

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Exploring Reasonable Efforts in Child Welfare Cases that Include Domestic Violence fGjHY 5 L

Author(s): Lorie Sicafuse, Steve Wood, M.S., Alicia Summers, Ph.D.

Document No.: 244701

Date Received: January 2014

Award Number: 2012-MU-MU-K001

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant report available electronically.

2013

RESEARCH REPORT

EXPLORING REASONABLE EFFORTS IN
CHILD WELFARE CASES THAT INCLUDE
DOMESTIC VIOLENCE (SITE A)



National Council of Juvenile and
Family Court Judges

Juvenile Law Programs

November, 2013

The National Council of Juvenile and Family Court Judges® (NCJFCJ) headquartered on the University of Nevada campus in Reno since 1969, provides cutting-edge training, wide-ranging technical assistance, and research to help the nation's courts, judges, and staff in their important work. Since its founding in 1937 by a group of judges dedicated to improving the effectiveness of the nation's juvenile courts, the NCJFCJ has pursued a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation's children and families.

For more information about the NCJFCJ or this report, please contact:

National Council of Juvenile and Family Court Judges
Juvenile Law Programs
University of Nevada
P.O. Box 8970
Reno, Nevada 89507
(775) 327-5300
www.ncjfcj.org
caninfo@ncjfcj.org

©2013, National Council of Juvenile and Family Court Judges

Mari Kay Bickett, J.D., Chief Executive Officer, NCJFCJ

Report Contributors

Lorie Sicafuse, Research Associate, Juvenile Law Programs

Steve Wood, MS, Research Assistant, Juvenile Law Programs

Alicia Summers, PhD, Program Director of Research and Evaluation, Juvenile Law Programs

This research was made possible by Cooperative Agreement No. 2012-MU-MU-K001 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The U.S. Department of Justice was not involved in the study design; collection, analysis, and interpretation of data; or in the writing of the manuscript. Points of view or opinions are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the National Council of Juvenile and Family Courts Judges.

Executive Summary

Many families involved in dependency cases have been profoundly affected by domestic violence (DV). It is important for judges to recognize the unique issues these families often face and to incorporate this knowledge into their decisions. Yet, little research has been conducted to explore how courts respond to juvenile dependency cases involving DV. The current study examined 1) How domestic violence cases are treated in juvenile dependency court and 2) Whether this treatment differs from cases without domestic violence. Using a structured case file review instrument, researchers examined descriptive case information on 28 dependency cases with DV and 37 comparison cases (with no indication of DV) on site in a mid-sized Western city. Information collected included petition language regarding domestic violence, specific allegations, court orders, reasonable efforts, and services to all parties.

Key Findings

- *In over one-third of cases with co-occurring DV, DV was not identified as an allegation or problem on the petition but was discovered as the case progressed.*
- *Substance abuse was more prevalent among both mothers and fathers in DV cases than among parents in non-DV cases.*
- *Service orders significantly differed for parents in DV and non-DV cases.*
 - *Mothers in DV cases were more likely to receive orders for random drug screening, substance abuse assessment, and domestic violence counseling.*
 - *Fathers in DV cases were more likely to receive orders for random drug screening, substance abuse assessment, and domestic violence counseling/ batterer intervention programs.*
- *Findings that reasonable efforts were not required were more common in non-DV cases, but agency efforts to prevent removal and reunify were similar for DV and non-DV cases.*
- *Domestic violence advocates were rarely involved in cases with co-occurring DV.*
- *Case timelines, placements, and outcomes did not differ between DV and non-DV cases.*

Findings demonstrate that the court often recognized DV-related issues in dependency cases and made efforts to address these issues in service orders, though DV and non-DV cases were treated similarly in other respects. These findings are based on a limited sample, however, and not all initial objectives of this study could be met due to lack of available case information. Future research should explore more overarching themes in dependency cases involving DV, such as whether perpetrators are held accountable and if efforts are made to keep victims and children safe and together. Doing so may yield a more thorough understanding of the extent to which courts are recognizing and addressing the needs of families in dependency cases affected by DV, which may in turn encourage positive changes in systems and practice.

Introduction

Domestic violence—a pattern of assaultive and coercive behavior that may operate on a physical, psychological, emotional, sexual, or economic level—in the home and child abuse or neglect often co-occur. The precise extent to which this happens is often hard to estimate. Earlier studies have indicated overlaps ranging from 30% to 60%¹, but exact numbers are scarce. National datasets that collect information on child abuse and neglect, such as the Adoption and Foster Care Reporting System, do not identify the occurrence of domestic violence (DV) in the case, making it even more difficult to track. Further, if DV is not listed on the original petition, it may be overlooked in the case.

When DV is identified, either as part of petition allegations against a parent or at a later point during the case, it is important that judges respond to this information in a way that holds the perpetrator of the violence accountable, keeps the victim and children safe, and helps to prevent future violence. Children exposed to DV are at risk for a host of negative social, developmental, and psychological outcomes. For example, childhood exposure to DV has been linked to a reduction in IQ scores,² juvenile delinquency,³ and decreased social competence.⁴ In addition, children who witness DV are significantly more likely to develop depression, anxiety, and Post-traumatic Stress Disorder than non-witnesses.⁵

Parents in dependency cases involving DV also may face specific challenges that courts should recognize and address. For instance, women who have been victims of domestic violence are significantly more likely to struggle with substance abuse and mental health issues than their counterparts.⁶ Although these issues may make some women more vulnerable to experiencing domestic violence, they commonly surface as *responses* to the trauma of victimization.⁷ Clearly, there are special safety concerns in dependency cases with co-occurring DV, and additional financial and transportation services are commonly needed as mothers are often financially dependent on the perpetrator. Perpetrators of DV are more likely to have substance abuse issues as well, though this should never be considered as an

¹ Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6, 161-170.

² Koenen, K. C., Moffitt, T. E., Caspi, A., Taylor, A., & Purcell, S. (2003). Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psychopathology*, 15, 297-311.

³ Justice Policy Institute (2010, July). *Healing invisible wounds: Why investing in trauma-informed care for children makes sense*. Retrieved from http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf

⁴ Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. E., & Rivara, F. P. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse and Neglect*, 22, 319-330.

⁵ Margolin, G., & Vickerman, K. A. (2007). Post-traumatic stress in children and adolescents exposed to family violence : I. Overview and issues. *Professional Psychology: Research and Practice*, 38, 613-619.

⁶ Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Alcohol-related problems, drug use, and male intimate partner violence severity among US couples. *Alcoholism: Clinical and Experimental Research*, 26, 493-500.

⁷ Domestic Violence and Mental Health Policy Initiative (2003). *Domestic violence, mental health & trauma: Research highlights*. Retrieved from http://www.vawnet.org/Assoc_Files_VAWnet/MentalHealthResearch.pdf

excuse or justification for DV. Approximately 50% of men in substance abuse treatment are perpetrators of DV, and approximately 50% of men in batterer intervention programs have substance abuse issues.⁸

Understanding that such issues exist, there has been an increased awareness regarding the need for training in DV. For example, the Violence Against Women Act of 1994 (VAWA) was re-authorized in 2013. Included in VAWA is funding for DV-related training for criminal and civil judges and court staff⁹; however, the extent to which such training will reach family court judges is unknown. In addition to VAWA, the National Council of Juvenile and Family Court Judges (NCJFCJ) developed the *Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence* (hereafter *Reasonable Efforts Checklist*) and the *Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence* (hereafter *Accountability Checklist*). These checklists provide information and tools for judges to help facilitate accountability and safety of families involved in child welfare. While tools such as these may be helpful to the courts, little research has been conducted that examines how the courts treat cases when there is DV, or whether this treatment differs from how non-DV cases are treated.

Study Overview

The work of the NCJFCJ focuses on improving the judicial and system-wide response to children and families in the child welfare system to ensure safe, timely, and permanent homes for children. The current study explores how courts respond to juvenile dependency cases with co-occurring domestic violence in comparison with cases that have no indication of domestic violence. A mid-size western jurisdiction was selected as a site to conduct the research.

Research Questions

The current study was exploratory and primarily descriptive in nature. Two questions were addressed:

- 1) How are domestic violence cases treated in the juvenile dependency court?
- 2) Does this treatment differ from cases without domestic violence?

⁸ Thomas, M. D., & Bennett, L. (2008). The co-occurrence of substance abuse and domestic violence: A comparison of dual-problem men in substance abuse treatment and in a court-ordered batterer program. *Journal of Social Work Practice in the Addictions, 9*, 299-317.

⁹ U.S. Department of Justice (2013). *Office on Violence Against Women (OVW) VAWA 2013 summary: Changes to OVW-administered grant programs*. Retrieved from <http://www.ovw.usdoj.gov/docs/vawa-2013-sum.pdf>

Method

Sample

A stratified sample of 65 cases were selected. To be included in the sample, cases had to have a juvenile dependency petition filed in 2010. It was originally stipulated that half of the cases had to include an allegation of domestic violence against any party; however, it was impossible to identify the DV cases from the list of petitions filed without going through the file. Therefore, researchers randomly identified cases from a list of petitions to code. On day three of data collection, researchers counted the number of DV cases and chose to oversample from the remaining list. That is, researchers only selected DV cases after a sufficient sample of non-DV cases had been coded. The final sample included 29 domestic violence (DV) and 37 non-domestic violence (non-DV) cases.

Data Collection Procedures

Three researchers from NCJFCJ collected data on-site through extensive case file review of court documents. Case-level data were recorded on a standardized instrument. The instrument included topics such as the age of the parents and child; the presence of parties at each hearing; allegations and presenting problems; and services offered to the parents and child. Most importantly, the instrument included several topics prescribed by the *Reasonable Efforts Checklist* and *Accountability Checklist* as relevant to domestic violence cases:

- Whether the petition identifies the perpetrator and the victim
- Whether the perpetrator was removed from the home
- Services related to domestic violence (e.g., domestic violence counseling, batterer intervention, and checking into domestic violence shelter)
- Efforts taken by the court or agency (e.g., developing a safety plan, referring the domestic violence victim to legal assistance, and referring parties to services) prior to the shelter care and permanency planning hearings
- Reasonable efforts findings (prevent removal, reunification, and not required) at each hearing

Results

Case Demographics

Ages of the child on the petition ranged from 7 days to 17 years, with an average age of 4.3 years. The number of other children involved in each case ranged from 0-5, with an average of .6 across cases. In the majority (90.8%; $n = 59$) of cases, the child on the petition was removed from the home. T-tests indicated that the number of other children on the petition was significantly higher in DV cases ($M = .88$)

than in non-DV cases ($M = .32$), $p < .05$. Other basic case demographics did not differ according to case type.

In the overall sample, the average total number of allegations was 2.1 for mothers and 1.2 for fathers. Number of allegations against mothers did not significantly vary across DV and non-DV cases (see Figure 1). However, t-tests indicated that the mean number of total allegations against the father was significantly higher in DV cases ($M = 1.61$; $n = 23$) than in non-DV cases ($M = .93$, $n = 30$), $p < .01$.

Figure 1. Mean Number of Allegations against Parents by Case Type

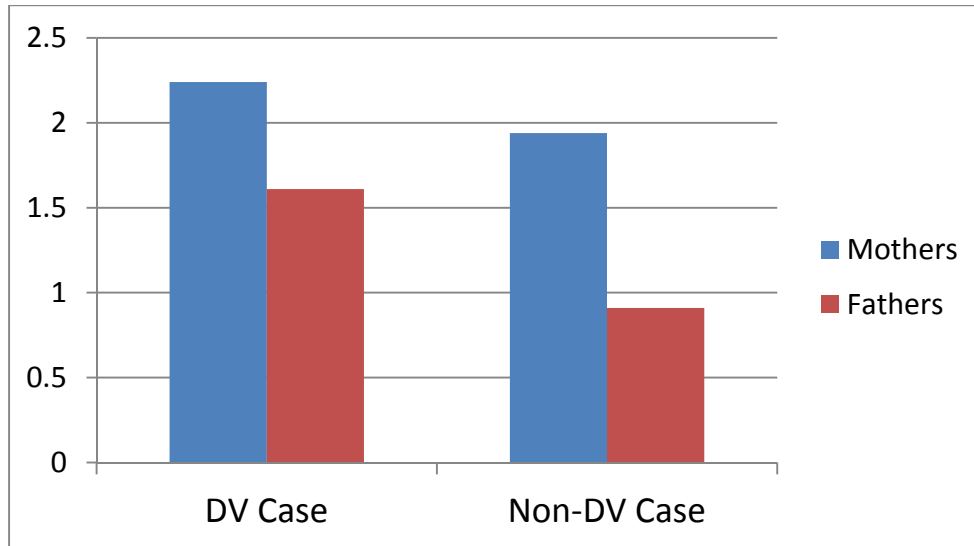


Table 1 displays the frequencies of specific allegations against mothers, fathers, and “Other” parties in the entire sample of cases as noted in the petition. The most common allegation was neglect/abandonment, made against mothers in 80.2% ($n = 52$) of cases and against fathers in 40.0% ($n = 26$) of cases. Chi-square analyses revealed that fathers were significantly more likely to be accused of neglect/abandonment in DV cases (53.6%; $n = 15$) than in non-DV cases (29.7%; $n = 11$), $p = .05$. There were no other substantial differences in allegations made in DV and non-DV cases.

Table 1. Frequencies of Specific Allegations in Overall Sample

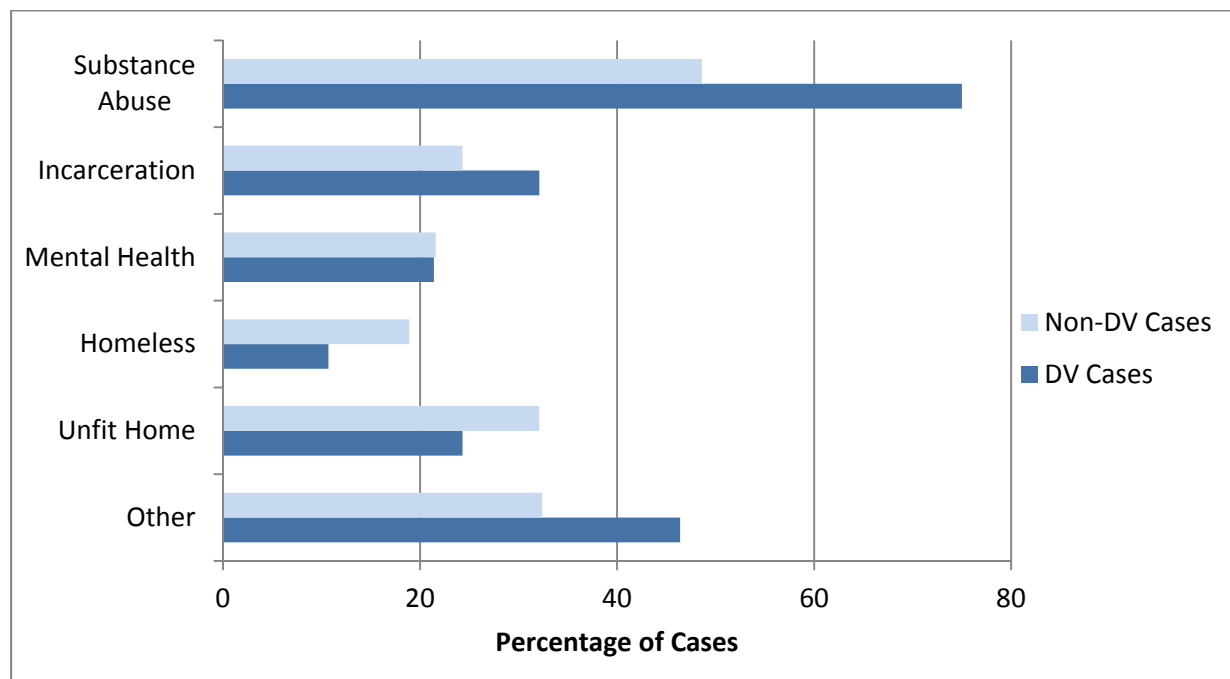
Allegation	Percentage of Cases ($N = 69$)		
	Mother	Father	Other
Neglect/Abandonment	80.2%	40.0%	15.4%
Other/Risk of Harm	41.5%	30.8%	6.2%
Physical abuse	9.2%	3.1%	7.7%
Sexual abuse	0	1.5%	1.5%

The most common specific presenting problem in the overall sample for mothers was substance abuse (60.0%; $n = 39$), followed by incarceration (27.7%, $n = 18$) and mental health issues (21.5%; $n = 14$). The most common problems for fathers were incarceration (30.8%; $n = 20$), substance abuse (20.0%; $n = 13$), and whereabouts unknown (12.3%; $n = 8$). “Other” non-specific problems were noted on the petition for mothers in 38.5% ($n = 25$) of cases and for fathers in 10.8% ($n = 7$) of cases.

Statistical comparisons of parents’ presenting problems in DV and non-DV cases could not be conducted for most problems due to small sample sizes. The high frequency of substance abuse in mothers did allow for a valid chi-square test, which indicated that mothers in DV cases were significantly more likely to struggle with substance abuse (75.0%; $n = 21$) compared to mothers in non-DV cases (48.6%; $n = 18$), $p < .05$.¹⁰

Basic frequency data can be used to compare the incidence of other presenting problems in DV and non-DV cases. The frequencies of problems for mothers in DV and non-DV cases are displayed in Figure 2. In addition to substance abuse, “Other” non-specific problems were more commonly noted on the petition for mothers in DV cases (46.4%; $n = 13$) than for mothers in non-DV cases (32.4%; $n = 12$). Mothers in DV cases also were more frequently incarcerated than those in non-DV cases, but this difference was relatively small (32.1%; $n = 9$ for DV cases, 24.3%; $n = 9$ for non-DV cases).

Figure 2. Presenting Problems for Mothers in DV and Non-DV cases

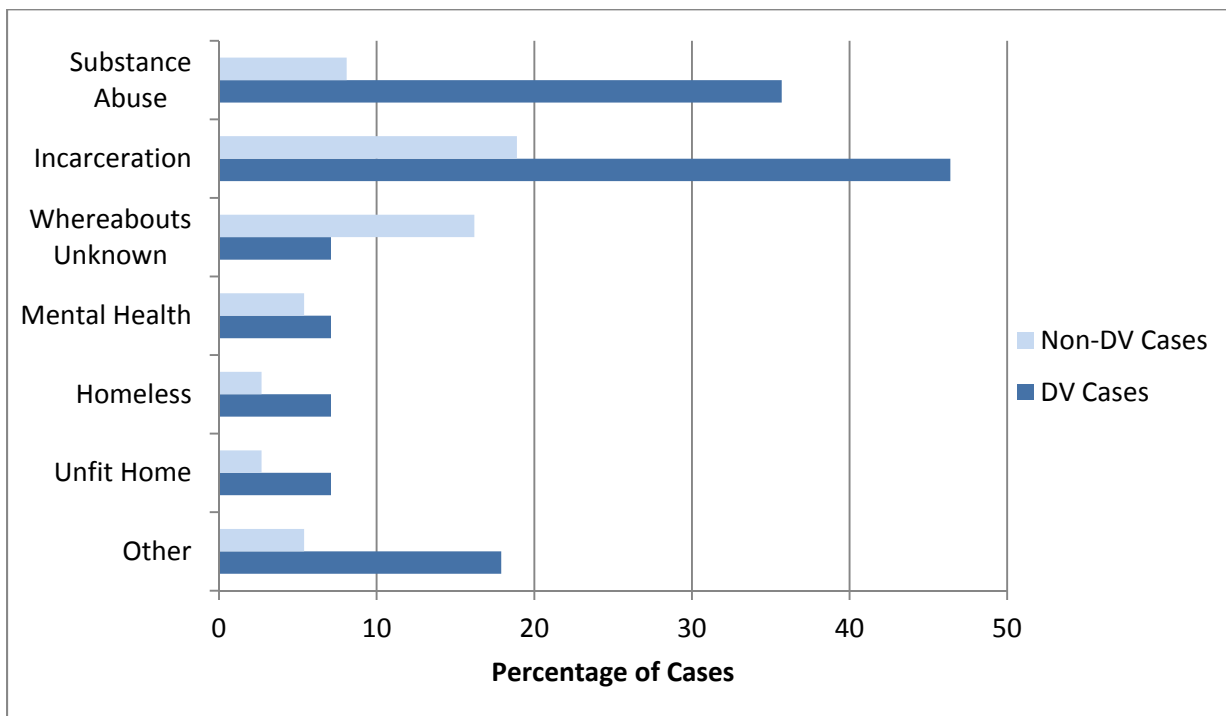


¹⁰ The sample of DV cases ($n = 28$) was smaller than the sample of non-DV cases ($n = 37$). In comparing DV and non-DV cases, the numbers of cases may be similar but the percentage of DV cases represented will be substantially higher than the percentage of non-DV cases.

In general, fewer presenting problems were noted on the petition for fathers than for mothers, likely because some fathers were not involved in their child’s life. Though no statistical tests could be conducted to compare fathers’ presenting problems in DV and non-DV cases, basic comparisons of frequencies and percentages do suggest some differences (see Figure 3). As with mothers, substance abuse was more prevalent among fathers in DV cases (35.7%; $n = 10$) than fathers in non-DV cases (8.1%; $n = 3$). Fathers were more likely to be incarcerated in DV cases (46.4%; $n = 13$) than in non-DV cases (18.9%; $n = 7$).

The average total number of hearings for all cases was 6.3. A percentage score was calculated for parents in each case to represent how often they were present across hearings. On average, mothers attended hearings 78.9% of the time, and fathers attended 55.1% of the time. Parent attendance at hearings did not differ between DV and non-DV cases.

Figure 3. Presenting Problems for Fathers in DV and Non-DV cases



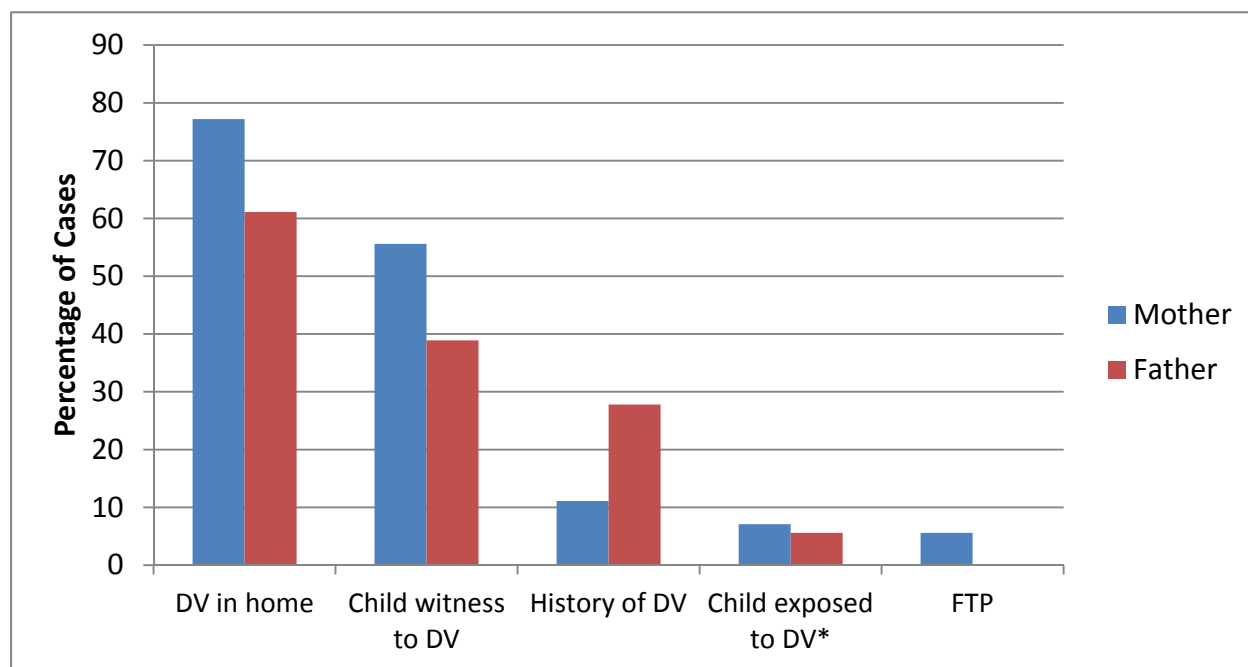
Characteristics of Cases Involving Domestic Violence

Though there were a total of 28 cases involving DV, there were no indications of DV on the petition in over one-third (35.7%; $n = 10$) of these cases. In one of these cases, DV emerged as an issue during the Protective Custody hearing; it is unknown why DV was not subsequently noted in the petition. In the remaining cases, DV was brought to the court’s attention after the petition was filed. This most commonly occurred at Disposition ($n = 7$), with indications of domestic violence for the remaining cases surfacing at Adjudication ($n = 1$) and the First Review hearing ($n = 1$).

Petition language in the 18 cases initially identified as involving DV was further explored to get a better understanding of the nature and prevalence of DV-related allegations against parents. This may include children witnessing acts of domestic violence, general accusations of DV incidents in the home, or “failure to protect” (FTP). FTP allegations can be made against non-violent victims on the grounds that they allowed their child to be exposed to DV.

Among these 18 cases, occurrence of DV in the home was the most common allegation against both mothers (72.2%; $n = 13$) and fathers (61.1%; $n = 11$). Having a child witness domestic violence was the second most common, alleged in 55.6% ($n = 10$) of cases for mothers and in 38.9% ($n = 7$) of cases for fathers. The frequencies of other specific DV allegations against parents were relatively low (see Figure 4). Allegations of DV in the home were made against an “Other” party (e.g., stepparent, mother’s boyfriend) in 44.4% ($n = 8$) cases.

Figure 4. Parent Allegations Specific to Domestic Violence Cases



*Note: “Child exposed to DV” refers to situations in which a child did not directly witness acts of domestic violence but were exposed to the violence in other ways (e.g., hearing an altercation, seeing their parents’ injuries, etc.). Petitions must specifically use the term “exposed” for this to be recorded as an allegation.

The petition identified the perpetrator(s) in 11 (61.1%) of the 18 cases with initial indications of DV. Within these 11 cases, the father was identified as a perpetrator most of the time (63.6%; $n = 7$), followed by “Other” (36.4%; $n = 4$), and the mother (27.3%; $n = 3$).¹¹ Importantly, more than one perpetrator can be identified, and those identified as perpetrators were alleged to have committed acts

¹¹ Because more than one perpetrator can be identified in the petition, these percentages may exceed 100.

of domestic violence but may not have always been the instigator. In all three cases in which the mother was identified as a perpetrator, another party was identified as a perpetrator as well. Yet, the majority of DV-related allegations were against mothers. The victim was identified on the petition in 52.9% ($n = 9$) of cases and was always the mother. In most cases, there was not enough information in the file for the researchers to determine whether the perpetrator had been removed from the home.

In this jurisdiction, referrals to domestic violence advocates in dependency cases are unusual, even if the case includes allegations of DV. Some mothers may have assistance from DV advocates as part of criminal proceedings related to the domestic violence; however, those DV advocates would typically not attend juvenile dependency hearings. Consistent with these practices, case file reviews indicated involvement of DV advocates in only two cases. In one of these cases, the DV advocate was present at the Protective Custody hearing. There were no indications that a DV advocate was present at any of the other hearings across all 28 cases involving DV. It is possible that DV advocates were sometimes present but not properly identified in the court record, or that advocates were otherwise involved but not present at the hearings. If DV advocates were involved in the case, there was no information in the court file to reflect this.

Reasonable Efforts

Reasonable efforts findings to prevent removal and reunify were examined across all hearings in the entire sample of cases. The majority of Protective Custody hearings (61.5%; $n = 40$) included reasonable efforts findings to prevent removal on the record. Reasonable efforts findings to reunify were made in nearly half (47.7%; $n = 31$) of Review hearings and in over half of all Permanency hearings (56.9%; $n = 37$), but were made in less than 2% of the cases in all other hearings. Findings that reasonable efforts were not required were made in 24.6% ($n = 16$) of Protective Custody hearings, 1.5% ($n = 1$) of Disposition hearings, and 6.2% ($n = 4$) of Permanency hearings. Across all cases and hearings, the judge never determined that agencies *failed* to make reasonable efforts.

Table 2 displays the percentages of cases in which reasonable efforts findings were made in at least one hearing throughout the duration of the case. Chi-square tests¹² revealed two significant differences in reasonable efforts findings between DV and non-DV cases. First, reasonable efforts findings to prevent removal were more likely to be made in DV cases than in non-DV cases, $p < .05$. Second, findings that reasonable efforts were not required were more likely in non-DV cases than in DV cases, $p < .05$, suggesting that non-DV cases may have been more urgent and necessitated emergency removals. Though a greater proportion of non-DV cases included findings of reasonable efforts to reunify when compared to DV cases, this difference was not statistically significant.

¹² A chi-square test indicates whether there is an association between categorical variables and the direction of this association.

Table 2. Percentages of Cases with Reasonable Efforts Findings

Reasonable Efforts Findings	DV Cases (n = 28)	Non-DV Cases (n = 37)	Total Sample (N = 65)
Not Required**	14.3%	43.2%	30.8%
Prevent Removal**	85.7%	59.5%	70.8%
Reunify	57.1%	73.0%	66.2%
Reasonable Efforts not Made*	0%	0%	0%

*Note: “Reasonable Efforts not Made” refers to a finding that the agency failed to make reasonable efforts to prevent removal or reunify.

**Indicates significant difference between DV and non-DV cases, $p < .05$.

The frequencies of specific efforts agencies took to prevent removal and to reunify in the entire sample of cases are displayed in Table 3.¹³ The most common effort was general service referrals, made in 32.3% ($n = 21$) of cases to prevent removal and in 50.8% ($n = 33$) of cases to reunify. “Other” efforts (e.g., safety assessments, various community referrals, and financial assistance) were made in 38.5% ($n = 25$) of cases to prevent removal and in 49.2% ($n = 32$) of cases to reunify.

There were no substantial differences in agency efforts made in DV and non-DV cases. Documentation of agency efforts typically recommended in dependency cases with co-occurring DV¹⁴ was rare. Case file review indicated that agencies referred victims to a domestic violence advocate in 4.6% ($n = 3$) of all cases, and the perpetrator was referred to batterer intervention by the agency in a single case. There also was no evidence of agency efforts regarding referrals to legal assistance, increasing police presence around the home, or helping victims obtain a protection order. Parents’ attorneys may have assisted with some DV-related legal issues, and is quite possible that further agency efforts were made. However, this could not be discerned from the case files.

¹³ Despite findings that reasonable efforts were not required in 24.6% of Protective Custody hearings and in 6.2% of Permanency hearings, agency efforts were still documented in many of these cases. Thus, all cases were included in this analysis, regardless of reasonable efforts findings.

¹⁴ See NCJFCJ *Reasonable Efforts Checklist and Accountability Checklist*

Table 3. Agency Efforts to Prevent Removal and Reunify

Efforts	% Protective Custody (prevent removal)	% Permanency (reunify)
Refer to services	32.3%	50.8%
Develop safety plan	15.4%	4.6%
Provide transportation services	3.1%	23.1%
Secure counseling for child	1.5%	4.6%
Help victim find place to stay	3.1%	1.5%
Refer to DV advocate	0	4.6%
Refer perp to batterer intervention	0	1.5%
Enlist support of community	0	3.1%
Unable to Determine	15.4%	4.6%
Other	38.5%	49.2%

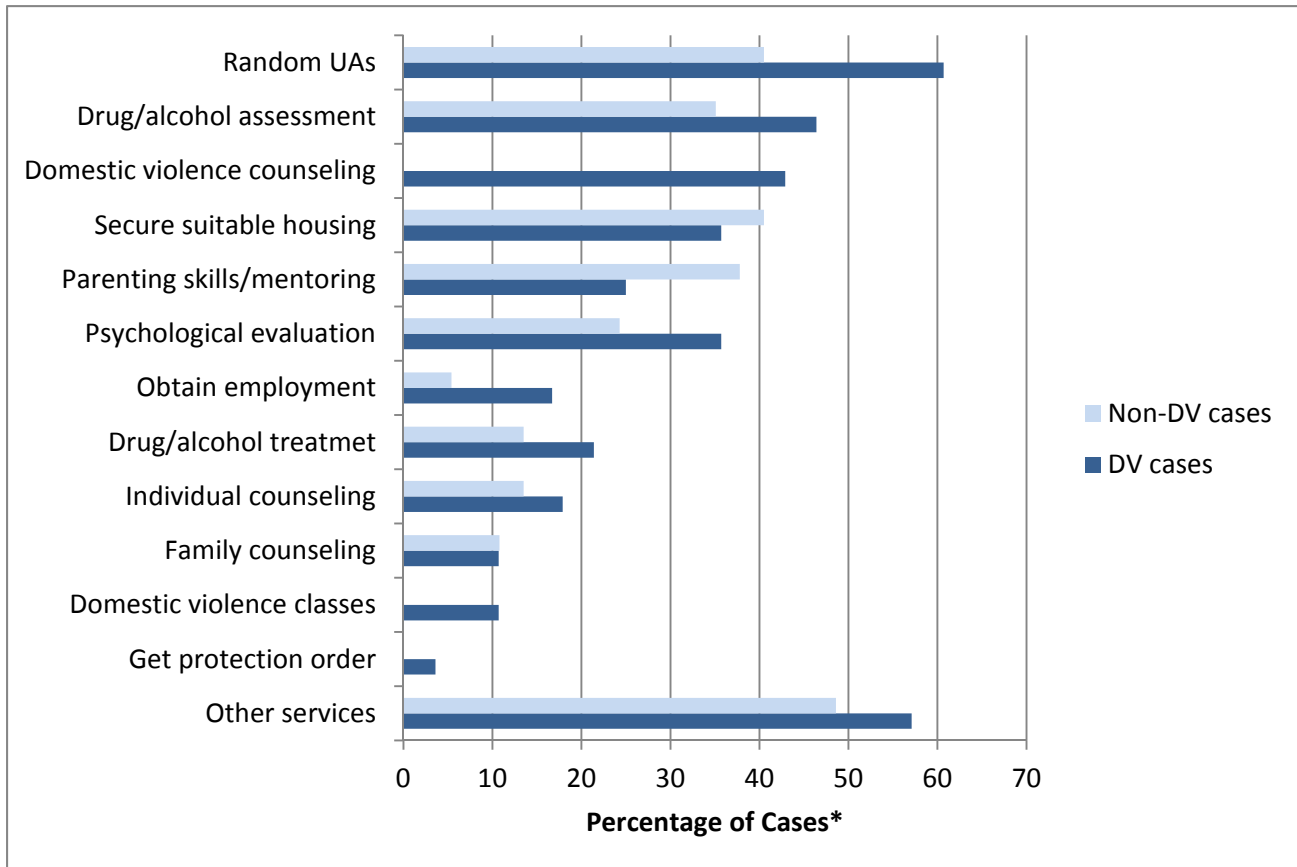
Services

Service plans were examined both for the entire sample of cases and separately for DV and non-DV cases. In all cases, the most common orders for mothers were random drug testing/UAs (49.2%; $n = 32$), drug and alcohol assessment (40.0%; $n = 26$), and secure suitable housing (38.5%; $n = 25$). Services were ordered less frequently for fathers than for mothers, as they were less likely to be involved in the cases or in their child’s life more generally. Top services ordered for fathers included random drug testing/UAs (23.1%; $n = 15$), secure suitable housing (20.0%; $n = 13$), and parenting skills/mentoring (20.0%, $n = 13$). A variety of “other” services (e.g., specialized parenting classes, drug court attendance, medical services) were ordered for mothers in 52.3% ($n = 34$) of all cases and for fathers in 40.0% ($n = 26$) of cases.

Sample sizes were too small to conduct valid statistical tests comparing services ordered for parents in DV and non-DV cases. However, basic frequency data and percentages can be used to illustrate some small differences. For instance, drug and alcohol-related services were more commonly ordered for mothers in DV cases than in non-DV cases (see Figure 5). Specifically, mothers were ordered to submit to random drug tests/UAs in 60.7% ($n = 17$) of DV cases, whereas 40.5% of mothers in non-DV cases received such orders. Nearly half (46.4%, $n = 13$) of DV cases included drug/alcohol assessment orders for mothers, as compared to 35.1% ($n = 13$) of non-DV cases. These differences are not surprising considering the higher prevalence of mothers facing substance abuse issues in DV cases.

In 42.9% ($n = 12$) of all DV cases, mothers received orders for domestic violence counseling services. In addition to counseling, these services also may provide needs assessments, women’s group treatment programs, and referrals to other social or psychological service agencies. Three mothers in DV cases were further ordered to complete “DV classes,” or parenting classes with a focus on domestic violence (e.g., Effects of Domestic Violence on Children).

Figure 5. Services Ordered for Mothers in DV and Non-DV Cases

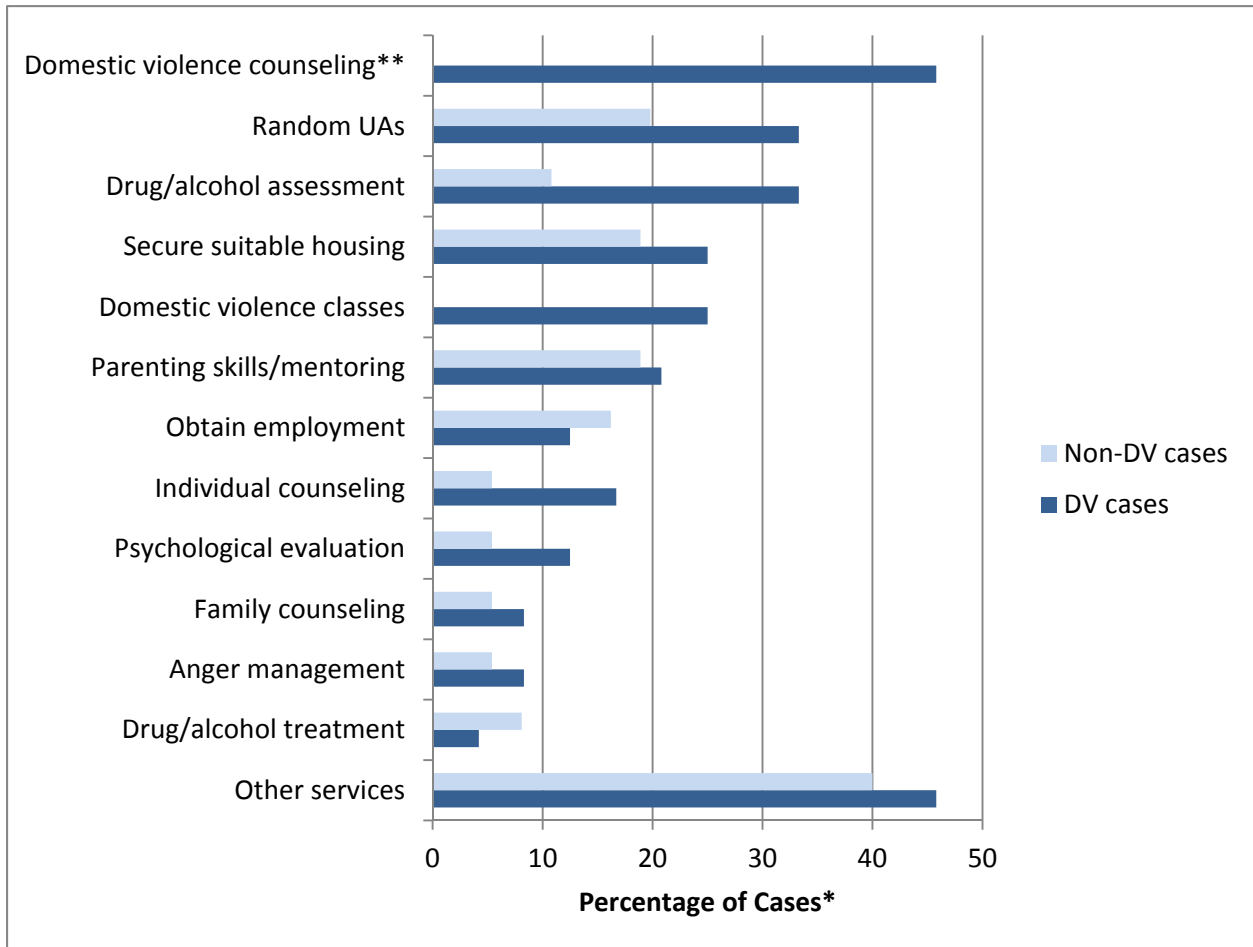


*Note: For non-DV cases, $n = 37$. For DV cases, $n = 28$.

Four DV cases in which the perpetrator was identified as a party other than the father were excluded when comparing services ordered for fathers in DV and non-DV cases, as DV-related service orders would not be expected for fathers not involved in the domestic violence. Though sample sizes were not large enough to conduct statistical analyses, some basic differences between services ordered for fathers in DV and non-DV cases are illustrated in Figure 6. A larger proportion of fathers in DV cases were ordered to submit to random drug tests/UAs (33.3%; $n = 8$) compared to fathers in non-DV cases (18.9%; $n = 3$). Orders of drug/alcohol assessments also were more common for fathers in DV cases (33.3%; $n = 8$) than for fathers in non-DV cases (10.8%; $n = 4$). Again, such orders are appropriate given the increased rate of substance abuse for fathers in DV cases.

Fathers were ordered to complete a comprehensive domestic violence counseling program in nearly half (48.5%; $n = 11$) of the 24 cases in which the father was a potential perpetrator. This program requires attendance at weekly sessions for a period of 6-12 months and includes a batterer intervention component. In addition, fathers were ordered to complete domestic violence-related parenting classes in 25% ($n = 6$) of DV cases.

Figure 6. Services Ordered for Fathers in DV and Non-DV Cases



*Note: For non-DV cases, $n = 37$. For DV cases, $n = 24$.

**For perpetrators, domestic violence counseling includes a batterer intervention component.

Service orders for children were rare. When services were ordered, they were usually healthcare-related, with orders to obtain medical or dental care for children occurring in 26.2% ($n = 17$) of all cases. Service orders for children did not appear to be related to case type (DV vs. non-DV), and orders for mental health services were especially uncommon. Psychological evaluations were ordered for children in only four cases; two of these cases involved domestic violence, and the other two did not. Individual counseling was ordered for a child in a single case, which did include DV allegations.

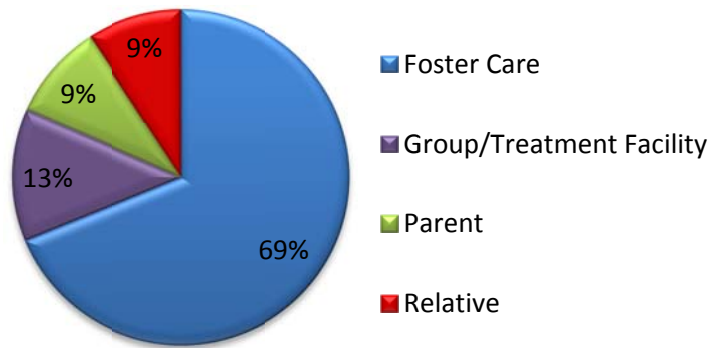
Case Timeliness, Placement, and Outcomes

Among all 65 cases examined, 56.9% ($n = 37$) had closed. Reunification was the most common outcome, occurring in 56.8% ($n = 21$) of the cases that had closed. In the majority of cases that ended in reunification, the child was reunified with the mother (61.9%; $n = 13$). The children were reunified with the father in three cases (14.3%) and with both the mother and father in two cases (9.5%). In three additional cases (14.3%), it could not be determined which parent the child was reunified with.

Petitions were dismissed in 21.6% ($n = 8$) of closed cases. Less common case outcomes included TPR/Adoption (13.5%; $n = 5$), Aging Out (5.4%; $n = 2$) and Other (2.7%; $n = 1$). The average time from petition date to case closure date was 440.9 days. There were no differences in case outcomes or timeliness between DV and non-DV cases.

The average total number of child placements for all cases was 1.6. An aggregate case percentage of placements was obtained by summing and averaging placement settings across all hearings (see Figure 5). Children were most frequently placed in Foster Care (68.8%), and an additional 12.8% of placements were in group or treatment facilities. Placement with parents or relatives was less common, occurring 9.2% of the time (for each placement type) across hearings. As with case outcomes, there were no differences in either number or type of placements between DV and non-DV cases. Most notably, children in DV cases were not returned to non-offending parents any earlier than children in non-DV cases.

Figure 7. Average Percentage of Placement Settings Across all Hearings



Discussion

Child abuse and neglect and domestic violence in the home frequently co-occur. Based on prior research, it is likely that at least 25% of families in juvenile dependency court have been affected by DV, and this figure may be closer to 50%. Thus, it is important that courts and agencies work to target the unique issues and needs of children and families in such cases. This exploratory study sought to obtain an initial understanding of how dependency cases with co-occurring DV are treated and how these cases compare to those with no indication of DV. Due to sample size limitations, statistical comparisons were not always possible. However, examinations of basic frequency data illuminated some differences and many similarities between DV and non-DV cases.

Current findings indicate that in this jurisdiction, DV-related issues are often recognized in dependency cases and that efforts are being made to address these issues. Mothers in DV cases were frequently ordered to attend domestic violence counseling. Nearly half of all fathers in DV cases¹⁵ were ordered to complete a comprehensive domestic violence counseling program, which includes a batterer intervention component. The *Reasonable Efforts Checklist* and the *Accountability Checklist* recommend that perpetrators' service plans include batterer intervention programs that focus on promoting accountability and behavioral change. These programs are most effective when they involve early and consistent court monitoring of perpetrators' progress and compliance.¹⁶

The *Reasonable Efforts Checklist* also urges courts to identify and address any substance abuse concerns in dependency cases involving DV. Consistent with prior research, substance abuse was more frequently identified as a presenting problem for both mothers and fathers in DV cases than for parents in non-DV cases. Service plans often targeted these substance abuse issues, as mothers and fathers in DV cases were more likely than those in non-DV cases to receive orders for random drug testing/UAs and drug/alcohol assessments. Interestingly, the frequency of orders to complete substance abuse treatment was relatively low in both DV and non-DV cases. It is possible that drug/alcohol assessments are ordered first and that specific diagnoses and treatment recommendations follow from these assessments. Some parents also were referred to Family Drug Court.

Victims are often reluctant to report incidents of domestic violence.¹⁷ This may be particularly true in juvenile dependency cases, as mothers may fear that disclosing domestic violence will increase the likelihood of losing her children. In over one third of the current sample of DV cases, DV was not identified as an allegation or problem on the petition but emerged as an issue later in the case, most commonly during the Disposition hearing. This highlights the importance of providing training for

¹⁵ This excludes DV cases in which it could be determined that the father was not the perpetrator.

¹⁶ Klein, A. R. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors and judges*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/225722.pdf>

¹⁷ Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., et al. (2011). *The national intimate partner and sexual violence survey (NISVS) 2010 summary report*. Atlanta, GA: Centers for Disease Control and Prevention.

judges, attorneys, social workers, and other professionals involved in dependency cases to assist them in recognizing the signs of domestic violence and in responding in ways that promote families' safety and well-being. Further, the U.S. Department of Health and Human Services recommends that child protection agencies screen for domestic violence on "every child abuse and neglect report received by the agency."¹⁸ Early identification of DV as an issue in dependency cases should lead to earlier interventions and the provision of appropriate services, which should in turn increase the likelihood of reunification. It is important to note that in the current study, DV-related services were ordered in many cases in which allegations of DV were not included in the petition but surfaced as the case progressed.

Findings that reasonable efforts were not required were significantly more common in non-DV cases than in DV cases. This suggests that cases involving DV may have been less urgent than cases without DV, or perhaps parents in DV cases were in a better position to make changes and follow through with referrals. However, this did not impact child placements, case timelines, or case outcomes, which did not differ between DV and non-DV cases. In addition, there were no differences in agency efforts to prevent removal or reunify (made prior to the Shelter Care hearing) and to reunify (made prior to the Permanency hearing). Other than a handful of referrals to DV advocates and batterer intervention, there was little documentation of agency efforts that are often recommended in DV cases (e.g., referring victims to counseling and legal assistance, enlisting community support). This may be partially attributable to the later emergence of DV in some cases. Again, it also is possible that more efforts were made than were officially documented and included in the case files.

Case file review indicated involvement of DV advocates in only two cases. In this jurisdiction, referrals to DV advocates are mainly made for victims in criminal proceedings and are rare in dependency cases, even in those that involve DV. Though local DV advocates may not be available to attend dependency hearings, they can assist in other ways (e.g., in providing support, personal advocacy, and referrals to community resources). Such assistance may lead to substantially improved outcomes for mothers involved in dependency cases with co-occurring DV. Research indicates that battered women who work with domestic violence advocates report higher levels of social support, emotional well-being, and overall quality of life than those without DV advocates. In addition, working with a DV advocate significantly reduces women's risk of re-victimization.¹⁹

There are several limitations to this exploratory study. There were plans to explore other topics highlighted in the *Reasonable Efforts Checklist*, such as whether the perpetrator was held accountable, if there was a separate case plan for each parent, and if there was a focus on keeping the victim and child safe and together. In most cases, there was not enough information to answer these questions. Further, current findings are based on a limited sample of cases. Future research could expand on these initial

¹⁸ Bragg, H. L. (2003). *Child protection in families experiencing domestic violence*. Retrieved from http://secure.ce-credit.com/articles/100938/Child_Protection_domesticviolence.pdf

¹⁹ Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners, *Journal of Consulting and Clinical Psychology*, 67, 43-53.

findings to provide a more comprehensive understanding of court responses to juvenile dependency cases with co-occurring domestic violence.

Conclusion

As child abuse and neglect and domestic violence in the home often co-occur, it is critical that courts recognize and respond to domestic violence in juvenile dependency cases appropriately. This research found that court responses to juvenile dependency cases with and without DV differed in terms of some services ordered, suggesting that judges are indeed trying to address specific issues in families affected by domestic violence. In several cases, DV did not emerge as an issue until after the petition was filed. While DV issues were ultimately recognized and some appropriate services were ordered in many of these cases, it is impossible to determine how many cases had DV issues that were not recognized. In many other respects, cases involving DV and those not involving DV were treated similarly. For instance, there were no differences in agency efforts to prevent removal and reunify, child placements, or case outcomes between DV and non-DV cases. Due to jurisdictional practices, domestic violence advocates were rarely involved in dependency cases with co-occurring DV. Having some assistance from a DV advocate, however, would likely improve outcomes for battered women in dependency cases.

Though this study provides an initial understanding of court responses to juvenile dependency cases involving DV, it is exploratory and findings are based on a limited sample. Further research using varying methodologies is needed to develop a more comprehensive picture of how dependency cases involving DV are treated compared to cases without DV. In addition, more research is needed to determine the extent to which court responses in dependency cases with co-occurring DV promote family safety and well-being.