Handling Child Protective Cases Involving Domestic Violence: Findings from the Directors of Services Interviews

“Some of the most difficult cases both child welfare and battered women’s programs confront are the ones they confront in common” (Schechter & Edelson, 1994).

Introduction

It is well documented that the child welfare and domestic violence (DV) service systems often serve the same families (30-60%) (Edelson, 1999). A lack of coordination between child welfare and DV providers may result in poor outcomes for families. For this reason, many states are supporting collaborative initiatives between the two systems. In New York State, one of the main approaches is to co-locate a domestic violence advocate (DVA) in the child protective services (CPS) offices to enhance coordination.

The New York State Office of Children and Family Services (OCFS) contracted with the Center for Human Services Research to evaluate New York State CPS/DV collaborations with a focus on the co-location model.

Specifically, this study is designed to examine the effectiveness of co-locating a DVA in child protective services offices, and to gather information to improve CPS/DV collaborative practice.

The first component of the study was to interview the Directors of Services (DOS) in each local district of social services (LDSS) to obtain an overview of how DV cases are handled in CPS offices across the state. The DOS interviews are part of a multi-stage evaluation which includes focus groups, interviews, caseworker surveys, case record reviews and client surveys. The CPS/DV evaluation does not include New York City. Future briefs will present findings from later phases of the study.

Directors of Services Interviews

Telephone interviews of Directors of Services (DOS) in 54 local districts were conducted in August-October 2011. The interviews revealed a rich variety of collaborative activities taking place between CPS and DV agencies throughout the state.
Findings

Local districts are undertaking a variety of practices to foster collaboration between the DV and CPS systems. These include:

- Co-location – placing a DVA within the CPS offices
- Joint Home Visits – a DVA accompanies the CPS worker on a home visit to the client
- Case Consultations – CPS staff confer with DV staff on how to approach a case involving DV
- Cross systems training – CPS and DV agencies teach each other about their procedures and philosophies
- Contract for DV services – the LDSS contracts with a local DV agency to provide services to CPS clients and training to CPS staff
- Interagency teams – CPS and DV staff serve together on an interdisciplinary team to address complex cases
- DV Specialists – CPS workers trained in DV serve as in-house resources
- Referrals to the DV agency – CPS referral procedures to DV services span a wide continuum, from telling a client there is a DV agency to providing a written, facilitated referral

Many local districts use a combination of several of these practices to serve CPS clients.

Co-Location Model

Next, we looked at all local districts that have co-located DVAs in their CPS offices. A total of 20 (37%) have co-location. Eleven of the 20 are funded by OCFS; the remaining 9 fund a co-located DVA from a variety of local, state and federal sources (see Figure 1). The co-located DVAs provide case consultations, cross systems training, and participate in joint home visits with CPS workers. In addition, local districts with co-location convene workgroups to develop joint casework protocols that guide practice, clarify roles, and define information sharing policies between the CPS and DV systems.
Collaboration without Co-Location

Finally, we examined local districts without co-location. One of the most striking findings was that approximately one third (30%) of local districts without co-location engage in active collaborations, including joint home visits, case consultations, and contracts for DV services (see Figure 2).

Specifically, half (50%) of the 16 local districts without co-location reported engaging in both joint home visits and case consultations. Two LDSS in rural areas serve both as their county’s social service agency and the local DV agency. Five of the 16 local districts reported collaborating only through case consultations, and one county stated their only collaborative activity is joint home visits. In two local districts, the collaboration was chiefly shaped by a “contract for services” between the county social services and domestic violence agencies, reimbursing the DV agency for services to CPS clients, and providing training to CPS staff. A third (33%) of local districts reported no CPS/DV collaboration beyond referring clients to the local DV agency.

![Figure 2](image)

Collaboration (No Co-Location): Joint Home Visits and Case Consultations

- 6% (1 LDSS) only joint home visits
- 13% (1 LDSS) only joint home visits
- 31% (2 LDSS) only contract for DV services
- 50% (5 LDSS) only case consultation
- 50% (8 LDSS) both case consultations and joint visits

N = 16

Training

Most counties (44 of 54) reported that their CPS workers receive training beyond the two day course mandated by the Office for the Prevention of Domestic Violence upon hire. However, only one third of counties reported that their workers receive DV training once a year or more. Several counties reported a lack of opportunity for their CPS workers to regularly receive training in DV, and stated this as a need.
Next Steps

The next phase of the study involves visits to all 11 counties with CPS/DV collaborations funded by OCFS to conduct focus groups with CPS caseworkers and their supervisors, as well as interviews with DVAs and DV administrators. This phase of the research will document:

- Best practices for collaboration
- Challenges of collaboration
- Workers’ understanding of the effects of collaboration on children and families

The study will continue with a survey of CPS caseworkers across the state, case record reviews in selected counties, and client surveys. Future research briefs will report ongoing findings.

References


About the Center for Human Services Research

The Center for Human Services Research (CHSR) is a research department within the School of Social Welfare at the University at Albany. CHSR has over 20 years of experience conducting evaluation research and designing information systems for a broad spectrum of agencies serving vulnerable populations. CHSR research studies cover a wide range of topics including education, early childhood development, children’s mental health, child welfare, child health and development, substance abuse and service collaboration. What characterizes all of these studies is CHSR’s focus on rigorous methods, strong stakeholder involvement, and the dissemination of timely, accurate and non-partisan information to guide best practices in service delivery.

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