CHAPTER 6
BEST PRACTICES & COLLABORATIVE RESPONSE—WORKING TOGETHER

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2 DEVELOPING A MULTI-AGENCY RESPONSE
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Purpose of the chapter

This chapter is designed to help multidisciplinary groups of professionals work together toward coordinated and collaborative responses to families in which there is both domestic violence and child maltreatment.

A short list of background resources for this chapter appears on page 59.

Objectives for participants

- Recognize some of the things that stand in the way of successful collaboration.
- Be able to discuss points of difference in a respectful manner.
- Develop a statement of common purpose or mission statement.
- Understand principles of successful collaboration for domestic violence programs and child protection programs.
CHAPTER 6 TRAINING OUTLINE—SECTION 1

LEVELS & MODELS OF COLLABORATION

Contents of Section 1

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Discussion:

WHAT IS COLLABORATION?

Before any multi-system group can form a collaboration, the members have to know what they are working toward. What is a “collaboration”? One definition of collaboration is “a mutually beneficial and well-defined relationship entered into by two or more organizations (entities) to achieve common goals.” (Wilder Research Foundation, 1992).

- Ask participants to brainstorm, giving definitions of “collaboration.”
- It may be helpful to distinguish among the terms collaboration, cooperation, and coordination. These concepts can be thought of as layers in an inverted triangle.
- Post the following image on the screen and draw examples of different levels from the participants.
- Ask participants to give examples “collaboration” in response to family violence and child maltreatment.
- Ask participants to brainstorm the purpose of collaboration across systems and disciplines.
- Write all of their ideas and comments on large flip-chart paper or white board.
COLLABORATION
COORDINATION
CONSULTATION
COMMUNICATION
CROSS-TRAINING
SELF-CONTAINED
Presentation

Moving from conflict to collaboration

In 1999 Beeman, Hagemeister, & Edleson (1999) conducted focus group interviews with 23 professionals working in both child services and domestic violence services in an urban county. They divided the participants up into small groups to do the interviews. There were two groups of workers and supervisors in child protection and two groups of people who worked in domestic violence services agencies. After the initial four group interviews were conducted, the team discussed some of what they gained from the interviews with two mixed-system groups comprised of people from the first four groups. They asked the participants to discuss their thoughts about working with families where both domestic violence and child maltreatment were occurring. Their research findings addressed current practice, barriers to service provision, successes in such cases, and their visions toward future practice. These professionals’ discussions are summarized on this page.

Core elements of current practice

- CPS focuses case plans on the mother; sometimes with allegations of failure to protect
- CPS has a mandated child-centered approach
- BW advocates are often woman-centered

Barriers to collaborative practice

- Tension between the two philosophies
- CPS holding mothers accountable for things they shouldn't
- Mother’s lack of cooperation with CPS and law enforcement
- Male perpetrators not held responsible
- Lack of communication within and across systems
- Lack of formalized collaboration within and across systems
- Lack of culturally appropriate services
- Multi-issue families (e.g. chemical dependency, poverty, housing)

Elements of successful practice

- Involvement, communication, and collaboration across systems
- Existing relationships between individual workers across systems
- Mothers who are ready to make changes
Principles of successful collaboration in overlap cases:
Coordination & collaboration

- Work in the best interests of mothers and children as common goal
- Develop collaboration between CPS, abused children’s programs, BW services, and courts
- Improve collaborative community response to children exposed to domestic violence
- Improve and develop responses that hold male perpetrators responsible and accountable for their actions
- Include men, especially fathers, in child protection case plans
- Understand the workings and limitations of the other systems
- Develop liaisons who can act as unbiased mediators between systems
- Start small and build support one step at a time
- Support your work with data (which implies that you have to collect it from the start)
- Involve key stakeholders from the start; they will support the things they help to create
- Build an atmosphere of personal and professional safety so that you can talk honestly about differences and issues
- Get beyond turf battles to the real purpose at hand: the safety and well-being of children and adults in families

According to a review of research on collaborations conducted by the Wilder Research Center (Mattessich & Monsey, 1992), the following elements are those most commonly found across successful collaborative efforts formed by human services, government, and other non-profit agencies:

- **Environment**
  - History of collaboration or cooperation in the community
  - Collaborative group is seen as a leader in the community
  - Political and/or social climate is favorable to collaboration

- **Membership characteristics**
  - Mutual respect, understanding, and trust
  - Appropriate cross-section of members
  - Members see collaboration as being in their self-interest

- **Process/structure**
  - Members share a stake in both process and outcome
  - Multiple levels/layers involved in decision-making
  - Flexibility
  - Development of clear roles and policy guidelines
  - Adaptability

- **Communication**
  - Open and frequent communication
  - Established information and formal communication links
Purpose

– Concrete (measurable), attainable goals and objectives
– Shared vision and clearly agreed-on mission, objectives, strategy
– Unique purpose for collaborative (discernible from individual members’ missions)

Resources

– Sufficient funds
– Skilled convener

Activity:

ASSESSING STRENGTHS AS A COLLABORATIVE

Have participants form into small groups that represent the community organizations and agencies participating in this training.

Ask them to rate their multi-agency collaborative using the worksheet found on the following page.

Have them do the rating individually first and then discuss it in their groups.

Ask them to pay attention to similarities and differences of opinion about how strong their group is.

When they are done, have each group report back to the larger group about what they have found.
### CWCS HANDOUT 6.2

<table>
<thead>
<tr>
<th>AREA/Factor</th>
<th>Very low</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very high</th>
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<tr>
<td><strong>ENVIRONMENT</strong></td>
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<td>History of collaborations working</td>
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<td>Recognized leaders</td>
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<td>Political/social climate</td>
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<td><strong>MEMBER CHARACTERISTICS</strong></td>
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<td>Mutual respect, understanding, &amp; trust</td>
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<td>Appropriate cross-section of members</td>
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<td>Self-interest</td>
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<td><strong>PROCESS/STRUCTURE</strong></td>
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<td>Share a stake in both</td>
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<td>Multiple layer decisions</td>
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<td>Flexibility</td>
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<td>Clear roles and policy guidelines</td>
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<td>Adaptability</td>
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<td><strong>COMMUNICATION</strong></td>
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<td>Open communication</td>
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<td>Frequent communication</td>
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<td>Established information &amp; communication links</td>
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<td><strong>PURPOSE</strong></td>
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<td>Concrete, measurable objectives</td>
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<td>Attainable goals/objectives</td>
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<td>Shared vision</td>
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<tr>
<td>Agreed-on mission, objectives, strategy</td>
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<tr>
<td>Unique purpose</td>
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<td><strong>RESOURCES</strong></td>
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<td>Sufficient funds</td>
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<td>Skilled convener</td>
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</table>

CHAPTER 6 TRAINING OUTLINE—SECTION 2
DEVELOPING A MULTI-AGENCY RESPONSE PROTOCOL

Training note
This section explores the necessary groundwork to develop an inter-agency protocol. It draws upon models already in place.

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Important components of an inter-agency protocol 206
Models of service for responding to family violence 207
Developing a vision 209
Realizing the vision 210
Action plan 211
Developing protocols: Exercise for county teams 212

Models of collaboration
This section addresses the concept of “collaboration” and what elements make a successful collaboration possible. We provide examples of projects that are housed within a particular profession, but draw upon multiple disciplines.

Such collaborative approaches may be based out of:

- Child protection systems and abused child programs
- Community-based domestic violence programs
- Justice systems,
- Health care systems
Preparing to develop a protocol

Before any group can develop a protocol, the group must first go through the procedures just to develop a collaborative working relationship. The group must first share a common understanding of the problem, and a common set of beliefs about how to ameliorate the problem. Feedback from other such projects undertaken around the country is: Take it slow! There is no need to rush. Understanding and trust have to be well developed before formal policy and procedure change can be implemented.

Furthermore, a collaborative project such as a response protocol for families dealing with domestic violence and child maltreatment is not a simple task. It is most important that all the players who have a stake in the outcome be involved up front in the discussions. Each member of the collaborative group needs to be able to share with the other members the way they handle cases currently, and be willing to accept feedback from the other members regarding what might be changed and how they may be better able to work together.

For a new protocol to work, it has to be jointly developed and it has to be supported by all the collaborative members and by people in different positions and levels of authority in each agency. For example, if the CPS unit supervisor does not agree with the plan, and two of the front line case workers go ahead anyway, the protocol is not likely to succeed. The same would apply if the executive director of a women's shelter had his board of directors in favor of implementing the new protocol but several of the shelter workers were not supportive of the plan. While total consensus among everyone in the organizations is an unrealistic expectation, there does need to be general agreement at least in terms of general philosophy and direction.

Important components of an inter-agency protocol

- List of agencies involved with the protocol
- Clear definition of roles of each agency vis-à-vis the protocol
- Clear understanding of the parameters of the pertinent laws and statutes
- Work to determine what “best practices” models might exist
- Continuity between the spirit or mission of the protocol and the actual practices that it aims to direct
- Consideration of the ways this protocol might impact all persons involved (especially the children, women, and men in the families being served)
- Consideration of the ways this protocol might differentially and negatively impact persons from differing cultural and ethnic groups
- Consideration of whether the protocol places undue blame or responsibility for actions on someone who has already been victimized
- Careful consideration of the potential unintended consequences of a new protocol
### Models of service for responding to family violence

Use this chart to give you a model to evaluate where your collaboration currently stands. The questions below will help to guide your discussion.

<table>
<thead>
<tr>
<th>Independence</th>
<th>Professional education</th>
<th>Training</th>
<th>Communication</th>
<th>Consultation</th>
<th>Coordination</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal</td>
<td>Programs operate independently of one another, but may cross-refer clients. Otherwise very little or no direct contact.</td>
<td>Individually determined</td>
<td>One-way</td>
<td>Informal</td>
<td>Informal</td>
<td>Informal</td>
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<tr>
<td></td>
<td></td>
<td>Two-way</td>
<td>Semi-formal</td>
<td>Semi-formal</td>
<td>Semi-formal</td>
<td>Semi-formal</td>
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<tr>
<td>Formal</td>
<td>Standardized training</td>
<td>Multi-way</td>
<td>Formal</td>
<td>Formal</td>
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<td>Formal</td>
</tr>
</tbody>
</table>

1. Where are we in the current system?
2. What kinds of communication, consultation, and collaboration already exist?
3. What elements of those existing systems seem to work?
4. What elements of the existing systems don’t work or hinder service provision?
5. What is the goal?
6. What steps need to be taken to reach that goal?
7. What factors may help you to reach that goal? What are the strengths of your collaborative?
8. What factors may hinder your progress toward that goal?
Training note  The following pages are handouts with discussion questions for your participants to use to facilitate discussions in their small teams. These exercises will help them determine where they want to see their multi-disciplinary collaboration go after the training. How you use the handouts will depend on how much additional time you have to work in groups, and whether or not these will be the assignments for further discussion after the training.
Developing a vision

Adapted from work of the Gender Violence Institute. (Chuck Derry & Rose Thelen, genvioins@aol.com)

Once you have talked with one another about your overall assessment of the strengths and liabilities that each member of the collaboration brings to the table, and you have assessed the group’s areas of strength and readiness to collaborate as a whole, you can begin formulating a vision or mission, goals, and corresponding objectives.

1. What is our ultimate vision and/or mission for this collaboration?

2. What are our specific goals to work toward this vision? And what are the corresponding objectives?

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>Objective A</th>
<th>Objective B</th>
<th>Objective C</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>GOAL #2</td>
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<td>GOAL #3</td>
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<td>GOAL #4</td>
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REALIZING THE VISION

After formulating the vision, goals, and objectives, consider the following questions:

1. Which agencies and specific people will be involved in realizing this vision and these goals?

2. Are there others who need to be involved?

3. What aspects of those agencies and persons involved may help and/or hinder the efforts toward this collaboration?

4. What specifically needs to happen to carry out the objectives listed?
   - What information is needed to achieve these goals?
   - What policies, procedures, and/or forms will be impacted and/or need to be changed and developed?
   - What other linkages/connections will need to be strengthened and/or created?

5. What resources are needed and where will you get these?

6. What sorts of authority and power do members of the collaborative have to bring about change?

7. How are battered women and representatives of other diverse communities involved in this effort?

8. How will you know you are meeting your objectives and reaching your goals? How will you define and measure success?
ACTION PLAN

Having articulated a vision and supported it with goals and objectives, and having studied a model protocol, it is now time to develop an action plan. To begin this process, complete the following chart to guide your efforts. Begin by first identifying objectives that your group plans to achieve in the next month, the next three months, the next six months, and the next year. Work through the details of how the actions for the next month and three months will be taken and identify who will be responsible for carrying them out. Also discuss how often you will meet and when your next meeting after this conference will occur.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective(s)</th>
<th>What steps/actions must be taken?</th>
<th>Who takes the lead?</th>
<th>Who else is involved?</th>
<th>Target date</th>
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CWCS HANDOUT 6.6
Developing protocols: Exercise for county teams

Protocols define the roles of each collaborator in cases where domestic violence and child maltreatment overlap, institutionalize best practices for all agencies and create community standards, which protect the child by protecting the nonabusive parent and holding the offender accountable for the violence.

The following exercise was originally created for use at the 2001 Spring Cross Training for the Minnesota Rural Violence Against Women/Child Victimization Project, and has been adapted here to outline a possible approach for communities to use or adapt for their protocol development process.

Instructions

1. In preparation for negotiating with other members of your county team regarding your protocol, read through Protocols and Collaborative Response to Child Maltreatment in the Context of Domestic Violence for Local, Multidisciplinary Teams. As you read it, consider each provision individually and rate its value for inclusion in your county protocol using the following 1 – 3 scale:

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes.</td>
<td>It would be good to include this element in our county protocol.</td>
</tr>
<tr>
<td>2</td>
<td>Maybe.</td>
<td>Need more discussion/ information; not sure; not realistic.</td>
</tr>
<tr>
<td>3</td>
<td>No.</td>
<td>This element doesn’t need to be included.</td>
</tr>
</tbody>
</table>

2. When your county team meets (this process will require several meetings):

- Identify someone to record how you rated each provision process using the Team Recorder Worksheet which starts on the next page.
- After recording your individual responses, determine which provisions you all agree should be included. These will be included in your first draft. Those you agree should not be included need no further discussion.
- Those provisions that do not have full team agreement on whether to include or exclude them will need further discussion and negotiation.
- In those cases where there is a sense that the provision is worthwhile but disagreement or impediments exist that prevent its inclusion in your protocol, identify whether the issue is:
  - A resource problem
  - Time
  - Administrative issues
  - Money
  - Training
  - Statute
  - Legal or other regulatory restraints
  - Philosophical disagreement
  - Other…what?
3 Decide whether to proceed only with those elements on which there is full agreement, whether certain elements can be implemented pending removal of obstacles, how these obstacles will be removed, whether the elements should be revisited and when, whether resources and services need to be expanded and by whom and when, etc.

4 Consider and include additional provisions that fit local realities.

5 Develop work plan / timeline for completing draft protocol.

6 Develop first draft

7 Test draft against difficult cases.

8 Review draft for with program staff, battered women, communities of color, and others for victim and cultural sensitivity.

9 Re-draft it to include provisions that account for difficult cases and include suggestions from review by battered women and communities of color.

10 Determine and adapt where necessary procedures/ forms, which guide the daily work activities of people who will be implementing the protocol.

11 Gain approval and plan for signature by authorized parties.

12 Identify other tasks.
Team recorder worksheet

After your county team has individually read and rated each protocol provision, record how each rated it in the corresponding space provided below.

**PART I: STATE PROTOCOL REVIEW**

I—**Section I. Introduction**

A. Goals (1)

Agree to include:______________________________________________________________

Further discussion required: _________________________________________________

No, do not include:____________________________________________________________

B. Definition of domestic violence (1, 2)

Agree to include:______________________________________________________________

Further discussion required: _________________________________________________

No, do not include:____________________________________________________________

II—**Section II. Guidelines/ Best Practices for Child Protection Agencies**

A. Screening (1–4)

Agree to include:______________________________________________________________

Further discussion required: _________________________________________________

No, do not include:____________________________________________________________

B. Assessment (1–9e)

Agree to include:______________________________________________________________

Further discussion required: _________________________________________________

No, do not include:____________________________________________________________

C. Services (1–13)

Agree to include:______________________________________________________________

Further discussion required: _________________________________________________

No, do not include:____________________________________________________________
III/

D. Other recommended service provisions (1, 2)

Agree to include:____________________________________________________

Further discussion required:__________________________________________

No, do not include:__________________________________________________

PART II: BATTERED WOMEN, ABUSED CHILDREN AND OTHER AGENCY RECOMMENDATIONS

IV—Section III. BEST PRACTICES/ GUIDELINES FOR DOMESTIC VIOLENCE PROGRAM

A. Practices for all women with children accessing battered women’s program (1–7)

Agree to include:____________________________________________________

Further discussion required:__________________________________________

No, do not include:__________________________________________________

B. Services where maltreatment of children is suspected (1–6)

Agree to include:____________________________________________________

Further discussion required:__________________________________________

No, do not include:__________________________________________________

1. Services where a woman is involved in the child protection system (1–15)

Agree to include:____________________________________________________

Further discussion required:__________________________________________

No, do not include:__________________________________________________

D. Other agency practices relative to battered women’s/children’s needs (1–7)

Agree to include:____________________________________________________

Further discussion required:__________________________________________

No, do not include:__________________________________________________
SECTION IV. BEST PRACTICES/GUIDELINES FOR ABUSED CHILDREN PROGRAMS (A–M)

Agree to include:____________________________________________________

Further discussion required:___________________________________________

No, do not include:___________________________________________________

SECTION V. CHILD PROTECTION, BATTERED WOMEN, ABUSED CHILDREN AND OTHER AGENCY BEST PRACTICES FOR SERVICE ON COUNTY TEAM TO ADDRESS OVERLAP ISSUES

A. Identify contacts/liaisons (1–6)

Agree to include:____________________________________________________

Further discussion required:___________________________________________

No, do not include:___________________________________________________

SECTION VI. CASE REVIEW/CONSULTATION/SHARING INFORMATION BETWEEN CHILD PROTECTION AND BATTERED WOMEN PROGRAMS (A–D)

Agree to include:____________________________________________________

Further discussion required:___________________________________________

No, do not include:___________________________________________________

V—SECTION VII. CONFIDENTIALITY ISSUES (A–E)

Agree to include:____________________________________________________

Further discussion required:___________________________________________

No, do not include:___________________________________________________

VI—SECTION VIII. TRAINING (A–1–4)

Agree to include:____________________________________________________

Further discussion required:___________________________________________

No, do not include:___________________________________________________
VII—Section IX. Networking/Ongoing Meetings (A1–A12)

Agree to include: ____________________________

Further discussion required: ____________________________

No, do not include: ____________________________

VIII—Section X. Collaborative Efforts Within the Community (A–D1d)

Agree to include: ____________________________

Further discussion required: ____________________________

No, do not include: ____________________________

Section XI. “Response Concerns” Procedures Between Collaborators (A–B,5)

Agree to include: ____________________________

Further discussion required: ____________________________

No, do not include: ____________________________

IX—Section XII. Ongoing Evaluation (A, B)

Agree to include: ____________________________

Further discussion required: ____________________________

No, do not include: ____________________________

Section XIII. Signatures of Authorized Agency Representatives, Effective Start, Renew and End Dates (If Time-Limited)(A)

Agree to include: ____________________________

Further discussion required: ____________________________

No, do not include: ____________________________
Protocols for Woman and Child Safety: 
Recommendations for Protocol and Collaborative Elements 
for Multidisciplinary County/Reservation Teams 

Rose Thelen, Gender Violence Institute, 2002

This document was developed for use by multi-disciplinary teams comprised of child protection, abused children’s, and battered women’s agencies participating in the Minnesota Rural Violence Against Women and Child Victimization Project. The recommendations contained herein were gleaned from a review of numerous written protocols and related articles as well as through conversations with participants in collaborations across the United States.

I. Introduction

A. Goals/Guiding Principles

Most protocols include a list of goals or guiding principles. In some form, they generally mention the need to protect children and adult victims, the relationship between the safety of the mother and the safety of the children, and the need to hold the perpetrator of domestic violence accountable.

B. Definition of Domestic Violence

1. Some of the protocols include a general definition of domestic violence and background statistics on domestic violence and its overlap with child abuse.
2. Some include statutory definitions.

II. Guidelines/Best Practices for Child Protection Agencies

Staff of the Minnesota Department of Human Service (DHS) reviewed thirteen state protocols for child protective services. From their review, most of the elements in the following section have been included in their best practice guidelines, Guidelines for Responding to the Co-occurrence of Child Maltreatment and Domestic Violence (2001). ¹

A. Screening

1. Most guidelines specifically recommend that all referrals should be screened for domestic violence.
2. Most include a short list of questions that should be asked to screen for domestic violence.
3. Some state that even if a call that alleges domestic violence is not referred for assessment, the caller should be advised of specific options and resources for domestic violence such as crisis centers, shelters, and police.
4. Some mention that at the screening stage the worker should contact law enforcement to determine whether previous incidents of domestic violence have been reported.
B. Assessment

1. All state that every referral should be assessed for domestic violence.
2. Most mention the need to consider the relevance of culture in the assessment.
3. Maine mentions that all phases of involvement with a family from initial intake through rehabilitation and reunification include a domestic violence assessment.
4. Some include recommendations or factors to consider in deciding whether or not a case should be opened following an assessment.
5. Some mention that prior to interviewing the family, the worker should investigate the prior criminal history of the perpetrator.
6. All state that the victim, the child, and the abuser should be interviewed separately.
   a. Some recommend that the mother be interviewed without the perpetrator’s knowledge and outside of his presence and assess the level of dangerousness to the woman if specific questions about domestic violence are asked.
   b. Many recommend that the mother be interviewed first rather than the child where there is evidence of domestic violence.
   c. Many note that if a caseworker experiences difficulty in interviewing the mother alone, this may itself be a signal of the level of control of the perpetrator.
   d. Many suggest that the worker assure the victim that information will not be shared with the offender.
7. Interviewing the adult victim
   a. Most suggest several types of questions, starting with general relationship questions asked first:
      1) General questions to assess the relationship.
      2) Questions to assess controlling behaviors and victim’s freedom to act independently.
      3) Questions to assess patterns of verbal, emotional, physical, or sexual abuse.
      4) Questions to assess risk to children in domestic violence situations.
      5) Questions to assess the victim’s help-seeking history and current willingness to seek help.
8. Interviewing the children
   a. Many include suggestions about how to interview children and a list of questions or topics to ask children.
   b. Questions include asking the child to recount what they saw and how they understand the violence, the impact of witnessing violence, and the child’s worries about safety.
9. Interviewing the alleged perpetrator
   a. Most indicate that the worker should make a decision to interview the offender or not based on secondary information and information gathered from interviewing the mother and children. The worker should consider his or her own safety and the safety of the child and the mother.
   b. The purpose of the interview is to assess for domestic violence and the impact of the violence on both the adults and the children.
   c. Many contain lists of questions to ask the perpetrator.
   d. Most include an assessment of offender lethality.
   e. Many offer a list of questions to assess the potential lethality of the perpetrator.
C. Services

1. All include recommendations to begin safety planning for both the mother and child immediately once the allegations are supported. Most list specific questions for the worker to ask the child to assist the mother and children in formulating safety plans and specific actions that can be taken by the mother and child.
   a. Some state that a worker should not force a mother to select any one safety option
   b. Many state that the worker should reinforce effective safety strategies used in the past, and inform the victim of her legal options.

2. Most specify separate service plans should be written for the victim, the child, and the perpetrator.

3. Most discuss specific service plan tasks and specific services that can be offered to the adult victim, the children, and the abuser.

4. Specified services for victims include: individual or group support or counseling, legal representation, housing assistance, emergency financial assistance, supervised visitation services for the children, specialized assessment for domestic violence effects on children and victims, and day care for children while victim seeks assistance and employment. Education for the mother about the dynamics of abuse and the effects of domestic violence on herself and her children is also mentioned in some guidelines.

5. Some specify that referrals for victims to domestic violence programs are voluntary.

6. Most guidelines suggest that the batterer should have a separate service plan that holds him accountable.

7. Most suggest that where the child protection system has jurisdiction over the batterer, case dispositions should include ways of holding him accountable for stopping his violence towards the mother (or towards the mother and children). Examples include:
   a. Substantiate cases on the domestic violence perpetrator for physical abuse, endangerment, and/or neglect of children;
   b. Substantiate cases on the batterer for emotional maltreatment for exposing children to domestic violence;
   c. Where possible, substantiate cases against non-residing perpetrators (intimate partners) of abused women in the same way as cases against any other caretaker of the children could be substantiated.

8. Suggested service plan tasks for the perpetrator include:
   a. Leaving the home.
   b. Abuser will participate in a batterers program and follow all recommendations; attend, complete and pay for program.
   c. Abuser will not behave in a manner that is verbally, emotionally, sexually or physically abusive toward partner and/or children.
   d. Abuser will not involve the children in attempts to control his/her partner or force them to witness or participated in other abusive behaviors.
   e. Abuser will be educated regarding the effects of domestic violence on children.
   f. Abuser will follow all conditions of court orders and probation.

9. Specified services for the perpetrator may include:
   a. Approved batterer’s treatment program at least six months in duration, with progress monitored through development of a working collaboration with the treatment program’s staff.
b. Specialized classes on parenting which emphasize the effects of domestic violence on children, men’s responsibility to parent non-violently, and skills to do so.

d. Substance abuse services,

e. Visitation center services.

f. Cooperation with police, probation, when involved.

10. Some offer specific statements about the removal of children in the event the domestic violence creates an immediate danger of harm to the child. For example, New York City’s guidelines state that when domestic violence “creates a danger of serious physical harm or serious emotional harm to a child, every effort should be made to provide for safety without separating the non-abusive parent. If preventive services cannot effectively curtail domestic violence within the household, the abusive partner should be removed from the home by the police, or the non-abusive parent should be assisted in entering emergency shelter or another safe living situation with her child. When safety planning with the non-abusive parent and/or criminal justice intervention does not reasonably provide for children’s safety in the context of domestic violence, appropriate safety interventions, including foster care placement, must be made.” A similar statement is included in Effective Intervention in Domestic Violence & Child Maltreatment Cases Guidelines for Policy and Practice (National Council of Juvenile & Family Court Judges, Family Violence Department).

11. Most include a list of services that are inappropriate in domestic violence cases.

a. Couples counseling, mediation, family group counseling, and anger management programs for the batterer can increase the level of danger to the mother and children. Massachusetts also includes as an inappropriate service any option that the mother believes will increase the level of danger.

12. Some also specify that the mother and children should be offered services regardless of whether the mother chooses to remain at home.

13. Some discuss issues regarding documentation and confidentiality. Specifically, information given by the victim will be kept from the batterer. Also, documentation should be written so that it is clear that the batterer is responsible.

D. Other recommended service provisions include that:

1. Safety planning should include an analysis and assessment of both batterer-generated and life-generated risks.

2. Every effort should be made to help the abused mother protect herself and her children before coercive measures such as citing her for failure to protect, are considered. Such measures should only be used as a last result after all interventions aimed at holding the perpetrator accountable for stopping his violence have been implemented and all efforts to protect the child and the mother from the abuser have been exhausted. If a failure to protect determination is substantiated against the abused mother, the domestic violence perpetrator should also be cited for endangering the children (in cases where child protection has jurisdiction over the perpetrator).
III. Best Practices/ Guidelines for Domestic Violence Program

Most written protocols to date do not standardize the behavior of free-standing, community-based domestic violence or battered women’s advocacy programs. The recommended practices that follow are the result of a review of numerous articles on the subject as well as through personal conversations with experts working in existing collaborations in the U.S.

A. Services for all women with children accessing battered women’s program:
   1. Provide information regarding:
      • available services, including individual and group support for children and women, legal advocacy, emergency housing, crisis intervention, assistance with filing an OFP, safety planning, etc. (if other services available, specify)
      • developmental issues for children of various ages regarding the effects of violence on children
      • legal definition of child maltreatment in Minnesota
      • your agency’s role as a mandatory reporter to child protection agencies
   2. Provide parenting groups for battered women that include the following topics:
      • effects of violence on children and how to help them recover;
      • parenting in crisis,
      • how abusers attack the victim’s parenting to maintain control,
      • effective discipline;
      • issues related to single parenting (eg. fears, loneliness, lack of resources, dating, budgeting, etc.)
   3. Provide safety-planning options for battered women and their children
   4. Provide programming for battered women with children, (particularly) boys over the age of 12
   5. Connect families with community resources, including mental health and substance abuse services, child visitation centers, parenting groups.

B. Where maltreatment of children is suspected:
   1. Interview the children
   2. Provide supportive interventions for battered women who maltreat their children via abuse or neglect (specify)?
   3. When consulting with child protection to answer questions regarding a particular case, maintain strict confidentiality.
   4. Develop procedures for reporting a woman to child protection.
   5. Utilize forms for making a referral to child protection that provide context for battered women’s experience, including strengths and past help-seeking

C. Where a woman is involved in the child protection system:
   1. Inform her of her rights and the legal issues of women involved in the child protection system.
   2. Inform her of the risks and benefits of agreeing to voluntary placement.
   3. Advise her on the risks and benefits of alternative response and let her determine the best way to proceed.
4. Provide advocacy for her during meetings with child protection and court hearings regarding her case, where requested.
5. Intervene with the county, at woman’s request, when a particular course of action would be dangerous, for example, in cases where petitioning for an Order for Protection may increase risk, and make other recommendations on a case when requested by the woman.
6. Provide input to child protection regarding assessment, investigation, service and case planning, where requested by woman.
7. Assist her in asking for a re-determination of finding of maltreatment, where appropriate or, if that fails, advise/assist them with seeking counsel to appeal a decision.
8. If an out-of-home placement is necessary, help find relatives or family friends who may take the child on a temporary basis to prevent juvenile court involvement.
9. If child is removed in an emergency, help her enforce her right to visitation.
10. Does your program accept women mandated to your program for services?
11. If yes, what kind of services are they mandated to access at your program?
12. What happens if they don’t comply?
13. Assist a woman in determining whether she and/or children are eligible for services, for example, mental health services or developmental disability services for child with behavioral problems.
14. Assist with concrete changes, like changing door and window locks, food, safe shelter.
15. Help women with Indian children by collaborating with ICWA workers to assure that children are placed in another Indian home, preferably with relatives or someone from the same tribe and provided other help available through ICWA.
16. Contact ombudsman authorized to investigate concerns involving African American, American Indian, Asian-Pacific, and Chicano/Latino children when there are complaints regarding child protection and these communities.
17. Contact compliance review team established to investigate complaints of non-compliance with ICWA and the MN Indian Family Preservation Act.

D. Other agency practices relative to battered women’s/children’s needs.
1. Promote the development of parenting classes for abusers (or components within existing batterers groups) that stress the impact of domestic violence on the children (as opposed to programs that teach abusers how to parent despite the violence).
3. Provide brochures/ information packets regarding available services for battered women involved in the child protection system for distribution to battered women (highlighting availability of legal and systems advocacy for women involved in the child protection system).
4. Maintain agency autonomy in order to enhance safety and security for women and their children.
5. Work with counties doing alternative response to ensure that offered services are appropriate and promote the safety of both a battered mother and her child.
6. When participating on a child protection team, clarify confidentiality roles, advocate for limited sharing of information regarding the identity of individuals, and maintain focus on class and systems advocacy.
IV. Best Practices/ Guidelines for Abused Children’s Programs

Minnesota is the first collaborative project in the country to include abused children’s services in its collaboration. These best practices were developed through an analysis of existing programs and in consultation with abused children’s program personnel. Depending upon the type of abused children grantee in the county where the collaborations are developed, services will vary and efforts should be made to determine where issues of overlap may exist, and to develop programming to address it accordingly.

A. When working with abused children, screen and assess for domestic violence.
B. Where domestic violence is identified, provide information and referral to the mother on local resources for battered women, including the availability of advocacy for battered women who are involved in the child protection system.
C. Do not require/mandate battered woman to participate in battered women’s services or to have contact with a battered woman’s program.
D. Provide training for new staff and volunteers on domestic violence and its effect on parenting, including information regarding how batterers use children, etc…
E. Gain expertise and provide information to battered women about the effects of violence on children and what constitutes child maltreatment.
F. Provide safety-planning options for battered women and their children.
G. When making a mandatory report to child protection, where the mother is battered, utilize auxiliary forms, which provide context for her experience (see Advocate Report Form).
H. Coordinate with the battered women’s program to provide support services for children whose mothers are abused, including support groups and programs for children who witness, dating violence, parenting groups, etc.
I. Examine existing program to identify where it may be enhanced to address issues of overlap.
J. Where eligible, apply for reparations to provide children with mental health services.
K. Develop and distribute to child protection and battered women’s program, brochures/flyers regarding your services to provide to battered women involved in the child protection system.
L. Develop and make available to child protection and battered women’s program, brochures/flyers regarding available services for battered women involved in the child protection system for distribution to battered women whose children are referred for abused children’s services.
M. To ensure compliance with ICWA, collaborate with ICWA workers regarding cases of overlap involving Indian women and children.
N. Consult with child protection and/or battered women’s liaison who has in-depth understanding of the multiple and complex problems that arise in families where there is suspected overlap, to answer questions regarding a particular case, while adhering to strict confidentiality requirements.

NOTE: Regarding collaboration between child protection, battered women’s, and abused children’s agencies. Sections II through IV of this document suggest that investigations, case planning, or other collateral efforts regarding individual cases not be done jointly unless requested by the battered woman. Although some collaborative are providing these services when not requested by the battered woman, there is growing concern that this blurs the distinction between the battered women’s program and the child protection agency. It is the belief...
of the author, that this carries significant risks that the battered women’s program will become over-identified with the child protection agency, thus eliminating it as a potential resource for the battered woman. For the same reasons (and additional ones\(^2\)), it is recommended that protocols not mandate, pressure, or even strongly encourage battered women to participate in battered women’s programming but rather provide detailed information to battered women about battered women’s services at all points of entry.

V. Child Protection, Battered Women’s, Abused Children’s and Other Agency Best Practices for Service on County Team to Address Overlap Issues

A. Each involved agency should identify a contact person to serve as a liaison to the other agencies in order to:
   1. Increase knowledge of battered women’s program, abused children, child protection philosophies and practices across systems to become a resource for your own and other collaborators regarding cases of overlap between domestic violence and child maltreatment.
   2. Develop expertise regarding model initiatives for collaboration between child welfare and domestic violence agencies.
   3. Respond to complaints and requests for general information and regarding specific cases, from collaborators while adhering to confidentiality requirements (see Sharing Information/Confidentiality).
   4. Review confidentiality requirements with existing and new staff and volunteers on an ongoing basis.
   5. Participate in interagency networking sessions/meetings and coordinate agency activities regarding collaborative effort.
   6. Provide updates and coordinate training activities as needed for collaborators.

VI. Case review, Consultation and Information Sharing Among Child Protection, Abused Children, and Battered Women’s Programs

A. Current thinking regarding case review, case consultation and other types of information sharing regarding particular cases stresses:
   1. the importance of protecting the identity of the individuals involved and should only occur when there has been a request or permission granted by the battered woman to do;
   2. should only occur when there is a signed release; and
   3. that the information shared is strictly relevant to the case.
   4.

B. Most requests for information can occur in the context of a hypothetical situation, for example, pose the question: “What would happen if…?”

\(^2\) Mandating battered women’s service sends the wrong message that support groups or leaving the batterer will enhance the safety of the child. This is not often the case. Additionally, it tends to hold the victim accountable for the batterer’s behavior and can lead to failure to protect charges against the victim when she fails to take advantage of these services.
C. For battered women’s and abused children’s programs, identifying information should only be shared to make a mandatory report or if the battered woman requests it, in which case releases must be secured.

D. Battered women’s programs may want to include considerations in the protocol regarding information sharing while serving on multi-disciplinary teams. Although state statute allows sharing, this kind of data sharing by battered women’s programs does not necessarily further the safety interests of battered women and their children. Battered women’s advocates explicit role on teams should be as a resource to identify systemic change needed to reform and refine institutional practices to enhance victim safety and offender accountability as a method of reducing both child abuse and domestic violence in cases of overlap.

VII. Confidentiality Issues

A. Procedures should comply with state statutes and case law governing what information child protection, domestic violence and abused children programs can share with whom. Attorneys familiar with governing statutes, case law and local agency policies should review this provision.

B. Include provisions that articulate the regulations governing confidentiality for each agency, including the types of information on families that will be shared between the child protection agency and local domestic violence programs.

C. Any domestic violence program receiving Victim’s of Crime Act (VOCA) or Family Violence Prevention and Services Act Funding are required by the federal government to have a written policy in place to keep records confidential.

D. Articulate procedures for battered women’s programs that will be used when child protection or law enforcement is seeking the whereabouts of a particular battered woman.

E. Anytime releases are utilized, information to be shared should be explicit, have direct relevance to the case and include Tennesen warnings.

VIII. Training

A. All collaborations specify the need for training across systems.

B. Protocols suggest the following recommendations:
   1. Provide annual training on child maltreatment and mandatory reporting laws, child protection practices, assessment, intervention, and the protocol, for abused children’s and battered women’s programs.
   2. Child protection and abused children staff should be trained annually to inquire about domestic violence and child maltreatment and to offer education and information about these issues to their clients; the dynamics of domestic violence, intervention, and the protocol.
   3. Training opportunities and outreach and education materials should also be offered to service providers in private practice.
4. Provide a minimum of two days training for all child protection staff, new and experienced, including supervisors, on domestic violence, including information on dynamics of domestic violence, assessment, intervention, and the protocol. The training team should be comprised of a child protection staff person and domestic violence expert. Local domestic violence programs should also be invited to participate in the training as resource people, and to enhance further collaboration between child protection and domestic violence programs.

5. Domestic violence, abused children, and child protection agency staff should attend each other’s training.

6. Provide for domestic violence staff and volunteer training on child abuse identification and intervention from child abuse experts.

IX. Networking/ Ongoing Meetings

A. It is recommended that participants in the collaboration meet on an ongoing basis to:
   1. Develop relationships.
   2. Discuss philosophical and practical similarities and differences while respecting the integrity of each agency’s belief system and approach. The goal is not to force submission to one or the other’s philosophy but rather the development of broader understanding of each other’s roles and purpose, their philosophical foundation, a commitment to the synthesis of new and creative ideas, and a personal commitment to the elimination of ineffective responses based on outmoded and outdated thinking.
   3. Define and clarify confidentiality issues that will arise as a result of collaboration.
   4. Develop, review and update guidelines for conflict resolution.
   5. Identify and plan for individual agency/joint training needs, and community education/training efforts.
   6. Continue to clarify and implement the referral and reporting policies of each agency.
   7. Share information regarding individual services, joint efforts, new initiatives and innovations being tried locally and elsewhere.
   8. Identify and define on an ongoing basis, safety issues and intervention strategies that meet the safety and security needs of battered women and abused children from all cultural and ethnic backgrounds, and each agency.
   9. Examine criminal and civil legal remedies available for holding perpetrators accountable in child protection and domestic violence cases; the effectiveness of their application locally and county wide, and strategies for removal of local, county and state barriers to their effective utilization.
   10. Review institutional responses that harmed children and their battered mothers, identify the source of the problem(s), and institutionalize changes that would prevent similar occurrences in the future.
   11. Identify joint goals for creating institutional and community change, audit existing community resources, and expand collaboration to other community professionals to enhance safety for battered women, hold offenders accountable, and create a general deterrent in the community. (See X.)
   12. Review, evaluate, and update the protocol.
X. **Collaborative Efforts Within the Community**

Collaboratives can set goals within their protocols, which expand the focus from the individual roles of the battered women’s and child protection agencies to the roles of other community agencies in ending child abuse and domestic violence.

The National Council of Juvenile and Family Court Judges recommends that every community working to end battering and child abuse needs to take an active role in assuring that families can meet their basic human needs. They recommend that communities conduct an audit of community responses, starting with the broad question, “do our interventions make it possible to carry out the core goals of safety, well being, and stability for children and families?” From the answer to this question and the following specific questions regarding community resources and norms, the collaboration can expand membership to address gaps and set goals for future collaborative efforts. Efforts should address the changes in policy, procedures, and training needed to meet the goals of safety, well-being and stability for child and adult victims.

A. **Community Resource Indicators**
   1. Are there adequate and safe long-term and crisis housing for families in danger?
   2. Do battered women and men who batter have access to economic supports and services?
   3. Are adequate, respectful, and culturally appropriate treatment services available, as needed, for adult and child victims and for perpetrators?
   4. Are there adequate and culturally meaningful support, advocacy and crisis services for women who are battered?
   5. Are health services available to all victims who need them?
   6. Are there support and education groups and mental health services for child witnesses to violence?
   7. Are there accessible and culturally appropriate intervention programs for men who batter?
   8. Do these programs include content about parenting and responsible fathering?
   9. Do substance abuse providers assess for and intervene in violence?
   10. Are substance abuse treatment beds available when they are needed for parents in danger?
   11. Are women’s substance abuse treatment facilities equipped with beds and services for children?
   12. Are services specifically designed for adolescent victims or youth that commit violence against intimate partners or family members?
   13. Are law enforcement and court practices and policies in place to protect those in danger?
   14. Are agencies and courts sufficiently protecting family members’ privacy while simultaneously allowing for the exchange of information to coordinated interventions for families?

B. **Community Norm Indicators**
   1. Are leaders, including those representing public and private institutions and community groups, involved in establishing norms and practices to eliminate domestic violence and to support healthy relationships?
2. Do community residents know how to respond to friends and family members in danger? Are they comfortable talking about family violence?
3. Do clergy, teachers, coaches, elected officials, and other leaders speak out against family violence and on behalf of violence-free families?
4. Are diverse individuals and communities—including gay and lesbian residents, disabled people, and ethnic and religious groups—engaged in the community dialogue about eliminating violence?

C. Other Suggestions for Community Enhancement Goals
1. Provide family support or family preservation services for women and their children leaving shelter or substance abuse programs.
2. Collaborate with other initiatives involved in anti-violence efforts or children’s welfare and mental health issues.
3. Initiate community wide outreach and intervention. Neighborhood residents, child care providers, and clergy should be taught to recognize signs of domestic violence and child abuse and should be encouraged to talk to a neighbor, congregant, or client about violence in the family. Resource lists and other information about child abuse and domestic violence should be displayed where people congregate, such as in rest rooms and waiting rooms, and on wall posters.
4. Develop education efforts for community-based service providers to identify domestic violence, and to talk with victims or perpetrators in a manner that supports safety for all family members, victim autonomy, and perpetrator accountability. Outreach and education materials that encourage all family members to ask for help should be prominently displayed in these agencies and in community centers.
5. Community-based service providers may include:
   a. Physicians
   b. Visiting nurses
   c. Teachers, guidance counselors, and school social workers
   d. Head start and day care providers
   e. Family support workers
   f. Clergy
   g. Employee assistance program personnel at workplace
6. Efforts must also address how community members can be active in preventing such violence by fostering and celebrating healthy, nonviolent intimate and family relationships and by strengthening social norms supporting these relationships. The development of these needed approaches can be greatly facilitated by collaborative efforts between child welfare and domestic violence experts.

D. Building Culturally Competent Collaborations
1. Although battering and child maltreatment affect families of all races and classes, certain women, including battered immigrants, may be more vulnerable when faced with violence. For example, poor battered women are more vulnerable to losing their children when there are inadequate safety and support services. Because of welfare “reform,” communities will soon encounter more families exposed to violence who are without access to services and economic supports. Women and children from diverse racial and ethnic backgrounds are also disproportionately involved in the child protection
system and this may in part be due to lack of culturally competent early prevention and intervention programs, disproportionate reporting, substantiation and racism. For that reason, it is important for protocols to specify cultural competency goals, such as:

a. Review protocol drafts and other changes in practice with communities of color to assess whether it will differentially affect women of color and their children

b. Assure that representation on the county team is representative of the diversity of the community.

c. Assess community services for cultural competency.

d. Include provisions, which define county reservation tribal policies about domestic violence and child safety and clarify specific county and reservation responsibilities.

XI. Complaint Procedures Between Collaborators

It is recommended that participants include written complaint procedures for those occasions where agency’s failed to follow their agreed upon policies.

A. Involved agencies agree to respond to complaints by adopting/developing forms whereby staff from each agency will record complaint and secure releases where necessary.

B. Recorded complaints will be forwarded to agency liaison, who will contact liaison from other agency to discuss, ascertain the source of the problem, and resolve the issue. Possible avenues for resolution include:

1. Clarifying policy, protocol, and/or procedure with complainant or errant employee.
2. Addressing problem with county team, in order to enhance responses through policy, protocol, and/or procedural change.
3. Providing additional training to employee or other agency regarding roles.
4. Changing laws/ statutes etc. where needed to enable better responses.
5. Other, specify:

XII. Ongoing Evaluation

A. Evaluate the protocol/collaboration from the standpoint of increased safety for children and battered woman and the other goals of the collaboration, by:

1. Tracking and collecting data on a continuing basis to determine if the agreed upon practices and guidelines and goals are consistently applied.
2. Conducting research to determine effectiveness of protocol in:

   a. increasing the numbers of perpetrators held accountable for their violence;
   b. reducing recidivism;
   c. decreased separation assault;
   d. increasing the number of battered women identified in the child protection system and accessing services;
   e. increasing child safety, autonomy, safety, and quality of life for mothers
   f. reducing the numbers and lengths of time cases are opened;
   g. expanding community services; and
   h. other measures of achieving joint goals and objectives.
3. Incorporating issues of class, race and culture into any evaluation.
B. Meet with other participating agencies semi-annually to review the protocol and adapt as necessary.

XIII. Signatures of Authorized Agency Representatives, Effective Start, Renew and End Dates (if time-limited).

It is recommended that the protocol be signed and dated by authorized representatives of the involved agencies, with a proviso that through signature of the document, the undersigned agree to its implementation for the amount of time specified. Specify as well that it will be reviewed on an annual basis to assess its effectiveness and make revisions where needed.

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