CHILD WELFARE AND DOMESTIC VIOLENCE: TACKLING THE THEMES AND THORNY QUESTIONS THAT STAND IN THE WAY OF COLLABORATION AND IMPROVEMENT OF CHILD WELFARE PRACTICE

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Heather Douglas and Tamara Walsh, in their study “Mothers, Domestic Violence and Child Protection,” do an excellent job giving voice to the concerns of battered women’s advocates about child protection’s response to domestic violence. They identify crucial themes in the critique of child welfare’s response like mother blaming, failure to hold batterers accountable and battered women’s fear of child protection. Expanding on the perceptions of their focus groups of community workers, Douglas and Walsh make a strong case for the need for greater understanding of the dynamics of domestic violence by child protection workers. Based on my years working with child protection to improve their response to domestic violence, I strongly agree with many of these points and support their articulation. Much of my work using the Safe and Together model has been about creating sustainable changes in child welfare practice.

Battered women and their children need us to move from our critiques of child welfare to new, collaborative approaches to cross system dialog and improved practice. In my experience the next step is to integrate domestic violence expertise and knowledge into the mission and task of child welfare workers. When child welfare workers utilize the knowledge of advocates, batterer intervention providers and domestic violence researchers in their daily practice, we will have taken a significant step forward.

DOUBLE STANDARDS, BATTERER ACCOUNTABILITY AND PARTNERING WITH BATTERED WOMEN

Douglas and Walsh’s critique of child welfare is on target and reflective of the practices of many child welfare systems. Their section on “The Mother is to Blame” is right on target. Mothers are constructed in our social service systems as the ones responsible for the care of the
children, which sets them up for being blamed for the domestic violence. As the authors write, “…it has been argued that a case involving children will rarely be articulated as a ‘protective mother/harmful father problem.’” When it comes to meeting basic day-to-day needs of children and emotional nurturance, we have low standards for fathers and much higher standards for mothers. This double standard in parenting expectations has far reaching repercussions for child welfare case practice. In domestic violence cases, this means that battering fathers are less likely to be assessed as undermining his partner’s basic care of the children and the stability of the household, interfering with children’s medical or mental health care and attacking the relationship between the mother and the children. Therefore when these behaviors manifest as a child’s disrespect for their mother or behavior and emotional issues, they will often lead to a case plan that is focused on the survivor’s parenting versus the batterer’s abuse.

Supported by this double standard in expectations about mothers and fathers, batterers who are fathers are often invisible from cases. This “batterer invisibility” is cumulative and is the product of many forces, from the social work educational process to the focus of human services agencies on women and children to the lack of insistence by courts and child welfare policy makers and managers to engage fathers and hold batterers accountable. While this is changing slowly, the primary interventions with fathers who are batterers are either to ignore them or demand they leave the home. Batterer intervention programs are not utilized by child welfare with any consistency and even when they are used, they often aren’t tailored to child protection. Batterers may not be interviewed and even when they are, their case plans often fail to detail specific, measureable expectations of behavior change. Under current practices, workers can meet their case benchmarks by meeting with mother and the children with no explicit expectation to meet with the battering father, even when he is having regular visits with the children or living
in the home. Child welfare and the dependency court systems often fail at holding the batterer accountable. This is demonstrated by the following gaps: 1) The failure to articulate the relationship between his specific abusive behaviors and its adverse impact on the children and 2) Allowing him to absent himself from court process. This failure to engage and intervene with batterers increases the likelihood that the survivor will be held responsible for his behavior. But more importantly from the point of the child welfare system, it means that we are failing to address the person creating the safety and risk concerns for the child. As one study participant succinctly stated: “If you’re gonna work with women and you don’t work with men, you’re wasting your money and you’re wasting your time.”

I also found myself in strong alignment with Douglas & Walsh’s overall argument that battered mothers should be approached by child welfare with the spirit of partnership and alliance. As the authors say, it is reasonable to expect that “child protection officials will not take hasty punitive action (i.e. remove children) before attempting to support mothers to continue to care for their children.” Similarly I agree with the spirit of the premise that “It ought to be axiomatic that mothers who experience domestic violence should not fear removal of their children if they seek help from child protection agencies.”

**TAKING THE NEXT STEP IN IMPROVING CHILD WELFARE PRACTICE AND CROSS SYSTEM COLLABORATION**

Side by side with my strong support for Douglas & Walsh’s key points, I found myself wishing they had tackled some of the themes and thorny questions that often stand in the way of taking the next step towards improved community collaboration and child welfare practice. I
wanted them to provide a road map for child protection about how to respond to the concerns identified by their study participants.

It is my experience that in almost all of the jurisdictions I have worked in across the United States, child welfare agencies have accepted, at some level, the following:

1. Domestic violence harms children.
2. Battered women should be supported and not punished for the batterer’s behavior.
3. Child welfare needs to do a better job responding to domestic violence.

This means that child welfare agencies (or segments thereof) are often excited and interested in learning how they can do their job differently and how they can get other parts of the child welfare system to improve their response to domestic violence. A child welfare agency that exemplifies this position is Connecticut’s Department of Children and Families, which has invested resources in placing domestic violence consultants in all field offices. This investment was made based on the premise that their staff needed greater competencies in domestic violence cases—interviewing perpetrators, survivors, and children; assessment and documentation; developing case plans and neglect petitions—in order to achieve the agency’s mission of safety, permanency and well-being. This acknowledgment has led to significant changes in training for supervisors and frontline staff, investigation practice, and the development of new services for families. While no formal evaluation has been completed on these changes, anecdotal evidence supports a shift toward more positive outcomes. Comments from DCF supervisors who implemented information from a Safe and Together training included “There have been less removals and more support/services provided to assist victim” and utilizing this model has
“prevented the removal of some children due to learning about using the Court to hold the batterer responsible.” (Mandel, 2009)

So if many child welfare agencies are ripe for changes in their practice, what do they need to do this? What supports these changes and what hinders these changes? What role can community domestic violence workers play in this process? Based on my work with child welfare agencies, any discussion about making child welfare practice changes regarding domestic violence must start and end with the children. Statutory requirements, agency policy, dependency court practice and child welfare culture all demand that child welfare’s actions revolve around children’s safety and well being. Trying to create changes in child welfare practice regarding domestic violence without recognizing the unique position of child welfare agencies as the only agency with statutory responsibility for the safety and well-being of children increases the likelihood those efforts will fail. Moreover, cross systems conversations about the intersection of child maltreatment and domestic violence without respect for this reality can lead to misapprehension and divisions. For example, it’s useful to recognize that when a child welfare worker says, “I don’t want to re-victimize the mother but my job is child safety,” they are sharing with you an essential truth about their role and mission. Sincere validation of the societal importance, by community workers focused on the safety of domestic violence survivors, of child welfare’s obligation to child safety may help build alliances that support battered women and their children.

In the work I’ve done with child welfare agencies using the Safe and Together model, the focus is on how it is in the children’s best interest to remain safe and together with the domestic violence survivor. From the point of view of child safety, stability and healing from trauma, it is in child welfare’s interest to partner with the parent who is most committed to the safety and
well-being of the child. This partnership with the domestic violence survivor benefits child welfare in the following ways: 1) Safety planning for the child built on the assessment of her strengths, resources, prior safety planning efforts and knowledge of the perpetrator is likely to be more efficient and more effective for maintaining the child’s safety and well being. 2) A partnership with the survivor means it is more likely the child can be maintained in his or her own home or the community with the primary caregiver. 3) A partnership with the survivor is likely to provide child welfare with more and better information to continuously assess the safety and well being of the child.

A SUBTLE YET SIGNIFICANT SHIFT

This approach, while complementary to the perspective articulated by Douglas and Walsh, frames the issue of domestic violence and the importance of a “therapeutic alliance” with the adult survivor from the perspective of child welfare’s mission. This subtle yet significant shift in approach can seen in an analysis of the perspective embedded in their statement that it’s reasonable to expect that “child protection officials will not take hasty punitive action (i.e. remove children) before attempting to support mothers to continue to care for their children.” Examining the issue of potential removal of children from homes exclusively through the lens of “punitive action” fails to engage the legitimacy of child welfare’s concern for the safety and well-being of children in families. In the vast majority of cases, the danger a batterer poses to a child can be mitigated or resolved by intervening with the perpetrator and partnering with the survivor. But in a small number of cases, despite the efforts of the domestic violence survivor, a batterer may represent such a force for harm and danger that child welfare needs to take aggressive action to protect them.
The authors themselves strongly articulate the reasons why women may rationally decide to stay in an abusive situation---that the alternatives appear to unpredictable, dangerous and harmful to herself and moreover her children. That said, the authors and study participants do not engage with the question that child welfare is charged with: What if the safer choice is still not safe for the children? What should child welfare’s response be? What if it is safer for the mother to deny that the batterer is creating significant danger for the children even when there is strong corroborating evidence in the form of police reports and children’s statements? What if those children are exhibiting symptoms of Post Traumatic Stress Disorder and other reactions to trauma? For child protection, in these instances, even a deep and accurate understanding of domestic violence dynamics does not resolve the issue of child safety. Recognizing that the child welfare agency’s ultimate responsibility is to take action for the child’s safety can be challenging for those outside of the system due to all of the legitimate concerns of battered women and their advocates. At the same time, respect for the role and its requirements can help move forward cross system dialog and form the foundation of practice change.

DIFFERENT QUESTIONS CAN LEAD TO NEW NARRATIVES AND FRAMEWORKS FOR PARTNERSHIP

The authors state that “mothers experiencing domestic violence, and the workers who support them, must be able to trust and engage child protection authorities if children are to be kept safe.” I wholeheartedly agree with this idea but want to consider it from another angle. While there is obvious history of battered women and their children being re-victimized by child welfare for the behavior of batterers, any effort to move forward needs to create new narratives and new frameworks for partnership. Different questions can help develop these new perspectives. I wonder what the same focus groups would have said if in addition to their
concerns about child welfare’s practice about domestic violence, they were asked the following questions:

- What is your understanding of child welfare processes and limitations? Do you feel like you know enough about these processes to effectively advocate for your client?
- What are the barriers and obstacles a child welfare worker faces when he or she wants to help a domestic violence survivor?
- What do you believe is the “right” child welfare course of action if a batterer is harming a child despite all of the survivor’s efforts to protect him or her?
- What do you think child welfare’s role is when domestic violence is co-occurring with child behavioral issues, maternal substance abuse and/or maternal mental health issues?
- What should child welfare policy and practices be regarding fathers who are domestic violence perpetrators?
- What challenges do child welfare agencies face in terms of balancing safety and connection for a child who has a father who has perpetrated domestic violence?

While a critique of child welfare’s approach to domestic violence is appropriate, we need to also be able to ask questions like “What does progress into more trust with child welfare require from community workers?” “Are there new skills and information they need to work with child welfare?” and “What can community workers learn about child welfare that will help them to collaborate and offer needed training targeted to child welfare’s role, skill development and perspectives?”

In implementing the Safe and Together model in Connecticut, Florida and other areas of the country, I have found that it is possible to move child welfare practice into greater alignment
with domestic violence survivors and their advocates. By focusing on five critical components, we have been able to help child welfare improve their interviewing and assessment skills, documentation, and case planning. The first two critical components focus on the batterer’s pattern of coercive control, particularly the actions he has taken to harm the child. Using the framework of coercive control versus exclusively looking for physical domestic violence increases the likelihood that child welfare will identify batterers on their caseloads. A focus on identifying batterers’ behaviors improves risk and safety assessment, provides a context for understanding the survivor’s decision making and strengthens child welfare’s assessment of the batterer’s adverse impact on the child. A strong focus to describing how he may be using the child as weapons against the other parent, interfering with or undermining her parenting, and abusing and neglecting the child makes it easier to draw a straight line connection between the batterer’s choices and the child’s safety and well-being.

The third component of the Safe and Together model focuses on a comprehensive assessment of the full spectrum of the survivor’s efforts to promote the safety and well being of the child. This means that child welfare, in order to do their job of assessing the protective factors in the home, needs to go beyond the classic “yardstick” used to measure the protective efforts of battered women: 1) calling the police 2) seeking a civil stay away order and/or 3) ending the relationship/ leaving/ kicking the batterer out of the home. This limited assessment “yardstick” ignores the very legitimate reasons battered women have for not choosing these actions e.g. increased danger, homelessness, dislocation of children from familiar environments and supports. Perhaps more importantly it fails to identify all the other ways that batterer women safety plan, thereby conceptualizing her as “failing to protect” versus seeing her as someone actively engaged in trying to make her child safer. Moreover, our assessments of a battered
mother’s strengths rarely assess her for all the things she does to maintain her child’s routine, provide nurturance and guidance, and attend to her child’s basic needs in the face of the batterer’s destabilizing, neglectful and abusive behaviors. (Returning to our earlier conversation on double standards, these items are not assessed because she is the “mother” and we expect them of her). When child welfare’s assessment of the survivor’s protective efforts and strengths are more inclusive and comprehensive, it can create stronger partnerships based on the identification and validation of those efforts.

Finally, the last two critical components focus on identifying the effect of the batterer’s behavior on his child and integrating an assessment of the role of substance abuse, mental health issues and culture into our understanding of the case. Focusing on these five components, child welfare is more likely to accomplish its mission of protecting children in collaboration with domestic violence survivors and their advocates. Also, by using this framework to support cross system dialog, community workers who are supporting survivors and their children can more effectively engage child welfare around shared concerns, the biggest one being “How can we work together to reduce the risk that the batterer represents to the family?”
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