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Center on Violence Against Women and Children

FROM RESEARCH TO PRACTICE

An Overview of Systems Collaboration Efforts to Address the Co-occurrence of Domestic Violence and Child Maltreatment

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Introduction

Domestic violence (DV) is a pattern of abusive behavior used by an individual to gain or maintain coercive control over a former or current intimate partner. These behaviors may include verbal threats or harassment, or abuse that may be psychological, financial, physical, or sexual in nature. DV impacts both adults and children in all cultures and of all socioeconomic statuses. One in four women experience domestic violence during their lifetime; additionally, between 3.3 and 10 million children are exposed to domestic violence in their families. Further, as many as 90 percent of children exposed to DV are able to provide detailed accounts of the violence that occurred.

Domestic violence can result in the deterioration of adult survivors' physical, emotional, and mental health due to the ongoing stress and trauma they endure at the hands of their perpetrators. In addition, exposure to abusive and controlling behaviors among caregivers may have an effect on the physical and emotional safety and the well-being of children. For these reasons, DV is an important issue for both domestic violence service providers and child welfare providers.

This research brief will focus on challenges that impede collaboration between child welfare workers and domestic violence service providers followed by a review of the collaborative models used by states around the country to address the co-occurrence of domestic violence and child maltreatment.

Sources: Band-Winterstein, 2014; Bragg, 2003; Carlson, 1984; Child Welfare Information Gateway, 2003; Child Welfare Information Gateway, 2014; Postmus, 2014; Straus, 1991; Yoo, & Huang, 2012

PARTNERING for CHANGE

Challenges that Impede Collaboration between Child Welfare and Domestic Violence Service Providers

Both child welfare workers and domestic violence providers face a number of challenges to serving families experiencing the co-occurrence of DV and child maltreatment. Most of the challenges center on how to best respond to violence in the home. The primary mandate of child welfare systems is to keep children safe. Oftentimes this includes keeping children with their own families by providing in-home services and supports to eliminate violence. Other times, temporary removal is sought, especially if the children are at risk of future harm. To keep children safe, it is important to keep mothers safe. However, if the mother decides to remain in the relationship and the abuser continues to make it unsafe for the children, then removal might be required. Thus, especially in co-occurring cases, caseworkers must balance the rights and safety of the adult DV victim along with those of the child when domestic violence is present.

On the other hand, the mission of most domestic violence service organizations is to advocate for the safety of the adult DV victim, usually the mother. Services often focus on empowering her to set goals for herself and children. At times, this may result in decisions to remain in the abusive relationship since it is emotionally and economically difficult to make life-changing decisions and leave the home. Additionally, leaving the relationship might put the mother and children at risk for further harm. Hence, advocates focus on empowering mothers to make decisions that they deem are safest, even if that means remaining in an abusive home.

As a result, the relationship that DV agencies have had with child welfare agencies has historically been challenging. While child welfare has been uneasy about the philosophy used by DV agencies of empowering victims to make decisions for themselves and children, DV providers, in turn, have been concerned that child welfare workers potentially place DV victims at greater risk when they want the victim to leave the relationship in order to keep the children safe. Although it might seem logical that removing children from a violent home will increase their safety, removing victims from the relationship or children from the home unfortunately does not automatically protect them from further harm. In fact, in some cases, it may increase their risk of harm.

Removing victims and their children from the home, in some cases, may increase their risk of harm.

Moreover, the general divergence of these systems' missions has further unintentionally inhibited their collaboration. Some of these differences might be rectified by cross-system training between child welfare and DV agencies, though the implementation of these trainings can be quite complex and implementation of learned best practices can be challenging without co-occurring policy change.

While we know that violence in the home affects both adults and children, agencies have been serving these populations separately with limited cross-communication. However, given the impact that DV has on a child's present and future well-being, there is an ever growing need for collaborative services among adult and family-serving organizations. Without the proper support structures and resources that allow for collaborative approaches to addressing the co-occurrence of domestic violence and child maltreatment, many adult victims and children continue to be at risk of harm at the hands of domestic violence perpetrators.

Awareness of co-occurring domestic violence and child maltreatment has increased over the years as child welfare cases involving DV have come to the attention of both professionals and the public eye. Such awareness resulted in a class action lawsuit (Nicholson v Williams) in which the judge found that New York City's removal practices were unconstitutional and ordered that DV victims should not be penalized by the removal of their children. Instead, the judge indicated that child welfare workers should make every reasonable effort to remove the perpetrator from the victim and children and ordered a domestic violence specialist be a part of the child welfare clinical consultant team.

Sources: Carter, 2002; DeVoe & Smith, 2002; Edleson, 1999; Fleck-Henderson, 2000; Findlater & Kelly, 1999; Moles, 2008; Postmus, 2014

Models for Collaboration

Over the past 25 years, child welfare and domestic violence services have grappled with how best to address the overlap of child maltreatment and domestic violence. For example, in 1990, the first Domestic Violence Specialist was hired to work in the Office of Social Services in Massachusetts. Following this, domestic violence related training for child welfare workers was made mandatory in many states. Some states have developed a co-located advocate position for each county to work with their local child welfare workers. Many states are also actively working to build connections between service providing agencies and to offer services that are not only domestic violence and child welfare informed but also collaborative in nature.

Sources: Carter, 2002; Edleson, 1999; Moles, 2008; Postmus, 2014

Three Shared Goals Between Child Welfare and Domestic Violence Advocates

1. To protect the children from harm
2. To keep mothers safe and to enhance their protective efforts
3. To hold DV perpetrators accountable

The following approaches have been utilized in the United States to address the co-occurrence of domestic violence and child welfare concerns. Please note that the information presented is based on what was available through websites or the academic literature; there may be information on other approaches that was not publicly available. The first is "The Greenbook Initiative" which focuses on collaboration between systems. From that initiative, several states developed a "co-located advocate" model. The "Safe & Together" model provides an example on how to use a co-located model in which advocates work within the child welfare system. Finally, "Growing Together" in Wisconsin provides online resources that address the co-occurrence of domestic violence and child maltreatment. All of these models and resources are outlined below and include the model or practices used by different states and, if available, any evaluation efforts.

The Greenbook Initiative:

The National Council of Juvenile and Family Court Judges issued a document outlining policies and practices meant to enhance collaboration and promote overall safety for children and families in 1999. The document, *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice,* was presented with a green cover and thus the work of putting the strategies to practice became known as the *Greenbook Initiative*. The Greenbook outlines policies and practices to promote the overall safety of children and families through enhanced collaboration between systems in a "seamless service delivery system."
Later, funding was provided by the U.S. Departments of Justice and Health and Human Services for 2000-2007 to set up six test sites throughout the U.S. to implement the recommendations for collaborative work between the courts, child welfare departments, domestic violence organizations and other community service providers.

The following are states that have used or currently use the Greenbook to inform their practices around co-occurring domestic violence and child maltreatment.

State	Utilization of the Greenbook
California	Santa Clara County and San Francisco County were two of the original pilot sites. It is unclear at this time whether they have continued to utilize the model.
Colorado	Colorado used *The Greenbook* to inform the *Domestic Violence Practice Guide for Child Protective Services*. http://endingviolence.com/wp-content/uploads/2013/01/Colorado-DV-CPS-Practice-Guide-4.14.131.pdf
New Jersey	New Jersey used *The Greenbook* to develop their *Domestic Violence Protocol* in 2009 which defines domestic violence and the impact it has on families, the role of the Domestic Violence Liaison, worker safety issues and case planning best practices. http://law.capital.edu/uploadedFiles/Law_School/NCALP/NJ%20FINAL%20DV%20Case%20Practice%20Protocol%20Oct%20%202009.pdf
New Hampshire	New Hampshire used *The Greenbook* to develop their *Domestic Violence Protocol* which outlines intake procedures, the role of the domestic violence specialist, assessment procedures, worker safety and case planning best practices including batterer accountability and visitation guidelines. http://doj.nh.gov/criminal/victim-assistance/documents/dcyf-protocol.pdf
Oregon	Lane County, Oregon was one of the original pilot sites. Currently Oregon has Domestic Violence Advocates in each child welfare office statewide as a result of this pilot site. http://www.doj.state.or.us/victims/pdf/domestic_violence_and_children.pdf

Sources: Colorado Department of Human Services, 2013; Schechter and Edleson, 1999

In response to the Greenbook model, the U.S. Departments of Justice and the Health and Human Services funded six pilot sites where they used the model's recommendations for a multi-system collaboration between the DV agencies, child protection services (CPS) agencies, the court systems and other service providing entities. These six test sites used a co-located DV advocate to facilitate this collaboration (see below for more information on the co-located advocate model).

The evaluation of the six pilot sites found that creating specialized DV positions within the CPS offices was key to successful collaboration. In addition, it was found that using the model increased communication between DV providers and child welfare staff significantly. Domestic violence providers offered more "child-friendly" services and environments for families and developed full-time advocate positions for children exposed to domestic violence.

However, several challenges were also noted such as a lack of trust between organizations, multiple roles and responsibilities required of the co-located advocate, how work would be evaluated and sustained and how to define boundaries of information sharing and confidentiality between DV and child welfare staff. Unfortunately, there was little data that showed that the program led to improvements in joint services planning or safety planning between DV providers and child welfare workers. This area was indicated as needing improvement and more attention in the future.

In more recent evaluations of the Greenbook model, it was found that 73 percent of CPS staff had contact with the local DV agency and 28 percent of those using the Greenbook model as a framework for addressing the co-occurrence used a co-located advocate to facilitate the collaboration between systems.

Sources: Allo and Ptak, 2009; Banks, Hazen, Coben, Wang & Griffith, 2008; Edleson and Malik, 2008; Postmus, 2014; The Greenbook National Evaluation Team, 2008

Co-Located Advocate Model:

A number of states use a co-located advocate model, which came out of the Greenbook Initiative, to address the co-occurrence of DV and child abuse. Co-located advocates are trained in domestic violence services, are typically employed through the local domestic violence provider, and spend time in the local child welfare office working with child welfare workers on cases with domestic violence concerns. Two states opted to have the advocate, the child welfare worker, and representatives from other agencies to be co-located in a community center. The role of the co-located advocate varies from state to state and region to region in terms of time spent with child welfare and what services the advocate provides. One common goal across co-located advocate programs is to use the advocate as a means to improve collaboration between systems and improve the quality of services provided to victims.

One example of a co-located advocate model is the *Safe and Together Model* [TM]. This program specifically uses co-located domestic violence specialists as consultants to model best practices and mentor child welfare workers in their work with DV impacted families. This model is currently the most widely utilized model for collaboration between domestic violence service providers and the child welfare system.

Some of the typical responsibilities of a co-located advocate include:

1. Providing case management and advocacy to families referred such as: crisis intervention, education, safety planning and advocacy;
2. Accompanying child welfare workers on home assessments;
3. Goal-setting and development of case plans;
4. Assisting with Temporary Restraining Orders;
5. Providing appropriate referrals to families;
6. Facilitating domestic violence training to child

The *Safe and Together Model*[TM] is a perpetrator-pattern-based, child-centered, survivor-strengths approach to the intersection of domestic violence and child maltreatment. The model aims to keep children both "safe and together" with the non-offending parent by partnering with the non-offending parent and intervening with the domestic violence perpetrator using skilled engagement, accountability strategies, and the court system. The model teaches both domestic violence providers and child welfare workers that keeping the perpetrator's pattern of coercive control visible, as the context of the case, enhances their ability to make appropriate decisions and service referrals to increase child safety. The model includes a number of concrete practice tools such as the "Perpetrator Mapping Tool" and "Pivoting as a Practice" to provide practical guides for case decision-making, documentation, and family engagement. The model has been utilized in England, Scotland and Australia as well as across the United States.

Both Iowa and Florida implemented a community-based response to domestic violence in child protection cases in four locations. The program, *Community Partnerships for Protecting Children*, places CPS workers and DV program staff, as well as other community providers, in local community centers to provide onsite services to families impacted by domestic violence. The program also includes cross-training and cross-shadowing for CPS workers and DV staff.

Source: U.S. Department of Health and Human Services, 2003

Below is a list of states who currently have a co-located program or are using another collaboration model. This list also includes states that have used a co-located advocate model in the past, but currently it is unclear if this model is still in use based on their state websites.

State	Co-Located Advocate Model Used
Arizona	In Arizona, Domestic Violence Specialists are co-located in child welfare offices. Some Domestic Violence Specialists trained in the Safe & Together Model. Specialists are not located in every county. http://www.azcadv.org/azcadv2014wp/wp-content/uploads/2014/06/Making-the-Connection-Between-Domestic-Violence-and-Child-Abuse-2014.pdf
California	Santa Clara County and San Francisco County were two of the original pilot sites for the Greenbook model who used the co-located model. However, it is unclear at this time whether they have continued to utilize co-located advocates.
Colorado	In 2009 Colorado's DV and CPS Coordinating Council completed a needs assessment which led Colorado to develop a practice guide for Child Protective Services on addressing domestic violence in their caseloads. Colorado utilized *The Safe & Together Model* principles along with *The Greenbook* and Wisconsin's *Domestic Violence Handbook for Wisconsin Child Protective Services Workers* to inform their guide. In addition, Colorado provided joint training of domestic violence advocates and child welfare workers on the practice guide. http://endingviolence.com/wp-content/uploads/2013/01/Colorado-DV-CPS-Practice-Guide-4.14.131.pdf; http://www.thegreenbook.info/documents/Accountability.pdf; http://www.dcf.wi.gov/children/DomV/publications/pdf/dvhandbook2015.pdf; http://www.lfcc.on.ca/HCT_SWASM.pdf
Connecticut	Connecticut's Domestic Violence Consultation Initiative placed 13 consultants in child welfare area offices statewide starting in 2006. Domestic Violence Consultants are co-located in the child welfare offices and are both mentored and overseen by David Mandel and Associates, LLC. These consultants are fully trained in the Safe & Together Model. Consultants work with the whole family and mentor child welfare workers to assess and intervene effectively on cases with co-occurring DV and child maltreatment. http://www.vawnet.org/assoc_files_vawnet/safetogetherreport2008.pdf
Delaware	The Domestic Violence Liaison program was first piloted in Sussex county in 2002. Currently, Delaware has five DVLs co-located in child welfare offices in five different counties. http://dvcc.delaware.gov/documents/20YearReportSinglePage.pdf
Florida	Florida's Domestic Violence Liaison program was piloted in 2009 and expanded in 2011.The Florida Coalition Against Domestic Violence and the Florida Department of Children & Families partnered with David Mandel & Associates, LLC to provide both training on the Safe & Together Model and ongoing technical assistance, such as case consultations, throughout the state to both co-located domestic violence advocates and Child Protective Investigators (CPI). http://www.fcadv.org/projects-programs/child-welfare; http://www.fcadv.org/projects-programs/child-welfare/safe-together Jacksonville, FL also implements the Community Partnerships for Protecting Children model, placing DV advocates, CPS workers and other service providers in community centers located in neighborhoods to serve families impacted by domestic violence. It is unclear whether this program is still in place at this time. U.S. Department of Health and Human Services, 2003
Iowa	Iowa implemented the Community Partnerships for Protecting Children model, placing DV advocates, CPS workers and other service providers in community centers located in neighborhoods to serve families impacted by domestic violence. It is unclear whether this program is still in place at this time. U.S. Department of Health and Human Services, 2003

Maine	In Maine, the Child Protective Services Domestic Violence Liaison (DVL) position resulted from a collaboration between the Maine Coalition to End Domestic Violence, Eastern Maine Medical Center and Child Protective Services and Department of Health and Human Services (DHHS). DVLs are co-located in the medical center and welfare offices in some counties only. DVLs are trained in the *Safe & Together Model*. http://familycrisis.org/child-protective-services-domestic-violence-liaison/
Massachusetts	The Massachusetts Domestic Violence Program began in 1999 and currently includes: 14 DV Specialists, 2 coordinators, clinical supervisor, part-time policy analyst, batterers intervention specialist, shelter program monitor, training coordinator, and director. Domestic Violence Specialists (DVS) provide case consultation and safety assessments for case workers and provide advocacy and resources to families working with the Department of Temporary Assistance (DTA). http://www.mass.gov/eohhs/gov/departments/dta/help-for-victims-of-domestic-violence-on.html; http://children.massbudget.org/domestic-violence-specialists
Missouri	David Mandel & Associates, LLC provided intensive training on the *Safe & Together Model* to child welfare supervisors in Missouri. However, it is unclear whether Missouri currently has a co-located advocate program in place. http://www.americanhumane.org/assets/pdfs/children/differential-response/the-ohio-ipv-collaborative.pdf
New Hampshire	New Hampshire's Family Violence Prevention Specialist (FVPS) Program is a partnership between Department of Children and Family Services (DCYF) and New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV). One FVPS is co-located per district office statewide. FVPSs provide services to victims, consultations to DCYF staff and staff in other divisions of the Department of Health and Human Services (DHHS) and facilitate cross-training between child protection workers and DV providers. http://www.dhhs.nh.gov/dcyf/domesticviolence.htm
New Jersey	New Jersey's Domestic Violence Liaison (DVL) Program began in 2009 as a partnership between the Division of Child Protection and Permanency (DCP&P), the New Jersey Coalition To End Domestic Violence (NJCEDV) and lead DV agencies in each county. The program has expanded several times and currently provides at least one co-located advocate in each county DCP&P office statewide who provide case consultation, case assessments, training to case workers, and direct services to victims and their children. Some DVLs and DCP&P staff have received some training on the *Safe & Together Model.* http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/3202014_NJ_March%2026th%20FINAL.pdf; http://law.capital.edu/uploadedFiles/Law_School/NCALP/NJ%20FINAL%20DV%20Case%20Practice%20Protocol%20Oct%20%202009.pdf
New York State	New York State modeled their Co-located Advocate Program after Massachusetts's Domestic Violence Specialist program starting in 1996. Co-located advocates are contracted through the Office of Children and Family Services (OCFS) and located in Department of Human Services (DHS) offices in some counties. http://www.opdv.ny.gov/professionals/social_services/fvo.html; http://www.albany.edu/chsr/Publications/CPS_DV%20Study%20final%20report16.pdf
North Carolina	Domestic Violence Consultant Recommended as an intervention in 2003 by the Child Well-Being and Domestic Violence Task Force after seeing the benefits of the position in Mecklenburg County. Currently not all counties have a DV consultant. http://www.practicenotes.org/vol8_no3/taskforce.htm
Ohio	David Mandel & Associates, LLC provided intensive training for several Alternative Response child welfare workers to certify them as *Safe & Together Model* trainers in order to continue to train child welfare offices throughout the state. Certified trainers in Ohio continued to receive oversight and ongoing technical assistance from David Mandel & Associates, LLC. Ohio also used the Safe & Together Model to inform their "differential response" case practice in child welfare cases. http://www.americanhumane.org/assets/pdfs/children/differential-response/the-ohio-ipv-collaborative.pdf

Oregon	In Oregon, Intimate Partner Violence Specialist are co-located at Department of Human Services (DHS) offices and provide advocacy to victims, and information, training and consultations to case workers. It is unclear whether the IPV specialists are in every county. http://www.doj.state.or.us/victims/pdf/domestic_violence_and_children.pdf; https://www.cwsor.org/sample-page-2/employment/co-located-advocate-dhs-child-welfare-self-sufficiency/
South Carolina	South Carolina has had a Domestic Violence Liaison (DVL) Project since 2001 placing co-located advocates in county level Department of Social Services (DSS) offices statewide. It is unclear if the DVLs are placed in each county. https://dss.sc.gov/content/customers/protection/dv/dv_2012-2013.pdf
Vermont	Vermont has a Domestic Violence Unit, including a Domestic Violence Specialist (DVS) position in each of its child welfare offices. Staff in the DV unit provide consultations around case practice with child protection cases involving domestic violence. In addition, Vermont Department for Children and Families (DCF) outlines polices around responding to domestic violence during child safety investigations. http://dcf.vermont.gov/sites/dcf/files/FSD/Policies/61.pdf

Sources: Arizona Coalition to End Sexual & Domestic Violence, 2014; Center for Human Services Research, 2014; Clackamas Women's Services, 2013; Colorado Department of Human Services, 2013; Department of Children and Families, 2010; Domestic Violence Coordinating Council, 2013; Fleck-Henderson, 2000; National Child Traumatic Stress Network, Domestic Violence Collaborative Group, 2010; New Jersey Department of Children and Families, 2009; Mandel, 2008; Mederos and The Massachusetts Department of Social Services Domestic Violence Unit, 2004; Whitney and Davis, 1999

Evaluations of the co-located advocate model:

New York State. The University at Albany evaluated New York State's use of a co-located advocate model in 2014 using a mixed methods approach including: telephone interviews with Department of Social Services (DSS) directors in 54 counties, focus groups and in-person interviews with DSS supervisors and caseworkers, DV advocates, and DV program managers in 11 counties with a co-location program, surveys of CPS workers and DV advocates, and 230 case record reviews in three counties with and three counties without co-located advocates.
It was found that by having co-located advocates: 1) increased victim referrals to DV programs, 2) increased caseworker's knowledge around the dynamics of DV; and 3) increased DV advocates knowledge about the CPS system and child safety issues. Additionally, DV offenders were more likely to be referred for intervention services in the community. At the systemic level, the program increased cross communication between the DV programs and CPS staff; additionally, CPS was less likely to cite DV as the only substantiation against child neglect perpetrators. However, there was no significant differences in the number of child removals from homes in counties with and without a DV co-located advocate.

Source: Center for Human Services Research, 2014

Evaluations of the Safe & Together Model:

Connecticut. After eighteen months of utilizing the Safe & Together Model, results of an evaluation showed increased levels of utilization of co-located domestic violence consultants, and a decrease in the removal rate of children in domestic violence cases from 5.9% to 4.4%. In addition, Connecticut's use of the Safe *& Together model* led to several additional interventions to address the co-occurrence of DV and child maltreatment such as developing a DV investigation protocol for child welfare, developing a program to credential batterer intervention programs, and improving child welfare policy and practice around child welfare hotline assessment and coding of domestic violence cases.

Source: Mandel, 2008

Florida. In a report on the implementation of the Safe & Together Model in Florida, it was noted that between October 2007 and July 2010, the incidents of out of home placements for children and judicial actions on domestic violence cases had decreased significantly.

Source: David Mandel & Associates, 2010

Ohio. In an evaluation of Ohio's use of the Safe & Together Model for the Ohio IPV Collaborative, strong evidence was found that child welfare staff assigned less blame to victims for staying in a violent relationship and child welfare staff increased both concern about and documentation of the effects on children witnessing domestic violence. The evaluation found mixed evidence that child welfare staff increased their understanding of coercive control, enhanced safety planning for victims and children, increased perpetrators' accountability. There was little evidence that child welfare agencies changed written policies or that community stakeholders became more receptive to Safe & Together principles.

Child welfare staff assigned less blame to victims and increased concern about and documentation of the effects on children witnessing domestic violence.

Sources: David Mandel & Associates, 2011; Jones & Steinman, 2014; National Center for Adoption Law & Policy, 2010

Collaboration between CPS, DV Programs and the Court System:

The West Virginia Coalition Against Domestic Violence's Child Victimization Study and Policy Workgroup and the Child Protective Services Coordinator collaborated with the West Virginia Supreme Court Improvement Project to develop a statewide policy model that enables child protective workers to better partner with survivors of domestic abuse to protect their children from further harm by the domestic violence perpetrator.

This collaborative effort created: co-facilitated training on the co-occurrence of DV and child abuse for child welfare workers, changes to the CPS policy to remove "failure to protect" language, create a co-petitioning process enabling DV survivors to work with CPS to hold the batterer accountable in the court system, created a "No Fault" Battered Parent Adjudication in CPS court proceedings, as well as mandatory training to judges, court personnel, child protective services workers, attorneys, DV advocates and service providers.

The guidelines created through this collaboration can be found at wvcadv.org

Sources: Child Welfare Information Gateway, 2014; West Virginia Coalition Against Domestic Violence, ND; West Virginia Coalition Against Domestic Violence, 2015

West Virginia's statewide policy enables child protective workers to better partner with survivors of abuse to protect their children from further harm by removing "failure to protect" language from policy and allowing DV survivors to work with CPS to hold the batterer accountable in the court system.

No Collaborative Model Identified:

The remaining states do not currently have a particular program or model that outlines a collaborative approach to addressing the overlap of domestic violence and child abuse. Some have protocols in place on how CPS should screen for domestic violence or how to effectively communicate with domestic violence agencies. Some use other interventions that are not collaborative in nature, and some do not address the co-occurrence at all.

State	Intervention Used to Address the Co-Occurrence of DV and Child Maltreatment
Alabama	Alabama does not identify a current program to address the co-occurrence of DV and child maltreatment. http://dhr.alabama.gov/
Alaska	Although Alaska lists several domestic violence interventions and services on their Family Services website, no program is identified to address the co-occurrence of DV and child maltreatment. http://www.akafs.org/our-services/
Arkansas	Arkansas recognizes the effects of domestic violence exposure on children, particularly within their court system, but does not identify a collaborative model to address the co-occurrence of DV and child mal-treatment. http://www.arcourtsdvp.org/about.html
Georgia	Georgia has the Children First program which screens for children in at-risk environments and includes domestic violence as a safety concern, but does not identify a model to address the co-occurrence of DV and child maltreatment. http://dph.georgia.gov/children-first
Hawaii	Hawaii published a document describing the Domestic Violence/Child Welfare Services Committee, a collaborative team to address the co-occurrence of DV and child maltreatment. The document includes a protocol for dealing with disagreements between DV providers and child welfare workers. However, there is no mention of a program to address the co-occurrence of DV and child maltreatment. http://humanservices.hawaii.gov/ssd/home/child-welfare-services/
Idaho	Idaho acknowledges the co-occurrence of DV and child maltreatment, but does not currently identify a collaborative program to address the issue. http://www.healthandwelfare.idaho.gov/SearchResults/tabid/37/Default.aspx?Search=domestic+violence
Illinois	Illinois acknowledges the co-occurrence of DV and child maltreatment, but does not have a program in place to address it. http://www.illinois.gov/dcfs/safekids/protecting/Pages/dom_violence.aspx
Indiana	Indiana Acknowledges the co-occurrence of DV and child maltreatment in their child protective services intake protocol, but there is no model in place to address it. http://www.in.gov/dcs/files/3.2_Creating_a_CAN_Intake_Report.pdf
Kansas	The Kansas Judicial Branch website acknowledges the impact of domestic violence on children, but the state does not identify a program to address it. http://www.kscourts.org/programs/parenting-planning/breaking-the-cycle.asp
Kentucky	The Cabinet for Health and Family Services acknowledges the co-occurrence of DV and child maltreatment, but there is currently no mention of a program in place to address it. http://chfs.ky.gov/dcbs/dpp/violenceprevention.htm
Louisiana	Louisiana does not identify a program to address the co-occurrence of DV and child maltreatment. http://www.dcfs.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=283
Maryland	Maryland does not identify a program to address the co-occurrence of DV and child maltreatment. http://www.dhr.state.md.us/blog/?page_id=3957

Minnesota	Minnesota Department of Human Services published guidelines for responding to co-occurring domestic violence and child maltreatment, but does not identify a program to address it. http://nrccps.org/documents/2010/pdf/minn_guide.pdf
Missouri	In Missouri's Child Welfare Manual, in the Domestic Violence section, the co-occurrence of DV and child maltreatment is discussed at length including policies on continual screening, referral sources, safety planning tips and interview guides for all parties. http://dss.mo.gov/cd/info/cwmanual/section7/ch1_33/sec7ch24.htm
Montana	Montana's Investigative Safety Assessment Field Guide outlines appropriate responses for child protection specialists when responding to a domestic violence report including: safety assessments, investigations, safety planning, and separate case planning with the offending and non-offending parents. http://www.montanalawhelp.org/resource/children-and-domestic-violence?ref=AWSaO
Nebraska	Nebraska has a program in place that provides outreach to victims of domestic violence in more rural settings of the state. The state currently does not mention a program that specifically addresses the co-occurrence of DV and child maltreatment. http://dhhs.ne.gov/children_family_services/Documents/DVOutreachPlan.pdf
Nevada	Nevada does not identify a program to address the co-occurrence of DV and child abuse. http://dcfs.nv.gov/Programs/CWS/CPS/CPS/
New Hampshire	New Hampshire's Governor's Commission on Domestic and Sexual Violence, Office of the Attorney General, and the New Hampshire Division for Children, Youth, and Families created the Domestic Violence Protocol (2009) which outlines intake procedures, the role of the domestic violence specialist, assessment procedures, worker safety and case planning best practices including batterer accountability and visitation guidelines. http://doj.nh.gov/criminal/victim-assistance/documents/dcyf-protocol.pdf
New Mexico	New Mexico does not identify a program to address the co-occurrence of DV and child maltreatment. https://cyfd.org/domestic-violence
North Dakota	North Dakota created multi-disciplinary child protection teams. Domestic violence service agencies are included on this team which serves to advise county and regional child protection staff on cases where domestic violence is present. Domestic violence assessment is addressed in the Child Protection Services Manual. http://www.nd.gov/dhs/info/pubs/docs/cfs/2011-capta-plan.pdf; https://www.nd.gov/dhs/policymanuals/home/#CFS.htm
Oklahoma	Oklahoma created the Domestic Violence Awareness Guide for both public assistance and child welfare case workers, but currently mentions no program in place to address the co-occurrence of DV and child maltreatment. https://www.ok.gov/dac/documents/Domestic%20Violence%20Awareness%20Guide.pdf
Pennsylvania	The Pennsylvania Coalition Against Domestic Violence acknowledges children exposed to domestic violence. However, currently there is no indication of a program in place to address it. http://www.pcadv.org/Learn-More/Domestic-Violence-Topics/Children-Exposed-To-DV/; http://www.phila.gov/dhs/resources.html
Rhode Island	Rhode Island acknowledges the co-occurrence of domestic violence and child maltreatment, but does not identify a model to address it. http://www.rikidscount.org/Portals/0/Uploads/Documents/Factbook%202015/Safety/Ind44-ChildrenWitnessingDomesticViolence-2015.pdf
South Dakota	South Dakota does not identify a model to address the co-occurrence of DV and child maltreatment. http://sdcedsv.org/aboutus/sdcedsvmemberprograms/; http://dss.sd.gov/childprotection/protective.aspx
Tennessee	Tennessee does not identify a model to address the co-occurrence of DV and child abuse. http://www.tennessee.gov/dcs/section/child-safety
Texas	Texas developed an MOU between the Texas Department of Family and Protective Services and the Texas Family Violence centers to outline collaboration. Texas does not indicate that a model is currently being used to address the co-occurrence of child abuse and domestic violence. http://www.hhsc.state.tx.us/help/family-violence.shtml

Texas	Texas developed a Memorandum of Understanding between the Texas Department of Family and Protective Services and the Texas Family Violence centers to outline collaboration. Texas does not indicate that a model is currently being used to address the co-occurrence of child abuse and domestic violence. http://www.hhsc.state.tx.us/help/family-violence.shtml
Utah	Utah's Domestic Violence Coalition identifies the impact of exposure to domestic violence on children, but the state does not indicate any current programs to address it. http://udvc.org/children-teens/children-domestic-violence
Virginia	Virginia Department of Social Services Child and Family Services Manual outlines the issue of co-occurring domestic violence and child safety concerns as well as policies around addressing cases with domestic violence. However, there is no indication of a model that is currently used in the state. https://www.dss.virginia.gov/files/division/cvs/ofv/manuals/2015/Domestic_Violence_Guidance_Manual.pdf
Washington	Washington developed a protocol for DV advocates working with women involved in the child protection system, but does not indicate any specific model used for collaboration between systems. http://wscadv.org/wp-content/uploads/2015/06/Model-protocol-on-CPS.pdf
Wisconsin	Wisconsin uses *Growing Together,* a project started by the Wisconsin Coalition Against Domestic Violence. *Growing Together* was created to strengthen the relationship between the non-offending parent and child, build evidence-based models that are culturally competent, increase the capacity of family serving organizations to better address and support DV, and enhance collaboration between service providers. Obinna, Brickson and Di Lorenzo, 2011
Wyoming	Wyoming currently does not describe a model for responding to the co-occurrence of DV and child abuse. http://dfsweb.wyo.gov/social-services/child-protective-services

Conclusion

The high rate of co-occurring domestic violence and child maltreatment, as well as the struggle that providers experience when trying to navigate these cases, illustrates the need for specialized resources, services, and trained professionals who can safely address and ensure best practices throughout all stages of intervention with the families experiencing both DV and child maltreatment.

Although child welfare and DV service providers have historically worked independently to protect children and victims from domestic violence perpetrators, the most current collaborative interventions include cross-training, cross-communication, and case practice integration through a partnership between child welfare and domestic violence service providers. However, despite the wide use of domestic violence advocates co-located in both child welfare offices and domestic violence agencies as an intervention strategy to build collaboration, there have been very few evaluations to determine whether co-located advocates are building collaboration effectively, influencing best case practice, and whether adult victims and children exposed to domestic violence experience positive outcomes as a result.

Without addressing domestic violence safety concerns through appropriate practices and resources, families and children will continue to face the emotional, mental, and physical trauma-induced effects that result from the behaviors and environments that domestic violence perpetrators create. Further, without appropriate interventions, domestic violence perpetrators' behaviors may lead to further child maltreatment. For this reason, it is vital to ensure that strategies used to keep children and families safer from domestic violence are working effectively for both service providers and the families they are serving.

Sources: Bragg, 2003; Jones and Steinman, 2014; Mandel, 2010; Mandel, 2008; Schechter and Edleson, 1999

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