Making the Connection Between Domestic Violence and Child Abuse
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Introduction

On January 13, 2014 during the State of the State address, Governor Brewer issued an executive order removing the current Child Protective Services (CPS) from the Department of Economic Security (DES) and establishing a separate department to handle child abuse and neglect cases. This was the culmination of an on-going crisis that had plagued CPS for years. Throughout the 2014 Legislative Session, CPS continued to be the number one priority and ended with the Legislature passing legislation to create and fund the Department of Child Safety (DCS). As DCS begins the arduous process of separating from DES and becoming its own agency it is important to acknowledge the need for new policies and procedures to avoid repeating the same struggles and challenges that CPS faced.

The effort by the legislature this year is not the first time the discussion around reforming CPS has surfaced. In previous years the legislature allocated additional funding to the agency in order to address the growing backlog of cases. Governor Brewer, in her State of the State in 2011, created a taskforce on CPS for the purpose of strengthening Arizona’s child protection system. Efforts in the community have also been conducted with the focus on how CPS interacts with certain populations. In 2011, a conference was held to discuss the correlation between domestic violence and child abuse. The purpose of this conference was to identify necessary changes to the child protection system in order to appropriately address domestic violence in those cases.

While many efforts have taken place in the past, very few substantive changes have been made to the way domestic violence is addressed in the child protection system. With the creation of DCS there is a concerted effort to focus on cases involving domestic violence, and how the child welfare system should respond in those cases. This report serves to provide information about domestic violence, child abuse, and the intersection between the two. It will also provide recommendations for child welfare policy and the need to appropriately address cases that have a co-occurrence of domestic violence. The purpose of developing this special report is to support and encourage the current collaborative efforts amongst both systems that will make safety and non-violence a possibility for families.

Domestic Violence

Domestic violence is a pattern of abusive behavior in any relationship that is used by one intimate partner to gain and/or maintain power and control over another intimate partner.¹

A common misconception is that domestic violence consists exclusively of physical abuse. There are various types of abuse that victims experience that are destructive, potentially dangerous and a threat to the safety of the victim, their children, families and the community as a whole. Domestic violence can be physical, sexual, emotional, economic, psychological actions, or threats of actions, that are aimed to influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Types of Abuse

- **Physical Abuse**: Hitting, slapping, shoving, grabbing, pinching, biting, hair-pulling, etc. Physical abuse also includes denying a partner medical care or forcing alcohol and/or drug use.
- **Sexual Abuse**: Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes but is certainly not limited to marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred or treating one in a sexually demeaning manner.
- **Emotional Abuse**: Undermining an individual’s sense of self-worth and/or self-esteem. This may include but is not limited to constant criticism, diminishing one’s abilities, name-calling, or damaging one’s relationship with his or her children.
- **Economic Abuse**: Making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one’s access to money, or forbidding one’s attendance of school or employment.
- **Psychological Abuse**: Causing fear by intimidation; threatening physical harm to self, partner, children, or partner’s family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

Domestic violence exists in all communities, and affects people of all socioeconomic backgrounds and education levels. Domestic violence can occur in both opposite-sex and same-sex relationships and can also happen to intimate partners who are married, living together, or dating. Among victims of domestic violence, 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner in their lifetime².

In Arizona, domestic violence is not a substantive, standalone crime, but rather is a “tag” which is added to other crimes when statutorily-defined relationships are present. Those relationships are: marriage, currently or have resided in the same living space, one party is pregnant by the other party, the parties have a child in common, the parties have or had a dating relationship that can be defined as romantic or sexual, or are family through blood or adoption.³ There are thirty different crimes under Title 13 that qualify as domestic violence crimes.⁴

The impact of domestic violence throughout the state of Arizona is undeniable.

Every year the National Network to End Domestic Violence (NNEDV) conducts a national census of domestic violence services that reports domestic violence services used in a given 24 hour period. In a 24 hour period in 2013, 1,796 victims were served in 35 local domestic violence shelters. Although the majority of victims were able to have access to services, there were still 187 unmet requests for emergency shelter, transitional housing, attorney/legal representation and/or legal advocacy/accompaniment services in one day. According to the Arizona Department of Economic

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Security, 9,833 victims were able to access emergency and transitional shelter in FY 2013. Still, there were 5,681 unmet requests for shelter.

**Co-occurrence of Domestic Violence and Child Abuse**

Though child protection agencies and domestic violence service providers share the common goal of protecting victims of violence and abuse, they have historically tried to reach that goal through widely different means. These divergent approaches have led to a lack of mutual understanding between the two groups about the other’s approach and mission. The mission or purpose of child protection agencies is usually legally defined, whereas domestic violence providers are freer to define themselves outside of a formal political process. For years, the purpose of CPS in Arizona has been “to protect children by investigating allegations of abuse and neglect, promoting the well-being of the child in a permanent home and coordinating services to strengthen the family and prevent, intervene in and treat abuse and neglect of children.” The “primary purpose” of the Department of Child Safety, the successor agency to CPS, “is to protect children.” To this end, the Department will “focus equally” on the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

Despite differing approaches among those seeking to address the issues of child abuse and domestic violence, these problems are often co-occurring within households. Research has shown that between 10% and 20% of children witness domestic violence every year. Another study points out that child abuse occurs in 30% to 60% of families where domestic violence is also present. The overwhelming majority of these children can give detailed accounts of the violence they see and hear.

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8 Ariz. Rev. Stat. §8-800 (Repealed 2014)
Domestic violence and child abuse often occur in the same family and can be linked to negative impacts on the children. Studies have also shown that children exposed to domestic violence can develop long term behavioral problems such as anxiety and depression. These impacts can carry on into adulthood in the form of substance abuse, juvenile pregnancy and becoming a victim or perpetrator of violence.

Beyond long-term effects on children and families, child welfare workers should be especially concerned about domestic violence because the safety of a child is often linked to the safety of the child’s mother. The mother’s behavior and strategies typically focus on the child’s well-being. Applying this to the mission of CPS, adopting policies and practices that ensure the safety of adult victims is an important way to promote stability and permanency for a child.

Children’s Exposure to Domestic Violence

A child’s exposure to domestic violence does not necessarily indicate that a child is the victim of abuse or neglect. Yet throughout the country, it is not uncommon for non-offending parents, almost exclusively women, to be accused of neglect under failure-to-protect laws and policies. This is not only a harmful outcome for the child, but ultimately fails to promote accountability among offending parents by holding a non-offending parent responsible for abuse which she often faced herself.

Research on exposure to domestic violence have demonstrated the negative impacts that child may experience. Those impacts can include behavioral problems, changes in the child’s emotional well-being, problems at home or school, depression, anxiety, and more. However, many of these studies failed to exam children’s resiliency or the benefits of time spent with the non-offending parent. While the response to child exposure to domestic violence has often centered around removing the child from the home it has been met with negative effects. In 1999 the Minnesota Legislature changed state law to define exposure to domestic violence as maltreatment, which was met with disastrous results. The Minnesota Legislature later removed the language from statute. In contrast the

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20 National Child Traumatic Stress Network 2013
Washington State Legislature clarified in 2013 that exposure to domestic violence alone does not constitute neglect\textsuperscript{22}.

While acknowledging that exposure to domestic violence is harmful to children, there is a need for more emphasis on the children’s coping skills as well as the protective factors the non-offending parent may take to keep the child safe. Children’s resilience is strengthened by remaining with their non-offending parent and by creating plans with the non-offending parent that will support the children’s overall emotional and physical well-being\textsuperscript{23}.

**Procedural Recommendations**

In 1999, the National Association of Public Child Welfare Administrators (NAPCWA) identified the intersection of domestic violence and child abuse as a priority in its strategic plan. During this time, the NAPCWA along with the National Council of Juvenile and Family Court Judges began developing Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice, more commonly known as The Greenbook. This publication recognized the need to develop guidelines that would enable child welfare agencies to develop new ways to intervene and support families and children who are affected by domestic violence and child maltreatment.

Best practices for child welfare agencies nationwide indicate that early identification of domestic violence is the first step in achieving positive and safe outcomes for both the child and the adult victim\textsuperscript{24}. Properly identifying the presence of domestic violence during an initial screening can allow DCS caseworkers to thoroughly conduct their assessments while also creating an effective safety plan for the child and the non-offending parent. Failure to properly address domestic violence in child protection cases can potentially compromise the safety of the child and the victim.

In cases involving domestic violence, the goal for DCS should be the overall safety of the children. The recommended method of achieving this goal is by working with the non-offending parent while collaborating with local domestic violence agencies throughout the safety planning process and holding the abuser accountable. It is recommended that DCS collaborate with domestic violence programs, the criminal justice system, and batterer intervention programs. It is important that case workers understand and protect the privacy of all involved parties as protected by law. Given the rates of co-occurrence between child abuse and domestic violence already discussed, it is necessary for there to be comprehensive policies and procedures in child protection that addresses domestic violence.

Recognizing the common co-occurrence of domestic violence and child abuse, many states have created a special protocol for child welfare workers to follow in cases where both issues are


Though these protocols vary in scope and level of detail, they all serve to coordinate a community intervention in co-occurrence cases. An examination of these protocols reveals that they contain many common components, such as:

**Early Identification**

Several protocols include a procedure for identifying domestic violence during the initial screening. Identifying domestic violence at an early stage is an important step in ensuring a safe outcome for children and non-offending parents. In many states, hotline operators are required to ask the caller if he or she is aware of any domestic violence occurring within the family. Some model protocols even include specific questions for initial screeners to ask. By identifying “red flags” or specific behaviors for initial screeners to watch out for, co-occurrence cases can be more easily identified, even when reporters may not have a nuanced understanding of domestic violence. When one or more of these red flags, which typically identify coercive controlling behaviors, is identified, the initial screener will probe for more information regarding domestic violence within the household. The initial screener will inquire about things such as:

- If a parent is being hit, threatened, or coerced
- The whereabouts of child(ren) during incidences
- The child(ren)'s behaviors and responses due to witnessing domestic violence
- If the child(ren) or parent have been injured
- The frequency and severity of incidences
- If weapons were involved
- The presence of weapons in the home
- The presence or use of alcohol and/or other drugs
- The alleged batterer’s access to the adult victim and child(ren)
- The steps taken to ensure safety for both child(ren) and the adult victim
- Measures taken to minimize the impact of child(ren)’s exposure to domestic violence

Identifying the presence of domestic violence at an early stage allows caseworkers to appropriately adjust their approach when working with the family, ensuring the safety of both child

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and adult victims. When an initial screener determines a case does not meet criteria for child abuse and neglect, but does find domestic violence to be present, the screener should refer callers to available resources, including the local domestic violence hotline number.

**Domestic Violence Specialists**

The inclusion of domestic violence specialists on staff is a best practice which enables child protective systems to provide more comprehensive services. These specialists can coordinate services for families and provide resources and ongoing training for staff.\(^{32}\) States have approached this practice in different ways. Some states employ domestic violence specialists directly on staff, sometimes as part of a multidisciplinary team.\(^{33}\) Other states have created innovative partnerships with the local domestic violence programs to share staff, allowing child protection agencies to retain these specialized employees in an efficient way.\(^{34}\) States have found ways to fund these positions in different ways, including the use of federal funds.\(^{35}\) These specialists can serve many purposes within the agency. Three important functions that have been identified are client support and advocacy, systems change, and batterers' compliance.\(^{36}\)

Specialists can provide client support and advocacy both through interaction with caseworkers, as well as through direct contact with families. Caseworkers receive little domestic violence training under current policies, and may not be aware of all services available to victims of domestic violence. Having a specialist on staff with extensive knowledge of these services will enable caseworkers to develop more comprehensive, holistic case plans for their clients. Specialists can also visit with clients independently to help them understand the services available, create safety plans, and even provide support at court proceedings. By working with both caseworkers and clients, specialists can ensure that victims receive the support they need.

Specialists can also work on systems change. In order to constantly improve not only the way DCS responds to cases involving domestic violence, but also the various systems that DCS clients interact with, specialists can provide trainings for caseworkers on the more nuanced aspects of domestic violence. Specialists can also collect data and provide feedback to periodically refine and improve the Department’s domestic violence protocol, allowing it to adjust to community needs. The involvement of domestic violence specialists on these cases will help to ensure that a clear and consistent message is being delivered system-wide.

It is beneficial for specialists to work not only with victims, but with the offending parent. By coordinating services for the perpetrator, the specialist is able to ensure accountability, while at the

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same time promoting the safety of victims. The specialist can monitor perpetrator compliance, and maintain the data in a manner which can later be used to evaluate the services provided to the offending parent. In criminal cases, domestic violence offenders are often required to participate in domestic violence offender treatment programs. Requiring offending parents in these cases to complete this treatment is one way to promote accountability. Because as few as 25% of the men referred to these programs actually complete them, having a specialist to ensure compliance is a great resource. \(^{37}\) Beyond treatment for violence, the offending parents often need to learn to be nurturing parents, not just non-violent parents. \(^{38}\) This type of education is something that is typically not addressed in offender treatment.

One area of concern for these specialists is confidentiality. These concerns require policies to be clear about the specialist’s role within the agency. In Arizona, the communication between a victim and a person who qualifies as a domestic violence victim advocate is privileged. \(^{39}\) Victim advocates are, however, mandatory reporters. \(^{40}\) States define the role and responsibility of domestic violence specialists differently, which impacts the nature of the confidential relationship between specialist and client. \(^{41}\) The expectation of confidentiality is often important for the rapport between advocates and victims. Therefore, when developing a specialist position, confidentiality must be thoroughly contemplated.

**Training**

Training on domestic violence is currently a part of the curriculum for child protection workers. It is recommended that DCS increase their training on domestic violence from the current amount of training that is being given. Also, it is recommended that training on domestic violence be expanded to all workers, including supervisors, and not just included during the Core Training that workers get when they are first hired. Since domestic violence occurs at such high rates in the cases that intersect with the child welfare system, training on domestic violence must also be ongoing in order for child welfare staff to stay current on best practices. Also, in order to fully expand knowledge on domestic violence and how domestic violence intersects with child welfare it is recommended that DCS look at available best practice models such as Safe and Together™.

**Safe and Together™**

The Safe and Together Model™, developed by David Mandel and Associates, is designed for the specific purpose of promoting safety, permanency, and the well-being of children. \(^{42}\) This model is child centered with a focus on the victim parents’ strengths and the perpetrators’ pattern of abuse. \(^{43}\) The model was initially developed for the child welfare system, but can be utilized by domestic

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39 ARS 12-2239A; It is unclear if a domestic violence specialist would qualify as a domestic violence victim advocate, and would likely depend on the specialist’s status as an employee and the duties performed by the specialist.
40 ARS 12-2239D
violence advocates, courts, additional systems that work with children. The model itself is evidence-based and has been shown to reduce the number of out of home placements for children in the child welfare system where domestic violence has also been identified. Other states have begun to adopt the Safe and Together Model including, but not limited to, Florida, Ohio, and Connecticut.

**Practices for Caseworkers**

*Interviews*

Whether domestic violence is identified during the initial assessment, or at a later point in the case, caseworkers must shape their client interaction and case planning in order to ensure the safety of all victims. Protocols often provide extensive guidance for conducting interviews in co-occurrence cases. Protocols often go so far as to identify the specific questions which should be posed to the non-offending parent, offending parent, and children. When conducting interviews in these cases, caseworkers should always interview the parents separately, to ensure both the safety of the non-offending parent and the accuracy and completeness of the information provided during the interview.

Caseworkers should only ask an adult victim about the existence of domestic violence outside the presence of the offending parent. The non-offending parent should always be interviewed first, to ensure that adequate safety planning can take place. Given that the strategies employed by non-offending parents are often centered on the child's safety, it is important for caseworkers to understand that if a parent denies that violence has taken place, or is reluctant to participate in services, the parent may be trying to avoid angering the alleged batterer. For this reason, before starting the interview, caseworkers should inform the adult victim about confidentiality rights, reminding him or her that the information provided will not be provided to the alleged batterer.

Questions for the non-offending parent should focus around the offending parent’s pattern of abuse. This can include questions around the frequency of the abuse, as well as more details around the effects of the abuse, and coercive controlling behaviors. When case workers fail to ask more in depth questions about the offending parents pattern of power and control, case notes may not accurately reflect the abuse that is going on in the home. Additionally, case workers should ask questions around the non-offending parent’s protective skills. Rather than asking “do you keep your children safe?” it is better to ask “how do you keep your children safe?” This type of question will

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50 CO DV Protocol pg 37
provide more information for caseworkers about the abuse that is happening in the home as well as efforts the non-offending parent has taken to keep children safe in the home. It may also lead to better case planning with the non-offending parent as the caseworkers will have already learned what efforts the non-offending parent has made that have worked or not worked. An example of this may be the non-offending parent disclosing that they had gone to shelter with the children for a period of time, but ending up returning because the non-offending parent continued to receive threats of harm from the offending parent. Given this information, it would be counterproductive for the case worker to only offer, or require, the non-offending parent to go to shelter as it has already proven to not be a safe way to protect the children.

When interviewing the offending parent, caseworkers must be careful to not indicate anything that was learned from the non-offending parents, even by implication. For example, when asking the offending parent about domestic violence, caseworkers should remind the offending parent that the questions are standard in all cases. Use of the term “violence” may inhibit the offending parent from being open and honest during the interview. If an offending parent seems to blame the adult victim or the children for his behavior, this may indicate that he would be open to that parent and the children receiving services.

Caseworkers must be sure to consider their own safety when interviewing the offending parent/partner. It can be frightening and intimidating to interview someone you have evidence of being abusive and even violent. Caseworkers’ safety is paramount in these situations and should be taken seriously. If a caseworker has hesitation about working with the offending parent or has safety concerns about working with the offending parent, those concerns should be talked through with a supervisor who has also received domestic violence training to come up with a safety plan for engaging the offending parent rather than putting all of the focus and treatment on the non-offending parent. If possible, it is recommended that two caseworkers be available when conversation and ongoing interviews need to take place with the offending parent.

**Partnering with the Non-offending Parent/Adult Victim**

A best practice for ensuring permanency and stability for a child is to keep the child in the care of the non-offending parent whenever possible. Keeping a child with the non-offending parent provides stability while at the same time removing the child from the risk of harm. The Department should have policies which detail the requirements for a child to remain in the care of the non-offending parent. These requirements should include things like safety assessments, safety planning, and supportive services.

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Conclusion

Child abuse and neglect is a complex issue for which a simple response will not suffice. By taking into account additional challenges within the home, such as domestic violence, our child welfare system can craft responses that are appropriate, effective, and are in the best interest of children. Recent statutory changes, including the creation of the Department of Child Safety, are encouraging. These changes lay the framework for our child welfare system to fulfill its duty to keep Arizona’s children and families safe. However, without the proper rules, policies, and staff to accompany these changes, the Department will struggle to change the status quo by which it has been plagued for years.

The statutory changes allow for the development of family assessment protocols. Given the known rates of co-occurrence, one such protocol should be a domestic violence protocol, as discussed in this paper. In a new Department looking for transformative change, it often makes sense to do things in innovative, cutting-edge ways. Resources are available for DCS to truly make Arizona’s children a priority and keeping them safe and stable when there has been domestic violence. It is time for DCS to keep the promises made to the community on their efforts to reform and improve the system that has been damaging for domestic violence victims and their children for years.