

# Ohio IPV Collaborative Final Report

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# INTRODUCTION

Over the past two decades, greater attention has been devoted to exploring the intersection of domestic violence and child maltreatment. Intimate partner violence has a profound impact on children. Violence between adults in the home not only exposes children to greater risk of physical harm, but research clearly indicates that children are significantly and adversely impacted regardless of whether acts of violence are directly targeted at them.

- Each year an estimated 3.3 million children are exposed to violence against their mothers or female caretakers by family members. (*American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 1996*)
- Studies show that child abuse occurs in 30 to 60 percent of family violence cases that involve families with children. (*J.L. Edleson, "The overlap between child maltreatment and woman battering." Violence Against Women, February, 1999.*)
- A survey of 6,000 American families found that 50 percent of men who assault their wives, also abuse their children. (*Pagelow, "The Forgotten Victims: Children of Domestic Violence," 1989*)
- Research shows that 80 to 90 percent of children living in homes where there is domestic violence are aware of the violence. (*Pagelow, "Effects of Domestic Violence on Children," Mediation Quarterly, 1990*)
- A child's exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next (*American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 1996*)
- Male children who witness the abuse of mothers by fathers are more likely to become men who batter in adulthood than those male children from homes free of violence (*Rosenbaum and O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, 1981*)

Due to the prevalence of family violence in society today and the overall impact on children, jurisdictions have sought policy and practice solutions to achieve better outcomes for children and families impacted by intimate partner violence. The intersection of intimate partner violence and child protection is a shared community concern that requires effective interventions across systems serving all members of the family: domestic violence survivors, children impacted by violence, and perpetrators. Fragmentation of duties, roles and communication among responding systems has resulted in approaches to families impacted by intimate partner violence that are frequently disjointed, incompatible, or inadequate in addressing family needs in a holistic and individualized manner. Poor planning and collaboration among systems, including child welfare, courts, IPV programs, law enforcement and other critical stakeholders too often results in unnecessary child removals and ineffective service planning and provision, undermining the goals of safety, stability and well-being for children.

The Ohio IPV Collaborative seeks to reduce the entry of children experiencing violence in their homes into foster care by forging community partnerships to develop a collaborative and holistic response to intimate partner violence. This report describes the work of the Ohio IPV collaborative in its first year and includes:

- An overview of project work, including the work of the Ohio IPV Collaborative Statewide Planning Group and the work undertaken by four county demonstration sites;
- Detailed recommendations developed by the Ohio IPV Collaborative Statewide Planning Group in support of a statewide model IPV response plan;
- Emerging themes that developed during project work that will inform future planning; and
- Lessons learned from the project demonstration sites, including considerations for implementation of the *Safe and Together* model into the state's Alternative Response practice framework.

## **BACKGROUND**

Beginning in July of 2008, ten Ohio county child welfare agencies implemented an 18 month pilot of an Alternative Response child protection model. Alternative Response (AR) is a form of child protective services practice that allows for more than one method of response to reports of child abuse and/or neglect. An Alternative Response model recognizes the broad variation that exists among child maltreatment reports and the concomitant value of responding differentially. Ohio's Alternative Response model includes two pathways – a traditional investigative response for reports of egregious harm, such as sexual abuse or severe physical abuse of children, and an alternative response assessment available for other types of reports. Central to the alternative response pathway is a focus on child safety through partnership with families, assessment of child and family strengths and needs, and provision of services without a formal disposition (substantiation or unsubstantiation) that maltreatment has occurred or that the child is at risk of maltreatment.

As the pilot progressed from July of 2008 through December of 2009, the counties developed greater confidence in responding to various types of reports through the alternative response pathway. Over time, counties found that a significant number of their alternative response families were experiencing intimate partner violence. Several of the pilot counties requested technical assistance and/or training opportunities specific to the intersection of domestic violence and child protection concerns, particularly in the context of an Alternative Response system. In response to county requests and recognizing the overall impact family violence has on children, Casey Family Programs extended its support to assist Ohio in developing an "Ohio IPV Collaborative" to expand agency and community capacity to serve families experiencing intimate partner violence.

The Ohio Department of Job and Family Services (ODJFS) contracted with the National Center for Adoption Law & Policy (NCALP) to facilitate the Ohio IPV Collaborative. This multi-faceted project aims to build IPV competency within child protective services agencies; foster enhanced partnerships among child welfare, courts, DV/IPV service providers and other critical stakeholders; and to develop recommendations for a model community IPV response plan.

## **SUMMARY OF PROJECT ACTIVITIES**

### ***Planning & Foundational Work***

In the early stages of the Ohio IPV Collaborative project, with the support of the HealthPath Foundation of Ohio, NCALP forged a partnership with the Ohio Domestic Violence Network (ODVN) to enlist ODVN's assistance with assessing current response protocols and resource availability in the original ten Ohio Alternative Response pilot counties. NCALP and ODVN developed an online survey tool to gather data regarding current IPV response protocols, community resources and partnerships surrounding IPV, and current knowledge and attitudinal indicators among staff concerning families experiencing intimate partner violence. The survey was disseminated to workers, supervisors and administrative staff in all ten pilot counties, including workers providing alternative response services, traditional child protection investigations, ongoing services, and screening staff. Responses from all ten pilot counties were compiled, analyzed and synthesized into a report. (See Attachment A)

While the initial needs assessment survey was being completed, NCALP began communications with the ten counties regarding the project and their interest in participating. NCALP also engaged David Mandel from Mandel & Associates (DMA), whose DV response consultation model had been specifically identified by AR counties as a model of interest, to provide training and technical assistance to the Project sites.

NCALP coordinated a regional stakeholder meeting and informational session that was held during the ODVN's *Prevention in Progress Summit* at Cherry Valley Lodge. This session allowed for David Mandel, via teleconference, to explain the *Safe & Together* model and allowed NCALP to explain project goals, expectations and the selection process to participate as a project demonstration site. Interested counties were asked to respond to an RFA created by NCALP. In their proposals, counties were asked to detail their internal and community capacity to participate as well as their overall vision and goals for the project. (See Attachment B) Through this process, four counties- Clark, Fairfield, Franklin and Ross, were chosen to participate in this new capacity-building initiative. Throughout the remainder of 2009, the county project leads, Mandel & Associates, ODVN, and NCALP continued developing the project parameters via teleconferences. (See Attachment C)

## **County IPV Demonstration Sites**

***The training is designed to help counties identify where the community stands on resources, policies and collaborations, set realistic expectations, and work from there. We help build a roadmap from where they are, integrate what they should be doing, and end where they want to be. It is imperative to start from the mindset that most women will stay in or return to an abusive relationship, so how do we keep them safe knowing that from the onset. However, getting to that mindset may take time. In order for this model to truly work, all workers must abandon all pre-biases regarding domestic violence, survivors, and batterers.***

*-David Mandel & Associates*

Selected staff from the four county demonstration sites were divided into two cohort groups and began an intensive training regimen in February 2010 that concluded with a retreat on June 18, 2010. The cohort groups contained approximately 30 participants each and were comprised of child welfare staff, supervisors, and domestic violence advocates from each county. Each of the trainings was aimed at enhancing skills for earlier identification of domestic violence in child maltreatment reports, building competence for effective interventions in families with domestic violence concerns, and ensuring a coordinated response to such reports that is inclusive of all appropriate community resources. The trainings addressed, among other topics, the tactics of domestic violence perpetrators, the impact of domestic violence on children, safety planning and assessing the strengths of non-offending parent, and conceptualizing and intervening with batterers. (See Attachment D for a complete list of trainings provided to the four demonstration site counties.)

Trainings provided by DMA were grounded in the *Safe and Together* model, which provides a methodology for improving child welfare competencies and cross system collaboration between child welfare and its community partners. The *Safe and Together* model is named after one of the key principles in the model: *the safety and wellbeing of children exposed to batterer behavior is ideally achieved through keeping them Safe and Together with the non-offending parent/domestic violence survivor*. DMA's skills-based trainings focused on helping the cohort groups improve their capacity to conduct safety and risk assessments, interview family members, accurately document domestic violence dynamics, and develop safety plans and legal filings. DMA also taught the participants how to use the *Safe and Together* principles and critical components to help facilitate collaboration, coordination and communication between child welfare and its community partners including domestic violence programs.

In addition to the intensive training for child welfare agency staff, DMA provided wrap around trainings on *Safe and Together* for judicial system stakeholders and community partners such as mental health providers, in home services, victim advocates, batterer intervention staff, CASA, GALs, attorneys and others to enhance the community's ability to

collectively and effectively respond to families experiencing domestic violence. (See Attachment E for training descriptions.)

The counties concluded the project with a full day retreat on Friday, June 18 for all child welfare agency staff and community partners. The purpose of the retreat was to continue collaboration and team building among agency staff and community partners in an effort to sustain the momentum of the project for the future.

### ***Statewide IPV Planning Group***

Concurrently with the counties' intensive training efforts, NCALP convened a Statewide Planning Group to examine IPV response mechanisms in Ohio on a broader scale. The group was charged with developing recommendations to assist state and county agencies in establishing and implementing a collaborative response plan for IPV. Members of the Planning Group were personally invited as experts in the field identified by NCALP, ODVN, or leaders from the county demonstration sites. The group drew on the expertise of its members, which included professionals from the medical field, domestic violence programs, domestic violence shelters, the Ohio Domestic Violence Network, the four project demonstration sites, mental health providers, and substance abuse providers. (See Attachment F for a Planning Group roster.)

The work of the Planning Group kicked-off with an in-person meeting on March 30<sup>th</sup> followed by numerous teleconferences and wrapping up with a final in-person meeting on June 21<sup>st</sup>. (See Attachment D for a list of Planning Group meetings.) To support a nimble and efficient decision-making process, NCALP organized the work of the Planning Group around three sub- task groups. Each task group was comprised of 5 to 6 members of the larger Planning Group, and at least one participant from a county project site, and focused on specific components of the recommendations. Task Group 1 focused on Assessing and Developing Community Resources. Task Group 2 explored strategies for Engaging System Partners and Developing a Collaborative Vision. Task Group 3's work centered on Engaging the Family Using a Holistic Approach. (See Attachment G for a description of each Task Group's responsibilities.)

Each group was assigned an NCALP staff member to facilitate meetings, take notes, and assist in drafting recommendations. Between March 30 and June 21, members of the Planning Group participated in three in-person meetings, two conference calls with the full Planning Group, and 16 individual task group conference calls.

The Planning Group's dedication is evidenced by the time and travel that members committed in order to attend meetings and participate in telephone conferences that culminated in the comprehensive set of recommendations detailed in the following section.

# PLANNING GROUP RECOMMENDATIONS

## *Ohio IPV Collaborative*

### *Community Collaboration Plan: Model Recommendations*

#### ► FOUNDATIONAL PRINCIPLES

- 1.) A holistic approach for families experiencing intimate partner violence requires distinct strategies aimed at achieving the interdependent goals of safety, stabilization and resolution of issues related to the violence.
- 2.) Individualized engagement and intervention strategies to address the unique needs of survivors, children and perpetrators are required to achieve the interdependent goals of safety, stabilization and resolution of issues related to the violence.
- 3.) Systems collaboration among child welfare agencies, courts, law enforcement, batterer intervention programs, DV advocacy programs, shelters, health care providers, and other service systems is required to achieve the interdependent goals of safety, stabilization and resolution of issues related to the violence.
- 4.) Clearly acknowledging the common interests and shared values between child welfare and domestic violence constituencies, responders, and stakeholders, brings to the forefront the understanding that intimate partner violence affects the entire family.

#### ► ASSESSING COMMUNITY READINESS TO DEVELOP & IMPLEMENT AN EFFECTIVE COLLABORATION PLAN

- ✓ For purposes of this section, the use of “state partners” in a recommendation is meant to include, but not be limited to the following agencies: the Ohio Department of Job and Family Services; the Supreme Court of Ohio’s Advisory Committees on Domestic Violence and Children, Families and the Courts; and the Ohio Domestic Violence Network.

**Recommendation 1:** Develop an adaptable community needs assessment tool template that will assist in identifying all known IPV funding streams and the services they support and will offer options for identifying existing funding sources. The tool should include a list of existing and potential funding sources as a reference point for local financial resource identification. In addition, the tool should also provide for identification of cost-neutral strategies.

**Recommendation 2:** The community needs assessment should include an assessment of the existing community philosophy in responding to IPV.

**Recommendation 3:** The community needs assessment should identify and review existing services/approaches. Those services/approaches that are consistent with an ideal local community IPV response should be highlighted.

**Recommendation 4:** The Community Assessment tool should measure the receptivity of communities to cross-county collaboration on IPV services/response.

**Recommendation 5:** The Community Assessment tool should allow for the identification of existing IPV related data sets relevant to the categories measured.

**Recommendation 6:** The Community Assessment tool should suggest various options for conducting assessments and assessment formats that are tailored to individual community needs and circumstances.

**Recommendation 7:** State partners should consider undertaking a thorough investigation of cost-to-benefits and the additional infrastructure required to support the establishment of locally designed joint service models.

**Recommendation 8:** State and local partners should work to develop appropriate services to bridge critical gaps in areas identified through the community assessment tool where services for children, survivors, and batterers, are lacking.

### **Rationale for Recommendations:**

The availability of particular services will vary substantially from community to community. Therefore, an inclusive assessment of the community landscape is a fundamental building block in the process of establishing a collaborative community IPV response. A comprehensive community needs assessment is the first step in collaborating across systems to provide a consistent continuum of care and services for the family that will overcome barriers and build upon strengths. Community assessments should address service needs as well as the knowledge, skills and receptivity of partners in relation to working across systems to improve responses to families experiencing IPV.

The community needs assessment framework needs to be flexible and adaptable at the local level in order to accurately capture community-specific needs. Examples of options for conducting assessments under Recommendation 6 could include such things as online and hard copy survey instruments, focus groups, town hall meetings, IPV protocol meetings, individual organizational outreach, cross-systems training opportunities, and community engagement through the county commissioners or mayor.

In addition, a comprehensive assessment of IPV funding streams is a needed first step to establish a baseline reference point for future efforts to build fiscal capacity in order to address identified resource gaps. Comprehensive knowledge of existing and potential funding sources and cost-neutral strategies will aid the development of financial planning with respect to maintenance of programs and the exploration of strategies to fund desired

expansion and/or new services. Such assessment can also assist in identifying potential funding collaboration possibilities.

The following challenges to completing an accurate assessment of community capacity were identified:

- Comfort level of agencies in sharing financial information
- Identification of appropriate federal and private grant opportunities
- Barriers to building funding collaborations, including personnel resources, competitiveness
- County time/financial and personnel resources
- Attitudinal issues
- Accuracy of existing data sets, especially if based on self-reporting
- Inadequate or misleading data. For example, law enforcement statistics may not reflect reality—i.e., the number of CPOs filed as opposed to the number of those that have been dismissed

#### ► **BUILDING STATE AND COMMUNITY INFRASTRUCTURE TO SUPPORT AN EFFECTIVE COLLABORATION PLAN**

- ✓ For purposes of this section, the use of “state partners” in a recommendation is meant to include, but not be limited to the following agencies: the Ohio Department of Job and Family Services; the Supreme Court of Ohio’s Advisory Committees on Domestic Violence and Children, Families and the Courts; the Ohio Domestic Violence Network; the Ohio Department of Mental Health; the Ohio Department of Alcohol and Drug Addiction Services; and statewide associations for medical professionals, law enforcement and other state stakeholders.

**Recommendation 1:** State partners should explicitly acknowledge through public statements, policies, actions and allocation of resources the common interests and potential benefits shared between the child welfare system and domestic violence service providers, law enforcement, courts, families and communities.

**Recommendation 2:** ODJFS should consider establishing internal IPV resource capacity.

**Recommendation 3:** ODJFS should promote and encourage the involvement of PCSAs in community collaborations that address domestic violence. Where such groups do not exist, PCSAs should be included in their development. Support should be provided to PCSAs to help offset any additional burden that engagement, participation, recruitment, service coordination or coalition development might create.

**Recommendation 4:** State partners should review the recommendations of the Ohio IPV Planning Group and collaborate in the development of a list of components and stakeholders for an “ideal” plan for collaborative community IPV response that can be tailored to specific county needs. Local stakeholders should include child welfare; DV

programs; Batterers Intervention Programs; local criminal, juvenile and domestic relations courts; adult and child mental health services; health care providers, substance abuse treatment providers; prosecutors, defense attorneys, and guardians ad litem; schools and other community stakeholders.

**Recommendation 5:** State partners should consider establishing evidence-informed standards of practice and creating a certification process for Batterers Intervention Programs (BIPs). Referrals should default to certified programs.

**Recommendation 6:** Responding systems must be respectful not to interrupt or undermine confidentiality practices among systems. Assurances regarding confidentiality and non-mandated services should be clearly articulated in a local memorandum of understanding and any established county protocols.

**Recommendation 7:** State partners should collaborate to create and disseminate models of interagency, “universal” release of information policies that will provide effective screening and early intervention for the victims of domestic violence, including children, that are integrated within the family’s natural, community care-giving environment as well as coordinated with child welfare and juvenile court systems. Policies should reflect that releases of information are to be time-limited and specific regarding the nature of the information to be disclosed.

**Recommendation 8:** Systems collaboration is needed to assure the availability of responsive and responsible services for all members of the family in communities statewide. A service priority should be for children to remain in the care of the non-offending parent. Additional service gaps to be addressed may include the availability of trauma-informed, individualized assessments and adult trauma treatment for the survivor and the availability of quality batterer intervention programs specifically centered on the dynamics of intimate partner violence.

### **Rationale for Recommendations:**

***“Research suggests that 1) domestic violence and child abuse frequently occur in the same family; 2) children who witness violence by their fathers may be at risk of developing a variety of problems; 3) men who are perpetrating some of the most dangerous abuse against children are also assaulting women; and 4) child welfare and domestic violence programs serve an overlapping population of women and children.”*** -from the briefing paper, *In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies*, S. Schechter and J. Edleson, 1994.

Multiple principles and recommendations set forth in *The Greenbook (aka Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice)* by the National Council of Juvenile and Family Court Judges establish that coordinated and collaborative responses to domestic violence serve to reduce risk of harm to children and promote safety, stability and permanency for children by making adult

victims safer and stopping batterers' assaults. Therefore, by visibly acknowledging the common interests and shared values between child welfare and domestic violence constituencies, responders and stakeholders, ODJFS will affirm the relationship of these forms of family violence and catalyze collaborative action to address the intersections at state and local levels, particularly in the form of jointly-created county IPV protocols.

In order for the infrastructure to have a solid foundation, all systems must work together while respecting one another's confidentiality requirements. Having a place in each community where domestic violence victims can speak freely without judgment and in confidence is crucial to the safety of battered persons and their children. Clearly communicated and accepted confidentiality policies of domestic violence programs build the trust relationship needed for more meaningful engagement in services and better outcomes for victims and their children. All collaborating agencies need to be aware that DV programs are prohibited from disclosing client identity, under the Violence Against Women Act (VAWA) and the Family Violence Prevention Services Act (FVPSA) and are likewise precluded from providing mandatory or compulsory services for victims.

Additionally, policies and procedural frameworks among community partners should prioritize and support efforts to keep children together with the domestic violence survivor to avoid the secondary emotional trauma of separation and placement. At the local level, policy and procedural infrastructure frequently pose barriers to this goal, which is critical to child safety and well-being. For example, current internal policies of many local emergency shelters (non-DV shelters) prohibit accepting mothers and their children if there has been a recent history of domestic violence.

State and local infrastructure also needs to support the development and sustainability of quality services to address batterers' behavior. Service providers have traditionally not been successful in sustaining dedicated Batterers Intervention Programs. Therefore, Recommendation 5 identifies the need for a certification process and program standards. An example of BIP standards that have been developed specifically for Ohio is the Ohio Domestic Violence Network's Standards for Batterers Intervention developed by ODVN and the Batterers Intervention Committee.

#### **► DEVELOPING RESPONSE PROTOCOLS AND PRACTICE STANDARDS FOR AN EFFECTIVE COLLABORATION PLAN**

- ✓ For purposes of this section, the use of "state partners" in a recommendation, is meant to include, but not be limited to the following agencies: the Ohio Department of Job and Family Services; the Supreme Court of Ohio's Advisory Committees on Domestic Violence and Children, Families and the Courts; the Ohio Domestic Violence Network; the Ohio Department of Mental Health; the Ohio Department of Alcohol and Drug Addiction Services; and statewide associations for medical professionals, law enforcement and other state stakeholders.

**Recommendation 1:** State and county partners should form a workgroup to collaborate in the development of a Model Ohio IPV-Child Welfare Cross-Systems Protocol grounded in the principles of the *Safe & Together* model.

**Recommendation 2:** ODJFS should consider developing new internal IPV policies and practice guidelines grounded in the *Safe & Together* model. Internal policy and practice guidelines should address screening and intake policies, including the categorization of referrals based on the harm that occurred without blaming the victim; pathway assignment for reports involving domestic violence; practice standards for the assessment of survivors, perpetrators, and children; and standards for safety planning and case planning with families who have experienced domestic violence, including the development of separate case plans and separate safety plans for the survivor and the perpetrator.

**Recommendation 3:** Within local community collaboration plans, stakeholders should consider developing a wrap-around first response protocol focused specifically on the needs of children as secondary victims of domestic violence and the needs and choice of the survivor. The wrap-around first response protocol should focus not just on establishing the physical safety of the survivor and children but also on reducing or preventing trauma and supporting their emotional safety and well-being. An effective wrap-around first response protocol should establish at-the-scene collaboration between child welfare and law enforcement. A teamed approach between law enforcement and child welfare could assist the survivor with information and immediate service linkages to address the safety needs of the survivor and the children.

**Recommendation 4:** The Supreme Court of Ohio’s Advisory Committee on Domestic Violence should consider the revision, publication, and distribution of an update to the DV Benchbook that is grounded in the *Safe & Together* model.

**Recommendation 5:** ODJFS should provide education and support to local TANF offices to ensure the proper implementation of Ohio law and related policy regarding the availability of the Family Violence Option waiver (and related screening tools, consumer brochures and materials), as described in the State Plan. In addition, CPS workers should collaborate with TANF workers to coordinate and expedite FVO waiver requests to assist the survivor in accessing resources that will assist in creating safety.

*“Ohio has adopted a domestic violence waiver program in accordance with the provisions set forth in 42 U.S.C. § 402(a)(7). The program became effective January 1, 2008 and includes the federal definition of domestic violence. Ohio’s domestic violence waiver program includes universal notification, screening, referral and waiver of certain program requirements...Waiver of OWF/TANF eligibility requirements is possible if cooperation or compliance with the eligibility requirement would make it more difficult for the individual to escape the domestic violence or unfairly penalize the individual. OWF eligibility requirements that may be waived due to domestic violence include cooperation with the child support enforcement agency, participation in a work activity and time limits for receipt of TANF cash assistance.”*

**Recommendation 6:** Create a “tool kit” to be utilized as a resource by the first response team. The tool kit could be carried by child welfare and should include information and emergency response items for the survivor such as a hotel voucher; transportation assistance such as a taxi voucher; and information on pertinent community resources.

**Recommendation 7:** Establish standards for needs/resource assessment and planning with the priorities of keeping children together with the non-offending parent and providing opportunities for children to experience a timely return to their daily routines to the greatest extent possible.

**Recommendation 8:** Establish standards for individualized, child-focused assessment to identify family risk factors, protective capacities, and parental functioning. This process may involve all members of the family and should be centrally focused on the child’s best interest and well-being.

**Recommendation 9:** Interventions for children should incorporate evidence-based and trauma-informed services.

**Recommendation 10:** Establish standards for assessment of risk, protective capacities and parental functioning (if applicable) of the perpetrator to inform planning with the dual focus on holding the batterer accountable and motivating change.

**Rationale for Recommendations:**

*“A model protocol can serve as a solid foundation upon which a (community) group of system actors can build and adapt to local resources and systems.”  
“Future revisions of this protocol (referencing the Ohio Model Protocol of 1994) should include a Children’s Protective Services section.” - cited from the Ohio Model Protocol for Responding to Domestic Violence, Ohio Domestic Violence Network- Violence Against Women Act (VAWA) Advisory Board, 2003.*

Both the process of developing a DV-Child Welfare protocol and the actual final product are of value in coordinating community responses that will increase the safety, health and well-being of children and their parents. Agencies will develop shared understandings of roles and responsibilities, identify gaps or challenges to service provision, and be held accountable to jointly created and accepted standards for response. Several good examples exist to serve as guideposts that can expedite the development of a statewide protocol, including the Greenbook; the Montgomery County (Ohio) protocol *Domestic Violence Protocol: A Guide for Child Protective Service Workers and Domestic Violence Victim Advocates*; the *Child and Family Service Review Outcomes: A Guide to Domestic Violence Strategies in Program Improvement Plans* from the Family Violence Prevention Fund and National Council of Juvenile and Family Court Judges; and *In the Best Interest of Children and Mothers: A Proposed Child Welfare Response to Violence Against Women* by the Ontario (Canada) Association of Interval and Transition Houses. In addition, an updated DV

Benchbook could serve as an excellent resource and counterpart to the protocol for Ohio judges, magistrates, and court personnel.

On the county level, development of a local county protocol utilizing information from the state protocol would create synergy within the community. Due to the fragmentation of duties and roles among systems, safety - both immediate physical safety and emotional safety - is frequently not fully achieved for children or survivors. Further, the stabilization of families and eventual resolution of trauma can only occur when both physical and emotional safety have been established and sustained. Enhanced partnerships will support an approach to IPV that establishes safety and promotes stabilization and resolution of trauma for all parties.

Communities should consider establishing a teamed approach among first responders in situations involving intimate partner violence and children. In many cases, critical information specific to children's safety and security is not well-communicated between law enforcement and child welfare. Frequently, child welfare agencies may only receive a police report with a check box indicating whether or not children were present during an incident of domestic violence. A teamed approach at the scene between child welfare and law enforcement would assure the collection and documentation of all immediate information relative to the safety and security of children and avoid lost time to address the trauma and emotional impact experienced by children.

Following a traumatic event, children need a sense of normalcy, including educational stability, the support of their peer group, and an opportunity to return to the routines and structure of daily life functioning. Thorough and timely assessment with all parties is a key element in planning for and providing the opportunity for stabilization. Linkages to services are not appropriate in all cases and need to be grounded in a holistic and integrated assessment with parent and child. The path to resolution is dependent upon thorough assessment and an individualized plan for safety and stability. There is no "one size fits all" plan or recommendation to achieve resolution. Each child and family needs individualized assessment focused on both risk factors and protective capacities. The adult trauma survivor has a need for stabilization that is parallel to the children's needs regarding stability in housing, continuity in daily living, work, etc. There is an added layer of complexity, however, because the survivor may also need to establish new routines or re-establish former routines such as employment and head-of-household status in order to create and sustain safety for herself and her children. Communities frequently may meet survivors' needs for shelter and/or advocacy, but the availability of therapeutic services is frequently a critical gap.

To maintain safety and create stabilization opportunities it is also critical to engage the batterer from the beginning of the process. From a therapeutic perspective, a dual focus on holding the batterer accountable and motivating change is needed. The batterer may be co-parenting or otherwise still involved in a relationship with the victim, so planning for safety and stabilization needs to recognize and proactively address this reality without blaming or placing undue pressure on the survivor. Engagement and thorough assessment of the

batterer is also needed to identify what he/she is willing or unwilling to do to address children's safety and change his/her behaviors.

In addition, TANF continues to be an underutilized resource. Ohio was the 48<sup>th</sup> state to adopt the Family Violence Option Waiver. While most county offices were trained in 2009, not all county offices participated in the training. Staff turnover also creates the need to build institutional supports for this shift in policy and practice. The FVO waiver relates to the safety of families and as such, merits particular effort to ensure that the policy is followed. Especially in families with child welfare system involvement, it is incumbent upon the county offices to ensure that the most helpful resources are brought to bear upon families where children and their abused mothers may otherwise be at increased risk for serious harm. Conversely, when TANF workers refer every domestic violence victim seeking a FVO to child protective services workers, such practices can serve to reduce overall access to FVO waivers, thereby increasing danger in families. And, referring all cases without screening for child maltreatment can serve to overwhelm child protection intake offices with cases of children who are not in need of protective services.

#### ► ENHANCING TRAINING TO SUPPORT AN EFFECTIVE COLLABORATION PLAN

- ✓ For purposes of this section, the use of “state partners” in a recommendation, is meant to include, but not be limited to the following agencies: the Ohio Department of Job and Family Services; the Supreme Court of Ohio’s Advisory Committees on Domestic Violence and Children, Families and the Courts; the Ohio Domestic Violence Network; the Ohio Department of Mental Health; the Ohio Department of Alcohol and Drug Addiction Services; and statewide associations for medical professionals, law enforcement and other state stakeholders.
- ✓ For purposes of this section, the use of the term “local stakeholders” or “local partners” in a recommendation, is meant to include, but not be limited to the following: child welfare; DV shelters; DV advocacy programs; Batterers Intervention Programs; law enforcement; local criminal, juvenile and domestic relations courts; adult and child mental health services; health care systems, including private practices; substance abuse treatment providers; prosecutors, defense attorneys, and guardians ad litem; and schools.

**Recommendation 1:** State partners should collaborate to create curriculum recommendations for cross training among service systems working with families experiencing domestic violence.

**Recommendation 2:** Local stakeholders should collaborate to create individualized community cross training plans grounded in the statewide cross training recommendations but specific to local community service systems.

**Recommendation 3:** Establish an annual training requirement on intimate partner violence issues for child welfare workers and supervisors and build curricular offerings to expand worker and supervisor knowledge of children and domestic violence; the dynamics of intimate partner violence; batterers as parents; interviewing and assessing children, survivors and batterers; impact of violence on brain development; women who use force; determination of the primary aggressor; and substance abuse, mental health and domestic violence.

**Recommendation 4:** Develop training for foster parents, relative, and kinship caregivers focused on how to support children impacted by intimate partner violence.

**Recommendation 5:** Establish an annual training requirement on domestic violence issues for law enforcement officers. Build curricular offerings to expand law enforcement officers' knowledge of the needs of children as secondary victims of domestic violence; assessment and documentation of domestic violence at the scene; determination of the primary aggressor; the dynamics of intimate partner violence; and the importance of a coordinated approach.

**Recommendation 6:** Provide annual training for investigative, judicial and legal system stakeholders on intimate partner violence to be consistent in supporting the survivor, keeping children safe and engaging the batterer. Build curricular offerings on the dynamics of intimate partner violence, patterns of coercive control, determination of primary aggressor, and appropriate resources or interventions for batterers.

### **Rationale for Recommendations:**

Cross training opportunities are crucial for increasing understanding of system roles, the regulations and constraints of various systems, and implications for children and families. Cross-communication and training are the foundations on which successful collaborations can be built. In states and communities where successful collaborative ventures have been undertaken, significant effort has been devoted to overcoming initial mistrust and miscommunication through cross-training opportunities. Training will also aid in the establishment of an effective wrap-around protocol for first response, and ongoing opportunities for skills-building will be needed to institutionalize such practices within communities.

Child welfare, courts and other service systems need to be consistent in supporting the survivor, keeping children safe, and engaging the batterer. In particular, cross training opportunities for legal system stakeholders will enhance their understanding of how legal system decisions impact the effectiveness of interventions by child welfare and the DV community. Legal systems may unknowingly support or minimize batterers' coercive behaviors or order ineffective services, particularly in circumstances where the batterer has not caused physical injury to his partner or children. Expedient and efficient legal proceedings are an important component in achieving stabilization and, ultimately, resolution for survivors and their children. In many cases, although the survivor takes all necessary steps to keep herself and her children safe, systems ultimately fail families.

Particularly in cases where a survivor defended herself, victims may be identified as co-perpetrators of violence.

In addition, medical personnel and health care systems could greatly benefit from the development of collaborative educational materials and consistent training on child welfare protocols and procedures for families experiencing IPV. The Joint Commission has set standards for hospitals to assess and report patient concerns of domestic violence, abuse, and neglect to the appropriate protective services. They have not, however, given specific guidance for how the hospital can do this in an ethical, safe, or effective manner. This is particularly relevant for emergency room and other physical medicine settings where family members are likely to present for issues related to interpersonal family violence. It is recommended that ODJFS and partnering state agencies work with the Ohio Hospital Association to develop educational materials and technical assistance opportunities to hospitals seeking guidance on responding to their obligations and desire to support safety nets for families.

### ► ESTABLISHING DATA COLLECTION AND EVALUATION PROCEDURES FOR COMMUNITY COLLABORATION PLANS

**Recommendation 1:** ODJFS should collaborate with county leadership to identify barriers to data collection surrounding the intersection of domestic violence and child maltreatment and provide resources that build the capacity of local PCSAs to demonstrate prevalence, costs, need and outcomes regarding the intersection of IPV and child maltreatment in the systems that serve local families.

**Recommendation 2:** ODJFS should consider the provision of training to counties to assure that data measures on child maltreatment and domestic violence are collected consistently on a statewide basis.

### **Rationale for Recommendations:**

Among essential foundational elements for sustaining the impact of IPV-focused work are: the ability to demonstrate the need for it, to establish it as a priority, and to recruit broad community support. Having an accurate local picture reflecting the overlap between domestic violence and child welfare will help to attract collaborative partners and better leverage local resources. The availability of accurate statewide and local data is crucial to sustain community collaboration/response mechanisms for families experiencing IPV. Many good sources of data currently exist such as the Health Policy Institute of Ohio's Family Violence County Profiles. Additional data sets would, at a minimum, build community awareness of IPV, strengthen community support of IPV- focused programs, allow for enhanced service coordination and provide maximum opportunity to establish funding for local and state initiatives aimed at the intersection of domestic violence and child maltreatment.

# EMERGING PROJECT THEMES

## *Training Feedback from Cohort Groups*

The following are comments from child welfare staff and DV advocates that were involved in the cohort groups. At the outset of the project, CPS staff engaged local DV Advocates to be part of their core team. For many of the participants, these workshops were the first opportunity they had experienced for extensive cross-systems training and detailed learning about one another's roles and responsibilities. The themes outlined below were compiled from reports by David Mandel & Associates, observations by NCALP staff, and comments gathered from direct conversations with cohort members. (Please see Attachment H for a summary of OCWTP evaluations from the workshops.)

## *Increased IPV Competency among Child Welfare Staff*

- After attending the initial 3-day overview training, many of the participants indicated that they could immediately think of cases where they could use the model to engage families.
- Upon completion of the consultation skills trainings, many of the participants expressed a new comfort level with interviewing batterers and sharing information with co-workers.
- By mid-project, most of the participants indicated that documentation had changed significantly, which was echoed by several community partners.
  - ❖ This included documenting effects on children, including non-verbal children and not just focusing on the survivor.
  - ❖ Transfer notes were becoming more detailed thus giving the next worker or the on-going worker a better understanding of the family.
  - ❖ Intake referrals are more descriptive and often list the batterer's behaviors and the survivor's strengths.
- Participants indicated that they were screening more cases for domestic violence, obtaining more information as a result of the questions asked, and increasing their ability to identify and validate survivor strengths.
- During the final retreat, workers and supervisors indicated that training and technical assistance in *Safe and Together* had resulted in enhanced IPV competencies among workers, including interviewing skills, assessing patterns of coercive control, and documenting those patterns/behaviors and their impacts on the whole family.
- Workers agreed that the training built concrete strategies and skills for working with children, survivors and perpetrators, not just an enhanced knowledge of domestic violence terminology and theory.

- CPS staff indicated that they were getting better at connecting substance abuse and behavioral/mental health issues with underlying domestic violence. Staff identified that in the past, it was not unusual to receive several referrals on the same family (three on average) with mental health issues identified as the primary concern before domestic violence was identified as a component of the family's issues.
- As a result of training, case plans have begun to reflect specific behavioral changes that are expected of the batterer and include specific language requiring the batterer to avoid interfering with the survivor's ability to complete the case plan.

#### Enhanced Knowledge and Skills among DV Advocates

- Advocates indicated that they had gained a better understanding of CPS and increased confidence about referrals made to CPS. Advocates also noted that they were better equipped to talk with survivors about CPS and ease survivors' anxieties about the involvement of CPS, creating a smoother transition during referrals.
- Advocates noted that, as a result of the training, they are focusing more on the effects of the trauma on the child, rather than just the survivor, which helps with conversations with CPS and assists in making referrals more effective.

#### Philosophical Shift and Inherent Fit with AR

- Several participants felt that this was a complete shift in current practice regarding domestic violence cases and that the model fit perfectly with the work they were doing in the alternative response pathway. Many commented that they felt better about their jobs and empowered to work with the survivor and hold the batterer accountable for his behavior, rather than placing that responsibility on the survivor.
- The training changed worker focus for domestic violence referrals from incident-based investigations to assessment-based interviewing, which staff saw as a natural fit with the core tenets of Alternative Response.
- At the onset, most workers wanted to learn how to make the victim stay out of the abusive relationship; however, by the completion of the series of workshops, most workers understood how to respect the victim's choices and work with that person where they are. Most noted that their conversations with survivors were changing significantly, contributing to better working relationships with the survivor.
- Local DV advocates noted that survivors had indicated a higher comfort level with speaking to CPS and felt that CPS did not blame them for the batterer's actions. Advocates also noted that survivors felt that CPS was more willing to work *with* them regarding child safety, regardless of their decision to stay or leave.

- Participants stated that in the past, the agency would simply require the batterer be removed from the household and would file an abuse or neglect complaint against the survivor for “failure to protect”. All participants noted that this strategy was not working because removal does not achieve safety in many cases. Staff recognized that this practice failed to address the batterer as a parent and did not address what happens when the perpetrator returns to the household. All participants acknowledged that the *Safe and Together* training addressed these issues specifically and gave staff viable alternatives.

### Enhanced Community Collaboration

- As the project progressed, local DV Advocates and CPS workers realized how much their work complements one another’s and how each could be an asset to the other.
- All members of the cohort groups agreed that the series of trainings, the hands-on exercises, and the open discussions, helped participants understand the delineation of roles and responsibilities, especially between DV advocates and CPS.
- Both CPS workers and DV advocates agreed that understanding one another’s terminology is vital, i.e. safety plan for one isn’t the same for the other, and this training helped flesh out and define terminology.
- CPS staff indicated that several partners were identified as possible allies in helping serve the family that may not have been identified before, such as probation officers and criminal courts.

### Challenges Identified by Cohort Group Members

#### *Internal Challenges*

Participants identified several internal challenges presented by the model that they were working to overcome within their agencies, including:

- Developing the confidence of staff members trained to serve as internal “experts” in the *Safe & Together* model within the agency.
- Continuously educating workers on batterers’ behaviors and choices and supporting and encouraging workers in engaging the batterer through effective supervision and training.
- Eliminating preconceived biases and judgments that impact interventions with families experiencing intimate partner violence.
- Engaging the survivor when batterer is constantly present.

- Achieving the paradigm shift and resulting practice changes from filing for “failure to protect” on the survivor to holding the batterer accountable in a case plan.
- Developing strategies to handle the survivor being arrested as a perpetrator or co-perpetrator of violence.

### *External Challenges*

Participants frequently expressed concerns about systemic failure and re-victimization of survivors and children. Participants identified several case examples where the family had been strongly engaged using *Safe & Together* principles, but the subsequent actions of other system stakeholders may have undermined trust built with the survivor and placed families at further risk. Examples cited include: law enforcement or courts not enforcing protection orders; courts ordering the survivor to stay in the house during divorce proceedings or forfeit all property; not understanding the behavior patterns of perpetrators and therefore focusing on one specific incident rather than looking at the whole picture; giving custody of the children to the abuser if the survivor seeks refuge in a shelter. Related challenges identified by cohort participants include:

- Educating the community and bringing all partners on board in order to achieve full model fidelity.
- Shaping supports and services to fit family needs, rather than identifying family needs that fit the existing array of services and resources in the community.
- Inappropriate utilization of court-ordered anger management programs as a substitute for effective batterer intervention services.
- Developing stakeholder “buy-in” of the fundamental importance of assessing the quality of services and appropriateness for individual families prior to ordering completion of a program or service.
- Developing more effective communication and referral processes across systems, especially between law enforcement and child protective services.
- Forging partnerships to provide adequate interventions for the children.

### ***Training Feedback from Community Partners***

The following are themes that emerged through input from various community partners that participated in at least one training session. The themes outlined below were compiled from reports by David Mandel & Associates, observations by NCALP staff, and comments gathered from direct conversations with participants.

### Enhanced Communication among Systems and Stakeholders

- Participants identified that the initial training helped overcome pre-project barriers and gave everyone a starting point to work from, thus increasing the ability to talk to each other using common language.
- Many community partners indicated that without a full history from other partners, most had a hard time delineating between abusive and controlling behavior versus just having an overbearing personality or mean spirit. Many indicated that because batterers may often be persuasive and skilled at manipulating information, it can sometimes be difficult to distinguish perpetrator from survivor. It was noted how vital information sharing is key to the success of keeping a family safe.
- Service providers indicated that referrals should list specific information that CPS needs to glean from the provider. It was also noted that sometimes service providers are asked to do things that they do not do, i.e. a “DV assessment,” and thus CPS and courts need to be aware of what the providers’ actual services entail.
- It was stated in a community partner meeting that all stakeholders work in their individual silos, and communication was key to breaking down those silos to start dialogue on collaboration. Most community partners appeared engaged and excited to move forward with the project.

### Increased IPV Competency

- Among the most significant themes that emerged from community partners was the difference that partners were seeing in referral documentation as a result of the *Safe & Together* training. The referrals detail the batterer’s pattern of coercive control and the effect it has on the whole family, which is extremely helpful to service providers. Service providers indicated that the more detailed referrals were extremely beneficial.
- Participants in the training for legal stakeholders noted that this model gave them a better understanding of case plans and what should be or should not be contained in them. The legal participants felt that the *Safe & Together* model in tandem with the AR approach allows for more individualized case plans.
- It was noted in the training for legal stakeholders that “failure to protect” language may have future implications for the non-offending parent; therefore, that language needs to be used sparingly and appropriately.

### Barriers and Needs Identified by Community Partners

- Several participants noted that this project helped foster partnerships between DV shelters, advocates, and CPS to better assist clients. However, a recurring dilemma was noted, in that there are federal and local rules, policies, and laws that may

prohibit sharing certain information. Therefore, all stakeholders should be aware that they are each serving the same goal while being cognizant of one another's legal and federal restrictions and mandates.

- Participants recognized a need for improved collaboration and communication between CPS, law enforcement and all court systems. For example, participants identified a need for more detailed information-sharing between law enforcement and child welfare, including greater detail in documentation, to make referrals more effective.
- An information-sharing protocol is needed among partner agencies and systems. In addition, partnering agencies and systems need an increased awareness of one another's timeframe requirements, funding parameters and other restrictions that may impact a provider's capacity to accept service referrals.
- Increased understanding of domestic violence and the impact of batterers' behavior by all stakeholders and community partners. In particular, continued training is needed to foster increased understanding of the impact of domestic violence on children, regardless of whether they witnessed the violence or were physically harmed.
- Lack of general resources to assist families experiencing IPV, thus creating limits on treatment options. In particular, there is a strong need for quality batterer intervention programs to reduce communities' reliance on anger management as a substitute service. Additionally, there is a clear need for trauma assessment and counseling for children.
- Educators expressed a concern about knowing when to make a referral and when to call CPS to update them with new information.
- Community partners noted that there is a need for someone to take the lead at the local level to start the conversations with partners and continue to provide opportunities for communication on a regular basis.

## **LESSONS LEARNED**

The Safe and Together model is designed as a strengths-based, behaviorally focused, and family-centered approach to child welfare interventions where intimate partner violence is a concern. The model emphasizes the accountability of the batterer for his/her actions; the strengths of the survivor, and assessing the impact of violence on the children. This approach promotes cross systems dialog and collaboration in an effort to holistically assess family needs and strengths. Enhanced dialog across systems supports the accountability of systems to the family and the family to systems in which they are engaged. The model

creates partnerships with the survivor to reduce trauma imposed on the children from living in a home where violence occurs.

By integrating this model into everyday practice, CPS staff can keep children and families safe, and together, whenever it is reasonably possible to do so. This model teaches skills and competencies specific to understanding domestic violence dynamics and assessing risk. The model goes a step further in teaching documentation techniques that create a picture of the family dynamics, which allows for ease of case transition to another worker and for a comprehensive history should the family enter the system again at a later time. Implementing this model as part of the Alternative Response core curriculum increases the likelihood of family involvement, child safety, community partnerships and collaborations, and opens the door for future collaborations and continued family engagement.

Within the relatively tight time constraints of the project, the four county demonstration sites achieved meaningful improvements in practice and community partnerships. Workers' assessment skills were strengthened through the training, resulting in improved identification of underlying domestic violence concerns, even when cases were screened into child welfare for other reasons. Additionally, workers developed enhanced skills for engaging each member of the family and setting behaviorally focused case goals that correlate with specific needs. The model has helped workers change the focus from the survivor to the effect of the batterer's behaviors on the family. Although the project did not allow for specific outcomes, such as child placement rates, to be measured, CPS staff and community partners reported significant changes in practice, engagement, and family openness.

### ***Considerations for Continuing Implementation within the Four Demonstration Sites***

All four demonstration counties continue to integrate the model into their practice. At the conclusion of the project, child welfare staff and community partners in all four sites were eager to sustain the momentum of the project and continue the work they started through the initial round of training and technical assistance days. Counties identified the following needs for continued implementation of the *Safe & Together* framework:

- ✓ ***On-site technical assistance and coaching to assist with questions and issues as the counties continue to practice and implement the model.*** Fairfield, Franklin and Ross counties are including IPV cases in regular group case consultation so that the cases can be discussed among staff. Staff that did not go through the *Safe & Together* training are included in the sessions to allow them the opportunity to see the difference in the approach to cases. Staff trained in the model in all four counties continue to develop their confidence and competence in serving as "peer experts" within the agency and could benefit from continued coaching and technical assistance support.
- ✓ ***A resource person within ODJFS to serve as a resident expert and advisor to the counties.*** Throughout the project, several questions arose regarding internal policies that could not be specifically addressed by the trainer. In lieu of having a

policy person attend every training session, it may be helpful, in the future, to develop a protocol and a point person for assisting with policy questions. This would also help in the development of any future policies and protocols for responding to families experiencing IPV.

- ✓ ***Opportunities for future roundtable discussions with partners and opportunities to train other community partners and stakeholders.*** New partnerships have been forged between agencies and local DV programs, and consistent meetings and dialogue are continuing. Through the training and technical assistance process, counties have identified additional areas of need for further community outreach, education and planning around resource gaps. For example, Fairfield and Franklin counties have begun discussions about developing true batterer intervention programs.

### ***Considerations for Optimum Model Implementation***

The experiences of the four county demonstration sites in implementing the *Safe & Together* model provide valuable lessons to guide planning for any future integration of the model within the state's Alternative Response practice framework. County feedback around training needs, tools and infrastructure adjustments, policy considerations, and community outreach should inform planning for expanded implementation efforts within these four counties as well as any additional counties.

### ***Training Recommendations***

The participating counties offered concrete suggestions for how the planning and rollout of any future *Safe and Together* training might be improved:

- ✓ Feedback from the counties indicated that more time was needed overall to conduct the project. In this initial phase, the trainings were condensed into four months which required concentrated time out of the office for a significant number of staff. This arrangement created stress on the workers and did not allow for consistency in attendance.
- ✓ The initial three-day *Safe and Together* overview should be mandatory for all CPS staff, or at a minimum, should be offered as part of the OCWTP training options. Feedback from participants indicated that the initial three-day training was vital to the success of the project and established the foundation for integrating skills into practice. Because of the time commitment involved in attending three consecutive days of training, there were restrictions placed on the number of staff that could participate from each county. In hindsight, finding a way to allow all staff to attend the initial training would have been ideal.
- ✓ On-site technical assistance and coaching interspersed throughout the training process would have been extremely helpful. Staff would have had opportunities to

more quickly apply the consultation skills developed in training and ask questions had there been more time built-in for on-site consultation throughout the process.

- ✓ Feedback indicated that the community partner meetings would have been better attended had they been planned as half-day sessions, rather than a full day.
- ✓ Training counties in cohort groups required counties to travel regionally to several of the trainings, which proved to be more burdensome than anticipated. This could have only been eliminated, however, had fewer counties been provided the opportunity to participate in the project.
- ✓ The counties often requested more hands-on exercises and role playing during the training.

### *Policy, Tools and Practice Recommendations*

The counties' experiences in implementing *Safe and Together* principles in their practice yielded key lessons regarding adjustments in practice, tools and policy that will aid in the successful integration of the model within Ohio's AR framework.

#### ***Screening & Assessment***

- ✓ Feedback from CPS staff reflected a lack of consistency in screening practices for reports involving intimate partner violence, and many were unclear concerning existing policy requirements surrounding the classification of IPV reports. Most staff agreed that they were required to "check the box" for failure to protect when a report is made. However, some noted that if the survivor self-reports, then screeners are not required to check that box but would still categorize the report as neglect. Most workers felt uneasy about having to file a complaint for failure to protect against the survivor.
- ✓ Workers and supervisors in the counties recommended a review of the current screening and assessment tools to accommodate the addition of specific questions and prompts grounded in *Safe and Together* that will improve the identification, assessment and documentation of intimate partner violence.
- ✓ Counties suggested that state policymakers should recommend a safety re-assessment at various times during the life of the case for Alternative Response cases.
- ✓ Counties recommended that when cases are to be transferred to another worker, the use of a detailed case transfer log should be a practice expectation, particularly when intimate partner violence is a core concern.

#### ***Confidentiality***

- ✓ Current administrative rule does not allow for the development of separate case plans for the survivor and the batterer, as is recommended practice under *Safe &*

*Together* in order to protect confidentiality. CPS staff identified that a court order must be obtained in order to write two case plans (OAC 5101:2-38-01 and 5101:2-38-05), which is a significant barrier in working with families.

- ✓ Additional discussions centered on records confidentiality concerns. The concerns included the dangers associated with the agency's release of information pursuant to a public records or discovery request, and issues related to confidentiality among agencies. The understanding among workers is that their personal notes and anything logged into SACWIS are subject to discovery and public records requests. They noted that there is no confidential information section to the case plan, thus leaving the workers with no option to keep survivors' information confidential.

#### ***Case Reviews & Tracking of Outcomes***

- ✓ Workers in the four counties suggested a review and revision of the Case Review tool to include the entire family and to better reflect a focus on the batterer's behaviors, rather than the survivor as the primary individual on the plan.
- ✓ The counties recommended that state policy-makers develop a case tracking protocol to ensure that outcomes are consistently measured and data is available for counties and partners.

#### ***Strategies for Community Outreach***

The participating counties offered suggested strategies for enhancing the rollout of *Safe and Together* or similar cross-system collaboration initiatives in other communities:

- ✓ Project leaders should consider developing a list of potential community partners to be engaged in the IPV response process, bearing in mind that not all communities will have the same partners. In addition, counties undertaking cross-systems collaboration initiatives should develop strategies for overcoming any pre-existing tensions.
- ✓ Project leaders should develop a suggested timeline for community partner roundtable discussions and how these opportunities should fit into the overall training plan.
- ✓ Outward endorsement of the project from key stakeholders in the beginning would have been helpful in allowing community partners time to understand the project purpose. Several partners were not aware of the project until they were invited to or attended a training session.
- ✓ Child welfare agencies undertaking this work should designate a facilitator or a point person to begin engaging partners immediately. Where there are tensions or weak relationships, key leaders need to be identified to assist in the process of reaching out to those partners. All of the counties requested assistance at some point during the project with reaching out to partners. ODVN's assistance proved to

be invaluable in soliciting the support and participation of local DV programs and partners.

## CONCLUSIONS AND NEXT STEPS

Current research tells us that the most effective approaches to addressing the impact of intimate partner violence on children come from collaborative community partnerships dedicated to improving response across systems. (*National Council of Juvenile and Family Court Judges, "Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice Recommendations, 1999*) In its first year, the Ohio IPV Collaborative has made significant progress in engaging a broad spectrum of stakeholders to develop recommendations and implement key changes in practice to accomplish this overarching goal. Staff within the four county demonstration sites have enhanced their IPV-competency, resulting in meaningful shifts in practice, and the recommendations crafted by the Statewide Planning Group have provided a foundation to carry this critical work forward at both state and local levels.

The four project sites remain dedicated to full integration of the *Safe and Together* model within their practice. Additionally, as interest has grown among other counties and stakeholder groups, Clark, Fairfield, Franklin and Ross have committed to sharing their implementation experience more broadly. These counties will be participating in panel discussions at the PCSAO conference on October 6, the Regional Domestic Violence Conference in Erie County on October 29, and the American Humane Association's Fifth Annual National Conference on Differential Response in Child Welfare on November 10. NCALP staff members also continue to educate community stakeholders and groups on the project.

With continued support from the Supreme Court of Ohio, the Ohio Department of Job and Family Services, the Ohio Domestic Violence Network, and Casey Family Programs, *Safe and Together* training and technical assistance will continue through June 2011. Currently, the four project demonstration sites continue to participate in on-site coaching and technical assistance. In the coming months, additional counties and community partners will have an opportunity to attend an overview of the *Safe and Together* model to learn the core principles of the model and how these principles translate into practice techniques.

This report and additional materials can be found on a resource website maintained by NCALP at: <http://www.law.capital.edu/adoption/ipvcollaborative/>