

Protecting New Jersey's Children and Families from Domestic Violence

**Report to
Commissioner Gwendolyn L. Harris
Department of Human Services
and
The New Jersey State Legislature**

**Submitted by
Child and Family Services Review
Domestic Violence Work Group**

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PROTECTING NEW JERSEY'S CHILDREN AND FAMILIES FROM DOMESTIC VIOLENCE

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II. Executive Summary

The evidence is clear. There is a strong and irrefutable link between domestic violence and child maltreatment. Yet, for too long, child abuse and domestic violence victims' services have been delivered through the lens of each respective discipline's guiding principles – resulting in a fragmented system of supports and services.

In the end, neither child nor adult victims of abuse are fully served.

With New Jersey's child welfare system on the cusp of a massive transformation, now is the time to design an integrated, coordinated community response system that recognizes the significant co-occurrence of adult domestic violence and child maltreatment and appropriately addresses all forms of family violence.

On October 23, 2002, Governor James E. McGreevey signed Executive Order No. 36 authorizing Department of Human Services Commissioner, Gwendolyn L. Harris, to establish two work groups to examine the relationship between: (1) child welfare and substance abuse; and (2) child welfare and domestic violence in New Jersey. The work groups were composed of persons from public and private service providers and branches of government that interface with the child welfare system. After a series of meetings and discussions from December 2002 through September 2003, the work groups finalized the recommendations contained herein.

These recommendations will be considered as part of an overall plan to dramatically improve child protection services in New Jersey. In May 2003, the state embarked upon a comprehensive federal review of its child welfare system known as the Child and Family Services Review (CFSR). The CFSR represents a collaborative effort between a state and the U.S. Department of Health and Human Services. The review process is an opportunity to enhance services to New Jersey's children and families. Its focus is to keep abused and neglected children safe, achieve timely permanency for foster children, and maintain the well-being of children in foster care.

The recommendations by the Domestic Violence Work Group can be categorized according to the following five basic themes:

1. Interagency coordination, collaboration and communication are essential;
2. Safety and service plans must be built upon the strengths of the family, while addressing permanency (reunification) issues for children;
3. Specialized domestic violence education and training for professionals and community members are critical and should be culturally sensitive;

4. Protection of the child and adult victim must be considered simultaneously; however there are exceptions that make this difficult; and
5. The batterer must be held accountable (through the use of treatment, and enforcement of court rules).

Interagency Collaboration, Coordination and Communication

The work group recommends the creation of a seamless crisis service system that attends to both the needs of children and the adult victim. The courts, child protection and domestic violence advocates must collaborate to identify community-based services and work in partnership to strengthen and enhance service delivery. Other systems such as law enforcement, education, health care, child welfare, neighborhoods, faith-based organizations and grass roots agencies must all unite to address the issue of violence in the community.

In order to facilitate this process, the work group recommends that the state reconstitute and rename the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence. As part of their work, the Council would oversee implementation of the Child and Family Services Review Domestic Violence Work Group recommendations and monitor the effectiveness of new and ongoing programs to ensure that: appropriate, culturally sensitive support systems and services are developed and sustained; that such services are well coordinated among all of the agencies and organizations that touch the lives of children and families; and that educational and training information on family violence and victim's rights are readily available. A sufficient appropriation would be necessary to accomplish these tasks.

Service Plans Should Be Developed Based on Family Strengths

The Division of Youth and Family Services (DYFS) should adopt a family-centered practice that considers child safety as well as adult victim safety and ensures that batterers are held accountable. Further, DYFS staff should be knowledgeable about domestic violence as part of daily case practice and should work to keep children and non-offending parents safe and together. Experts in domestic violence should be available as a resource in each district office.

In addition, the workgroup recommends that domestic violence history be assessed when screening for foster and adoptive parents and other caregivers and that Human Services Police officers act as liaisons with local police to facilitate communication between the police and DYFS caseworkers in domestic violence cases.

Finally, a strong evaluation component should be built into all new service strategies to measure: how well communities are meeting the needs of adult victims and children; how well revised state protocols are improving outcomes for children; and the degree to which state information technology systems – like the planned Statewide Automated

Child Welfare Information System (SACWIS) – are tracking the co-occurrence of domestic violence and child abuse.

Education and Training Needs to be Implemented Across the Board

The work group recommends mandatory, ongoing, cross training and education in domestic violence and child welfare as a part of licensing, certification, and/or continuing education requirements of ALL professionals – including, but not limited to, public welfare workers, educators and health care professionals -- and para-professionals working with women, children or families.

In addition, the work group recommends that community education efforts be significantly broadened with a specific push to reach out to diverse religious and spiritual communities.

Protection of Child and Adult Victim

Although current state laws specifically address the responsibilities of law enforcement and the rights of victims in domestic violence situations, everyday responses do not always mirror the letter of the law. Therefore, the work group recommends that a standard operating procedure for law enforcement be developed that considers protocols for the safety of children and adult victims of family violence.

In addition, the work group recommends that safety assessments be routinely submitted as part of the restraining order process and that the safe exchange of children during visitation be closely monitored and safe zones created to facilitate such visitation.

Batterer Accountability

A uniform statewide approach should be developed and implemented to monitor batterer compliance with civil restraining orders, bail requirements, and criminal sanctions in order to remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements.

This report provides a roadmap for the creation of a full spectrum of effective, specialized assessment, treatment, and support services with many diverse points of entry for adult and child victims, and batterers. Nothing less than such a system will effectively address the expanding needs of at-risk families and vulnerable children in New Jersey.

Recommendations

1. Reconstitute and rename the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence to oversee implementation of the Child and Family Services Review Domestic Violence Work Group recommendations and monitor the effectiveness of new and ongoing programs. This council would ensure the existence of local, county and state collaborative social support systems and services, which are culturally sensitive to the needs of the community and as a result can provide an appropriate response to families who are experiencing violence in the home.
2. Integrate family-centered practice that considers the safety of both child and adult victims of domestic violence, while holding the batterer accountable into DYFS policies and procedures to ensure that staff integrates knowledge of domestic violence into each step of case practice with the primary goal of protecting children by keeping the child(ren) and non-offending parent(s)/caregiver(s) safe and together.
3. Identify Domestic Violence Liaison(s) for each DYFS District Office and Adoption Resource Center to assist DYFS workers in effectively investigating, assessing, and offering appropriate services to families in which domestic violence is occurring. This would enhance children's safety by enhancing the safety of the adult victim.
4. Integrate questions that assess the history of domestic violence in the DYFS application for foster parents, adoptive parents, and other caregivers to ensure the safety of children entering out-of-home care.
5. Extend Human Services Police (HSP) protocols to enhance the safety of DYFS workers as they investigate cases involving domestic violence. HSP/DYFS personnel, in conjunction with local law enforcement personnel, will respond as mandated by the laws and procedures of the State of New Jersey governing responses to domestic violence cases.
6. The New Jersey Advisory Council on Domestic Violence will explore the possibility of developing a paid Special Response Team consisting of child protection workers (in cases where an abuse allegation is made) and two special response domestic violence workers, each to meet with child and adult victims. This would enhance the safety of the adult victim, which, in turn, would enhance the safety of the child by providing seamless crisis services and support to adult and child victims immediately after a domestic violence incident is reported.
7. Develop formal, comprehensive visitation programs that are safe and geographically accessible to all during visitation, drop-offs, and/or parenting time with the batterer in cases involving domestic violence.

8. Integrate a full spectrum of effective, specialized, geographically accessible and culturally competent assessment, treatment, and support services for adult and child victims, and batterers that has many points of entry.
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to child victims of domestic violence.
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to adult victims of domestic violence and/or non-offending parents.
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to batterers in domestic violence.

This will be accomplished through a variety of methods from enhancing and adapting existing services, linking services from multiple systems, and building new services.

9. Mandate initial and ongoing education in domestic violence and child welfare as a part of licensing, certification, and/or continuing education requirements for ALL professionals and para-professionals working with women, children or families to ensure that professionals and para-professionals who come into contact with women, children and families are educated and trained in identifying and responding appropriately to family violence. These professionals and para-professionals include, but are not limited to the following professionals: social workers, DYFS supervisors and line staff, law enforcement, judiciary, school personnel, Division of Family Development (DFD) staff, County Welfare Agency (CWA) staff, health care and mental health care providers and their para-professionals (as appropriate), counselors (for example, substance abuse), clergy counselors and educators.
10. Improve public and individual community awareness about the dynamics of domestic violence, the effects of domestic violence on women and families, and promote family non-violence via the media, distribution of printed material, and other appropriate means to eradicate the “hidden” epidemic of domestic violence and to inform society of the pervasiveness of domestic violence.
11. Provide specialized, culturally appropriate domestic violence education to all religious, faith based and/or spiritual communities with an emphasis on reaching out to diverse religious and spiritual communities including, but not limited to: Zoroastrian, Native American, Muslim, Jewish, Hindu, Christian, Buddhist, and Jain to be inclusive and reach communities that often get left out of domestic violence education and training.
12. In conjunction with the reconstituted New Jersey Domestic Violence Council, develop a research-practice collaborative for co-occurring domestic violence and child abuse and neglect to carry out research projects designed to do the following:

- Inform service provision;
 - Evaluate promising program models;
 - Provide technical assistance to individual programs to promote internal capacity; and
 - Obtain grants and other funding for research and program evaluation.
13. Conduct Community Safety and Accountability Audit(s) (CSAA) in each of the twenty-one counties, to examine operations to determine how they can be improved to better address domestic violence across systems responsible for responding to co-occurring domestic violence and child abuse and neglect. The objective of these audits is to engage key service providers in a collective effort to:
- Identify administrative functions (review forms, manuals and training) and determine whether and how they support the missions and goals of each provider;
 - Improve the system's response to victims, children and batterers;
 - Identify practices geared toward meeting national standards for the safety and well-being of children; and
 - Develop ways to broaden awareness, understanding, and conceptualization of safety of the victim and batterer accountability within institutions.
14. Evaluate the impact of Domestic Violence Case Practice Protocol (DVCPP) periodically to evaluate whether the DVCPP is having the desired outcomes for children, victims, and families.
15. Assure that SACWIS contains data elements pertaining to domestic violence. Conduct annual analyses of trends using this information to evaluate NJ performance (CFSR and other standards) in cases where there is domestic violence.
16. Ensure a victim's right to apply for a temporary restraining order at any time of day or night as required by the NJ Prevention of Domestic Violence Act is adhered to.
17. Ensure that all those who have contact with victims provide appropriate information in plain language concerning the victims' rights and options to enable victims to make informed decisions.
18. Develop a standard operating procedure for police when responding to domestic violence incidents where children are present.
19. Establish and implement a uniform process for the availability and performance of risk assessments ordered by the court as part of obtaining a restraining order.
20. Ensure the safety of victims and children before, during and after parenting time through court orders.

21. Develop and implement a uniform statewide approach to monitor batterer compliance with civil restraining orders, bail requirements, and criminal sanctions to remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements and have the legal system be responsible for enforcement.

III. Introduction

New Jersey is the last state in the nation to undergo a comprehensive, federal review of its child welfare system known as the Child and Family Services Review (CFSR). The CFSR represents collaborative efforts between states and the U.S. Department of Health and Human Services. It is conducted by teams of federal staff, peer reviewers, state staff and external participants who collect and analyze information from different child welfare partners, identify a state's strengths and weaknesses and then undertake program improvements as needed. The review process is an opportunity to enhance services to New Jersey's children and families. It is a tool to help states improve child welfare services, and to improve outcomes for children and families. Its focus is to keep abused and neglected children safe, achieve timely permanency for foster children, and maintain the well-being of children in foster care.

After being briefed on the CFSR during the summer of 2002, Department of Human Services Commissioner Gwendolyn L. Harris anticipated that New Jersey might, like all other states, be found not in substantial compliance with the national standards set by the CFSR. She immediately began to plan for child welfare system improvements. Having learned from the experience of other states that were found out of compliance with systemic factors of coordination and service delivery, Commissioner Harris pinpointed domestic violence and substance abuse as two critical areas where effective linkages did not exist despite national data indicating the high prevalence and co-occurrence of child welfare, domestic violence and substance abuse.

In October, Commissioner Harris appeared before two state legislative committees, outlining her suspicions about the state's upcoming performance on the CFSR. Her appearance coincided with the signing of Executive Order No. 36 by Governor James E. McGreevey on October 23, 2002, authorizing the Commissioner to establish two work groups to examine the relationship between child welfare and substance abuse and child welfare and domestic violence in New Jersey. The executive order directed the work groups to present, in a year, a report to the Commissioner and the Legislature that includes recommendations for improvements through modifications of existing policies, procedures, legislation or regulations as well as focusing on various community, advocacy and interdepartmental partnerships. The work groups were composed of persons from a cross-section of disciplines that interface with the child welfare system and had their orientation in December 2002.

In addition to the preparations underway for the CFSR, the urgency for necessary child welfare reforms moved directly to the forefront as news of several tragic deaths involving children under the supervision of the Division for Youth and Family Services (DYFS) were reported. Commissioner Harris announced in February 2003 that 123 children had died due to abuse or neglect in New Jersey in the past five years -- a rate of nearly 25 children per year. Of the 123 deaths, two-thirds of the children were from families under DYFS supervision or with closed DYFS cases. A particular concern was the fact that children age one and under account for almost 57% of the 123 deaths.

Prenatal drug use was present in 23% of the child deaths under age one (NJ Department of Human Services, 2003). These statistics have clearly exposed shortcomings in New Jersey's child protection system.

By the end of August 2003, the number of children receiving DYFS case management totaled 58,582, with 46,427 (79%) residing in their own home and 12,335 (21%) in out-of-home placement. Of the children in out-of-home placement, 5,691 were residing in a foster home, while the remainder were residing in kinship care, a residential treatment facility, or a shelter (NJ Department of Human Services website). Many of these families are not only experiencing substance abuse issues in the home, but domestic violence issues as well.

According to the DYFS Annual Report from May 2002, domestic violence was reported as one of the top three parent issues referred to DYFS in the year 2000, accounting for over 2,300 reports, a number likely much lower than the true prevalence.

New Jersey's primary child welfare agency is in need of urgent reform. A successful transformation of DYFS will require reform throughout the entire child welfare system, not simply DYFS alone. The CFSR comes at an opportune time for promoting and supporting such progressive change.

This report and the recommendations herein are intended to inspire the development of innovative and collaborative policies and practices. The recommended reforms are designed specifically to meet the needs of families impacted by domestic violence. As stronger sanctions for batterers and increased support for victims are provided, the safety of children will be enhanced.

IV. Domestic Violence and the Child Welfare System

A. The Problem

Children reared in a home where there is domestic violence experience terrifying and traumatic events that impact every aspect of their lives, from growth and development to health and academic achievement. The overlap between domestic violence and child abuse is widespread; where one type of family violence exists there is a strong probability that the other does as well. According to a national survey of more than 6,000 American families, 50% of the male perpetrators of domestic violence also abused their children (Family Violence Prevention Fund).

Over time, the number and duration of domestic violence incidents and the severity of physical and sexual violence has been found to increase (Zorza, 1995). Adult and child victims experience a number of increasing risks each day, escalating from threats of violence, to injuries, and even death. As batterers strive for power and control of their victims, isolation and fear become overwhelming, and safety becomes compromised.

Women are more often than men victims of domestic violence and more often than not suffer more severe injuries. According to the U.S. Department of Justice (2000), women reported approximately 85% of nonfatal violent incidents. The Centers for Disease Control and Prevention and the National Institute for Justice (1998) report that women are also 7 to 14 times more likely than men to report suffering severe physical assaults. In addition to physical violence, victims are also at risk for sexual assault. Over 30% of women questioned on a non-related subject matter reported being sexually assaulted by their partner, while 80% reported being physically assaulted (McGee, 2000).

By definition, incidents of domestic violence occur between two adult partners; however, oftentimes children are in the home. Children either intercede and are injured or witness violence, a traumatizing experience in itself. As battered women's advocates rally to protect the rights of women to keep custody of their children in cases where children are not being physically harmed, children's advocates are working to protect children at any cost. A singular focus to protect the child often means leaving a woman in a situation in which she is at risk of further abuse or death, thereby exposing her children to greater peril (Schechter and Edleson, 1994). It is time to come to an understanding that in order to protect children, the victim (most often the mother) must also be protected.

1. National

Nationally, approximately 3.3 million children and 10 million teens are exposed to domestic violence in their homes (Carlson, 1998; Straus and Gelles, 1999).¹ Of those children who are maltreated, an estimated 45% to 70% are living in violent homes

¹ Although statistics vary considerably, this number is based on the most comprehensive research to date.

(Layzer, Goodson and deLange, 1986; Prescott and Letko, 1977; Straus, et al., 1980, as cited in Trickett and Schellenbach, 1998). These children are not only 15 times more likely to suffer abuse (U.S. Department of Justice, 1993), but evidence suggests that they often display some of the most challenging behavioral problems (Edleson, 2000).

Each year approximately 4 million women in the United States become victims of assault (American Psychological Association, 1996), and about 1 million of these assaults are further defined as domestic violence (BJS², 1995). Although much has been cited in the media about women being as violent as men in domestic violence incidences, the U.S. Department of Justice (1997) found that battered women arrested for domestic violence acts were reportedly protecting either themselves or their children, underscoring an even stronger case for the need to work with, not against, battered women.

2. New Jersey

Over one million domestic violence offenses have been reported in New Jersey since 1983 (Uniform Crime Report (UCR), 2000). In 2002, over 79,000 reports of domestic violence offenses were reported by law enforcement in New Jersey, with 77% of these offenses involving a female victim (UCR, 2002). Children were involved or present during 37% of all domestic violence offenses that occurred in 2002. Statistics show the majority of incidents and fatalities of domestic violence have been perpetrated against women. Of the 52 homicide offenses related to domestic violence in 2002, 77% of the victims were female (UCR, 2002), accounting for slightly over two out of every million females in the state (UCR, 2002).

According to reports from the New Jersey Domestic Violence Fatality Review Board, there were more than 146 fatalities in cases of domestic violence homicide-suicide it reviewed between the years 1994 and 1999. In 38% of the domestic violence homicide-suicide cases there were children residing in the home. Of the 50 domestic violence homicide-suicide cases examined in which children resided in the home, 44% involved children directly, and 36 of these children were affected in some way by the incidents. Of the 16 cases in which children were present at the fatal scene, one child was wounded and three were killed. In roughly 27% of these cases, children actually witnessed the homicide and/or suicide occur, lending further concern about the long term implications of childhood exposure to domestic violence and the provision of services to children who witness domestic violence in their home environment.

To date New Jersey's child welfare system's identification and response to domestic violence has been limited. Fashioning a response equal to the severity and complexity of the problem will require a number of systemic changes, including:

² Bureau of Justice Statistics (BJS) report results are questionable, as the methods utilized to gain information included surveying persons; whereas information obtained from the Federal Bureau of Investigations Uniform Crime Report is based on actual numbers reported to local and state police departments. It should also be noted that there are presumed to be a number of both women and men domestic violence victims that are not accounted for by the Uniform Crime Report due to the number of persons not reporting such acts.

- Uniting around a new paradigm that does not view the safety of women and children in opposition to one another, but rather strives to both protect and prevent all forms of family violence;
- Structuring an array of interventions in a way that accommodates and builds on the multiple needs and strengths of all family members, while holding the batterer accountable;
- Improving the capabilities of all professionals and para-professionals working with women, children or families to identify and assess the co-occurrence of domestic violence and child maltreatment; and
- Developing coordination, collaboration and communication between community and governmental agencies such as battered women's advocates, child welfare agencies, the courts, school systems, children's advocates, health care providers, youth development organizations, law enforcement, and the greater community.

One notable place where a paradigm shift is essential is in case handling practices. Domestic violence was reported as one of the top three parent issues referred to DYFS in the year 2000, accounting for over 2,300 reports, a number much likely lower than actual incidences. In New Jersey, there is a singular approach to child abuse and neglect cases whether or not the child abuse has been perpetrated against the child directly. When violence only occurs between two adults in the household, the referral is categorized as a family problem, triggering a DYFS investigation. The assessment process carried out by DYFS is primarily focused on the needs of the child in isolation of the non-offending parent.

More work must be done to structure services to meet the variety of needs present in families. For example, while there seems to be enough generic capacity to shelter women and children fleeing domestic violence, the existing services do not accommodate the multiple needs of all family members. The multifaceted needs of families seeking safety in a domestic violence shelter range from advocacy and mental health services to substance abuse treatment for women with children. Agencies and community supportive services are often not equipped to provide meaningful referrals to community based mental health agencies and affordable housing.

According to the New Jersey Coalition for Battered Women, 1,668 women and 1,913 children were sheltered due to domestic violence during the year 2002. A number of women and children are turned away from battered women's shelters with reasons ranging from insufficient space at the time of request to consumers needing mental health services beyond the mandate of the shelter.

Table 1: Children receiving shelter & non-residential services in 2002

In 2002, 80% of sheltered children and 52% of non-residential children who received services from domestic violence programs were under the

	Shelter	Non-residential
Total number of children	1,913 (80% < 10 yrs)	1,989 (52% < 10 yrs)
Turned away	982	N/A
Active DYFS cases	137	119

age of ten. Of the children residing in domestic violence shelters, 137 were active DYFS cases, while 119 of the non-residential children were active DYFS cases.

Three men were also sheltered in 2002, and 158 were provided with non-residential services.

Enhancing across the board professional capacity for identifying and responding to domestic violence is essential. One example of the need for additional training of professionals who touch the lives of children and families is in health care. According to research cited in the *Domestic Violence: Medical & Social Management of Care for Victims*, medical professionals in emergency departments recognize only four to five percent of domestic violence injuries to women as abuse. In addition, there is a lack of referral and follow-up on the part of physicians in cases where domestic violence is identified (Health Research and Educational Trust of New Jersey, 1999).

The failure to effectively collaborate when responding to family violence is evident when, for example, law enforcement and child welfare caseworkers do not exercise the communication and coordination necessary to provide adequate safety to families. As local law enforcement officers, responding to a report of domestic violence, contact DYFS regarding a potential co-occurrence of an incident of child abuse and neglect, local law enforcement needs to communicate to the DYFS caseworkers any potential dangers they may encounter when arriving at the home to conduct a child maltreatment investigation.

Currently, each of the various systems responding to family violence views the issue from its own vantage point, often without a full understanding of the roles and responsibilities of other systems. Cross system and interdisciplinary training and sensitivity is a prerequisite for an effective response. The operational parameters or the “how to’s” need to be detailed, yet flexible enough to serve multiple stakeholders while focusing on safety, strengths and the varied needs of the children and adults involved. Service protocols need to describe the systemic mandates of each agency and delineate the various roles and responsibilities of each participant and the relationship to the child, victim and perpetrator. The immediate safety of the child and victim must remain a priority, while simultaneously identifying areas that pose future risk of harm. A team approach that takes these factors into account is often more effective than one system acting in isolation.

A coordinated approach is also needed with regard to therapeutic interventions to minimize the chances that a child or other victim will be “re-victimized” by multiple interviews and may also facilitate successful legal intervention.

Also, a culturally competent response is needed to effectively intervene with many of the populations that have been traditionally underrepresented. Respect for cultural differences and utilization of diverse and local community resources should be recruited to establish a successful response.

The New Jersey Domestic Violence Advisory Council, who is currently charged with fostering cross-system collaboration on domestic violence issues, has a limited mandate and no budgetary appropriation. One potential solution would be to enhance and empower the Council's role in order to: 1) alleviate the lack of coordination, communication and collaboration across the multiple systems; and 2) increase its charge to include some oversight of the recommendations contained in this report.

B. Methods

The Domestic Violence Work Group held their orientation on December 17, 2002. At that time the work group studied an array of issues to assist in the development of the recommendations contained herein. In lieu of holding formal hearings, the subsequent meetings included presentations that were designed to reflect the multi-systemic nature of domestic violence, and emphasized the need for coordination at various levels of intervention, such as the individual, the family, and community.

Members of the work group consisted of 20 professionals representing different areas of expertise from a range of governmental and non-governmental systems, as well as diverse geographic areas and racial and ethnic backgrounds. Participants included representatives from the executive, judicial and legislative branches of government; the non-profit sector; corrections; advocacy, training and educational organizations; hospitals; a police department; a prosecutor's office; and the Office of Child Abuse Prevention.

Summary of Presentations before the Domestic Violence Work Group

Below is a summary of presentations made before the Domestic Violence Work Group. Information provided during the presentations and the discussions that followed assisted the work group members in developing their recommendations.

During the orientation, Donna Younkin, Assistant Director of the DYFS Office of Program Support and Permanency, presented an overview of the Child and Family Services Review process by briefly explaining how the Department of Human Services' mission, vision, and core values relate to the goals of the CFSR. In the same meeting, Commissioner Gwendolyn Harris issued the charge of the work group.

The next several meetings consisted of a number of topics about the Division's role in domestic violence cases. Tina Minnis-Williams, DYFS Supervising Program Development Specialist, reported on the responsiveness of DYFS to all incoming referrals in assessing the presence of domestic violence in the home. Initially, it is the

intake workers' responsibility to determine immediate and future safety and risk of harm to the child. The caseworker's procedures for conducting ongoing assessment of domestic violence as well as a number of other factors were also described.

Ressie Fuller, Esq., Chief Deputy Attorney General with the New Jersey Department of Law and Public Safety, Division of Law Newark - DYFS, described the role of the Division in protecting children. The assessment procedure used by a DYFS caseworker when called by law enforcement to intervene in a domestic violence case was discussed. As part of the assessment process, it was reported that the caseworker would assess injury to the child, parental substance abuse, and the ability of the non-offending parent to protect his or her child, the batterer's willingness to leave the home and cooperate with DYFS, and viable alternatives to placement in foster care. Concern was expressed about leaving the non-offending parent in the home and removing the child, as the perpetrator may blame the non-offending parent for the child being removed from the home, putting him/her at further risk.

Barbara Price, Executive Director of the New Jersey Coalition for Battered Women and Vinette Tate, Supervising Program Development Specialist, Division of Youth and Family Services, discussed the development of the Domestic Violence Case Practice Protocol, a process which began in 1999. The protocol gives an overview of the legal system, discusses case practice protocols, screening, investigation and assessment, decision making, in-home safety protection plan, out-of-home placement, referrals for domestic violence services, and case planning and documentation.

There was also a presentation by Grace Hamilton, Program Development Specialist with the Department of Community Affairs, Division on Women, who reported on behalf of the New Jersey Domestic Violence Fatality Review Board. Ms. Hamilton provided the work group with a broad understanding of the issues surrounding fatalities of women. The statistics identifying the number of domestic violence-related deaths reported due to homicide and/or suicide. The characteristics of both victims and perpetrators were shared along with the degree of child involvement in the incidents of homicide and/or suicide.

William W. Spain, Chief of Police at the East Windsor Township Police Department, offered a brief overview of the New Jersey Statutes' fourteen criminal offenses for which perpetrators of domestic violence may be criminally charged. It was noted, in the presentation, that law enforcement's role in processing cases, including arrests is dependent upon available evidence. Discussion ensued about law enforcement's role in domestic violence cases, which may include arresting the perpetrator or issuing a restraining order. Chief Spain also spoke about the creation of Rapid Response Teams, mandated by legislation in every New Jersey police department. The work group expressed concern that every police department does not have these teams established. According to Chief Spain, police departments across the state are currently in the process of putting these teams into place.

Harry Cassidy, Assistant Director of the Family Practice Division, Administrative Office of the Courts, reported on the structure of the judicial system as he described the varying types of cases in which the New Jersey Family Court is involved. There was discussion about the training provided by the Family Court for judges, probation officers, volunteers, domestic violence staff, team leaders, domestic violence hearing officers, and program staff. Mr. Cassidy reported that a central registry is available only for law enforcement and Superior Court and Family Court personnel to find out about prior domestic violence incidents. Discussion proceeded about the domestic violence work groups in each county in New Jersey and how each group operates with varying levels of effectiveness.

Melissa K. Runyon, Ph.D., Assistant Professor of Psychiatry/Treatment Services Director at UMDNJ, Regional Diagnostic and Treatment Center, provided a general overview of the Regional Diagnostic and Treatment Centers (RDTC). The enabling legislation designated the RDTC to specifically address child maltreatment, assisting DYFS in the investigative process and thereby improving the delivery of services by involving experts in investigations. Dr. Runyon reported that RDTC's have developed networks, which have allowed for the following tasks to be accomplished: 1) ensuring that children in need of a forensic exam for suspected abuse can be seen within the same network; 2) providing diagnostic and therapeutic services to children victimized by abuse, stressing high quality and specialized services; and 3) coordinating services and utilizing multiple disciplines, while providing direct assistance to DYFS workers managing child abuse cases.

Dr. Runyon also discussed the Southern RDTC's program, a Victims of Crime Act (VOCA) funded program, for working with children exposed to domestic violence and their non-offending parent (adult victim), which includes parallel child and parent interventions. During these therapy sessions children are provided education regarding violence and positive, non-violent relationships, identify feelings and enhance their emotional expression skills, and are encouraged to process abuse/violence-related thoughts and feelings. Sessions with the non-offending parent (adult victim) also focus on empowerment and supports parents to care for their children and respond effectively to the child's emotional and behavioral reactions to the violence witnessed.

Rachel Modiano, Psy.D., Supervising Psychologist at Saint Peter's University Hospital, Dorothy B. Hersh Regional Diagnostic Center, presented an overview of the center, where victims and perpetrators of domestic violence are served. The array of services provided was discussed, including physical/sexual abuse exams and evaluations, consultations, chart reviews, and psychological evaluations. Factors affecting the assessments of the non-offending adult and issues affecting assessment of offenders were also shared.

Eileen Caraker, Multidisciplinary Team (MDT) Coordinator from the Gloucester County Prosecutor's Office, provided an overview of the approach in cases of child maltreatment. Most notable was the effort to weave services together, giving the non-offending parent a support system by collaborating with law enforcement, prosecutors,

health care staff, mental health staff, DYFS, victim-witness volunteers, and advocacy groups. The MDT provides oversight of cases, assisting in the criminal and civil investigation, allowing for access to an array of departments, agencies, and services. The team also works to prevent re-victimization by minimizing the number of times children have to be interviewed and by decreasing delays in providing medical, mental health, and legal services.

Bobbi Mowery, Multidisciplinary Team (MDT) Coordinator of the Somerset County Prosecutor's Office explained the role of the MDT in working with DYFS and discussed the ability of the MDTs to assist DYFS in bringing charges against the parent and utilizing the child endangerment statute in cases where the child is at risk of harm. Other responsibilities included keeping in contact with the family to ensure conditions of bail are met and continued communication with DYFS.

Mary White, First Assistant Prosecutor of the Gloucester County Prosecutor's Office, provided a brief overview of how the MDT process works in Morris County, which is specific for domestic violence issues. After the case is referred to the MDT, no conversation takes place without the signing of a "release to discuss common issues," which unlike a confidentiality release form, is revocable and has limitations. Problems and issues are then discussed as service needs are determined.

There were also presentations about the effect of domestic violence on women and children. Melissa K. Runyon, Ph.D., Assistant Professor of Psychiatry/Treatment Services Director at UMDNJ, Regional Diagnostic and Treatment Center outlined the effects domestic violence has on children of varying ages. These effects range from somatic complaints to depression and post-traumatic stress disorder (PTSD) in all age brackets. Children's feelings of helplessness, fearfulness and anger towards both the adult victim and the batterer lend to the child's confusion about choosing sides. Dr. Runyon quoted, "The most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent" (Groves and Zuckerman, 1997).

Linda Jeffrey, Ph.D., Project Director at the Center for Addiction Studies at Rowan University, offered a summary of potential strategies for responding to domestic violence and child maltreatment including; intervention, prevention, and professional training. Current strategies addressing issues faced by families are limited to focusing on a single portion of the problem, singling-out certain factors as the primary problem and viewing the family or individual's problem through that lens. Dr. Jeffrey reported that the ongoing dilemma between child and women's advocates is further exacerbated by the lack of collaboration between the two entities.

Courtney N. Esposito, DVS, LCSW, is the Chair of the N.J. Advisory Council on Domestic Violence, and represents survivors of domestic violence on the Council. She presented the victim's perspective on abuse and entrapment, using a commonly accepted model based on the dynamics of coercive control. Eight behaviors used by batterers to manipulate victims were presented. The purposes of the controlling

methods were reviewed, to illustrate that the ultimate goal of the batterer is to deprive the victim of the most basic human and civil rights. The breaking of the human spirit can be the result. When individuals, communities and other social/legal systems wish to help victims, they need to form an alliance with the victim, against the abusive, controlling, illegal, and destructive behaviors. This has key implications for how the child welfare system treats the non-offending parent. Reframing the problem so that batterers are held responsible for stopping their behaviors and the victim is not further victimized is critical. Materials cited included Biderman's Chart of Coercion, and Amnesty International's Report on Torture.

One of the work group's meetings was devoted to a discussion of issues of diversity and cultural competency. Shamita Das Dasgupta, Ph.D., Director of Manavi, Inc. offered key points about "The Role of Cultural Competency in Keeping Battered Women and Their Children SAFE." Because there is little research examining cultural competency issues, prevalence rates for domestic violence among Asian communities, for example, are nonexistent. Focusing on factors other than language translation and making information culturally appropriate was noted as key for providing effective interventions. According to recent statistics, a quarter (25.5%) of the New Jersey population is non-English speaking at home, which leads to the need for cultural competency to ensure effective intervention. New Jersey was also noted as the third most ethnically diverse state in the country.

Sudha Tiwari Kantor, Esq., Director of Legal, Policy and Legislative Affairs in the Department of Human Services, continued the discussion on cultural competency, offering statistics from the U.S. Census Bureau that illustrate the diversity among New Jersey's population. Conversation ensued about the variables explained in *The World's Women 2000*, a report that shows women are a marginalized population with little power and control in our society. An outline of internal and external barriers for victims of domestic violence who are African American, Asian or Latino was provided.

Susan Fleisch, Director of Victims Services for the New Jersey Association of Corrections, provided details about the Jewish community, adding that the myth that domestic violence does not occur in the Jewish community persists, which further isolates battered women of that community. A description of the three major denominations within the Jewish community, Orthodox, Conservatism and Reform, was shared, focusing on the Orthodox community, where women are especially isolated and vulnerable.

Dr. Das Dasgupta ended the presentation by presenting statistics that show more children in minority communities are removed from their homes when incidences of domestic violence have occurred. There was discussion about how the framework of child welfare should be thought of in terms of traditions and culture. A need for programs specific to perpetrators and children was also purported, while at the same time providing culturally appropriate intervention. One approach to improving domestic violence interventions while being responsive to cultural differences is to foster

collaboration among a variety of community based stakeholders to engage them as equal partners working towards the same goal.

The work group dedicated a significant amount of their meeting time for discussion of model programs and processes. Dr. Runyon spoke about the need for a multidisciplinary coordinated response system of care by providing intense specialized training, assessing domestic violence in all suspected abuse cases, reevaluating current procedures and making interventions more accessible. Dr. Runyon recommended the following: 1) re-conceptualizing child welfare's primary goal to protect children; 2) redefining domestic violence as psychological abuse by the batterer rather than failure to protect by the non-offending parent (adult victim); 3) assisting victim and child in receiving support; 4) keeping the battered woman safe to enhance the safety of the child; and 5) if necessary, removing the children and placing them in foster care if they appear to be at risk for physical harm.

One model court program described by Dr. Runyon was that of Honorable Judge Cindy Leaderman of the Miami-Dade Family Court, which was given authorization to accomplish a number of tasks: 1) order agencies to collaborate; 2) order evaluations of the battered women and their children to make treatment accessible to all adult victims; 3) ensure specialized needs assessments of women and children in cases of alleged child abuse; 4) facilitate referrals to make treatment more accessible to victims and children; 5) ensure the same judge hears all matters regarding the family (specializing in domestic violence); and 6) evaluate and improve training for judges and other court personnel.

Linda Jeffrey, Ph.D., Project Director at the Center for Addiction Studies, Rowen University, described the PALS project, which consists of a variety of interventions for children of battered women, including case management, transportation, victim therapy, and after school programs. The standard length of treatment for PALS is 6 months, according to the original project design. After reviewing this program, Dr. Jeffrey recommended training needs, which include the following: (1) integrating domestic violence, alcohol and drug, mental health, and child maltreatment modalities; (2) on-going training, available at different levels; (3) dialogue among a variety of professionals; and (4) linking training to academia and the courts.

Mary White, First Assistant Prosecutor from the Gloucester County Prosecutor's Office, discussed the Duluth Safety and Accountability Audit process, providing a brief overview of the training that she received in Duluth, Minnesota. The main focus of the audit is safety. The audit is structured to provide professionals across disciplines an opportunity to step out of their professionally designed roles and conceptual frameworks to briefly adopt the perspective of the victim and uncover more effective family centered responses, which protect the victim and the victim's children.

After the presentations and corresponding discussions, the work group established the following five subcommittees: Collaboration, Treatment and Services, Education and Training, Legal System, and Research and Evaluation, and from May through

September 2003, the work group meetings primarily focused on sub-committee discussions to draft and refine the recommendations contained herein.

C. Summary of Recommendations

Provided below and on the following pages is a summary of the recommendations developed by the five subcommittees within the Domestic Violence Work Group. The recommendations are organized according to five overarching themes for improving services to families experiencing both domestic violence and child maltreatment:

1. Interagency coordination, collaboration and communication are essential;
2. Safety and service plans must be built upon the strengths of the family, while addressing permanency (reunification) issues for children;
3. Specialized domestic violence education and training for professionals and community members are critical and should be culturally sensitive;
4. Protection of the child and adult victim must be considered simultaneously; however there are exceptions that make this difficult; and
5. The batterer must be held accountable (through the use of treatment, enforcement of court rules).

1. Interagency Collaboration, Coordination and Communication

Problem: Research provides substantial evidence that multiple forms of violence occur in families, including both domestic violence and child maltreatment. However, the resources available in communities to address these problems are fragmented and lack a coordinated approach to stop the violence and enable communities to provide women and children with a sense of safety and stability within their neighborhoods by ensuring that perpetrators are held accountable for their behavior. There is a need for local communities to take responsibility for ensuring the existence of a comprehensive social service response system, which appropriately addresses the violence. This requires a leading entity to promote collaboration among the courts, child protection agency, the domestic violence service delivery system, and other community based services. Systems such as law enforcement, education, health care, child welfare, faith-based organizations, grass roots agencies, and the general public must all come together to address the issue of violence in the community.

Recommendation:

Reconstitute and rename the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence to oversee implementation of the Child and Family Services Review Domestic Violence Work Group recommendations and monitor the effectiveness of new and ongoing

programs. This council would ensure the existence of local, county and state collaborative social support systems and services, which are culturally sensitive to the needs of the community and as a result can provide an appropriate response to families who are experiencing violence in the home.

Discussion: The reconstitution of the current New Jersey Advisory Council on Domestic Violence is a key component that will allow the remaining recommendations to come to fruition and would enhance collaborative relationships. In 1999, the U.S. Department of Health published a report titled *Working Together*, which spoke to the need for inter and intra-agency collaboration to develop services for both domestic violence and child maltreatment victims (as cited in Taylor-Browne, 2001). As part of an effort to develop a relationship between entities providing services for children and families experiencing domestic violence, the American Public Human Services Association (APHSA) has developed guidelines that provide a roadmap to assist agencies in developing policies and procedures that integrate elements of collaboration throughout (APHSA, 2001).

A number of states, including California, Connecticut, Florida, Hawaii, Massachusetts, Michigan, Ohio and Oregon, have already established collaborative agreements between their respective child welfare agencies and domestic violence providers. It is recommended that the Council examine these agreements further for the purposes of understanding the process of implementing such collaborations.

In addition to enhancing the larger systems for the betterment of the service delivery system, such as the New Jersey Council on Domestic Violence, collaboration should be integrated into every element along the way. A system of well-integrated services for families encompasses elements of collaboration, and according to *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (National Council of Family and Court Judges, 1999), this collaborative process should include:

- Professional expertise;
- Immediate identification of the problem;
- Multiple victim response methods;
- Respectful, sensitive and culturally appropriate services;
- Consistency;
- Collaboration; and
- Provision of resources dedicated to domestic violence intervention services.

Inclusion of these fundamental tools would enhance services provided to adult victims and children as well as batterers. A sufficient appropriation is needed to incorporate these components into the service delivery system.

Problem: In addition to the systems collaboration that must take place between the child welfare and domestic violence service delivery systems, an emphasis must be placed on cross system evaluation measures and relevant research that identify

practices that work. Research-practice collaboratives have emerged as important strategies for evidence-based services.

Over the years, programs have been developed for victims of domestic violence, their children and batterers; other programs exist to address the safety of children in situations where there is abuse and neglect. Only recently have interventions emerged that recognize domestic violence and child maltreatment occurring in the same families. For these new practices, research and evaluation are critical to assure access, appropriateness, quality, effectiveness, and accountability of services provided through multiple systems to adult victims of domestic violence, their children and batterers. Research and evaluation is essential to maintaining broad public support for effective prevention and intervention services.

Recommendation:

In conjunction with the reconstituted New Jersey Domestic Violence Council, develop a research-practice collaborative for co-occurring domestic violence and child abuse and neglect to carry out research projects designed to do the following:

- **Inform service provision;**
- **Evaluate promising program models;**
- **Provide technical assistance to individual programs to promote internal capacity; and**
- **Obtain grants and other funding for research and program evaluation.**

Discussion: The development of collaborations between researchers and practitioners would ensure that practice and programs are supported by empirical evidence. In 2003, the New Jersey Advisory Council on Domestic Violence organized focus groups, and made a number of suggestions for initial areas of research and evaluation. Additionally, the National Violence Against Women Research Prevention Center (NVAWPRC) has published *Recommendations for Establishing and Maintaining Successful Researcher-Practitioner Collaborations*. The NVAWPRC was established in 1998 by the Centers for Disease Control and Prevention and consists of a consortium of researchers and practitioners concerned with violence against women. One goal is to identify and overcome barriers to collaboration between researchers, victim advocates, public health professionals, criminal justice professionals and violence against practitioners.³

A number of research collaboratives in other regions and states include the following: 1) Boston Community Practice Research Collaborative (BCPRC), 2) West Side Domestic Abuse Program (WSDAP), and 3) Domestic Violence Abuser Research Collaborative (DVARC). The BCPRC is a practice based research partnership between academic institutions and community-based organizations. It conducts community relevant research and evaluation of interventions and programs.

³ Quoted directly from noted source.

The WSDAP, a Chicago research-practice collaborative, was formed to provide research-based batterer's intervention programs on Chicago's west side. The clinical portion of the program is based in two locations and provides opportunities for field-based research by researchers from the University of Illinois at Chicago. The focus is on the characteristics of men who batter and the effectiveness of batterer programs in preventing further violence (West Side Domestic Abuse Program web site).

The Domestic Violence Abuser Research Collaborative was formed by the State of Maryland's Family Violence Council. It is made up of 15 Maryland batterer intervention programs and five research institutes. It attempts to establish empirically based standards for effective interventions with batterers (Abuser Intervention Practice and Research Update, 2002).

These research based collaboratives have assisted in providing not only sound evidence for program outcomes, but they have established relationships between researchers and practitioners, thereby enhancing services and the entire service delivery system.

2. Service Plans Should Be Developed Based on Family Strengths

Problem: Historically, services to families have been delivered through the lens of the respective disciplines' (child protection, domestic violence) guiding principles, resulting in a fragmented approach to a multi-faceted problem. There have been two distinct intervention systems, one that provides assistance, protection and support for abused children and families, and one that offers an array of domestic violence services, including domestic violence hotlines and shelters; crisis, empowerment, and options counseling; individual and group counseling; and systems advocacy. Given the significant level of co-occurrence of adult domestic violence and child maltreatment, new responses from an integrated, coordinated, community response system is needed in order to reduce violence in families.

While the New Jersey Prevention of Domestic Violence Act (PDVA) offers significant protection for victims of domestic violence and their children, especially in comparison to some other states, uniform enforcement and implementation is inconsistent. Historically, the New Jersey Coalition for Battered Women, representing domestic violence programs statewide, and DYFS jointly recognized the need for children's services by including them in the Core Services for Victims of Domestic Violence adopted in 1985. In 1995, DYFS added additional support for children receiving services in domestic violence programs by establishing the PALS (Peace a Learned Solution) program at Providence House in Burlington County. This successful program was expanded on a limited basis to three additional counties in 1999. The NJ Coalition for Battered Women has also provided domestic violence awareness training for DYFS workers for over 15 years. However, a comprehensive policy for addressing domestic violence in the child welfare caseload was only recently approved in January 2003.

Funded by DYFS since 1977, domestic violence program staff and child protective service workers have developed relationships over the years. However, without a formal procedure and structured system, which institutionalizes a collaborative approach to service delivery for families where there is a co-occurrence of domestic violence and child abuse, an integrated response is not available statewide. Also, where there is a lack of coordination and collaboration between domestic violence programs and DYFS, the disconnect between the women-centered approach to service delivery of domestic violence programs and the child-centered approach of child protective services can cause conflict and tension, sometimes placing an additional burden on a family already in crisis. Integrating the DYFS Domestic Violence Case Practice Protocol into the comprehensive and integrated response to service delivery outlined in the DYFS transformation plan will provide a collaborative effort to better serve families.

Recommendations:

Integrate a full spectrum of effective, specialized, geographically accessible and culturally competent assessment, treatment, and support services for child and adult victims, and batterers that has many points of entry.

- a) Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to child victims of domestic violence.**

Discussion: Counseling for children and youth who have been exposed to violence by batterers is provided statewide. However, the available services vary across counties. Most lead domestic violence agencies have programs that offer psycho-educational groups for youth in shelter. Mental health services provided to children who are not living in shelter are limited however. First, every child should receive a standardized assessment to determine the impact of the trauma of family violence. While every child exposed to violence may benefit from education regarding the impact of violence and healthy, positive, non-violent relationships, some children are resilient and not all children will need ongoing mental health services. Therefore, it is necessary for them to receive a standardized assessment to identify their treatment needs.

The PALS program in Burlington County, a model program in New Jersey, is an adjunctive therapy program for children between the ages of 3 and 12 years who are not living in the shelter. Additionally, the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine, Center for Children's Support, provides treatment to children, ages 3 through 18, exposed to violence by the batterer. The Center also provides support to empower the non-offending parent in responding to and managing the children's emotional and behavioral difficulties that may be associated with their exposure to violence. The Center's program does not require that children be directly abused themselves - its primary focus is on domestic violence issues and creating a safe, non-violent, family environment. However, children who have been both exposed to violence and directly abused are served in this program as well. These treatment services are provided in both an individual and group format. In fact, the program has been identified by the federal government, namely the Victims of Crime Act (VOCA), as a model program in New Jersey. The treatment approaches offered by

the PALS program and the Center for Children's Support incorporates elements that are evidence-based for decreasing trauma-related symptoms, general emotional distress, and behavior problems in children exposed to other types of abuse/violence (Deblinger, Lippmann, & Steer, 1996, King et al., 2000), as well as those exposed to domestic violence (see Runyon, Basilio, Van Hasselt and Hersen, 1998). These elements include: education regarding the effects of domestic violence on children, safety planning, identification and expression of feelings related to violence and family, processing feelings and beliefs related to violence and family, and the development of effective coping skills. Children may process their experiences of violence through a variety of modalities, including poetry, artwork, books representing their individual story, songs, etc. These programs also support and empower the non-offending parents (adult victims) in understanding and managing their children's emotional distress and behavioral problems that may be associated with violence exposure.

It is notable that there have been no published randomized clinical trials examining the effectiveness of treatment for children exposed to violence by the batterer. However, multiple studies have demonstrated pre- to post-treatment improvements in children's emotional distress levels and behavioral problems after participation in treatment approaches that include the elements described above (see Runyon, Basilio, Van Hasselt and Hersen, 1998). In addition, Dr. Linda Jeffrey collected data supporting the utility of the PALS program. It should be mentioned that in addition to these elements, the PALS program and Center for Children's Support offer transportation to families and babysitting services for young siblings who may not be involved in treatment to make the services accessible to families. Both programs provide case management services and the PALS program provides an after school program.

Although some lead domestic violence agencies in New Jersey provide services both to children living in a shelter and outside a shelter, others do not provide services to children living outside the shelter. One of the Center's for Children's Support, for example, receives referrals of these children and attempts to collaborate with the adult service providers at the lead domestic violence agency (if the agency is involved in the case) to coordinate services for the families.

It is recommended that an array of mental health services be made available to children exposed to domestic violence who are living in shelter and those living outside shelters in every county across New Jersey. The services should include a standardized assessment to identify individualized treatment needs for every child. Furthermore, the services should be offered in both an individual and group format to ensure that children are receiving individualized attention as well as support and feedback from peers.

It is logical that the identified lead agencies would be the lead domestic violence provider agency in each county as well as the Regional Diagnostic and Treatment Centers (RDTC's), both of which already have an infrastructure to support these types of services. The Division of Youth and Family Services would play a role in the delivery of services to children exposed to violence who are also involved in the DYFS system. To minimize potential risk and enhance the safety of the non-offending parent (adult

victim of domestic violence) and child, the lead domestic violence agencies and RDTC's should develop collaborative relationships in providing treatment to families since the domestic violence agencies provide services to batterers and adult victims. This can assist providers working with children outside the shelter in offering the best possible service to the child as they have the entire picture of the dynamics within the family. In other words, services to the child should not be provided in isolation, as this can increase the risk to the non-offending parent and child.

Increasing the capacity to fully address the treatment needs of children by developing services for children in every county of the state will require the allocation of financial resources to the lead domestic violence agencies and RDTC's. These services should be modeled after those programs that incorporate components that have been demonstrated as effective (e.g., PALS, Center for Children's Support).

b) Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to adult victims of domestic violence and/or non-offending parents.

Discussion: All adult victims/non-offending parents should be provided timely access to individual and group counseling, advocacy, and ancillary support services. Each adult victim must be provided with an assessment of safety. Although assessing safety in intimate partner violence is a relatively young science, there is a need for each victim to have both lethality and re-offending risk assessments by domestic violence service providers. The interacting factors to consider when conducting these assessments are the instrument risk assessor, perpetrator and one specific potential victim. These assessments are utilized to identify the victims' service needs. One of the most psychometrically validated assessment tools is set forth by Jackie Campbell, Ph.D., R.N., FAAN, Associate Dean of the School of Nursing at John Hopkins University.

The lack of adequate and affordable housing remains one of the biggest issues for adult victims and/or non-offending parents who seek to separate from the batterer and relocate. Transitional housing is not available in all counties. Additional resources are needed to develop these services statewide. Also, permanent, long-term housing is seriously needed. It is recommended that funding be made available to provide Section 8 housing to more adult victims of domestic violence.

With regard to domestic violence cases, custody evaluations should only be conducted by evaluators who have expertise in the areas of domestic violence, child abuse, and court/visitation/custody issues. The National Council on Juvenile and Family Court Justices in Reno, Nevada is a resource for best practice models. The New Jersey State Supreme Court Working Group on Domestic Violence Evaluation Subcommittee is also currently addressing this issue. A statewide network of evaluators with this expertise should be developed in order to minimize risk to the non-offending parent (adult victim) and child. Oftentimes, good custody evaluators who lack domestic violence knowledge tend to blame the non-offending parent and misinterpret her psychological test data by categorizing her as psychologically impaired which can result in potentially risky court

decisions regarding custody of the child. Funding would need to be allocated to identify and train custody evaluators who have this specialized experience.

c) Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to batterers in domestic violence.

Discussion: Batterers counseling services, including voluntary and court mandated counseling for perpetrators via individual and/or group counseling provided in a manner consistent with the provisions of the New Jersey Prevention of Domestic Violence Act, and the Batterers Intervention Program (BIP) standards supported by the NJ Coalition for Battered Women must be universally available.

A model court-based batterer assessment program exists in Sussex County. The Center for Disease Control (CDC) has funded a long-term study to test its efficacy. Conducted by Edward Gondolf, Ph.D., a special consultant on batterer intervention programs to the National Resource Center on Domestic Violence, the study is currently in its third five-year-cycle. Information from this study, in conjunction with the Sussex County model should be used in developing a state-of-the-art batterers program that will be implemented in every county across the state of New Jersey. It is imperative that any batterer intervention programs utilized should meet minimal standards as presently supported by the National Resource Center on Domestic Violence, including a minimum duration of 26 consecutive weeks of attendance. It is mandated that all batterer programs incorporate a Batterer as Father curriculum. One model is outlined by the Non-Violence Alliance. David Mandel writes, "successful completion of a batterers' as parents program might be one of a range of preconditions a batterer would need to fulfill prior to:

- (a) having increased contact with his child;
- (b) having increased contact with the mother of the child;
- (c) having any kind of visitation, supervised or unsupervised; or
- (d) reunification with a child that has been removed."

According to David Mandel, the Batterer as Father curriculum should include the following modules: Module One: Examining direct and indirect effects of violence in the home on children; Module Two: No abuse after divorce/separation; Module Three: Healing damage done by prior violence; and Module Four: Positive parenting/co-parenting.

It is recommended that adequate funding be allocated to all counties for batterer services.

Problem: As part of the DYFS Domestic Violence Case Practice Protocol developed, caseworkers are mandated to address issues of domestic violence throughout the investigative process in every case. In doing so, the safety of victims and caseworkers

will be further enhanced. The safety of adult and child victims and DYFS caseworkers must be integrated into child welfare policies and procedures.

DYFS caseworkers are now struggling to broaden their scope from solely children to families, and to incorporate an understanding that protection of the adult victim means protection of all family members. That being said, DYFS caseworkers lack expertise in domestic violence issues, because their primary focus in an investigation has centered on child maltreatment. Although DYFS caseworkers should be expected to be educated about domestic violence, they should not be expected to be experts in every area that intersects with DYFS. Therefore, reaching out to those in the field who have this knowledge is critical for the safety of adult and child victims and the safety of caseworkers themselves.

Recommendation:

Identify Domestic Violence Liaison(s) for each DYFS District Office and Adoption Resource Center to assist DYFS workers in effectively investigating, assessing, and offering appropriate services to families in which domestic violence is occurring. This would enhance children's safety by enhancing the safety of the adult victim.

Providing DYFS staff access to individuals with advanced levels of knowledge regarding domestic violence would assist them in the investigation and further the assessment process. Additional benefits may include fostering relationships among domestic violence working groups at the county and statewide levels.

Recommendation:

The New Jersey Advisory Council on Domestic Violence will explore the possibility of developing a paid Special Response Team consisting of child protection workers (in cases where a child abuse allegation is made) and two special response domestic violence workers, one to meet with each child and adult victim. This would enhance the safety of the adult victim, which, in turn, would enhance the safety of the child by providing seamless crisis services and support to adult and child victims immediately after a domestic violence incident is reported.

As such, the Council will review this recommendation and determine how to best replace a paid response team for the previously existing volunteer response team. Their review will include careful consideration of which providers should be included on the team, as well as safety for response team members and child and adult victims. This is an issue that should receive careful consideration because: 1) responding on-site at the time of crisis is not safe; and 2) safety planning could not occur during the crisis as it could be a crime scene and as such should not be disturbed.

Recommendation:

Extend Human Services Police (HSP) protocols to enhance the safety of DYFS workers as they investigate cases involving domestic violence. HSP/DYFS

personnel, in conjunction with local law enforcement personnel, will respond as mandated by the laws and procedures of the State of New Jersey governing responses to domestic violence cases.

Recommendation:

Integrate questions that assess the history of domestic violence in the DYFS application for foster parents, adoptive parents, and other caregivers to ensure the safety of children entering out-of-home care.

Recommendation:

Integrate family-centered practice that considers the safety of both child and adult victims of domestic violence, holding the batterer accountable with current DYFS policies and procedures.

Problem: New Jersey lacks a prescribed, thorough visitation program for families, increasing the safety risks for adult and child victims of domestic violence in our state. Visitation time can become a time of greatly increased safety risks for both adult and child victims. Safety of adult and child victims further becomes compromised during departure and at the time of the exchange of children (Taylor-Browne, 2001).

Recommendation:

Develop formal, comprehensive visitation programs that are safe and geographically accessible to all families during visitation, drop-offs, and/or parenting time with the batterer in cases involving domestic violence.

Problem: The Department of Human Services has recognized the need for a rigorous and collaborative effort to ensure the safety, permanency and well-being of children and families in this state. In order not only to meet the goals set by the Child and Family Services Review, but also to meet the goals of the Department, certain innovative programs underway in other states, such as safety and accountability audits, hold promise. The audits examine organizational protocols and practices to determine whether they ensure the safety of children and victims and the accountability of batterers.

Another improvement the Department has planned is the implementation of a Domestic Violence Case Practice Protocol to guide the DYFS caseworker's response to families affected by both child abuse and neglect and domestic violence. Caseworkers and supervisors need tools, guidelines and skills to intervene in cases of domestic violence. This protocol provides the necessary information to identify domestic violence and recommends services for the safety and well-being of both adult and child victims. The new protocol alone does not guarantee child and family safety and well-being, rather it was developed to enhance outcomes for adult and child victims and families.

There is currently no evaluation measure of the protocol's implementation, as was originally intended. Such an evaluation measure is crucial to ascertain whether or not

the protocol is helping caseworkers and supervisors to better assess and intervene in cases of domestic violence.

Recommendation:

Conduct Community Safety and Accountability Audit(s) (CSAA) in each of the twenty-one counties, to determine the prevalence and types of violence in each county and then to examine programmatic responses to determine how they can be improved to better address domestic violence across systems responsible for responding to co-occurring domestic violence and child abuse and neglect. The objective of these audits is to engage key service providers in a collective effort to:

- **Identify administrative functions (review forms, manuals and training) and the extent to which they support the safety of children and adult victims of domestic violence, and hold offenders accountable;**
- **Improve the system's response to victims, children and batterers;**
- **Identify practices geared toward meeting national standards for the safety and well-being of children; and**
- **Develop ways to broaden awareness, understanding, and conceptualization of victim safety and batterer accountability within institutions.**

Recommendation:

Evaluate the impact of Domestic Violence Case Practice Protocol (DVCPP) periodically to evaluate whether the DVCPP is having the desired outcomes for children, victims and families.

While examining the extent to which caseworkers are better equipped and able to identify and document domestic violence, efforts to better enhance the safety of child and adult victims should also be evaluated.

Recommendation:

Assure that SACWIS contains data elements pertaining to domestic violence. Conduct annual analyses of trends using this information to evaluate New Jersey performance (CFSR and other standards) in cases where there is domestic violence.

The selection and incorporation of specific data elements to increase knowledge of the co-occurrence of domestic violence and child abuse and neglect allows for a number of overlapping problems to be identified as case planning occurs; and then incorporated into broader systems and/or program improvement plans.

Discussion: Evaluation of the Domestic Violence Case Practice Protocol would provide information relevant to a number of goals, including:

- Improving the system's response to adult and child victims and batterers;

- Improving the DYFS assessment of families;
- Expanding knowledge of the service needs in our state; and
- Enhancing domestic violence data elements in SACWIS.

Another transformation scheduled to begin in FY 2005 is the implementation of the Statewide Automated Child Welfare Information System (SACWIS). This system will support the efforts of DYFS caseworkers to protect children. As the system is currently in development, ensuring it contains data elements pertaining to domestic violence is critical to integrating domestic violence into the child welfare system.

It is recommended that adequate funding be allocated to all counties for visitation programs.

3. Education and Training Needs to be Implemented Across the Board

Problem: Professionals lack education/training programs about specific issues involving domestic violence and child welfare. Furthermore, the public is unaware of the pervasiveness and consequences of the problem and uncertain as to what it can do to help. Specific considerations for cultural and/or spiritual communities are omitted from both training models and public awareness campaigns.

Communities and the public as a whole tend to treat domestic violence as well as child abuse and neglect as a private “family” matter, rather than as violence and a societal dilemma that both affects *and* could be affected by public awareness and responsiveness. Educating the community would provide it with the necessary information to better comprehend the pervasiveness of the problem, hopefully making it a public responsibility.

It is recommended that adequate funding be allocated to all counties for comprehensive education and training programs.

Recommendation:

Mandate initial and ongoing education in domestic violence and child welfare as a part of licensing, certification, and/or the continuing education requirements of ALL professionals and para-professionals working with women, children or families to ensure that professionals and para-professionals who come into contact with women, children and families are educated and trained in identifying and responding appropriately to family violence. ALL includes, but is not limited to, the following professionals: social workers, DYFS supervisors and line staff, law enforcement, judiciary, school personnel, Division of Family Development (DFD) staff, County Welfare Agency (CWA) staff, health care and mental health care providers and their para-professionals (as appropriate), counselors (for example, substance abuse), clergy counselors and educators.

Recommendations:

Improve public and individual community awareness about the dynamics of domestic violence and the effects of domestic violence on women and families. Promote family non-violence via the media, distribution of printed material, and other appropriate means to eradicate the “hidden” epidemic of domestic violence and to inform society of the pervasiveness of domestic violence.

Recommendations:

Provide specialized, culturally appropriate domestic violence education to all religious, faith based and/or spiritual communities with an emphasis on reaching out to diverse religious and spiritual communities including, but not limited to: Zoroastrian, Native American, Muslim, Jewish, Hindu, Christian, Buddhist, and Jain to be inclusive and reach communities that often get left out of domestic violence education and training.

Discussion: Education is the fundamental component to the improvement of a coordinated community response to domestic violence, including all services and systems that interact with the diverse group of women, children and families. Protection of abused women will ultimately result in better outcomes for children and families. Training about domestic violence should take a broad approach to ensure all professionals working with women, children, and families affected by domestic violence are trained. Much of the literature about the need to train professionals in family violence tends to have a narrow focus on child protection workers, rather than taking a broad approach to ensure all professionals working with families are trained, including child protection workers. Child protection workers need to be adequately prepared not only to identify domestic violence, but to properly intervene as well (APHSA, 2001). Additional training may include information about existing community resources and how to navigate the legal system, topics often not included in traditional child welfare training (APHSA, 2001). Another educational component often overlooked when training child welfare workers is the strengths of the victims that have served to keep them and their children safe (APHSA, 2001). This should be incorporated into training models as well.

When considering domestic violence, prevention often gets lost, due in part to the focus on events after violence has occurred. The Family Violence Prevention Fund recommends a number of prevention strategies, including the education of local communities about violence (Carter, n.d.). Detailing the co-occurrence between domestic violence and child abuse as part of this campaign would challenge communities and individuals to think of domestic violence as not just a private matter, but a public responsibility as well.

Education/training for professionals and public awareness campaigns in communities must include culturally appropriate considerations as well. Given New Jersey's diversity, and as culturally embedded as are the values and dynamics of family relationships, it is imperative that education about domestic violence be culturally sensitive and specific.

Each of these educational components is important to ensure professionals and community members gain the knowledge necessary not only to effectively intervene in family violence incidents, but to cultivate an understanding that domestic violence is a public responsibility.

4. Protection of Child and Adult Victim

Problem: Although current state laws specifically address the responsibilities of law enforcement and the rights of victims in domestic violence situations, a process to monitor failures to adhere to policies and procedures and to respond to departures from mandated obligations is not in place. Likewise, law enforcement response protocols for reported domestic violence and protocols for responding to child abuse have not been coordinated. Therefore, the work group recommends that standard operating procedures for law enforcement be developed that consider the safety of both adult and child victims of family violence and provide for ongoing monitoring of compliance with established procedures.

Implementation of a statutory mandate to order a risk assessment upon request of the victim prior to the entry of a parenting time court order has been problematic. Currently a victim must request the court order for a Risk Assessment as relief in a final restraining order. The risk assessment tool in combination with supervised visitation may provide a number of effective protections for victims and their children, while complying with the statutory mandate to assess risk of harm to children during visitation with the batterer. A more comprehensive process and protocol is needed to more effectively assure safety. Rules which specify required documentation when a request is made, the court's disposition, a tracking system to monitor implementation of the Prevention of Domestic Violence Act (PDVA) risk assessment, an agreed upon risk assessment instrument with specific direction regarding who completes the questionnaire, required attachments, time periods for resubmission of the completed questionnaire to the court, and parameters that the court may follow for ordering additional evaluations when found necessary are all needed. Increasing the use and effectiveness of existing tools to ensure both the safety of victims and children is paramount. Research has shown that during the exchange of children from one parent to the other both victims and children are at increased risk of harm, creating a compelling need for court orders to specify how, when and where this exchange will occur. The Court's authority to order a risk assessment is an invaluable opportunity for timely, case specific safety planning, which accounts for the needs of both the victim and children, at an early stage of the domestic violence intervention.

Recommendation:

Ensure adherence to a victim's right to apply for a temporary restraining order at any time of day or night as required by the NJ Prevention of Domestic Violence Act.

Recommendations:

Ensure that all those who have contact with victims provide appropriate information in plain language concerning the victims' rights and options to enable victims to make informed decisions. This should include information about all relief available through a restraining order including child support, all other financial relief, and relief to address safety for children during visitation with the batterer, and safety for victims during pick up and drop off of children.

Recommendation:

Develop a standard operating procedure for police when responding to domestic violence incidents where children are present.

Recommendation:

Establish and implement a uniform process for the availability and performance of risk assessments ordered by the court as part of obtaining a restraining order.

Recommendation:

Ensure the safety of victims and children before, during and after parenting time through court orders.

Discussion: Although existing law specifically addresses the responsibilities of law enforcement and the rights of victims in domestic violence to get a restraining order on weekends, holidays and other times when the courts are closed, this does not always happen. Many of the legal system's deficiencies in responding to incidents of domestic violence stem not from the Prevention of Domestic Violence Act (PDVA), which details what should be occurring within the state, but from systemic shortfalls in applying the law. The Domestic Violence Focus Group Project Report, NJ Advisory Council on Domestic Violence, June 2003 reports that victims sometimes encounter problems in getting restraining orders. The Legal focus group, which was comprised of attorneys and legal advocates from domestic violence programs, lists the following (Focus Group #10, p.3):

- On weekends and holidays when the Superior Court is not in session, victims have been denied access to apply for a restraining order. Victims have been told, by law enforcement officers to wait until the Family Court opens to apply.
- Temporary restraining orders take time to process. It is hard to get hold of municipal judges after hours, or the process takes a long time. Some judges are not aware of the impact on police and their time when they do not respond to temporary restraining order requests.
- Some police departments have a form that is already checked indicating that the victim does not want a restraining order. This reportedly happens in some of the bigger and busier police departments.

When the law is not consistently enforced, victims and their children are at serious risk of harm. The ability to apply for temporary restraining orders at any time, day or night, is a critical component of a system designed to protect adult victims and their dependent children.

Victims do not consistently receive critical information, particularly with respect to provisions for risk assessment or structured options for visitation and counseling and treatment programs, which could be entered as part of domestic violence orders. These reliefs are specifically designed to reduce the risks to both victims and dependant children experiencing domestic violence. To be utilized effectively, victims need understandable information about these types of orders at each stage of the restraining order application process, particularly when the final order hearing is conducted. The ability to request specific restraining order provisions tailored to protect dependent children and protect the victim during exchange of children for visitation is essential to reduce the occurrence of further violence.

Even if victims receive information about the availability of risk assessments, a reliable process is not in place to request, obtain and conduct risk assessments as provisions of final restraining orders. The risk assessment has been demonstrated to provide a number of effective protections for victims and their children, while complying with the statutory mandate to assess risk of harm to children during visitation with the batterer. Increasing the use and effectiveness of existing tools to ensure both the safety of women and children is paramount. Research has shown that during the exchange of children both victims and children are at increased risk of harm, creating a compelling need for court orders to specify how, when and where this exchange will occur. Without such detailed court orders, batterers take advantage of the contact with the victim during child exchange to inflict violence. This places victims and children at risk.

Additionally, law enforcement has not generally been provided with a standard operating procedure for responding to domestic violence incidents in cases where children are present. A police response structured to identify and respond to co-occurring domestic violence and child abuse is essential for an appropriate coordinated community response to these families as DYFS moves ahead with implementation of the DYFS Domestic Violence Case Practice Protocol. Presently, response varies by county and department. This inappropriately involves some families in the child protective service system while leaving others with no intervention or supportive services.

Proper intervention techniques and assessments are crucial in working with all families, especially those whose safety is at risk. The lack of these tools may lead to situations in which not only are children's "safety, stability and permanence" at risk (APHS, 2000, p. 4), but the entire family is at risk as well.

5. Batterer Accountability

Problem: Although thirty states have created strict standards for batterer intervention programs (BIP), New Jersey has no BIP certification program. Nevertheless, BIPs affiliated with the New Jersey Coalition for Battered Women are expected to meet broad general standards that include programs which instruct defendants regarding batterer accountability, understand reliance on a male privilege belief system to excuse violent behavior and anger management, and develop peaceful behavior.

Requirements such as participation in BIPs, substance abuse treatment programs, abstinence from alcohol and drugs and similar rehabilitative oriented conditions are often imposed as a part of Domestic Violence Final Restraining Orders (FRO) and probation supervision terms following criminal convictions. However, a defendant's participation in these court ordered mandates is not typically monitored by the Family Court when ordered as part of a civil restraining order. In fact, unless the court learns about a defendant's failure to participate from the victim, it is very unlikely that the defendant's non-compliance will be addressed by the court. When entered as a probation condition, the probation officer will monitor the defendant's compliance and return the case to the court's attention when the defendant has not obeyed the Court's order. However, given limited judicial and probation resources, the defendant's failure to attend classes and programs are often not brought to the attention of the court until many months later

The question is how the absence of judicial or any third party monitoring of defendant's court ordered program compliance, reduces or impacts on the victim and children's safety. If escalating violence and/or program non-compliance are not known to the court and rehabilitation programs, neither system can take steps to protect the victim.

The underlying premise that participation in a BIP by an offender reduces victim risk continues to generate discussion, evaluation, research efforts and sometimes, skepticism. Nevertheless, research results are promising. Gondolf (1997) studied 800 men from four batterer programs located in Houston, Pittsburgh, Dallas and Denver. He found that over two-thirds of the men did not re-assault their female partners for at least one year after entering the treatment programs. He also found that men who abuse alcohol were most likely to re-assault. Dutton (1997) argues that violence can be reduced by batterer's treatment programs, excepting men who had severe personality disorders. In "Do Batterer Prevention Programs Work," the authors report on two studies of such programs in Brooklyn and Florida. They concluded that the studies showed no changes in batterer's attitudes and only minor changes in batterer's behavior. However, the authors noted some fundamental weaknesses in the two programs studied including high batterer drop out rates and that one of the two programs studied was only eight weeks in duration. The authors concluded that "Batterer intervention programs may be effective only in the context of a broader criminal justice and community response to domestic violence that includes arrest, restraining orders and intensive monitoring of batterers" (Jackson, Feder, Forde, Davis, Maxwell and Taylor; June, 2003).

In the State of New Jersey there is no unified approach to monitoring batterers' compliance with civil restraining orders, bail requirements and criminal sentencing sanctions. The burden remains on the victim not only to report non-compliance to the court, but to return to court in order to seek enforcement of the court's orders. Development of a uniform approach will lift this burden from the victim and place responsibility and accountability squarely on the batterer.

Recommendation:

Develop and implement a uniform statewide approach to monitor batterer compliance with civil restraining orders, bail requirements, and criminal sanctions to remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements and have the legal system be responsible for enforcement.

Discussion: Some states have opted for a "failure to protect" law, whereby parents, often the non-offending parent, are charged under a civil law, with failing to protect their children in cases of domestic violence where children are present (APHSA, 2001). Recently a federal court ruling, Nicholson, et al. vs. New York City found this approach a violation of the adult victim's constitutional rights. This lawsuit brought heightened attention to the overlap between domestic violence and child welfare and advocates safety for the victim and children by holding the batterer accountable for his/her actions.

Advocates for battered women and child welfare advocates have long held differing opinions as to how cases of domestic violence should be handled (APHSA, 2001). On the one hand, women's advocates believe that to remove the child from the home of the non-offending parent is not in the best interests of the child. Children's advocates, on the other hand, believe that as long as the child is at some risk of abuse or neglect at the hands of the abused parent's batterer, the child should be removed from the situation even when removal includes separating the child from the non-offending abused parent. Efforts to restrict and control the batterer in order to protect the child instead of charging the non-offending parent with 'failing to protect' their child (Ganley and Schechter, 1996), have received increased attention and support. Charging the batterer with maltreatment perpetrated against the child as well as the adult victim is an additional tool to hold the batterer accountable for his/her actions (Ganley and Schechter, 1996).

As of December 31, 2002, New Jersey probation officers were supervising 2,385 domestic violence offenders statewide. During the same year, over 78,844 acts of domestic violence were reported. Assaults accounted for 36,823 of these incidents. During 2002, 25,774 defendants were arrested for acts of domestic violence and an additional 1,816 arrests were made for restraining order violations. The discrepancy between the number of arrested offenders and the number of defendants ordered on probation supervision represents a wide and dangerous gap. Only one New Jersey County has a batterers' program that works with the court to routinely report and monitor batterers' compliance with court orders. Resources for monitoring batterers subject to proceedings in both civil and criminal courts are very limited.

Batterers have learned that non-compliance with such orders and conditions generates negligible consequences. If the batterer is not held accountable, victims have no incentive to obtain a restraining order or report violations. While child protective services look to the victim to protect her child, the victim receives no assistance from the system. This can result in removal of the child from the mother even though she has obtained a restraining order.

D. Conclusion

The link between domestic violence and child maltreatment is clear. Families affected by domestic violence need support to enhance the safety of adult and child victims. This report provides an outline of how to: (1) reduce fragmentation of supports for families; (2) service families using a strengths-based perspective; (3) educate and train professionals and the community about the complexity of family violence; and (4) protect both the child and adult affected by domestic violence, while holding the batterer accountable for their actions.

This report requires action. It provides a roadmap for making necessary changes in order to meet the needs of families affected by domestic violence and child maltreatment. In order to infuse the existing domestic violence service delivery system with the basic themes echoed in this report, existing services will need to be enhanced and adapted, linked to multiple systems, and best practice models must be put into operation. Collaboration and funding are vital to the success of realizing family well-being.

V. Resource Documents

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VI. Acronyms

AAP	American Academy of Pediatrics
ACF	Administration for Children and Families
AFDC	Aid to Families with Dependent Children
AOC	Administrative Office of the Courts
APHSA	American Public Human Services Association
ARC	Adoption Resource Center
ASFA	Adoption and Safe Families Act
BIP	Batterer Intervention Program
CASA	Coalition Against Sexual Assault
CASA	Court Appointed Special Advocates
CCAPTA	Comprehensive Child Abuse Prevention and Treatment Act
CFSR	Child and Family Services Review
CPS	Child Protective Services
DCA	Department of Community Affairs
DFD	Division of Family Development
DHS	Department of Human Services
DOP	Department of Personnel
DOW	Division on Women
DV	Domestic Violence
DVS	Domestic Violence Specialist
DYFS	Division of Youth and Family Services
EPIC/SCAN	Educating Physicians in their Community/Suspecting Child Abuse and Neglect
FRO	Final Restraining Order
MDT	Multidisciplinary Team
MINICAVA	Minnesota Center Against Violence and Abuse
NJCASA	New Jersey Coalition Against Sexual Assault
NJCBW	New Jersey Coalition for Battered Women
NJVAG	New Jersey Victim Assistance Grant Program
OVWA	Office of Victim Witness Advocacy in the NJ Division of Criminal Justice
PALS	Peace A Learned Solution
PDVA	Prevention of Domestic Violence Act
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
RDTC	Regional Diagnostic and Treatment Center
SACWIS	Statewide Automated Child Welfare Information System
TANF	Temporary Assistance for Needy Families
TPR	Termination of Parental Rights
TRO	Temporary Restraining Order
UMDNJ	University of Medicine and Dentistry of New Jersey
VAWA	Violence Against Women Act
VOCA	Victims of Crime Act

VII. Appendices

APPENDIX A.

EXECUTIVE ORDER NO. 36

WHEREAS, the New Jersey Division of Youth and Family Services in the Department of Human Services will undergo federal review of its agency under the Children and Family Services Review (“CFSR”) conducted by the United States Department of Health and Human Services, Administration for Children and Families, beginning with a self assessment in 2003 and an onsite review in or about March 2004; and

WHEREAS, the CF SR monitors and evaluates the States child and family services, including protective services, family preservation and support, foster care, independent living and adoption services; and

WHEREAS, the New Jersey Division of Youth and Family Services is establishing a steering committee for the participation of external stakeholders as required by the United States Department of Health and Human Services, Administration for Children and Families, and has commenced the preparation for the CF SR; and

WHEREAS, a portion of the CF SR will monitor and evaluate systematic factors, such as service array accessibility to such circumstances as domestic violence and substance abuse; and

WHEREAS, there exists involvement of all branches of government and multiple levels within these branches of government in circumstances such as domestic violence and substance abuse; and

WHEREAS, September is Substance Abuse Awareness Month and October is Domestic Violence Awareness Month; and

WHEREAS, the Governor has expressed his strong support of the improvement of services for New Jersey’s children and families; and

WHEREAS, the Governor has expressed his commitment to partner with other branches of government to work collaboratively to improve the services New Jersey provides to its citizens; and

WHEREAS, the Legislature has expressed a desire to partner with the Department of Human Services to conduct its own review of the interplay between domestic violence and the welfare of children and families and the interplay between substance abuse and the welfare of children and families;

NOW, THEREFORE, I, JAMES E. MCGREEVEY, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the statutes of this State, do hereby ORDER and DIRECT:

1. The Commissioner may jointly conduct hearings with the Legislature where joint invitations are sent to interested parties for participation in two hearings; one involving the interplay between domestic violence and the welfare of children and families, the other involving the interplay between substance abuse and the welfare of children and families.

2. The Commissioner, in cooperation with the Legislature, may establish two separate work groups, one for domestic violence and one for substance abuse, the membership of which shall be comprised of persons jointly recommended, representatives of various branches of government, various State departments, community providers, advocacy groups, and interested parties, provided that at least two persons from the existing steering committee formed by the Division of Youth and Family Services under the CFSR, shall be a member of each work group to facilitate shared ideas, to avoid duplication and to promote cooperative endeavors for the common goal.

3. Within one year, the work groups shall present a joint report to the Commissioner and the Legislature in open session, focusing on how the various branches and levels of government, the various State departments, the multitude of community partners, advocacy groups and interested parties can be instrumental in the Division of Youth and Family Services better serving the interests of children and families through implementation of initiatives regarding issues of domestic violence and substance abuse, across systems in a collaborative fashion. The report shall include, but not be limited to, recommendations regarding modifications of existing policies/procedures and legislation/regulations, as well as interdepartmental and advocacy group partnerships, as may be applicable.

4. This Order shall take effect immediately.

GIVEN, under my hand and seal, this
23rd day of October
in the Year of Our Lord, Two Thousand Two,
and of the Independence of the United States,
the Two Hundred and Twenty-Seventh

/s/ James E. McGreevey
Governor

[seal]

Attest:

/s/ Paul A. Levinsohn
Chief Counsel to the Governor

APPENDIX B.

Implications of the Recommendations by Branch of Government

Executive Branch

- 1. Integrate a family-centered practice that considers the safety of both child and adult victims of domestic violence, holding the batterer accountable into DYFS policies and procedures to ensure that staff integrates knowledge of domestic violence into each step of case practice with the primary goal of protecting children by keeping the child(ren) and non-offending parent(s)/caregiver(s) safe and together.**
- 2. Identify Domestic Violence Liaison(s) for each DYFS District Office and Adoption Resource Center to assist DYFS workers in effectively investigating, assessing, and offering appropriate services to families in which domestic violence is occurring. This would enhance children's safety by enhancing the safety of the adult victim.**
- 3. Integrate questions that assess the history of domestic violence in the DYFS application for foster parents, adoptive parents, and other caregivers to ensure safety of children entering out-of-home care.**
- 4. Extend Human Service Police (HSP) protocols to enhance the safety of DYFS workers as they investigate cases involving domestic violence. HSP/DYFS personnel, in conjunction with local law enforcement personnel, will respond as mandated by the laws and procedures of the State of New Jersey governing responses to domestic violence cases.**
- 5. Develop formal, comprehensive visitation programs that are safe and geographically accessible to all during visitation, drop-offs, and/or parenting time with the batterer in cases involving domestic violence.**
- 6. Integrate a full spectrum of effective, specialized, geographically accessible and culturally competent assessment, treatment, and support services for adult and child victims, and batterers that has many points of entry.**
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to child victims of domestic violence.**
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to adult victims of domestic violence and/or non-offending parents.**
 - Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to batterers in domestic violence.**

- 7. Mandate initial and ongoing education in domestic violence and child welfare as a part of licensing, certification, and/or continuing education requirements for ALL professionals and para-professionals working with women, children or families to ensure that professionals and para-professionals who come into contact with women, children and families are educated and trained in identifying and responding appropriately to family violence. These professionals and para-professionals include, but are not limited to the following professionals: Social workers, DYFS supervisors and line staff, law enforcement, judiciary, school personnel, Division of Family Development (DFD), County Welfare Agency (CWA) staff, health care and mental health care providers and their para-professionals (as appropriate), counselors (for example, substance abuse), clergy counselors and educators.**
- 8. Improve public and individual community awareness about the dynamics of domestic violence, the effects of domestic violence on women and families, and promote family non-violence via the media, distribution of printed material, and other appropriate means to eradicate the “hidden” epidemic of domestic violence, to inform society of the pervasiveness of domestic violence.**
- 9. Provide specialized culturally appropriate domestic violence education to all religious, faith based and/or spiritual communities with an emphasis on reaching out to diverse religious and spiritual communities including, but not limited to: Zoroastrian, Native American, Muslim, Jewish, Hindu, Christian, Buddhist, and Jain to be inclusive and reach communities that often get left out of domestic violence education and training.**
- 10. In conjunction with the reconstituted New Jersey Domestic Violence Council, develop a research-practice collaborative (RPC) for co-occurring domestic violence and child abuse and neglect to carry out research projects designed to do the following:**
 - Inform service provision;**
 - Evaluate promising program models;**
 - Provide technical assistance to individual programs to promote internal capacity; and**
 - Obtain grants and other funding for research and program evaluation.**
- 11. Conduct Community Safety and Accountability Audit(s) (CSAA) in each of the twenty-one counties to examine operations to determine how they can be improved to better address domestic violence across systems responsible for responding to co-occurring domestic violence and child abuse and neglect.**

The objective of these audits is to engage key service providers in a collective effort to:

- **Identify administrative functions (review forms, manuals and training) and whether and how they support the safety of children and adult victims of domestic violence, and hold offenders accountable;**
- **Improve the system's response to victims, children and batterers;**
- **Identify practices geared toward meeting national standards for the safety and well-being of children; and**
- **Develop ways to broaden awareness, understanding, and conceptualization of victim safety and batterer accountability within institutions.**

12. Evaluate the impact of Domestic Violence Case Practice Protocol (DVCPP) periodically to evaluate whether the DVCPP is having the desired outcomes for children, victims and families.

13. Assure that SACWIS contains data elements pertaining to domestic violence. Conduct annual analyses of trends using this information to evaluate NJ performance (CFSR and other standards) in cases where there is domestic violence.

14. Develop a standard operating procedure for police when responding to domestic violence incidents where children are present.

Judicial Branch

1. **Ensure a victim's right to apply for a temporary restraining order at any time of day or night as required by the NJ Prevention of Domestic Violence Act is adhered to.⁴**
2. **Ensure that all those who have contact with victims provide appropriate information in plain language concerning the victims' rights and options to enable victims to make informed decisions.⁵ This should include information about relief available through a restraining order including child support, all other financial relief, relief to address safety for children during visitation with the batterer, and safety for victims during pick up and drop off of children.**
3. **Establish and implement a uniform process for the availability and performance of risk assessments ordered by the court as part of obtaining a restraining order.**
4. **Ensure the safety of victims and children before, during and after parenting time through court orders.**
5. **Develop and implement a uniform statewide approach to monitor batterer compliance with civil restraining orders, bail requirements, and criminal sanctions to remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements and have the legal system be responsible for enforcement.**

⁴ May also be considered under the Executive Branch.

⁵ May also be considered under the Executive Branch.

Legislative Branch

1. **Reconstitute, rename and adequately fund the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence to oversee implementation of the Child and Family Services Review Domestic Violence Work Group recommendations and monitor the effectiveness of new and ongoing programs. This council would ensure the existence of local, county and state collaborative social support systems and services, which are culturally sensitive to the needs of the community and as a result can provide an appropriate response to families who are experiencing violence in the home.**

2. **Provide adequate funding in the Department of Human Services' budget to fund the following under DYFS:**
 - **The training and positions of Domestic Violence Liaison(s) for each DYFS District Office and Adoption Resource Center to assist DYFS workers in effectively investigating, assessing and offering appropriate services to families in which domestic violence is occurring.**

 - **Implementation of safety protocols for DYFS workers responding to domestic violence cases involving child abuse.**

 - **Statewide system for visitation/parenting time.**
 - **Evaluation of the impact of the Domestic Violence Case Practice Protocol**

 - **Development of SACWIS incorporation of domestic violence elements and data definitions, analyses and preparation of reports for management review.**

3. **Pass budget appropriations to adequately fund the following:**
 - **Implementation of a Research Practice Collaborative.**

 - **Statewide system of domestic violence services for adult and child victims and batterers.**

 - **Education of professionals and the general public about domestic violence.**

APPENDIX C.

SUBCOMMITTEE RECOMMENDATIONS AND WORK PLANS

**Child & Family Services Review
Domestic Violence Work Group
Collaboration Subcommittee Task Sheet**

Problem Statement:

Research supports that adults and children are often victims of multiple forms of violence, specifically domestic violence and child maltreatment, in the same family. However, the resources available in communities to address these cases are fragmented and lack a coordinated approach to stop the violence and enable communities to provide women and children with a sense of safety and stability within their neighborhoods by ensuring that perpetrators are held accountable for their behavior. There is a need for communities to take responsibility for ensuring the existence of a comprehensive social service response system, which appropriately addresses the violence. The courts, child protection agency and domestic violence advocates must begin to collaborate, identify community-based services and work in partnership to strengthen and enhance service delivery. Other systems such as law enforcement, education, health care, child welfare, residents, faith based organizations and grass roots agencies must all come together to address the issue of violence in the community.

**Child & Family Services Review
Domestic Violence Work Group
Collaboration Subcommittee Task Sheet**

Recommendation 1. Reconstitute and rename the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence to oversee implementation of the Child and Family Services Review Domestic Violence Work Group recommendations and monitor the effectiveness of new and ongoing programs.

Purpose	To ensure the existence of county and state collaborative social support systems and services, which are culturally sensitive to the needs of the community and as a result can provide an appropriate response to families who are experiencing violence in the home.
Description	The N.J. Council on Domestic Violence shall coordinate on a county and state level with the courts, child protection agency, domestic violence advocates and other community agency representatives to begin the process of integrating services through collaboration.
Action Steps	<ol style="list-style-type: none"> 1. Reconstitute and rename the New Jersey Advisory Council on Domestic Violence to become the New Jersey Council on Domestic Violence; empower and fund this body by legislating its existence; 2. Develop a diverse advisory committee to begin collaborating on issues; 3. Establish regularly scheduled monthly meetings; 4. Coordinate activities with the New Jersey Task Force on Child Abuse and Neglect; 5. Divide into sub-committees to address the issues and work on specific issues (Each sub-committee to develop an action plan to address training issues, service identification, legal, research and evaluation as well as gaps and needs issues.) 6. Identify local groups/organizations responsible for coordinating services in the community, which can be expanded to include the courts, child welfare, domestic violence and other community representatives and advocates; 7. Identify existing coordinating bodies, which may be expanded to include the courts, child protection agency and domestic violence advocates, in an effort to determine gaps and needs; 8. Initiate the collaboration process by meeting with members of the AOC, director of the child protection agency and domestic violence advocates to present the issues, which may include the role of the legal system, social services provision, training/education and research/evaluation.
Lead/Others Responsible	<p>Legislature – to pass legislation as set forth above, with additional and sufficient appropriations. N.J. Advisory Council on Domestic Violence.</p> <p>AOC, child protection agency, domestic violence advocates. Judges (assignment/presiding), child protection and domestic violence advocates.</p>

Timeframe	<p><u>SHORT TERM</u>: 1, 2, 3 and 7 as described in above action steps.</p> <p><u>INTERMEDIATE</u>: 4, 5 and 6 as described in above action steps.</p> <p><u>LONG TERM</u>: Provide a report to the Governor, legislature and Children’s Cabinet on outcomes identified in the short and intermediate time frames as noted above.</p>
Comments	<ul style="list-style-type: none">• The current structure is advisory only. This new body will be responsible for implementation of the recommendations from this report and any future reports from the council.• We need to obtain input from the current N.J. Advisory Council on Domestic Violence.

**Child & Family Services Review
Domestic Violence Work Group
Research and Evaluation Subcommittee Task Sheet**

Problem Statement:

The overlap between domestic violence and child abuse and neglect has been well documented. A review of the research literature found that between 30% and 60% of families served by child welfare systems also experienced domestic violence (Edleson, 1999). A national survey of more than 8,000 families found that 50% of the men who abused their spouses also abused children in their care (Straus and Gelles, 1990). Children, whether as witnesses or additional victims, suffer from domestic violence. Studies have shown that they experience developmental, psychological and behavioral problems, with younger children being the most vulnerable (Edleson, 1999; NC Division of Social Services, 2003). However, safety and security for children and non-abusive parents, substantially ameliorates the negative consequences of domestic violence (Weinstein, 2002).

Programs have been developed over the years for victims of domestic violence, their children and batterers; other programs exist to address the safety of children in situations where there is abuse and neglect. Only recently have interventions emerged that recognize that domestic violence and child maltreatment occurs in the same families. For these new practices, research and evaluation are critical to assure access, appropriateness, quality, effectiveness, and accountability of services provided through multiple systems to adult victims of domestic violence, their children and batterers.

Research-practice collaboratives (RPC) have emerged as important strategies for evidence-based services. The West Side Domestic Abuse Program, a Chicago research-practice collaborative, was formed to provide research-based batterer's intervention programs on Chicago's west side. The clinical portion of the program is based in two locations and provides opportunities for field-based research by researchers from the University of Illinois at Chicago focused on the characteristics of men who batter and the effectiveness of batterer programs in preventing further violence (West Side Domestic Abuse Program website). The Domestic Violence Abuser Research Collaborative was formed by the State of Maryland's Family Violence Council and is made up of 15 Maryland abuser intervention programs and five research institutes, who fulfill the Council's mandate, including responsibility for empirically-based standards for effective interventions with abusers (Abuser Intervention Practice and Research Update, 2002).

The state has sought major transformations of its child welfare system. Included are a number of innovative practices and technological enhancements that could improve DYFS' response to co-occurring domestic violence and child abuse and neglect. Implementation of the Statewide Automated Child Welfare Information System (SACWIS), to begin in FY 2004, will support the efforts of DYFS caseworkers to protect children. Another improvement is implementation of a Domestic Violence Case Practice Protocol to guide DYFS' response to families affected by both child abuse/neglect and domestic violence. The Department also has an interest in innovations that are being tried in other systems or states such as safety and accountability audits, which examine organizational routines and practices to determine whether they ensure the safety of children and victims and the accountability of batterers. It is important to evaluate new or promising practices that may improve safety to assure the desired results. Through such evaluation, new approaches can be fine-tuned to optimize benefits and tailored to meet the needs of New Jersey's children and families.

**Child & Family Services Review
Domestic Violence Work Group
Research and Evaluation Subcommittee Task Sheet**

Recommendation 1. In conjunction with the reconstituted New Jersey Domestic Violence Council, develop a research-practice collaborative for co-occurring domestic violence and child abuse and neglect to carry out research projects designed to do the following:

- **Inform service provision;**
- **Evaluate promising program models;**
- **Provide technical assistance to individual programs to promote internal capacity; and**
- **Obtain grants and other funding for research and program evaluation.**

Purpose	<ul style="list-style-type: none"> • Carry out research projects designed to inform service provision • Evaluate promising program models • Provide technical assistance to individual programs to promote internal capacity • Obtain grants and other funding for research and program evaluation
Description	<p>Develop a program of research and evaluation to assure that NJ practices and programs are supported by a solid empirical evidence base. The types of projects might include studies of:</p> <ul style="list-style-type: none"> • Target populations (numbers/characteristics of people served) • Programs (models, staffing, activities, cost) • Outcomes and effectiveness (recidivism, permanency, child well-being, treatment effects, etc.) • Quality assurance (satisfaction, etc.)
Action Steps	<ul style="list-style-type: none"> • Legislation renaming NJ Advisory Council on Domestic Violence - NJ Council on Domestic Violence with new duties and authority. • Council will develop mission, objectives and a preliminary research agenda for a RPC • Council will develop an action plan specifying how the RPC would be structured, implemented and funded. • Council will develop a plan for how it will provide ongoing oversight for the RPC and disseminate and promote the use of findings. • Council will implement its action plan.
Lead/Others Responsible	<p>NJ Council on Domestic Violence would be responsible for implementation and oversight, including establishing a research agenda and determining the implementation strategy for a RPC. Its plan is contingent upon legislative action renaming the existing NJ Advisory Council on Domestic Violence. For the RPC, the Council could draw from universities and research groups, practitioners, community programs, stakeholders and other interested government agencies to fine-tune the agenda and conduct research and evaluation.</p>

<p>Timeframe</p>	<p><u>SHORT TERM:</u></p> <ul style="list-style-type: none"> • Legislation renaming the Council <p><u>INTERMEDIATE TERM:</u></p> <ul style="list-style-type: none"> • Action plan for RPC implementation and oversight • Research and evaluation agenda <p><u>LONG TERM:</u></p> <ul style="list-style-type: none"> • Creation and perpetuation of an active RPC (2 years, may require additional resources) • Initial studies and dissemination of findings
<p>Examples of Research & Evaluation Projects</p>	<ul style="list-style-type: none"> • Prevalence of co-occurring domestic violence and child abuse/neglect within different human service systems • Meta-analysis of research to identify criteria for model programs, e.g. for dealing with domestic violence in child protection services • Surveys or interviews of batterers designed to identify potential sub-groups for more specialized and targeted services • Need assessments • Surveys of minorities and marginalized people on cultural sensitivity and service accessibility • Impact of family conference teams on recidivism (domestic violence and child abuse/neglect) • Impact of domestic violence on utilization of services recommended by protective service workers • Impact of domestic violence prevention programs on partner violence and child abuse/neglect.

**Child & Family Services Review
Domestic Violence Work Group
Research and Evaluation Subcommittee Task Sheet**

Recommendation 2. Conduct Community Safety and Accountability Audit(s) (CSAA) in each of the twenty-one counties, to examine operations to determine how they can be improved to better address domestic violence across systems responsible for responding to co-occurring domestic violence and child abuse and neglect. The objective of these audits is to engage key service providers in a collective effort to:

- **Identify administrative functions (review forms, manuals and training) and whether and how they support the safety of children and adult victims of domestic violence, and hold offenders accountable;**
- **Improve the system’s response to victims, children and batterers;**
- **Identify practices geared toward meeting national standards for the safety and well-being of children; and**
- **Develop ways to broaden awareness, understanding, and conceptualization of victim safety and batterer accountability within institutions.**

Purpose	<p>Examine operations to determine how they can be improved to better address domestic violence within systems where domestic violence and child abuse/neglect occur. The objectives of audits are to:</p> <ul style="list-style-type: none"> • Identify administrative functions (review forms, manuals and training) • Improve the system’s response to victims, children and batterers • Identify practices geared toward meeting national standards for the safety and well-being of children • Develop ways to broaden awareness, understanding, and conceptualization of safety and accountability within institutions
Description	<p>Monitoring systems should be in place to assure that organizational routines and practices operate individually and in concert with others to assure the safety of children and victims of domestic violence and to punish offenders.</p>
Action Steps	<ul style="list-style-type: none"> • DHS OPPD will cooperate with the DCA Division of Women and Gloucester County on a pilot CSAA (DCA has funding) • The New Jersey Child Welfare Panel will review the findings of the pilot and determine next steps for DHS implementation of CSAA, e.g., focus of audit, staff resources/training, etc. • Community safety and accountability audits will be conducted based on panel’s plan for implementation.
Lead/Others Responsible	<p>NJ Child Welfare Panel created to oversee the transformation of NJ’s child welfare system will provide leadership, calling upon DHS staff and others as needed. DHS will cooperate with DCA and Gloucester County on the pilot project, providing staff support as appropriate.</p>

Timeframe	<p><u>SHORT TERM:</u></p> <ul style="list-style-type: none">• Work with DCA and Gloucester on DHS role for the pilot <p><u>INTERMEDIATE:</u></p> <ul style="list-style-type: none">• DHS/DCA/Gloucester - Pilot audit (staff support/resources)• NJ Child Welfare Panel to review findings and make long-term recommendations <p><u>LONG TERM:</u></p> <ul style="list-style-type: none">• NJ Child Welfare Panel to implement recommendations and provide oversight.
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**Child & Family Services Review
Domestic Violence Work Group
Research and Evaluation Subcommittee Task Sheet**

Recommendation 3. Evaluate the impact of Domestic Violence Case Practice Protocol (DVCCP) periodically to evaluate whether the DVCCP is having the desired outcomes for children, victims, and families.

Purpose	<ul style="list-style-type: none"> • Assure caseworkers are identifying domestic violence and assessing its nature and extent for every DYFS case at all phases of investigation and intervention. • Evaluate whether the DVCCP is having the desired outcomes for children, victims and families.
Description	<p>Conduct study regarding pre and post-implementation of DVCCP to determine whether identification of domestic violence on 9-7's, safety assessments, and on other key documents/reports has increased and take further steps as needed. Evaluate impact on child safety and adult victims.</p>
Action Steps	<ul style="list-style-type: none"> • Develop evaluation design and forms • Collect baseline information • Conduct post-implementation data • Analyze data and prepare first report • Discuss next steps as needed, e.g., CSAA, focus groups, case practice review, etc., include insights of community stakeholders • Develop plan for annual reporting
Lead/Others Responsible	<p>NJ Child Welfare Panel created to oversee the transformation of NJ's child welfare system will provide leadership, calling upon DHS staff, DYFS research/QA staff, community stakeholders, and independent researchers as appropriate.</p>

Timeframe	<p><u>SHORT TERM:</u></p> <ul style="list-style-type: none">• Evaluation design (none if in-house)• Baseline data (some resources) <p><u>INTERMEDIATE:</u></p> <ul style="list-style-type: none">• Post-implementation data collection/entry (some resources)• Data analysis and report (some resources) <p><u>LONG TERM:</u></p> <ul style="list-style-type: none">• Corrective plans as needed• Next steps (resources needed for monitoring corrective plans and next steps)
Comments	If issues or problems are identified through the evaluation, additional research and evaluation may be necessary to get needed information to make appropriate adjustments (e.g., focus groups, CSAA, or case practice reviews).

**Child & Family Services Review
Domestic Violence Work Group
Research and Evaluation Subcommittee Task Sheet**

Recommendation 4. Assure that SACWIS contains data elements pertaining to domestic violence. Conduct annual analyses of trends using this information to evaluate NJ performance (CFSR and other standards) in cases where there is domestic violence.

Purpose	<ul style="list-style-type: none"> • Ensure that management has information needed to evaluate NJ performance (CFSR and other standards) in cases where there is domestic violence. • Provide information for case planning in cases where there is both domestic violence and child abuse/neglect
Description	<p>Use SACWIS data to provide information for management regarding co-occurring domestic violence and child abuse/neglect. Data elements may include:</p> <ul style="list-style-type: none"> • Legal status of children relative to abuser (adopted, foster, biological, etc.) • Relationship of victim to abuser (spouse, girlfriend, friend, other relative) • Living arrangement of victim and of abuser (living together, separating, living apart) • Judicial involvement (restraining order, criminal charges pending, custody dispute, etc.) • Characteristics of abuser (psychiatric history, prior arrests, esp. violence and domestic violence, suicide attempts, substance abuse) • Weapons (own/access to guns) • Threats (harm self, harm victim, harm children, harm others, e.g., in/visiting household) • Domestic violence (# of police reports in past year, victim injuries, child involved/injured, child present) • Victim characteristics (employment, etc.) • Domestic violence services needed by victim, abuser or children • Services provided to victim, abuser, children • Reasons why services not provided
Action Steps	<ul style="list-style-type: none"> • Identify important data elements related to domestic violence for inclusion in SACWIS and develop plan for reporting • Work with SACWIS staff/contractor on data definitions and coding • Develop alternative means of obtaining information for key data elements that cannot be incorporated in SACWIS • Conduct analyses and prepare annual reports.
Lead/Others Responsible	<p>NJ Child Welfare Panel created to oversee the transformation of NJ's child welfare system will provide leadership and oversight; DYFS SACWIS personnel, company with SACWIS contract, community stakeholders and others as appropriate.</p>

Timeframe	<p><u>SHORT TERM:</u></p> <ul style="list-style-type: none">• Identify key data elements (no resources needed)• Identify potential costs/feasibility (no resources needed) <p><u>INTERMEDIATE:</u></p> <ul style="list-style-type: none">• Firm developing SACWIS incorporates DV data elements and develops data definitions (possible resources/costs) <p><u>LONG-TERM</u></p> <ul style="list-style-type: none">• DYFS will conduct analyses and prepare reports for management review.
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**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Contextual Statement:

Historically, domestic violence services have been delivered through the lens of the respective disciplines' guiding principles (child protection, domestic violence), sometimes resulting in a fragmented approach to a multi-faceted problem. There have been two distinct intervention systems, one that offers an array of domestic violence services, including shelter, crisis counseling, individual/group counseling, court legal support and advocacy, and one that provides assistance, protection and support for abused children and families. Often times, the lack of a synoptic approach has led to a sense of powerlessness among these providers and may have also contributed to a less than optimal outcome for child victims and their non-offending parents who are being battered. Given the co-occurrence of adult domestic violence and child maltreatment, new responses from an integrated, coordinated community response system are required of everyone in order to reduce violence in families.

To create safety and enhance the well-being of child and adult victims, and create permanency for child victims and their non-offending parents, while holding the batterer accountable for the domestic violence, an integrated system of service delivery is necessary. This service system should provide a full spectrum of effective, specialized investigatory, assessment, treatment, advocate and support services for adult and child victims, and the appropriate services for batterers. To meet the needs of all families, this service system should have many points of entry, be geographically and financially accessible and be delivered in a culturally competent manner. An understanding of respect for each responder's strengths, limitations, purview, and involvement with DV and CPS will also be required.

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 1. Integrate family-centered practice that considers the safety of both child and adult victims of domestic violence, holding the batterer accountable with current DYFS policies and procedures.

Purpose	To ensure that staff integrates knowledge of domestic violence into each step of case practice with the primary goal of protecting children by keeping the child(ren) and non-offending parent(s)/caregiver(s) safe and together.
Description	DYFS will implement policies to guide staff in case practice and developing case plans in regard to child and adult victims exposed to verbal, physical, and/or sexual violence by batterers. DYFS workers will integrate their knowledge about the case by exploring safety options while considering the adult victims' input. Given that a report made to child protective services can increase the risk for harm to both the adult and child victim, DYFS workers will carefully assess safety and risk to enhance the safety of the mother, which, in turn will enhance the child's safety as well. These investigations, assessments and case plans should consider the unique cultural context for each family.
Action Steps	<p>Examine current DYFS policy as it relates to</p> <ul style="list-style-type: none"> • Identification of domestic violence during course of investigation • Development of investigation strategies that do not involve blaming the non-offending parent • Safety assessments for families affected by domestic violence (e.g., assessing imminent danger to child and non-offending parent despite the absence of physical injury) • Risk assessments for families affected by domestic violence • Workers will thoroughly assess (via safety and risk assessments) the potential for harm to the child from being maltreated or from witnessing domestic violence and develop case/service plans to address this harm. • In cases that rise to the level of child abuse or neglect, substantiating physical abuse and/or neglect (when appropriate) against the batterer and emotional abuse against the batterer for exposing the child to batterer's behavior (i.e., verbal, physical, sexual violence), rather than failure to protect against the non-offending mother is appropriate. • Case monitoring to determine whether the case plan developed by the worker, in conjunction with the adult victim of domestic violence, is based on the results of the assessment. • Services offered to the adult and child victims of domestic violence, as well as batterers, will be based on the needs expressed by the family, as well as those needs identified during the investigation and safety and risk assessments. • All family members will be supported in obtaining the recommended services and DYFS' compliance in doing so will be monitored. <p>The DV Workgroup will inform the DYFS Case Practice Protocol committee with regard to the modification of the case practice protocol to ensure a family centered practice approach that protects the child by protecting the adult victim by holding the batterer accountable for the domestic violence.</p>

Lead/Others Responsible	Child Welfare Panel, DHS, DYFS, NJ Coalition of Battered Women
Timeframe	<u>SHORT TERM:</u> Examine current policy(no resources needed) <u>LONG TERM:</u> Recommendations made Policy modified and implemented

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 2. Identify Domestic Violence Liaison(s) for each DYFS District Office and Adoption Resource Center to assist DYFS workers in effectively investigating, assessing, and offering appropriate services to families in which domestic violence is occurring. This would enhance children’s safety by enhancing the safety of the adult victim.

Purpose	To give DYFS staff access to individuals with advanced level of knowledge regarding domestic violence. This would allow staff to have immediate access to domestic violence case consultations and for each office to join in partnerships at local, regional, and statewide domestic violence meeting and planning groups.
Description	Each DYFS District Office and Adoption Resource Center will have designated Domestic Violence Liaison(s) to provide case consultation and to attend local, regional, and statewide meetings related to domestic violence.
Action Steps	<p>Identify whether designated individual is case carrying staff, other DYFS staff or Lead DV Provider agency staff.</p> <p>Personnel action taken to create the positions or modify current job descriptions/additional funds to Lead DV Provider agencies to provide staff salaries.</p> <p>Appoint and train DV Liaisons</p>
Lead/Others Responsible	DHS, DYFS, DOP, NJ Coalition of Battered Women, Lead Domestic Violence Provider Agencies
Timeframe	<p><u>SHORT TERM</u>: DHS and DYFS to analyze how creation of these positions would be integrated with DYFS Transition Plan(no resources) or NJ Coalition for Battered Women to analyze how creation of these positions would be integrated into their current service array</p> <p><u>INTERMEDIATE</u>: Identify positions and appropriate funds for lead agency identified above</p> <p><u>LONG TERM</u>: Appoint and train liaisons(resources needed)</p>
Comments	(feedback during workgroup-discuss organizational structure, pros and cons of having different positions be the liaison)

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 3. Integrate questions that assess the history of domestic violence in the DYFS application for foster parents, adoptive parents, and other caregivers to ensure the safety of children entering out-of-home care.

Purpose	To further ensure safety of children entering out-of-home care.
Description	Additional questions specifically related to domestic violence history to be added to current DYFS applications for foster parents, adoptive parents, and other caregivers.
Action Steps	<ul style="list-style-type: none"> • Examine how DYFS is currently handling foster parent, adoptive parent, and other caregiver applicants when domestic violence is known. • Formulate questions to be added to application. • Record checks/statewide/national can/should be used. • Submit questions to DYFS Administration and Policy Unit • Questions become policy and appear as part of current applications
Lead/Others Responsible	DHS, DYFS
Timeframe	<p><u>SHORT TERM</u>: Examine how domestic violence histories in applicants are now being handled (no resources) Formulate questions to be added to application(no resources)</p> <p><u>INTERMEDIATE</u>: Submit questions to DYFS so policy can be changed(no resources) Policy modified(no resources) Questions become part of application(no resources)</p> <p><u>LONG TERM</u>: None</p>
Comments	None.

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 4. Extend Human Service Police (HSP) protocols to enhance the safety of DYFS workers as they investigate cases involving domestic violence. HSP/DYFS personnel, in conjunction with law enforcement personnel, will respond as mandated by the laws and procedures of the State of New Jersey governing responses to domestic violence cases.

Purpose	To ensure the safety of DYFS workers investigating cases involving domestic violence
Description	Specific protocols will be implemented mandating how Human Service Police respond to situations involving the safety of DYFS workers as they investigate cases involving domestic violence.
Action Steps	DHS staff working on development of safety protocols.
Lead/Others Responsible	DHS
Timeframe	<p><u>SHORT TERM:</u> Development of safety protocols to be completed (no resources)</p> <p><u>INTERMEDIATE:</u> Implementation of safety protocols for DYFS workers responding to domestic violence cases involving child abuse (resources needed to be allocated)</p>
Comments	Please note: These policies are already standard procedures for police officers and can be adopted/modified as necessary.

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 5. The New Jersey Advisory Council on Domestic Violence will explore the possibility of developing a paid Special Response Team consisting of child protection workers (in cases where an abuse allegation is made) and two special response DV workers, one to meet with both child and adult victims. This would enhance the safety of the adult victim, which, in turn, would enhance the safety of the child by providing seamless crisis services and support to adult and child victims immediately after a domestic violence incident is reported.

Purpose	To develop a Special Response Team consisting of two special response DV workers, one to meet with both child and adult victims, and a child protection workers (in cases where an abuse allegation is made).
Description	A team of professionals that provide on-site (location of DV incident) response to domestic violence to assist the adult victim and child victim (if applicable) in developing safety plans. This would also involve arranging for immediate resources such as financial assistance, food, shelter and medical care. The intervention specialists inform her of the services and options available to her and her children including how to obtain a restraining order and to provide referrals to the appropriate agencies. Information regarding shelters and other resources are also provided depending on the woman’s needs and wishes. This individual should be covered by Victim-Counselor privilege.
Action Steps	To examination of existing Response Team Models in other states (i.e., Project Erin in LA; The DV Response Team in South Florida, and the AWAKE program in Boston) To begin identifying how this could be implemented in conjunction with NJ’s current volunteer response teams; There is a two-hour video conference available that explains how the current volunteer response team operates. East Windsor Police Chief William Spain and Courtney Esposito can provide a one-hour synopsis. To identify funding sources for Response Team staff in Lead DV provider agencies (if this is the employer)
Lead/Others Responsible	NJ Council on Domestic Violence, Lead DV provider agencies, DYFS, Police Departments
Timeframe	<u>SHORT TERM:</u> Examination of other state models (no resources) <u>INTERMEDIATE:</u> To identify funding sources/availability for this project (resources needed) Adaptation of these models to the NJ Domestic Violence (resources needed to be allocated)

Comments	<p>Per the Training and Education Subcommittee's recommendation, the NJ Advisory Council on Domestic Violence will become the NJ Council on Domestic Violence and empower the group by legislating its existence and placing it in DHS such that this Council can carry out the recommendations of the Governor's DV work group. As such, the Council will review this recommendation and determine how to best incorporate a paid response team into the previous existing volunteer response team. This will include careful consideration of what providers will be included on the team, as well as safety for response team members and child and adult victims. This is an issue that should be carefully considered as responding on-site at the time of crisis is not safe and safety planning would not occur at that time. This may be a crime scene and should not be disturbed. Next in the needs hierarchy would be medical assistance, which is determined by police when they respond, followed by food, drink, sleep, shower. The perpetrator may be quickly bailed out or released on his own recognizance. It's a very complex process and for a county like Essex, several individuals in several areas would be needed, as well as 60+ hours of training, followed by ongoing supervision.</p>
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**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 6. Develop formal, comprehensive visitation programs that are safe and geographically accessible to all during visitation, drop-offs, and/or parenting time with the batterer in cases involving domestic violence.

Purpose	To provide safe child victim-centered visitation.
Description	Supervised visitation program for families, DYFS-involved and non-DYFS involved. For those families involved with DYFS, this could involve an expansion of contracts with agencies currently offering visitation services. These agencies would need specialized training in domestic violence issues to ensure the safe supervision of these visits for both the child and adult victim. For those families not involved with DYFS, there is a possibility that funding can be accessed through monies designated for child support visitations. These Centers should be established in every county, so they are accessible to all families.
Action Steps	To examine visitation models that have been demonstrated as effective To make recommendations for the best possible visitation model for NJ To remain in contact with Director of Child Support to obtain upcoming funding report regarding monies that may be available to support such a visitation program.
Lead/Others Responsible	Various DHS Divisions, NJ Council on Domestic Violence, NJ Coalition of Battered Women, Court and Law Enforcement System
Timeframe	<p><u>SHORT TERM:</u> To examine effective visitation models (no resources needed) To make recommendations for a model visitation program To obtain funding report from Director of Child Support</p> <p><u>INTERMEDIATE:</u> To form task force to develop implementation plan for visitation program</p> <p><u>LONG TERM:</u> Allocate resources to fund a statewide system for visitation/parenting time. Implement statewide system of Centers that provide for safe visitation/parenting time between the child and batterer.</p>
Comments	Please refer to Recommendation #5 made by the DV Work Group Legal System Subcommittee which refers to legal procedures for ensuring the safety of the child and/or adult victims both before and after parenting time. You will need armed officers present and weapons checks.

**Child & Family Services Review
Domestic Violence Work Group
Treatment and Services Subcommittee Task Sheet**

Recommendation 7. Integrate a full spectrum of effective, specialized, geographically accessible and culturally competent assessment, treatment, and support services for adult and child victims, and batterers that has many points of entry.

- **Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to child victims of domestic violence.**
- **Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to adult victims of domestic violence and/or non-offending parents.**
- **Provide a full spectrum of state-of-the-art, specialized assessment, treatment, and support services to batterers in domestic violence.**

Purpose	To ensure that a full spectrum of effective, specialized assessment, treatment, and support services are available to all families affected by domestic violence in each county of the State of NJ.
Description	<p>A statewide system of specialized assessment, treatment, and support services for adult and child victims and batterers.</p> <p>This service system should encompass the following characteristics as outlined by Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice:</p> <ul style="list-style-type: none"> • First and foremost, the respective services should be provided by professionals who have expertise in the area of domestic violence. • Services provided soon after problem identified and in settings appropriate for the family • Service providers are trained to respond appropriately to multiple victims within the family (i.e., child and adult) • Services are offered to adult and child victims in a respectful and non-blaming manner. • Services are provided in a seamless and consistent manner to minimize the number of providers involved with the family. • Service providers collaborate with other providers and community groups on behalf of the client. • Services are provided in a culturally competent manner. • Community leaders and elected officials provide adequate resources to allow service providers to meet the family's needs and prevent out-of-home placement of children.

<p>Action Steps</p>	<p>This subcommittee, in conjunction with the assistance of DYFS staff, is in the process of compiling a list of services that are currently available for adult and child victims and batterers in each county in the state of New Jersey to identify gaps and service needs.</p> <p>After available services have been identified, additional research on the accessibility, and delays in receiving services (waiting list), will also be conducted.</p> <p>Based on this service evaluation, recommendations for additional or enhanced services will be made. There should be parity among all counties in the state with regard to type and quality of assessment, treatment, advocacy and support services provided to child and adult victims and appropriate services for batterers. Fiscal impact study in implementing on recommended services should be done.</p>
<p>Lead/Others Responsible</p>	<p>Various DHS Divisions, NJ Council on Domestic Violence, NJ Coalition of Battered Women, Community Stakeholders</p>
<p>Timeframe</p>	<p><u>SHORT TERM:</u> Research and Compile list of services for adult and child victims and batterers currently available in each county across the state (no resources)</p> <p><u>INTERMEDIATE:</u> Make recommendations for additional/enhanced services for adult and child victims and batterers which results in parity across counties in type and quality of DV services available.</p> <p><u>LONG TERM:</u> Fiscal Impact study Allocation of funding for a statewide system of DV services for adult and child victims and batterers Implementation of all recommended services to fill service gaps.</p>

**Child & Family Services Review
Domestic Violence Work Group
Education & Training Subcommittee Task Sheet**

Contextual Statement:

Given the pervasiveness of domestic violence in our communities and the current insufficient responses and lack of collaborative services, the outcomes of safety, permanency, and well being are not being adequately achieved for victims and their children. Education is the fundamental component to the improvement of a coordinated community response, including all services and systems that interact with the diverse group of women, children, and families, who are experiencing domestic violence in their lives. We ALL must protect and provide for the abused women in order to provide for the welfare of the child or children in the family. Therefore, our primary recommendation is to include domestic violence and child welfare education/training as part of licensing, certification, and/or continuing education requirements of professionals and para-professionals, who provide services to victims of domestic violence and their families. We also recommend a mass general campaign of education and awareness as well as a targeted campaign to include un/under-served communities regarding domestic violence and child welfare.

**Child & Family Services Review
Domestic Violence Work Group
Education & Training Subcommittee Task Sheet**

Recommendation 1. Mandate initial and ongoing education in domestic violence and child welfare as a part of licensing, certification, and/or continuing education requirements for ALL professionals and para-professionals working with women, children or families to ensure that professionals and para-professionals who come into contact with women, children and families are educated and trained in identifying and responding appropriately to family violence. These professionals and para-professionals include, but are not limited to the following professionals: Social workers, DYFS supervisors and line staff, law enforcement, judiciary, school personnel, Division of Family Development (DFD), County Welfare Agency (CWA) staff, health care and mental health care providers and their para-professionals (as appropriate), counselors (for example, substance abuse), clergy counselors and educators.

Purpose	To ensure that professionals and para-professionals who come into contact with women, children and families are educated and trained in identifying and responding appropriately to suspected family violence.
Description	<p>(a) Develop an appropriate curriculum by selecting, adapting and/or building upon existing, proven model curricula (or a few curricula for different professional groups). Training curricula should include but not be limited to the following topic areas as they relate to domestic violence and child welfare:</p> <ul style="list-style-type: none"> • Dynamics of domestic violence: family, child, victim, and batterer’s perspectives (e.g., insights into the victim’s experiences; effects of witnessing domestic violence on the children, etc.) • Cultural Appropriateness • Federal/State legislation • State laws and policies • Reporting laws • Child custody and visitation • Differences in child welfare and domestic violence advocates’ missions • Local/community and state resources • Batterer accountability • Batterer as a parent • Identification and assessment • Safety interventions • Safety plans • Substance abuse • Mental health issues <p>(b) Recruit educators/trainers who have expertise in different areas;</p>

	<p>(c) Coordinate the contents of the trainings; (d) Provide the trainings; and, (e) Provide curricula recommendations to the licensing boards and regulatory bodies overseeing the professional/para-professionals.</p>
Action Steps	<p>Reconstitute and rename the N.J. Advisory Council on Domestic Violence to become the N.J. Council on Domestic Violence (Council). Empower and Fund the N.J. Council on Domestic Violence by legislating its existence and placing it in but not of DHS such that the Council can implement the recommendations of this workgroup (Education, Training and Awareness Campaign).</p> <p>The Council will be charged with creating a diverse advisory group comprised of experts in the field of domestic violence and child welfare to develop (a) – (e) above.</p>
Lead/Others Responsible	<p>Legislature – pass legislation as set forth above, with additional and sufficient appropriations. New Jersey Advisory Council on Domestic Violence. Collaborative relationships with all professional organizations/boards and persons who will be involved in the training (of the curricula).</p>
Timeframe	<p><u>SHORT TERM:</u> Legislation as set forth above as well as (e) above.</p> <p><u>INTERMEDIATE:</u> (a) – (c) and continuing with (e) above.</p> <p><u>LONG TERM:</u> (d) above.</p>
Comments	<p>None.</p>
Examples of Research & Evaluation Projects	<p><u>EXAMPLES OF SHORT-TERM PROJECTS:</u> Setting up the diverse advisory group. Breaking the group up into particular professional/para-professional sections to develop (by selecting, adapting and/or building upon existing, proven models of curricula) the specific curriculum.</p> <p><u>EXAMPLES OF INTERMEDIATE PROJECTS:</u> Developing (by selecting, adapting and/or building upon existing, proven models of curricula) the specific curriculum for each of the professional/para-professionals. Contacting Licensing Boards/ Regulatory bodies of same.</p> <p><u>EXAMPLES OF LONG-TERM PROJECTS:</u> Implementing training, improving same, etc.</p>

Recommendation 2. Improve public and individual community awareness about the dynamics of domestic violence, the effects of domestic violence on women and families, and promote family non-violence via the media, distribution of printed material, and other appropriate means to eradicate the “hidden” epidemic of domestic violence and to inform society of the pervasiveness of domestic violence.

Purpose	To eradicate the “hidden” epidemic of domestic violence and to inform society of the pervasiveness of domestic violence.
Description	The Council will be charged with creating a diverse advisory committee to develop a mass campaign for the general public and individual communities in raising awareness. Outreach much include un/underserved communities such as Deaf and Hard of Hearing, Blind and Visually Impaired and other physically disabled people.
Action Steps	Recruit experts from underserved minority communities of N.J. to transform the larger campaign set forth below to culturally and linguistically appropriate tributary campaigns that target individual communities. Design a targeted public awareness to be inclusive of all people as domestic violence crosses all ethnic/class/culture.
Lead/Others Responsible	Same as below with community based agencies/groups in targeted underserved/minority communities.
Timeframe	<p><u>SHORT TERM:</u></p> <p><u>INTERMEDIATE:</u> Same as above.</p> <p><u>LONG TERM:</u></p>
Comments	None.

**Child & Family Services Review
Domestic Violence Work Group
Education & Training Subcommittee Task Sheet**

Recommendation 3. Provide specialized, culturally appropriate domestic violence education to all religious, faith based and/or spiritual communities with an emphasis on reaching out to diverse religious and spiritual communities including, but not limited to: Zoroastrian, Native American, Muslim, Jewish, Hindu, Christian, Buddhist, and Jain to be inclusive and reach communities that often get left out of domestic violence education and training.

Purpose	To be inclusive and reach communities that often get left out of domestic violence education and training.
Description	The Council will be charged with developing a diverse advisory committee to develop a mass campaign geared towards reaching the above communities and provide culturally appropriate education and training as set forth above for professional and para-professionals.
Action Steps	Same as above.
Lead/Others Responsible	Same as above (with collaboration with religious/spiritual communities/groups).
Timeframe	<p><u>SHORT TERM:</u></p> <p><u>INTERMEDIATE:</u> Same as above.</p> <p><u>LONG TERM:</u></p>

**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Problem Statement:

The New Jersey Prevention of Domestic Violence Act (Title 2C:25) in the section on findings and declarations outlines the legislative intent of the law. Originally passed in 1981, it still provides the context for recommendations concerning the legal system.

The Legislature finds and declares that domestic violence is a serious crime against society; that there are thousands of persons in this State who are regularly beaten, tortured and in some cases even killed by their spouses or cohabitants; that a significant number of women who are assaulted are pregnant; that victims of domestic violence come from all social and economic backgrounds and ethnic groups; that there is a positive correlation between spousal abuse and child abuse; and that children, even when they are not themselves physically assaulted, suffer deep and lasting emotional effects from exposure to domestic violence. It is therefore, the intent of the Legislature to assure the victims of domestic violence the maximum protection from abuse the law can provide.

The legislature further finds and declares that even though many of the existing criminal statutes are applicable to acts of domestic violence, previous societal attitudes concerning domestic violence have affected the response of our law enforcement and judicial systems, resulting in these acts receiving different treatment from similar crimes when they occur in a domestic context. The Legislature finds that battered adults presently experience substantial difficulty in gaining access to protection from the judicial system, particularly due to that system's inability to generate a prompt response in an emergency situation.

It is the intent of the Legislature to stress that the primary duty of a law enforcement officer when responding to a domestic violence call is to enforce the laws allegedly violated and to protect the victim. Further, it is the responsibility of the courts to protect victims of violence that occurs in a family or family-like setting by providing access to both emergent and long-term civil and criminal remedies and sanctions, and by ordering those remedies and sanctions that are available to assure the safety of the victims and the public. To that end, the Legislature encourages the training of all police and judicial personnel in the procedures and enforcement of this act, and about the social and psychological context in which domestic violence occurs; and it further encourages the broad application of the remedies available under this act in the civil and criminal courts of this State. It is further intended that the official response to domestic violence shall communicate the attitude that violent behavior will not be excused or tolerated, and shall make clear the fact that the existing criminal laws and civil remedies created under this act will be enforced without regard to the fact that the violence grows out of a domestic situation.

The recommendations that follow are intended to facilitate and improve compliance with the legislative intent of the law, which is safety for victims and children and batterer accountability.

**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Recommendation 1. Ensure a victim’s right to apply for a temporary restraining order at any time of day or night as required by the NJ Prevention of Domestic Violence Act is adhered to.

Purpose	To ensure victims can seek a temporary restraining order when needed.
Description	<ul style="list-style-type: none"> • Municipal court judges shall be available after hours, on weekends, and holidays when the Family Court is closed. • Police shall respond to a victim’s request for a restraining order after hours, on weekends, and holidays when the Family Court is closed.
Action Steps	<ul style="list-style-type: none"> • Establish policies and procedures to register a complaint with the courts if a municipal court judge is unavailable to issue a TRO. • Establish policies and procedures to register a complaint with the County Prosecutor about law enforcement officers or agencies that do not assist victims in securing temporary restraining orders when the Family Court is closed. • Disseminate policies and procedures to police, municipal court judges, court administrators, county prosecutors, legal services, DYFS case workers, domestic violence programs and all interested parties.
Lead/Others Responsible	Administrative Office of the Courts and the Division of Criminal Justice/ with county family court divisions, county prosecutors, municipal court judges, police, domestic violence programs and DYFS.
Timeframe	<p><u>SHORT TERM</u>: establish phone number and task force to develop policies and procedures.</p> <p><u>INTERMEDIATE</u>: Approve and disseminate policies and procedures.</p> <p><u>LONG TERM</u>: Investigate complaints and take appropriate action with law enforcement and judges who are not following procedures.</p>
Comments	Victims will not access the legal system if it is unresponsive to their needs.

Examples of Research & Evaluation Projects	<p><u>EXAMPLES OF SHORT-TERM PROJECTS:</u> Analyze complaint calls to identify problem municipalities.</p> <p><u>EXAMPLES OF INTERMEDIATE PROJECTS:</u> Review municipalities after remedial action is taken.</p> <p><u>EXAMPLES OF LONG-TERM PROJECTS:</u> Identify gaps in service or other needs that prevent municipalities from complying with the law for victim 24 hour access to TROs.</p>
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**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Recommendation 2. Ensure that all those who have contact with victims provide appropriate information in plain language concerning the victims' rights and options to enable victims to make informed decisions.

Purpose	Inform victims of all relief available through a restraining order including child support, all other financial relief, and relief to address safety for children during visitation with the batterer and safety for victims during pick up and drop off of children.
Description	All those who have contact with victims will inform them and explain in plain language all of the relief available through a restraining order under the Prevention of Domestic Violence Act. Victim advocates will be available in communities through Crisis Response Teams and pro bono legal representation.
Action Steps	<ul style="list-style-type: none"> • Incorporate an emphasis on informing the victim of all options in training of Domestic Violence Hearing officers, legal advocates, attorneys, DYFS workers, police and crisis response teams. • Implement policies and procedures requiring family court domestic violence unit staff, hearing officers and DYFS workers to advise victims of the available options under the act. • Develop plain language material clearly explaining each of the provisions to victims. • Establish procedures requiring distribution of information on available options to victims by police at the time of entry of the DVRO and again by Family Court staff at the time of the final DVRO hearing. • Replicate pro bono programs for legal assistance to victims unable to afford counsel to provide legal representation to victims at final DVRO hearings. • Comply with the statutory mandate for Crisis Response Teams in every police department by including sufficient funds in the budget each year for grants to establish teams for police departments where they do not yet exist and Crisis Team Coordinators at domestic violence programs in each county.
Lead/Others Responsible	Administrative Office of the Courts and Division of Criminal Justice/ DYFS, domestic violence programs, crisis response teams, police.

Timeframe	<p><u>SHORT TERM</u>: Incorporate focus on options in current training</p> <p><u>INTERMEDIATE</u>: Develop policies, procedures and materials.</p> <p><u>LONG TERM</u>: Secure additional funding.</p>
Comments	<p>There are a number of pro bono programs available such as Rutgers Law School (Camden and Newark), Partners for Justice, Women’s Law Project, Legal Services of NJ, local legal services, and projects at domestic violence programs in Bergen, Morris and Hunterdon Counties. These are all good projects, but they are not available in all counties and can not meet the demand for services.</p>

Recommendation 3. Develop a standard operating procedure for police when responding to domestic violence incidents where children are present.

Purpose	<p>To ensure safety of victims and children by implementing a uniform police approach to domestic violence incidents where child abuse is also a factor.</p>
Description	<p>Police statistics indicate that children are often present or involved where domestic violence occurs. Police response should be uniform and consistent to protect victims and children when there are safety concerns.</p>
Action Steps	<ul style="list-style-type: none"> • Develop a standard operating procedure for police reports to DYFS that outlines facts and circumstances consistent with reportable child abuse in the context of a domestic violence incident. • The guidelines should stress that routine reporting based solely on a child being present during a DV incident is neither required nor effective. • Disseminate procedure and train police to use it.
Lead/Others Responsible	<p>Division of Criminal Justice/ DYFS, DHS Director of Public Safety, NJCBW</p>
Timeframe	<p><u>SHORT TERM</u>: Develop standard operating procedure.</p> <p><u>INTERMEDIATE</u>: Disseminate procedure and train police.</p> <p><u>LONG TERM</u>: Incorporate procedure into ongoing and regular domestic violence training.</p>
Comments	<p>This is an important element in implementing the DYFS Domestic Violence Case Practice Protocol.</p>

**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Recommendation 4. Establish and implement a uniform process for the availability and performance of risk assessments ordered by the court as part of obtaining a restraining order.

Purpose	To protect children, ensure their safety and the safety of victims, and comply with the statutory mandate to assess the risk of harm to children during visitation with the batterer.
Description	The Prevention of Domestic Violence Act states that “the court shall consider a request by a custodial parent who has been subjected to domestic violence by a person with visitation rights to a child in the parent’s custody for an investigation or evaluation by the appropriate agency to assess the risk of harm to the child prior to the entry of any visitation order.” The risk assessment must be granted by the court unless the request is found to be arbitrary or capricious.
Action Steps	<ul style="list-style-type: none"> • Develop an SOP for responding to DYFS case worker and/ or non family court personnel risk assessor’s requests for information about the parent(s), the batterer, and other adults living in the home, and the existence of a restraining order on the central registry. • Disseminate the SOP to County Prosecutors and police departments. • Adopt a comprehensive definition of the Risk Assessment provided for by the NJ Prevention of Domestic Violence Act, including information required as part of the assessment, criteria for appointment of a qualified psychologist or other appropriate professional to perform the assessment and provide opinions and recommendations to the Court, and timelines and implementation of the assessor’s recommendation that additional information be obtained or tests conducted. • Include in the Domestic Violence Procedures Manual the requirement of a written finding in every instance in which the victim’s request for a risk assessment is denied. • Immediately include in the Domestic Violence Procedures Manual that completion of the current risk assessment found in the Manual is required in all cases in which a victim’s request for a risk assessment is granted. • Establish and include in the Manual a basic procedure requiring that the risk assessment form and all related documentation should be submitted to the court in conjunction with a scheduled court review.
Lead/Others Responsible	Administrative Office of the Courts/ DYFS, Division of Criminal Justice, NJCBW

Timeframe	<p><u>SHORT TERM</u>: Develop SOP for granting information to DYFS and non family court personnel risk assessors of information from the Central Registry, disseminate SOP, require use of risk assessment form until new criteria developed.</p> <p><u>INTERMEDIATE</u>: Develop risk assessment criteria.</p> <p><u>LONG TERM</u>: Make changes to DV Procedures Manual</p>
Comments	<p>The AOC DV Procedures Manual includes a recommended risk assessment form. However, there are no uniform guidelines or procedures for determining whether further forensic interviews or evaluation are required or for identifying the requisite qualifications, training and experience for evaluators. Risk assessments are not frequently requested or ordered as compared to the number of domestic violence arrests either involving children or in which children are present. The discrepancy between the number of situations in which a risk assessment would be appropriate and prudent and the number of risk assessments requested and granted is likely attributable to the systemic failure to communicate information to victims and or DYFS caseworkers regarding the availability of risk assessments at the time when this information can be used by victims to obtain this relief, before the final order hearing. The discrepancy between the number of situations in which a risk assessment would be appropriate and prudent and the number of risk assessments requested and granted is likely attributable to the systemic failure to communicate information to victims and or DYFS caseworkers regarding the availability of risk assessments at the time when this information can be used by victims to obtain this relief before the final order hearing.</p>

**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Recommendation 5. Ensure the safety of victims and children before, during and after parenting time through court orders.

Purpose	Provide for safe exchange of children between the batterer and the victim for parenting time.
Description	Court ordered parenting time and the exchange of children often is used by the batterer to further abuse the victim, use the children to report on the victim, or abuse the children as a way of coercing the victim into returning. Safeguards need to be put in place to insure safety for victims and their children when parenting time with the batterer is ordered.
Action Steps	<ul style="list-style-type: none"> • Prior to court authorization of custody or visitation, require a batterer seeking sole or joint custody, supervised or unsupervised visitation in a family court case, who has been convicted of an indictable domestic violence offense, to produce clear and convincing evidence of the completion of an appropriate risk assessment of danger to the child and that the requested level of contact is deemed safe. Require the batterer to produce evidence that he is not abusing alcohol or drugs and that such custody or level of visitation is in the child’s best interest. • Based on the risk assessment or other reasons established on the record, enter court orders for defendant psychological or psychiatric evaluation, substance abuse evaluation and treatment. • Courts should consider the history of domestic violence, whether reported or unreported, including the existence of prior restraining orders, and child abuse when deciding custody of minor children outside of restraining order hearings. • Courts should enter a court order for supervised visitation or supervised pick up and drop off of children during court ordered parenting time when warranted by risk assessment or other information or grounds. • Supervised pick-up or drop-off provisions should include specific, understandable and enforceable time and date schedules. • The definition of supervised visitation and or supervision for purposes of pick-up and drop off should be clarified to require a qualified supervisor. A “qualified supervisor” should be able to understand the short and long term effect of child exposure to domestic violence, understand the damage to children of negative talk about the victim and not supporting her as a parent, accept how the violence has contributed to separation from partner and children, the need for the batterer to take responsibility for the violence, the need for close emotional support of children, and consistent emotionally involved parenting. • A pilot supervised visitation center program should be funded and established in order to provide information as to cost, effectiveness, level of services, best practices for coordination with other providers and coordination of activities with the court.

Lead/Others Responsible	Administrative Office of the Courts and DYFS/ Supreme Court State Domestic Violence Working Group, NJCBW, DHS Children's Services
Timeframe	<u>SHORT TERM</u> : Review Court procedures for all court issues <u>INTERMEDIATE</u> : Establish pilot program <u>LONG TERM</u> : Review pilot program for best practices and expand program statewide.
Comments	A supervised visitation center pilot program(s) should be designed to protect and foster the children's best interests and safety, which can be done through a Safe Haven structured supervision program. Any supervised visitation center should include adequate physical space, supervised visitation, supervised visitation pick up and drop off, and counseling for the children impacted by family violence.

**Child & Family Services Review
Domestic Violence Work Group
Legal System Subcommittee Task Sheet**

Recommendation 6. Develop and implement a uniform statewide approach to monitor batterer compliance with civil restraining orders, bail requirements, and criminal sanctions to remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements and have the legal system be responsible for enforcement.

Purpose	To remove the burden from the victim of reporting and returning to the court when the batterer does not comply with court ordered requirements and have the legal system be responsible for enforcement.
Description	Batterers often do not comply with civil court orders, bail requirements, or criminal sanctions. As of December 31, 2002, Probation was supervising 2385 domestic violence offenders statewide with an average caseload size of 66.5 clients per probation officer. Only one batterer's program has been set up to routinely report and monitor batterers' compliance with court orders. Resources for monitoring all batterers in both civil and criminal court are very limited. If batterers know that nothing will happen if they do not comply with the court order, safety of victims and their children is not guaranteed.
Action Steps	<ul style="list-style-type: none"> • Statewide policies and procedures for the supervision of domestic violence offenders should be developed and implemented. These policies should be consistent with best practices as recommended by the National Council of Juvenile and Family Court Judges and the experience of NJ Probation officers in working with these offenders. Monitoring batterer compliance should occur in all cases in which a mental health evaluation, counseling, batterer intervention program, substance abuse evaluation or treatment, risk assessment, and/or child visitation with specific restrictions relative to safety and contact issues, including supervised visitation, has been ordered in civil domestic violence final orders, bail conditions entered in pending domestic violence criminal cases, or conditions entered as part of a sentence in domestic violence criminal cases. Monitoring batterer compliance should also occur in all cases in which defendant has been ordered to comply with any condition including no contact with the victim or obeying the restraining order when imposed as part of bail conditions entered in pending domestic violence criminal cases, conditions entered as part of a sentence in domestic violence criminal cases, or a supervised probation term as a condition of sentencing. • Develop and recommend to the Supreme Court for adoption a set of uniform special Conditions of Probation for Domestic Violence Cases. • Court orders should include provisions for monitoring by either a probation officer or through periodic in court review to ensure the batterer's compliance with the order. • A copy of the defendant's Special conditions should be provided to the victim. • Probation officers providing supervision of domestic violence probationers should have full access to all relevant information about the DV incident and the batterers domestic violence history. • The 1992 NJ 11 Conference of Chief Probation Officers DV supervision policy that dv offenders be classified at maximum supervision levels, with appropriate ratios of offender to officer should be followed.

	<ul style="list-style-type: none"> • Failure to comply with bail or sentencing conditions and/or the commission of new violations should generate a violation of probation or other enforcement proceeding in the appropriate court at the earliest possible time. Provision must be made to schedule DV/VOPs on an expedited basis, in order to minimize the impact of the increased risk present in the event the batterer is, in fact, failing to comply with conditions. Provision should be made for emergent return dates depending on the severity of the situation. If defendant fails to appear a warrant should issue immediately.
Lead/Others Responsible	The conference of Chief Probation Officers, AOC, NJCBW
Timeframe	<p><u>SHORT TERM</u>: Develop recommendations.</p> <p><u>INTERMEDIATE</u>: Approve recommendations.</p> <p><u>LONG TERM</u>: Implement recommendations.</p>
Comments	<p>These recommendations call for the assignment of a probation officer to supervise defendant's compliance with restraint, counseling, substance abuse and similar conditions in those cases where defendant is released on bail or sentenced on a domestic violence offense. In those instances in which there is no outstanding criminal matter involving the defendant, in-court review and intake staff monitoring to assure defendant's compliance with conditions is recommended. In those cases in which a Probation officer is not otherwise assigned to assure compliance, periodic in-court reviews should be scheduled until outstanding conditions have been met and the defendant has maintained a record of compliance with all restraining order conditions.</p> <p>Appointment of a pre-dispositional probation officer to monitor defendant's compliance with bail conditions is recommended.</p>