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HELPING CHILDREN EXPOSED TO DOMESTIC VIOLENCE: LAW ENFORCEMENT AND COMMUNITY PARTNERSHIPS

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to
The National Institute of Justice

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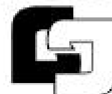

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March 2001

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Helping Children Exposed to Domestic Violence: Law Enforcement and Community Partnerships
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At each case study site, dedicated individuals generously gave their time, shared experiences, and provided detailed descriptions of their sites' coordinated response to children exposed to domestic violence. Five communities were studied: Lakeland, Florida; Salisbury, Massachusetts; Hartford, Connecticut; Chula Vista, California; and Cuyahoga County, Ohio. We give special thanks to our key contacts at these sites: Linda Rahmatian (Lakeland); Ann Champagne (Salisbury); Marcus Sherman (Hartford); Norma Amezcua (Chula Vista); and Elsie Day (Cuyahoga County). Additional individuals, too numerous to name, also contributed to the case studies in each of the five sites by granting time for interviews with project staff. We also thank law enforcement and social service providers who completed mail surveys as well as those who participated in follow-up phone interviews.

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EXECUTIVE SUMMARY

Children are all too frequently exposed to domestic violence. In the mental health community, it has been well documented that children exposed to domestic violence, particularly children who witness violence inflicted by one parent on the other parent, suffer many forms of trauma. Early intervention can be a powerful tool in helping these vulnerable children put their lives back together and breaking the cycle of violence. Traditional policing practices are generally focused upon apprehending and gathering evidence on perpetrators and have overlooked the service needs of these children. In contrast, the philosophy of community oriented policing is consistent with looking beyond investigation and arrest and including law enforcement in serving the needs of citizens. In a number of community oriented policing departments around the country, law enforcement has partnered with community service providers to identify and help children exposed to domestic violence.

RESEARCH OBJECTIVES

Our study sought to reveal current practices and develop detailed case studies of promising approaches to help children exposed to domestic violence. The findings can help communities replicate promising approaches. Four research questions addressed how community oriented police departments are working with community partners.

(1) To what extent are law enforcement departments working with community providers to help children exposed to domestic violence receive services to mitigate the short- and long-term effects of the violence?

(2) What types of working partnerships are being formed between law enforcement and community providers to meet the needs of children exposed to domestic violence? How did these approaches emerge? What are the goals of various approaches? What resources are needed to implement different approaches? What are the effects of these approaches?

(3) What can we learn from communities that have implemented a coordinated response to children exposed to domestic violence?

(4) What data exist, or can be collected, to measure the impact of a coordinated response to children exposed to domestic violence?

RESEARCH METHODS

We employed three research methods. A mail survey provided a national perspective of how law enforcement departments are responding to children who are exposed to domestic violence. Telephone surveys with law enforcement departments and service providers in select communities uncovered greater details about their approaches. Finally, site visits to five communities provided

an in-depth understanding of the coordinated response between law enforcement and service providers to help children exposed to domestic violence.

MAIL SURVEY RESULTS

The sampling plan for the mail survey was not intended to yield a representative picture of how law enforcement departments are responding to children exposed to domestic violence. It was skewed to capture as many innovative and comprehensive approaches as possible by purposively reaching out to departments likely to have such approaches. Therefore, the results do not reflect a national average. We uncovered many creative and comprehensive approaches and our data reflect that many departments are working with agencies in their community to help children exposed to domestic violence. To summarize, we found the following.

- Nearly three-quarters of the departments surveyed have a policy, protocol, and/or law that requires officers to investigate whether any children were exposed to domestic violence.
- About one-half of the departments have a box on the arrest, incident, or supplemental report that officers are required to check if children were exposed to domestic violence. In nine out of ten departments with a written policy or protocol, officers are required to write a narrative describing how the children were exposed to domestic violence (e.g., overheard it, witnessed, were used as a shield, tried to intervene to stop it.)
- The most common type of outreach made by officers to help children exposed to domestic violence is to make a referral to child protective services or another service agency. Less commonly, the service provider accompanies the officer to the domestic violence scene to immediately begin intervention.
- There is follow-up to learn if children exposed to domestic violence are getting the help they need according to over three-quarters of those surveyed.
- Only 15 percent of the departments receive (or have received) funds to respond to children exposed to domestic violence. Most often, the funding for children exposed to domestic violence was included in a grant with a much broader focus on domestic violence. The remaining departments are reaching out to these children without any special funding.

THE FIVE CASE STUDY SITES

Case study sites were Lakeland, FL; Salisbury, MA; Hartford, CT; Chula Vista, CA; and Cuyahoga County, OH. Each of the five sites implemented a unique approach to children exposed to domestic violence. Major features of each of the approaches are presented in the matrix below. A discussion of their advantages and disadvantages follows.

UMMARY OF MAJOR COMPONENTS OF EACH CASE STUDY SITE

	Lakeland	Salisbury	Hartford	Chula Vista	Cuyahoga County
Crisis responders are volunteers	X	Both		Both	
Crisis responders are professionals		Both	X	Both	X
Crisis responders usually go to the scene			X	X	X
Crisis responders meet victim at police station		X			
Crisis workers respond by phone	X				
Follow-up is done to make sure police make referrals	X	X	X	X	X
Schools are involved	X	X			
Follow-up services provided primarily by the program		X	X	X	short-term only
Families are usually referred to other agencies for long-term services	X				X

THE IMMEDIATE RESPONSE

The use of volunteers as first responders is less expensive than using salaried counselors. It is a promising mechanism for engaging the community in these cases and has potential for increasing public awareness of problems suffered by children who are exposed to domestic violence. However, it is not without cost. It takes time to recruit, train, and supervise volunteers.

Professionals with extensive training in crisis intervention may be in a better position than volunteers to identify the myriad needs of the families they see. Consistency among responders

may also be greater when employing professionals. On the other hand, the costs are considerable to pay staff to respond on a 24 hour, seven-day a week basis.

There was disagreement among those we interviewed as to the need for an immediate on-scene response. Some thought a phone call was a better, less obtrusive way to respond. Others thought a follow-up visit the next day was preferable than trying to reach out in the middle of the night. Most, however, felt that the immediate response presented the best opportunity for persuading victims and their children to seek services.

Safety of the responders was also an issue in the sites. In Lakeland, it was perceived as unsafe for volunteers to go to the house unless they happen to be on a ride-along with officers. In Salisbury, advocates met the victim at the police department because they were concerned for the safety of their workers. In Hartford, Chula Vista, and Cleveland, advocates went to the house but all advocates received safety training and were intensely trained to assess their safety and act accordingly. In addition, police officers remain on the scene in these three sites to protect the safety of counselors.

FOLLOW-UP TO ENSURE POLICE OFFICERS MAKE APPROPRIATE REFERRALS

All of the sites had formal procedures to review police reports each morning to make sure officers made referrals whenever children were exposed to domestic violence. It is to their credit that they recognized the need to constantly check to make sure no children fell through the cracks.

INVOLVEMENT OF SCHOOLS

Lakeland and Salisbury providers worked closed with schools to help children exposed to domestic violence. Some might consider this an invasion of the children's privacy. In Lakeland, they requested parents sign a parental release form to allow the program to tell school officials that children were exposed to domestic violence so that school counselors could reach out to the child. In Salisbury, the outreach to schools was done informally. In the remaining three sites, confidentiality issues precluded their notifying school officials. Ultimately, the wisdom of involving schools in individual cases depends on how one weighs the need to help children versus the need to protect their privacy.

PROVISION OF SERVICES

All programs provided short-term follow-up with victims and their children. Two of the programs referred clients out for long-term counseling services while the remaining three provided such services themselves. The later is more expensive and may create long waiting periods. The former spreads clients out to a number of different agencies and has the potential for raising awareness about the needs of children exposed to domestic violence. But it may alienate families by leaving the impression that they are shuttled from one agency to another. Further, they may perceive that their original counselor is abandoning them when they are sent to someone else for services.

CONCLUSION

All of the five sites implemented proactive responses to help children exposed to domestic violence. Compared, their approaches have advantages and disadvantages. Together, they should be commended for their leadership in providing crisis and long-term services to these vulnerable children and their families. Each can serve as a model for other places interested in replicating their approach.

RESEARCH RECOMMENDATIONS

Our recommendations are based upon and telephone surveys with law enforcement departments and service providers, as well as site visits to five sites with innovative approaches to children exposed to domestic violence. We draw six recommendations.

RECOMMENDATION 1: COMMUNITIES SHOULD RECOGNIZE THAT CHILDREN EXPOSED TO DOMESTIC VIOLENCE FREQUENTLY SUFFER SHORT- AND LONG-TERM EFFECTS THAT REQUIRE SPECIAL SERVICES

There are a host of social problems related to children (such as missing and exploited children, children living in poverty, children drawn into gangs and criminal activity) that demand the attention of community leaders. Difficult choices may have to be made to prioritize how to spend limited resources. The pervasive problem of domestic violence also cries out for community attention to meet the needs of victims and hold abusers accountable through some combination of batterer treatment, community corrections, and incarceration. As communities struggle to address the myriad of problems they face, it is possible to forget the silent victims of domestic violence, the children. Children exposed to domestic violence often suffer psychological and behavioral difficulties that if left untreated can severely impact on their lives and may ultimately result in perpetuating an intergenerational cycle of violence. With help, many children can be saved from a downward spiral. Community leaders, particularly police chiefs and mental health service directors, must help. In all five communities we studied, children exposed to domestic violence were given priority, and proactive responses worthy of replication thrived.

Unfortunately, the five study communities were not typical of the nation. Our mail survey responses from 360 law enforcement departments documented that many departments have not recognized the problem of children exposed to domestic violence by establishing special procedures and policies for these vulnerable children. The responsibility to report that children are exposed to domestic violence, or to make referrals, is all too frequently left to the discretion of the individual officer rather than to an established protocol. Fortunately, we found some departments with innovative, proactive approaches that require officers to report when children are exposed to domestic violence. These reports typically trigger some type of response from a helping agency. Some departments have progressed further and instituted a cooperative approach with a helping agency to respond to these children very soon after a domestic violence incident to begin the assessment of the psychological distress inflicted on the child and the healing process.

Based on the literature, we know that children exposed to domestic violence frequently endure a wide variety of psychological and behavioral problems. Communities must embrace these findings or it is unlikely that law enforcement and helping agencies will initiate and sustain the kinds of programs needed to help these children. We recommend that communities initiate a task force to identify the needs of children exposed to domestic violence, services available in the community, and gaps in services. Further, a strategic planning process should be implemented to reach out to these vulnerable children. In each of the five study sites, there was a vision, a charismatic leader, and a plan for action.

RECOMMENDATION 2: LAW ENFORCEMENT SHOULD PLAY A PIVOTAL GATEKEEPER FUNCTION IN REFERRING CHILDREN EXPOSED TO DOMESTIC VIOLENCE TO SERVICES

Law enforcement officers are usually the first to respond to a domestic violence incident. They are in a unique position to investigate if children were exposed to the violence and to talk with parents about how exposure can damage the psychological well-being of children. In all of our five study sites, law enforcement officers were charged with the responsibility of informing parents about services for their children. How they approach parents with this information will critically impact the parent's willingness to accept help for their children. Officers need to present available services in a positive light and be cognizant that many domestic violence victims are fearful of outside intervention. Their biggest fear is often that their children will be removed for failure to protect them. Officers can reassure them that services are not intended to remove their children (unless of course, the officer or child protective services assess that the children are not safe in the home), but to help them put their lives back together.

In addition to verbal and attitudinal clues officers use to reassure parents, it is helpful if they can leave a pamphlet that explains services in a non-judgmental, easy-to-read fashion with accompanying telephone numbers to call for help. Each of our five study programs provided officers with written materials to give parents. Domestic violence victims often cannot focus on the needs of their children while in a crisis state. However, by introducing the possibility of services during the crisis period, a seed may be planted in the victim's mind. When things subside, written materials may present options and explain services. Community leaders and law enforcement command staff in all five of our study sites recognize the pivotal gatekeeper function officers assume in opening the doors to services.

RECOMMENDATION 3: PROACTIVE RESPONSES TO CHILDREN EXPOSED TO DOMESTIC VIOLENCE REQUIRE SUBSTANTIAL COMMITMENT FROM THE COMMUNITY AND SERVICE PROVIDERS

Initiating a program to reach out to children exposed to domestic violence is labor intensive. Crisis and follow-up services need to be identified and engaged. Sustaining the program takes substantial commitment and resolve. Each of the five study sites had a dedicated program director and staff to carry out their response to children exposed to domestic violence. The more comprehensive approaches studied functioned with the assistance of a considerable number of

staff and were costly. Communities should anticipate and be realistic about what it will take to plan, implement, and sustain a viable approach to children exposed to domestic violence. They should also guard against promising crisis and long-term services they cannot deliver. We learned from each of the five study sites that law enforcement officers are willing to call crisis teams to the scene (or alert them by phone) *only* if they are assured, and practice reveals, that a prompt response will result. Otherwise, officers do not want to waste their time, and that of the families, waiting for help that never arrives. Further, law enforcement officers want to be assured that when they tell domestic violence victims that help is available for them and their children that the services are truly available and do not involve unduly protracted waiting lists. Service agencies need to fulfill the promises they make.

From the five study sites, we learned that providers are often faced with multiple challenges when trying to help children exposed to domestic violence. These children often suffer from overriding problems beyond living in a violent home, such as poverty, learning disabilities, social isolation, and so on. Service providers need to decide the breadth of services they can realistically deliver and be prepared for the myriad of problems faced by children in domestic violence homes.

RECOMMENDATION 4: COORDINATION OF EFFORTS AND RAPPORT BUILDING BETWEEN LAW ENFORCEMENT AND SERVICE PROVIDERS SHOULD BE IMPLEMENTED TO SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Police chiefs can require officers to refer parents to agencies to help children exposed to domestic violence. But if the relationship is to become a solid one, officers must come to see their interaction with helping agencies as a partnership that benefits these children. Among the five study sites, various techniques were used to build a partnership. Joint trainings/meetings of officers and service providers were held. Ride-alongs in which providers rode with patrol officers were common. Participation in mutual social events was encouraged. Feedback (without breaching confidentiality) to officers on how referred families and children were doing was provided. Thank you letters to officers who made referrals were sent, and for those who failed to make appropriate referrals, law enforcement command staff demanded to know why the referral was not made. Tangible benefits directly to the officers were provided when possible (e.g., completing repot to social services so officer did not have to file the paperwork). All of these techniques helped establish mutual respect and understanding of each other's roles. Further, officers were able to rely on service providers responding quickly when summoned to the scene, thereby allowing them to return to service without undue delay. That is not to say there were not bumps in the road and occasional flare-ups, but open communication smoothed over tense situations and enabled the partnership to grow.

RECOMMENDATION 5: RESOURCES SHOULD BE DEDICATED TO EFFECTIVELY SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Crisis and follow-up services cost money, as do brochures and pamphlets explaining available services. In all five study sites, resources were garnered to help these children. Some sites creatively incorporated the service of volunteers while others found money to pay a cadre of mental health professionals. Federal, state, county, and foundation/charitable funds were used in

some sites to support intervention efforts. The challenge for all five sites will be to develop long-term plans to maintain the flow of dollars into the program.

RECOMMENDATION 6: EVALUATION IS NEDED TO DETERMINE "BEST PRACTICES" TO SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Little is known about what types of services best improve the plight of children exposed to domestic violence. In each of the five study sites, a variety of approaches were used: group/peer counseling, play/art/sand therapy, in-home counseling, anger management classes, safety planning exercises, and so on. Which approaches work best for children with different problems has not been empirically tested. Nor do we know how long services need to be maintained to effect long-term positive changes in these children. Until such research is done, providers are making service decisions based on best guesses gleaned from general psychological and child development principles. Evaluation is needed to learn how best to help children of different ages exposed to domestic violence who display multiple and diverse symptoms and profiles.

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Chapter 1

EXPOSURE TO DOMESTIC VIOLENCE: ITS IMPACT ON CHILDREN

OVERVIEW

Children are all too frequently exposed to domestic violence. In the mental health community, it has been well documented that children exposed to domestic violence, particularly children who witness violence inflicted by one parent on the other parent, suffer many forms of trauma. Early intervention can be a powerful tool in helping these vulnerable children put their lives back together and breaking the cycle of violence. Traditional policing practices are generally focused upon apprehending and gathering evidence on perpetrators and have overlooked the service needs of these children. In contrast, the philosophy of community oriented policing is consistent with looking beyond investigation and arrest and including law enforcement in serving the needs of citizens. In a number of community oriented policing departments around the country, law enforcement has partnered with community service providers to identify and help children exposed to domestic violence.

THE PREVALENCE OF DOMESTIC VIOLENCE AND THE CHILDREN EXPOSED TO IT

Domestic violence is a pervasive problem in our society. The 1998 National Crime Victimization Survey reported that victims identified intimates (current or former spouses, boyfriends, or girlfriends) as offenders in 956,200 (12%) of overall violent crimes (Bureau of Justice Statistics, 1999). Unreported domestic violence incidents are estimated to be much higher than those reported to the police. On average each year from 1992 to 1996, about eight in 1,000 women and one in 1,000 men age 12 or older experienced a violent victimization inflicted by a current or former spouse, girlfriend, or boyfriend (Bureau of Justice Statistics, 1998). It has been estimated that over four million American women experience a serious assault by an intimate partner during an average 12 month period (American Psychological Association, 1996).

Intimate murder in 1996 accounted for nine percent of all murders nationwide (Bureau of Justice Statistics, 1998). For the period from 1976 to 1996, 29.7 percent of women were murdered by an intimate: 18.9 percent of women victims were murdered by husbands, 1.4 percent by ex-husbands, and 9.4 percent by nonmarital partners (with an undetermined victim-offender relationship in 27.7% of the cases) (Bureau of Justice Statistics, 1998). During this same period, six percent of men were murdered by an intimate: 3.7 percent of male victims were killed by wives, 0.3 percent by ex-

wives, and two percent by nonmarital partners (with an undetermined victim-offender relationship in 34.3% of the cases) (Bureau of Justice Statistics, 1998).

More often than not children reside in homes where domestic violence occurs. One estimate suggests that children live in 80 percent of violent households (Bureau of Justice Statistics, 1993). A little more than of half of the female victims of domestic violence live in a home with children under age 12. Also, 22 percent of the male victims of intimate violence live in a home with children (Bureau of Justice Statistics, 1998). Experts estimate that somewhere between 3.3 and ten million children are exposed to domestic abuse each year (Straus, 1991; Carlson, 1984). According to Dobash and Dobash (1979), the children observed the violence in 75 percent of incidents between intimates. Pagelow (1982) found similar figures (76 percent of the incidents were observed by children). Walker (1984) found even higher numbers with children observing the incident in 84 percent of domestic violence incidents. In fact, Dobash and Dobash (1979) found that some fathers purposely arranged for their children to witness the violence.

It is not unusual, however, for children to feign sleep or hide during the incident. Although out of sight of the abuse, they can still hear it. Even children who do not directly witness or hear the abuse are often aware of and effected by it. As participants at a State Justice Institute-funded national conference concluded, "children are not unaware of violence just because they don't see it: toddlers are not too young to understand what is happening" (State Justice Institute, 1993).

THE IMPACT ON CHILDREN WHO WITNESS VIOLENCE

> Children who live in battering relationships experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior and they learn to suspend fulfillment of their needs rather than risk another confrontation. They expend a vast amount of energy avoiding problems. They learn to live in a world of make-believe (Lenore Walker as cited in Gwinn, 1995).

The above statement eloquently states the effect of children being exposed to domestic violence. A child living in a home with domestic violence lives in a world of terror, uncertainty, and self-blame. Too often, the authorities focus on the abuser and the abused, and neglect the young innocent bystander. We know, however, that exposure to domestic violence frequently results in severe immediate, short-term, and long-term effects on children.

Immediate Effects

During a domestic violence incident, the predominate emotion of children exposed to it is a fear for their own safety as well as the safety of their mother (Harrell, 1993). And children are not always simply spectators to the abuse. During the violence, a child may become injured because he or she is in the path of the assault. For example, a thrown object may hit the child; a weapon intended for use on the victim may be misdirected at the child; the child may be in the arms of the victim when she is attacked; children may be hit if they come between the abuser and the victim; and so on. Anytime there is a violent situation it is reasonable to conclude that everyone in near proximity is a potential victim (Gwinn, 1995).

Some children try to intervene, to protect, or to defend the victim. Often the intervening child gets entangled in the crossfire of the violence and gets injured, sometimes severely. Roy (1988) found that 62 percent of boys between the age of 14 and 17 were hurt when they tried to intervene in a dispute where their mother was a victim.

Short-term Effects

Edleson's (1999) review of the literature on children who witnessed domestic violence found that children suffer behavioral, emotional, and cognitive problems. He found that children exposed to domestic violence demonstrate aggressive and antisocial behavior as well as fearful and inhibited behaviors (Fantuzzo, De Paola, Lambert, Martino, Anderson, & Sutton, 1991; Hughes, Parkinson, & Vargo, 1989; and Hughes, 1988). Further, these children have fewer social skills than children not exposed to domestic violence (Adamson & Thompson, 1998; Fantuzzo et al., 1991). Children who witness domestic violence were also more likely to suffer from anxiety, depression, trauma symptoms, and temperament problems (Maker, Kemmelmerier, & Paterson, 1998; Steinberg, Lamb, Greenbaum, Cicchetti, Dawud, Cortes, Krispin, & Lorey, 1993; and Hughes, 1988). Rossman (1998) found that increased exposure to violence is associated with lower cognitive functioning. The child may experience eating and sleeping problems (including "night terrors"), or display withdrawn, passive, aggressive, manipulative, or anxious behavior (Gwinn, 1993). Wolfe, Jaffe, Wilson and Zak (1985) found that children whose mothers were battered had significantly more behavioral problems and less social competence than those children whose mothers were not battered. Another study found a strong association between domestic violence at home and teenagers' depression, hopelessness, and other forms of emotional distress (Colburn, 1994). In addition to concerns about their own safety, children are often torn between identifying with the abusing parent, who has control and power, and feeling afraid, sad, worried, depressed and confused about the parent who is being abused (American Psychological Association, 1996).

Boys are more likely to display more external problems, including hostility and aggression, whereas girls are more likely to internalize their problems, including depression and physical complaints (Carlson, 1991; Stagg, Wills, & Howell, 1989). However, girls, more so as they get older, also show more aggressive behaviors (Spaccarelli, Sandler, and Roosa, 1994).

Long-term Effects

The American Psychological Association (1996) has stated that abusers are psychologically maltreating children by exposing them to domestic violence. Experts in family violence are concerned that children who are exposed to domestic violence in their home begin to see violence as an acceptable way to behave towards other persons (American Bar Association, 1994). As Attorney General Janet Reno articulated so well: "...it is imperative that we really focus on the whole issue of domestic violence and family violence in its larger context. On many occasions the child who sees his mother being beaten accepts violence as a way of life" (reported in Gwinn, 1995).

Silvern, Karyl, Waelde, Hodges, Starek, Heidt, and Min (1995) found witnessing violence as a child is associated with adult reporting of depression, trauma-related symptoms, and low self-esteem among women and trauma-related symptoms among men. In a study on violent families and youth violence, 70 percent of the youth who grew up in a home with partner violence self-reported

violent delinquent behavior compared to 49 percent of the youth who grew up in families without partner violence (Thornberry, 1994). Straus, Gelles, and Steinmetz (1980) found that boys exposed to violence committed by their father are ten times more likely than boys from nonviolent homes to use violence against an intimate partner in the future. Girls who grow up in homes with domestic violence are at greater risk for experiencing violence in their own teenage relationships during high school dating (American Psychological Association, 1996). There is also some evidence to suggest that wives are less likely to expect safety from a violent husband if they had observed their own mothers as victims of domestic violence (Lerman, 1981).

COMMUNITY POLICING AND CHILDREN

Traditional policing approaches focused on identifying perpetrators of crime, gathering evidence to support an arrest, and apprehending suspects. In contrast, community oriented policing emerged as "a policing philosophy that promotes and supports organizational strategies to address the causes and reduce the fear of crime and social disorder through problem-solving tactics and community-police partnerships" (Community Oriented Policing Office, 1998). The Violent Crime Control and Law Enforcement Act of 1994 authorized $8.8 billion over six years to add 100,000 police officers and to support community policing (Community Oriented Policing Office, 1998). The growth of community oriented policing bodes well for engaging police with community partners in helping children exposed to domestic violence.

WHY ESTABLISH A PARTNERSHIP FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE?

Children exposed to domestic violence have been referred to as forgotten victims or silent victims. Often the domestic violence victim and the batterer receive services. However, the child who is exposed to it is frequently overlooked and too often falls through the cracks of the system. Police alone cannot help children exposed to violence, but they can serve as a critical agent to identify children in need of social and mental health services. Law enforcement and mental health providers can work together to identify the needs of these children. Joined, they are stronger to face the complex issue of family violence and its effect on children. Combined through a partnership, each agency can benefit from the other by sharing responsibility and overcoming barriers (Cronin, 1995).

In the last five years there has been an increase in programs across the country that address the needs of children exposed to domestic violence through a partnership between a local police department and community service providers. This report discusses findings from an examination of a number of these partnerships. The goal of the study, funded by the National Institute of Justice (NIJ), was to learn about their programs that serve children exposed to domestic violence.

Chapter 2

RESEARCH DESIGN

RESEARCH OBJECTIVES

Our study sought to reveal current practices and develop detailed case studies of promising approaches to help children exposed to domestic violence. The findings can help communities replicate promising approaches. Four research questions addressed how community oriented police departments are working with community partners.

(5) To what extent are law enforcement departments working with community providers to help children exposed to domestic violence receive services to mitigate the short- and long-term effects of the violence?

(6) What types of working partnerships are being formed between law enforcement and community providers to meet the needs of children exposed to domestic violence? How did these approaches emerge? What are the goals of various approaches? What resources are needed to implement different approaches? What are the effects of these approaches?

(7) What can we learn from communities that have implemented a coordinated response to children exposed to domestic violence?

(8) What data exist, or can be collected, to measure the impact of a coordinated response to children exposed to domestic violence?

RESEARCH METHODS

We employed three research methods. A mail survey provided a national perspective of how law enforcement departments are responding to children who are exposed to domestic violence. Telephone surveys with law enforcement departments and service providers in select communities uncovered greater details about their approaches. Finally, site visits to five communities provided an in-depth understanding of the coordinated response between law enforcement and service providers to help children exposed to domestic violence.

The National Mail Survey

The national mail survey synthesized current practices law enforcement departments use for children exposed to domestic violence. A multi-pronged purposeful sampling plan maximized the chances of finding law enforcement departments using creative and innovative approaches. The mail survey was sent to departments that have demonstrated an interest in domestic violence and/or who have experienced large numbers of these cases. The survey was sent to a sample of 495 departments (see Chapter 3 for an in depth discussion of the mail survey methods).

The main queries of the mail survey included the following.

- Does the department have a policy or protocol that requires officers responding to domestic violence cases to investigate if any children were exposed to domestic violence? If so, under what circumstances would officers ask if children were exposed? How would officers document that children were exposed to domestic violence?

- How do officers respond when they discover children are exposed to domestic violence? Do they involve a service agency to help the children and, if so, does the agency respond to the scene, does the officer telephone them, or does the officer give the referral to the non-offending parent?

- Does follow-up occur with the non-offending parent to see if services are obtained or whether further help is needed?

- Does the department receive any funds to help children exposed to domestic violence?

- Does the department have a model approach to children exposed to domestic violence? Do they have any evidence that their approach is working.

Special efforts were made to obtain a high response rate. A total of 495 law enforcement departments were mailed surveys and 360 were returned. The response rate was high, 73 percent. The information from the mail survey was analyzed to obtain a national perspective on how law enforcement departments are working with community partners to help children exposed to domestic violence. See Chapter 3 for the mail survey findings.

Telephone Survey

Based on the information from the mail survey, telephone interviews were conducted in 22 communities that have a coordinated approach between law enforcement and community programs for children exposed to domestic violence. In each community, an interview was conducted with the law enforcement contact that completed the survey. Further information was gathered on the details of the department's approach and how they coordinate with the helping agency. Contacts at the helping agency as well as other organizations in the community were sought and contacted. These contacts were interviewed in regards to their approach to children exposed to domestic violence and on their efforts to coordinate with law enforcement.

The telephone survey identified promising candidates for inclusion in the five case studies. Eleven sites were selected as possibilities for case studies. Five sites were ultimately selected to be case studies. The remaining six sites are briefly profiled in Chapter 4.

Advisory Panel Meeting

Following the completion of the mail and telephone surveys, a carefully selected Advisory Panel was convened. Representatives from the fields of law enforcement, mental health, child welfare, and domestic violence were included. The representatives heard key findings from the national mail and telephone surveys. Possible communities for case studies were discussed. Selection criteria for inclusion in the case studies were:

- the extent to which a coordinated approach existed between law enforcement and at least one other agency (child protective services, crisis services, a Children's Hospital, a victim advocacy group, or another agency/program) in order to help children exposed to domestic violence
- diversity of approaches among the five sites in the manner in which they work with community partners to serve children exposed to domestic violence
- diversity in communities (size, rural/urban, economic, and demographics)
- diversity in geographic location
- availability of data to measure how effectively the approach works
- willingness to be in the case studies and cooperate with the design
- input, and approval from, NIJ.

Case Studies

A team of two researchers visited the five communities. Project staff spent an average of three and a half days on site to complete research activities. In all five sites, the following occurred.

Interviews with Agency Representatives

Representatives included:

- the chief of police and command staff
- patrol officers
- the director and line workers of agencies providing services to children exposed to domestic violence
- follow-up service responders and therapists
- representatives of child protective services
- school counselors
- others involved in community agencies and organizations.

During interviews with officials in each of the five sites, process issues such as the following were raised.

- Who spearheaded the coordinated approach? What was its impetus? Who were its supporters and detractors?

- What are the primary objectives in using a coordinated response to children exposed to domestic violence?

- Which agencies -- law enforcement, victim advocate programs, child protective services, the mental health communities, a Children's Hospital -- were needed to achieve the objectives they sought? How much training was needed to educate the police and their coordinating community partners about the importance of providing services to children exposed to violence and to help them identify which children needed services? Did barriers have to be overcome? If so, how was that achieved? How were coordination issues and problems resolved?

- What resources were needed to plan and implement their coordinated response? Where did the resources come from?

- What type of services are provided to children who are exposed to domestic violence? Who pays for the services? Who provides services in their community? What is the quality of services provided? Are there long waiting periods to receive services? What are the gaps in services?

- In their opinion, are children exposed to domestic violence better served as a result of their coordinated approach? How? What evidence do they have to support their opinion?

- If other communities want to replicate their approach, what are the elements critical to its replication? What pitfalls need to be avoided? What would they do differently if they were planning or establishing a strategy today?

In addition, being on-site allowed the project team to directly observe the physical environments in which children exposed to domestic violence are served.

Additional Research Activities

In addition to interviews with agency representatives critical to the coordinated approach, the following activities were commonly conducted in each site.

- **"Ride-alongs" with law enforcement**. Project staff accompanied patrol officers (and supervisors) to observe how officers handle domestic violence incidents in which children are exposed to domestic violence. In addition, it allowed the researchers to interview officers during their shift to obtain their perspectives.

- **"Ride-alongs" with crisis responders.** Project staff joined crisis specialists as they responded to children who have been exposed to domestic violence. This provided first hand observation by researchers and additional time to talk with the specialists about their experiences.

- **Attend program meetings.** The approach in each site involved a collective effort among multiple organizations. Attending meetings on site allowed researchers to observe the complex process of coordinating and sustaining a coordinated response to children exposed to domestic violence.

- **Review of records and data.** When available, sites provided records and statistics that document the number of children served, data on the impact of providing services, and documentation of the effectiveness of services.

- **Interviews and focus groups with non-offending parents.** We planned to conduct focus groups of non-offending parents in each of the five sites. The intent of the focus groups were to obtain the opinions of parents on the appropriateness of services provided and to learn about gaps in services needed, quality of services provided, satisfaction with services provided, impact of services on their children's well-being, and suggestions for improving the provision of services. We worked with program officials in each of the sites to select a diverse group of participants and to solicit participation. The non-offending parent victim was paid a stipend of $25 for their participation to thank them for their time and to compensate them for travel, babysitting, or other expenses. Strict confidentiality procedures were developed for protecting the identities of parents participating in the focus groups. An institutional review board reviewed all focus group methods and protocols.

  Unfortunately, the focus groups of the non-offending parents did not yield what we had hoped to learn. It proved difficult to get the appropriate parents to the focus group. Several problems emerged that were beyond our control. First, we did not obtain the attendance we desired despite vigilant efforts to work with our site contacts. Second, some parents who attended the focus groups had not actually used services for their children or were from other communities outside the service area served by the providers under study. Third, many of the parents dealing with the impact on domestic violence on themselves were not able to focus on the needs of their children. Our principal finding from the focus groups was that domestic violence victims are faced with an array of difficult problems and cannot always place their children’s needs first. Programs need to understand this dynamic and reach out to parents at many points in time if they are to be successful in reaching the children.

Chapter 3

MAIL SURVEY RESULTS

SURVEY QUESTIONS

The national mail survey was intended to learn how law enforcement departments respond to children exposed to domestic violence. For the purposes of the survey, children exposed to domestic violence was defined to include any children of the adults in the domestic violence incident who were present, heard, witnessed, were used as a shield, and/or intervened to protect their parent. Information gathered included

- whether the department has a policy or protocol that requires officers responding to domestic violence cases to investigate if any children were exposed to domestic violence and, if so, under what circumstances they would ask if children were exposed and how officers document that children were exposed to domestic violence;
- what officers do when they discover children were exposed to domestic violence — do they involve a service agency to help the children and, if so, does the agency respond to the scene, does the officer telephone them, or does the officer give the referral to the non-offending parent;
- whether follow-up occurs with the non-offending parent to see if services where obtained or whether further help is needed;
- whether the department receives any funds to help children exposed to domestic violence;
- whether the department believes they have a model approach to children exposed to domestic violence and whether they have any evidence their approach is working.

SAMPLING PLAN

We used a multi-pronged purposeful sampling plan designed to maximize the chances of finding law enforcement departments using creative and innovative approaches. We mailed the survey to departments that have demonstrated an interest in domestic violence and/or who have experienced large numbers of these cases. The survey was sent to a sample of 495 departments. The sample included the Community Oriented Policing (COPS) Office domestic violence grantees, COPS Office community partnership grantees that identified domestic violence as their problem area, and departments that are members of the Major City Police Chief's Association. In addition, we sampled additional departments in Florida, Utah, Idaho,

Oregon, and California. At the time of this survey, these five states had enacted legislation that created, or enhanced, penalties for batterers who expose children to domestic violence. Also surveyed was the Yale-New Haven program and its eight replication sites. In addition, we also posted a notice of the project and survey on several web sites and bulletin boards, including the American Bar Association Center on Children and the Law Web site, the Community Policing Consortium Bulletin Board, the International Association of Chiefs of Police (IACP) network, and the Police Executive Research Forum (PERF) Bulletin Board. Notice of the survey was also given in the National Organization of Black Law Enforcement Executive's (NOBLE) newsletter.

RESPONSE RATE

Special efforts were taken to obtain a high response rate. First, we kept the survey short (4 pages) and formatted it in a style easy to complete. Checklists and matrices were used to make responding easier. Second, we sent a personalized letter to the chief of police or sheriff explaining the intent of the survey and the importance of completing it. The chief or sheriff was asked to have the person most knowledgeable in his or her department complete the survey. Third, we included a self-addressed, stamped return envelope and also gave respondents the option of faxing the completed survey. Fourth, we instituted a tracking system and mailed a reminder postcard to those departments we had not heard from after three weeks from the original survey mailing date. After we reasoned that the response rate from the postcards was saturated and survey responses had dwindled, we sent a second letter to the chief of police or sheriff. He, or she, was asked to check a box if they did not have a policy/protocol requiring officers to investigate if children were exposed to domestic violence and return the survey. If they require officers to ask if children were exposed to domestic violence, they were asked to complete the original survey or contact us for another survey if the original was lost. A total of 495 law enforcement departments were mailed surveys and 360 were returned. The response rate was high, 73 percent.

SURVEY RESULTS

Policy and Laws Regarding Children Exposed to Domestic Violence

The majority of departments (72%) indicated that they have a policy or protocol that requires officers to investigate whether any children were exposed to domestic violence. Under what circumstances would officers investigate to determine if children were exposed to domestic violence? Most respondents (62%) said they would investigate *every* time an officer responds to a domestic violence scene. A minority (19%) said officers would investigate *only* if children were present when the officer arrived. Another eight percent said officers would investigate whether children were exposed to domestic violence *only if there was some evidence* (e.g., toys, cribs, car seats, etc.) that children reside in the house. The remaining 11 percent said it would depend. On what? Some of the responses noted were: if the children were witnesses to the violence; if children were in harm's way; if children were old enough to verbalize what happened; and if the officer observed something at the scene to trigger inquiring about children being exposed to domestic violence (Table 1).

We asked respondents if there is a law or written policy that *requires* officers to document that a child was exposed to domestic violence. Most often (40% of the time), it is required by written policy; less often (25% of the time), it is required by law; 11 percent of the time, it is required by both law and policy; and less than one-quarter (24%) said it is required neither by law nor policy (Table 1).

Table 1

POLICY REGARDING CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Does the department have a policy or protocol that requires officers to investigate whether any children were exposed to domestic violence?

Yes	72%
No	28%
	(n = 356)

Under what circumstances would officers investigate to determine if children were exposed to domestic violence

Every time they respond to a domestic violence incident	62%
Only if children are present when officer arrives	19%
Only if there is some evidence that there are children in the home	8%
It depends	11%
	(n = 266)

Is there a law or written policy that requires officers to document that a child was exposed to domestic violence?

No	24%
Required by law	25%
Required by written policy	40%
Required by both law and policy	11%
	(n = 267)

Is there a box for the officer to check indicating whether children were exposed to domestic violence?

No	52%
Box on incident report	38%
Box on arrest report	3%
Box on both incident and arrest report	7%
	(n = 257)

Are officers required to narrate how children were exposed to domestic violence?

No	9%			
Yes	91% (n = 266) ➔	Where is it narrated?		
		In the incident report	79%	(n = 266)
		In the arrest report	46%	(n = 264)
		In the supplemental report	52%	(n = 263)
		It depends on circumstances	20%	(n = 265)

Officers have many obligations to document what happens at a crime scene. It is easy to understand why officers may forget to write down particular details. One way to systematize their reports is to provide a checklist or boxes to check about specific details (that also signals officers that this piece of information is important to collect in *every* case). We asked if there was

a box on the police report to check whether a child had been exposed to domestic violence. Slightly over one-half (52%) of the respondents replied that there was no box to check. When there was a box to check, different definitions were used across the departments surveyed. In some cases, the box indicated the child was a witness, and in other cases, the box indicated that the child was exposed to the domestic violence whether the child actually witnessed it or not. The location of the box also varied: 38 percent said it was on the incident report, seven percent said it was on both the incident and arrest reports, and three percent said it was only on the arrest report (Table 1). One reason to exclude such a box on the arrest report, but include it on the incident report, is that the arrest report is often a public record while the incident report is not. Departments concerned that arrest reports may contain sensitive information (such as a child witnessed domestic violence) may decide to put such information only on the incident report.

Ninety-one percent of the respondents reported that officers are required to write a narrative describing how children were exposed to domestic violence (e.g., they overheard it, witnessed it, were used as a shield, or intervened to stop it). Most often, 79 percent of the time, it is included in the incident report. The next most common place to narrate this information (52% of the time) is in the supplemental report (the supplemental report, like the incident report, is not subject to public scrutiny). Forty-six percent noted the narrative appears in the arrest report and the remaining 20 percent said it "depends" on things such as: if the child was a witness; if the child was at risk; if it was relevant to the facts of the case; if the child was injured; and/or on the child's age (Table 1).

Nature of Response to Children Exposed to Domestic Violence

What do officers do when they learn that children were exposed to domestic violence? The most common response, given by 56 percent of the respondents, was that they notify child protective services. In descending order of frequency, other answers were that they make a referral to a social service agency (44%); 35 percent intervene in "another" way (such as refer the case to a detective; notify school counselors; call a child abuse hotline; arrest the offending parent); 24 percent call a helping agency on the phone; 16 percent call a helping agency to the scene; and 12 percent respond to the scene along with a helping agency (Table 2).

There are a variety of ways in which officers can enlist the help of agencies to assist children with the trauma that accompanies being exposed to domestic violence. Some ways are more proactive than others; thus, they are more time intensive and expensive. The least expensive intervention is to do nothing at all. Nearly one-quarter of our respondents reported that they do not even have a policy requiring officers to find out if children are exposed to domestic violence. If they do, officers may hand the non-offending parent a pamphlet, or card, that explains what services are available, or officers may contact a helping agency for the non-offending parent so that they can explain the services available to the child.

Table 2

NATURE OF THE RESPONSE

If officers learn that children were exposed to domestic violence, do they …

Notify child protective services	56%
Make a referral	44%
Call a helping agency on the phone	24%
Call a helping agency to come out to the scene	16%
Respond to the scene with a helping agency	12%
Intervene in another way	35%
	(n = 265)

How often are officers accompanied, or joined, at the scene by …

	Always	**Often**	**Sometimes**	**Seldom**	**Never**	**(n)**
Child protective services	3%	7%	38%	35%	17%	(264)
LE or prosecutor's VW staff	4%	12%	17%	21%	46%	(252)
Non-profit victim advocates	3%	10%	23%	20%	44%	(249)
Counselors from hospital program	---	2%	6%	18%	74%	(247)
Schools	---	1%	5%	16%	78%	(240)
Other agencies	17%	10%	68%	5%	---	(29)

How often do officers refer children exposed to domestic violence to …

	Always	**Often**	**Sometimes**	**Seldom**	**Never**	**(n)**
Child protective services	34%	21%	33%	10%	2%	(262)
LE or prosecutor's VW staff	25%	21%	27%	11%	16%	(245)
Non-profit victim advocates	14%	24%	31%	10%	21%	(247)
Counselors from hospital program	2%	3%	21%	23%	51%	(239)
Schools	2%	4%	22%	23%	49%	(230)
Other agencies	34%	31%	32%	3%	---	(35)

Does anyone follow-up with the non-offending parent to see if the family followed through with suggested referrals?

Yes	39%
No	61%
	(n = 213)

Several police departments have programs designed to help children who have witnessed domestic and community violence. Often these programs are the result of a partnership between the police department and a service provider.

- **Example.** In one jurisdiction, a new intervention program had just started to assist children exposed to violence. Officers carry laminated cards instructing them on what to do when a child has been exposed to family or community violence. The card explains to the officer that police officers are often the first responders for these children and it is critical that the officer takes advantage of the intervention program. The card tells the officer how to explain that witnessing violence is very serious and that children may need help dealing with it. It instructs the officer to give out information on the impact of witnessing violence to the families and to encourage the family to participate in the program. If the family is receptive to participation in the program, then the officer calls the program and makes a referral. Officers are notified in writing when the program contacts families.

- **Example.** A program run by the local police department and the community services board has a brochure that officers give to parents whose child has witnessed violence. The brochure assists parents by giving tips on signs to look for after their child has witnessed violence, what to expect of their child after witnessing a violent incident, how to help the child, and how to take advantage of the services provided by the program. If parents are interested in receiving help, they complete an attached form and return it to the officer. Parents are informed that a child specialist will contact them within 24 to 48 hours. The child specialist will conduct an interview and assessment. Based upon this, they make appropriate referrals. Parents are told the services provided by the program are confidential and are given a number to call if they would like to contact the program directly.

A more time-consuming, proactive approach is for the officers to call a counselor from a helping agency to the scene to provide assistance. This may require the officer to remain on the scene until the counselor arrives to ensure the counselor's and family's safety. The most costly approach is for counselors to be on-call to respond to the scene with the officer. This approach is costly for the agency and may take the officer off call for some period of time while awaiting the counselor's arrival. We asked how often the latter happens (i.e., how often the officer is accompanied to the scene by a child-centered or domestic violence agency). The response categories for six different agencies were "always," "often," "sometimes," "seldom," and "never." The results are displayed in Table 2.

Looking at the results, it is interesting to note that of the five agencies we directly asked about, in less than five percent of the time do these agencies "always" go to the scene with officers (although respondents told us that 17 percent of the time they "always" go with an "other" agency not named by us — more about this later). Combining the "often" and "sometimes" responses, 45 percent of the time child protective services workers accompany officers; 33 percent of the time non-profit victim advocates accompany; 29 percent of the time victim-witness staff from law enforcement or the prosecutor's office accompany; eight percent of the time counselors from hospital-based programs accompany; and six percent of the time school counselors accompany (Table 2). Many respondents named "other" agencies that "always" (17%), "often" (10%), or "sometimes" (68%) accompany them to the scene. These included crisis center workers, shelter staff, mental health centers, clergy, and volunteers.

- **Example.** A jurisdiction surveyed had a policy specifically for children who witness a violent or traumatic incident. The purpose of the policy was to provide children (under 18 years) who witness violence (or traumatic incidents) with immediate counseling and follow-up treatment. Upon arriving at the scene, the officer first determines if the child (1) witnessed a violent incident and (2) is under 18 years of age. If so, the officer contacts a supervisor and the dispatch center is advised of the situation and relays that information to a response team. The officer remains on the scene until the team arrives or, if necessary, removes the child to an appropriate place and meets the team there. Once the team arrives, the officer briefs the team on the situation and remains on the scene until appropriate action has been taken by the team. When time permits, the initial responding officer completes a form to notify a juvenile officer. Juvenile detectives follow-up with the response team to check on the condition of the child. The Juvenile Bureau maintains a confidential file on the incident and of the team's initial involvement.

A less proactive outreach, but still a very important mechanism for helping children exposed to domestic violence, is for officers to refer the non-offending parent to agencies with programs for these types of children. Respondents more often reported that officers make referrals than that officers were accompanied to the scene by a helping agency. Among the five agencies we queried about, 34 percent of respondents reported that officers "always" and 54 percent "often" or "sometimes" make referrals to child protective services; 25 percent "always" refer to law enforcement or prosecutor's victim witness staff and 48 percent "often" or "sometimes" do; 14 percent "always " refer to non-profit victim advocates and 55 percent "often" or "sometimes" do; two percent "always" refer to school counselors and 26 percent "often" or "sometimes" do; two percent "always" refer to counselors from a hospital-based program and 24 percent "often" or "sometimes" do (Table 2). Again, many respondents named "other" agencies they refer to not included in our list — 34 percent "always" refer to another agency and 63 percent "often" or "sometimes" do. These agencies included crisis units, religious groups, the YWCA, special units within the police department, mental health professionals, domestic violence shelters, and abuse hotlines.

- **Example.** In one county, a new process has been developed for domestic violence calls in which there are children under 16 years of age in the home. The officer encourages the parent to sign a parental consent form for domestic violence intervention. The consent form states the parent agrees that school personnel can offer support and education to his or her child regarding domestic violence. School personnel are defined as a guidance counselor, social worker, school psychologist, mental health counselor, nurse, and/or school resource officer. The form includes the parent's name and signature, the child's or children's names, the name of the school, the officer's name, and the date of the incident.

It is one thing to make referrals, it is another to follow-up and see if the children actually received any services. There are many reasons why non-offending parents may not reach out for help for their children. They may feel ashamed or guilty; be too upset with their victimization to pursue help for the children (or to even comprehend what the officer is saying just minutes after they were assaulted); fear reprisals from the abuser if they seek help for the children; think it is hopeless; not have the financial means to pay for services (even if services are free, transportation costs or taking time off from work can be serious inhibitors to getting help); and/or receive resistance from their children about going somewhere for help. If all the

children who need help are to obtain it, follow-up by professionals is critical. We asked respondents if anyone follows up with the non-offending parent. Over one-third said follow-up happens (Table 2).

Funding Sources and Model Approaches

The vast majority, (85%) of departments, receives no special funding to respond to children exposed to domestic violence (Table 3). Of the 15 percent who have (or had) special funding, the source was overwhelmingly the federal government through the Community Oriented Policing (COPS) Office and the Violence Against Women Office, although a few attributed the source to state or private funds. Most often the funding for children exposed to domestic violence was included in broader general funding for domestic violence. For example, the funding might be used for a victim advocate who is available to counsel the victim's children in addition to the victim. Funding sizes ranged from a total of $20,000 to over $2,000,000 with some departments noting more than one source of funding. Funds were primarily used to staff special units (with victim advocates, investigators, specially trained officers, and so on) or for specialized response teams for domestic violence cases.

Table 3

FUNDING SOURCES AND MODEL APPROACH

Does the department receive any funds to respond to children exposed to domestic violence?

No	85%
Yes	15%
	(n = 347)

Does the department have a model approach to children who are exposed to domestic violence?

No	69%
Yes	31%
	(n = 322)

When asked if the respondent considered their department's approach to children exposed to domestic violence to be a "model" for the country, 31 percent said it was (Table 3). We asked them to briefly describe what they perceived as innovative and helpful about their response. We received an impressive account of many different types of programs. We cannot include each one here, but provide four examples to illustrate the breadth and scope of what departments are doing with community partners to help children exposed to domestic violence.

- **Case Example One.** This case example comes from a sheriff's department in the Northwest. The department has a policy that requires officers to investigate to determine if children were exposed to domestic violence every time officers respond to a domestic incident. They stated that "our department views children as a priority." Further, they explained that the child's emotional and physical well-being, as well as their safety, are primary concerns for law enforcement personnel. Deputies are trained to understand the effects of domestic violence on children. Every time they are called to a domestic violence scene, officers personally contact each child on the scene to assure their well-being. They do not take the parents' words in such matters. If children appear abused or neglected, Child Protective Services are advised. Deputies work diligently to calm the child, establish rapport and interview the child separate from the parents. Children are to be taught SAFE (Stay out of the fights; Ask for help; Find an adult who will listen; and Everyone knows it's not your fault). Children are reassured that the situation is not their fault and that they will not be left alone. They received over $73,000 in Violence Against Women STOP funds last year to respond to domestic violence. Their approach to children is included in their larger domestic violence efforts funded by the grant.

- **Case Example Two**. Case example two comes from a police department in the Northeast. The department's policy requires officers to investigate whether children were exposed to domestic violence every time they respond to one of these cases. Upon responding to a domestic violence call, the officer separates all involved parties. He/she speaks with the children privately, out of the parents' view. The officer also speaks with the non-offending parent. The officer makes an assessment on the impact of the violence to the children involved. If it is determined that the child's safety is at risk, Child Protective Services are called to the scene. Often, an advocate from the Department's Domestic Violence Unit is called to the scene as well. If there is no immediate risk to the child, the officer explains to the non-offending parent that Child Protective Services will be notified to follow-up with services for the family. In addition, the officers forward a copy of the incident report to the Domestic Violence Unit. A sergeant, detective, or victim advocate from the Unit follows up to ensure that the family receives all available services. The department receives no special funds targeted at children exposed to domestic violence.

- **Case Example Three.** Case example three reflects the approach of a police department in the West. In their state, there is a senate bill that requires officers to document when children are exposed to domestic violence. The violence the child was exposed to is recorded in the incident report and the report is sent to childrens' services. Additionally, the department has a domestic violence specialist (police officer) who has contact with the schools for following up on how the children are doing in school. The respondent believes that the follow-up with the schools has benefited the children. It provides support to those who are having difficulty with schoolwork because of the trauma they have experienced. The result is "better adjusted children" according to the respondent.

- **Case Example Four.** Case example four emanates from a police department with 47 sworn officers in the Midwest. A special unit in the police department, consisting of an investigator and social worker, follows up with every family for which there was a domestic violence call. They attempt an in-person contact with the family a day or two following the incident. Their goal is to stop intergenerational violence by teaching conflict resolution skills through

individual and peer counseling to children exposed to domestic violence. Of the families they contact, about 60 percent follow through and obtain treatment for their children. The program is funded through a Violence Against Women STOP grant. They believe they are making a big difference in the lives of families because their "personnel care; this is not just a job to them — if it was, the parents would see through it and the program would fail."

CONCLUSIONS

The sampling plan was not intended to yield a representative picture of how law enforcement departments are responding to children exposed to domestic violence. It was skewed to capture as many innovative and comprehensive approaches as possible by purposively reaching out to departments likely to have such approaches. Therefore, the results do not reflect a national average. We uncovered many creative and comprehensive approaches and our data reflect that many departments are working with agencies in their community to help children exposed to domestic violence. To summarize, we found the following.

- Nearly three-quarters of the departments surveyed have a policy, protocol, and/or law that requires officers to investigate whether any children were exposed to domestic violence.

- About one-half of the departments have a box on the arrest, incident, or supplemental report that officers are required to check if children were exposed to domestic violence. In nine out of ten departments with a written policy or protocol, officers are required to write a narrative describing how the children were exposed to domestic violence (e.g., overheard it, witnessed, were used as a shield, tried to intervene to stop it).

- The most common type of outreach made by officers to help children exposed to domestic violence is to make a referral to child protective services or another service agency. Less commonly, the service provider accompanies the officer to the domestic violence scene to immediately begin intervention.

- There is follow-up to learn if children exposed to domestic violence are getting the help they need according to over three-quarters of those surveyed.

- Only 15 percent of the departments receive (or have received) funds to respond to children exposed to domestic violence. Most often, the funding for children exposed to domestic violence was included in a grant with a much broader focus on domestic violence. The remaining departments are reaching out to these children without any special funding.

Chapter 4

TELEPHONE SURVEY FINDINGS

SAMPLING

Based on information learned from the mail survey, telephone interviews were conducted in 22 communities that have a coordinated approach between law enforcement and community programs for children exposed to domestic violence. These 22 communities were selected based on criteria such as whether the law enforcement agency had a policy or protocol regarding responding to children exposed to domestic violence and whether the law enforcement agency partnered with another agency to provide services to children.

THE LAW ENFORCEMENT SURVEY

In each community, the initial telephone contact was made with the law enforcement contact who completed the survey. The central themes of the open-ended questions on the telephone interview included the following.

- How does your department respond to children exposed to domestic violence?
- What laws, if any, mandate how you respond to children exposed to domestic violence?
- Is your approach mandated by policy or protocol? Describe.
- What special training do officers receive on children exposed to domestic violence?
- What information about children exposed to domestic violence is in the incident, arrest, or supplemental report?
- How does your approach affect what happens at the scene? When do officers call a helping agency to the scene? What helping agency is called? During what hours are helping agencies available to come to the scene? What is their role at the scene? Do officers have any pamphlets, cards, or other materials to hand out to parents that explains what the helping agency/agencies do or how to contact them?
- How does your approach affect what happens to the perpetrator? Under what circumstances would the perpetrator be arrested on enhanced charges of child abuse or children exposed to domestic violence offenses? What added leverage, if any, does that enhancement give your officer?

- How does your approach affect what happens to the child? Who decides who is called in to help the child at the scene? Who decides what referrals are made to help children exposed to domestic violence?

- Under what circumstances and why would child protective services be notified? How and when are they notified? What response does the notification trigger with child protective services?

- Does your department receive funds to respond to children exposed to domestic violence? If yes, what funds are received and what are they used for?

- Is your department's response to children exposed to domestic violence being evaluated or do you have any data to document how it is working? If yes, what is it?

- How well is your department's response to children exposed to domestic violence working? Where are the gaps in your department's or your community's response to children exposed to domestic violence?

- Would your department be willing to be included in a case study?

HELPING AGENCY SURVEY

The law enforcement survey respondent was asked to identify agencies that the department is collaborating with to help children exposed to domestic violence. Contacts in identified agencies were interviewed. Respondents were asked the following questions.

- When do you go to the scene and/or when are referrals made in cases in which children are exposed to domestic violence?

- What type of services do you provide to children exposed to domestic violence?

- Is someone from your agency available 24 hours, seven days a week or only during certain hours to respond to children exposed to domestic violence?

- Do you believe that the police are calling you to the scene and/or making referrals as often as they should, too often, or not often enough in cases in which children are exposed to domestic violence?

- In your community, how adequate are the number, and quality, of services for children exposed to domestic violence? Where are the gaps?

- Would you recommend your community's approach to children exposed to domestic violence to other communities? What works well, what needs improvement, how effective is your approach?

- Would your agency be willing to be included in a case study?

TELEPHONE SURVEY DESCRIPTIONS

Of the 22 communities with which follow-up telephone interviews were conducted, five promising candidates were identified for inclusion in the five case studies: Chula Vista, CA; Cuyahoga County, OH; Hartford, CT; Lakeland, FL; and Salisbury, MA. The descriptions of these five approaches can be found in Chapters 5 through 9. Six additional communities however, had approaches that were worthy of an "honorable mention" write up. These communities include: Austin, TX; Chesterfield, VA; Colorado Springs, CO; New Haven, CT; Sandy, Utah; and Xenia, OH. This chapter contains brief descriptions of these approaches.

Austin, Texas

Overview of Response

The Austin Police Department is a member of the countywide Family Violence Protection Team and contributes five Victim Service counselors and one Victim Service supervisor to the Family Violence Protection Team. All family violence assaults are automatically assigned to a Victim Service counselor to provide follow-up services. The Family Violence Protection Team has a relationship with several local helping agencies that assist victims of domestic violence and their children, including Safe Place, which offers short-term services to adults and children and the Austin Child Guidance Center, which offers long-term services to children.

Police Response

The Austin Police Department has approximately 1,150 officers and covers a jurisdiction of approximately 650,000 residents. From mid-1984 to 1985, departmental changes encouraged officers to respond more thoroughly to family disturbances. When responding to a domestic violence incident, the officer must identify if children are living in the home. If so, the officer adds the name(s) and age(s) of the child or children to the incident report. In all domestic violence cases, the patrol officer leaves a Victim Service and/or Family Violence Protection Team pamphlet with the victim. Twenty-four hours a day, officers have the option to call Family Violence Protection Team detectives or counselors to a crime scene. Rarely, however does the Family Violence Protection Team respond directly to the scene. If an arrest is not made or the case is a felony, then the domestic violence incident is automatically assigned to the Austin Police Department family violence detectives for investigation. All family violence (partner or other family members) assaults are automatically assigned to a Victim Service counselor to provide follow-up services. Also, if an officer or counselor suspect's child abuse, s/he will report it to the Department of Protective and Regulatory Services, Child Protective Services.

Family Violence Protection Team

Victim Service is made up of four units: a Crisis Team, a District Representative, Major Crimes (also called Criminal Investigations Bureau), and the Family Violence Protection Team. A federal

grant supports part of the Family Violence Protection Team including five counselors, one supervisor, seven to nine detectives from Austin Police Department, one sergeant, one Travis County Sheriff Office detective, one and a half Travis County Sheriff Office victim services personnel, two attorneys from Legal Aid, two attorneys from the Women's Advocacy Project, one protection order person from the County Attorneys Office, and one and a half Safe Place counselors. Family Violence Protection Team offers short-term counseling for children and provides parenting skills training to explain the impact of domestic violence on children. The service includes up to six to eight sessions for each family, including family, child, and/or adult counseling. At times, Victim Service counselors provide longer-term case management or counseling services. Victim Service has a program which serves children who witness violence, titled the Children Who Witness Violence Program. The counselors coordinate with law enforcement, school counselors, and other human service providers to provide effective clinical and case management assistance**.** The Family Violence Protection Team counselors and other Victim Service counselors provide school-based individual and children's group counseling. The groups are psycho-educational therapeutic and the group members are identified from offense reports, referrals made by the Family Violence Protection Team members, school counselors, and parents. The identified children participate in weekly group sessions for ten weeks. Group size depends on the demeanor and age of children. While parental involvement is not a requirement for group sessions, parents must consent to their child's participation.

The Children Who Witness Violence Program has a research and evaluation component. Victim Service has designed a longitudinal study and participates in gathering data before, during, and after services. They are interested in designing a pre/post instrument to measure the effectiveness of the school groups. Presently, the five Family Violence Protection Team counselors receive positive feedback from self-reports from the children and their teachers.

Agencies

The Family Violence Protection Team has a contract with the Austin Child Guidance Center, a local counseling agency, to provide long-term counseling for a total of 15 hours a week. The counseling is offered by priority based on severity of cases. The Family Violence Protection Team Victim Service supervisor coordinates and monitors the clients that go to the Austin Child Guidance Center.

The Family Violence Protection Team refers a majority of their clients to Safe Place. Safe Place provides the Austin/Travis County community with comprehensive domestic violence and sexual violence prevention and intervention services. In January 1998, the Center for Battered Women and the Austin Rape Crisis Center merged to form Safe Place: Domestic Violence and Sexual Assault Survival Center. Safe Place is also supported by 400 trained volunteers to assist with hotlines, community education, and children's activities. Safe Place has been funded by federal and state government grants, fundraising/public support, United Way/Capital Area, Capital Campaign, and Safe Place Thrift Place. There are several components to the Safe Place program. First, there are two immediate crisis shelters, a family shelter and a women's shelter, that can be used by clients for up to two months. An on-site school and child development center at the family shelter offers therapeutic programs for children. Second, the Resource Center is a non-residential client counseling center for group counseling for parents and therapeutic children's services. Third, the

Supportive Housing Community houses children and parents for up to two years and has onsite children's activities. The Supportive Housing Community is funded by the U.S. Department of Housing and Urban Development. Women and children are assisted with home furnishings, clothes, and household essentials through the Safe Place Thrift Place.

School Services

Safe Place coordinates Expect Respect, an Austin school-based services program. The school-based program is funded through 35 different on-going grants (i.e., Victims of Crime Act, local city, county, United Way, Centers for Disease Control and Prevention). The program components include classroom education, staff and parent training, school policy development, counseling and support groups, summer teen leadership program, and professional training and presentations. A team of four school-based counselors oversee the program. Program referrals are made by individual school counselors, students, parents, and other counselors. Counseling is offered from kindergarten through 12th grade and is for children who have witnessed domestic violence, are involved or have been involved in abusive dating relationships, or have been a victim of sexual assault. In elementary schools, the goal of the Expect Respect program is to help students develop skills and expectations for safe and healthy relationships. It also aims to promote a school environment free from bullying and sexual harassment. Elementary students are offered individual counseling on an as needed basis. In middle and high schools, the goal of the Expect Respect program is to help students prevent dating and sexual violence, as well as promote equality and respect in dating. For these students the program has 22 on-going groups that are 24 weeks in duration. The Expect Respect program serves about 450 students per year. Seventy percent (70%) of students have reported that they have witnessed domestic violence.

Chesterfield, Virginia

Overview of the Response

In the spring of 1999, the Chesterfield County Police Department and Chesterfield Community Services Board, a county agency, introduced a response to children who are exposed to violence. The program, Referral and Education to Assist Children in Trauma (REACT), is geared toward children who witness violence and traumatic events. However, up to this point, the response only has focused on children who witness domestic violence. The program focuses on helping parents understand their child, know what to expect from their child, and how to help their child. Referrals to services are made for both parent and child. This program was heavily influenced by the Child Development-Community Policing model in New Haven.

The Police Response

Officers are trained during roll call in how to respond to children exposed to domestic violence. A video, followed by a presentation on the program from mental health practitioners from the Community Services Board, is used. After responding to the call and gaining control of the scene, the officers are to ask the adult if children live in the home. If so, the officer takes a few minutes to talk to the parent and explain the effects of domestic violence on their children. They show the

parent the REACT brochure and ask if they can pass the parents' name on to the program. Having been trained to be very thorough in their explanation of the program, officers are careful to stress to the parents that this program is not related to child protective services, since parents are very sensitive about child protective services involvement. The officers are also careful not to mention "mental health," but instead describe the counselors as "child specialists." If the parent agrees, the officer completes a form and returns it to the Domestic Violence Coordinator in the department. She then forwards the information to the Community Service Board REACT program.

The REACT Program and Response

The REACT program receives the referral from the Domestic Violence Coordinator and within 48 hours one of the three "specialists" will contact the parent. Their contact rate is over 75 percent. Once they reach the parent they determine if they should do an in-person assessment with the parent and child. After meeting with the family they may refer the case to individual or family counseling. If the incident is less serious, they may try to handle the case through prevention or education programs. The Chesterfield community does not have specialized services for children who are exposed to domestic violence, but recognizes the need for these services.

Colorado Springs, Colorado

Overview of the Response

The Domestic Violence Enhanced Response Team (DVERT) identifies individuals who pose a significant risk to their past or present intimate partners through documented acts or threatened acts of domestic violence. These are considered to be Level 1 cases and DVERT handles a caseload of 175 to 200 cases a year (in Colorado Springs, there are 15,000 to 20,000 domestic violence cases a year). Less serious cases are handled as Level 2 and they receive follow-up services, but not crisis intervention services, at the time of the incident.

The Police Response

DVERT began in March 1996. It was an initiative of the police department in response to the growing number of serious repeat offenders. The DVERT team consists of 25 staff and includes a detective, a prosecutor, a child protective services worker, and a victim advocate from The Center for Prevention of Domestic Violence. The team is on-call 24 hours a day, seven days a week. A patrol officer calls the DVERT team to addresses in which there have been a repeated history of domestic violence (i.e., Level 1 cases). If it is a DVERT Level 1 case, the advocate responds to the scene as part of the team. DVERT Level 1 cases are identified based on ten criteria, for example, those with a long history of domestic violence; those involving serious physical injury; and abusers with lengthy non-domestic violence criminal histories. If it is a DVERT Level 2 case, the advocate responds with the team to the victim's house a day or two later.

The DVERT team assists the patrol officer in the investigation of the offense and provides support services for the victims in Level 1 cases. If children are involved, a secondary response team with special expertise on children responds. When children are involved, the DVERT team will have the

victim advocate, a child protective services worker, and perhaps a court appointed special advocate work with the victim and the children. They try to separate the children from the parents (one advocate stays with the parent while the other is working with the children). They allow the children to vent their feelings and fears, help the children with a safety plan, and calm the children with coloring books and play therapy.

If children witness the domestic violence or are present in the same room, the Colorado Springs Police Department charges child abuse (a misdemeanor charge). The head of the DVERT team said "we are winning these child abuse cases." Child abuse is charged for three reasons: (1) it sends a clear message that domestic violence is inappropriate in front of the children; (2) it forces the Department of Health and Human Services to open the case; and (3) the abuser can be given an enhanced penalty, be required to pay for the child's treatment, and receive restricted access to his children.

Follow-up Services

There are many referral places for children. The primary one is the Center for Prevention of Domestic Violence. It conducts play therapy; provides individual and group counseling; and operates a support group called DOVE children. The DOVE children's program is 12 weeks long and has two age groups: four to seven and eight to twelve year olds. Services are provided on a sliding fee and if the family cannot afford to pay anything, DVERT will pay for the child's therapy.

Funding

DVERT receives over $1 million from the Violence Against Women and Community Oriented Policing grants to operate its program. It is being evaluated by several projects, including one funded by the National Institute of Justice.

New Haven, Connecticut

Overview

The Yale-New Haven Child Development-Community Policing (CD-CP) program was one of the first programs to reach out to children exposed to violence. Started in January 1992, its original intent was to provide immediate consultation to officers regarding children's responses to violence and trauma and provide follow-up counseling services to these children. About one-quarter to one-third of their caseload involved children who witnessed domestic violence. In 1996, they added children exposed to domestic violence as a special component of the program and targeted these children for more intensive services. For these cases, it has brought together community police officers, domestic violence detectives, child mental health clinicians, and battered women's advocates to coordinate services to domestic violence victims and their children. The Yale-New Haven program has sparked replication in eight sites across the country.

The Police Response

Law enforcement officers decide when a child is exposed to domestic violence whether to call a counselor from the Yale Child Study program. The decision is discretionary with the officer who determines if services are needed. The New Haven Police Department receives 150 to 180 domestic violence calls per month. CD-CP is called to the scene about 15 to 20 times per month; thus officers are calling in about ten percent of the cases. The Yale counselors are on-call 24 hours a day, seven days a week to provide immediate response. All contact with the CD-CP team is voluntary and the mother must agree to the children being interviewed by a counselor. The counselor works with the child and the victim of the domestic violence to determine their needs for services and to construct a safety plan.

All officers on the New Haven Police Department are required to attend a 40-hour training run by the Yale Child study on the effects of domestic violence on children and how the officer should respond. New recruits receive this training at the Academy. Officers who attended the Academy prior to the inception of the training are sent to the 40 hour class.

The interdisciplinary CD-CP team meets weekly to review cases and coordinate strategies. They share information and brainstorm about how best to respond to victims and their children.

Follow-up Response

Follow-up response for victims not seen at the scene is dependent on the victim's wishes. If the CD-CP counselor is not called to the scene because the victim refuses services, or the officer decides not to call, the officer (or a detective who follows up the next day) asks the victim if she wants services for her child. If she does, a CD-CP counselor contacts the victim within a day or two after the incident to offer services. The CD-CP program does not contact victims who have told the police that they do not want services for their child. They feel strongly that to do so is a violation of the family's privacy. If the victim wants services, CD-CP calls them to discuss options. Services for children exposed to domestic violence include the provision of information on the effects on children exposed to domestic violence; clinical assessments of the children and the victim; and on-going psychotherapy for children and the victim. The initial assessment is paid for with grant funds. On-going counseling is reimbursed through Medicaid, private insurance, or on a sliding fee basis. No child is turned away because the family is unable to pay for counseling.

Funding

Primary funding for services to children exposed to domestic violence is provided through a grant from the Violence Against Women's Office supplemented by funds received from the Office of Juvenile Justice and Delinquency Prevention and the Office of Victims of Crime.

Evaluation

CD-CP has been monitoring the number of clients served, services provided, and client satisfaction. They are working with the Office of Juvenile Justice and Delinquency Prevention to collaborate with an outside evaluator to assess the effects of the program.

Sandy, Utah

Overview

Sandy, Utah is a residential community outside Salt Lake City with a population of 110,000. The Sandy Police Department responds to nearly 1,000 domestic violence calls each year. In Sandy, there are about 3.96 kids per household. Sandy, Utah's Kids in Domestic Situations (KIDS) program began in 1993. When law enforcement responds to the scene, the officer determines if children are in need of immediate crisis intervention. If so, the victim advocate from the police department responds to the scene. Law enforcement officers recognized that children in domestic violence homes were having problems as they grew up. Some were getting into juvenile crime and others were becoming abusers as adults. They wanted to break this destructive cycle.

The Police Response

The domestic violence/child abuse statute, UCA 76-5-109.1, makes it a separate crime of child abuse when domestic violence occurs in the presence of children. If domestic violence occurs when children are present, the officer can charge child abuse. If the domestic violence was a felony, the child abuse charge is a felony; if the domestic violence was a misdemeanor, the child abuse charge is a misdemeanor. Officers are required to put the names and ages of the children in the incident report. The officer also notes the child's behavior and affect in the incident report. The child abuse charge may enhance the perpetrator's penalty; force him to pay for the child's treatment; restrict his access to the child; and result in an Order of Protection whose violation may be criminal (if it is ordered in criminal court) or civil (if it is ordered in civil court).

The Kids in Domestic Situations (KIDS) Approach

All children exposed to domestic violence are given the opportunity for psychological evaluation and therapy. The police department worked with the prosecutor and the court to establish the KIDS approach. The chief judge agreed that, based on the assessment/evaluations of selected treatment providers, the court would order the perpetrator to enroll their children into court approved treatment programs. The perpetrator is ordered to pay for the children's treatment. If the perpetrator cannot pay, the family may qualify for Crime Victims Reparations to pay for the therapy.

Deciding When to Call the Victim Advocate

It is the responsibility of the responding officer to decide if the children are upset enough to warrant a crisis call to a victim advocate. The advocate is on-call 24 hours a day, seven days a week. The advocate is asked to respond within 30 minutes, and they usually do meet that timeline.

The lieutenant in charge of the KIDS program estimated that the advocate goes out in about one in ten domestic violence cases.

The Role of the Victim Advocate at the Scene

The Sandy, Utah Victim Advocate's unit has a staff of two, supported by 20 volunteers. They are available 24 hours a day, seven days a week. The advocate's role on the scene is to provide emotional support and resource information to the domestic violence victim and the children. The advocate's main role is to calm down the adult and child victims. They talk to them about available counseling services and explain that they may be eligible for Victims of Crime Act money to pay for the counseling. The advocate makes referrals to two mental health centers that offer individual and group counseling.

The Outreach Role of the Victim Advocate

If the victim advocate does not respond to the scene, someone from the program tries to make contact with the family later. Every day someone from the Victim Advocate's office culls through domestic violence reports. They try to make contact with the victim within 72 hours. They attempt three phone calls and if unsuccessful, a letter is sent to the victim. The victim advocate believes that this delayed outreach cannot be compared with the immediate outreach at the scene. The quicker they make contact with victims, the more receptive victims are to talking with them and seeking services. If they reach the victim immediately at the scene, about 90 percent avail themselves of services. If they do not reach them until a day (or several days) later, about 50 to 60 percent seek help for themselves and their children.

Monitoring Compliance

It is the advocate's responsibility to follow-up and monitor compliance with therapy orders. The advocate works to make sure children actually receive the treatment that is ordered (the judge cannot directly order the child to treatment, but can order the perpetrator to take the child to treatment). The quality of services at the mental health centers was described as good by the victim advocate and police lieutenant, but they are "swamped" and other programs are needed. Due to backlog, children may have to wait several weeks before being seen by a counselor. Both counseling centers operate on a sliding fee schedule and will see children for free if the family cannot afford to pay.

Xenia, Ohio

Overview of the Response

Xenia, Ohio has a population of approximately 30,000. It is located 12 miles east of Dayton. The Xenia Police Department domestic violence unit responds to children exposed to domestic violence. Its special outreach to these children began in May 1999. The team consists of a police detective and social worker. They attempt to respond to every domestic violence call in which children are exposed to domestic violence. If they are unable to respond to the scene, they

personally visit each household the day after the domestic violence incident in cases where children were exposed to domestic violence.

The Police Response

The Xenia Police Department has 47 employees. Every officer undergoes 20 to 60 hours of domestic violence training. A detective and social worker from the specialized domestic violence team are called to the scene whenever children are exposed to domestic violence. If they are not available, they reach out to the family the next day to explain the effects of domestic violence on the children and the services available in the community. They estimate that 60 percent of the families they contact avail themselves of services for their children. Their goal is to stop the intergenerational spread of domestic violence; to teach children conflict resolution skills; and to provide counseling for the children. They believe they "can help, but cannot heal" the damage inflicted on children exposed to domestic violence.

Services Available to Children and Their Families

The local domestic violence shelter offers a "Smiles Program." The Smiles Program provides group counseling for pre-adolescents, adolescents, and teens exposed to domestic violence. In addition, the shelter offers individual counseling for children and group and individual counseling for victims of domestic violence. It also assists victims in obtaining restraining orders. Children's Hospital also counsels children exposed to domestic violence, using a select group of pediatric psychiatrists.

Funding and Impact of the Program

They received Violence Against Women Act STOP and United Way funds for their program, but plan to continue the program, after the STOP and United Way grants end, with departmental funds. They have received "so much positive feedback" that they will never discontinue the program. They believe their efforts are making a significant difference in the number of future batterers. The way law enforcement officers think about domestic violence has "changed entirely." Officers now understand the impact of this type of violence on children. The law enforcement domestic violence unit is adding a second detective to the unit who will be specially selected. The person needs to be dynamic, compassionate, and have excellent "people skills," as parents can immediately tell if the officer cares or is "faking it." If the parent believes the officer merely sees it as his or her job, their outreach efforts are doomed to failure, according to the head of the Xenia Police Department's domestic violence unit.

CONCLUSION

From interviews with 22 communities, we learned that there were many more innovative approaches to children exposed to domestic violence than we could visit (we proposed to visit five). Each program was innovative in its own way and varied on factors such as level of coordination between agencies, type of partnership and partner agency, community and geographic diversity, level of interest in participating in the study, and availability of outcome data. Using data from the mail and telephone surveys and with assistance from the advisory board, five sites were selected for case studies.

Chapter 5

LAKELAND, FLORIDA

OVERVIEW

Lakeland has a population of 75,000 living in a county located between Tampa and Orlando. The Lakeland Police Department has 235 sworn officers. The Lakeland Police Department's Domestic Abuse Response Team (DART) provides a specialized, intensive response to domestic violence and reaches out to children exposed to domestic violence. In response to Lakeland's high domestic violence rate, the Lakeland Chief of Police implemented the Domestic Abuse Response Team in 1990. The program has received national recognition and has been featured on the TV show, "Save Our Street." For children exposed to domestic violence, a strong partnership has been created between the Domestic Abuse Response Team and the school system to help children deal with the trauma associated with exposure to domestic violence. Lakeland is fortunate to have many service agencies that provide counseling to children and families of domestic violence.

THE POLICE RESPONSE

Specialized Lakeland Police Domestic Abuse Response Team officers handle most of the domestic violence calls. There are four patrol squads, with a specialized officer attached to each squad. These officers work a 12-hour shift, and there is always a Domestic Abuse Response Team supervisor on duty. The officers receive 40 to 80 hours of additional domestic violence training beyond the basics given to patrol officers. All of the Domestic Abuse Response Team officers receive a one-hour in-service training each month. The preferred response is to dispatch the specialized officer to a domestic violence call. In the event that the specialized officer is not available, any patrol officer responds and follows the Domestic Abuse Response Team protocol.

When the police officer responds to a domestic violence call, he, or she, first stabilizes the scene. The officer also completes the Domestic Abuse Response Team paperwork that contains a checklist to remind officers of the actions to be taken in domestic violence cases, including informing the victim of services for her and her children and encouraging the victim to sign a Parental Consent Form. This Form is the key to services (discussed below).

Officers are mandated to call the Domestic Abuse Response Team advocate every time children are exposed to domestic violence, but they may "forget" or the victim may refuse services (refusals happen in about 30% of the cases according to officers interviewed). The Domestic Abuse Response Team Project Coordinator, or her full-time advocate, reviews all police reports of domestic violence the day after the incident. If the officer failed to call in an appropriate case, a

Domestic Abuse Response Team advocate calls the victim to explain available services. The officer's sergeant is notified of the breach in procedure and the officer is reminded of the departmental policy to call a Domestic Abuse Response Team advocate. This back-up system ensures that no victims or children are overlooked.

THE DOMESTIC ABUSE RESPONSE TEAM ADVOCATES

The only two paid staff members are the Coordinator of the Domestic Abuse Response Team program and a full-time advocate. Besides the paid advocate, all of the program advocates are trained volunteers. About 40 volunteer advocates work with the program. All volunteers receive 16 hours of training led by the Domestic Abuse Response Team coordinator. In addition, advocates are encouraged to receive the law enforcement 40-hour domestic violence crisis training, as well as attend periodic updated training sessions. These trainings are viewed as "perks" by advocates, according to the program coordinator, and as a mechanism to thank advocates for their commitment.

The advocates' shifts parallel the 12-hour shifts of the patrol officers. According to the coordinator of the Domestic Abuse Response Team program, advocates are "highly encouraged, but are not required" to ride with police officers for at least part of that 12-hour shift. This allows an immediate response to the scene and it also fosters rapport between the officer and the advocate. About one-half of the program advocates choose to ride with officers during their training period and continue to ride-along sporadically. If the advocate chooses not to ride with the officer, he, or she, must be available by telephone during the 12-hour shift. Should the victim need or request an in-person meeting at the time of the police response, the on-call advocate can meet the victim at a "safe" place such as at the police department, or at the emergency room of the hospital if the victim is transported for medical services.

A Domestic Abuse Response Team victim advocate may become involved with domestic violence victims and their children in one of two ways. First, the advocate may be in the patrol car as part of a ride-along. In that case, the advocate speaks to the victim as soon as the scene has been stabilized. If the advocate is not in the patrol car, he, or she, is available by telephone. In that case, the officer at the scene informs the victim that they are about to call an advocate on the telephone. The on-call advocate talks to the victim about safety planning and services available for the victim and her children. The advocate explains the impact of witnessing domestic violence on children and behaviors associated with the trauma of witnessing such violence. As part of that educational process, the advocate discusses the many services available in Lakeland for children who witness violence, including services provided free of charge.

Having advocates available immediately on the scene, or by telephone, is seen as important in working with the victim and their children. While in a crisis state, victims are often more amenable to obtaining services than they are after the crisis has subsided.

The day after the incident, a Domestic Abuse Response Team advocate follows up with the victim, even in cases in which the victim refused services at the time of the incident. If an advocate spoke with the victim the night of the incident, the same advocate follows up the next day by telephone or in-person.

During interviews, advocates emphasized that the victims' greatest fear is that their children will be taken away from them as a result of the domestic violence incident. Advocates spend considerable time explaining they are not from the state child welfare agency and they are not there to remove the children. They also attempt to enhance the victim's self esteem. Advocates reason that victims with low self-esteem are not capable of thinking about, and following through on, their children's needs. Therefore, their outreach to the victim is critical to serve as the all-important entry to address the needs of the children.

The majority of domestic violence victims are not aware of resources in the community for themselves and their children. The Domestic Abuse Response Team advocates bridge that gap, often reaching out directly to programs on behalf of the victim rather than making a simple referral. Advocates noted that there are "plenty of services available" in Lakeland, a community "very responsive to children."

Among the Domestic Abuse Response Team advocates, many languages are spoken to serve non-English speakers. All advocates receive a free pager and cell phones donated by AT&T. To keep the program operational, the program needs at least 35 volunteer advocates. They have experienced considerable success in maintaining a dedicated core of advocates. They currently have 42 volunteers, six of whom are male. They are especially interested in maintaining male advocates (the full-time paid advocate is a male) because the Domestic Abuse Response Team coordinator wants victims of domestic violence, who are usually female, to see that "there are good males out there who really do care."

The Domestic Abuse Response Team advocates average about three to five calls per week. During interviews with program advocates, they identified the following lessons they have learned about helping children exposed to domestic violence and their families.

- An effective advocate needs to be patient, compassionate, a good listener, and non-judgmental. Many victims return to their abusers, and advocates need to leave the door open for help in the future and "be there for the victim whatever course she chooses."

- To be a good advocate, you have to "shut down your emotions." You "must focus on your job, not the condition of the house or the cockroach in the corner of the room!"

- To build rapport with officers, advocates should conduct ride-alongs. It increases advocates' understanding of police work and vice versa.

- Expect "bumps in the road." At first, officers thought advocates would "be in their way," but "welcome their presence" now. In the beginning, officers only called the Domestic Abuse Response Team advocates because the Chief said so, now they do it because they realize advocates can be helpful!

THE ROLE OF THE DEPARTMENT OF CHILDREN AND FAMILIES

By Florida statute, judges and police officers are required to notify the Department of Children and Families whenever a child is endangered, abused, or neglected. Whether a report is required in every case in which a child is exposed to domestic violence is a matter of interpretation. Some reporters only call if the child witnessed the violence while others call every time children reside in a domestic violence home. When a call is received via the hotline in Tallahassee, the hotline operator screens the call to determine if there is reason to believe child abuse occurred. If so, the case is transferred to an investigator and a priority established. The case may be prioritized as requiring an emergency response within three hours or a non-emergency attempted response within 24 hours.

When an investigator from Children and Families responds to a report of domestic violence, a decision is made whether to talk to the children first or the parents. It depends on the severity of the incident, the ages of the children, and the worker's assessment of the family. The goal is to ascertain where the children were during the incident, what the children were doing at the time, what the children witnessed and heard, the family's prior history of domestic violence, and how capable the non-offending parent is in protecting the children from further harm.

The Children and Families caseworker also explains services available to the parent and child and why children who witness domestic violence may need counseling. If the parent is willing, the family may be referred to a Crisis Counseling six week program or the more intensive Family Focus Family Builder's three to six month program, which is a local service program. If there is a history of domestic violence, the abuser might be referred to the Batterer Program. These programs may be voluntary, mandated as part of a service plan, or court ordered depending on the severity of the case. If it appears to be a first time incident and the non-offending parent is protecting the child, Children and Families close the case without any official intervention. It was estimated that one-half the cases are closed in this manner.

FOLLOW-UP SERVICES WITH SCHOOLS AND OTHER SERVICE PROVIDERS

Two years ago, the Domestic Abuse Response Team developed a "Parental Consent Form" for a parent to sign for children under the age of 16. The Form gives the program permission to contact the child's school and advise school officials about the domestic violence incident. The intent is to engage the school in helping the children. All police officers are familiar with the Parental Consent Form. Most parents, estimated at 90 percent by the Domestic Abuse Response Team coordinator, sign the Parental Consent Form. According to officers interviewed, parents usually agree to the Parental Consent Form because (a) they are in crisis, (b) it is designed to help their children, and (c) the police uniform and badge contributes an air of authority that parents are reluctant to question. Officers acknowledged that the Form is extra paperwork (something officers loathe), but "it only takes three minutes and it helps the kids" so they do not mind the extra work as it "is worth it."

The supervisor of school psychologists described a very strong working relationship with the Domestic Abuse Response Team and an active community service-based response to these children and their families. The coordinator of the Domestic Abuse Response Team personally visited all of the 37 schools in Lakeland to explain the Parental Consent Form and the effects of

children witnessing domestic violence. This process established a trust critical to a cooperative working relationship between the Domestic Abuse Response Team and the schools. The supervisor of school psychologists noted that she has never had one complaint from parents about the Parental Consent Form. She is the recipient of most complaints and notes if there were any problems with the Form, she would have certainly have heard about them. Lakeland schools are very active in violence prevention programs through conflict resolution, anger management, and peer mediation programs.

In every case in which the Parental Consent Form is signed, the Domestic Response Team contacts a school representative the day after the incident. The Domestic Abuse Response Team coordinator or the full-time advocate makes this contact. The Form is faxed to the school principal or guidance director *after* a call is placed to alert them the Form is coming. The reason for this precaution is that the Domestic Abuse Response Team coordinator does not want the Form "hanging around" the fax machine where other students and employees can see it and thus learn of the domestic violence incident. This could feed the rumor mill and have disastrous consequences for her working relationship with school officials.

In addition to moving children into services, a side benefit of the Parental Consent Form is that it demonstrates to Children and Families that the parent is taking steps to protect his/her child. This may result in fewer children being removed from the home for failure to protect.

We visited a kindergarten through fifth grade school of 725 students, one of the 37 schools, that works with the DART coordinator on the Parental Consent Form. We learned that when a Form is received, the counselor seeks out the child and asks what happened the night before. The counselor listens to the child's concerns and worries and assures the child that he or she may come to the counselor at any time to talk about his or her feelings. If the child does not seek out the counselor after the initial meeting, the counselor reaches out at least one more time. The counselor assesses the child's need for individual or group counseling. Group counseling is offered on the topics of divorce, self-esteem, anger control, and grief. A major goal is to help children understand that violence in a family is not normal and that people can share their feelings without shouting or hitting. In addition, safety planning is provided. The counselor also addresses the need for material services, such as food and clothing. She may also counsel the child's mother and help her obtain needed services if circumstances warrant it. The counselor notifies the child's teacher that there are problems in the home (no specific mention of domestic violence is made) to alert the teacher to be extra caring and attentive to the child.

The Domestic Abuse Response Team coordinator said the response to the Parental Consent Form has been "overwhelmingly positive" in Lakeland and has received national attention. Many departments across the country have contacted the program to find out how it works in an effort to develop one for their department.

In addition to school programs for children exposed to domestic violence, there are a number of other programs for these children. For example, *Gentle Giants: "It takes a Big Person to Walk Away"* is a conflict resolution program for adolescents offered once a month by the Clerk of Courts. There is also an "Outward Bound" type program for adolescents who may be acting out aggressive behaviors learned in the home.

In Florida, VOCA funds are available to pay up to $10,000 for the child's counseling if the child was injured and up to $2,500 if the child witnessed domestic violence. The advocates help victims fill out VOCA compensation forms to submit a claim.

FUNDING

The Domestic Abuse Response Team has a Violence Against Women STOP grant of $67,000 (they are in their third year of STOP funding) that supports the full-time coordinator and a full-time advocate. It also covers the cost of gasoline for the Domestic Abuse Response Team car (the car itself was purchased with STOP funds during year one of the grant). The Chief of the Lakeland Police Department has a commitment to continue the Domestic Abuse Response Team even after funding ceases and will assume the costs for doing so.

EVALUATION

The Domestic Abuse Response Team is not being evaluated. The team coordinator believes it is working, because the number of calls for repeat service are down (from 236 before the Domestic Abuse Response Team compared to 136 after) and the number of new calls for service are up (in August alone, they had 70 domestic violence calls). Also, there has been a decline in the number of domestic violence homicides.

CHALLENGES FOR THE DOMESTIC ABUSE RESPONSE TEAM

Challenges for the Domestic Abuse Response Team to fully address the needs of domestic violence victims and their children include the following.

- It would be helpful if psychologists could respond as a team with the Domestic Abuse Response Team volunteers during the initial crisis intervention. Currently, there are no funds to support such an effort.

- The Domestic Abuse Response Team volunteers would embrace more specific training on the effects on children exposed to domestic violence.

- More male advocates are needed. It is good for victims to see males in a positive light.

- Victims need help to file for restraining orders. The Domestic Abuse Response Team advocates help as much as possible, but legal assistance in more complicated cases is needed.

- The prosecution of domestic violence cases has to increase. The state attorneys refuse to file a "tremendous number of cases." The Domestic Abuse Response Team advocates believe that law enforcement is doing far more with domestic violence cases than are the prosecutors.

- There is a need to recognize that males are also victims of domestic violence.

- More public education is needed to inform domestic violence victims that there are services for them and their children. The Domestic Abuse Response Team currently provides many public domestic violence awareness workshops, but they hope to expand their efforts in this area in the future. The full-time victim advocate makes presentations in Spanish and reaches out to that community. Outreach to other special populations is important and they recognize the need to be culturally sensitive. The advocates have found that certain cultures, for example Asians and Latin Americans, are less likely to call the police or seek services. They would also like more outreach to migrant farmers and immigrants who are isolated and fearful about calling authorities or using community services.

CONCLUSION

The Domestic Abuse Response Team exists because of the strong commitment of Lakeland's Chief of Police and the dedication of its coordinator. Through crisis and follow-up services, children exposed to domestic violence are helped with the trauma they suffer. The Domestic Abuse Response Team coordinator explained that the program is always evolving to improve the approach. Wrapping an arm around the child by notifying school counselors that there has been a domestic violence incident in the home via the Parental Consent Form is central to the program. Law enforcement officers are primary gatekeepers to encourage parents to complete that Form. In Lakeland, officers embrace their gatekeeper role because of the Chief's departmental policy and the mutual respect and rapport that has evolved among officers and the Domestic Abuse Response Team advocates.

Chapter 6

SALISBURY, MASSACHUSETTS

THE COMMUNITY

Salisbury and Newburyport are two towns located in Essex County, Massachusetts. The area, often referred to as the North Shore or greater Newburyport, is about 40 miles from Boston. The county is bordered on the east by the Atlantic Ocean and on the north by New Hampshire. Although Salisbury and Newburyport are located within several miles of one another, the two towns are vastly different in socioeconomic status. Newburyport is a gentrified town that has an affluent and stable population. Salisbury is a working class community that has a highly transient population. During the months between Labor Day and Memorial Day, hundreds of families move into Salisbury to take advantage of off-season low-rate motels and summer cottages. Salisbury claims to be second to Boston as having the highest assault rate in the state. The county is almost entirely English speaking, but there are expectations that this will change as a more diverse population settles into the area.

OVERVIEW OF SALISBURY'S RESPONSE

Selected for study were the Salisbury Police Department and the Women's Crisis Center in Newburyport. In 1996, working in partnership with funding from the Community Oriented Policing office, the police department and the crisis center formed the Rapid Response Team. Although that grant ended after one year, the town of Salisbury and the Women's Crisis Center continue to support the effort. The Team provides crisis intervention and referrals to a wide array of services for domestic violence victims and their children. Children who are exposed to domestic violence are referred to the Children of Violence Empowerment project, which is under the auspices of the Women's Crisis Center.

THE POLICE RESPONSE

The Salisbury Police Department Chief is committed to dealing with community issues. He recognizes domestic violence as a priority that needs intervention to stop intergenerational violence. His support of the Rapid Response Team has been critical to sustain the effort. The Community Services Unit, staffed by two proactive and well-trained police inspectors, prides itself on their collaboration and coordination with other community organizations. They are adept at securing funding for their efforts and seem skilled at "making things happen."

The Salisbury Police Department has 20 sworn officers. Each shift consists of two patrol officers and a sergeant. Two patrol cars are dispatched for domestic violence calls. At the scene, the officers' first goal is to ensure the safety of the victim and to deal with the perpetrator. They are trained to look for signs of children in the home. If an arrest is made, the officers try to separate the perpetrator from the children so they do not witness the parent being arrested. Officers indicated that sometimes the children do not seem outwardly affected during the domestic violence call. This may be due to the fact that the fighting, violence, or presence of officers may not be unusual to the children. The officers give the children teddy bears stored in their patrol vehicles.

After the officers have gained control of the scene, they ask the victim if she/he would be willing to come to the police department to talk to a victim advocate. In the past, the advocate would meet the victim at her/his residence, but it was decided that this may be unsafe for the advocate and there are too many possible distractions (e.g., neighbors stopping by, family calling, etc.). If the victim says she/he does not want to meet with the advocate, the officers will describe the services available at the Women's Crisis Center and explain the effects of exposing children to domestic violence. They give the parent a brochure that explains the effects of domestic violence on children and introduces the Children of Violence Empowerment project. This project provides services to children who have been exposed to violence. If the victim does agree to go to the department to speak with the advocate, the officers ask the victim if there is a suitable individual with whom to leave the children. If the victim does not, or can not leave the children with anyone, she/he will bring them to the department with her. About one-third of the time, the victims bring their children to the department.

THE WOMEN'S CRISIS CENTER

The Women's Crisis Center provides free services to victims of domestic violence in the greater Newburyport area. These services include a 24-hour hotline, individual and group counseling, childcare, legal advocacy, shelter and housing referrals, education and information, and the Children of Violence Empowerment project. It is led by a committed Executive Director and has a dedicated and knowledgeable staff. There are currently 17 staff, three 'masters' level interns, and 80 volunteers.

Advocates from the Women's Crisis Center receive 55 hours of crisis intervention training. Staff at the Center and area experts provide this training, which includes the effects of violence on children. Advocates who wish to be on the Rapid Response Team or do court advocacy must take an additional 12 hours of training. The Team advocates must live within a reasonable distance so they can respond to victims quickly. The Women's Crisis Center and the police department screen applicants carefully. Criminal background checks are conducted on all applicants and they are interviewed to determine their "readiness" to be an advocate. All of the advocates have been women, although they do attempt to recruit men. Currently, there are ten advocates, and they are proud that they have had the same staffing since 1996.

THE RAPID RESPONSE TEAM

If the victim agrees to talk to an advocate, and most victims do agree, the responding officer notifies the Rapid Response Team. The team consists of one of the two investigators from the

Salisbury Police Community Services Unit and a Rapid Response Team advocate from the Women's Crisis Center. There are about 65 to 70 Rapid Response Team calls per year. The Salisbury Police Department and Women's Crisis Center are trying to promote the Rapid Response Team to the nine local chiefs in the greater Newburyport area.

The Rapid Response Team meets the victim at the Salisbury Police Department. When the Team arrives, the responding officer privately briefs them on the incident. The responding officer formally introduces the Team to the victim. The advocate and the victim then meet alone. They do not include the investigator at that time, since the investigator is not bound by the same confidentiality rules as the advocate. The advocate can not share information with the police unless she has permission from the victim. If the advocate thinks it is critical to the safety or well being of the victim, she will ask the victim for permission to talk to the officer. If the victim does not agree, however, then the advocate will not betray the confidentiality of the victim by talking to the police.

If the children accompany the victim to the department, the advocate explains to the children that she needs to speak with their mother. Advocates stated that it is hard for one person to deal with the parent and children at the same time. They want to hear from the victim, but do not want the children to overhear their parent's story. The advocate will occupy the children with crayons, paper and other toys. Advocates believe that drawing is helpful to the child and will often reveal something about how he or she is feeling at the time. In one instance, the advocate showed a victim her child's drawing that showed a disturbing picture of a frightened child. The drawing convinced the victim to obtain counseling for her child. After the victim shares her/his story with the advocate, the advocate starts working with the victim on safety planning. If the victim wishes to get a restraining order, the advocate assists the victim with completing the forms. The advocate can call the judge at home during the evening hours and ask him to grant an emergency temporary order for 24 hours. The next day, the victim can go to court to seek a temporary order.

The advocate talks to the victim about obtaining services for her/him and the children. The advocate asks the parent several questions about the children witnessing violence, their behavior, their school performance, and about their social skills. The advocate explains post-traumatic stress disorder to the parent. She informs the parent that a Women's Crisis Center project, Children of Violence Empowerment (COVE), offers services to children who have witnessed violence. The advocate gives the victim a COVE pamphlet that describes the program and services offered (see below).

THE WOMEN'S CRISIS CENTER (WCC) FOLLOW-UP RESPONSE

The chief advocate at the Women's Crisis Center follows up with all victims the day after the incident. Victims are usually receptive to this follow-up even if they did not want to meet with the Rapid Response Team the day before. Initially the advocate tries to get the parents into services and then focuses on obtaining services for the children. The advocate has found that victims are often in denial that their children are impacted by the violence. Therefore, they are slow to secure services for their children. As the advocate explained, "it is like chipping away at the mom's armor;" it is a slow process to convince parents that their children have been harmed as a result of being exposed to domestic violence. For example, one client has been participating in Center programs for two years, but has just agreed to services for her children. The Women's Crisis Center

prefers for the victim to contact COVE, thereby empowering the victim to take control. However, the advocate is also in close contact with COVE staff and encourages the staff to do outreach work with victims who are not using their services. If the victim refuses services at COVE, she encourages the victim to use the counseling services at school (see below).

If the advocates believe a child is not safe, they will file a 51a, a report to the Department of Social Services that a child has been abused or neglected. If the Center is going to file, they will have a team review and make the final decision as a group, not letting it rest on any one person's shoulders. However, the Center tries to avoid filing, preferring a collateral agency file, since they want the victim to view the Center as their advocate.

The Women's Crisis Center encourages evaluation feedback from their clients. Clients who worked with the Rapid Response Team are mailed questionnaires printed on police department letterhead to complete. The questionnaire primarily asks about interaction with the officers (e.g., were they courteous, did they make you feel safe, were you satisfied with the police follow-up) and with the advocates (e.g., did she help you, how, were you satisfied with the follow-up and referrals made). The response rate for these surveys has been over 70 percent. All responses have been very positive. Comments on the excellence of the Rapid Response Team have included "You (the Women's Crisis Center) work well with the police. Thank you." and "My special thanks to Officer XXX. He followed up and made me feel safe. I am thankful that the police got myself and the Women's Crisis Center together." In addition, the Center has recently formed an advisory committee of clients to explore what they are doing well and suggest areas for improvement.

THE CHILDREN OF VIOLENCE EMPOWERMENT (COVE) PROJECT

The Women's Crisis Center runs the Children of Violence Empowerment (COVE) project. This project, modeled after the Boston Child Witness to Violence Project and the Better Homes Foundation Bounce Back program, provides services to children who have been the victim of, or witness to, violence and trauma.

A grant from the Victims of Crime Act in mid-1998 helps supports the current COVE program. Prior to the grant, the Salisbury Memorial school had a small art therapy program for children exposed to domestic violence. The Victims of Crime Act grant (which is their primary source of funding) enabled the program to hire a director and a staff person. In July 1998, a location was selected for the program and a local bank agreed to pay the rent for the first year, an offer the bank has since continued. A grant from the Harply Foundation provided the organization with toys. Current funders also include United Way, the Massachusetts Department of Social Services, and many other generous community organizations and individuals.

Services provided to children include art therapy, sand therapy, play therapy, individual counseling for children of all ages, teen support groups for females, "healthy anger" groups for females and males ages 12 to 16, and sibling support groups. Most of their groups consist of eight to ten week sessions. In addition, they offer a "drop in" center for children and youth. Services for parents include support groups, family case management and assessment, and family advocacy. Interestingly, the project has done counseling for new, non-abusive parents who have joined a family that has previously experienced domestic violence. They work with the adults on how to

deal with the special issues these children may face. The COVE project is very structured, but allows for flexibility with each case plan. The program is based on the philosophy that intense parental involvement gives the parent a sense of investment and control. They rely heavily on parental feedback to determine the children's needs. Childcare, which includes therapy, is provided for young children while their parents receive services. While the project does not have an official waiting list, COVE programs are always full and at times they need to refer children to other services in the community.

Two full-time staff members run the COVE project. They attended a 40-hour training by the Boston Child Witness to Violence project. One training day was spent on outreach and collaboration with organizations, with a special focus on working with the police. They continue to use the Boston project as a resource. The COVE project staff are also Rapid Response Team advocates. In addition to providing counseling services, they conduct case management meetings with police and school representatives and conduct programs and groups in the schools. They teach children safety planning, including how to dial 911 and talking to children about what to do if their parents are fighting (i.e., do not get in the middle of the fight). They encourage children to find someone they trust and can really talk to, especially when there is reoccurring violence.

Recently COVE received a $50,000 grant from the Massachusetts Department of Social Services. With that money, they will hire a full-time clinician and collaborate with four different agencies that can provide additional free services (such as substance abuse counseling). Because the services at COVE are free, clients who wish their location to remain unknown can not be traced through insurance records. The grant also covers the new "nurturing program" which will pay for a badly needed sink for the office kitchen and help develop a nurturing program curriculum. This program, which is offered once a week for two and a half hours, involves separate group counseling for parents and children. Following the session, the parent and children's groups come together for a meal and a group activity.

The program keeps statistics on the number of children served each month. During a 12-month period from September 1998 to August 1999, an average of 33 children were served each month (children could receive multiple services) with an average of seven new children served each month. Approximately 25 families received services each month (they might work with the same family for several months). These statistics are used for internal purposes as well as to report to funding agencies.

Staff have learned valuable lessons that can be shared with other programs that work with children exposed to domestic violence.

- Spending time on strategic planning up front is time well spent. They planned for the first year to limit target outreach efforts to Amesbury, the town in which they are located. This outreach included working with the schools and police department. While they accept referrals from the surrounding towns in the Newburyport area, they confined their outreach efforts only to Amesbury. They did not want to overpromise services by reaching out too broadly.

- A program such as this needs an adequate number of paid personnel with clinical skills, diversity, and versatility. This project has been an evolutionary process with a need for staff who can evolve with the process and wear multiple hats. Currently, the program is

interviewing for a master's level clinician who can also facilitate collaboration with outside organizations and a full-time child advocate to assist with their daycare services.

- Providing childcare for parents while they receive services is critical to program success. Clients with small children are not able to effectively participate in services if they have to care for small children.

Staff cited several program challenges ahead.

- It is difficult to recruit and maintain volunteers. They need a person dedicated to recruiting and coordinating volunteers. Keeping volunteers in the program has been close to impossible. Volunteers, however, are vital to the continuation of the program especially since they are an excellent source of childcare providers.

- Maintaining grant funding is particularly challenging with their client base. Difficulty in tracking clients who may wish to not be found makes outcome studies nearly impossible. Grantors, however, want programs to show results quickly.

- Their referral basis has been expanding as a result of increased outreach efforts and publicity highlighting the program. They are already serving children at their capacity. In light of their current level of funding and personnel, they are mindful that demand may increase to an unmanageable level.

Overall, staff members believe the program is having a positive effect on the children. They provided an example of a 16 month-old that was in his mother's arms when she was beaten. After that incident, he began acting out and hitting his mother. COVE began individual counseling with the infant. Within three weeks, the hitting had decreased and eventually stopped.

DEPARTMENT OF SOCIAL SERVICES

When children are exposed to domestic violence in Massachusetts, mandatory reporters (which include the police and school officials) are required to file a "51a" report with the Department of Social Services. Many workers view the 51a as a way to obtain services for the family. Often victims accept services because of a combination of wanting help and being afraid that their children will be taken away by the Department of Social Services. If a family is deemed not safe in their present location, efforts by social workers will be made to find them a safe place to live. After a 51a filing, there is a ten-day period during which the department has to investigate the case. The investigation includes a visit to the family in a neutral location such as a park, school, or police department. The Department of Social Services worker will work with the police, school, and pediatrician to develop a safety plan.

After the investigation, a decision is made about whether the case should be opened or closed. If closed, the case is usually referred to services in the community such as the Women's Crisis Center, COVE, and the Pettengill House (an organization that provides services to the community). If the case is opened, then there is a 45-day assessment period. The Department of Social Services will follow-up to see if the victim received services. At times, they may keep a case open as a safety net

for the family. There is a real fear by victims of having their children removed. The media heightens this fear when victims hear about others having their children taken away. The department reports that they will remove children only if there is a real risk to the child and the victim does not take advantage of services or abuses the children. The Department will also factor in the batterer's attitude and his/her ability to recognize the problem.

THE SCHOOL'S RESPONSE

The Salisbury elementary school, Memorial School, reaches out to children who are exposed to violence at home. Teachers refer children to the School Adjustment Counselor for school-related issues. Often however, school-related issues, such as acting out behavior, stem from problems at home. The counselor can provide general counseling to the child, but if the issue requires more intensive individual or group counseling, the counselor must receive permission from the parent(s). The counselor facilitates anger management and healthy relationship support groups. Many of the children who are recommended for anger management have seen violence at home. When necessary, she or other school officials will file a 51a.

The Salisbury school nurse is another school employee who is in frequent contact with a large number of children. She may see up to 60 children in one day for reasons such as administering medication and tending to children who do not feel well. She finds that children often feel comfortable telling her that "mommy and daddy were fighting last night." When this happens, the nurse calms the child down and offers him or her a snack. When asked how the children who are exposed to domestic violence behave, she said that they are frightened. They think "my parents are out of control and I do not know what is going to happen to me." The boys generally exhibit acting out behavior while the girls tend to be quiet. She subsequently refers the child to the Adjustment Counselor and draws upon her formal and informal professional community contacts to seek advice on what can be done to help the family. She can file a 51a, although she believes they can help certain families better when she does not file a 51a. She may recommend to the parent that they seek services or ask for the parent's permission to obtain counseling for the child. At times the nurse will follow-up to find out if the parent actually received services and if the parent did not, she will inquire why. When the parent is not receptive to helping her/himself or the child, the nurse said she is more likely to file with DSS.

LESSONS LEARNED

As previously mentioned, project staff shared their insight regarding critical issues to consider as programs are developed to address the problem of children exposed to domestic violence (that is, the lessons they learned). Other lessons revealed during this research project included the following.

- Communities must recognize domestic violence as a problem and that children are the silent victims. Program implementers must secure commitment from key organizations and players. In greater Newburyport, there is a Domestic Violence District Court Roundtable that is held at the district attorney's offices. The theme of last year's roundtable was domestic violence and children. There is also a Community Collaboration Taskforce, which has been focusing on the effects of domestic violence on children.

- For an approach like Salisbury's to work, it must be embraced and supported by the police chief.

- Advocates must learn how to effectively collaborate with law enforcement. It takes time to build rapport and break down officer resistance to outside interference in their cases. Officers had to be convinced that social workers would help, not hurt, their cases. The advocate is not there to do police work, but rather to do social work. Advocates need to take a soft approach, get support from the Center and forge a partnership with the police. Cross training between the police and victim advocates can be very valuable. Information to officers should be provided in a way that they will be receptive to hearing it, such as providing information in sound bites as opposed to long-winded lectures.

- Having two advocates on the Rapid Response Team, one for the adult and one for the children, would be helpful. When there are several children, the advocate is faced with multiple demands simultaneously. A second advocate would allow them to do their job more effectively and efficiently.

- Children who reside in homes with domestic violence are more often mislabeled than correctly labeled. They are often labeled Attention Deficit Disorder when they may actually be exhibiting Post-Traumatic Stress Disorder symptoms.

- Schools can play a central role in identifying problems and moving children into services. Teachers, staff, and parents need to be educated on domestic violence issues and its effects on the children. Children need to be taught that hitting is not "ok." They must have an avenue to express their feelings and learn how to manage their own anger. School is a good place to begin this process.

- Prosecution rates have increased since the Women's Crisis Center has worked with the police. With support from counselors, prosecutors find victims are less likely to change their minds about prosecuting.

CHALLENGES AHEAD

- It has been very difficult to engage parents in the Salisbury school system. This problem is most likely because many parents are single and work two jobs. Even when a free meal is offered as an incentive to come to attend an open house at the school, parental attendance has been low.

- The presence of the violent parent in the child's life after the event is important to address. The perpetrator is almost always given access to the children. Attention needs to be given on how this interaction can occur while keeping the child's best interests in the forefront.

CONCLUSION

Several dedicated individuals who consider domestic violence a serious problem for families lead the community effort. The Rapid Response Team, part of the Salisbury Police Department and the Women's Crisis Center, is committed to identifying and helping victims of domestic violence and their children. The Team introduces to parents to a wide array of the specialized services offered by the Children of Violence Empowerment (COVE) project for victims and their children exposed to domestic violence. Additional services within the greater Salisbury/Newburyport area are very comprehensive. The multiple police departments, social services agencies and organizations, and schools are highly coordinated. Because the community is small, service providers can mobilize quickly to effectively provide services to domestic violence families.

Chapter 7

HARTFORD, CONNECTICUT

OVERVIEW OF HARTFORD'S RESPONSE

The Hartford Police Department has approximately 450 officers who serve a population of 250,000. Hartford has a comprehensive approach to children who witness violence, not just to children who witness domestic violence. Modeled on the Yale-New Haven approach, it was instituted in 1995. The Violence Intervention Project (VIP) began in response to the large number of drive-by shootings being witnessed by children. Hartford officials perceived the need to help these children with the trauma associated with witnessing violent events. The Violence Intervention Project (VIP) approach was quickly extended to include children who witness domestic violence in addition to street violence. In fact, in recent years as the number of drive-by shootings and other violence has gone down, the effort shifted more to domestic violence. Today, about 80 percent of the program's caseload are children who witness domestic violence. The Hartford Police Department received 11,133 calls for service from domestic violence victims in 1998 and 9,594 in 1999.

IMPETUS AND PLANNING FOR THE VIOLENCE INTERVENTION PROJECT

The acting Chief of the Hartford Police Department is a strong community-oriented policing leader. She is committed to the principle that policing is about more than making arrests. She believes that children exposed to domestic violence need therapeutic intervention and prevention before these children begin to act out their trauma and pain by becoming victims or perpetrators themselves. As the Commander of Youth Services explains to her officers "you can reach out and help these kids today or chase them tomorrow and they keep getting faster while we keep getting older!"

Prior to the Violence Intervention Project, four agencies, the Village for Families and Children, St. Francis Hospital, the Institute for Living, and Catholic Family Charities competed to serve the mental health and health needs of Hartford citizens. A Steering Committee was formed with these agencies, the Hartford Police Department, the Hartford Mayor's Office (they supplied the funds for some of the initial the Violence Intervention Project training), and community agencies to forge a way to work cooperatively rather that competitively. The partnership with the police was seen as key to the success of the Violence Intervention Project and indeed, is still seen as key to its survival. The Steering Committee first convened in 1994 and "everyone pitched in with resources."

The Hartford Steering Committee focused on the needs of children exposed to violence and visited the Yale program to learn more about it. Unlike Yale, the Hartford Steering Committee decided that their response would draw on the strengths of the above-named four helping agencies and that they would respond as a team rather than unilaterally. The Hartford Steering Committee was determined to provide help to children exposed to violence and their families regardless of their ability to pay. They decided not to try to collect payment from insurance companies. They reasoned that victims in crisis should not have to worry about insurance papers and may not want their insurance company to know their children witnessed violence.

The Hartford Steering Committee struggled to pull all the agencies together. They have maintained their focus on children who witness violence. They have avoided the temptation to wander off course to other related causes “simply because some funding became available.” They have weathered some difficult times, such as changes in the Hartford Police Department’s command staff and the vacancy of a Violence Intervention Project director for a several month period. They believe they are moving in the right direction with their new director. He maintains an office at the Village for Families and Children as well as an office at the police department. The Committee sees his presence at the department as critical in building rapport with officers and maintaining the program’s visibility. He frequently presents information about the Violence Intervention Project during roll calls. Much of his time is spent educating officers about the program. He also periodically goes on ride-alongs with officers.

THE POLICE RESPONSE

The acting chief of the Hartford Police Department at the time of our site visit had previously been in charge of Youth Services at the time the Violence Intervention Project began. She has been a strong supporter of the program since its inception. The current commander of Youth Services is also an ardent supporter of the Violence Intervention Project. The vibrant, determined support of the command staff is seen as paramount to the program’s success.

At the Academy, officers receive 16 hours of training specifically focused on the Violence Intervention Project program. Periodic updates and reminders are presented at roll call and through memos. Officers are supposed to call a Violence Intervention Project counselor to the scene whenever children (ages 3 to 17) are exposed to violence. Some officers are more faithful in calling than others. Newer officers are usually better about calling than those who were trained before the imposition of the16 hour Academy training. The officer at the scene may call the program directly or may call his, or her, sergeant to request that the program respond. There are a number of reasons why an officer may elect not to call the Violence Intervention Project. One reason is the children are asleep. A second reason for not calling is that officers may not want to wait on scene for a program counselor to arrive. Unless the perpetrator is arrested, the officer is supposed to wait at the scene during the counselor’s intervention to protect his, or her, safety. A third reason for not calling the Violence Intervention Project is that officers must ask the parents if they will allow their children to talk to someone from the program. Parents in a crisis state usually, but not always, agree to the program being called. A fourth reason that officers do not call is their lack of awareness about the program.

If the Violence Intervention Project is not called to the scene, the officer may hand a referral card and pamphlet about the program to the parent. The pamphlet is in English and Spanish. The title is *Children Who Witness Violence Are Victims, Too*. The cover design has a cute teddy bear and attractive red lettering aimed at getting parents' and children's attention. It describes behaviors that children who are exposed to violence might exhibit, including sleep disturbance, fear of playing outside, overly aggressive behaviors with others, overly aggressive behavior with toys, withdrawn behaviors, depression, fear of being alone, excessive bed wetting, sudden outbursts, and tearfulness or sudden crying. It provides the number to call Violence Intervention Project anytime, 24 hours per day, 7 days a week to help children exposed to violence. The program also distributes full sized posters with the teddy bear logo and the Violence Intervention Project number to call for help.

The Hartford Police Commander of Youth Services reviews every police report of domestic violence the day after the incident. If it is noted that children were present and the Violence Intervention Project was not called, she sends a note to the officer asking him, or her, to explain why the program was not called. She believes this follow-up is critical in reminding officers that the program should be called whenever children are present during a domestic incident. The note sent by the commander does not become part of the officer's permanent record (this is viewed as too punitive by the commander). If the commander needs to send more than one reminder to an officer, she calls them in to explain why they are not calling the Violence Intervention Project. Thus far, she has not had to send more than two reminders to any one officer.

The director of the Violence Intervention Project and the officer in charge of the Hartford Police Department's victim witness unit also review every police report of domestic violence. They determine if the Violence Intervention Project should conduct a visit regarding children exposed to domestic violence when a counselor had not been called to the scene. The officer in the domestic violence unit also sends a letter to every victim of domestic violence explaining the help that is available through the victim assistance unit of the Hartford Police Department. The Violence Intervention Project's director sends a thank you letter to any officer who called the program. He believes the positive reinforcement is as important as negative feedback (e.g., sending a letter to officers who fail to call the program) and that both are effective tools in educating officers about the program.

FOLLOW-UP WITH OFFICERS

Every Tuesday, the Violence Intervention Project has a meeting of on-call responders from the four agencies and project staff. Officers who called the program to the scene may attend to learn what services were given to the children and their families. This encourages officers to "buy in" to the program by giving them feedback. If the officer is on duty, he may report to the meeting during his shift. If the officer is off duty, the department will pay overtime for the officer to attend the meeting. Despite this, the Violence Intervention Project has been disappointed because few officers attend the Tuesday meetings. However, the Tuesday meetings are valuable. They provide counselors with the opportunity to share response techniques, talk about troubling cases, provide help to each other to deal with the trauma they witness, and exchange resource information.

THE OFFICER'S PERSPECTIVE

We received the perspective of officers through two venues. First, several patrol officers were interviewed. Second, we rode with officers during a night shift and had the opportunity to observe and speak with a number of officers. Most officers view the Violence Intervention Project as beneficial to children and an asset and a tool for officers to do their job. The program can handle the emotional issues while the officer tends to police work. However, officers could only relate a handful of times that they actually called the program. When they saw a need for the program, they were pleased with the response.

- **Example.** One officer told of an incident in which a 12 year-old boy stabbed his cousin in front of several other cousins during a sleepover at their grandmother's house. It happened at 2 a.m. in the morning. When the officer arrived, the cousins and the grandmother were all hysterical. Violence Intervention Project counselors were called and responded promptly. The counselors built a rapport with the grandmother and cousins and stayed on the scene for over eight hours. The officer was able to complete her paperwork and leave the scene assured that the family was in good hands. The officer later contacted the Violence Intervention Project counselors to learn how things were going and was relieved to learn the family had received services.

THE OPERATION OF THE VIOLENCE INTERVENTION PROJECT

The Violence Intervention Project is part of the Village for Families and Children. In addition to the services provided by the Village, three additional agencies provide counselors to respond to calls to the scene and provide follow-up services: St. Francis Hospital, Institute of Living, and Catholic Charities. Each of the four agencies has two people on-call to respond to Violence Intervention Project calls. The Violence Intervention Project staff include trained psychologists to assess the child's trauma and provide follow-up services.

THE VIOLENCE INTERVENTION PROJECT RESPONSE

When the Violence Intervention Project is called by law enforcement, they usually respond within 20 minutes. Counselors are available 24 hours a day, 365 days a year. Violence Intervention Project "appropriate" calls include any criminal incident in which children are exposed to violence. When a counselor arrives at the scene, the officer fills him or her in on the situation. If the perpetrator is at the scene, the officer stays while the counselor is there; otherwise the officer can clear the scene. The counselor brings to the scene their "bag" filled with stuffed animals, coloring books, and tablets for children to draw on as well as pamphlets explaining services available to the children and their families. The immediate goal is to calm the child and do safety planning with the child (e.g., teaching them how to call 911). The counselor first talks to the non-offending parent to explain their services and to obtain permission to speak with the child. Depending on the circumstances, the counselor may speak to the child in front of the parent or in another room. It depends on where the child, and the parent, feels most comfortable in having the child speak with the counselor.

If there are several children, two Violence Intervention Project counselors usually go to the scene. The counselors may spend anywhere from 30 minutes to several hours at the scene depending on how upset the child is and how long the officer can remain at the scene. If the perpetrator is arrested, the officer may leave the scene, as there is not a safety issue for the counselor.

On-call Violence Intervention Project counselors may, or may not, be compensated for being on-call regardless of their need to respond to the scene. It depends on the policy of their agencies. Some agencies pay a minimal amount for being on-call, regardless if they actually are called, and others do not. If an officer requests their services, the Violence Intervention Project pays for their time at the scene. Counselors reported that they average one to two calls per week. Some frustration was expressed by counselors that officers do not call them as often as they should. To encourage referrals, counselors occasionally do ride-alongs with officers. This provides the opportunity to remind officers about the Violence Intervention Project and build rapport. As an added bonus, when a domestic violence incident occurs during the ride-along, the counselors are on the spot to provide services.

Following the crisis intervention, the Violence Intervention Project counselor conducts up to five follow-up visits to the family (if the project was not called to the scene, but the incident is appropriate, follow-up visits are also made). For safety reasons, usually a team of two Violence Intervention Project counselors responds to a call. If the counselors do not feel safe knocking on the door, they may request that a law enforcement officer accompany them. Counselors noted that parents sometimes confuse them with the Department of Children and Families and parents often think they are there to remove the children. The Violence Intervention Project counselor may need to spend time assuring them that they are not Department of Children and Families workers before the parent will accept their services.

The Violence Intervention Project provides services on average to 15 to 18 families each month. About 40 percent of the services (i.e., about five to six cases per month) include a response to the scene. The remaining 60 percent (or about ten to 12 cases per month) include follow-up calls for which the project was not called to the scene. Approximately, 80 percent of the project's services are to children who are exposed to domestic violence while the remaining 20 percent are children exposed to other types of violence.

FOLLOW-UP WITH FAMILIES AND SERVICES

A wide variety of services are available to children exposed to violence and their families in Hartford. Through the Village for Families and Children, St. Francis Hospital, the Institute for Living, and Catholic Charities, individual, group, and peer counseling are offered. Help is also available to secure food and safe housing if needed. All counseling services operate on a sliding fee scale. If the family cannot afford the minimal payment, the Violence Intervention Project pays out of their grant funds. The project will pay for counseling services for up to six months. Some children receive weekly services and some monthly depending on their needs. The Village for Families and Children also offers an after school recreational program. This program puts children in a structured environment to reduce their chances of witnessing or participating in violence.

FUNDING

The Violence Intervention Project is funded via three primary sources. The Hartford Foundation contributes $75,000 to pay the Violence Intervention Project director's salary and some core operating costs. The Office of Victim Services contributes $30,000 to cover the costs of the counselors' on-scene response. The Hartford Jaycees $30,000 grant pays some of the expenses of the Tuesday meetings (the Violence Intervention Project counselors who attend the meeting are paid for their time by the program) plus the costs of beepers, posters, coloring books, and games.

THE INVOLVEMENT OF DEPARTMENT OF CHILDREN AND FAMILIES IN CASES IN WHICH CHILDREN ARE EXPOSED TO DOMESTIC VIOLENCE

The police are mandated to call the Department of Children and Families every time children are endangered. The Hartford Police Department interprets the Connecticut statute on endangering children to include all cases in which children are exposed to domestic violence. The police, however, noted that it takes the Department of Children and Families "forever to arrive" if they are needed at the scene. In Connecticut, the Department of Children and Families services are centralized which means that a worker may be dispatched from anywhere in the state, not just from the Hartford area. This is a real disincentive for officers to request the Department to respond to the scene since they may have to wait hours for the worker to arrive. In addition to officers, the Violence Intervention Project counselors are mandated to report to the Department of Children and Families if they believe the child is at risk of injury, but in the history of the Violence Intervention Project the need to report to Department of Children and Families has only happened once.

LESSONS LEARNED

Interviews with police and the Violence Intervention Project staff and counselors who work with children exposed to domestic violence yielded rich information about how to manage and sustain such a program. We learned the following.

- A program like the Violence Intervention Project needs the dedicated commitment of team members who "believe in a vision" and are willing to work through the inevitable conflicts with open communication. The Steering Committee members have all labored long hours over and above their day-to-day jobs to realize the project's vision.

- Do not expect "miracles overnight." Police departments are para-military organizations not subject to easy acceptance of new rules or "interference" of "do-gooders" from the outside. It takes "persistence, persistence, and more persistence" to reach officers. It is "personal" to officers and they want to do the right thing for these children, but you have to "get your foot in the door." The Violence Intervention Project realized this reality from the start, and it is a major reason they have survived and grown.

- There are "peaks and valleys" in the number of cases officers refer to the Violence Intervention Project. It is critical to be patient with the number of referrals and consistently encourage officers to call the project. Officers need "gentle reminders." Aggressive punitive action

directed towards officers who do not call the project will shut down the program. Officers typically do not react well to "outsiders" interfering with their work and need time to see the benefits of a program like the Violence Intervention Project. Once they see the benefits for themselves, they become the biggest advocates of the program.

- "Getting the word out" about the Violence Intervention Project is a constant task. Turnover and reassignment of officers is common in any department and thus re-education is critical. The Hartford Police Department has undergone major command level changes, which has resulted in unusually high numbers of line staff changes. The Violence Intervention Project has been challenged to recruit and maintain the support of officers.

- A good way to build rapport between the Violence Intervention Project counselors and patrol officers is for counselors to ride-along with officers on patrol. It allows officers to become acquainted with the counselors and the work the project does. It further provides counselors with the chance to appreciate officer's work and responsibilities.

- For a program like the Violence Intervention Project to prosper, it must forge and maintain good working relationships with the helping agencies in Hartford. The Violence Intervention Project is designed to move children and their families into services. This would not be possible if it did not maintain strong working relations with the agencies that provide the help. This may mean overcoming turf issues, but the Violence Intervention Project has been able to do just that.

- The Steering Committee participated in a group retreat with a trained facilitator. This retreat helped them work through problems they were encountering and foster a renewed spirit of cooperation and determination to make the Violence Intervention Project excel.

- As one Steering Committee member stated, "it is much easier to get something started than to sustain it."

- It is hard to track the success of a program like the Violence Intervention Project. Those interviewed felt the program was truly helping children and families, but there is no hard empirical evidence to support that conclusion. They would welcome such evidence.

IMPROVEMENTS FOR THE VIOLENCE INTERVENTION PROJECT

We received several insightful suggestions to improve the Violence Intervention Project in the future.

- The Violence Intervention Project would like to recruit more counselors who reflect the ethnic makeup of the community, especially counselors who are Spanish speaking. Hartford is about 40 percent Hispanic and the Violence Intervention Project freely admits they need more Hispanic counselors, but have a hard time recruiting them.

- The Violence Intervention Project notes they need more counselors than they have to respond to the scene.

- The Violence Intervention Project would like to see more officers attend the weekly Tuesday meeting, but have a difficult time getting officers to attend.

- The Violence Intervention Project's future depends on the continued cooperation of the Hartford Police Department. Because it is uncertain who will become the new Chief and what command staff the new Chief will appoint, there is understandable concern about the future of the project.

- The Violence Intervention Project would like to become more involved with schools and promote the project to school officials. It would also like to use the schools as a vehicle for educating the public about the Violence Intervention Project and the services available.

- The Violence Intervention Project would like to add an evaluation component, but there are no funds to support it. The staff noted that it is hard to track families, especially in domestic violence cases, as families tend to quickly relocate thus making it difficult to track how well children and families are doing.

CONCLUSION

Hartford's response to children who witness domestic violence is impressive. The working relationship between the Hartford Police Department and the Violence Intervention Project has withstood major changes in the police department, and persistence has been a key to the Violence Intervention Project's endeavors. The wide variety of helping agencies involved with VIP and the services offered at minimal, or no cost, provides alternative resources to these children and their families. Hartford's approach serves as one model other communities may want to replicate.

Chapter 8

CHULA VISTA, CALIFORNIA

OVERVIEW OF THE RESPONSE

In June 1997, South Bay Community Services (a local community-based agency), in cooperation with the Chula Vista Police Department, received a grant from California Office of Child Abuse Prevention to implement the Family Violence Response Team. The team provides immediate crisis services and follow-up services to children exposed to domestic violence and their families. The grant pays for the case workers involved with the program, officer training, the extra time spent at the scene by the patrol officers to ensure case worker safety, and equipment (e.g., pagers for caseworkers).

IMPETUS FOR THE PROGRAM

The environment at the Chula Vista Police Department was conducive for cooperation with this project. The department had recently formed the Family Violence Protection Unit that focuses on domestic violence, child abuse, and sex crimes. The unit's philosophy is that helping children and victims of domestic violence can reduce repeat calls for service to the department. One way to accomplish that is to bring social workers to the home immediately after an incident to introduce available services. The grant gave the department $25,000 per year to compensate for overtime required by officers to implement the program (e.g., time waiting for caseworkers to arrive at the scene, time spent at the scene during service provision) and time not available to respond to other calls. This funding more than equitably reimburses the police department and is provided to the department regardless of the total number of hours officers are involved in such cases (i.e., no documentation is required to justify the expense). Support for the program was probably influenced by the inclusion of funds for the department.

In addition to the above incentive, the sergeant in charge of the Family Violence Protection Unit had prior positive experiences with South Bay Community Services when he was assigned to the juvenile division. The agency provided juvenile diversion programs for cases referred by the Chula Vista Police Department. Further, early in the program, he was promoted to lieutenant in charge of patrol, which facilitated acceptance of the program by patrol officers.

THE POLICE RESPONSE

Patrol officers responding to domestic violence calls determine if any children were present during the incident. If children were present (even if they were asleep), the officer secures the area and notifies the Family Violence Response Team by either calling the police dispatcher or paging the team directly.

When the Family Violence Response Team caseworker arrives, the officer introduces the worker to the victim. According to policy, the officer remains at the scene as long as the caseworker is working with the children, but the officer may leave if the perpetrator is in custody or no immediate danger is perceived to the caseworker. On average, the officer remains at the scene from 30 to 45 minutes with the caseworker.

Patrol officers are supposed to call the team **every** time children are exposed to domestic violence. But we learned from interviews with law enforcement officers that in practice the team is not always called. Why? Some officers may not call because the police department is currently understaffed and they feel that their time is better spent on patrol than waiting for the team to arrive. Minor incidents involving only shouting or verbal altercations may not result in a call to the team. Or, the victim may refuse to allow the officer to call the team. However, according to the Family Violence Response Team director, officers should not ask the victim for permission to call the caseworker. Rather, the officer should automatically call the team. It is the caseworker's job to persuade the victim to accept services, not the officer's.

To increase officer accountability, the sergeant in charge of the Chula Vista Police Department's Family Violence Protection Unit reviews all domestic violence reports. If the officer fails to call the Family Violence Response Team and children were present, the officer is reminded by the sergeant about departmental policy requiring that the team be called. In addition, the team's program director receives copies of all domestic violence calls from the Chula Vista Police Department. The director contacts the victims to offer services in any cases with children present where the officer did not call the team.

Initially, officers were resistant to the Family Violence Response Team, but that has changed with time and training. The Family Violence Response Team director at South Bay Community Services provides on-going training every six months during patrol officer roll calls and patrol squad meetings. In addition, all new officers are trained through the San Diego County regional academy.

In addition to the training, officer cooperation was facilitated by the help the team gives officers in completing report to Child Protective Services (see later discussion). As time has passed, the officers have become very positive about the team. According to the Family Violence Response Team staff, almost all officers are now supportive of the program. Officers report the following advantages to using the team.

- **It alleviates pressure on police officers.** Law enforcement officers are not equipped to provide crisis counseling to victims and their children. The Family Violence Response Team provides a service that takes time and special skills. In addition to the crisis counseling, the team provides long-term services.

- **More victims are reached.** Clients are often more open to services when offered by the team than by law enforcement. The team is seen as neutral while it is the officer's job to arrest the perpetrator even if the victim does not want that to happen. Thus, the officer may be seen by the victim as "the bad guy" and not as a helper.

- **Services reduce recidivism.** Officers believe that providing services to victims and their children reduces repeat calls for service and recidivism. Thus, the team saves the department's time and helps reduce violence, very important goals for officers.

- **The caseworkers are reliable and quality services are provided.** Officers do not want to "waste" time waiting for caseworkers to arrive at the scene. The Family Violence Response Team responds quickly, and officers are pleased with the skills they bring to the job. Further, officers are encouraged by the number of follow-up services provided. They do not want to promise services to families that do not materialize. South Bay Community Services does not disappoint them.

THE FAMILY VIOLENCE RESPONSE TEAM CRISIS RESPONSE

Caseworkers are provided by South Bay Community Services through an on-call system 24 hours a day, seven days a week. One staff member is on-call from 8:30 a.m. to 6:30 p.m. A second staff member is available via pager to provide advice. This person also serves as the back-up during the evening hours. There are two caseworkers on-call at night (from 6:30 p.m. to 8:30 a.m.). These individuals work on a part-time basis for on-call response only, while full-time staff at South Bay Community Services provide daytime response. The team receives an estimated 50 to 55 calls per month from Chula Vista police officers, primarily during the evening through early morning hours.

When paged by law enforcement, the caseworker calls the police dispatcher to obtain background information on the case (e.g., victim's name, number of children, location of suspect, primary language, address, and police report number). If more than three children are at the scene, a second caseworker is called to assist. Caseworkers usually respond to the scene within 15 to 20 minutes.

Upon arriving at the scene, the caseworker meets with the officer to find out what happened and how long the officer can remain at the scene. According to caseworkers, officers give them from as little as five to as much as 60 minutes to provide the crisis intervention. Ideally, caseworkers would like to have from 35 to 40 minutes to work with the entire family and explain services. Connecting with children and victims at the scene is seen as critical. Providers believe the crisis stage affords the best opportunity to engage victims in services. After the crisis is over, victims are less inclined to accept services.

While at the scene, the caseworker concentrates on the negative impact of exposure to domestic violence on the children. The caseworker talks with children about what happened, any prior domestic violence incidents, and any injuries sustained by the child. The child's feelings about the violence are discussed. Caseworkers explain how to call 911. Caseworkers also use this interaction as an opportunity to validate the child's feelings of fear, apprehension, or anger.

The specific approach by the caseworker depends on the child's age and developmental level. Younger children are held and given toys and engaged in play therapy. Teens are spoken to more directly. If there are large age differences among the children, the caseworkers will meet with them separately. This requires multiple workers at the scene. Options for action (i.e., a safety plan) if similar situations occur in the future are discussed (e.g., call 911, go to a neighbor). Available social supports, such as talking with family and friends, is encouraged.

After the caseworker has finished assessing the children, the needs of the victim are addressed. The caseworker focuses on the victim's feelings and deflects blame away from the victim. Services are offered, safety planning is discussed, and the cycle of domestic violence is explained. Impact of the violence on children and how to help them is a primary focus during this discussion. The interaction focuses on options (e.g., shelters, restraining orders, drop-in groups, etc.), rather than instructing victims on what they must do (e.g., leave the batterer). At the end of this meeting, the caseworker notifies the victim that follow-up will occur within a week.

Finally, while on scene, if there is enough time and the offender is present and amenable, the caseworker talks to him or her. The offender is told about South Bay Community Service's batterer treatment program. The negative impact of exposing children to domestic violence is explained.

Not only do caseworkers talk with the children, victim, and sometimes the perpetrator, but they also observe how the adult(s) interact with the children. Completion of the family assessment factor analysis (a tool designed by California State University, Fresno) is done following the intervention at the scene based on the impressions by the caseworker. The demographic information sheet is the only paperwork completed in front of the victims. In addition to the family assessment and demographic information sheet, a Child Protective Services Suspected Child Abuse fax report and a child abuse risk assessment are also compiled (see below for more details).

During the start up period of the grant (June 1, 1997 through September 30, 1997), 107 families were given crisis services. During the full first year of the project (October 1, 1997 through September 30, 1998), crisis workers served 360 families, about one family per day. The volume of families provided crisis services increased in the second year of the project (October 1, 1998 through September 30, 1999) to 454 families.

FOLLOW-UP SERVICES PROVIDED BY SOUTH BAY COMMUNITY SERVICES

Follow-up is designed to move the client from crisis into services. Most victims accept follow-up services. The program tries to follow-up with all victims the day immediately following the incident. At minimum, follow-up occurs within a week. Follow-up begins with a telephone contact to assess the children and victim's safety and to offer services. During the telephone call, the victim's feelings (e.g., blaming, doubting decision to have perpetrator arrested, etc.) are discussed. Listening is the primary function of the follow-up worker. Service providers must understand why victims stay in abusive relationships and be open to giving alternatives rather than telling the victim what to do for herself and her children. When a victim will be receptive to accepting services varies from victim to victim. Some will immediately want services while others may not be receptive for a very long time. Thus, keeping the door open is seen as critical.

A variety of follow-up services are available. For example, groups for children are offered through the parent agency, South Bay Community Services (see below). Support groups for the victim, including childcare, are also available. A 13-week parent education class is offered concurrent with the groups for children for the non-offending parent through Children's Hospital Home Support Project. A mentoring program, Parent Pals, is offered for the non-offending parent, in which mentors are matched with the clients for three to six months. Home Start, a community-based agency, recruits and trains the mentors, as well as coordinates the program. The mentors provide their services through a community center in Chula Vista, the Beacon Family Resource Center. Shelter, emergency food, and bus tokens can be provided. Other services available through collaborative agencies, as well as those offered outside South Bay Community Services, are also discussed.

SUPPORT GROUPS FOR CHILDREN

Groups for children, provided through the host agency, South Bay Community Services, are divided by age (e.g., five to seven year olds, eight to ten year olds, and eleven to 14 year olds). Teenagers are referred to the teen center. Ideally, groups for children consist of about six participants. Groups occur on a drop-in basis to allow maximum flexibility for families. Sessions are tailored to meet the needs of children in attendance, their age, and developmental level. The groups deal with past domestic violence, children's emotions, safety planning, anger management, and problem solving alternatives.

THE FAMILY VIOLENCE RESPONSE TEAM STAFFING

Ideally, the team of part-time staff consists of ten to 12 members, half of whom are bilingual. The seven full-time staff must have a master's degree in social work or family therapy, have case management experience, and be bilingual. All staff participate in 15 hours of training on domestic violence. In addition, there is a 40-hour video training regarding the connection between domestic violence and child abuse. The lieutenant and sergeant with the police department provide training in safety planning for home visits to staff. Following the initial training, monthly training sessions focus on topics such as suicide, youth issues, gay and lesbian perspectives, and home visiting.

ROLE OF CHILD PROTECTIVE SERVICES

Child Protective Services are notified in *every* case in which children are exposed to domestic violence. Child Protective Services is called in every incident because the State of California mandates cross reporting and the San Diego County (the county in which Chula Vista is located) Domestic Violence Council has proclaimed that exposure to domestic violence constitutes child abuse and cross reporting is required.

Upon receiving a referral of children exposed to domestic violence, the Child Protective Services hotline staff review the report and it may be "evaluated out" with no further action by Child Protective Services. About half of the cases are resolved this way. The remaining cases are referred to a Child Protective Services worker for follow-up. After the cases are assigned to a

Child Protective Services unit, the supervisor reviews the case and determines if further investigation is needed (i.e., assign to a Child Protective Services worker or "evaluate out").

In the past, all cases specifically related to children exposed to domestic violence were "evaluated out" with no further action by Child Protective Services. However, there has been a philosophical shift over the past two to three years. The current philosophy is to examine emotional abuse more closely because this abuse can continue for years, is difficult to detect, and deserves services. Current Child Protective Services policy regarding these cases is as follows.

If the case is assigned to a caseworker, a home visit is scheduled to interview the parents and the children. If this is the first time the family has been referred to Child Protective Services and all individuals agree that this incident is a one-time situation, resources are provided and the case is closed as unfounded within 30 days. The types of services suggested include anger management and parenting for the perpetrator and victim. In addition, the victim can be directed to counseling, the Mom Helping Kids program (a 12-week parenting program to help children exposed to domestic violence for women who have left the abuser), groups for domestic violence victims, groups for children exposed to domestic violence, and shelters. A list of resources and several pamphlets are distributed.

If Child Protective Services is called again on the same case and no services have been accessed, Child Protective Services will sometimes file a petition for emotional abuse. However, few cases are ever handled through the courts.

LESSONS LEARNED

- **Trust between patrol officers and caseworkers is critical.** This trust develops over time. The Chula Vista Police Department has worked with South Bay Community Services for years in connection with other programs (e.g., juvenile diversion). Problems with caseworkers have been solved easily because of this strong relationship. For example, when some caseworkers told victims that they did not have to talk to law enforcement, a call to South Bay Community Services rectified the situation immediately. Any problems with law enforcement telling victims inappropriate information are also easily handled with a phone call from South Bay Community Services. This formal process, coupled with informal procedures, promotes rapport and trust between officers and service providers.

- **Clear expectations and adequate training are key in ensuring successful program delivery.** During the first year of the grant, the Family Violence Response Team staff turnover at South Bay Community Services occurred about every two months. In the second year of the project, several on-call staff members became full-time employees. Though this situation benefited the program overall, additional recruiting was required for part-time positions. As a result, a one-year commitment was asked of all new staff, including part-time workers. Also, expectations are now more clearly articulated (e.g., calls will be received during the middle of the night). Additional training and support are also provided now. That is, the program director accompanies each on-call worker to the scene once a quarter.

- **The introduction of new services where none were previously offered sometimes results in large demand.** Long waiting lists are discouraging to victims. Further, demand often occurs in waves. Expanding programs and clients without adequate staff can result in frustrated clients, staff, and program partners. Consequently, South Bay Community Services was careful not to over promise services or stretch their caseworkers too thin.

- **Patience is critical when dealing with victims of domestic violence.** Listening and understanding are key in engaging victims and children in services. Keeping the door open until victims and children are ready for services is a must.

CONCLUSION

The approach to addressing the needs of children exposed to domestic violence in Chula Vista is promising. The Family Violence Response Team built upon existing relationships to increase the chances for successful implementation. Service providers were cognizant of the needs of law enforcement when designing the program. Others interested in implementing a similar program may want to include the incentives to law enforcement (e.g., provision of funding for officer time involved in program implementation) in program design.

Chapter 9

CUYAHOGA COUNTY, OHIO

OVERVIEW OF THE RESPONSE

In the fall of 1996, the Cuyahoga County Commissioners allocated funds to the Rainbow Babies and Children's Hospital to develop and recommend a prevention and intervention program targeted at children who witness violence. The Rainbow Babies and Children's Hospital and various county agencies (Department of Child and Family Services, Mental Health Board, and Cuyahoga County Justice Affairs Department) spent the next several years planning and developing a program to address the needs of these children. In the spring of 1999, with multiple sources of funding, including continued assistance by the county commissioners, Cuyahoga County implemented the Children Who Witness Violence (CWWV) program. Three full-time staff work on the program: the coordinator, a trainer, and an administrative assistant. The program is under the auspices of the Justice Affairs Department in Cuyahoga County.

The core of the Children Who Witness Violence program is based on collaboration between police departments and the county crisis intervention services, Mental Health Services, Inc., a private non-profit service provider. The police make referrals to Mental Health Services, which provides immediate crisis intervention services for children exposed to violence and their parents. After providing crisis intervention services, Mental Health Services makes a referral for the child or family to receive on-going services, if needed, to one of twelve identified service providers who are participating in the program. The program also has an evaluation component conducted by a team of researchers from Kent State University.

The CWWV program is being piloted through the year 2000 in five sites in the county. These sites are Cleveland (Districts 1 and 4), Euclid, Lakewood and Maple Heights. Each community's approach is tailored to their specific needs, but the core of the program is the same. There are four components to the pilot program: community awareness, training, early intervention, and evaluation.

IMPETUS AND PLANNING FOR THE CHILDREN WHO WITNESS VIOLENCE PROGRAM

In early 1996, the Rainbow Babies and Children's Hospital developed a concept paper on children exposed to violence and began discussion on this issue with the County Commissioners. The County Commissioners subsequently identified "threats to children," which were defined as

negative experiences children were having in the community, as one of three issues on which they wanted to focus. In May 1996, a set of policy issues was released, urging that when communities are intervening in children's lives, intervention must be early and include close collaboration with human services.

In the fall of 1996, a $75,000 grant was awarded to the Rainbow Babies and Children's Hospital to plan and develop a program for children exposed to violence. Planning the program was based on two principles, first, the program was to be a broad-based community effort including as many relevant agencies as possible, and second, the program would be guided by a Community Advisory Committee (CAC).

Visionaries of the program believed the county was ready for such a program. In December 1995, the Urban Child Institute had sponsored a conference on children who witness violence. The effects of exposure to violence were presented and a discussion ensued regarding the county's efforts on this issue. Two projects affiliated with the Cleveland Police Department were identified as being relevant. The first was a project in which an officer, prosecutor and social worker responded to domestic violence calls. The second project provided cross training between the police and the Department of Children and Family Services. The successful functioning of these types of collaborative projects encouraged program visionaries that the county was ready for their multi-agency program.

The County Commissioner overseeing the planning and development of the CWWV program assisted in creating the CAC. Three co-chairs were selected, the county commissioner overseeing the program, the Safety Director of Cleveland (who is now the Department of Children and Families Director) and a leader in the faith community, an African American reverend. About 50 individuals were selected to be on the CAC, representing law enforcement agencies, the courts, schools, service providers, community and faith organizations, local and state government, and local foundations. By March of 1997, the CAC was meeting quarterly.

The CAC strongly believed their program should be founded on scientific research. They sought guidance from national experts (including Mark Singer and Joy Osofsky) and programs across the country (including the Boston Child Witness to Violence Project and the Yale-New Haven Child Development-Community Policing program) to learn more about best practices. It became clear that outcome data regarding children exposed to violence is sparse. The CAC became committed to building an evaluation component into their program.

A community needs assessment was conducted. The assessment results indicated that while there were adequate mental heath services, there was a gap in crisis services available. They learned that a program was needed to respond early and quickly (for fear that parental receptivity would decrease with elapsed time) and that support and involvement by law enforcement was critical to the program. The program took a developmental approach and focused on attending to family needs in addition to the children's needs. They wanted to involve as many relevant organizations as possible. They reasoned that dealing with the issue of violence and domestic violence usually involves multiple agencies, thus a solution was needed that incorporated a community-wide approach. They also felt that it was critical to provide long-term services as a follow-up to crisis intervention services.

The CAC began to put their program plans into action. They started raising additional funds. Most money for the program flows through the Cuyahoga County Justice Affairs Department, but when appropriate, grants go directly to participating agencies. Victims of Crime Act, additional county, and foundation funding were secured. The State Attorney General held a meeting with leaders of the 66 law enforcement municipalities in the county. A press conference followed. Communities were encouraged to submit a letter of interest to become a program pilot site. Vital to a site's selection was documented support from both the Mayor's Office and the law enforcement department. Interested sites needed to commit to having one contact person for the program, contributing in kind donations, and agreeing to hold local meetings. Many communities were reluctant to express their interest in becoming a site for fear that they would be acknowledging that they had a violence problem. Five communities responded, and despite their original plan to have four communities in the pilot, the CAC accepted all five applicants in March 1998. The sites for the pilot were Cleveland District 1 and 4, Euclid, Lakewood, and Maple Heights.

Seven workgroups were eventually developed to divide CAC functions. The workgroups spent time identifying several important issues.

- **The age of the target population.** They felt it was critical that they reach out to very young children.

- **Training issues.** They knew there was a scarcity of follow-up services in the mental health community and that these services needed to be developed. They decided that the program should offer monthly training to the service providers.

- **Whether they would respond only to the children or also the parent's and whole family's issues.** It was decided a very important component of the program would be linking the family with services.

Brief descriptions of the seven workgroups follow.

Executive Work Team

This work team has been meeting since the initial planning phase and it is their task to ensure the integration of all program activities. Representation from all of the other workgroups is included. The group includes key individuals from Rainbow Babies and Children's Hospital, Cuyahoga County Justice Affairs Department, Department of Child and Family Services, and Children's Mental Health Board. The team meets monthly (or more frequently as needed) to manage the day-to-day research, planning, and implementation of the CWWV program. They also discuss what information will be presented to the CAC. The team is seen as key to the success of the program.

Intervention Services Workgroup

This workgroup focuses on the service agencies in the program. The group responds to many issues critical to the success of the program. One challenge has been motivating agencies to participate in program planning when funding had not yet been obtained for on-going services.

Most agencies have used their existing staff for the program. This component of the program needs refinement and continued attention.

Included in discussion were the types of services the children in the program should receive. The workgroup decided that they needed to focus on a new service, an in-home model of treatment, for children exposed to violence. The model would fill the gap for many families who historically will not take advantage of long-term services if they are not family friendly (i.e., convenient and easy to access). The domestic violence community was concerned because the perpetrator might be present and this type of model implies the victim should be in the home, which is not always the safest option for the victim. However, the program was committed to serving families in the home as well as outside it. The group implemented a three-pronged approach to develop the model. They continued to refine the model, set up monthly case review meetings (to discuss different interventions and cases), and started offering training with continuing education credits. The program is currently working with eight agencies that provide in-home trauma services.

The Training Workgroup

This workgroup developed the basics of the police training that included an introduction to the program, information on the impact of witnessing violence on children, and specific details on how the program will operate. Each law enforcement department customized their training as to who was to be trained, the amount of time allocated for the training, when it should be held, and the content details. This group has also been involved with trainings for the service providers. Trainings for the service providers have included a specialized trainer with a curriculum on children who witness violence and a session on the impact of domestic violence where experts present assessment studies. Monthly three-hour trainings are conducted on topics such as trauma, the evaluation, and cognitive therapy approaches and intervention models for children exposed to violence. Agencies select staff who are working with children in the program to attend the trainings which usually consist of 35 to 40 people.

The Community Site Planning Workgroup

This workgroup includes the law enforcement agencies, Mental Health Services, the evaluators, and training representatives. They met every two months for half a day to plan the program in the pilot sites. This group continues to meet even though the sites are in full operation.

Community Awareness Workgroup

The general goals of this workgroup are to raise awareness in the pilot communities and to decrease the amount of violence children are witnessing. They plan to do this by promoting the program to service providers and parents in the pilot communities. Heightening awareness of the program will help encourage other communities to consider the program. Their goal is to eventually expand the community awareness campaign countywide. At the time of the site visit, a public relations firm had just been hired to assist this workgroup in achieving their goals.

Evaluation Workgroup

This workgroup provides oversight on the evaluation component of the program and works closely with the evaluators at Kent State University.

Funding Workgroup

This workgroup is faced with one of the most difficult challenges to sustaining the overall program: keeping the program funded. The CWWV program is very elaborate and comprehensive. Such a program is costly to maintain and major efforts need to be expended on raising funds.

SITE PLANNING PROCESS

With the five sites selected, the site planning process was scheduled to begin. A leader was needed to organize the planning for the communities. In October 1998, six months after the sites were chosen, a coordinator was hired by the county to move the program into the implementation phase. She met with the leaders in each community and outlined the parameters of the program. To the extent possible, each site gathered data to learn how many children and families they would be responding to. One site did a small study by monitoring the number of cases in which children were present during domestic violence calls. They found that approximately 50 percent of the time children were present.

Sites were free to make decisions regarding tailoring their program based on certain community aspects (e.g., age of target population, type of violence (domestic only or all), geographic area within site, etc.). A working group in each site defined their specific approach. This customization gave each site ownership of their approach. Three sites targeted children 18 years of age and younger and offered the program to their entire community, while two sites targeted children under 13 years of age and provided the programs to a strategic region in their precinct.

Many issues were raised during the planning process. Some of the most important issues and questions included the following.

- **Mental Health Caseworker Safety.** Caseworker safety was a foremost concern to program planners. They tackled questions such as: How can a caseworker's safety be maximized? Should an officer stay on the scene with the caseworker or return to the scene with the caseworker? Should two caseworkers go to the scene?

- **Officer Buy-in.** To achieve officer buy-in to the program, it was critical that the Chiefs in each site strongly support the program. The officers were well trained and given the opportunity to provide their input on the program. Lastly, it was suggested that a follow-up letter be sent to the referring officer to inform the officer that the referred child was receiving services. The feedback to the officer would likely be encouraging since it demonstrated the positive effect their actions had on the child.

- **Assessing Trauma.** It was discussed if it is feasible for a mental health professional to adequately assess the impact of the trauma immediately after it occurs. Some mental health professionals reasoned that six to 12 months are needed to assess this, thus suggesting that mental health professionals might be more helpful at a later time. Other professionals believed that the parents may be more open to services for their children within the 24 hour period following the crisis. If so, a swift response after the trauma occurs is indicated.

Mental Health Services, Inc.

As the sites were planning their customized approaches, the county was simultaneously selecting the mental health organization to provide crisis intervention services for the program 24 hours a day, seven days a week. Mental Health Services (MHS), Inc., a local crisis agency, had expressed interest in participating in the program. MHS is a 24-hour response organization that provides psychiatric crises services for adults, adolescents, and children. In addition, MHS offers an array of services to homeless persons. MHS staff is experienced in working with law enforcement and the Department of Children and Family Services. Several of the organizations involved with the CWWV program had previous positive experiences working with MHS. An administrator from MHS began attending the community working group meetings with the program coordinator. The staff visited other children exposed to violence programs such as the Yale-New Haven CD-CP project, the Boston project, and one in Framingham, Massachusetts. MHS submitted a bid to provide the crisis intervention services for the CWWV pilot program. The MHS contract was approved in December 1998.

MHS began providing services to the program on March 31, 1999. Projections based on local domestic violence incidence data were made on the expected number of calls for service in each pilot community. Based on these projections, MHS planned to respond to approximately two families per day from the five sites. These projections have proven to be accurate.

As was discussed during the planning process, MHS was immediately faced with the question "how do they provide services while ensuring the safety of their workers?" They revised their original plan of using one worker per family to sending at least two specialists to each house, one to work with the parent and the other to work with the child(ren). The same two specialists work with the family during the entire crisis intervention period.

Currently, there are six specialists who provide services to the program. Three specialists are solely devoted to crisis response. The fourth specialist is a case manager responsible for Medicaid enrollment and transitioning the family into follow-up services. The fifth specialist provides in-home trauma services for 30 to 90 days following the incident. The sixth specialist monitors therapy, assists the case manager in the transfer of cases to on-going service providers, and is the intermediary who transfers data between the on-going service providers and the evaluators. Primarily, two senior workers share the late calls (midnight to 7 am) which are roughly one half of all calls. As the program continues, questions have surfaced regarding the costs and benefits of reaching the family in the middle of the night. Responding at such a late hour is very grueling for the specialists. Often the families do not wish to see them in the middle of the night and at times, do not even allow them entrance into their home.

PROGRAM IMPLEMENTATION

Once the sites were selected and the coordinator was hired, the implementation was accomplished in six months. The dates for program implementation were staggered by site for late March and April. Some police officers, however, began calling MHS even before the site implementation date. The pilot will continue through the year 2000. During the pilot stage, a decision will be made regarding expanding the program to additional sites. Implementers hope in January 2001 to plan for three months and then bring three more sites into the program.

THE POLICE RESPONSE

Each community embraced the core program elements while tailoring an approach to meet their specific needs. The primary variations in approaches are found in how the police were trained, how they handle the call, and how they enlist the services of the program.

Training of Police

All departments received training on the effects of witnessing domestic violence on children and their role in the program. The coordinator of the CWWV program and several other professionals conducted the training. Each department decided the specifics of their training (i.e., when and where it would be). A local community college assisted in making training videos. In addition, a packet of information was prepared for each officer. Some departments only trained officers, while another also invited interested community members. Training time varied by department and ranged from four ten-minute sessions during roll call (one session with a live trainer, the other three sessions on video) to a single three-hour session. The three-hour session, which was the longest and most in-depth training, was taught by two trainers. Learning aids, such as a demonstration 911 tape and a video describing the effects of children witnessing domestic violence, were used. The other departments used condensed versions of the three-hour training.

Overall, key professionals viewed the training as a success. In a three-month period, 522 officers were trained. Initial frequent questions by officers were regarding the capability of the crisis responders to respond in a timely manner and whether or not the program can really make a difference. Although some officers were skeptical about “another new program,” many officers indicated that they were glad the program was in place.

Some of the departments continue to have a Crisis Intervention Specialist attend roll call every six weeks to give the officers follow-up training and reiterate the importance of the project. Training “keeps the program alive” and thus there is a large emphasis on retraining. The program also sends referring officers follow-up information about what happened to cases they referred (without breaking confidentiality rules) and holiday cards.

Enforcement by Policy and Protocol

Each law enforcement department drafted their own program procedures with review by the site working group. Participation and procedures were formalized by written memo, policies, or

procedures. Regardless of the method of formalization, each department mandates that the officer talk to the parent about the effects of violence on children and ask the parent if he or she would be willing to talk to someone about the effect on his or her children. The officer must indicate in the report if children were exposed to violence. All departments have a primary focus on children who witness domestic violence, but each department also accepts cases of exposure to other types of violence or traumatic events. Each site has instituted a formal procedure whereby a lieutenant, or person in authority, reviews the police reports to make sure Mental Health Services was contacted in every appropriate case.

Contacting Mental Health Services

Officers in all departments give the victim a pamphlet about services available for their child. The pamphlet in bold letters inquires, "Have You Forgotten Someone?" The pamphlet explains how exposure to violence causes emotional and physical immediate and long-term damage to children, signs of emotional harm to look for, and prevention strategies. The pamphlet also introduces the program, the services it offers, and gives the 24-hour hotline number.

In addition to giving the parent the pamphlet, the officer verbally explains the program. At that stage, the parent is given several options. The parent can refuse services, the parent can accept services, but not at that time (e.g., if it is late at night, they might just want to get the children in bed and talk to someone in the morning), or the parent can accept the services at that time.

If the parent is interested in services at any time (immediately or in the future), the officer or dispatcher immediately contacts Mental Health Services. The officer may call from either the victim's home or from the department. If the family does not have a phone, or the officer does not have time to make the call from the home, the call is made from the department. If the parent does not accept services, some departments still contact the program to make a referral. In these cases, the specialists will call the family the next day to offer services again. Many of the victims who declined the services immediately after the incident have used the information provided by the officer to contact the program at a later date.

Most departments have the officer contact the Mental Health Services, Inc. hotline and make the referral directly. One department, however, has the officer relay the information to the dispatcher who makes the referral. This method alleviates the officer from having to make referrals. Spending too much time making multiple referrals was a common complaint heard during interviews with the four departments participating in the pilot project.

At the Scene

After the hotline has been contacted and a specialist arrives at the scene, officers will occasionally remain at the scene. The presence of an officer ensures the safety of the worker, victim, and children. One department, however, does not have the officer remain at the scene if the perpetrator has been arrested. If the perpetrator is at large, the officer may bring the victim and children to the police department.

Follow-up for Police

If the children are served by the specialists, the officer who responded to the scene receives a letter thanking him or her for making a referral to the program. It gives the name of the child and indicates that they are in the program. It encourages the officer to contact the program if he or she is interested in additional information. One Chief interviewed found this follow-up particularly rewarding since the officers learn about the impact of their referrals on the program.

Perceptions of the Chiefs and Commanders

The Chiefs and the commander interviewed from the pilot sites are clearly committed to the program. Several common themes surfaced from interviews with them.

- **The program is "simple."** The involvement and role of the law enforcement agencies in the program is clear and easy to understand.

- **The existence of the program places increased focus on children.** The program acts as a tool to remind officers about the children in the home. One Chief mentioned that he tells his officers they are on the "front line" for these children and that the program is "good mental health for them."

- **MHS can offer something that law enforcement can not.** Many officers do not have the time or the training to work with traumatized children. MHS specialists can fulfill a role that they are not trained to do.

- **Feedback is rewarding for the officers.** The law enforcement leaders were impressed with the dedication of MHS and the feedback provided to officers regarding their referral. In one department, MHS statistics were posted for the officers to see.

Several concerns and challenges were also mentioned by the law enforcement leaders.

- **Communication**. Making sure information regarding the program is communicated through the ranks to patrol officers was mentioned as a continuous challenge.

- **The importance of not overwhelming MHS.** The importance of a 24-hour response by MHS was questioned. They believed the therapists could contact the family within several days of

the incident rather than immediately. Often, families did not want services the night of the incident.

- **Additional time commitment by officers.** There was a concern about officers being taken out of service if they need to wait for MHS to arrive. To date, however, this has not been a major problem.

- **Providing data for the evaluation.** This has been a challenge for all the law enforcement agencies involved. At the time of the site visit, close coordination and collaboration between the evaluators and agencies had address many of the problems related to data collection.

PERCEPTIONS OF THE LINE OFFICERS

The following short descriptions of four focus groups of three to five officers reveal challenges they face when responding to domestic violence cases and their thoughts about the program.

Focus group #1

When the officers arrive at the scene, the home or apartment is usually small and crowded. Most often they assume the children have seen or heard the violence. They often look to the child's demeanor to reveal the extent to which the child was exposed to violence. They talk to the parent and make the call to MHS. They may encounter cultural issues since some cultures do not like outsiders getting involved in their family business. Initially skeptical about the program, they were worried that the program would be time consuming in terms of demanding additional paperwork and requiring them to remain at the scene. However, unlike other past programs and organizations, officers reported that MHS has responded quickly. Their supervisors review their reports to make sure they called the program. If an officer reports a child was present at the scene, but did not call MHS, the supervisor has the officer make the call later.

Officers receive a letter from MHS indicating a referral was made, but they do not learn if the family accepts the services. They would like to know if the child is actually in services, but understand that due to confidentiality concerns they are unable to receive this information. The officers would like one central number to call to make all referrals. Often they need to give several organizations the same information, thereby having to repeat it multiple times. The officers said they would like to see this program work. They hope this program is helping the children and stopping the cycle of violence.

Focus Group #2

Officers reported that the majority of the parents are receptive to the services of the program. The officers say they call the program in every case in which children are exposed to domestic violence. Officers explain to the parents that MHS is not being called to evaluate their parenting skills nor are they going to remove their children. The officers believe it is not imperative that

MHS respond in the middle of the night. The officers like the feedback from MHS and would welcome more if possible.

Focus Group #3

Officers were very impressed with the response of MHS. When MHS says they will come to the scene they do, and they do so quickly. There is no "run around" like other agencies. If they tell a family that someone is going to come and help them and then no one visits the family, the officer credibility is undermined. Sometimes, however, they do not believe the children need help immediately. It was their perception that MHS usually comes to the scene within the hour. Typically, at the scene, the officer moves the children into a room away from the parent(s) and asks them what happened. However, they feel that officers often are not experienced in dealing with the children and trauma. They try to promote the program to families as "free services that will help your children" and "they will come to your house at your leisure."

Officers would like to receive more feedback regarding the case and if someone came to help the children. The letters from MHS have not always been consistent in every case. They believe the program will survive based on the police participation. Like other officers, they wish there was one central number to call. Officers indicated that possible incentives for officers to do "one more thing," such as making the referral, include giving an award or recognition, feedback, thank you or holiday card, and a quarterly report of how their department uses the program. Sometimes they forget to call if it is not domestic violence (e.g., if it is a school incident). Officers have received positive feedback from the parents when they have gone back to the house. They have respect for the specialists for going into dangerous neighborhoods.

Focus group #4

One major challenge these officers have faced is that many residents in their district do not have telephones. They like the feedback they have been receiving from MHS, but would like more. When dealing with cases that might not be appropriate for referral, the officers reported that they prefer to make the call to MHS and let the specialists' screen out inappropriate calls. They said they participate in the program because they care. If there is a chance this program will make a difference in children's lives, then the extra effort is worth it.

THE CRISIS RESPONSE

The crisis response is delivered by Mental Health Services (MHS), Inc., a non-profit agency that operates adult, adolescent, and child mobile crisis teams. The agency provides on-site services to deal with the stress of traumatic events. MHS has approximately six full-time equivalent master's level crisis intervention specialists who are trained in providing services to children who are exposed to domestic violence. There are additional staff who assist with supervision as well as administrative and voucher functions. The major components of their program are outlined below.

The 24-hour Hotline and Subsequent Phone Calls

The MHS agency has a 24-hour hotline number for the CWWV Program. The referral to MHS is made by either an officer or dispatcher who contacts the hotline either from the scene or from the department. Officers have been trained to provide very specific information to the hotline. The hotline number is also on the pamphlet officers provide to parents and can also be called by the parent. Two crisis specialists are on-call at all times. The hotline worker notifies an on-call specialist about the incident. The specialist calls the officer directly to obtain more information on the case. The specialist also calls the parent at home and explains the program to the parent. The specialist makes it clear that he or she is not with the Department of Child and Family Services. This is important because often parents fear Department of Child and Family Services involvement will result in their losing custody of their children. The specialist explains that the agency's focus is on helping the child and the family.

The Team

Originally, the program called for one specialist to go to the scene, but this was quickly changed to a two-person team to accommodate safety concerns. A benefit of having two specialists on the scene is that one specialist can focus on the adult victim and the other on the child(ren). Two specialists are also useful because often these families have multiple children of different ages. Children at different developmental stages have different immediate needs. It is difficult for one specialist to talk with the parent and deal with several children at the same time, especially when the family is distraught. If the family is large with multiple children, they may use three or four specialists. The program believes that the input of the parent is critical to help the specialist assess the children.

Prior to going to the scene, the team calls the parent to make sure that he or she wants them to come to the home. The specialists try to get to the scene within 30 minutes of the police referral. The crisis intervention and referral process that the team provides is generally done in an average of three visits.[1] The visits are usually to the house unless it is deemed unsafe, in which case a neutral location is selected.

The First Visit

The immediate goals of the first visit are for the specialists to gain rapport with the family and make sure they are safe. These goals are met by doing whatever is necessary to help the family at that time (e.g., helping bathe the children and get them in bed). The specialists strive to present themselves as true helpers and to be as least threatening as possible.

The first visit can last from ten minutes to three hours. During the initial visit, the specialists work with the family on safety planning. One specialist talks with the victim and the other with the children. The specialist engages the children in play, art, or sand therapy using materials the specialist brought with him or her. The specialists observe the children and the interaction between the parent and children. If the perpetrator is present, they may talk to him or her about the effects of the children being exposed to the violence.

[1] In July 1999, statistics show that during that month 3.5 contacts were made on average with each family, with a range from one to 16 contacts per family.

Several instruments are employed during each visit. The victim is asked to sign a consent form for treatment and research. Occasionally a parent does not want to participate in the study. The specialists stress to the parent that they have an opportunity to affect the types of services that children can receive. This information may empower the parent and encourage them to participate. Some parents have even found that answering questions from the assessments has been helpful to them. If a parent refuses to participate in the study, the family still receives services. Each child is assessed for trauma symptoms and an initial visit checklist is completed. Additional assessment forms are completed depending on the child's age. Individual sand and art therapy are employed and assessments are made. The specialist works with the parent to get more information about the child and the child's behavior. If however, the family is in crisis, the specialists may not conduct or complete all the tests. They must also consider the children's attention span. Their first goal is to simply meet the family's needs. Prior to leaving, the team makes a second appointment with the parent.

The team learned early on not to take "no" as an answer from the families. They go out of their way to locate families. If the parent is not home when they visit, they leave a card that indicates they stopped by and were sorry they missed the parent.

Frustrations mentioned by specialists include not being called by officers when they should be, being called a significant amount of time later than the incident occurred (the incident may occur at 9 p.m., but they are called at 3 a.m. when the officer gets off his or her shift), and not being allowed into the home, even when they know the officer and parent are in the house.

The Second and Third Visit

During the second and third visits, individual sand, play, and art therapy are continued, several different assessments are conducted, and the safety plan is reviewed. During these visits, the specialists determine the needs of the family, discuss on-going available services, and work within individual family preferences. On the third visit, the community service provider accompanies the specialists to talk to the family about community resources. By the end of the third visit, MHS finds that they usually have retained 80 percent of their clients. Most often, families that have made it to the third visit are open to receiving long-term services.

Case Example

A domestic violence incident occurred between a husband and wife. Six children were present when the incident occurred. The husband, who was the perpetrator, was arrested and jailed. The victim went to the hospital to be treated for injuries sustained from being struck in the face and head. On the night of this incident, MHS was called at approximately 2:00 a.m. and a specialist went to the family residence, a hotel where they had lived for over a year. When no one answered the door, the specialist slid a note under the door and explained why she had come and that she would return in the morning. In the morning, she returned with several other specialists. The mother agreed to accept services and to participate in the program. During the first visit, the specialists began interviewing and assessing the mother, six children, and a male youth from the neighborhood who essentially lived with the family. Because the boy spent most of his time with the family and had been exposed to violence, the specialists believed that he should be interviewed and assessed to determine if he needed services.

Our research staff accompanied four specialists on the second home visit. The residence was small with only two rooms with beds, a bathroom and a kitchen. One specialist interviewed the mother in the back bedroom, while the three specialists divided up the seven children. There was also an infant present, unrelated to the mother and children, for whom the mother was caring. The second specialist worked with the two older children, approximately ages 17 and 14, at a table in the kitchen. She conducted age appropriate assessments through interviews with them. The third specialist worked with the two middle children, aged about 7 and 9 years old, conducting assessments with them. In the same room, the fourth specialist worked with the remaining three children, between the ages of 3 and 6, using play and sand therapy. The infant was passed between the adults in the room. Thirteen people in all were in the living quarters. The environment was orderly and calm. The children seemed to enjoy the attention and answered the long lists of questions posed by the specialists. The visit took approximately an hour.

The specialists made an appointment to return. They indicated that they will continue working with the family until the appropriate referrals for follow-up services have been made.

The Timeframe

The original goal of the program was to conduct three visits within a two week period. However, with larger families, this schedule is often not possible since they must assess each child. They still adhere to the philosophy that the quicker they can get to these children and provide them the services they need, the better off the children will be.

The Referral and Transition

After meeting with the family three times, obtaining their input on services they are interested in, examining the assessment data, and determining the services available in the community, the community service provider makes a referral for long-term services. One of the biggest challenges that MHS faces is finding treatment openings for their clients due to the high demand for long-term providers.

To ease the transition, the specialists and/or the community service provider accompanies the family to their first referral appointment. MHS acts as the intermediary between the on-going service providers and the evaluators.

ON-GOING SERVICES FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE

The coordinator of the CWWV program reported that they do not have enough on-going services in the county for children exposed to violence. There are currently twelve agencies participating in the program. They are private, not-for-profit agencies that provide mental health and domestic violence services. MHS carefully selects which agencies to which they make referrals. Service providers report a good working relationship with MHS.

Because families too often will not go to the service providers, the program has embraced In-Home Trauma Models where the worker goes to the home and involves the parent in their domain. Many of the agencies were using this type of model with other types of cases before the CWWV program. Some of their services are play therapy (special coloring books, puppets, or using doll houses), and sand or rice therapy. They also have child, adolescent, and adult therapy groups. It has also been a priority to obtain support services for parents in addition to the children. The on-going service provider continues to collect data on the children for the evaluation, and conducts some of the same assessments on the children that began during the crisis intervention period.

The CWWV program offers monthly training for these agencies and monthly case conferences where the workers present current cases. Some providers have sought additional training outside the program.

Issues and questions that the long-term service providers have encountered include the following.

- If the family is referred to in-home services and the worker has trouble reaching the family, how much outreach does the worker do before the case is closed?
- If the perpetrator is present, does the worker carry out his or her job differently?
- For what length of time is the in-home service provided? What factors determine this length of time?
- How should the number of treatment slots, capacity, and funding sources be determined?

- How can service providers best work with the evaluators?

- How do service providers most effectively engage the family?

- How can they deal with transition difficulties? The child receiving services may bond with the crisis worker. MHS has had success with families during the crisis period. MHS prepares their client that they will only be involved with the family for a short period of time. Sometimes the specialists and the long-term provider work together as a team during this transition period. However, by the time the on-going service providers reach the family, sometimes families may not need services anymore or be interested in a new service provider. In addition, because of timing and capacity, long-term service providers are not always available when needed. They frequently have waiting lists. This delay can be frustrating for families who do want services.

- How can multiple agencies contacting and placing demands on the family be minimized? Professionals are often tripping over each other in the home, especially with in-home treatment. Professionals need to understand that families may not be interested in devoting much time and energy on this problem.

- How can multiple demands on the workers be minimized? Providers would like to streamline the paperwork, but there are multiple competing regulations. There are internal and external stipulations regarding paperwork. The different auditing agencies need to agree on the paperwork requirements.

Lessons for long-term service providers include the following.

- The model should be refined to include more than one worker for large families.

- Availability and flexibility of long-term providers needs to be increased. There are not enough long-term providers to service the needs of these children.

- Mental health workers can experience Post Traumatic Stress Disorder (PTSD) symptoms as a result of their work. They also may feel “secondary trauma,” which is when a worker experiences trauma because he or she hears about a traumatic event. MHS has forums for their workers so they can congregate and discuss cases and support each other. Supervisory meetings are also held so workers can talk about cases. Many service providers have found the CWWV program to be an opportunity to gather resources and share techniques with each other. It empowers the worker by encouraging him or her to talk about their experiences with their clients and be supported by others.

- On-going training of workers is critical.

- Regular interaction between MHS and the service providers is important. They have developed a strong working relationship with one another.

- This project has been very time consuming administratively. The number of meetings necessary has been greater than expected.

- It is important to recognize the number of problems in these families. They have multiple needs and have to work with multiple systems. Initially, program planners underestimated the amount of time necessary to spend in the homes and the number of workers needed. Workers have to do much more than treat the child for one problem, and they should focus on underlying issues such as improving parent/child interaction. The ability to address multiple issues is a major outcome goal that is not, but should be, measured.

DEPARTMENT OF CHILD AND FAMILY SERVICES

Although officers are not mandated to call the Department of Child and Family Services when children are exposed to domestic violence, there was initial concern by some in the department that the program would increase the number of calls to the department's hotline. Thus far, this rise has not occurred. The department has been called in several times when there is exposure to violence, but these were severe cases with child endangerment or when placements were needed for the children exposed. Recently, a mother of six children was murdered by her boyfriend. All six children witnessed the murder. The police called the hotline since the children had no legal guardian. The department found placements for the children.

The current director of the Department of Child and Family Services (also the former Director of Public Safety for Cleveland) was one of the three original CAC co-chairs appointed by the County Commissioners. He is very involved in community affairs and is committed to the program. Two department workers have attended program meetings since January 1997 and participate on the program's Planning and Development Team. One worker is on the Training Committee and the other worker is on the Community Awareness Committee and the Intervention Services Committee. The workers indicated that they have sorted out some "territorial issues" regarding which organizations can best serve families.

The workers indicated that the Department of Child and Family Services would like to stay involved with the program. However, with the intentions to expand the program, the concern of increased calls to the department remains. The department would like to identify target families and focus on staying involved with these families after follow-up services are in place or concluded.

The workers view the CWWV program as a way of avoiding the department's intervention in cases of children exposed to violence. Programs in the community are working together to support the CWWV program because they know the Department of Child and Family Services involvement may provide complications for families. Many professionals believe that "Department of Child and Family Services involvement can interfere with a family's own strengths that can help them." The program ideally allows the department to focus on children who most need their services.

EVALUATION

The evaluation of the CWWV program is being conducted by the Institute for the Study and Prevention of Violence at Kent State University. The effort includes a process and impact evaluation for three primary components of the program: development and implementation of the program model, training, and the community awareness campaign. Specific objectives include:

- collect and analyze baseline data from the participating communities

- focus on process issues and determine:
  - the number of children and families referred to CWWV program
  - the number of children and families treated
  - reasons for referral
  - factors affecting participation
  - response time by Mental Health Services, Inc. and follow-up providers

- focus on outcome issues such as:
  - trauma symptoms
  - child adjustment
  - types of violence witnessed
  - injuries and health consequences
  - impact of receiving on-going services
  - number of children identified and treated

- summarize training offered, number of participants, knowledge gained, and reaction to sessions

- document the activities in the community awareness campaign and increased understanding of the effect on children who witness violence.

The Kent State University evaluation team has been involved with the program since the early planning and development stages. They have worked vigorously to build relationships with the sites, attended training, and participated in ride-alongs with the officers. They view this study as a long-term project that will need to be adjusted as it progresses. The team stressed the heavy burden the data collection process has placed on the specialists, who have to complete seven assessment instruments (often for each child) during their three visits.

Challenges for the evaluation team include the following.

- **Providing Feedback**. The team is often under pressure to provide constant feedback to the players involved with the program. Providing feedback is time consuming and for efficiency should be done at specific points in time.

- **Managing Data.** The evaluators are receiving and managing large amounts of data from many sources. There are many different forms that need to be completed correctly by numerous individuals.

- **Defining Outcomes**. Answering questions such as the following can be difficult. Is it possible to show the outcome of a crisis intervention? How much time is needed to show the outcome?

- **Funding Issues**. Conditions and terms of funding have not always been clear to the evaluators. The program is dependent on multiple sources of funding pieced together and it can be difficult for the program to commit to a long-term and costly evaluation when funding is not stable.

FUNDING

The program coordinator estimates the costs to run the program for a year is about $1.8 million. For the year 2000, the projected budget includes $750,000 for intervention services, $545,000 for crisis response, $160,000 for program staff, $140,000 for community awareness, $120,000 for evaluation, and $100,000 for training.

The program has been very creative in piecing together funding. The County Commissioners provide a large part of the funding at $250,000 each year. Other funders include the Family Stability Incentive Fund, the Violence Against Women Act, the Cleveland Foundation, Wellness Block Grant, Bryne Memorial, Victims of Crime Act, Children's Trust Fund, the Mental Health Board, Sisters of Charity, and the Sihler Mental Health Foundation. New funding is being sought for additional pilot sites. Discussion has ensued about making the current pilot program a model for the state.

FUTURE PLAN

In 2000, the program staff and advisors plan to examine the pilot program results, and determine if the program is a reasonable endeavor in terms of goals and scope. If so, program implementers will begin focusing on the programmatic and costly challenge of expanding it countywide. The program is committed to evaluation and to answering the question of whether or not the children's symptoms are decreasing as a result of receiving services. Eventually, program planners and implementers want to develop a "how to" manual for other communities who wish to implement this program.

PROGRAM CHALLENGES

Some of the general program challenges mentioned by those involved with the program include the following.

- **Keeping sight of the overall program and retaining the commitment to measure the long-term effects of the program.** They stressed it was important not to lose sight of the program when dealing with all the details, such as filling out so many forms or attending numerous meetings, that a program of this magnitude requires. Also, it has been important, but time consuming, to document the planning and implementation process to enable program replication.

- **Understanding who comprises the modern family.** The term "family" has evolved and become more inclusive. Sometimes all the children are not in the house, and other times there are additional children, such as friends and extended family, who live in the home. It has been a challenge to determine who in or out of the home should receive services.

- **Raising funds to sustain the program.** Thus far, they have been able to raise enough funds for the pilot program. However, if they plan to expand the program countywide they need to raise substantially more. Ideally, the program needs a long-term funder.

- **Address the issues of perpetration.** Unfortunately, the CWWV program does not focus on the perpetrator. In one site, it is estimated that of the 79 families the program has served, 30 to 40 percent of the families have the perpetrator back in the home. It is critical to the success of the program that the issue of the perpetrator be addressed.

- **MHS needs more resources for crisis response.** They need more specialists to handle their heavy caseload. They accept calls that they are not mandated to (such as, if it is out of the pilot area) and do whatever they can to help children and families because they are committed to the program and the community. Officers have called them at times simply because they have felt uneasy about a situation. MHS is always willing to help and is gracious in carrying the extra burden. Additional funds would be helpful to their effort.

- **The county needs more long-term services for children who are exposed to domestic violence.** The needs assessment prior to program implementation revealed this fact early on. Recent experience with service provider waiting lists and the shortage of treatment slots has proven this to be true.

- **The domestic violence community has been somewhat skeptical about the CWWV program.** There is concern that this program may be taking away services and potential funding from the primary victim of domestic violence. In addition, there has been concern that the program may facilitate Department of Child and Family Services involvement and thereby increase the victim's chances of losing her or his children to the department. The domestic violence community also shares the safety concern about the specialist going to the home, especially when the perpetrator may be there.

- **Scheduling and coordinating with so many organizations and agencies has been a challenge.** The sheer magnitude of this program is awesome. There are many key organizations and players in the program. Scheduling meetings is difficult and complicated with so many busy individuals.

LESSONS LEARNED

Several lessons gleaned from the CWWV program are useful for other communities.

- **Political Support.** It is key to have high level political leaders support the program. The Board of County Commissioners has made this issue a clear priority and backed it with

funds. The Ohio Attorney General has publicly shown support. This outpouring of support is widely known by all program professionals, and they are encouraged by it.

- **Program Leadership**. A strong leader has been critical to the success of this program. The program coordinator has been able to help organizations and individuals from all over the county work together. Her background in program development as the past Director of Probation and Community Services has been beneficial. Her experience and familiarity with the agencies and organizations involved immediately made her an "insider" and fostered a level of trust that would not be as easily achieved by a stranger. The leadership style of the program coordinator has worked well for the program. She added structure into the program, but did it in a participatory way, allowing participants to help define the program. She is organized, a master at coordinating others, and possesses many of the skills necessary to make a program such as this work.

- **Atmosphere of Collaboration and Understanding**. A program with multiple agencies working together needs an atmosphere of understanding and collaboration. The agencies involved with the program are working closely together and have made an effort to build solid positive relationships.

- **Case Manager Role**. Questions have arisen as to whether or not the case manager position is a critical piece of the program. A case manager may be the best person to address long-term interests and keep families participating. Program data show that, of the clients who drop out of the program, many do so on the second and third visit.

- **Changes in Policing**. This program is an extension of the changes that are occurring in policing across the county. The police are on the front line directing resources to people. This program is another opportunity to bring services to the community. Police are often frustrated with the lack of community resources and want to know why more services like this program are not available. Police are always looking for another resource that can help them. Officers are receptive to a program if they believe it works and will help children.

- **Commitment from community individuals and organizations.** All agencies involved in the program go above and beyond in their commitment to this program. In particular, MHS was noted as being incredibly responsive and flexible. However, they have been bottlenecked with too many calls. How are these agencies handling this overload? They believe in the program and expend extra effort to sustain it. Everyone is concerned for the families and they try to keep focused on what is important. They try not to get bogged down in political and personal agendas.

- **Need for Mentoring Programs**. The community needs stronger mentoring programs for children. Children need positive role models in their lives. The composition of families has dramatically changed and parents often hold multiple jobs. There are long waiting lists for mentoring programs with an especially high demand for mentors and families that are willing to work with families experiencing domestic violence issues. MHS is exploring the idea with the Girl Scouts of America of starting a Girl Scout troop specifically for girls in families who have experienced domestic violence. This group would focus on exposing girls to positive experiences and people. More programs of this sort are needed.

- **Pilot Approach**. The pilot approach has been very important to the success of the program. Program planners and implementers have learned a great deal about how to carry the program forward and what changes should be made. They are now posing the following questions. Could this program be carried out effectively in a less expensive way? Does the crisis intervention have to be within 30 minutes? Could it be just as effective if it occurred within 24 hours? These are questions program implementers will wrestle with as the program continues.

- **Evaluate Your Program.** Key players indicated it was helpful that the program was being evaluated. Knowing that the program would be evaluated encouraged them to do a good job and gave the program greater credibility. The evaluation is not a test, but rather an opportunity to gather baseline data. Even if the evaluation does not yield desirable outcomes, it gives the program valuable information to determine how to improve the program.

- **Funding**. The program has been successful in fundraising because there are so many sources combined together to support the program. How to fund it countywide will be a big challenge. They need to infuse large amounts of money into the program. In order to do so, they will have to promote the program to funders.

CONCLUSION

The CWWV program is a model well worth studying for communities considering a very comprehensive program for responding to children who are exposed to domestic violence. While its size and complexity may be overwhelming to some communities, it may be possible to replicate selected components of the program.

Chapter 10

SUMMARY

SUMMARY OF FEATURES AMONG THE FIVE CASE STUDIES

Each of the five sites implemented a unique approach to children exposed to domestic violence. Major features of each of the approaches are presented in the matrix below. A discussion of their advantages and disadvantages follows.

SUMMARY OF MAJOR COMPONENTS OF EACH CASE STUDY SITE

	Lakeland	Salisbury	Hartford	Chula Vista	Cuyahoga County
Crisis responders are volunteers	X	both		both	
Crisis responders are professionals		both	X	both	X
Crisis responders usually go to the scene			X	X	X
Crisis responders meet victim at police station		X			
Crisis workers respond by phone	X				
Follow-up is done to make sure police make referrals	X	X	X	X	X
Schools are involved	X	X			
Follow-up services provided primarily by the program		X	X	X	short-term only

Families are usually referred to other agencies for long-term services	X				X

THE IMMEDIATE RESPONSE

The use of volunteers as first responders is less expensive than using salaried counselors. It is a promising mechanism for engaging the community in these cases and has potential for increasing public awareness of problems suffered by children who are exposed to domestic violence. However, it is not without cost. It takes time to recruit, train, and supervise volunteers.

Professionals with extensive training in crisis intervention may be in a better position than volunteers to identify the myriad needs of the families they see. Consistency among responders may also be greater when employing professionals. On the other hand, the costs are considerable to pay staff to respond on a 24 hour, seven-day a week basis.

There was disagreement among those we interviewed as to the need for an immediate on-scene response. Some thought a phone call was a better, less obtrusive way to respond. Others thought a follow-up visit the next day was preferable than trying to reach out in the middle of the night. Most, however, felt that the immediate response presented the best opportunity for persuading victims and their children to seek services.

Safety of the responders was also an issue in the sites. In Lakeland, it was perceived as unsafe for volunteers to go to the house unless they happen to be on a ride-along with officers. In Salisbury, advocates met the victim at the police department because they were concerned for the safety of their workers. In Hartford, Chula Vista, and Cleveland, advocates went to the house but all advocates received safety training and were intensely trained to assess their safety and act accordingly. In addition, police officers remain on the scene in these three sites to protect the safety of counselors.

FOLLOW-UP TO ENSURE POLICE OFFICERS MAKE APPROPRIATE REFERRALS

All of the sites had formal procedures to review police reports each morning to make sure officers made referrals whenever children were exposed to domestic violence. It is to their credit that they recognized the need to constantly check to make sure no children fell through the cracks.

INVOLVEMENT OF SCHOOLS

Lakeland and Salisbury providers worked closed with schools to help children exposed to domestic violence. Some might consider this an invasion of the children's privacy. In Lakeland, they requested parents sign a parental release form to allow the program to tell school officials that children were exposed to domestic violence so that school counselors could reach out to the child. In Salisbury, the outreach to schools was done informally. In the remaining three sites, confidentiality issues precluded their notifying school officials. Ultimately, the wisdom of

involving schools in individual cases depends on how one weighs the need to help children versus the need to protect their privacy.

PROVISION OF SERVICES

All programs provided short-term follow-up with victims and their children. Two of the programs referred clients out for long-term counseling services while the remaining three provided such services themselves. The later is more expensive and may create long waiting periods. The former spreads clients out to a number of different agencies and has the potential for raising awareness about the needs of children exposed to domestic violence. But it may alienate families by leaving the impression that they are shuttled from one agency to another. Further, they may perceive that their original counselor is abandoning them when they are sent to someone else for services.

CONCLUSION

All of the five sites implemented proactive responses to help children exposed to domestic violence. Compared, their approaches have advantages and disadvantages. Together, they should be commended for their leadership in providing crisis and long-term services to these vulnerable children and their families. Each can serve as a model for other places interested in replicating their approach.

Chapter 11

RECOMMENDATIONS

Our research included mail and telephone surveys with law enforcement departments and service providers, as well as site visits to five sites with innovative approaches to children exposed to domestic violence. Study sites were Lakeland, FL; Salisbury, MA; Hartford, CT; Chula Vista, CA; and Cuyahoga County, OH. We draw six recommendations from our findings.

RECOMMENDATION 1: COMMUNITIES SHOULD RECOGNIZE THAT CHILDREN EXPOSED TO DOMESTIC VIOLENCE FREQUENTLY SUFFER SHORT- AND LONG-TERM EFFECTS THAT REQUIRE SPECIAL SERVICES

There are a host of social problems related to children (such as missing and exploited children, children living in poverty, children drawn into gangs and criminal activity) that demand the attention of community leaders. Difficult choices may have to be made to prioritize how to spend limited resources. The pervasive problem of domestic violence also cries out for community attention to the meet the needs of victims and hold abusers accountable through some combination of batterer treatment, community corrections, and incarceration. As communities struggle to address the myriad of problems they face, it is possible to forget the silent victims of domestic violence, the children. Children exposed to domestic violence often suffer psychological and behavioral difficulties that if left untreated can severely impact on their lives and may ultimately result in perpetuating an intergenerational cycle of violence. With help, many children can be saved from a downward spiral. Community leaders, particularly police chiefs and mental health service directors, must help. In all five communities we studied, children exposed to domestic violence were given priority, and proactive responses worthy of replication thrived.

Unfortunately, the five study communities were not typical of the nation. Our mail survey responses from 360 law enforcement departments documented that many departments have not recognized the problem of children exposed to domestic violence by establishing special procedures and policies for these vulnerable children. The responsibility to report that children are exposed to domestic violence, or to make referrals, is all too frequently left to the discretion of the individual officer rather than to an established protocol. Fortunately, we found some departments with innovative, proactive approaches that require officers to report when children are exposed to domestic violence. These reports typically trigger some type of response from a helping agency. Some departments have progressed further and instituted a cooperative approach with a helping agency to respond to these children very soon after a domestic violence incident to begin the assessment of the psychological distress inflicted on the child and the healing process.

Based on the literature, we know that children exposed to domestic violence frequently endure a wide variety of psychological and behavioral problems. Communities must embrace these

findings or it is unlikely that law enforcement and helping agencies will initiate and sustain the kinds of programs needed to help these children. We recommend that communities initiate a task force to identify the needs of children exposed to domestic violence, services available in the community, and gaps in services. Further, a strategic planning process should be implemented to reach out to these vulnerable children. In each of the five study sites, there was a vision, a charismatic leader, and a plan for action.

RECOMMENDATION 2: LAW ENFORCEMENT SHOULD PLAY A PIVOTAL GATEKEEPER FUNCTION IN REFERRING CHILDREN EXPOSED TO DOMESTIC VIOLENCE TO SERVICES

Law enforcement officers are usually the first to respond to a domestic violence incident. They are in a unique position to investigate if children were exposed to the violence and to talk with parents about how exposure can damage the psychological well-being of children. In all of our five study sites, law enforcement officers were charged with the responsibility of informing parents about services for their children. How they approach parents with this information will critically impact the parent's willingness to accept help for their children. Officers need to present available services in a positive light and be cognizant that many domestic violence victims are fearful of outside intervention. Their biggest fear is often that their children will be removed for failure to protect them. Officers can reassure them that services are not intended to remove their children (unless of course, the officer or child protective services assess that the children are not safe in the home), but to help them put their lives back together.

In addition to verbal and attitudinal clues officers use to reassure parents, it is helpful if they can leave a pamphlet that explains services in a non-judgmental, easy-to-read fashion with accompanying telephone numbers to call for help. Each of our five study programs provided officers with written materials to give parents. Domestic violence victims often cannot focus on the needs of their children while in a crisis state. However, by introducing the possibility of services during the crisis period, a seed may be planted in the victim's mind. When things subside, written materials may present options and explain services. Community leaders and law enforcement command staff in all five of our study sites recognize the pivotal gatekeeper function officers assume in opening the doors to services.

RECOMMENDATION 3: PROACTIVE RESPONSES TO CHILDREN EXPOSED TO DOMESTIC VIOLENCE REQUIRE SUBSTANTIAL COMMITMENT FROM THE COMMUNITY AND SERVICE PROVIDERS

Initiating a program to reach out to children exposed to domestic violence is labor intensive. Crisis and follow-up services need to be identified and engaged. Sustaining the program takes substantial commitment and resolve. Each of the five study sites had a dedicated program director and staff to carry out their response to children exposed to domestic violence. The more comprehensive approaches studied functioned with the assistance of a considerable number of staff and were costly. Communities should anticipate and be realistic about what it will take to plan, implement, and sustain a viable approach to children exposed to domestic violence. They should also guard against promising crisis and long-term services they cannot deliver. We learned

from each of the five study sites that law enforcement officers are willing to call crisis teams to the scene (or alert them by phone) *only* if they are assured, and practice reveals, that a prompt response will result. Otherwise, officers do not want to waste their time, and that of the families, waiting for help that never arrives. Further, law enforcement officers want to be assured that when they tell domestic violence victims that help is available for them and their children that the services are truly available and do not involve unduly protracted waiting lists. Service agencies need to fulfill the promises they make.

From the five study sites, we learned that providers are often faced with multiple challenges when trying to help children exposed to domestic violence. These children often suffer from overriding problems beyond living in a violent home, such as poverty, learning disabilities, social isolation, and so on. Service providers need to decide the breadth of services they can realistically deliver and be prepared for the myriad of problems faced by children in domestic violence homes.

RECOMMENDATION 4: COORDINATION OF EFFORTS AND RAPPORT BUILDING BETWEEN LAW ENFORCEMENT AND SERVICE PROVIDERS SHOULD BE IMPLEMENTED TO SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Police chiefs can require officers to refer parents to agencies to help children exposed to domestic violence. But if the relationship is to become a solid one, officers must come to see their interaction with helping agencies as a partnership that benefits these children. Among the five study sites, various techniques were used to build a partnership. Joint trainings/meetings of officers and service providers were held. Ride-alongs in which providers rode with patrol officers were common. Participation in mutual social events was encouraged. Feedback (without breaching confidentiality) to officers on how referred families and children were doing was provided. Thank you letters to officers who made referrals were sent, and for those who failed to make appropriate referrals, law enforcement command staff demanded to know why the referral was not made. Tangible benefits directly to the officers were provided when possible (e.g., completing repot to social services so officer did not have to file the paperwork). All of these techniques helped establish mutual respect and understanding of each other's roles. Further, officers were able to rely on service providers responding quickly when summoned to the scene, thereby allowing them to return to service without undue delay. That is not to say there were not bumps in the road and occasional flare-ups, but open communication smoothed over tense situations and enabled the partnership to grow.

RECOMMENDATION 5: RESOURCES SHOULD BE AVAILABLE TO EFFECTIVELY SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Crisis and follow-up services cost money, as do brochures and pamphlets explaining available services. In all five study sites, resources were garnered to help these children. Some sites creatively incorporated the service of volunteers while others found money to pay a cadre of mental health professionals. Federal, state, county, and foundation/charitable funds were used in some sites to support intervention efforts. The challenge for all five sites will be to develop long-term plans to maintain the flow of dollars into the program.

RECOMMENDATION 6: EVALUATION IS NEEDED TO DETERMINE "BEST PRACTICES" TO SERVE CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Little is known about what types of services best improve the plight of children exposed to domestic violence. In each of the five study sites, a variety of approaches were used: group/peer counseling, play/art/sand therapy, in-home counseling, anger management classes, safety planning exercises, and so on. Which approaches work best for children with different problems has not been empirically tested. Nor do we know how long services need to be maintained to effect long-term positive changes in these children. Until such research is done, providers are making service decisions based on best guesses gleaned from general psychological and child development principles. Evaluation is needed to learn how best to help children of different ages exposed to domestic violence who display multiple and diverse symptoms and profiles.

APPENDICES

Appendix A

CASE STUDY CONTACT INFORMATION

CHULA VISTA, CALIFORNIA

South Bay Community Services
Norma Amezcua, Contract Compliance Coordinator
315 Fourth Avenue, Suite E
Chula Vista, CA 91910
(619) 420-3620

CUYAHOGA COUNTY, OHIO

Children Who Witness Violence Program
Elsie Day, Coordinator
Standard Building, Suite 900
1370 Ontario Street
Cleveland, OH 44113
(216) 263-4623

HARTFORD, CONNECTICUT

Violence Intervention Project
The Village for Families and Children, Inc.
Joy Burchell, Project Coordinator
1680 Albany Avenue
Hartford CT 06105
(860) 236-4511

LAKELAND, FLORIDA

Domestic Abuse Response Team (D.A.R.T.)
Lakeland Police Department
Linda Rahmatian, D.A.R.T Director
219 N. Massachusetts Avenue
Lakeland, FL 33801
(863) 834-8927

SALISBURY, MASSACHUSETTS

Salisbury Police Department
Community Service Unit
Investigator Ann Champagne
24 Railroad Avenue
Salisbury, MA 01952
(978) 465-3121

Appendix B

PHONE SURVEY CONTACT INFORMATION

AUSTIN, TEXAS

SafePlace
Barri Rosenbluth, Director of School Based Services
P.O. Box 19454
Austin, TX 78760
(512) 356-1628

Family Violence Protection Team
Austin Police Department
Kachina Clark, Victims Services Supervisor
1106 Clayton Lane, Suite 490 East
Austin, TX 78753
(512) 974-8548

CHESTERFIELD, VIRGINIA

Chesterfield County Police Department
Sharon Lindsay, Domestic Violence Coordinator
P.O. Box 148
Chesterfield, VA 23832
(804) 751-4113

COLORADO SPRINGS, COLORADO

Domestic Violence Unit
Colorado Springs Police Department
Detective Howard Black
705 S. Nevada Avenue
Colorado Springs, CO 80903
(719) 444-7814

NEW HAVEN, CONNECTICUT

New Haven Family Services
Lieutenant Kelly Dillon
1 Union Avenue
New Haven, CT 06519
(203) 946-6993

Yale Child Study
Child Development - Community Policing Program
230 South Frontage Road
P.O. Box 207900
New Haven, CT 06520-7900
(203) 785-7047

SANDY, UTAH

Sandy Police Department
Lieutenant Mark Nosack, Investigations Commander
10000 S. Centennial Parkway
Sandy, UT 84070
(801) 568-7237

XENIA, OHIO

Domestic Violence Intervention Emergency Response Team (D.I.V.E.R.T)
Xenia Police Department
Detective Holly Hyer
Detective Eric Hughes
101 N. Detroit Street
Xenia, OH 45385
(937) 376-7216

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