

Ohio IPV Collaborative Statewide Planning Group Recommendations

Prepared by the National Center for Adoption Law & Policy

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National Center for
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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**

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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

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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 48th 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

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- ✓ 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.