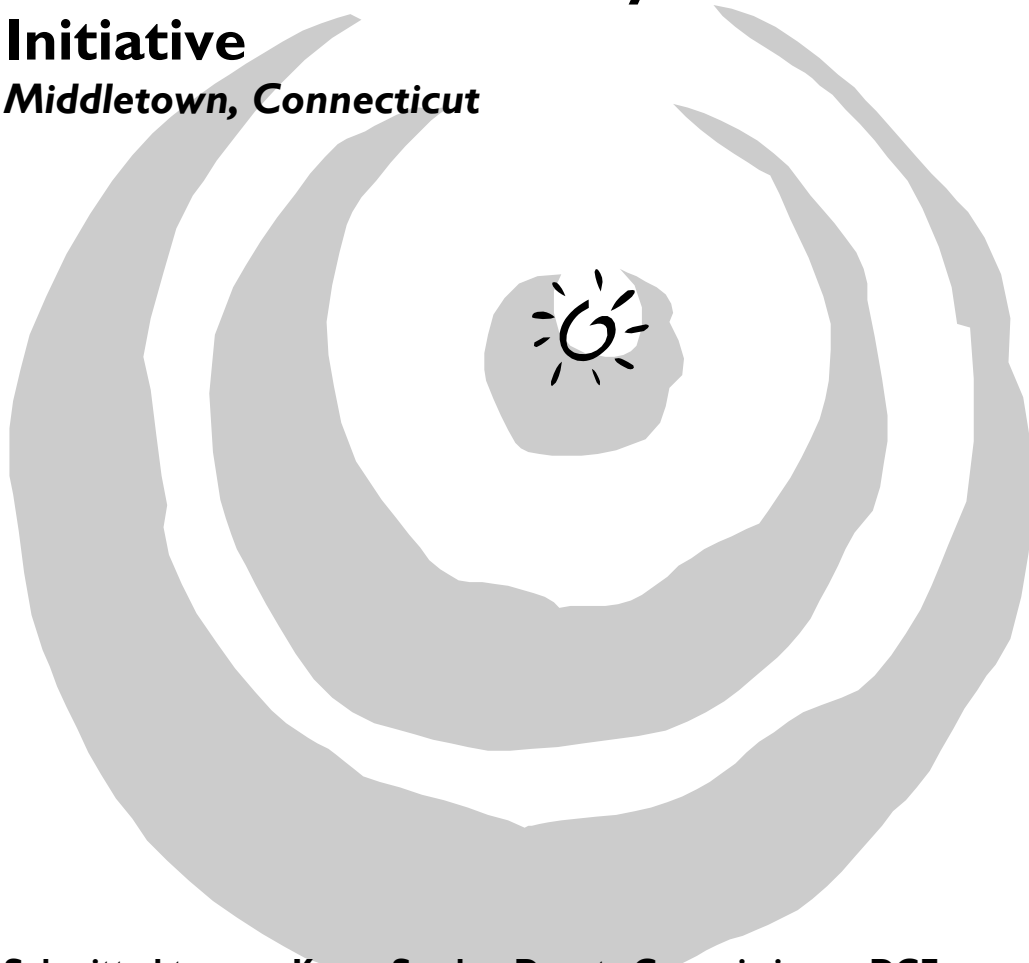


**Six-Month Interim Report**  
**The Children and  
Batterer Accountability  
Initiative**  
*Middletown, Connecticut*



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## Executive Summary

Batterers can harm children through their abuse of the children's mother and the physical and emotional abuse of the children themselves. While the Department of Children and Families' capacity to identify domestic violence has improved since the implementation of the domestic violence investigation protocol in 1996, social work practice and community resources have failed to adequately address the role batterers play in families.

To address this gap, the Children and Batterer Accountability Initiative was implemented to develop replicable strategies for effectively intervening with batterers in child protection cases. Supported by the Department of Strategic Planning, this initiative was developed and is being implemented by David Mandel, MA, of the Non-Violence Alliance. The initiative began with baseline measurements (staff surveys, case reviews) along with a series of focus group meetings with social workers and supervisors. From these initial measurements, a training agenda, case practice recommendations and a weekly case consultation schedule was developed and implemented. Simultaneously, a community workgroup was convened to discuss the coordination of different agencies and institutions on issues related to batterers and children. The Non-Violence Alliance batterer intervention program, already operating in Middletown, was made available for treatment referrals for batterers.

The initiative has already achieved significant accomplishments (see next section) including generating first time information about the presence of domestic violence on the Department caseload, and related case practice. The following are some of the highlights of the initiative to date:

### First Time Data

The initiative has already achieved significant accomplishments (see next section) including generating first time information about the presence of domestic violence on the DCF caseload, and related case practice.

- **The rate of identification of domestic violence on the Middletown caseload (28%) was significantly lower than rates from other states (47-55%).**
- **The strong majority of the male batterers (68%) were the fathers of least one of the children in the home.**
- **Only half (53%) of the batterers involved with criminal court were ordered to comply with DCF, which raises questions about the need for enhanced coordination between the two systems.**
- **A majority of the batterers (72%) had extensive contact with the children while the DCF case was open.**
- **Less than a majority (42%) of the staff felt DCF policies and practices support intervening with the batterer.**
- **The initiative has produce case practice recommendations including:**
  - **Focus on reducing the risk that batterers create for children.**

- **Consistently address batterers during the entire case.**
- **Only substantiate against the batterer.**
- **Articulate what the batterer needs to do differently.**
- **Partner with victims.**
- **There appears to be need for greater guidance for workers around issues of adult victim confidentiality, avoiding shifting the responsibility for the violence from the batterer to the victim, and issues of risk.**
- **Memorandums of Understanding between DCF and local/state police and Court Support Services Division improve information sharing and effective intervention with batterers.**

Intended to complement the Department's efforts to address the needs of adult and child victims of batterers, this initiative will provide valuable information about how to improve the Department's capacity to intervene with batterers including improved coordination with juvenile and criminal courts, interviewing practices and collaboration with treatment providers.

At the end of 18 months, another measurement of case practice and staff attitudes will be taken. Matrix Public Health, Inc., under the leadership of Dr. Denise Stevens, is gathering and analyzing the data from the initiative. This data will be available to inform policy and practice statewide.

## **First Six Months: The Accomplishments**

In the first six months, the Children and Batterer Accountability Initiative accomplished the following results:

### **Gathered baseline information for the needs assessment and outcome measures**

1. Completed staff surveys (n=34)<sup>1</sup>
2. Completed 170 cases reviews for case practice regarding domestic violence<sup>2</sup>
3. Conducted in-depth focus group reviews of two cases with a team of social workers and supervisors to identify areas of concern and practice improvements
4. Analyzed case reviews and staff survey to identify training needs
5. Analyzed case reviews and staff survey for trends and practice recommendations

### **Delivered six two hour training sessions for DCF staff on the following topics:<sup>3</sup>**

1. Session One: Overview of Project and Review of Data from Case Reviews and Survey (2 hours)
2. Session Two: Understanding Battered Women and Their Decision Making: What Do Victims Need from DCF?
3. Session Three: Batterers and Their Children: Using Children as Weapons, Being Fathers
4. Session Four: Interviewing Batterers: Investigations and Treatment
5. Session Five: Intervention Strategies
6. Session Six: Treatment/Intervention for Batterers: What works & how to evaluate progress

### **Weekly Case Consultations**

1. The initiative director conducted weekly meetings with investigation and treatment staff to help them improve their response to batterers
  - a. Approximately 26+ case consultations from August 4, 2003 to January 12, 2004.
  - b. Data on the case consultations, e.g. nature of violence to partner and children, recommendations to social workers, was collected to help evaluate the initiative

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<sup>1</sup> See appendix for survey

<sup>2</sup> See appendix for case review form

<sup>3</sup> Not full coverage of staff

2. The project director helped social workers with client interviews in the field and the office

### **Monthly Community Workgroup Meetings**

In recognition that DCF needs partners to intervene effectively with batterers, the Children and Batterer Accountability workgroup has been meeting monthly for the past six months. The goal of this group is to increase interagency collaboration in order to reduce the risk that batterers represent to children.

In addition to informing the community of the project and providing a forum for networking and information sharing, the meetings have resulted in several substantial system levels changes:

- a. The MIT agreed to review serious domestic violence cases
- b. The Middletown Police Department circulated a memo requiring officers to report domestic violence incidents with children present to DCF
- c. The Non-Violence Alliance hosted a two hour cross-training between DCF and CSSD (Bail/Probation/IAR)
- d. The Middletown Police Department representative indicated he would ask his Department's officers to indicate whether DCF has an open case with a family so that the Bail Commissioner can pursue DCF input as part of the bail decision-making
- e. Initial discussions have occurred regarding the utility of a DCF liaison at Family Relations
- f. Planning for provider trainings on batterers at two community agencies (Child and Family/CHC).

### **Broad Participation**

Participation has represented a cross section of agencies that DCF works with in domestic violence cases:

- Family Relations
- Adult Probation,
- Bail Commissioners
- Child and Family Agency of New London (IFP)
- Community Health Center (IFP & Parent Aid)
- New Horizons
- Rushford Center
- CCADV
- Middletown Police Department
- Assistant Attorney General
- State's Attorney
- Hon. Thayer Baldwin
- MIT coordinator
- Juvenile Matters Court Service Officer
- Rushford Center

DCF has been represented at these meetings by:

- DCF Principal Attorney
- Investigations supervisors (SWS & PS)
- Social workers
- Director of Strategic Planning

- g. An increase in referrals from DCF to the Non-Violence Alliance.
- h. The presentation of batterer intervention and accountability strategies to the Meriden/Middletown child protection court collaborative meeting, which included juvenile court judges, court service officers, AAGs, members of the private bar, and child protection supervisors.
- i. The identification of police training as an important issue.

In addition to the larger workgroup a legal subcommittee was formed to examine the response to batterers in juvenile court proceedings. The workgroup consists of the CSO, AAG, Principal Attorney, Investigations SWS & PS and the initiative director. These meetings led to the following:

### **Improved Police Response**

As result of participating in the initiative, the Middletown Police Department circulated a memo reminding its officers to report domestic violence incidents with children present to DCF.

- a. The approval of a menu of potential expectations for batterers (see appendix).
- b. The DCF principal attorney indicating that she would place higher expectations on workers to identify the role of fathers in the household.
- c. Clarification of the utility of emergency relief orders to intervene with batterers. DCF can apply for an emergency relief order for a batterer to take certain actions concurrently with the filing of a neglect petition.
- d. An understanding that DCF will use its “red flag” warning page to indicate that the victim’s address needs to remain confidential. This will facilitate the redaction of this information.
- e. The identification of the jurisdiction of juvenile court over batterers who are not related to any of the children in the home as a key issue to explore.

## Highlights of Baseline Data: Case Review

In order to effectively measure the success of the initiative, the staff was asked to complete a cross-sectional review of their cases. During one period of time, the staff completed 170 case reviews (85 open investigation cases & 85 open treatment cases). The following reflect highlights of this review:

- 47 or 27.6% of the cases identified domestic violence as a factor.<sup>4</sup>
- 43 or 91.5% of these 47 domestic violence cases were in treatment.
- Children had been removed in 10 or 21.3% of these cases.
- Domestic violence was identified at different points in the process: at the Hotline (51%), during treatment (30%), or by Investigations (19%).
- The police triggered the identification of the domestic violence in 43% of the cases.
- The perpetrator was alleged or confirmed to physically harm the child(ren) in 30% of the cases.
- Of the men identified as domestic violence perpetrators, 68% were the biological father of at least one of the children in the house. 23% were the father of no children in the house.
- Based on the information gathered from all sources the social worker and their supervisor identified the following factors related to the severity and frequency of the domestic violence:
  - 87% of the cases involved no physical injury or bruises/minor cuts to the adult victim
  - Just over 1/3 (34%) of the physical violence occurred weekly. 36% of the physical violence occurred 1-2 times a year or less. In 6% of the cases the violence was occurring on a daily basis.
  - In 51% of the cases, DCF assessed the victim as “somewhat” or “very” isolated.
  - Substance abuse was identified as a problem for 75% of the perpetrators.

### **When was Domestic Violence Identified?**

Domestic violence was identified at different points in the process: at the Hotline (51%), during treatment (30%), and during investigations (19%). Discussions with staff about these result suggested that domestic violence may be identified more frequently in treatment than investigations because (1) of the increased rapport with family members, (2) children’s disclosure of the domestic violence to therapists and other professionals, and (3) the occurrence of new incidents as time passes. While training may increase the ability of investigators to identify domestic violence, the limited time available for investigations appears to represent a significant barrier to identification of domestic violence by investigators.

<sup>4</sup> 68.1% (n=33) of these cases had been opened longer than six months. 21% (n=10) had been open 4-6 months. 6.4% (n=3) were open 1-3 months. 2.1% (n=1) was open less than one month.

- Mental health problems were identified for only 21% of the perpetrators.
- 89% of the perpetrators were interviewed by DCF.
- In 72% of the cases, the perpetrator was involved with the criminal justice system while the Department was involved with the family.
- In 85% of the cases where the perpetrator was involved with criminal court, the worker had contact with court personnel.
- When the perpetrator was involved with the criminal justice system approximately 52.9% of the time they were mandated by criminal court to comply with DCF service agreements/conditions.
- When a petition was filed in juvenile court (n=19), 100% of the time it included specific steps for the perpetrator to address the domestic violence.<sup>5</sup>
- When services were offered to the perpetrator, 42.6% accepted and 36.2% declined
- Individual counseling was the most common referral (51.1%), followed by anger management (31.9%) and then domestic violence group (27.7%).
- Of the referrals made for domestic violence treatment, 48% of the batterers successfully completed or were still in treatment. 52% did not successfully complete this service.
- Most cases had no repeat identified domestic violence since the cases were opened (74.5%).
- There were almost no new incidents of physical child abuse since the cases were opened (95.7%).
- A majority of the domestic violence perpetrators had extensive contact with the primary caretaker in the family (74.5%).
- A majority of the domestic violence perpetrators had extensive contact with the children in the family (72.4%).
- It was judged that 57.4% of the domestic violence perpetrators were exerting either “some,” “a lot,” or “complete” influence over the outcome of the case for the families.

### **What Does It Mean: Case Review Data in Context**

The results of the case review need to be examined in context in order to fully understand their significance and implications for policy and practice. For example, the percentage of domestic violence cases on the caseload (27.6%) can be considered low when considered against other studies, which examined the presence of domestic violence on CPS

*Continued on page 8*

<sup>5</sup> These cases only include instances when the domestic violence perpetrator falls under the jurisdiction of the juvenile court (e.g. the biological father). There were other cases involving domestic violence where petitions were filed that did not include any specific steps for the batterer because he was not the father of the children. This represent a serious systems issues which is being examined as part of this initiative.

## **What Does It Mean: Case Review Data in Context**

*Continued from page 7*

caseloads. For example a study of child protection cases in Massachusetts found a 30% rate of domestic violence in child protection cases. This rate rose to 48% after training and protocol changes (Spears, 1999). A 1998 review of CPS cases in Washington State revealed rates of domestic violence between 47-55% (In Harms Way, 2000). This may mean that some domestic violence is not currently being identified. An alternative explanation for this percentage, offered by a social work supervisor, is that the sample included probate court and out-of-state transfer cases, which might decrease the presence of domestic violence. The data also provides support for the idea that juvenile court can have jurisdiction over a significant number of batterers involved in child protection cases. A strong majority (68%) of the identified men who were abusive of their partner were the biological father of at least one of the children in the home. In 23% of the cases, the batterer was not the father of any of the children in the home.

The percentage of perpetrators that were involved in criminal court and were ordered to comply with DCF (52.9%) raises questions about how to increase the criminal court's support for DCF's efforts to intervene with batterers. The criminal court, through its jurisdiction over batterers who have been arrested, can require batterers to stay away from the victim, receive domestic violence counseling (often with the financial support of the court), and comply with DCF. Batterers on probation can be closely supervised including being screened for substance abuse, required to report on a weekly basis and subject to home visits. The power of the criminal court can be particularly useful when the batterer is not the father of any of the children in the home. In these instances, the mandate of the criminal court may be the only way to intervene effectively with the batterer.

The high number referrals of batterers to individual counseling and anger management versus domestic violence counseling also raises important questions about whether batterers are getting the services needed to address their abusive behavior. Domestic violence counseling (or batterer intervention) is considered the modality of choice to address batterers by most domestic violence professionals. This data may indicate the need to focus on issues of coordination with Family Relations, and a lack of social worker and supervisor knowledge about the appropriate treatment options for batterers. Additionally, while Middletown has access to a batterer intervention program, some DCF clients may not be able afford to attend the program.

The data also underscores the powerful and continuing role batterers play in families involved with DCF. In almost three-quarters of the cases, the batterer had extensive contact with the primary caretaker and the children. In more than half the cases (57.4%), the workers believed that the batterer was exerting significant or complete influence over the outcome of the case.

## Highlights of Baseline Data: Survey Results

The social work staff and supervisors were surveyed on a range of issues including their perspectives on when the Department should open cases when domestic violence is present, the focus of such cases, their knowledge of the risk that domestic violence poses to children, case practice skills and decision-making, and collaboration.

### *Opening and Transferring Domestic Violence Cases*

- 77.4% agreed or strongly agreed with statement that the Department should investigate instances of minor domestic violence when no children have been physically harmed.
- 25.8% agreed or strongly agreed that the same type of case should be opened and transferred to treatment.
- 96.8% agreed or strongly agreed that the Department should investigate instances of serious domestic violence when no children have been physically harmed.
- 64.5% agreed or strongly agreed that the same type of case should be opened and transferred to treatment.
- While 83.9% agreed or strongly agreed with the policy of investigators screening for domestic violence in all referrals, only 25.8% strongly agreed.

**There is a strong sentiment that minor domestic violence alone is not a good reason to open a treatment case. Conversely, when domestic violence is serious almost two-thirds of the child protection staff felt the case should be transferred to treatment. Screening for domestic violence in all cases was supported.**

### *Where Should the Focus Be?*

- 54.8% disagreed or strongly disagreed with the statement “Where adults are concerned, the primary focus of the Department should be more about changing the victim of domestic violence than the perpetrator.”
- 80.7% agreed or strongly agreed that intervening with the perpetrator can reduce the risk to the children.
- 90.3% disagreed or strongly disagreed with the statement “Related to the safety of the children, if a domestic violence perpetrator is removed from the house, there is no reason to continue working with that person.”
- 87.1% agreed or strongly agreed that the Department should make “a serious, consistent effort to intervene with” a biological parent who is domestic violence perpetrator.
- This number drops only slightly to 80.6% when the domestic violence perpetrator is “a partner of the primary caretaker unrelated to any of the children in the house.”
- 71% agreed or strongly agreed with the idea that investigators should place a “high priority” on identifying and interviewing any partners of the primary caretaker.

**There is significant support for interventions that focus primarily on the perpetrator versus the victim, regardless of whether he is the biological father or not.**

## Case Practice: Skill & Decisions

### Case Practice with Perpetrators: Skills & Decisions

- 45.1% felt skilled and competent about interviewing domestic violence perpetrators with a substantial percentage reporting neutral (38.7%) or disagreeing (12.9%).
- The participants were much more likely to agree (58.1%) that they were familiar and knowledgeable about the profile and pattern of domestic violence perpetrators.
- More (67.2%) agreed or strongly agreed that they know what constitutes an appropriate referral for domestic violence perpetrators.
- 61.3% felt skilled at case documentation on how a domestic violence perpetrator harms children.
- While 64.5% felt skilled at developing service agreements that “intervene with domestic violence perpetrators to help protect children.”
- While 74.2% agreed or strongly agreed that their petitions always include specific steps for the domestic violence perpetrator who is the parent of one or more children in the house.
- These percentages shift when the perpetrator is unrelated to any children in the house. 32.4% agreed or strongly agreed with 45.2% disagreeing or strongly disagreeing.
- In the past year, most workers had referred a domestic violence perpetrator for substance abuse counseling (87.1%), anger management and individual counseling (80.6%), family counseling (71%) with domestic violence and couples counseling being used by the fewest respondents (67.7%).

### Victims:

- The majority (61%) felt competent about interviewing skills with adult domestic violence victims.
- A smaller percentage (54.8%) felt familiar and knowledgeable about how domestic violence victims think about their safety and risk analysis for themselves and their children.
- A significant minority (16-17%) didn't feel skilled and competent about interviewing victims, or knowledgeable about their safety and risk analysis.
- 54.8% felt familiar and knowledgeable about resources for victims.

### Children:

- The participants felt most comfortable with their interviewing skills with child victims of domestic violence with 67.8% agreeing or strongly agreeing.
- A similar percentage (67.7%) felt familiar and knowledgeable about how children react to domestic violence with a significant minority disagreeing (16.1%).
- 73.3% felt familiar and knowledgeable about different types of risks that domestic violence perpetrators present towards children.

### Perceptions of Effectiveness:

- A majority of the respondents believe they do a good job intervening with domestic violence cases (57.6%).
- They were less likely (35.5%) to think the Department did a good job “helping keep adult victims of domestic violence safe.”
- A slightly larger number (45.2%) felt the Department did a good job helping domestic violence victims protect their children.
- 42% felt that the Department policies and practices support intervening with domestic violence perpetrator.
- More than two-thirds (71%) felt they had minimal or no exposure to role of domestic violence in child protection cases through “trainings, cases consultations, written material, etc.”
- 54.8% said they had minimal or no exposure to batterer accountability and intervention strategies through “trainings, case consultations, written material, etc.”

### Fear of Retaliation

22.6% of the respondents said that fear of retaliation against themselves or their workers “dissuades” them from focusing on the domestic violence perpetrator.

**Based on these questions, the group requires training to improve their skills at interviewing adult and child victims, and perpetrators with the greatest need in the area of domestic violence perpetrators. The group needs more information about victim safety planning and risk analysis, the profile of perpetrators, and children and domestic violence. It appears training on case documentation of domestic violence would also be beneficial. While the respondents indicate they know what constitutes an appropriate domestic violence referral, this does not necessary translate into batterers being referred to domestic violence groups (as indicated by the case reviews). This might indicate a mistaken understanding of what constitutes an appropriate referral or barriers to making appropriate referrals.**

**Biological fathers who were domestic violence perpetrators were regularly included in petitions while batterers who were not the father of any of the children in the home were usually not included in petitions. This reinforces the need for alternative methods of mandating specific steps or actions for these batterers.**

**Fear of retaliation by the domestic violence perpetrator against DCF staff “dissuaded” a significant minority of the staff from focusing on the perpetrator. This suggests the need to address worker safety concerns.**

**While the majority of workers thought they personally did a good job intervening with domestic violence, only a minority thought the Department helped keep adult victims safe, helped adult victims keep their children safe or supported interventions with perpetrators.**

### *Collaborations & Resources*

- The respondents perceived their strongest collaborations around domestic violence perpetrators to be with Family Relations (58.1%), as compared with the local police (41.9%), community providers (41.9%), adult probation (35.5%), and domestic violence victim services (35.5%).
- The participants felt the best about the availability of domestic violence treatment resources for male against female perpetrators with 54.8% feeling satisfied. This number drops to 16.1% for female to male perpetrators and even further to 6.5% for same sex perpetrators.

**The responses point towards a need to improve collaboration with all the players in the system. Within the sphere of existing collaborations, Family Relations was considered the best partner and adult probation and victim services the worst. Workers felt best about treatment resources available for male batterers in heterosexual relationships and the worst about same sex perpetrator treatment resources.**

# Social Work Case Practice Recommendations for Working With Batterers

The following case practice recommendations are based on the integration of information across all data sources (e.g. staff survey and case review data). These recommendations are currently integrated into the weekly case consultation and staff trainings. Portions of these recommendations have been presented to the management team. This report will provide the recommendations in a more complete form.

These recommendations are valuable both for suggesting specific courses of action to address the risk batterers represent to children and because they shift the focus of the intervention in domestic violence cases from the victim to the perpetrator. It is reasonable to expect that these interventions both influence the outcome of individual cases and have a cumulative and reinforcing positive effect on practice. For example, if the principal attorney asks questions about a batterer's role as a father, then workers learn to include more information about batterers as parents in their future documentation. When the workers know they will need to provide this information, then they will focus more of their efforts on gathering information about the batterer's role in the family.

## Major Case Practice Recommendations for Working With Batterers

- **Focus on reducing the risk that batterers create for children.**
- **Consistently address batterers during the entire case.**
- **Only substantiate against the batterer.**
- **Articulate what the batterer needs to do differently.**
- **Partner with victims.**

## Major Recommendations

The following are the major recommendations for creating a more effective framework for addressing the role of batterers in creating risk to children.

1. **Focus on reducing the risk that batterers create for children.** The social work staff should approach domestic violence from the perspective of protecting children by reducing the risk batterer presents to the family. This should be combined with supporting the mother's ability to protect herself and her children from the batterer's abuse. This framework should be reflected in how the social worker talks to the batterer, victim and children, and in case planning, documentation, as well as court filings.

Examples of focusing the risk the batterers create for children include confronting the batterer with the impact of his behavior on the children and expecting him to take steps to make the children safer; making it clear to the victim that the batterer's behavior is a problem and that his violence is not her fault; developing service agreements, specific steps and court filings that directly address the batterer's behavior; collaborating with criminal court, e.g. Family Relations, Adult Probation, Bail Commissioner to address the batterer's risk to the children.

2. **Consistently address batterers during the entire case.** Consistent follow through is a crucial element in any effort to effectively address the role of the batterer in child abuse and neglect cases. This means that at every decision point in a case, the worker and supervisor need to assess their effort to place the responsibility for the abuse and the risk it creates to the children on the batterer.
3. **Only substantiate against the batterer.** Because it is important to avoid increasing the power and leverage the batterer has over the victim and the children, social workers should only substantiate abuse and neglect against the batterer when possible. This sends a clear message to all the family members about who is responsible for the risk to the children.
4. **Articulate what the batterer needs to do differently.** Service agreements, specific steps and other aspects of the case plan should identify the changes the batterer needs to make to reduce the risk to the children. These efforts are important even when the social worker is convinced the batterer will not follow through.
5. **Partner with victims.** Victims should be kept informed about the interventions with their batterer so they can evaluate the impact the interventions will have on their safety and the safety of their children. Social workers should actively solicit victim input about the batterer's response to the Department's intervention.

### Specific Practice Recommendations

The following are specific recommendations for addressing the role of batterers in creating risk to children. They strive to be comprehensive but are not exhaustive.

#### 1. Investigations

- a. The investigator should screen for domestic violence as a current risk factor in the case regardless of the nature of the original report.
- b. The investigator should make an effort to identify significant relationships (other biological parent, dating relationship, casual partners, caretakers, etc.) in the life of the primary parent in the home.
- c. The investigator should make every effort to separately interview both parental figures (other biological parent, dating relationship, casual partners, caretakers, etc.) of the children.
- d. The investigator should look for non-physical indicators of controlling and abusive behaviors within the adults' relationship.

#### Partner with Victims

When possible, prior to interviewing the perpetrator, check with the victim about her concerns about you talking to him. What are his possible responses to being interviewed, to being confronted with the allegations or information about his behavior from victim/children, being asked to attend treatment?

#### 2. Interviewing batterers

- a. Domestic violence perpetrators should be interviewed in all cases, even when there is an open criminal investigation.
- b. The worker should choose a location for the interview that provides for their own safety and the safety of others.
- c. Interview the domestic violence victim and perpetrator separately during the investigation and again periodically during on-going services.

- d. When possible, prior to interviewing the perpetrator, check with the victim about her concerns about you talking to him. What are his possible responses to being interviewed, to being confronted with the allegations or information about his behavior from the victim/children, or being asked to attend treatment?
- e. Make serious and significant efforts to interview the perpetrator even if he is unrelated to the children.
- f. During interviews, workers should be conscious to avoid colluding with the batterer.

### 3. Collateral contact

- a. Part of the assessment for domestic violence should include visiting the Judicial Department web site ([http://www.jud2.state.ct.us/civil\\_inquiry/GetParty.asp](http://www.jud2.state.ct.us/civil_inquiry/GetParty.asp)) to see if there any restraining orders in force.
- b. Social Workers should collaborate with police and state's attorney to ensure that warrants for domestic violence perpetrators are processed in a speedy fashion that will reduce the need for a dislocation (moving, removal) of adult and child victims.
- c. Social Workers should utilize the resources of the Bail Commissioner, Family Relations and Adult Probation to intervene with batterer, especially batterers who are not related to any of the children in the home. For example, Adult Probation may be able to increase their monitoring of the batterer, screen for substance abuse or take other actions that may reduce the batterer's risk to his family.
- d. Utilize specific batterer intervention programming for batterers as opposed to anger management, couples or family counseling or individual counseling.
- e. Social workers should ask questions specific about batterers and change as part of their assessment of the batterer's participation in treatment.

### 4. Juvenile Court

- a. Emergency relief orders through juvenile court can be used to order the perpetrator, regardless of his biological and legal relationship to the children, to engage in actions that support the safety and well-being of the children.
- b. Make sure that court filings address the batterer's behavior including specific steps for the perpetrator to address all his behaviors that negatively affect the safety and well being of the children. This can include financial support, intimidation, etc. (see attached menu of expectations)
- c. Explore terminating the batterer's parental rights while maintaining the victim's parental rights as a method of reducing the risk to the children.

#### **Articulate What the Batterer Needs to Do Differently**

Make sure that court filings address the batterer's behavior including specific steps for the perpetrator to address all his behaviors that negatively affect the safety and well being of the children. This can include financial support, intimidation, etc. (see attached menu of expectations)

### 5. Child Protection Processes

- a. Schedule separate Administrative Case Reviews for the victim and perpetrator when appropriate and necessary for the safety of the victim, and perpetrator accountability.
- b. Create separate service agreements for the perpetrator and the victim.

- c. The service agreement for the batterer should specifically and concretely address the behaviors that have created the risk to the adult victim and the children.
- d. Use the multi-disciplinary team to address cases with serious domestic violence.

## 6. Documentation

- a. Documentation should clearly and concisely describe the impact of the batterer's behavior on the children. This should include the secondary effects, e.g. homelessness because the family was evicted from their apartment because of the batterer's violence.
- b. Documentation should use language that clearly places the responsibility for the effects of the domestic violence on the children on the batterer. For example, instead of the victim failing to protect the children, we can use language that describes how the batterer creates conditions injurious to the children. Avoid using language that blames the victim for the batterer's behavior or obscures, e.g. the couple engages in domestic violence.
- c. The worker should document the nature of the batterer's relationship with the children including the positive aspects. This information should be documented in the case narrative and addressed in court petitions.
- d. Supervisors and principal attorneys should review court filings for clarity with which the documents address the role of the batterer in the family.

### **Focus on reducing the risk that batterers create for children**

Documentation should use language that clearly places the responsibility for the effects of the domestic violence on the children on the batterer. For example, instead of the victim failing to protect the children, we can use language that describes how the batterer *creates conditions injurious to the children*. Avoid using language that blames the victim for the batterer's behavior or obscures, e.g. the couple engages in domestic violence.

## Systems Issues Raised

Within the first six-month of the projects, the following systems issues were identified. For the most part, these are issues that need to be addressed at the agency or interagency level.

### Within DCF

1. DCF releases of information forms should be more specific so family members can give explicit permission to their community provider to provide specific information related to risk and dangerousness.
2. There is very little guidance for workers about handling cases where domestic violence is chronic but doesn't appear to create serious risk of physical danger to the children or the children are not present when the violence occurs.
3. When the worker has information about violence and abuse from the victim and/or the children, there are not any formal guidelines to help workers make decisions related to information sharing, confidentiality and disclosure to the batterer.
4. The historic focus of child protection on mothers still leads workers to hold a victim accountable for the behavior of the batterer. This makes it harder for the worker to partner with the victim and can allow the batterer to benefit from the involvement of the Department.
5. There appears to be lack of guidance for workers around what needs to be change in the family's domestic violence situation before a case can be closed.
6. Workers lack clear guidelines regarding the risk when domestic violence is present in the family. The following questions need to be addressed: What level or type of domestic violence constitutes the imminent risk of physical harm? When can reunification occur safely? What kind of progress by family members is required in treatment in order for reunification to occur or the case to be closed?

#### Within DCF

Workers lack clear guidelines regarding risk when domestic violence is present in the family. The following questions need to be addressed: What is the imminent risk of physical harm? Can reunification occur safely? What kind of progress is required in treatment?

### Between DCF and Other Agencies

1. Workers feel hindered by the delays faced by victims trying to get into shelter in a timely fashion.
2. A MOU outlining the sharing of information between the police and DCF would remove some barriers to coordination with the police.

3. DCF staff was concerned delays in serving warrants and restraining orders made it more difficult for them to allow children to remain in the home.
4. An MOU between DCF and CSSD would facilitate the flow of information between the two agencies. This would be particularly useful between Family Relations and DCF. The consensus was that anything that improved communications between Hotline and Family Relations would be useful.
5. There was a question about the consistency of message between DCF and the criminal court. DCF may be saying it's highly concerned about the safety of the children while the court may not be sending the same message.
6. The multiplicity of police offices that serve the Middletown DCF office is a barrier to effectively involving the police in a standardized response to batterers and children.
7. A lack of information about the operation of Adult Probation, the Bail Commissioners and others hampers the ability of DCF to intervene more effectively with batterers.

## **Potential Initiative Outcomes as Measured by the Staff Survey and Case Review Data**

The following are changes in the staff attitudes and case practice that can be expected at the end of the initiative.

1. Increase in the skill and comfort level with interviewing domestic violence perpetrators from 45% to 75%.
2. Increase in familiarity with the profile and pattern of domestic violence perpetrator, comfort with documentation of perpetrators effect on their children and developing service agreements from 58% to 80-90%.
3. Increase the overall identification of domestic violence cases from 27.6% to closer to 40% of total caseload.
4. Increase in the identification of child exposure by the police reflected in an increase in referrals to DCF.
5. Increase in the identification of violence during pregnancy, levels of isolation and control and possibly other variables related to pattern of control.
6. Increase in the percentage of perpetrators involved with criminal court who are mandated to comply with DCF from 53%% to 75%.
7. Increase in the number of perpetrators who accept services.
8. Increase in service agreement recommendations that include domestic violence treatment.
9. Increase in the use of domestic violence groups as a referral for DV perpetrators (target range: more than 50%).

## Next Steps

The following are the next steps to be taken over the next six months:

1. Continue weekly case consultations and data collection.
2. Review narratives and documentation from cases involved in case consultation in order to assess progress of initiative.
3. Follow up on implementation of menu of expectations for batterers.
4. Follow up with MIT to assess implementation of new policy regarding serious domestic violence cases.
5. Present interim report and practice recommendations to social work supervisors.
6. Develop plan to work with supervisors around implementing the recommendations.
7. Continue DCF staff training through in-service trainings and staff observation of the initiative director conducting interviews with batterers
8. Review how the Intensive Family Preservation and Parent Aid Programs work with batterers
9. Implement planned training for community providers
10. Plan and implement training for police
11. Work with Legal subcommittee of Children and Batterer Accountability Workgroup
  - a. Examine how to address in juvenile court the role of non-genetically related caregivers in domestic violence cases
12. Explore greater collaboration between CSSD and DCF.
13. Increase police participation in the Children and Batterer Accountability Workgroup.

## **About the Initiative Director: David Mandel, MA**

David Mandel is a co-founding partner in the Non-Violence Alliance and the Domestic Violence Intervention Training Institute. In addition to sixteen years of direct service with perpetrators of domestic violence, David writes, trains and consults nationally on batterer accountability and change. His current projects include developing a new domestic violence investigations tool and batterer intervention strategies for Connecticut's Department of Children and Families, and working the Connecticut Department of Corrections. He recently authored a forty-hour training curriculum for new batterer intervention facilitators in Texas.

His current interests are child protection's response to batterers, prevention, community and family accountability strategies and intervening with batterers in their role as fathers. David recently completed the initial analysis of data from his national study of how batterers think about their children's exposure to their violence. David has co-authored a program manual on working with domestic violence perpetrators and written a fatherhood curriculum for the 'rkids Supervised Visitation Center. He co-authors and co-publishes a national newsletter, *Issues in Family Violence*. He has written articles on the profile of an abuser, how child protection can intervene more effectively with batterers and the outline of a curriculum for batterers as fathers. David has a master's degree in Counseling and Psychology from Goddard College.

## **About Evaluator: Matrix Public Health**

### **Mission:**

MATRIX is a small team of experienced public health professionals who provide a range of services to clients in the private, public and non-profit sector. Core areas of expertise are in research, evaluation and application of public health principles as they relate to practice. The staff is highly skilled in the planning, development, facilitation and implementation of complex projects and programs as well as sophisticated statistical analyses.

The MATRIX team includes doctoral-level epidemiologists and public health associates (MPH) as well as student interns interested in building careers in medicine, community capacity building and/or public health. The core staff is composed of highly skilled experts through training and experience in the research, evaluation and application of public health initiatives. The MATRIX team has over 25 years cumulative experience conducting and overseeing research in the areas of substance use disorders, affective disorders, migraine, and other chronic diseases with resulting publications in highly-ranked scientific journals. The MATRIX team is dedicated to community applications of empirically-based research and increasing the capability of community-based organizations.

The Principal of MATRIX, Denise Stevens, Ph.D. has been the lead staff person working on the Middletown initiative.

## Initiative Participants

The Children and Batterer Accountability has involved a large number of participants inside and outside of the Department of Children and Families. The initiative was initially approved by Jim Carr and continued under Mary Solera (Regional Administrators). The key initiative coordinators within the Middletown office have been Charles Bradley (PS), Jane Goodell (SWS) and Erin Mahony (SWS).

The following is a list of the DCF staff that was involved with the focus group and Children and Batterer Accountability meetings.

Michelle Edwards- Social Worker

Tracy Lovell – Program Supervisor

Michael Pitruzzello – Social Worker

Sabrina Singarella – Social Worker

Mark Terreri – Social Worker

Patricia Thompson- Principal Attorney

Marcia Weaver- Social Work Supervisors

In addition to the initiative coordinators and focus group participants, the entire office has dedicated time to the project through their review of their cases and participation in the staff survey.

The community partners that have participated in the project have included:

Hon. Thayer Baldwin – Juvenile Court Judge

Cindy Deming – Juvenile Court Service Officer

Xiomara Campos – New Horizons

Vicki Carter – Child and Family Agency

Tonya Johnson - Connecticut Coalition Against Domestic Violence

Tim Kearne – Community Health Center

Randall Russell – Family Services/CSSD

Noel Ramos – Adult Probation/CSSD

Mauren Platt – State’s Attorney

Joe DiCastanzo – Investigator, State’s Attorney’s Office

Evelyn Lasaga- Community Health Center

Det. Gary Wallace –Middletown Police Department

Arthur Webster – Assistant Attorney General

Thomas Canny – IAR/CSSD

## **Menu of Expectations for Batterers in Child Protection Cases Where Domestic Violence is Present**

### **1. No further physical violence towards any member of the household (includes pets).**

Purposes: To set clear boundaries around future violence. To end physical harm and fear of further violence for all members of the household.

Success: No reported violence by any member of household, extended family members or other witnesses, and no observed indication of violence, i.e. bruises. No new arrests.

### **2. No further intimidating behavior towards any member of household. This includes verbal threats, defined or undefined, destruction of property, throwing objects, punching walls, etc.**

Purpose: To end climate of fear in the household.

Success: No reported intimidating or threatening behavior. No reported or observed damage to household, especially holes in wall, etc. Worker will look for missing or broken objects in household. Household members will be interviewed for presence of threats or intimidating behavior.

### **3. All weapons will be removed from the premises including guns, bows and arrows, shotguns, hunting rifles. The weapons will need to be sold or given to law enforcement for safekeeping.**

Purpose: To reduce likelihood that identified weapons will be used to assault or intimidate members of the household.

Success: Batterer will produce bill of sale or receipt from police.

### **4. Seek out an evaluation and comply with recommendations of domestic violence counseling to address issues of control and abuse. Anger management or couples' counseling will not be accepted as treatment in domestic violence cases. The treatment will have as its goals:**

- a. **The cessation of violent, abusive and controlling behaviors towards the adult partner/mother.**
- b. **The cessation of violent and abusive behaviors toward any children in the home.**
- c. **Education about the effects of violence, abuse and controlling behaviors on family members.**
- d. **Collateral contact with the adult victim and the referring agencies for**

**exchange of information about the purpose and limitations of the counseling; the batterer's pattern of abuse and violence and other relevant information about the batterer.**

Purpose: To engage batterer in appropriate counseling with the goal of ending coercive control and physical violence over family. To obtain a professional evaluation of a client's motivation to change abusive behavior, and his understanding of the impact of his abusive behaviors.

Success: Completion of required evaluation and (when recommended) counseling sessions. Reports from victim and children that abusive behavior has ended. Victim reports greatly safety and freedom. Commonly recommended lengths of counseling range from six months to one year. Actual length of counseling determined on an individual basis.

**5. Will not use physical discipline with children.**

Purpose: To create clear boundaries around discipline in order to prevent child abuse.

Success: No bruises or other indications of physical discipline. No reports from anyone in the family of further physical discipline.

**6. Will be able to acknowledge a majority of past abusive and violent behavior towards partner and children, which will include:**

- a. Detailing the abusive nature of specific actions, physical and non-physical**
- b. Display an understanding of the impact of these behaviors on his partner, children and himself**
- c. Display an ability to discuss his own abusive actions without blaming others or outside circumstances for his behavior**
- d. Be able to demonstrate non-abusive, non-violent behavior when in prior similar circumstances he would have become violent or abusive.**

Purpose: The batterer will be able to demonstrate to others, including DCF workers and family members, non-abusive behavior and a sense of responsibility for his own abusive behavior.

Success: Can do the above things.

**7. When necessary, the batterer will seek and follow recommendations of substance abuse evaluation.**

Purpose: While substance abuse does not cause domestic violence, it co-occurs with domestic violence in many batterers. Substance abuse, when suspected, must be addressed through a separate evaluation and counseling process from the domestic violence. Active substance abuse may increase the batterer's dangerousness and/or inhibit his ability to benefit from domestic violence counseling.

Success: When there is an identified substance abuse problem, the batterer remains clean and

sober. The substance abuse evaluator indicates no need for substance abuse treatment.

**8. The batterer will stay involved with any mental health counseling, and follow doctor's recommendations, including taking prescribed medications.**

Purpose: While mental health issues (e.g. depression) do not cause domestic violence, they can co-occur with domestic violence in batterers. Untreated mental issues may increase the dangerousness of the batterer and/or hinder his ability to engage in domestic violence counseling.

Success: The batterer maintains his recommended mental health treatment regimen, e.g. counseling sessions, medications.

**9. The batterer will not deny partner access to phone, vehicle or other forms of communication and transportation.**

Purpose: The batterer cannot isolate the adult victim/children from access to friends, family, and employment by controlling communication and transportation.

Success: The victim/children report access to existing communication and transportation resources. Social worker observes access to existing communication and transportation resources.

**10. The batterer will share with partner all relevant information to income and family financial circumstances.**

Purpose: This expectation is intended to reduce the batterer's financial control over his partner and the family.

Success: The batterer provides the victim with pay stubs and information on bank accounts and other assets.

**11. The client will disclose to partner all information relevant to child abuse and domestic violence, including prior arrests, open cases with other children with DCF, probation.**

Purpose: In order to maintain control or avoid negative consequences, batterers will often lie or withhold information from his partner. By requiring him to share information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history will provide the partner with information relevant for her risk analysis and safety planning.

Success: The partner reports that the batterer has shared with her all known information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history.

**12. If separated, no unwanted or unexpected visits to partner's home or office (can include her family or other identified relatives).**

Purpose: Batterers regularly attempt to pressure or coerce a partner who has left to return to him. This behavior can be very threatening and lead to physical violence.

Success: No reports of threatening or harassing behaviors.

**13. Respect all existing court orders, including protective, restraining, custody and visitation and child support orders.**

Purpose: Batterers often defy court orders. Including “respect all existing court orders” in child protection expectations underscores the importance of those orders to the safety and well-being of the children and emphasizes the need for the client to comply with other court orders as a condition of complying with DCF and/or juvenile court.

Success: All reports (partner, other courts) indicate that the batterer is complying with all existing court orders.

**14. In lieu of formal child support order, the batterer will maintain financial support for his children regardless of whether he resides with them or not.**

Purpose: To reduce the batterer’s ability to control or coerce his partner through financial pressure. To articulate the expectation that the batterer will provide for the basic needs of his children regardless of the status of his relationship with their mother.

Success: The social worker verifies that the batterer is maintaining his financial support of his children.

**15. The batterer will support all reasonable efforts to provide his child(ren) with appropriate services including childcare, healthcare (e.g. well-baby visits). The batterer will not interfere with the other parent’s efforts to seek out services for themselves and the children.**

Purpose: To articulate the expectation that the batterer will provide support for the physical and emotional needs of his children regardless of the status of his relationship with their mother. To prevent isolation of mother and children from necessary services.

Success: The partner/children report access to services.