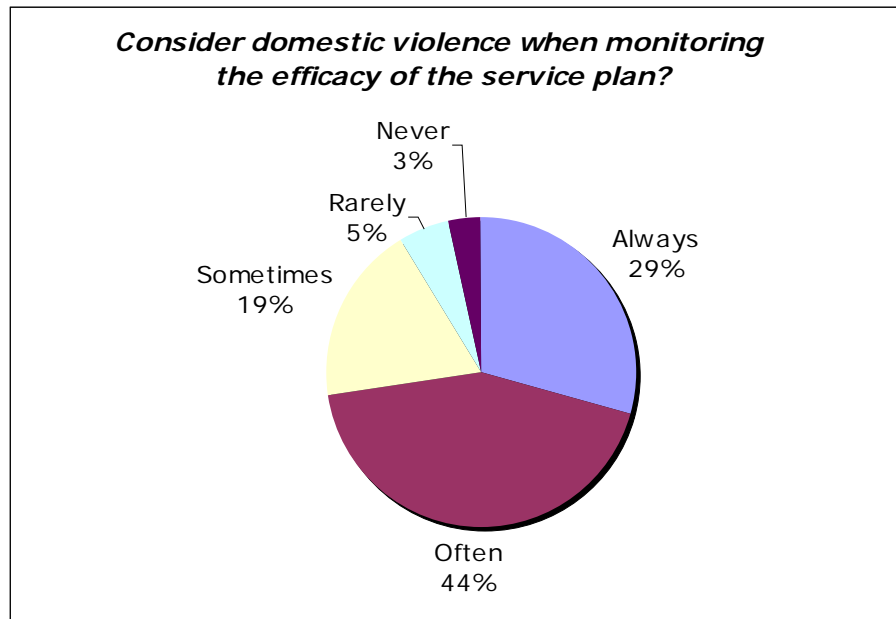
also believe that there is risk as there is in other cases as well, just a different risk.

- AR cw's and supervisor's have dv training
- I do believe AR workers need better training in domestic violence and how not to increase the risk for the victim and children to be harmed.
- Concerned about what services are available
- I think the DV families should be included in the AR response & continue to focus on the needs of the victims. The victim is always the main focus & how to keep the children safe & cared for. If the situation can not be resolved by the AR worker for any reason, the case can be opened up for a Traditional response to further address any concerns that could not be addressed by the AR worker.
- I don't believe the Alternative Response doesn't hold batterers accountable in and of itself; I think workers don't know how to hold batterers accountable while trying to maintain engagement and build rapport with workers.
- All of the above are risk factors. It's what you can give the family (community resources) that can lessen these risks.
- Not having done AR cases my answers may be somewhat ignorant, however as long as caseworkers are continuing to work with the parents while keeping the children safe is the main goal. Most often these referrals come in as physical abuse even when the child has not been injured. This makes it difficult for Caseworkers as because there is no injury we are left to unsubstantiate the allegation even though we are sure there was a physical altercation. This often allows the family to think there are no problems because the allegation was unsubstantiated. Maybe this will give them a better way to see or understand the seriousness of domestic violence.
- we should be able to use both tracks depending on the level of risk due the severity of the incident
- Prosecution/jail is contrary to AR practices.
- The above are all concerns but would need to be considered on a case by case basis to determine what was acceptable risk or not.
- One parent may want AR services and the other may not depending on how they view the DV.
- There need to be a clear understanding of when DV should not be considered a fit for AR
- We need to be specific -each county practicing the same- about cases that should not be included
- When our agency receives concerns for dv, we typically don't get the concerns until a few weeks to one month later and by then, the victim typically goes back to the aggressor. This is very difficult because AR wants to help the family however, by that time the victim no longer wants help.
- There have been concerns re batterer accountability. Main concern is keep chn safe. If the batterer remains cooperative could be viewed as a positive.

When developing a family service plan as part of the AR program for a family that has experience domestic violence, do you...



*70 "N/A" responses not represented in chart



*67 "N/A" responses not represented in chart

If you do have a differentiated or enhanced response, please describe it here:

- I continue to assess the situation for safety concerns, which is often changing due to the batterer's response to the case, children's involvement with the batterer (visitation changes), and/or the victim determining their amount of contact with the batterer.
- It is another element that has to be considered in planning if there are other services that will be beneficial, stress levels in working with all involved people in order to assure safety for everyone.
- Response is based on whether perpetrator is still in the home and access to the children and non-perp parent.
- We are really working on revamping how we address domestic violence...really trying to get away from separating families and with keeping families together by having them identify their safety and protection strategies.
- I will usually more closely monitor the home with visits.
- Domestic violence is a risk contributor that we would consider in all our cases. It would not be treated any differently than substance abuse, for example.
- When violence is directly involved in a case conversation about DV and how it can affect children is always brought up in discussion. Awareness is enhanced because violence has already occurred in the past. I don't beat around the bush; I gain family's trust so they will accept advice I may give. I also listen as I always do to what is going on with the family. Finding out the family's stressors is very important so we can eliminate them so DV maybe less prevalent in a case.
- In these types of cases, we need to work with the victim to determine how she can protect herself and her children, especially if the courts or law enforcement aren't effective in holding the batterer accountable.
- Counseling/therapy geared toward coping with fallout of DV.
- A child may be recommended counseling to deal with the exposure and trauma caused by DV.
- Traditional measures are usually required to address safety and risk. For example, relative placement, obtaining CPO's, and the time it takes the victim to acknowledge the need for help or even develop the courage to make better decisions.

Please self-assess your knowledge related to domestic violence.

<i>I know...</i>	<i>A Lot</i>	<i>Enough</i>	<i>Some</i>	<i>Very Little</i>	<i>Nothing</i>
The basic dynamics of domestic violence.	34.2%	45.2%	19.2%	1.4%	0%
The overlap of child maltreatment and domestic violence.	32.7%	38.8%	26.5%	0.7%	0%
The physical, emotional, sexual, behavioral and environmental indicators of domestic violence.	25.9%	40.1%	28.6%	3.4%	0%
The impact of domestic violence, short-term and long-term, on victims, children and other household members.	25.9%	43.5%	24.5%	5.4%	0%
Societal and cultural factors that contribute to domestic violence and the challenges faced by victims in protecting their children.	26.5%	39.5%	30.6%	2.0%	0%
Ways personal reactions, biases and values regarding domestic violence can impact casework practice.	29.5%	38.4%	28.8%	2.7%	0%

Number who indicated: <i>I want to know more about this...</i>	<i>Clark</i>	<i>Fairfield</i>	<i>Franklin</i>	<i>Ross</i>
The basic dynamics of domestic violence.	0	4	2	0
The overlap of child maltreatment and domestic violence.	0	5	4	0
The physical, emotional, sexual, behavioral and environmental indicators of domestic violence.	2	4	5	0
The impact of domestic violence, short-term and long-term, on victims, children and other household members.	3	5	5	0
Societal and cultural factors that contribute to domestic violence and the challenges faced by victims in protecting their children.	3	5	6	0
Ways personal reactions, biases and values regarding domestic violence can impact casework practice.	1	5	5	0

Please self-assess your competencies related to domestic violence.

<i>I know...</i>	<i>A Lot</i>	<i>Enough</i>	<i>Some</i>	<i>Very Little</i>	<i>Nothing</i>
How to identify the presence of domestic violence.	21.9%	43.2%	30.1%	3.4%	0%
How to assess the level of danger and risk to children.	19.4%	48.6%	23.6%	6.3%	0%
How to conduct on-going safety planning with victims to minimize risk to themselves, their children and other household members.	21.2%	35.6%	34.2%	6.8%	0.7%
How to work with family members experiencing abuse without compromising their safety.	16.4%	37.7%	37.7%	6.8%	0.7%
How to address the co-occurrence of DV with substance abuse or parent mental health problems.	14.6%	34.0%	39.6%	10.4%	1.4%
How to coordinate the planning and delivery of services to children who have been maltreated as a result of domestic violence, and to their families.	20.5%	41.8%	26.7%	8.2%	1.4%
How to use interview strategies that do no escalate potential for violence against family members.	17.8%	29.5%	35.6%	10.3%	2.1%
How to insure your own or other caseworker's safety in all casework interventions.	18.1%	38.9%	34.0%	2.8%	2.1%

<i>I want to know more about this...</i>	<i>Clark</i>	<i>Fairfield</i>	<i>Franklin</i>	<i>Ross</i>
How to identify the presence of domestic violence.	2	4	5	0
How to assess the level of danger and risk to children.	3	3	6	1
How to conduct on-going safety planning with victims to minimize risk to themselves, their children and other household members.	2	4	7	1
How to work with family members experiencing abuse without compromising their safety.	2	6	5	1
How to address the co-occurrence of DV with substance abuse or parent mental health problems.	2	6	8	0
How to coordinate the planning and delivery of services to children who have been maltreated as a result of domestic violence, and to their families.	3	5	5	0
How to use interview strategies that do no escalate potential for violence against family members.	6	7	9	1
How to insure your own or other caseworker's safety in all casework interventions.	4	6	7	0

Please self-assess your competencies related to domestic violence.

<i>I know...</i>	<i>A Lot</i>	<i>Enough</i>	<i>Some</i>	<i>Very Little</i>	<i>Nothing</i>
How to use screening for history of domestic violence in potential foster, adoptive and kinship homes	10.6%	25.4%	31.0%	22.5%	6.3%
How to assess family strengths, children's resilience and other mitigating circumstances when determining whether children can remain with non-abusing parents experiencing domestic violence	14.6%	39.6%	35.4%	7.6%	2.1%
Interventions and treatment strategies involved in treating perpetrators and victims of domestic violence	9.7%	27.8%	37.5%	16.7%	3.5%
Treatment milestones required to ensure safe reunification of the perpetrator with the family	9.7%	20.8%	34.7%	24.3%	5.6%
How to meet the cultural-specific needs of the families I serve	12.6%	35.0%	40.6%	8.4%	1.4%

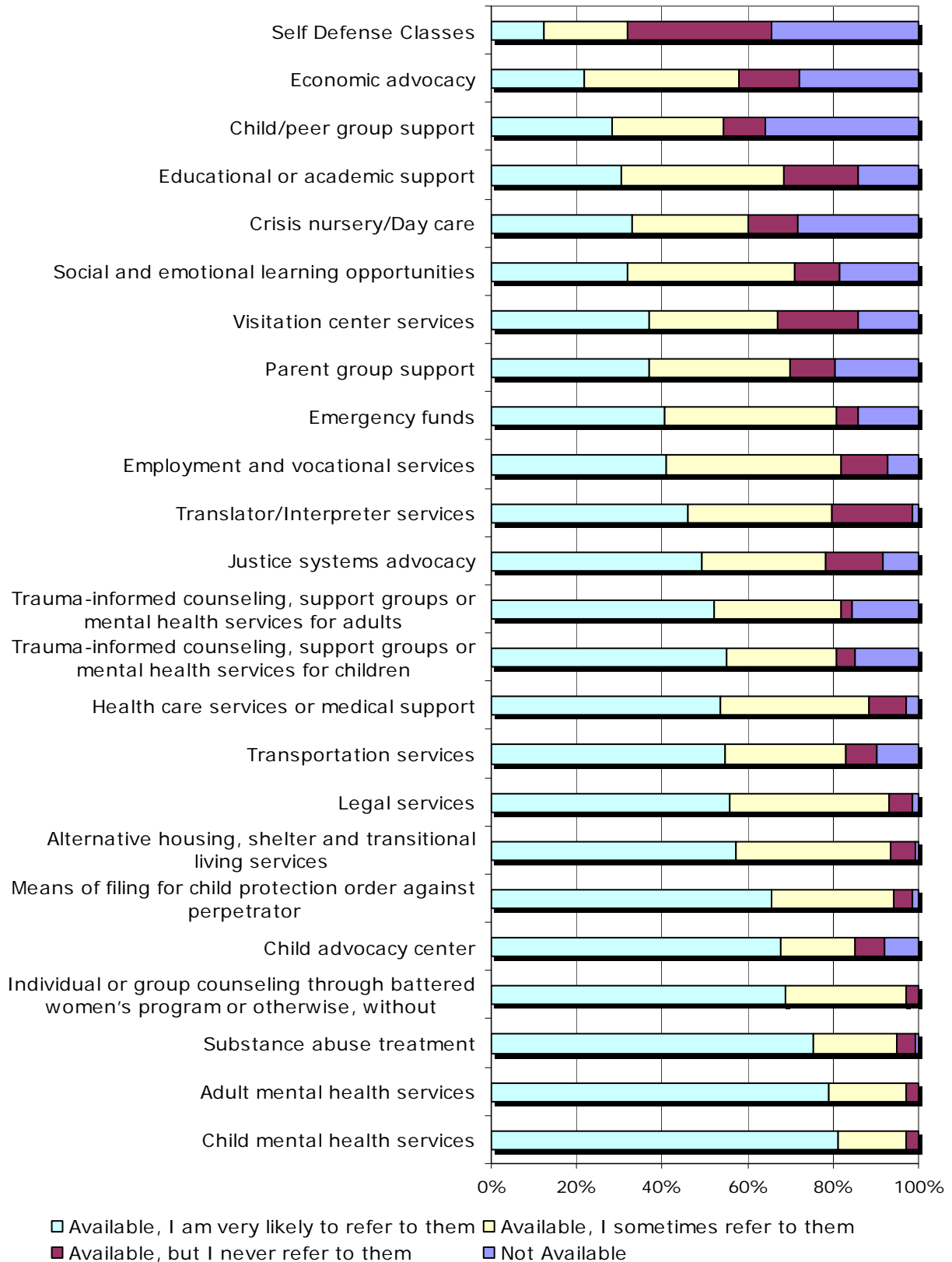
<i>I want to know more about this...</i>	<i>Clark</i>	<i>Fairfield</i>	<i>Franklin</i>	<i>Ross</i>
How to use screening for history of domestic violence in potential foster, adoptive and kinship homes	1	4	8	0
How to assess family strengths, children's resilience and other mitigating circumstances when determining whether children can remain with non-abusing parents experiencing domestic violence	2	5	5	1
Interventions and treatment strategies involved in treating perpetrators and victims of domestic violence.	4	6	9	1
Treatment milestones required to ensure safe reunification of the perpetrator with the family.	5	7	8	1
How to meet the cultural-specific needs of the families I serve.	2	6	6	0

I would like more education/training on these topics:

- how to make the AP accountable
- how not to victimize the victim all over again.
- Safety planning with victims (not a CAPMIS-type safety plan); available domestic violence services; how to engage batterers
- I would like more education/training on domestic violence.
- I think it is best practice to train all staff on the dynamics of domestic violence and require a yearly refresher training.
- How to work with the families when they want to stay together and to change the AP's behavior.
- The AR program

- The impact of mental illness on the occurrence of domestic violence--both from a perpetrator and survivor stand point
- Approaches and interviewing techniques with DV families. (How to approach the victim vs. the batterer.)
- How to engage batterers in treatment. Ways to develop more effective community treatment responses for batterers.
- Treatment and services for the child victims. Outcomes on child victims. Services for the batterer
- Trainings for trainers of CPS's response to DV
- It would be nice if workers involved with this were to be certified advocates - it doesn't take a lot...
- It would be a good idea to (at least consider) letting workers become certified advocates - some for children, parents, etc. It only takes training hours.
- I have been involved with many dv cases and would like to know more on how to assist the family and understand what the family may be going through.
- DV and mental health. Some staff have difficulty determining if victims truly have mental health issues or it is a symptom of being in a DV relationship.
- DOCUMENTED LONG TERM EFFECTS OF D.V IN HOUSEHOLDS ON CHILDREN. DIFFERENCES BETWEEN BOYS AND GIRLS.
- Different approaches in working with batterer, victim, and children in DV cases.
- Trainings for trainers to teach CPS worker's how to respond to DV
- I am interested in how we will work with the offenders during this process.
- How do you know when an AP has "changed" and can go back home?
- Cultures are changing and assimilating, does not hurt to be kept up to date with how different cultures are assimilating in various communities.
- We would be especially interested in training on treatment milestones for reunification and screening for DV on potential caregivers.
- Working with batterers
- Treatment milestones; assessing families for children to remain with non-abusing parent, so they can maintain child's safety, learning culture-specific needs.
- Current treatment strategies would be GREAT. And treatment milestones would be very helpful.
- Addressing help for the primary aggressor/batterer

Please indicate if these services are available in your community and if you would refer families to them

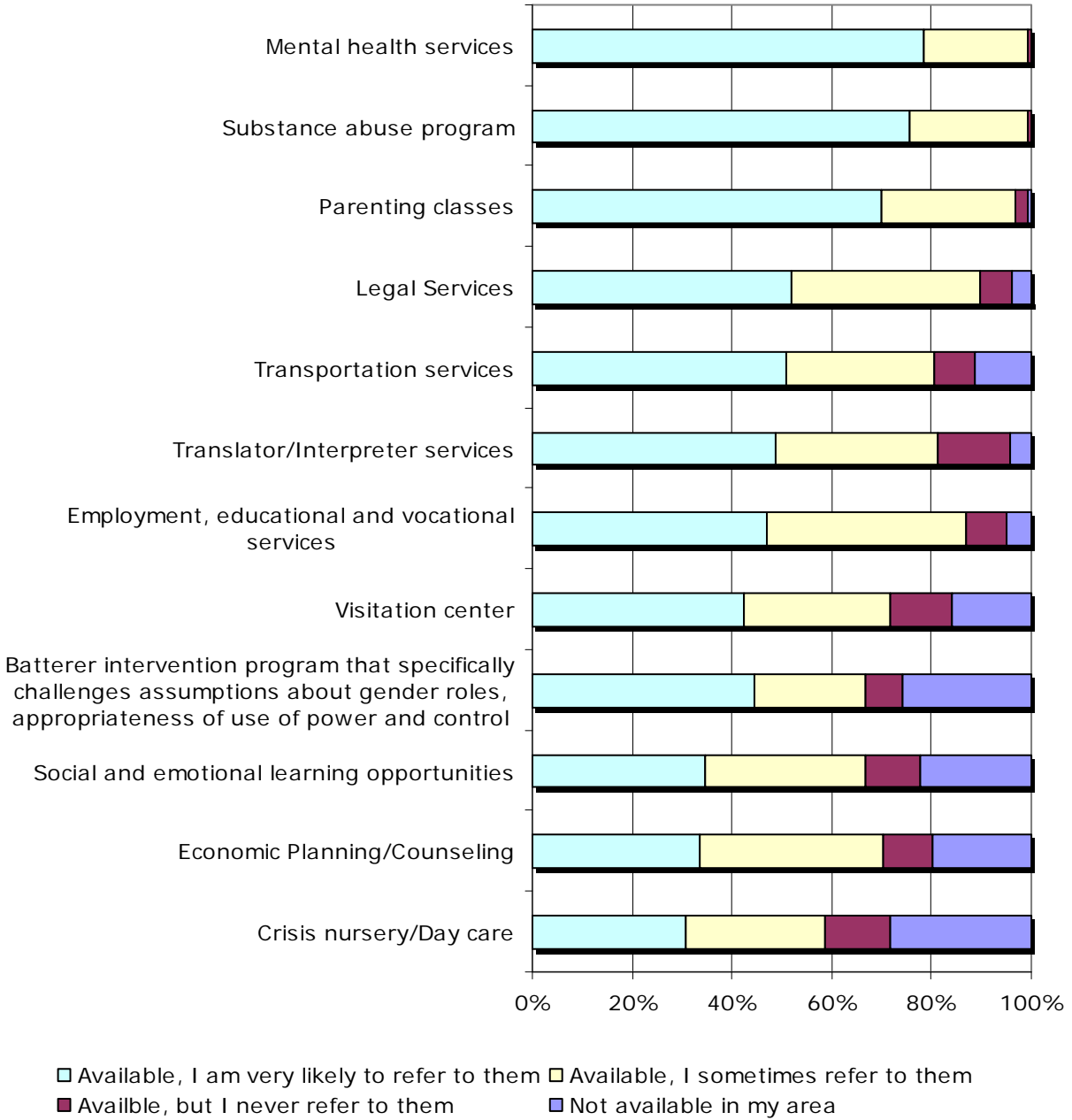


If you answered “Available, but I never refer to them” please explain your answer:

- The families do not have the money for these services.
- I have not had the situation come up where I needed interpreter services, but I would utilize this service if needed. This service is available to families and I know how to access it.
- As an intake CW I do not get to some things, such as self defense. Also, I work primarily with infants/toddlers and do not refer children to things such as MH services or support groups.
- They usually are referred to the justice system due to the incident. I have never directly referred them. I have never referred to a visitation center because the opportunity never presented itself.
- Have not had clients that needed these services or I just did not think about these services as being an option.
- Although some services are available, the availability varies, often there is lack of follow through and communication with some agencies..
- I know the services exist but have not had the need to refer them to my clients.
- No need for translator. Fighting breeds fighting, fighting back breeds dying.
- I rarely serve that function in my daily work, I am an adoption worker who does not work with birth parents.
- I haven't had any cases of dv involving clients of a different nationality. I haven't thought of a referral to a self defense class.
- Not sure of the value of these. Have not seen a lot of research on this.
- These referrals are made through the prosecutor's office.
- A lot of these services are available in our county; however, at the intake level referrals are rarely made to these services because victims are in a phase of "I am okay because I am not going to get back with him/her" therefore services are not wanted or victims do not believe they are needed. Or victims are in such a state of crisis that usually basic needs need to be addressed first and then on-going units address counseling-type services later.
- Never really thought about referring for that service. DV services should be priority.
- Some services available, but families get linked through court or different programs. Most DV cases come through court or police, and the victim gets linked to victims advocate through court. Self-defense classes are available throughout Franklin County, but I have never referred. If FCCS involved, we can coordinate visits with children and most visitation centers are used through custody only/divorce cases.
- They are not available for use by witnesses of DV, or I don't know enough about them.
- I had not thought of self-defense classes as an option for DV victims. I would worry that if we encouraged them to fight back this might put them more at risk. I would need to know more about what was being taught.
- These classes are not free, who will pay for them. If the agency had a contract with a provider it would be nice.
- I think the services are available but due to only having the case for a short period of time I do not refer.
- I have not needed the services of the CAC with my DV cases, but I would refer if it is appropriate.

- For self-defense classes, I am sure they are available, however I feel that they offer a false sense of security to victims. I feel that when you are being abused by someone you love, it is much harder to defend yourself against them. For example, if a stranger comes up and starts assaulting you, you probably would not have much of a problem "gouging their eyes." However, if this is someone you love or care about, it is not as easy to do this because of the emotions involved. Also, there is so much more involved in domestic violence relationships that interfere with the ability to "protect" yourself when being abused by your partner. I just feel that it is not an appropriate service to offer to victims of domestic violence. Not to mention, you are then placing responsibility on the victim to protect herself and when it doesn't work, she may then feel like more of a failure. I feel that the responsibility should remain with the abuser and the abuser only. (I do not feel this is the same as safety planning.)
- My guess is that there are self defense classes, but I do not know where and I am more concerned with the child's risk and basic needs of the family
- The courts typically make orders about visitation and whether visits need to be supervised so they make this referral. I know there are interpreter services available but I have not worked with a lot of non-English speaking clients.
- To go toward an adult in my community and refer them to mental health services, I feel like that would be offensively unless they personally ask for the help.
- Never referred to a parent group because clients have not expressed an interest. Self defense classes clients have not expressed an interest
- I have never had a client where I had to request a translator. I have not had to refer a client for self defense classes.
- I assume they are available in the community and have an idea of where to tell the families to look but it never occurred to me to refer for SDT.
- I guess I never thought about referring the victims to self-defense classes, too busy with planning for other things.
- We have translator services available but I haven't had a client needing these services in almost 20 years. The parent/child support groups are available through the DV Coalition and families are referred to them. It is unknown as to how many of the families referred actually take part in the support groups. As far as I know the support groups are still going on. The only places that do visitations have to have a court order to do them. There is nothing available without a court order.
- Child advocacy referrals are through a different unit. Justice Criminal is referred by court domestic violence advocate. Employment services offered by domestic violence shelter. I have not had to refer to translator services in the past. We do not refer to self defense classes
- I have not worked with any clients who need an interpreter. I have never made a referral for justice systems advocacy and am not sure that I understand what it means completely.
- Never needed translator services, no knowledge of emergency funds but have heard they are available and unsure about transportation services availability.
- I have not had to request a translator or interpreter for any of my cases thus far.
- I have not referred anyone to Consumer Support Services or to a self-defense class. There seem to be other more pertinent services to provide them.
- I have not had a need to refer to an interpreter, and I have not had any requests for referrals to self-defense classes.

Please indicate if these services are available in your community and if you would be likely to refer a battering parent to them.



If you answered “Available, but I never refer to them” please explain your answer:

- Batters need to be held accountable.
- An offending AP would not be able to go the nursery or daycare. AP's are often left to get their own transportation aside from bus passes through LCCS.
- Intake workers often do not have time to make/follow up with certain referrals.
- I've never had a batterer that actually wanted to be referred for services or the batterer was gone before agency contact.
- I am an off shift worker, I do not make referrals, I might talk to a family about a program but that is it.
- I just did not think of these services as an option or I did not have clients that needed these services.
- I have not had the need to refer these services to my client.
- No need for translator
- We provide visitation
- I haven't had any cases of dv involving clients of a different nationality.
- Our county is really working on increasing workers' level of engagement with batterers. Typically, the workers' interactions are with victims, not batterers. Batterers are often out of the home during the intake/assessment phase. Most of the workers' time is spent securing victim and children's needs. Therefore, batterers are rarely referred for services at the intake level.
- Due to the short amount of time I have a case the referrals don't get made.
- The second level service team makes these referrals; off shift does not routinely do so.
- Translator services are available but I haven't had to refer anyone to them in almost 20 years. The only places that do visitations have to have a court order to do them. There is nothing available without a court order.
- Visitation depends on CPO. We are not likely to refer batters to education , vocational, or economic learning opportunities
- I have not worked with any clients who need an interpreter.
- The services needed are used after the case has been transfer to ongoing and not during the investigation.
- I don't think we have transportation unless it is for doctor appointments
- Same as previous response...unsure of availability, especially financial support services.
- No need for translator/interpreter.
- I have not had a need for interpreter services.
- In traditional cw role as investigator, not much time to refer and work with batterers other than major referrals for mental health, drug tx, & batterer's programs

Please describe the needs of children who are exposed to domestic violence.

a safe environment that allows for confidential interviews/talk

a safety plan for the child so they know how to protect themselves and feel empowered
acceptance, monetary, socially, shelter, food, education, safety, mental health

Aggression Depression and anxiety

Behavioral problems more so than those not exposed

case by case

Children exposed to domestic violence need a safe place to live without the violence and also need enrolled in counseling services to work through unresolved issues from the violence they have been exposed to. I think they need to be able to confront the abusive parent and tell them their feelings and also the non abusive parent (if age appropriate)

Children exposed to DV need to feel safe in their homes. They also need to know that their victimized parent is OK and is not being injured while the child is away. Children need to know that it is not 'normal' for parents to physically injure each other.

Children exposed to DV need trauma focused counseling, they need to remain with family whenever possible, and positive peer interactions (extracurriculars, etc)

Children need good counseling, safe environment, possible medical treatment. If mother and children leave home for shelter stay the children may need food clothing, personal items like their favorite toy or stuffed animal. They may need support that things are going to be fine. They also need to be listened to and taken serious. They need reassurance this is not their fault.

Children need to be in a safe and stable environment with caregivers who will meet their basic needs and love them unconditionally. Children who have been exposed to DV should be referred to some type of Children's Advocacy Center or counseling. At some point in time (depending on ages) family counseling should also take place. These children may require extra attention and may also need extra help at school depending on how they act out as a result of witnessing the DV.

Children need to have a safe environment preferably with the parent who is a victim.

Children need to know that there is a safe place to go when there is fighting in the home. They need to know that it is not their fault no matter who says it is. They need to know that even though there is fighting they are loved and provided for. They need counseling to talk their feelings out without the parents.

Children need to understand that it is not their fault when their parents argue. I feel the children that show emotional concerns to talk to a counselor.

Children who are exposed need support from the community and their family system. We have an in-home program through our advocacy center (Children Who Witness Violence) and also support groups through the agency that provides adult victim services. It would be good to also offer some type of support/training for extended family members as they could then be an additional support for the victim and her children.

Children who are exposed to domestic violence need to understand that it is not their fault. They also need to understand that this is not normal behavior so that they do not repeat the cycle. They could also benefit from counseling to help they gain more control over the situation so that they do not feel like they always have to worry about the non offending parent.

Children would be in need of counseling services to learn that it is not their fault, appropriate interaction, violence is not normal, depression, anger and acting out.

Children need counseling services faster. Also, some fun type of activity that allows the child to be a kid.

Communication skills, counseling to address the emotional distress, abandonment, anger, depression, Coping skills.

community/family support, positive reinforcement,

consistency of not seeing violence. See parent in a positive manner.

coping mechanisms, counseling anger management

counseling and other supportive services such as big brothers/big sisters, support groups, sport/extra curricular activities.

Counseling (3)

Counseling and a safe environment.

Counseling and psychological services.

Counseling and self-esteem groups.

counseling and supportive intervention services

counseling services to deal with their exposure to DV and the associated trauma

counseling to deal with what is going on

counseling, individual and family, mh services, supervised visitation

Counseling, mental health intervention. Safety planning.

Counseling, possible art or play therapy depending on the age, a consistently safe environment, shelter for their family if needed

counseling, protection from abuser

counseling, safety, knowing where they are going to be and with whom

counseling, supportive services, housing,

counseling,shelters,appropriate relatives,

Counseling; support group; appropriate peer activities; visitation with parents when applicable.

counseling--trauma-focused and prevention-focused

crisis counseling

Crisis counseling followed by long term counseling, followed by self esteem work.

Crisis counseling, long term counseling, education about healthy relationships

Dependency. Lack of trust and bond.

Each case is different and needs to be assessed with each family, so this is difficult to say.

Education on relationships and coping mechanisms. An understanding of the situation as to not blame themselves.

family & individual counseling services, possible mentoring program. assess mental health and financial

groups on how to deal with DV parents

Individual and family counseling addressing trauma, possible protective daycare.

M/H, mentor, relationship boundaries, etc

Many children who have been exposed to domestic violence may have different needs.

Some of these needs include: counseling, medical treatment, having a safe place to go to.

Mental health assessment

mental health counseling casework counseling / case management services

mental health needs

Mental health Services to process and understand what has happened and to learn healthy coping mechanisms. Financial support, child care, housing and transportation.

mental, physical, intellectual, emotional

MH or trauma counseling, sometimes out of home placement

multiple and depends upon each individual family

Ongoing counseling. Especially when teenagers as this is when they often time will begin utilizing control also over the victim of DV.

Possible mental health issues, guilt feeling, lack of trust, family bond is strained. May be unable to focus in school, hyperactive, etc.

Safe secure environment Counseling to address the abuse they have witnessed sense of security basic, and emotional needs must be met

Safe stable living environment therapeutic services visitation with parents if available

Safety (2)

Safety and emotional support (2)

Safety education, peer support and trauma informed counseling if needed. This is optimally offered in their own home.

safety planning/safe adults/counseling

Safety, basic needs met consistently, consistency, counseling, medical

Safety, shelter, economic stability, medical issues addressed, family and individual counseling

Safety. Ability to make good decisions and judgements. Knowledge of self protection and supports.

self esteem building, feeling safe again, emotional support

Sometimes counseling is a need. Sometimes these children have low self esteem.

stable safe environment mental health counseling

stable, safe environment, counseling, parent getting treatment

support groups and mental health counseling

The children need to safe and away from any DV that has been taking place. These children may need counseling to help them deal with whatever has happened such as the perp leaving the home.

The need for calmness and peace in their lives, the need for love and nurturing they crave from their parents. The need to feel safe.

The need someone to talk to , counsel with to feel safe and to tell what is going on in the home. The need to know that there mom will be okay. They need to know they do not need to protect their mother that is not their job.

The need to feel safe and be safe. Counseling to deal with possible PTSD, anger, sadness, depression, etc.

the need to feel safe. They feel the need to protect. Need mental health services. The need to stay with the victim(if they are protected from the perp.) and not to be placed outside the home.The need for normacy

theraputic counseling, a voice in the court setting if old enough.

there are many, counseling, mental health services, alternative housing and court systems

These children need counseling to deal with the trauma, they need to feel safe and know that their family is safe. They need a plan to stay safe. They need education so they will not repeat the cycle.

These children often need intensive individual counseling. Sometimes these same children end up having anger issues or resentment and start acting out behaviorally at school or in foster homes (if removed from their parents). This may call for further assessments such as a psychiatric assessment.

These kids need a lot of TLC. They have a lot of trust to re-build with both parents, the batter and the victim as far as what is the victim and the batter willing to do for DV to not occur any further. Support groups can be benificail and depending on the severity, counseing or trauma based therapy that over time incorporates the family.

They have a need to feel physically and emotionally safe. They may need mental health treatment to process their feelings about exposure to violence and how this has affected them. They need to learn strategies to protect themselves if exposed to DV in the future.

they need a place to feel safe and where they can express their feelings.

They need individual and group counseling. There needs to be a strong support system for them to confide in.

They need safety, security, stability and care givers who can be patient with them while they relearn wanted and unlearn unwanted behaviors. They need to be assessed for counseling and need to rely on someone who can get them there regularly.

They need to feel safe and free from harm. They need to see adults interacting appropriately. They may need counseling.

They need to know how to recognize and devleop healthy relationships. Feel safe and be safe. Know when and who to trust. What they can/ should do in a violent situation. How to talk about and cope with their emotions. Etc.

THEY NEED TO LEARN OTHER WAYS TO DEAL WITH CONFLICT OR CRISIS. THEY NEED TO LEARN OTHER WAYS TO WITH THEIR FEELINGS THAN WHAT THEY WITNESS FROM THEIR PARENTS.

They usually grow up believing that maltreatment of other people is acceptable. Children will probably experience some self esteem problems. Children are at risk of being harmed.

This is a broad question. It depends on the developmental age of the children, what type of exposure there is etc. Children are certainly at physical risk when around DV, there is significant emotional risks but each case is different. Programs such as children who witness violence with staff well trained in this is critical. There is no doubt in many cases trauma to these children that needs to be addressed. Poverty concerns, neglect, when a parent does have the resources to protect emotionally they often lack economic resources, children lose a lot in these cases. Their school attachments, pets that they lose, etc. These children need to be assessed for their level of trauma and exposure to family violence and need to be supported in understanding it is not their fault, that they can be safe, that no one deserves this violence. We see a lot of the emotional control here, not just the physical violence which is often very hard to sort out.

To reside in a safe, stable environment free of violence. To receive treatment to address the social and emotional consequences of living with DV in their home.

To understand it was not their fault and how to deal with the fall-out.

Trauma counseling. Safe environment. Educational services. Supportive services.

Trauma centered therapy, possible out of home placement, family counseling

Trauma counseling Visitation

Trauma counseling, frequently shelter away from the offender, social learning services such as groups or other supports

Trauma groups / support groups for children and teens

Trauma work and peer support

trauma, separation, fear

We need child specific DV counseling and support groups.

What barriers impede your (system, organization, staff) from being as effective as it would like to be with children exposed to DV?

The only barriers are the barriers we create for ourselves there are solutions for every problem.

Limited Agency Resources

lack of resources

Case load, paperwork

caseload size

Lack of funds and administrative interest

Money (3)

Money to hire more workers.

not enough resources.

funds and programs

funds, education, support, court

limited resources

Lack of resources or knowledge of resources. Inexperienced workers, lack of communication between community partners and blurry boundaries, roles, and expectations. No policy in agency regarding dv, no dv safety assessments for children, non-victim and offender.

too many other cases, not enough time to devote as much time as may be needed on one case.

Insufficient Services

counseling is available, sometimes small waiting lists.
courts, and counseling can take a long time to get a child/family in and seen on a regular basis.
Appropriate services and training.
DV services are needed for families.
economic factors, housing shortage, lack of funds, crisis support is lacking
lack of support and/or resources within the family. lack of housing for victims and their families
Financial cutbacks affect the waiting list for mental health, substance abuse services
Lack of available services
Lack of community resources.
Not enough services and community supports. 'Systems don't always work well together'.
not enough services Yes they have counseling but there is not alot for the very young - under 5
At times "agencies" are on a waiting list or don't have the support staff to keep up with all the referrals coming in. Economic times have also hindered services/agencies.
Can use vouchers for chn. Current agency policy needs to make it easier for the adult victim to also have access to the vouchers w/o the cw having to jump through hoops.
Economy and services. Just like mental health there is a lot of turnover and the children can't establish a relationship.
Getting services as quickly as optimal for helping the child(ren) process DV experiences
I AM NOT AWARE OF CHILD GROUPS SPECIFICALLY DESIGNED TO DEAL WITH THESE ISSUES.
If their is a waitlist to get them engaged in services
Long waiting lists for counseling.
Lack of housing or safe places to go. Economic barriers
Finances sometimes get in the way.
available affordable housing and transportation
ongoing staff turnover at the crisis centers
Fortunately, the area shelter has services for families that are surviving dv. There is little assistance for transportation and financial assistance will prove to be difficult when the AR pilot is over.
lack of transportation, lack of cooperation by non-offending parent
Legal aid communication/assistance!! There are resources available, though not readily available.
limitations to financial resources, often waiting lists for counseling
We need more mental health for children - adequate mental health ...
SERVICES IN FAIRFIELD COUNTY ARE LACKING. THERE ARE SO MANY WAITING LISTS FOR DRUG/ALCOHOL ASSESSMENTS, MENTAL HEALTH, ETC. WE ONLY HAVE ON DV SHELTER.
wait list for counseling
Wait lists.
Waiting lists at agencies that accept the medical card.
Waiting lists for services
The lack of resources here in Columbus outside of Choices.
The number of services and the level of partnerships
Trying to get children into counseling in a timely manner. There are waiting lists to get into the mental health center.
long waiting list for services at times, stigma attached to DV, fear of the "system", etc

Most of our services for DV are offered through one place and if they do not except the family for services, there is no place for them to go.

Only having one shelter for DVwomen and children, and no DV shelter that will accept men.

Many DV programs will not take batterer's if they have not been convicted as guilty. Batterer's with dropped DV charges have no option but anger management classes-which is not the same as DV classes.

Our system does not respond to DV in a way that truly keeps the victim and the children safe. Instead we make the perp leave, thus further escalating the problem, we blame the victim and do not show compassion for both parties, or either party. We refer DV perps to anger management instead of DV counseling.

Our system has a hard time holding the abuser accountable and we do not have a domestic violence/abuser group to address the dynamics of domestic violence which is about power and control. We have an anger management group which does not resolve domestic violence concerns.

There are no DV specific services in the community besides one shelter that I know of and legal aid.

The experience of available counselors in the community mental health system.

Quality and timeliness of available services. Cost.

Worker Training

workers' lack of knowledge regarding domestic violence (its dynamics, safety planning, engaging batterers, etc.); historical response/expectation of separating batterers and victims/children via safety plan

differentiating between domestic violence and inappropriate conflict resolution. Not taking domestic violence seriously when warranted-life threatening acts committed against a victim in the presence of a child.

I think our Agency has any over-all knowledge of domestic violence, however, it would be more beneficial if there was a more in-depth knowledge of domestic violence, effects, services, etc.

Not completely understanding domestic violence.

Not enough training and application to training received.

Not a good relationship with DV shelter. Easier access to someone specifically trained when there is DV in the home.

training, established guidelines/policy/procedures

Non-offending Parent Actions

Trying to get the non offending parent to understand that counseling is needed for the children.

Lack of cooperation from the parents. Lack of understanding of the impact that DV has on children.

Many times the battered women / mothers return to unhealthy relationships and the children are put at risk, over and over again.

It is difficult to assist clients when they make the choice to leave their home. There are always financial barriers. Also, if the family does leave the home, it is very likely that they will return.

Client refusal

Families are often extremely unwilling to admit to DV and an active threat.

family not forthcoming with information during the assessment process.

Afraid to talk about it.

parents covering up the domestic violence or returning to the violent situation. many times you end up being the bad guy as the advocate.

parents not admitting that they have any problems and children also not telling us. When they do tell us, there is the feeling that keeping them safe means removing the batterer but we know that isn't always the best thing to happen.

Parent's unwillingness to engage in services. Long waiting lists for substance abuse treatment. Limited funding for services. Limited transportation services in the county. Parent's denial of the problem.

Parents willingness to engage in services.

People deny there is a problem to the point of convincing the children that everyone else is wrong.

Family's don't follow through with crisis counseling

The families cause a barrier to be able to help the families. Typically the victim will not press charges against the abuser. Some of the families deny the abuse.

Identification

lack of information reported to police when dv incidents have occurred.

Identifying D/V

The agency receives the reports well after the incident occurs, LEOs are not good at reporting and the reports generally come from the Prosecutor's office once the charges have been received by them. If no charges are filed for whatever reason, the agency most likely will not get a report.

verification of abuse, victim denial.

Our agency does not receive concerns of dv until a few weeks or even one month after the incident in which the victim has forgot the dv occurred and returns to the batter without receiving proper help.

Court Response

Justice System does not always respond to may sometimes not prosecute when victims don't show for court or are intimidated, warrants are filed for the batterers and they are not on a high priority to be picked up by law enforcement, sometimes court orders batterers to anger mgmt instead of BIP

law enforcement/court do not provide adequate consequences for batterers

We struggle with street patrol officer response and also with the court system holding batterer's accountable. The prosecutor's office seems overwhelmed. It would also be good to have all the judges trained on the dynamics of domestic violence and how their...

Often, the court is not consistent with the approach to DV

In order to ensure the safety of the children sometimes they are removed from the non violent parent as well and that adds to trauma.

The Nature of DV

Just the dynamics of the beast- inability to locate offenders, lack of law enforcement response, safety concerns of caseworkers that lead to less than desirable response and services to offenders.

Often, the battered go back to the batters and the batters don't want them to deal with us. Sometimes they scare the children and the kids don't want to talk/work with us.

Other, Cross-Category

The system is currently retooling for domestic violence cases, rather than relying on an older model.

Minimization of the extent of the DV, fear of the AP.

Project Woman, the DV Center for Women, has become less willing to take in clients

The courts and law enforcement often do not hold the batterer accountable and put the victim and their children at risk by offering little protection, light sentences and no court accountability for intervention.

the rights of the perp. Not allowed to ask direct questions as to mislead the child.

The system focuses on penalty and the perp. They sometimes forget about the victims.

Treatment strategies do not adequately address issues of power and control and are more anger management based. DV treatment is not intensive enough. Legal consequences are inconsistent are vary by jurisdiction. Ongoing problem of victim minimizing abuse and

allowing batterer to continue cycle of violence and parents not recognizing impact on the children.

violence in families continues victims return to batterers not appropriate treatment for batterers waiting lists for mental health and substance abuse counseling court not holding batterers accountable

We sometimes focus more on investigating the actual incident than we do on the needs of the children that have been exposed.

Workers close these cases prematurely and do not; supervisors/administrators do not allow W.'s to pass cases to ongoing for DV issues only.

need more cohesive program and course of action

We lack a comprehensive strategy within our community to deal with these issues. We have poor referral options for MH, SA issues, especially when they are linked to DV. Our LE and Justice System is often very easy on DV perpetrators, allowing multiple infractions, our LE does not clearly understand DV and why women esp would allow a Perp. into her life even with a restraining order and once this happens, our LE will no longer enforce an order of protection.

What would you like system partners (CPS, the court, and domestic violence service providers) to do to make things better for children exposed to DV?

Accountability

1) Arrest and jail offenders 2) Arrest and jail offenders 3) Arrest and jail offenders 4) when victim reports violation of protection orders, arrest and jail offender

There still needs to be something to hold everyone accountable for their actions.

enforce stronger laws against DV within the legal system.

Hold batterers' accountable, follow through with charges whether the non offending does or not.

Hold caregivers accountable re: the DV that children are exposed to. Consequences should be more severe.

Hold perp accountable

more severe penalties for abusers

more severe sentencing.

Not allow perpetrator to be in the home, consequences if the victim allows the perp in the home exposed to the children. Consistency with all partners of the system.

Order the perpetrator out of the home

law enforcement/courts to hold batterers accountable

More consistent legal consequences in all jurisdictions.

hold batterers more accountable in court

To hold batterers accountable for their behavior and not dismiss cases because the victim is too afraid to show up. Move towards victimless prosecution and follow-up from the courts/probation with batterers and their treatment.

Batterer's Services

batterer intervention program! visitation services.

batters programs

Have better services and consequences for he abuser so they can receive relevant help. This would enable the child to keep their family if possible.

Provide more group therapy

IT WOULD BE NICE TO HAVE A BATTERERS TREATMENT PROGRAM.

More coordinated and intensive treatment for batterers.

Services in General

Additional services and then Court order services.

As a county, we had talked about designing a program in which victims of repeated offenses would be given a "mentor" who could help the victim through the legal maze and give her/him the support to prevent a further occurrence.

better services available, improve counseling/trauma sites, improve task force in the community

child friendly group services.

Continue to order counseling and other treatment for the victims and perpetrators.

Ensure available services available - including trained/skilled professionals to deal with DV situations

Contract with agency for a reduced fee for our clients and agree to get them in for services sooner and more often.

Get them started in therapy and services as quickly as possible.

Group therapy for children, allow the child to speak with the judge/magistrate.

Have mandatory counseling if they think the child is exposed to DV.

IT WOULD BE NICE TO HAVE CHILD PROGRAMS SPECIALIZING IN DV.

Implement program that work.

More programs for kids.

more services for the young children under 5

Offer peer group counseling.

provide additional services for parents (victims and batterers)

Promote available counseling services / sites in the communities for children involving agency staff.

provide more housing and resources for victims of dv

provide more services and support to the mother/fathers so that the children can remain safe.

Provide more shelters and more intensive counseling for victims.

provide services for the family, such as groups for everyone, counseling individual and group, access to a safe house that allows contact with the AP

Provide workshops for kids to help them through the tough time and teach them how to remove themselves from harm.

more emergency assistance for mo.'s and their children to decrease the family's dependence on the abuser

Support group

To improve the strength of the partnerships/exchange of information or services

Communication -> Collaboration -> Holistic Response

All work together toward common goal.

assure that all the Agencies involved are communicating effectively to assure the children's safety.

Pull together in reference to all possible resources available to that area and continued to work collaboratively to deal effectively with the needs of the family.

Better communication and understanding of each system partners roles. Many do not have a clear understanding of FCCS role and why we sometimes have to do what we do. It would be beneficial to be allowed to take part of their training regarding dv and have a different perspective, and for them to be more familiar with child welfare and our role.

Better communication and working together.

contact each other throughout the life of the case to update each other on progress.

Continue to work together for the betterment of the child. Allow the child to know that whatever feelings they have are ok and they need to express them in order to heal and

get past the hurt. Sometimes system partners are so focused on deadlines, criteria, paperwork, rules, and regulations that the actual need of the child gets lost in the shuffle. Have a more in depth collaborative response.

Everyone working together and open communication would help

I think that it would be beneficial for the system partners to work together on all topics, not just domestic violence.

Improve system for people to get protection orders and work towards a collaborative effort to keep the kids safe.

We need to work on this as a common cause, a local task force would be a great thing to get started here, modeled off of some of the other programs that other communities have used to bring everyone to the table. Multi-disciplinary sessions about DV. We need a coordinated community response, CW cannot do this alone, nor can the DV agency.

we work together fairly well now.

work closer together

work together better, get children into counseling quicker

work together.

More cross collaboration and cross training is needed

domestic violence service providers and CPS to collaborate on a common response to the issue

Stop acting like we are adversaries. Work harder at making a partnership, maybe specialized casework involving DV cases that involves a team approach.

Would be nice if DV service providers could work more collaboratively with the agency.

A DV court would be an excellent idea - You could address all areas, the batterer, the victim and the children. Because DV is such a huge problem, there needs to be a DV focused response that involves the courts (accountability), the protection of children (FCCS) and the Healing (counseling / treatment services) for children and parents.

A more cohesive system of providing services in a timely manner. Systems to work better together from the front door. Also, the county has no aggressor treatment options.

I would like our county to respond immediately to dv victims and families which would allow the family up front service to wrap around the family immediately.

to make a team plan for how to deal with and plan for these children and their safety and well being

team approach while dealing with the families,

Education

Access more current research.

be educated on domestic violence and ways to interact most effectively with families.

Education

Education for both parents in how domestic violence affects their childrens lives. I believe both parents need to understand that the children are also victims.

Make more training on domestic violence available. Make sure the training helps people to understand where the responsibility lies, i.e. with the batterer and not the victim, that victims don't "like the drama or the abuse," as well as understanding why victims stay or don't prosecute so that they do not get frustrated with victims. If people are more understanding of victims needs, they may be able to better help the children.

More and more education and to teach children not to keep secrets that can hurt someone.

Other Legal/Bureaucratic Response Issues

establish protocol for children in DV situations

I would like our courts to RECOGNIZE this issue. Ross County's conviction rate for DV is ??? 2% - somewhere around there!!!

Look for alternative placement at onset of problem.

POLICE NEED TO GET THE CHILDREN'S INFO. AND INCLUDE IN THE REPORTS. THIS MAY INFLUENCE THE NUMBER OF CASES WE BECOME INVOLVED IN. OFTEN THE POLICE REPORTS DON'T ADDRESS THE KIDS IN THE HOME AND DON'T OFFER ANY INFORMATION TO IDENTIFY THEM.

Recognize that they can also be victims and include them on protection orders not only when they have been physically injured. They also need to look at the batterer's ability to parent and their actions that can manipulate the court and others.

Remove the children from the non-offending parent until they are stable and REAL have no contact with the aggressor and have successfully completed a victim's program.

Stop letting the batterer off because the victim won't testify in trial. THEY ARE SCARED!!!! violation of CPOs to be more strict

The court needs to get DV cases through the system faster so that the children aren't in limbo not knowing if the perp will be coming home, etc. If one of the above finds out a CPO/TPO has been broken then they need to let the others know so that someone can make sure the children aren't in any danger.

Other

All agencies have the same knowledge and desire to serve and support those involved. Use of the funds.

Be less judgemental about the victim.

We also need to work through more issues with the child to be able to confront the abusive and no abusive parent is age appropriate.

I think some DV shelters can be really negative environments because they have an abundance of rules for the families that stay there to be followed. It seems like this can be a more controlled environment than the one they may have been in with the offending partner.

Listen to the family and what is really going on.

meet the needs of children

More financial resources

More sensitive practice

Not to punish the child for their parents actions.

understand not only the physical injuries but also the emotional damage

Understand the cycle of DV and how just hearing DV can cause harm to a child.

Is there anything else that you would like to share regarding children exposed to domestic violence and the Alternative Response program?

Our county has tried to work with CWs on our own domestic violence protocol but people still want to revictimize the non-offending parent.

I have a difficult time working with D.V. families. It is hard for me to put my feelings aside. I want the victim to seek safety and get away from the abuser but that can put them at greater risk but I do not like putting children in danger.

There is an interest in the county (at least with the Lighthouse, Prosecutor's Office and CPS) to address the issue of DV holistically. We have gaps in services and overlap in some services.

I think there is just an adjustment/learning curve in alternative way of thinking.

While TR is able to make the referrals necessary for these children it is beyond their capabilities to follow through and monitor

In regard to #21 both systems should be safe because safety assessment should be an ongoing process in both systems.

In AR cases the worker is usually working more closely with the family and families are often not as defensive so the worker is more likely to know if there is DV and so more often do something to make kids safer.

I've only had one case and the family was not cooperative with FCCS

I just hope that since hearing about the alternative response program being a more "gentle" way of approaching families that the children and the adult victims continue to get the help they need while the batterers are also held accountable and also get the help they need.

I believe that AR can be a much more effective and family friendly tool that when utilized can assure/improve safety in a less intrusive and intimidating way.

Commit to our families and care for them and we will find results we are looking for. Court and other outside agencies often end up being added stressors that can make lives even more complicated than they already are.

Many of these questions I could not answer because of my administrative role.

Need more funding for programming

Allowing batterers to remain in the home can be a dangerous practice and can lead to family's minimizing the DV and continuing patterns of behavior and lead to more child maltreatment.

I am concerned AR keeps children at risk.

Just to reiterate DV cases should not be taken as AR unless the parent with the children recognizes the risk of DV and wants to voluntarily work with the CPS agency.

Make sure all counties follow the same practice and guidelines. We rarely do...

We need to always remember the children when considering what is best for the "family".

Appendix A

Do you believe child witnessing of domestic violence constitutes child maltreatment?

Comments from "Yes" respondents

If children have witnessed the dv, they remain exposed and experience emotional trauma.

A child witnessing dv is emotional maltreatment and should receive services.

I believe witnessing DV would be considered emotional abuse.

It can cause psychological and emotional harm to the child

The children are directly affected by what they see their parents do.

The effects of witnessing DV can be -huge-, many, depending on the intensity & how often witnessed.

The effects of children witnessing domestic violence can be huge depending on the frequency and intensity!!! (I worked with children at DV shelter!)

The psychological trauma, even if the children are not physically injured, is still very concerning.

The psychological trauma, fear and anxiety associated are clearly child maltreatment.

Emotional trauma, fears, emotional scars, etc.

I feel it has an emotional impact on them.

There is no way a child could not be affected in some way from being exposed to domestic violence.

It seriously does long term emotional damage to the child.

In cases that I have received from intake where Domestic Violence is a concern the children generally end up getting physically harmed because they are in the middle of the altercation when domestic violence is occurring.

Due to emotional and traumatic effects it has on the child.

I have had cases where domestic violence and fear has stopped a parent from doing what they need to do to keep their child safe.

I believe that the level of fear and anxiety that results from seeing a parent beaten has a profound effect on the child's perception of their own safety. The constant exposure to the fear and anxiety can have a life-long impact on the child's physical health and development.

A child could be harmed during the DV, or may lack being attended to because of it. A child should not have to bear witness to it.

Witnessing DV affects a child's emotional well being.

Children who are exposed to domestic violence experience some trauma from the situation. Domestic violence can affect the child's feelings of safety and care. It also creates an environment of helplessness. At times, children may be injured, accidentally, during attacks on a parent/caregiver.

A child witnessing dv creates trauma for the child emotionally.

Can cause emotional harm which the ramifications surface at a later age.

Child maltreatment occurs when there exists a risk of harm to a child given his or her environment. Inherent in DV relationships is the risk of physical injury to anyone in that household. Above and beyond this, however, is the greater threat of emotional trauma endured by a child subjected to violence in their home. Not only does this potentially result in a broad spectrum of possible behavior and adjustment disorders, it leaves a scar on the soul that, unlike physical injuries, will not fade with time.

D/V has a major impact on children as part of their everyday environment

A child who witnesses DV is less likely to feel their own environment is safe. A child who witnesses DV is more likely to be a victim or a perpetrator of DV themselves.

Hearing the violence may have a greater impact at times. The child may feel the violence is more severe because they don't see it.

Emotionally harms the child and there is potential for escalation, causing physical abuse towards the child

Unfortunately, it puts the child through emotional distress.

If a child is witnessing domestic violence, the child or children are at risk of being hurt physically or emotionally.

Children exposed to violence are negatively impacted.

I think that a child witnessing abusive or violent behavior could potentially cause emotional issues for a child.

When a child is in a chaotic environment they are exposed to the fear, and anxiety that goes on with violence, yelling etc... This is something children at very young ages never forget and can also be post traumatic to them. This affects the children's relationships with both parents and relationships between child, peers, and others in their lives. These effects will help negatively effect a persons life, so yes domestic violence constitutes child maltreatment and anyone who thinks differently isn't fine tuned into how children feel and what they go through and probably shouldn't be in this field.

As children witness DV there is secondary trauma. Often families where DV is present, there is other forms of child maltreatment occurring in the home.

That is something that will stick with your for the rest of your live. I experienced witnessing DV as a child.

Child is traumatized and may exhibit aggressive behaviors

Witnessing violence traumatizes children and instills fear.

Even though it is not always intentional (for the child to be present), it does constitute child maltreatment.

Because DV can be a traumatic event on a child to me it is maltreatment.

Witnessing domestic violence causes emotional trauma to children, as well as places them at danger due to possible physical harm occurring to them as a result of the batterer physically hurting the victim (endangerment).

Per Supervisory conference information and guidelines for child abuse allegations

Exposure to domestic violence can be harmful if the "victim" does not respond appropriately teaching the children that violence is an accepted form of behavior contributing to the "cycle of violence" potentially in their adult life and relationships.

Children who witness DV experience secondary trauma

Yes, however other dynamics involving the family can be addressed through AR practices
Emotional abuse

I believe children often mimic the violence they witness. It inhibits them from normal growth & functioning.

In spite of some research to the contrary, I find that children exposed to domestic violence are more likely to have school problems, anger issues, depression and a host of other problems that can be explained in part by the witnessing of the violence. In addition, the ultimate involvement of CPS is likely to stigmatize the child and potentially lead to placement away from their family and involvement in services that might not be necessary were it not for the DV.

Witnessing DV can affect a child emotionally and behaviorally in a negative manner and so I consider it to be maltreatment.

Children learn to hit rather than reason out a problem.

It places the child at risk of getting hurt during a domestic violence episode.

It places the child at physical and emotional risk

Children exposed to dv are being placed at risk because at any time could they become involved in the violence or be physically harmed. It is also detrimental for them to see this violence.

Family violence is abuse

Children can try to break up a fight between parents and get injured. Some parents can become upset and take out their frustrations on their children. If children see their parents fighting then it can lead to emotional maltreatment.

Although witnessing DV does not necessarily constitute child abuse in all cases, I do believe that forcing a child to witness violence is maltreatment.

There is a lot of research out there that proves that domestic violence can cause future behavioral issues, including sexually acting out, poor schooling, etc. No one should be forced to watch another person be beat or verbally hurt.

Secondary trauma often occurs in children regardless of their ages due to the simple act of witnessing this type of interaction

Comments from "Depends" respondents

If they were directly involved or where present during the incident. Not if they live in the home but where not present when the incident occurred.

It depends on their ages/comprehension level... and their understanding of the situation. Also, if they are fearful then that matters.

Depends on if the circumstances, how it is handled by the family, if there are prior incidents of DV that the child has witnessed, etc

It depends on frequency, duration and intensity of the DV and what the child's and parents' responses are.

Depends if the victim is family member, or someone closely involved w/ the child.

Depends how old the child is. I would want to know if the child was in the line of fire.

There is a wide range of DV cases screened in, some not severe while others are, case by case decision.

One time, with no prior history vs. ongoing problems of DV in home/family over generations.

Other variables are associated such as age of child, vulnerability, etc.

Depends on the age of the child. An infant would not be affected as much emotionally as a toddler or older child would be.

We need to see some indication in the children, verbally or behaviorally to make a finding of abuse in these cases. This is why we assess in each case. Some children appear to be quite resilient at our point of intervention. We can still refer to services in our community when children are exposed to violence without making a finding.

If the situation is verbal and is not placing the child at risk of physical/emotional harm then no. If the situation is physical or verbally escalates to an extreme that places the child in emotional/physical harm then yes it is maltreatment to the child.

This is the reasons we do assessments, I am not sure there is much that is an absolute I think that it depends on the extent of the DV. An isolated incident (depending on severity) may not have any last effect on the child so this would not constitute child maltreatment. Severe incidents of DV and long-term exposure to DV probably does constitute child maltreatment.

I think this varies case by case. It depends on the situation, degree of domestic violence, etc.

Pushing and shoving, yelling and screaming no. Hitting, injuring, verbal abuse towards spouse, yes.

The severity of the incident would determine whether it is yes or no.

There would need to be some response to the domestic violence exhibited by the children to may a finding of child maltreatment. It isn't just the exposure, there has to be some effect on the child.

It depends on the cognitive level of that child, number of occurrences, intentional versus unintentional,

Sometimes very minor instances are considered domestic violence, depending on what police jurisdiction is involved.

If it is a first time offense, the child may have some affects however I would not classify it as child maltreatment. If it is an ongoing concern with the family, then it may cross over into child maltreatment.

I believe that there are different forms of DV that can affect different kids to different degrees. I believe that in all forms it does affect kids, but does not always rise to the level of child maltreatment.

child is at risk of being hurt in situation like parents are involved in physical altercation

I believe that witness is damaging to children but the extent of the violence exposed to would need to be assessed to decide if that constitutes maltreatment

Depends on the level of violence. Sometimes we get a referral even if the child is in the home sleeping and didn't witness anything at all.

Jo – we only included the 4 counties that you indicated are of particular interest for the following Appendices. We can sort the data from 6 other counties for this question, and/or create a separate appendix/document for each county rather than organizing it by question.

Appendix B

Please elaborate on how families are screened into or out of the AR program based on their experience with domestic violence. Describe the criteria used for selection or in what instances the domestic violence would lead to inclusion or exclusion from the AR program.

Clark County:

In either AR or traditional cases we always ask about domestic violence. I think that AR can be a more positive influence in some domestic violence cases. If there has not been a case history of domestic violence AR could be helpful.

I don't do the screening.

Within Clark County, I am the AR supervisor and I check all cases before the decision to randomize (or now just to assign to a track). Based on previous history, court records and the report, a decision is made to track assignment. If the DV incident was high risk (the use of weapons, attempted murder, choking, drowning, basically felony issues, etc) than the report is sent to the traditional track. All other reports are sent AR.

We would look at family willingness to engage with us, looking at all members of the family. If a partner is not willing to engage with the agency, and/or is not willing to permit a partner to engage with the agency, it is impossible to successfully implement AR.

Looking at the agency's history of engagement with the family is important. If there is fear, or the agency has been "used as weapon" by one or the other partner in the past, It is probably not appropriate for AR.

Fairfield County:

DV is not necessarily an exclusion factor.

Our county takes all domestic violence cases where children were witnesses or involved.

Families are not necessarily excluded based on DV.

If there is severe physical harm to the children and/or the case needs to go to court, then it may not be included in AR. Any other circumstance would be included.

DV would be normally screened AR unless a child received severe physical injuries as a result

EXCLUSION: IF THE FAMILY HAS ALREADY BEEN THROUGH THE RANDIMIZOR, OTHERWISE, WE NORMALLY PUT ALL DV (REGARDLESS OF THE SEVERITY) IN THE RANDIMIZOR UNLESS A CHILD IS SERIOUSLY INJURED.

DV does not rule out AR unless serious physical injuries have occurred to the children.

Generally most DV reports are screened into AR. The agency utilizes the Pathway Assignment tool to assist in the screening process. The only reports of DV that would be screened out of AR would be the ones that the AR project deemed not appropriate for AR (i.e. sexual abuse, hospitalization of a child with severe injuries needing immediate court involvement).

If there is severe physical abuse regarding a domestic violence incident then it would probably not go AR. However, I have found most instances are appropriate for AR. AR workers are able to work with a parent to "get back on their feet" if they are leaving an abusive relationship. AR workers are able to link families with services and monitor their follow through to assure the children are safe since often victims go back to their abusers. AR workers are able to work more intensely with families, which provides them additional supports, and the courage to improve their situation.

Franklin County:

I do not know and have not been trained on AR
If domestic violence is present in the home, the family may become involved with our AR project.
I'm not involved in Intake's AR process - I'm an ongoing administrator
I'm an ongoing worker with AR and traditional cases; I don't deal with screening AR cases in or out.
I'm not sure about the screening process and have not been a part of the process.
I am not involved in the screening process
Screening supervisors have that task.
I am an on-going supervisor and do not have involvement with AR program.
Domestic Violence cases are included in AR. If there is already court involvement that involves the child, it will be excluded from AR.
Cases involving domestic violence are "eligible" for randomization into AR program, unless a child is seriously physically harmed during a domestic violence incident. If a child is seriously physically harmed the case is assigned to traditional investigation.
Not sure b/c I do not do the screening
I can't answer this as I am not at Intake
AR cases are randomized based up zip codes
We utilize the pathway assignment tool and do not have additional exclusions for DV
Referrals are made and accepted for situations where the children are exposed to DV pr present when the event occurred.
Not involved in this process
Unknown
I do not make this decision.
Only if a child was severely harmed as a result of the dv would they not be screened in.
Any DV may be included unless the child received significant injuries as a result of the DV.
I am unsure of the screen process but it appears that the randomizer accepts physical abuse and neglect cases. If is so happens to have D.V. in the referral and randomized into AR then it will be addressed by an AR worker.
Not sure, this question is more for an AR supervisor or screener supervisor.

Ross County:

If a parent (custodian) is willing to protect their child from the DV (follow through with LE, TPO, etc.) we will consider for AR
Families in which DV concerns are highlighted, without LE or formal charges, are considered for AR at this time.
I do traditional and AR cases but mostly traditional. So I really do not have a good answer for this question.
If a parent shows protective capacities through the DV incident and is willing to work with LE and other agencies, the case would be considered. If a family has a history or DV and not cooperating, it will not be considered. It just depends on the situation.
If a family has history with the agency and law enforcement and of not cooperating (in keeping the children safe from DV) or the offender of the DV has a history of violence (is labeled hazardous) and we know that person is not leaving the home willingly, it would not be chosen for AR. If the parent not offending wants to protect the children from the DV it will be considered for AR.
If there is court involvement due to the DV then case would go traditional especially if the charge is a felony. Some misdemeanor charges may go AR but it depends on the case.
Not involved in AR
A randomizer screens them in or out until Oct. first when the screeners and their supervisor will pick the families that are appropriate.

Appendix C

Regardless of agency practice, do you think families experiencing domestic violence should be included in the AR Program? Why or Why Not?

Clark County:

Yes

The families are in need of services.

I believe families experiencing domestic violence should be included because it is detrimental to the child. The child may feel various negative emotions and can act out in other ways due to witnessing domestic violence. Again, I have seen children physically harmed because they are in the same room when an altercation occurs.

Families should be involved with AR if experiencing domestic violence. If this is an isolated incident and no past history I believe AR could be of great benefit for families due to the interaction between family and caseworker. By figuring out what has happened to cause the domestic violence and talk about the incident will help the family better. AR worker would be able to connect the family with proper services.

Yes, I feel the AR unit can implement services for dv families instead of passing some of them onto ongoing unit, depending on the severity of the dv.

I think families should be either in AR or in Traditional response.

Yes. Sometimes, families need an advocate to step in and help them look at the situation and assist in developing a solution.

Families with DV should be included in the AR track. The DV victim is quick to justify the AP's behavior and often becomes closed off to the worker. With the AR approach, we are able to take away the adversarial relationship with the family. Most AP's state they want to stop, but do nothing to change their behavior. AR allows families to be open regarding DV and then work together to address the issues. Most often in TR, workers recommend that the victim leaves the AP and this is not realistic. Even if the AP does leave the home, they still have to assess to their children as well as others. Working with the family to change the behavior not only addresses the DV issue currently, but may diminish the likelihood of the pattern continuing.

Yes, because you need a really good relationship with the family if you want to keep children safe and keep them with their families.

Depends

Depends on the family history and circumstances

If handled correctly, they can.

I think it could be beneficial for some families. There are risks that should be weighed against benefits. After all, in a lot of instances, we ask people to stay away from their abusers and they don't.

Case by case

Depends on the situation. There are times when inclusion can be quite appropriate. I would not want to automatically rule out this group.

No

No, DV "is a hard nut to crack" and the victims are guarded, and often do not disclose the extent, or even disclose.

Fairfield County:

Yes

Yes. Through AR, families may be able to engage in services that would allow them to address the issue of DV.

Yes, the child/ren may have been hurt or exposed to the domestic violence situation. Children exposed to domestic violence could benefit from counseling and support.

Yes. Depending on family members' willingness to participate, AR may be an avenue for assisting the family with counseling, anger management, or other services that could reduce or eliminate the violence in the home.

Yes, definitely families with DV should be included in AR. The family can benefit from more intensive and ongoing services whether it is to help "mom and children" get back on their feet without dad and/or to assure the family is linked with all the proper services (legal, mental health, etc.) and has the support to follow through with services.

Yes. I think family engagement is very important when working with a family, and if families who are experiencing DV can have the opportunities, through AR, to be linked with services, such as counseling, support, protection services, batterer intervention, etc., would be extremely beneficial.

Ideal for AR due to the amount of services usually needed i.e.- counseling, housing, financial etc.

YES. HISTORICALLY OUR AGENCY FOCUSED ON GETTING THE ALLEGED PERPETRATOR OUT OF THE HOME. WITH AR, THAT IS NOT OUR GOAL. THE CHANCES ARE HIGH THAT THE MOTHER WOULD GO BACK WITH THE AP, THEREFORE, IT MAKES SENSE TO WORK WITH THE FAMILY TO IDENTIFY BARRIERS OR POINTS OF STRESS.

Yes- many times these families are truly the families that could benefit from AR as linking them to services could promote health and end the cycle possibly.

They should be included because the AR program appears to be successful with many families.

Absolutely, these families are in full need of an enhanced supportive system and assistance in linkage to services as well as help starting over.

Yes, domestic violence cases should be included in AR. AR workers are able to work more intensely with victims/families, assure services are in place, and work with them longer to monitor and give support.

Yes, because if the children are in the home, they are exposed to this behavior and are put at risk.

Franklin County:

Yes

I believe that they should so that the agency and the AR Program can see the best way to help a family experiencing DV.

Yes, I think all cases involving DV would benefit from our AR project. The AR program will let the family know that we are here to help families.

I think so as many families are in need of services to assist in getting help (victims) which sometimes include legal counsel.

Yes - depending on the severity of the DV. When the violence becomes too extreme, removing the batterer is important and sometimes the only way to make that happen is via court involvement.

Yes, I believe that AR cases should be involved with AR cases. I believe the AR approach brings us closer to our families. Our families start to understand that we really want to help them with their problems. And I think we will see a better want to achieve the family goals. This helps family's better themselves as human beings and creates a stronger family unit that learns from their mistakes rather than repeats mistakes. Domestic violence is just a reaction to what really is going on with a family. Gaining a family's trust helps us get to the root of the problems.

Yes, they should be included because AR should include most types of maltreatment, which includes domestic violence.

Yes because the DV could be situational and if the situation is resolved there may not be anymore DV.

Yes, not all DV's are a violent situation; many have the background of drugs or alcohol being involved first.

Yes, some of them if they don't have long history of cases with FCCS, with history of noncompliance with the agency.

Yes. AR is community driven. In domestic violence situations, the community should be a major factor in developing a family's safety plan.

Yes, if we stand by our motto: protecting children by strengthening family, agency involvement could ultimately prevent maltreatment through assessing child safety, ensuring safety, referring/linking to services and monitoring progress

I do feel domestic violence cases should be included in AR program. The family-centered/family-driven focus of the AR philosophy coincides with allowing victims to be the experts regarding their own circumstances and with identifying how they provide for theirs and their children's safety. AR involvement lessens the possibility of a victim being re-victimized during a traditional investigation, where he/she may be placed in a position to accept responsibility for failing to keep themselves or their children safe.

Yes, I think in general that we (the system) revictimize the family with all of the court filings and required programs to complete.

Yes, there are other dynamics involving the family that AR practices can address and become a benefit to the family

Yes I do- the traditional approach often puts the victim of DV into a difficult position- perhaps re-victimizing the victim- The AR approach can enhance the victims participation in planning- increasing the likelihood that safety can be achieved for victim and children

Yes, DV families should be included but AR should not become a DV Unit

I think that they can be, they need to meet a different criteria. The agency also needs to have better communication and access to support services for victims and children.

Yes, domestic violence is another barrier that families face, where it is a barrier in having a healthy relationship or the barrier that keeps the victim from leaving the relationship, the family still needs help. And the best help comes from a partnership, not from finger pointing and confrontation.

Yes. Sometimes these cases can be best served with the AR program - other times they need more services.

Yes, these are families that need to be dealt with using the AR approach, we need to be able to go in and try to partner with the families and use their knowledge of their situation to ensure their safety.

Yes, because there is more opportunity to interact with the family and try to get them services.

Yes

I believe they should be because victims need the extra help and a worker to work next to them rather than a worker tell them what has to be done. If an AR worker can help a family to become "functional" then it will be helpful in the future. I also believe it is difficult for an abuser to stop abusing. Statistics show that a D.V. abuser is not likely to get over their controlling issues.

No

No

No because I think that domestic violence is much more deeper than the AR program.

No because DV is completely different

No - I think any case with DV should have an open case with the agency.

I say they should not because the cycle of DV is very hard to break and I feel that AR would not be able to convey the seriousness of the situation to the family.

No, do to the nature of the situation and the family system it might not be possible. DV with families might have other forms of childhood maltreatment.

Depends

It can be case-by-case determination.

I don't think that there is any right answer to this question. I believe it depends on the family, their willingness to receive and participate in services, family history, other issues going on within the family, etc.

DEPENDS ON THE EXTENT, SEVERITY, HISTORY AND A MULTITUDE OF OTHER FACTORS;
AS WELL AS ANY OTHER ALLEGATIONS.

Depending on the severity of the DV

If the AR program can better assist the families involved with dv then yes.

BOTTOM LINE: WHAT IS BEST FOR THE CHILD VICTIM

Depends on the degree of violence

I believe it depends on the case. Chronic DV cases should not go to the AR program.

Severe dv that involves felony charges or severe physical harm may need to be handled in a traditional manner

Depends on the level of violence in the home and the severity of the DV.

I don't know or N/A

N/A, I AM NOT INVOLVED WITH AR PROTICAL

I don't know

I am not sure

I am not familiar with the AR pilot, however families experiencing domestic violence are a unique dynamic. I believe this should be a traditional case, if there is indication of current and ongoing dv.

I do not know what AR does specifically to answer this question.

By not being part of the pilot, I am not sure about my answer to this question.

Ross County:

Yes

Yes, if they are willing to protect their children and themselves

I think they should be included in the AR program. A more alternative approach may work better for DV cases and sometimes it is an isolated incident

Yes, due to the non-threat of "children services" families may be more open in treatment and other resources.

Yes, there are cases that are appropriate because the families want help and are willing to protect their children.

Yes, if the parent wants to protect the children and shows protective capacity, we should consider AR

Yes, I do. There are times when DV is a result of stressors in a home brought on by everyday life issues. Some of these are critical for a family, and a lot of families do not have the skills to cope w/ them. But w/ AR they would be offered the opportunity to learn skills, directed towards resources that would empower them to handle the critical issues in their life successfully and most important w/out violence.

Yes, it gives the family a chance to fix things together.

Yes they should be included but it depends on how serious the DV is and whether the non-offending parent is able to protect the children from harm.

Yes, as stated it should be case by case and if there was physical harm to any of the parties in the home and the severity of the harm.

Yes to try to work with the whole family and how DV impacts everyone in the family.

Depends

Unless there is considerable history or repeat offenses

Possibly, if this is the first report of DV or agency believes family does not have a history of domestic violence. If domestic violence is an ongoing and severe issue within the family, I believe a traditional response would best meet the needs of the family.