CHAPTER 2

BACKGROUND READING & RESOURCES FOR TRAINERS

Purpose of the chapter   page 18
Background reading & resources for Chapter 3   page 19
Background reading & resources for Chapter 4   page 42
Background reading & resources for Chapter 5   page 55
Background resources for Chapter 6   page 59
Purpose of the chapter

This chapter provides background reading and resources that trainers will use in preparing to present the training modules. References to the relevant page numbers are given in the individual training module outlines.
OVERVIEW OF VIOLENCE AND ABUSE IN FAMILIES

CHILD MALTREATMENT STATISTICS

- Nationwide 2.8 million reports for abuse or neglect were made in 1998, 1.8 million were investigated by CPS agencies, and 1 million of these reports were substantiated.

- Report rate was 42 per 1000 children (4.2 %) in the population (1997, 3.9%), while the rate of substantiated reports was about 13 per 1000 children (1.3%) in the population.

- Incidence rate of child maltreatment reports has decreased from 1997.

- Reports show that highest neglect rates were for age 0–3, while a greater proportion of physical and sexual abuse victims were age 8 or older.

- Each year since 1996, the mortality rate resulting from maltreatment has increased. In 1998, nearly 1100 children died as a result of maltreatment; 77.5% of those fatalities were among children 5 years old and younger.

- More than half (53.5%) of the substantiated reports of child maltreatment were for neglect, while nearly a quarter (22.7%) were for physical abuse. Psychological abuse accounted for 6% of the reports. A quarter (25.3%) of the victims were reported to have suffered more than one type of maltreatment.

- Among children who were found to have experienced or found to be at risk of experiencing a substantiated maltreatment, children of African American descent and American Indian/Alaskan descent had higher rates of substantiated maltreatment than did whites, with each group representing nearly 30% of the victims, while Hispanic children were 16%, whites were 13%, and Asian/Pacific Islander children were about 5%. However, it should be noted that just because children of these cultural/ethnic groups are over-represented in the government statistics, it does not mean necessarily that these families are more abusive.

- Over 87% of the perpetrators of child maltreatment were the parents of the children; 60.4% of the perpetrators identified in the investigations were listed as female. Again, this statistic may be misleading if interpreted out of context. Mothers are often listed as the primary caregiver and as such counted as a perpetrator even though the maltreatment may actually be attributed to a different adult upon investigation. Furthermore, the family may be headed by only a single female adult. And, it should be noted that women tend to spend more time in contact with their children than do men.

STATISTICS FROM THE THIRD NATIONAL INCIDENCE STUDY (NIS-3) OF 1996

- CPS investigated only a small percentage of all children recognized or reported for alleged child maltreatment.

- There seem to be some common child characteristics among child maltreatment victims.
  - Girls were sexually abused 3 times more often than boys.
  - Boys had a greater risk of both emotional neglect and serious injury than girls.
  - Children are consistently vulnerable to sexual abuse from age 3 onward.
  - This study showed no significant race differences in the incidence of maltreatment or in maltreatment-related injuries (though reports for some racial and ethnic groups were higher than their proportion of the actual population).

- There seem to be several overall family characteristics of children who are identified as being maltreated. These characteristics are associated with greater risk of maltreatment.
  - Single-parent: Children in single parent families were at greater risk of harm from physical abuse, of harm from physical neglect, and of suffering serious injury or harm from abuse or neglect than were children living with both parents.
  - Large number of children in family: Children in very large families were at greater risk of abuse than those in very small families.
  - Poverty: Children from families with annual incomes below $15,000 were at greater risk of harm from maltreatment than were those from families with annual incomes above $30,000.

- Once again, female parents* were implicated in the highest percentage of maltreatment cases. And, women were associated with a higher percentage of the neglect cases, while men were associated with a high percentage of the physical and sexual abuse cases.

* Note: see “Disparities” heading (page 61) under Points to Highlight.

 www.calib.com/nccanch/pubs/statinfo/nis3.cfm
MINNESOTA STATISTICS

The state’s Department of Human Services works with the 87 counties to administer the child protection system. The latest data they have published indicated the following about child maltreatment and child protection responses in the state.

- In 1998, the Minnesota county-level agencies received 16,197 reports of maltreatment involving 24,844 children. The agencies determined (substantiated) 6,881 (42%) of these reports. (Compared with 1994, these statistics show an overall decrease of both reports and determined cases in 1998.)

- More than 10,500 children were maltreated in the state according to the 6,881 determined cases.

- In 1998 the estimated incidence rate for child maltreatment was 8.39 per 1,000 children in the population—somewhat lower than the national incidence rate.

- As with national statistics, the rate of neglect was the highest, followed by the rate physical abuse. The frequencies of types of maltreatment for children determined to be victims in 1998 were:

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>70.5%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>8.1%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>26.1%</td>
</tr>
<tr>
<td>Mental injury</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

- Children aged 1–9 represented the greatest number of victims. Boys aged 1–6 were slightly more likely then girls of the same age to be victims, while girls aged 12–17 were slightly more likely than their male counterparts to be victims.

- Racial disparities exist in Minnesota with regard to determined victims of child maltreatment just as they do at the national level.

  - White, non-Hispanic children were nearly 58% of the victims, but accounted for 87% of the child population in Minnesota.
  - African American children were nearly 29% of the victims, and only 4.1% of the Minnesota child population.
  - American Indian children were 7% of the victims, and 1.8% of the Minnesota child population.
  - Children of Hispanic heritage were 6.8% of the victims, and 2.8% of the Minnesota population.
  - Children of Asian/Pacific Islander descent were 2.8% of the victims, and 4.1% of the Minnesota population.
  - While the number of child victims per 1,000 white and Asian children was 5.5, the rate for African American children was 52.5 per 1,000, or nearly 10 times greater.

Similar to national statistics, birth parents were the vast majority of those listed as perpetrators of the maltreatment (80%), and women* were also more often noted as the offenders in the neglect cases.

* See “Disparities” heading on next page.
Determination of child maltreatment

When maltreatment is substantiated through investigation of the report and the child protection agency concludes that a child is at significant risk of maltreatment if protective intervention is not provided, and that the individuals responsible for the child’s care have not taken or are not likely to take actions to protect the child from maltreatment or risk of maltreatment, there is a subsequent “determination of a need for protective services.” Thus, just because there is a determination that a child was abused or neglected, it does not necessarily follow that he or she will be labeled a “child in need of protective services” (CHIPS). Furthermore, neither of these factors, singly or together, automatically means that the child or family will get services from the county or be provided services by another entity contracted by the county.

Various types of services may be offered or actions taken with the families of victims in these determined cases. In order of frequency, services offered and actions taken include:

- Case management
- Family-based/in-home services
- Referral to county attorney
- Counseling
- Placement outside the home
- Chemical dependency services

In later chapters of the training material there will be further discussion of the county agency’s response to situations where child maltreatment may be occurring in the context of domestic violence.

**SOURCE:** Minnesota 1998 Statistics (Minnesota Department of Human Services, Children’s Services, Child Protection Division)

Disparities

Gender disparities

It should not be concluded from the statistics that mothers maltreat their children more than fathers do or that women are more abusive to children than men are. Higher rates of child maltreatment by women may be the result of various factors other than gender, such as:

- Women’s greater amount of time spent with children
- The mother may be only parent the child has
- Traditionally cases are tracked in the name of the primary custodial parent, most often mothers.

Ethnic/racial disparities

Proportions of reported victims of child maltreatment of African American and American Indian/Alaskan backgrounds were two times greater than their proportions in the general population. The over representation of these children in the system does not mean that children from these ethnic groups are abused more often, or that the ethnic groups are somehow more
abusive. There is a disproportionate representation of children and families of color in the child protection and child welfare system, as well as in the juvenile court system. While there are many factors that contribute to this, racial/ethnic bias in the system is a major contributing factor.

**Identifying child maltreatment**

Sometimes child maltreatment is obvious, especially to someone trained in the human services. But more often it is not so clear. It may be helpful to look at some of the behaviors exhibited by the child as well as those exhibited by the parents as you look at maltreatment. However, it is most important to remember if you are a mandated reporter it is not your job to investigate or determine if maltreatment has occurred, rather it is your job to report suspected maltreatment to the appropriate authorities—the police or your local child protection agency—who will then determine if it should be investigated and then if it is substantiated.

**Child symptoms**

When looking at children, search for patterns and/or multiple signs of the following, keeping in mind that many children who have not been maltreated will have one of these signs/symptoms from time to time:
- Physical signs such as bruises, burns, welts, or limping
- Child report or references to abuse or neglect, or high risk situations
- Extraordinarily withdrawn, depressed, sad, or needy
- Extraordinarily angry or aggressive
- Hyper-vigilant or extreme wariness
- Uncharacteristic academic performance

**Family characteristics associated with maltreatment**

Following are some of the parent/family characteristics that are risk factors associated with maltreatment. Certainly many families will exhibit some of these characteristics and not be abusive to or neglectful of their children. Consider these as “red flags,” not as definitive proof that maltreatment is occurring. Notice particularly if these are repeated patterns of behavior rather than single incidents.

Take special note if the parent(s) or family:
- Seem isolated from other social supports (family, friends, social groups, etc.)
- Fail to keep appointments, attend school or other events, or keep promises
- Seem not to trust others or are very suspicious of outsiders
- Were abused or neglected as children
- Are experiencing or have experienced adult domestic violence in the home
- Seem very reluctant to share information or when they do their answers to questions seem inconsistent with what you or others have observed
- Respond to concerns about the child with extreme over or under reaction.
- Refuse to consent to medical evaluations or referrals
Delay or refuse to attend to child’s health and medical needs, appointments, etc.
Talk about the child(ren) in highly negative terms, seem overly critical, or unrealistic about the child, and rarely say positive things
Seem to believe that it is necessary to use harsh discipline on their children
Rarely interact with the child, seldom touches child, and seems to ignore the child’s cries or requests or get overly irritated by them
Sometimes keep the child in a playpen, crib, or other room for prolonged periods when the child is not sleeping
Seem to lack an understanding of the child’s needs (e.g. developmental, physical, emotional, and psychological)
Misuse alcohol or other drugs
Appear to lack self-control or fear losing control of children or family


Regarding family characteristics
It is very important to note that many of the family characteristics associated with maltreatment, as listed above, are also common to women who are living in an abusive relationship.
Many of these behaviors may be the result of the coercion and abuse occurring to the mother by her partner.
Much of the fear and mistrust shown by parents who have been abusive or neglectful is similarly shown by people who have been abused and by people who are cultural or ethnic minorities living and coping in a dominant culture. Make sure that these issues are taken into consideration when interpreting what you observe.

Consequences of child maltreatment
The following list of consequences of child maltreatment are outcomes found significantly more often in children who have been maltreated than in children who have not been maltreated. It should be noted that many of the consequences of direct child maltreatment are similar to consequences found among children exposed to domestic violence. Yet, the majority of children exposed to domestic abuse or who experience maltreatment do not show long-term negative outcomes if the maltreatment or exposure stops. Not all children who have experienced maltreatment will exhibit these problems. The type and severity of problems exhibited by children varies widely due to many factors other than the maltreatment itself, such as concurrent exposure to domestic violence. Some studies indicate that as many as two-thirds of children who are maltreated do not have serious, long-term complications due to the abuse.
Physical consequences
- Death
- Physical injuries
- Impairment in physical growth

Psychological trauma
- Anxiety, distress, irritability, depression
- Post-traumatic stress disorder symptoms
- Re-experiencing of past events
- Avoidance behaviors including compulsive compliance or constricted, blunted emotions (low affective response)
- Hyper-vigilance

Behavioral problems
- Aggression
- Attention difficulties and hyperactivity (ADHD-like, but may not be ADHD)
- Interpersonal and relational difficulties

Developmental delays (see page 68, Table 3.2, Developmental Delays as Indicators of Maltreatment)
- Psychological delays
- Attachment/relatedness impairment
- Cognitive delays
- Learning disabilities
- Emotional difficulties
- Interpersonal difficulties

Reporting child maltreatment
Main content for this section is provided in a supplemental publication of the Minnesota Department of Human Services (2000), *Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters*. This document should be distributed to the participants with other training materials.

If you are a person in a helping profession, you likely are a mandated reporter under the law. Persons in the professions of teaching, early childhood education, law enforcement counseling, psychology, social work, victim advocacy, ministry, medicine, health care, and several other professions are required to alert child protection agencies of suspicions of child abuse and neglect.

This means that if you have information or have observed something that leads you to believe a child is being maltreated or has been maltreated in the past three years, you are required to call your local child protection agency or the police to make a report. It is not the job of a mandated reporter to determine if the abuse
or neglect has occurred, but rather to call and make a report. It is important that you know what the laws in your state say about this and that you learn what your agency’s policy is about such reports.

**SOURCE:** Minnesota Department of Human Services (April 2000). *Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters*

For domestic violence advocates and other crime victim advocates who may work primarily with adults, another helpful guidebook has been compiled to help people understand the child welfare and child protection laws and processes in Minnesota. See the following supplemental document, which can be found in the Appendix and online at the Web site that accompanies this training manual: *The Advocates Guide to Minnesota’s Child Protection System* (October 2000) by Nancy Mischel of the Minnesota Legal Services Center Advocacy Project, St. Paul, Minnesota. This document should be provided to the participants with other training materials.

2

**Dynamics of violence against women**

**Incidence of violence against women in intimate relationships**

Studies on violence against women have been conducted in unprecedented numbers since the Violence Against Women Act (VAWA) was passed in 1994. Previous to the passage of VAWA, funding for such research was not available. Despite the large amount of research, particularly in the areas of rape and intimate partner violence, many gaps remain in our understanding of violence against women. Comprehensive empirical up-to-date data is limited in the case of domestic violence. Researchers often define the issue differently. Comprehensive information on minority women’s experiences with violence is also limited.

*National Violence Against Women Survey*
Available online at: [www.ojp.usdoj.gov/nij/pubs-sum/172837.htm](http://www.ojp.usdoj.gov/nij/pubs-sum/172837.htm)

- Approximately 1.5 million women are raped and/or physically assaulted by an intimate partner annually in the United States.
- 25% of surveyed women were raped and/or physically assaulted by a current or former spouse, cohabitating partner, or date in their lifetime.
- American Indian/Alaska Native women were most likely to report rape and physical assault victimization, while Asian/Pacific Islander women were least
likely to report rape and physical assault victimization. (More research is needed to determine how different factors such as social, demographic, and environmental factors affect willingness to respond to the interview).

- Violence against women is primarily partner violence; 76% of the women who were raped and/or physically assaulted since age 18 were assaulted by a current or former husband, cohabitating partner, or date.

*Keeping Watch: 1999 Minnesota Crime Survey*
Minnesota Planning (2000)
Available online at: [www.mnplan.state.mn.us/cj/crimesurvey.html](http://www.mnplan.state.mn.us/cj/crimesurvey.html)

Data on domestic abuse in Minnesota is limited. Domestic abuse is not a category under the Federal Bureau of Investigation’s Uniform Crime Reporting Program and often is categorized as an assault-related offense. In addition, cases of domestic abuse may go unreported to police.

- In 1998, 2% of all survey respondents reported they had been injured by spouse, significant other, partner, or other family member.
- Domestic abuse victims accounted for 28% of all violent crime victims.
- 75% of domestic abuse victims were female.
- 64% of the domestic abuse victims fell within the age range of 25–49; 27% were age 15–24; and 10% were age 50 or older.

**Defining domestic violence**
Throughout this document, “battering” and “domestic violence” are terms used to refer to a pattern of assaultive and coercive behaviors and tactics that adults or adolescents use against their intimate partners in order to gain and hold power and exert control over them. The legal or statutory definition of domestic violence or domestic abuse is different from the one used here. Under legal definitions, domestic abuse refers to an act or incident of violence or threat of violence by any person against another person either in their family or household, or a current or former intimate partner. It is important to clarify this with participants in the training, and to refer them to resources that will provide their state’s statutes regarding domestic abuse and assault.

Because the statistics indicate that the majority of reports of such violence are of actions directed at women by men, we refer to the primary perpetrator of the violence as the “man” or “male.” We acknowledge that men can also be victims of violent and abusive acts, and also that men may perpetrate such violence against other men, and women against other women in same-sex relationships. Yet we
have made a specific choice of language in order to reflect the situation in the majority of cases that come to the attention of public systems such as the police, courts, and human services.

Additional background resources for Chapter 3 Sections 1–3


Culture & other socially relevant issues

ICWA—a brief overview  The Indian Child Welfare Act (ICWA) was passed by Congress in 1978 and was intended to limit the historical federal practice of removing Native American children from their tribes and families and placing them in non-Indian families or institutions. Historically, the federal government removed Indian children from their families and tribes to assimilate them into white culture by placing them in boarding schools or with white families. Their parents often were forced to terminate their parental rights. Prior to 1980 in Minnesota, an average of one of every four Indian children younger than one year was removed from his or her Indian home and adopted by a non-Indian family (Jones, 1995).

ICWA defines “Indian child” as a child who is a member of a federally recognized Indian tribe, or is eligible for membership in such a tribe and is the biological child of a member (25USC 1903(4)). The provisions of ICWA apply to four types of Indian child custody proceedings:

- Foster care placements
- Pre-adoption placements
- Termination of parental rights
- Adoption placements

Indian tribal courts have exclusive jurisdiction over the welfare of Indian children with limited exceptions. The significance of ICWA lies in that it:

- Applies to all Indian children
- Requires that active efforts be made to determine if a child could reside with an Indian relative or someone from their tribe
- Requires such efforts be made in custody disputes
- Makes issues in work around child abuse and domestic violence more complex for Indian families

References


**Native-American-specific internet resources**

Mending the Sacred Hoop
Duluth Domestic Abuse Intervention Project
Minnesota Program Development/National Training Project
Duluth, Minnesota
www.Duluth-model.org

Minnesota Indian Tribal Affairs Council
www.indians.state.mn.us

*Family violence in aboriginal communities: An aboriginal perspective.*
Click on “publications” at www.hc-sc.gc.ca/hppb/familyviolence/ and then select from alphabetical title list.

National Indian Child Welfare Association
www.nicwa.org

Praxis International
Duluth, Minnesota
www.praxisinternational.org

Sacred Circle: National Resource Center to End Violence Against Native Women
*Role of Shelter & Advocacy in Ending Violence Against Native Women: Training Institute Materials.* Contact:
(877) RED-ROAD (733-7623) or 1-800-799-7233 (799-SAFE)
(605) 341-2050
e-mail: scircle@sacred-circle.com
722 St. Joseph Street, Rapid City, SD 57701

Native American Circle, Ltd. (NAC)
P.O. Box 227, Elgin, OK 73538
866-NAC-DVSA; 866-622-3872 toll free; 580-492-4741 bus.; 580-492-1890 fax
A non-profit, tax exempt victim advocacy organization
www.nativeamericancircle.org

NAC has developed a comprehensive training manual, *Domestic Violence, Sexual Assault, and Stalking Intervention and Prevention in Rural Native American Communities* (www.vaw.umn.edu/documents/nativeamerican/namain.shtml) to help rural Native American communities address domestic violence, sexual assault and stalking through training, research, and educational programming. This document provides a general overview of issues relevant to work in Native communities. When developing a plan for your community, look to your own tribal codes and state and federal laws concerning confidentiality, and explore methods that can be used in the civil or criminal justice arenas to enhance victim safety.
**TANF/MFIP and the domestic violence exclusion**  Under MFIP guidelines family violence is defined as "physical acts that result in, or threaten to result in, physical injury to a person; sexual abuse; sexual activity involving a minor child; being forced as the caregiver of a minor child to engage in non-consensual sexual acts or activities; threats of, or attempts at, physical or sexual abuse; mental abuse; or neglect or deprivation of medical care. There are specific guidelines and provisions for MFIP applicants to obtain a family violence waiver, but the applicant must provide verification of abuse or violence. This waiver is defined below in the language of the state guidelines as of October 2002.

This provision allows MFIP applicants and participants, who are documented victims of domestic violence, an exemption from the 60-month lifetime limit and from regular employment services (ES) requirements. Applicants for MFIP should be provided a Family Violence Referral (DHS-3323) and a MFIP Family Violence Waiver brochure (DHS-3477). In addition, they should be given this information at re-certification and as part of the Employment Services (ES) overview.

When an MFIP applicant or participant asks about the Family Violence Waiver or reveals that (s)he or a household member has been or is a victim of domestic violence, the worker is to explain the provisions for victims of domestic violence under the Family Violence Waiver Option and give the client the DHS-3477 brochure. These provisions are exemption from the 60-month time limit and waiver of regular ES activities through development of an Alternative Employment Plan (AEP). The worker is supposed to explain the advantages to the client (exemption from the 60-month limit and ability to address safety issues), and provide the client with information about community resources and services for victims of domestic violence. Although you may believe it would be in the best interest of the client to choose a Family Violence Waiver, it is always the client’s choice whether to ask for it. Likewise, never question a client’s self-identified need for a Family Violence Waiver.

When a client requests a Family Violence Waiver, refer the client to a domestic violence advocate or someone trained in domestic violence if the client is not already working with someone. A person trained in domestic violence is defined as an individual who works for an organization designated by the Minnesota Center for Crime Victim Services as providing services to victims of domestic violence, a county staff person who has received similar training, or any other person or organization designated by a qualifying organization.

Each county is required to identify locally-trained people in order to ensure access for all MFIP clients. The Department of Human Services has taken an active role to train all of their financial workers and other MFIP staff about domestic violence. County MFIP programs are advised to contact the Minnesota Center for Crime Victim Services at 651-282-6252 or 1-888-622-8799 for information about agencies in their area if they are not familiar with them.
The client, the person trained in domestic violence, and the job counselor will jointly develop the Alternative Employment Plan. MFIP financial workers are advised to inform the participant about documentation required to substantiate a claim of domestic violence, but should not delay processing an application while the client gets documentation of abuse or is developing an AEP. Workers are advised that they are not to require the participant to comply with regular ES activation or impose an ES sanction during the period of time that a participant is obtaining documentation.

County agencies and Employment Services providers are required to follow data privacy procedures. It is also important to ensure confidentiality to victims of domestic violence, especially when the victim lives with the abuser. Financial workers should consult with their county attorney regarding the county’s data practices policy if they are uncertain about how to apply this policy to such situations.

MFIP Financial workers are to obtain a release of information from the participant prior to talking to a domestic violence advocate about the participant’s issues related to family violence. They also need to consult with the participant to determine where mail should be sent or phone calls made, since the abuser may still live in or have access to the home.

During the application process, if the worker becomes aware of a non-citizen who is an INS determined victim of battery and/or cruelty that could also meet the domestic violence exemption provision.

A victim of family violence may be eligible for an extension of MFIP benefits after the person has verified she or he is a victim of domestic abuse and has developed an Alternative Employment Plan (AEP).

**References and background**

An evaluation of Minnesota’s shelter program for battered women: A report to the Minnesota legislature. Stephen Coleman, PhD, March 2001

[www.mincava.umn.edu/papers/shelter.asp](http://www.mincava.umn.edu/papers/shelter.asp)


[www.nga.org/Pubs/IssueBriefs/2000/001017FamViolence.asp](http://www.nga.org/Pubs/IssueBriefs/2000/001017FamViolence.asp)

Domestic Violence and Welfare Reform. Andrea Wilkins, Policy Associate, National Conference of State Legislators Web site

[www.ncsl.org/statefed/welfare/famvioopt.htm](http://www.ncsl.org/statefed/welfare/famvioopt.htm)


[www.endabuse.org](http://www.endabuse.org)


**Domestic violence in rural communities**

Rural DV rates are similar to other settings. There should be no doubt that domestic violence in its many forms—physical, emotional, and sexual—occurs among women living in rural communities at rates similar to women in all other settings in the United States. A study published in 1998 based on data drawn from a rural Minnesota population indicated that 21% of the women answering the survey had experienced emotional abuse, 6.6% had experienced physical abuse, and 2% had experienced sexual abuse in the prior 12 months (Kershner, Long, and Anderson, 1998). This sample was drawn from women who had accessed health services at medical clinics and at supplemental food program sites in nine west-central Minnesota counties. Over 25% of the WIC respondents and nearly 20% of the clinic respondents had experienced at least one type of abuse in the previous year. And this data reflected only their most recent history, not on their lifetime experiences.

DV programs typically have urban bias. Despite the above research and other studies like it, there remains a pervasive public opinion that domestic violence is primarily an urban problem. Models for programs to address domestic violence are often based on those from urban areas. Consequently it is often more difficult to get popular support and funding for programs in rural areas, and the information and technical assistance that is available may not be as applicable to rural areas.

Regarding characteristics of rural communities, the National Coalition Against Domestic Violence developed a resource packet and produced a 45-page document called *Reflections on Rural Realities* in 1991 (NCADV Rural Task Force,
Washington, DC: NCADV; www.ncadv.org/products/productshome.htm). While there have been many changes in services and programs relating to domestic violence and battered women since that time, many of the characteristics of rural communities have not changed significantly. In fact, populations in some rural areas of Minnesota have become even more isolated and impoverished as family farms continue to be lost and industrial and manufacturing jobs have dried up. Broad economic changes such as the growing service and technology sectors and shrinking agricultural and manufacturing sectors have greatly impacted rural areas.

The NCADV document outlines several rural issues that still may have an impact on domestic abuse, its victims and the services they have access to (or more often don’t have access to). Also, some general attitudes and belief systems that are somewhat more pervasive in rural communities can impact the options battered women and their children have. The following topics may be worth discussing during your training sessions:

*Country v. city: Serenity and safety v. violence?*

- Reliance on extended family, small communities, and places of worship
- Laws made in the big city
- Greater Minnesota v. outstate
- Intensified isolation
- Lack of anonymity
- Accessibility issues

Some characteristics of rural communities may complicate the lives of battered women and their children as they seek support or attempt to leave an abusive situation (DV Awareness in Rural Communities, July 1999, authored by WV Coalition Against Domestic Violence, NCADV):

- Limited mobility or capacity to relocate; limited number of options of places to which relocation is even possible.
- The family and the community are self-contained, self-sufficient entities, usually needing and desiring little outside help.
- Strong communal identity
- Role of church and courthouse
- Institutions
- Limited access to broad range of goods and services

Furthermore, it has been suggested that public education messages directed at rural communities need to be based on a different set of principles than those in urban or suburban communities.

Messages about domestic violence and child maltreatment must reflect the daily realities of rural attitudes and life styles. These messages need to be presented in
ways that are relevant to rural experience. It may be helpful to draw educational analogies to images of the rural landscape such as farming or small towns community. Projects need to reflect the modes of communication and exchange of information most common in these areas. (From Rural Womyn Zone—www.ruralwomyn.net/domvio.html)

**Culturally specific resources**

Following are general overviews that highlight some of the particular issues that women of color may face in relation to domestic violence. These issues should be integrated throughout the training, but are listed here as background.

**African American**

In addition to sexist and racist attitudes and practices, battered African American women face a number of other barriers such as internalized negative societal images and conflicted loyalty to race that they must address in order to live violence free. To many African Americans, a black woman who seeks criminal action against her abusive partner is perceived as a traitor. The stereotyped societal images of black men as violent criminals coupled with the racist treatment they often receive from law enforcement and the justice system may dissuade black women from reporting or calling the police. As Richie (1985) noted, allegiance to racial group identity may override inclinations to confront gender oppression.

**PRINT RESOURCES**


**ONLINE RESOURCES**


Institute on Domestic Violence in the African American Community www.dvinstitute.org
Asian/Asian American

Asian women, a large and very heterogeneous group, have a difficult legacy to bear. The abusive treatment they receive often grows out of deeply rooted cultural and social values of both their countries of origin and the United States. Although Asian cultures are the source of much strength, they may also contribute to tolerance of domestic violence. The unequal and subordinate status of women and the right of men to beat them has been asserted throughout the centuries in Asian cultures. For South Asian women, power relations between men and women are intertwined with other structures of social hierarchy such as class and caste. In addition, the relationship between two women of the same household is affected by their relationships to the men in the household and by the men’s relationships. Familial relations are also characterized by hierarchy of age as well as gender. Finally, it is important to remember that, like other general cultural categories, “Asian” includes a heterogeneous group of individuals and cultures. Immigration and refugee status varies greatly across cultural groups, nationalities, and generations; this status is often an important part of a family’s intergenerational context. Many women of Southeast Asian descent are refugees who suffered great personal loss and trauma during and since the Vietnam era. This compounds abuse they experience in their families.

ONLINE RESOURCES
Abuse Counseling & Treatment Inc. Asian page.
www.actabuse.com/asian.html
Asian and Pacific Islander Institute on Domestic Violence
www.apiahf.org/programs/DV.html
Asian Women United of Minnesota
www.awum.org
Sakhi
www.sakhi.com

Latina

“Latina” is a general term used to refer to Spanish-speaking and/or Spanish-descent women from Mexico, Puerto Rico, Dominican Republic, Cuba, Guatemala, Nicaragua, El Salvador, and other countries of Central and South America. Latinas are an extremely heterogeneous group with respect to country of origin, race, education, income, age, religion, marital status, duration and conditions of residence in the United States, language, and cultural values. All these factors enter into understanding the culture and the community of Latinas relative to abusive relationships. Furthermore, many Latinas in the U.S. are members of families of migrant workers, farm laborers, and domestics, and as such have very tentative economic status. Immigration issues are also central to the issues of the Latino community.
PRINT RESOURCES

ONLINE RESOURCES
Abuse Counseling & Treatment Inc. Latina information page
www.actabuse.com/latinas.html

National Latino Alliance for the Elimination of Domestic Violence, ALIANZA
www.dvalianza.org

**Native American and Alaska Native**

As in other communities of color, there is tremendous diversity among Native Americans. Native American peoples identify with tribes and groups that have different languages, traditions, and spiritual beliefs. There are 365 recognized Native American tribes with 200 distinct languages in the United States alone. Further complicating the issue of heterogeneity is the routine migration between reservations and urban areas.

Native American women may have worldviews for understanding their family and relationship situations that differ greatly from the dominant cultural mainstream. Such a worldview is based both in cultural traditions and on living in an urban versus a rural reservation setting. In addition, Native American families in the U.S. have had to fight for their sovereign rights including their rights to raise their own children. For several generations, Indian children have been removed from their parents and their culture through forced relocation, government boarding schools, state foster care, and out-of-culture adoptions. In Minnesota it is still significantly more likely for an Indian child to be removed from his or her parents than for a white/Caucasian child.

In Minnesota there are Native Americans from many traditions, especially in larger cities and communities, but the two largest sovereign nations with reservation land in Minnesota are of Dakota Sioux and Ojibwe (Anishinabe) heritage.

PRINT RESOURCES


ONLINE RESOURCES
Abuse Counseling & Treatment Inc. Native American Information Page
www.actabuse.com/NativeAmerican.html
Alaska Native Knowledge Network.
www.ankn.uaf.edu/afnapped.html

Additional resources—general

Artchoker, K., Gullickson, V. Raising Public Awareness of Domestic Violence in Indian Country. Describes the development, in South Dakota, of one of the first domestic violence public education campaigns focusing on both Native Americans and rural non-Native persons. Described public outreach activities that Cangleska, Inc. (the violence against women intervention and shelter program on Pine Ridge Indian Reservation, SD) undertook in collaboration with the SD Coalition Against Domestic Violence and Sexual Assault and other advocates. Available online: http://www.vawnet.org/vnl/library/general/NRCDV_Cangleska.pdf


http://endabuse.org/programs/immigrant/


Vann, A. Developing Culturally Relevant Responses to Domestic Abuse. Using Asha Family Services, Inc. as a model, this document explores the components and necessity of culturally relevant domestic violence services. Document is geared to advocates and organizations. Available online: http://www.vawnet.org/vnl/library/general/NRCDV_Asha.pdf
Cultural issues in child maltreatment bibliography

Bibliography compiled by Lisa Fontes, PhD


BACKGROUND READING & RESOURCES FOR CHAPTER 4

SOCIAL SYSTEM RESPONSES TO DOMESTIC VIOLENCE AND CHILD MALTREATMENT

1

Multi-system response to abuse & violence—
The need to understand each other

When a family comes to the attention of public systems such as human services and the justice system, there are many possible points of entry for the family. When both child maltreatment and domestic violence co-occur in the same family, the potential for many systems and agencies to become involved is great. Thus, the need for these systems to collaborate is even greater than it might be in other situations.

When working with a family that is experiencing dual forms of family violence, in which both an adult and a child or children are victims, there are a number of systems that must work together to investigate, provide services, manage the situation, and involve the courts where needed. It is possible that as many as eight different systems will be involved in working with the family unit if there are both a charge of domestic violence and a determined case of child maltreatment in the same family: child protection services, domestic violence, crime victims services, law enforcement, programs for abused children, county attorney, and courts. This does not even include other public or private agencies that may be involved in providing financial, employment, mental health, or educational services to members of the family. It is, therefore, imperative that all these agencies have working relationships with one another and an understanding of the roles, responsibilities, and limitations of each agency involved.
Different systems . . . Different histories

Characteristics of services to maltreated children

The child protection system (CPS) is made up of state and local government agencies that serve to protect the welfare of children through the provision of statutorily mandated services. The child welfare movement began in the early 20th century and grew out of laws against cruelty to animals and children, child labor laws, and the Progressive Era of the time. The development of juvenile courts, a federal oversight agency, and federal funding for child welfare services were important benchmarks for a national child protection system. In the 1960s, Dr. Henry Kempe identified the “battered child syndrome,” which led to the broadening of public awareness of child abuse and neglect. National legislation mandating CPS was established in the 1970s beginning with the passage of the Child Abuse Prevention and Treatment Action (CAPTA).

In Minnesota, CPS is administered by county-level agencies that are overseen by the State’s Department of Human Services. CPS serves multiple purposes of investigating allegations of abuse and/or neglect, providing services to a family to aid in family preservation and reunification efforts, and planning for permanent placement of a child outside of the home if a parent cannot safely care for the child. CPS workers are responsible to monitor, offer support, and develop case plans. Since these services are mandated, some clients may be involuntary and may be resistant to state intervention. Cases are adjudicated in juvenile and/or family courts depending upon the specific issues. Occasionally, cases of child endangerment and other serious cases will be heard in criminal court. The courts provide protection and oversee decision making of CPS.

The Adoption and Safe Families Act of 1997 (ASFA) resulted in an emphasis on family preservation and permanency planning. It upholds the belief that allowing children to remain in their home and/or with their own family is the most desirable option. However, in cases where removal is necessary, current philosophy and practice state that it is in the best interest of children to have short timelines for children placed out of the home and to have a plan for a permanent home. In cases where domestic abuse is present, the best interest of the mother, and the mother/child relationship may be overlooked and often she is held responsible for the occurrence of abuse, and named as the “perpetrator.” A woman’s “failure to protect” her children from the harm done by others, such as an abusive partner, may become the focus of the case.

The services provided to battered women under the auspices of domestic violence programs and shelters have a very different history. Sometimes the differing historical backgrounds and philosophies make working together difficult for practitioners from these intersecting areas.
Characteristics of services to battered women

In the 1970s, a resurgence of the women’s movement led to the formation of grassroots organizations founded on feminist principles. The battered women’s movement defined domestic violence as a societal problem, not an individual or couple’s problem. Woman-focused advocacy grew out of the efforts of networks of feminist activists and formerly battered women that opened their homes to women and children in need of safety and support. Their continued organizing efforts eventually led to the securing of funds to establish shelter and advocacy programs that could offer a safe, supportive, confidential, and free place to stay to more than one family at a time. And, the battered women’s movement can also be credited with being the catalyst for significant changes in the way domestic violence is viewed by law enforcement, the courts, and other public service sectors.

Until the passage of the Violence Against Women Act in 1994 (VAWA), there was little federal government support for intervention and/or legislation to address the problem of domestic violence. Still, most services to victims and perpetrators are provided by private, non-profit, community-based organizations that receive federal, state, and private funding.

These advocacy organizations continue to work from an empowerment perspective. Services are voluntary and advocates assist a woman by providing information about her options, thus supporting her autonomy. She is supported to make her own decisions and choices. If the woman chooses to obtain an order for protection (OFP), an advocate can assist and support her through the civil court processes involved and can accompany her to court. However, prosecution of perpetrators of domestic abuse occurs in criminal court. In addition to providing individual case advocacy, most domestic violence programs also do systems and class advocacy on behalf of battered and abused women as a group.

3

Agency/professional language & culture

Content is complete in training outline, pages 123–124.

4

Child protection: Characteristics of present system

Mandated reporting guidelines

The Minnesota Department of Human Services has developed a resource guide for mandated reporters. It includes a thorough description of who must report suspected child maltreatment, the process for reporting, definitions of neglect and abuse, roles of key service providers, and the legislative statutes that address mandated reporting and screening of those reports.

*Note:* Practitioners outside of Minnesota should contact their local child welfare agency or state department of social services for the specific mandated reporting guidelines in their state.

**How cases move through the system**

In Minnesota there is a decentralized child protection system in which each county administers child protection services under the guidelines provided by the Department of Human Services and the statutes put in place by the Minnesota State Legislature. In each county the exact professional involved in each of the steps will vary, but overall Child Protection and the broader Family and Children’s Services or Child Welfare Department are responsible for the following:

- Taking reports/screening
- Assessment/investigation
- Provision of and/or referral for services
- Placement decisions, which include filing child in need of protective services (CHIPS) petitions with juvenile court, foster care, concurrent planning processes, family preservation services, and termination of parental rights (TPR)

**Alternative response/differential response model and child protection reform**

Recently, the State of Minnesota has been developing a new philosophy and method of responding to families who may be at risk for child maltreatment. Cases involving families that meet the criteria for maltreatment and are screened in for assessment, but that possess a number of assets that could be strengthened by provision of services may be offered an *alternative response* (AR). These families are not determined to need the full investigation and legal consequences that such a traditional investigation and legal determination maltreatment carries, but rather are candidates for this more strength-based and affirming response.

Alternative response is a strengths-based and community-oriented approach to addressing child maltreatment reports that do not meet Minnesota statutory requirements for a mandated investigative response. Eligible families have the choice of participating in this alternative to the traditional investigative response. Under AR, no legal determination of child maltreatment is made. Instead a family
assessment is completed to determine the safety of the child, the risk of maltreatment and to identify family needs and strengths. When the child’s safety is at risk or the risk of maltreatment is at an unacceptable level, the agency must provide services to remove or lessen the safety concerns and maltreatment risks.

Alternative response provides counties with the flexibility to best meet families’ needs. Families that present a more serious and immediate risk of harm to children are served by the traditional investigative response, whereas those with less severe risk may be offered and can choose an alternative response instead of the traditional investigative response.

Traditional child protection responses may no longer meet the needs of many situations. Over the last 30 years, the child protection system had a dramatic increase in reports of child neglect within families experiencing chronic poverty, chemical abuse, and domestic violence. Historically there was only an investigative response. For example, the protocols to respond to reports of child neglect were often more prescriptive than necessary when the children were not at immediate risk. Each report required an investigation, often resulting in a neglect determination that may have lead to mandatory services to families that did not want them or necessarily need them. This approach also overloaded the system and caused CPS to evaluate if this was the best way to serve families in need of assistance but who were at a low risk for serious harm.

Studies have shown that the diversion rate to an alternative response is consistently high without jeopardizing child safety. The positive results of alternative response are a decrease in subsequent maltreatment reports; a change in risk level to children; increased stability for families; improved family, agency and community satisfaction; reduced placement duration for children; a more rapid delivery of services; and enhanced cooperation between families and CPS.

Families that are most appropriate for alternative or differential response are those struggling with issues such as: child supervisions, educational neglect, domestic violence, minor physical abuse, unmet basic needs, chemical addiction, and emotional abuse. These issues characterize 50–70% of the child protection caseload.

In Minnesota there were originally 20 counties that received grants to implement the alternative response program, and the number continues to grow even without additional funding. Several counties involved in the Minnesota Rural/Tribal Collaborating for Women and Child Safety Project are also engaged in implementing alternative response. The Minnesota alternative response program is being evaluated, and the early results show positive outcomes. An evaluation of the first year of the alternative response project was conducted in February 2001. This is the first of a three-part study to evaluate the impact and outcome of the project. The full report is available at: http://www.iarstl.org/papers/mnARreport2.pdf.

**The Adoption and Safe Families Act (ASFA)**

A federal act called the Adoption and Safe Families Act (ASFA) is also important to understand as its provisions may impact child protection cases. Passed in 1997, ASFA emphasizes child safety in child welfare decision-making. It also underscores the belief that all children should have a permanent home. Therefore, states were also required to develop and implement criteria for short timelines for children placed out of the home and accelerate the termination of parental rights when necessary. One provision of ASFA is called concurrent permanency planning.

*Concurrent planning* (or alternative permanency planning) is the process whereby the child welfare agency simultaneously develops plans for permanent child custody along two tracks. On one hand, they work with the parent to make a plan allowing the child to return to the parent(s). Concurrently, they also make a plan for termination of parental rights and placement of child for adoption into another family incase returning the child to the parent is not possible. This pertains only to families where children have been removed for long term placement outside of their parent(s) home. It does not apply to children removed under 72-hour holds or in short term, temporary placements. Under Minnesota law, concurrent planning requires permanency hearings to be held within 6 months for children under the age of 8 years and 12 months for children 8 and older.

The rationale behind the implementation of ASFA and its concurrent permanency planning clause was to limit the length of time children removed from their parents are left in temporary and ambiguous custodial situations. “Foster care drift,” the situation where children move around from home to home never settling with permanent care givers, had become a major problem. Another concern was that when only one plan (to return a child to his/her family) was being considered at a time, children were removed each time the plan did not work out. For some children, this resulted in a series of foster home placements and long delay in finding a permanent solution. These issues were and are very real for children and can have serious negative consequences for their development and success in life long term. Nonetheless, some people have voiced their reservations and concerns about this approach.

While not necessarily born out by evaluation or other data, the practice of concurrent planning has raised serious concern in many communities and among various practitioners. For example, in Minnesota concurrent planning has come to be labeled “fast track placement” by some critics. And, in some communities
this is seen as having more serious implications for communities of color than for others. It has been perceived as placing another barrier in the way of poor African American and Native American parents to keep their children in their care and in their communities. Where there are issues such as poverty, homelessness, chemical dependency, and domestic violence connected with the child maltreatment findings, there are many impediments to meeting the requirements of a case plan that will allow family reunification.

Many practitioners and clients feel that it is nearly impossible to solve problems associated with poverty, to recover from drug addiction, to gain safety from domestic abuse, or to recover from the impact of trauma in 6 to 12 months. Furthermore, while resolving these issues is hard enough for a Caucasian person, it may prove even harder for women and men of color living in Minnesota. There are issues of racism and prejudice that must also be addressed. Plus, there are significantly fewer culturally sensitive or ethnically appropriate services available to meet the needs of those women and men. Furthermore, if other factors such as disability or sexual orientation are present it may become even more difficult for a parent to feel hopeful about their potential to regain custody of their children.

Children of African American and Native American descent are removed from their parent’s custody at rates 8 to 10 times higher than children of Caucasian parents. Additionally, there is historical precedence in the United States for the government-sanctioned removal of African American and Native American children from their families and their communities. Many people think of slavery or the boarding schools as ancient history. But it is not so far in the past of many families. The impact of these practices has lasted in the stories passed on and cultural memories of many parents and children.

This information is important to understand because it provides a context for the negative responses of communities to policies like concurrent permanency planning or child removal from families. The provisions of this law have been viewed negatively by some people because they are not seen as serving the best interests of all children, but rather as having the potential to destroy ethnic communities.
Domestic violence program responses

Assistance for adult victims of domestic violence and their children

There are five primary types of assistance available to families experiencing domestic violence:

- shelter and safety
- advocacy
- support and education
- treatment and therapeutic interventions
- public education and outreach

This section briefly describes these types of programs as they are available in Minnesota. Of course, not all of these options are accessible to all women, especially women who are living in rural areas where the distances between potential services are great.

Shelters and safe homes provide a safe place for women and children to escape the violence occurring at home. Women's Advocate in St. Paul, Minnesota, was among the first established battered women's shelters in the country when it was established in 1974. Today, the state has 21 allied shelter and safe-house programs that operate under the “Day One” Project, a project that has been developed to streamline and increase women’s access shelter through a designated hotline (1-866-223-1111). A caller is automatically routed to the nearest domestic violence program. The program will assist her in securing safe shelter. Most shelters allow women to bring their children and offer various services such as support groups, activities, and child care for children. Safe-home programs offer women shelter in the homes of trained volunteers.

Battered women's advocacy organizations have several goals on many different levels. They provide individual safety while striving to eliminate institutional barriers. Legal advocates work with battered women to assure that they are informed of their legal options and have timely, effective access to the justice system. They provide support and accompaniment for battered women as they proceed through the justice system, and help them develop safety plans. At the systems level, advocates work to improve the outcomes for battered women participating in all parts of the civil and criminal to enhance the quality of representation of victims. They also work to affect policy changes to increase protection and safety for battered women and children. Advocacy on behalf of battered women and children also encompasses working with individuals to help them reach their identified goals, such as economic support, stable housing, counseling, etc.
Shelter and advocacy are not the other forms of support and education available to battered woman and their children. Support groups offered by domestic violence organizations address the dynamics of abuse and the cycle of violence. Such groups can be extremely helpful for battered women and their children to learn that the abuse is not their fault and that they are not alone. Hearing other’s stories can be a way to validate their own experiences.

Batterer intervention programs provide support and re-education to batterers to hold them accountable for their abusive behaviors. Many states have developed standards for interventions for batterers, which regulate the delivery of services, length of treatment, prescribed curriculum, etc. In Minnesota, no such standards have been formally adopted, but guidelines exist.

Other therapeutic interventions for battered women and their families include individual counseling for both victims and batterers. Anger management and couples and/or family counseling should not be used as primary interventions. These approaches are controversial. They have the potential to perpetuate the abuse. Anger management does not address the entire cause of battering and may teach batterers nonviolent ways to control their partners. Furthermore, couples and/or family counseling does not allow victims to safely express themselves or disclose abuse without the fear or threat of retaliation from the abuser.

Public education and outreach include campaigns to raise community awareness of the prevalence and signs of domestic violence. Posters, pamphlets, commercials, and other forms of media are often used to deliver the information. They may also include information on resources and how to get help. School curriculums have also been developed to prevent and teach children about violence and how to respond if it occurs.

Domestic violence programs in Minnesota
(The following has been excerpted from the Minnesota Coalition for Battered Women Web site and provides a more detailed description of the different types of services and programs that exist in Minnesota.)

Shelters
A residential facility providing 24-hour emergency crisis intervention, temporary shelter (1 to 60+ days depending on need), legal and systems advocacy and accompaniment, support groups, children’s advocacy, information and referral, transportation, community education, and training of community professionals. Legal advocates provide civil, criminal, family, juvenile, and tribal court advocacy. Shelters generally serve all women who call for help, though some shelters have a specific community or geographic focus, e.g. Southwest Crisis Center, a shelter that serves women in Jackson, Nobles, Pipestone, and Rock counties in southwest Minnesota; Eagle’s Nest Shelter, St. Paul, for American Indian battered women; rural shelters which generally serve a several-county region; and suburban shelters which set aside some beds for women living within county boundaries.
Community advocacy programs
A community-based program, established independently or as part of a shelter or other umbrella organization, providing 24-hour emergency crisis intervention, temporary shelter (through a local safe-home network or referral to a shelter), legal and systems advocacy and accompaniment, support groups, children’s advocacy, information and referral, transportation, community education, and training of community professionals.

Legal advocates provide civil, criminal, family, juvenile, and tribal court advocacy. Programs generally serve all women who call for help, though some programs have a specific community or geographic focus, e.g. Equay Be Mah De Zee Win Crisis Center in Mahnomen and other reservation programs; rural programs which serve a one or two county area; and metro programs which serve specific neighborhoods or communities, e.g. Pillsbury Neighborhood Service/Unity Center serving North Minneapolis communities.

Safe homes
Part of the programming offered by some community advocacy programs and some shelters, both rural and metro. These are private homes in which owners volunteer to house battered women and their children on a short-term temporary basis (1 to 3 nights). One program in the metro area (Sojourner Project) has established a volunteer program among motel/hotel operators in which battered women are offered temporary (1 to 3 nights) free housing in vacant motel/hotel rooms. Most metro shelters use this network as a back up when full or when placing women on waiting lists.

Intervention projects
Programs established independently or as part of a shelter or community advocacy program to coordinate a consistent, effective response by the criminal justice system to domestic assault crimes. Intervention Projects organize within particular jurisdictions (cities, counties, or reservations) to monitor the response of the criminal justice system to crime against battered women and their children and to improve arrest and conviction rates for these crimes. Legal advocates, such as the Battered Women’s Legal Advocacy Project focus on criminal law, but also assist women with civil, family, and juvenile court advocacy as needed.

Hospital/clinic advocacy programs
Programs established within hospitals or clinics to provide advocacy for battered women identified by medical service providers in the delivery of health care services. One example is WomanKind in the Fairview Health System.

Visitation centers
Programs established independently or programming offered by some shelters and some community advocacy programs to provide a safe location for exchange of children for visitation and/or supervised visitation. Programs receive court referrals for supervised visitation. Some programs offer parenting education.
Batterers re-education/treatment programs
Programs established independently or as part of a shelter, community advocacy program, or intervention project to provide re-education, treatment, or intervention with perpetrators of domestic assault crimes. Most programs operate as a component of an intervention project, receiving court referrals as a condition of a stayed sentence. There are many other mental health agencies providing programming for batterers throughout the state, some of which are collaborative with local battered women’s programs.

Statewide programs
Programs or projects established to advocate on a statewide level on behalf of battered women and their children, including some with a focus on a particular community.

The preceding section describing different types of programs and services for battered women and their families, as well as programs for batterers was excerpted with permission from the MCBW Web site at http://www.mcbw.org

6

Abused children programs (Minnesota)
Abused children services means any service or program designed to provide advocacy, education, prevention, or direct service to or on behalf of abused children, children at risk, and their families. Victims of Crime Act (VOCA) grants in Minnesota began providing funds for abused children’s programs in 1980. In Minnesota, 30% of VOCA money goes to child victims. In 1994 an advisory council was established and the programs began to receive state government fund allocations as well as VOCA dollars. At that time, the funds helped to establish 38 programs across the state.

Abused children legislation was modeled after many of the battered women and sexual assault victim statutes, with some differences due to the fact that the recipients of the services would be minors. In 1996, programs serving abused children moved to the Department of Children, Families and Learning from their previous location in the Department of Corrections and Crime Victims.

When our work in Minnesota on this project began, there were more than 50 abused children programs in the state; about two-thirds were receiving state and VOCA funding with the rest totally VOCA funded. In 2002, the administration of these grants moved from the Department of Children, Families and Learning back to the Minnesota Center for Crime Victims Services (MCCVS) within the Department of Public Safety. Due to budget cuts from federal, state, and county sources, many of these programs are having to discontinue or severely cut back services.

These programs provide services to child victims of child abuse, children in crisis, and their non-offending parents and siblings. For the purposes of these
programs, witnessing violence is considered to be child abuse. The offending parent is the parent who perpetrated the violence. Programs are often based in domestic violence and sexual assault programs, and some are in schools and other community agencies. Most are now established, stable programs. Some of the money is used to fund visitation centers.

Abused children’s programs provide a wide variety of services including advocacy, mental health, and therapy by licensed MSW or other mental health workers. Some are family/home-based services, while others are based in local community centers or other agencies. Some of the programs provide court advocacy, work with the schools, and may do OFPs for the children. Most do not have developed children’s mental health services. Some programs conduct investigative interviews. They are not mandated to have training in domestic violence issues, but child witnessing is the most prevalent type of case they receive. The monies often fund work done with the children of mothers in shelters.

7

Other systems involved in domestic violence and/or child maltreatment cases

(Note: This training manual does not cover law enforcement and judicial systems in depth. Further information on the interface of these systems will have to be obtained elsewhere.)

As mentioned previously, child protection services, abused children’s programs, and domestic violence services are not the only systems involved with families experiencing dual forms of violence. For those of us working with battered women and their families, it is important to understand the roles of a number of other systems as well. This section briefly covers the intersection of a few of the key systems likely to be involved. While this curriculum does not directly address these systems, nor is it our goal to train people in these systems, having some understanding of law enforcement and the courts and judicial system is vital. Generally speaking, people working in child protection have a greater understanding of juvenile law, while those working in domestic violence programs are more familiar with the criminal system. Both disciplines interface with family courts as well.

Law enforcement

Law enforcement plays a critical role in incidences of child maltreatment and domestic abuse. When the police receive a report of child abuse and neglect they are responsible to intervene to ensure the safety of the child. They have the authority to take protective custody if the child is at imminent risk of harm. The report is forwarded to CPS for an assessment and investigation.

When responding to a report of domestic violence, law enforcement is responsible to investigate and report the complaint and to arrest offenders
according the law. Minnesota statute allows police officers to arrest a person if there is probable cause to believe that an assault occurred. The law also requires law officers to provide protection and assistance to victims of family violence, and to inform involved parties of the various services that may be available to them.

City and county attorney/prosecutors

Once a report has been made and investigation has occurred, then the prosecuting attorney’s office determines whether there is enough evidence to move a case forward to a court hearing and to a conviction.

Public defenders and legal services

While some cases of domestic assault or other forms of family violence involve privately hired attorneys, often attorneys for defendants are from the public defender’s office. It is also possible that either or both parties may be legally represented by an attorney provided through a low-cost or free legal services organization. Such organizations provide legal advice and representation to low-income individuals who would otherwise not be able to afford legal representation.

Judicial system: Minnesota’s trifurcated court system

Juvenile court—The first juvenile courts were established in the early 20th century in Chicago and New York in response to rising concerns of child welfare, child labor, and the poor situations of many youth in urban, industrialized areas. Today, they intervene in cases of delinquent children, children who are “status offenders” such as runaways, truants, and the ungovernable, and child maltreatment issues. When a CPS investigation substantiates that a child has been abused, abandoned, or neglected, the juvenile court has the authority to take temporary legal custody to protect the child. However, statutes guide the courts decision-making to balance parental rights with child safety and preservation of the family whenever possible. In limited circumstances, the court has the authority to terminate parental rights if the case plan is not followed. In Minnesota, less than 10% of child protection cases that are investigated and assessed move to the point of court intervention.

Family court—Family Courts have the authority over civil proceedings such as marital dissolution and issues of divorce settlements, including child custody hearings. Family court has moved to the practice of family/couple mediation to resolve disputes whenever possible.

Criminal court—Crimes of domestic assault are processed in criminal court. Domestic assault is a misdemeanor when it is the first charge. Upon conviction, subsequent charges may be at the level of gross misdemeanor and even felony. The state or city governments are responsible for charging and prosecuting perpetrators of domestic assault. The court has the authority to convict and sentence convicted perpetrators according to state laws. The offenses are punishable by confinement in a local jail and/or payment of a fine and probation.
Defining assessment

In collaborative context—In this curriculum, when we use the term “assessment” we are referring to assessment as a broadly defined area of human service practice. Assessment is the process between the practitioner (advocate, social worker, home visitor, parent educator, etc.) and the person or system requesting or requiring services. At minimum, assessment is the gathering of information in a systematic fashion in order to determine the needs of the person or system and to develop a plan of action. The practitioner engages with the person (child, adolescent, or adult) or other client system (family, school, etc.) to gain an understanding of the nature of the problem or issue, its cause, and what might be done to change, minimize, or resolve the problem.

Assessment begins the first time you have contact with a situation, a woman, a child, or a family group. Usually, this happens in a formalized manner through an initial intake interview or screening process. Beyond the initial intake, assessment continues to some extent throughout your contact or your agency’s contact with a woman, child, man, or the family unit. It extends into your work in safety planning, case planning, and referring for other services.

In CPS context—In the child protection system, “assessment” refers to the process that occurs after a report is made to the agency, and is called “screening.” If an initial report is found at screening to contain enough information of concern regarding harm or potential harm to the child then it is forwarded on for further assessment. The more traditional child protection approach may use the term “investigation,” while the alternative response (AR) track may use the term “family assessment.”

In DV context—For people working in the field of domestic abuse, this language has a different meaning. An investigation of a domestic assault may be taken up by the police before or after a victim/survivor seeks advocacy, shelter, or supportive services. For personnel of a battered women’s program, a report of domestic abuse is taken at face value and it is not job of the advocate to determine the “objective” truth of the woman’s report. An advocate or a shelter worker is more concerned with assessing a woman’s safety and emotional well-being, as well as the status of her resources, for example. She, or another advocate for children, may also assess the safety and well being of the children. If it is suspected that the child has been maltreated, then an advocate would call child protection.

Determining roles before doing assessment

Your role and your agency’s role or purpose for being involved with an individual or family drives your assessment. Thus, before you assess a situation you and your agency need to be clear about the five areas of concern listed below. Answers to
these questions may be found in the formal written mission and philosophy statements of your agency, or may exist in more implicit forms such as the collective practice wisdom of the staff. As you review your agency’s responses to domestic violence, you should strive toward clarity of roles and have them in written form.

■ What is my agency’s understanding of the issues of domestic violence and child maltreatment and how they overlap?

■ What is my agency’s perspective (philosophical, legal, and/or ethical) on our role in situations involving both domestic violence and risk for child maltreatment?

■ What is my agency’s purpose or reason for being involved? What service(s) do we provide (advocacy, counseling, case management, etc.)? How are the services provided (voluntary, involuntary, court mandated, etc.)?

■ What is my own understanding of the issues of domestic violence and child maltreatment and how they overlap?

■ What are my personal beliefs and experiences and how do they frame or influence my role?

Answers to the first three questions generally come from the organization or agency’s mission statement, goals for service and advocacy, role in the community, and/or legal or statutory mandates that guide their work. For example, the police role is different from the courts role; the child protection role is different from the community advocacy role, etc. Before you can work with other agencies in a coordinated and collaborative fashion, it is essential that you know what your role is in relation to a family situation with domestic violence and children.

Making decisions about gathering information

Answers to the above questions about the agency and/or practitioner role direct how your and your agency’s assessment is conducted. Understanding the role of the agency and its response guides or frames the answers to the following general questions about how to proceed with assessment. These questions can be asked as you review internal policies, forms, and procedures.

■ Given my/our role, what information do we need to gather?

■ Why do we need this information?

■ How are we going to go about gathering the information?

■ What questions are we going to ask?

■ Who and what will be our sources of information?

■ Who will ask the questions?

■ How will we ask questions and under what conditions?

■ When will we ask them?

■ What will we do with the information once we have it?
How will I/we guard the privacy or confidentiality of information so it does not place women and child victims at further risk?

What will we tell the women, children, or men we are working with about the information we are gathering and what will happen with it?

Who will this information be shared with? Why?

How does this apply to these collaborations for women and child safety?

Answers to these questions are designed to help both the agency and individual practitioners to use previously developed assessment tools or questionnaires, to evaluate these tools, to revise these tools, and/or to develop new tools and procedures. In this section of the training manual some of these tools are presented. References and information on obtaining other tools are also provided in the resources section of this manual and on the project’s Web site (www.mincava.umn.edu/rural).

**Designing assessment for complex cases**

In specific situations of overlap between domestic violence and child maltreatment, or children’s exposure to domestic violence, there are four main areas you may be called upon to assess based on your role:

- Adult victim/survivor (usually mother)
- Child or adolescent victim
- Alleged perpetrator of domestic abuse
- Community/system(s) responses

Your role determines your rationale for assessing each. The means and ends of assessment for a child protection worker are different than for a domestic violence woman’s advocate, an abused children program, a visitation center, or a police officer. Generally, law enforcement and child protection are directed to do investigations of a more forensic nature; a domestic violence advocate would conduct an assessment of safety and risk factors in order to help a woman make decisions or to advocate for systems change; and a clinical social worker may be gathering information to make a mental health diagnosis and provide mental health services.

The table on the following page provides a guide to help practitioners think through the areas they may need to assess depending upon their practice area. As you look through this guide you will become more aware of the complexity of conducting a comprehensive assessment in such situations.

Recently several other resources have become available that may help in assessing issues of parenting—by both the perpetrator of violence and the victim/survivor—in the context of domestic violence. For more information we suggest you refer to Bancroft & Silverman (2001). A literature review, Parenting in the Context of Domestic Violence, authored by Jeffrey L. Edleson, PhD, Lyungai F. Mbilinyi, MSW, and Sudha Shetty, JD (2003), describes children’s exposure to...
domestic violence, the needs of both parents and children in the context of domestic violence events, and the resources available to help them; available online: www.courtinfo.ca.gov/programs/cfcc/pdfFiles/fullReport.pdf

Additional background resources for Chapter 5


BACKGROUND RESOURCES FOR CHAPTER 6


