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CPS: Closing the Distance Between Domestic Violence Advocacy and Child Protective Services

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The following article was originally published in 2003. While much of the critique and analysis contained here is still relevant, efforts have been undertaken, and are currently underway, to address major concerns. Both Washington state victim advocates and workers at DSHS Children's Protective Services are engaged in this process. There is much work to be done.

Introduction

> *"The deep changes . . . at hand . . . leave no room for the strongest allies of women and children to be at odds." – Ellen Pence & Terri Taylor*[1]

Child protective services (CPS) and domestic violence programs increasingly are coming into close contact. Individual advocates and caseworkers have long crossed paths while working toward safety for families— often as adversaries and sometimes in partnership. Agency representatives sit together on local domestic violence councils. In many states, CPS administers state funding for local domestic violence (DV) programs, establishing contractual relationships. CPS and DV programs have also partnered in other efforts to better coordinate services, for example, the use of domestic violence advocates in child protective services branch offices. And recently, national associations, prominent foundations, federal agencies, and leading researchers in both fields[2] are drawing the two systems towards each other through the discourse on the overlap of domestic violence and child maltreatment (usually defined as the inclusive term for physical abuse/sexual abuse and neglect).

This article draws primarily on collaboration efforts between domestic violence agencies and CPS in Oregon, my observations as a long- time domestic violence and sexual assault advocate, and a few key resources, including a recent report by Ellen Pence and Terri Taylor of Praxis International. The effort to span the distance between DV agencies and CPS in Oregon stretches many years with the work of a statewide committee of CPS workers and policy makers, along with DV advocates and program directors. Using a variety of funding opportunities, several Oregon DV programs have placed DV advocates in CPS offices. Lane County, Oregon is one of the six Greenbook Initiative demonstration sites (see p. 196). The Greenbook collaboration brings together local DV and CPS staff and connections to peers across the country.

I began my domestic violence work thirteen years ago as a children's program volunteer at my local DV shelter, and have been working to end violence against women ever since. After six years with the DV program, three years working exclusively with healthcare providers and another two directing a sexual assault agency, I've come full circle back to thinking about battered women and their children as co-director of the Lane County Greenbook site.[3]

In 2001-02, Praxis International consultants worked with three communities wanting to examine CPS interventions in domestic violence cases. Teams in Minnesota on behalf of Minnesota Program Development, Inc. and in El Paso County, Colorado (a Greenbook Initiative demonstration site) intensely reviewed a small number of case files. The consultants worked with the Greenbook site in St. Louis, Missouri, to conduct a series of focus groups and interviews. In May 2003, Praxis released a summary of the three consultations, *Building Safety for Battered Women and their Children into the Child Protection System*. This publication provides a detailed look at key structural limitations of CPS administrative and conceptual practices. Not surprisingly, many of the

problematic practices discussed by Pence and Taylor in the Praxis report are also the focus of recommendations found in *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practices*, the publication otherwise known as "The Greenbook," due to the color of its cover.

While a great deal of writing has discussed the need for DV agency and CPS collaboration[4], these partnerships are complex, often uneasy, and ever evolving. They demand the assessment of internal practices, structures, and expectations. Once internal structural barriers are identified, strategies to address the barriers need to be developed. This kind of internal work requires staff investment at all levels of the organization. There are persistent collaboration issues or points of tension and conflict that call for shared energy and attention. Power inequities, the complexities of information sharing and confidentiality, and the conflicts presented when women are mandated to receive services reveal the ongoing friction between the roles of advocates and CPS workers. This article will explore some internal structural barriers of both CPS and domestic violence programs and persistent collaboration issues through critical thinking questions.

> *"The problem lies less in what goes on in the heads of workers [CPS] than in how workers are institutionally required, directed, guided, resourced, and organized to think about and act in these cases." – Pence & Taylor[5]*

Key Structural Barriers

Commonly, CPS social workers and domestic violence advocates share a vision of a world without violence. Both caseworkers and advocates are giving all they've got to ensure safety for those who have been harmed by the people who are supposed to love and protect them. Both work in established agencies organized in specific ways, resourced and directed by institutional forces beyond the control of the individual caseworker or advocate. It is the barriers created by institutions that must be addressed with strategies broader than training or supervision. Once identified, these barriers require significant transformation in policy and practice. Transformative thinking is currently impacting child welfare and being explored by DV programs across the country. Borrowing Pence and Taylor's language to pose our questions, we'll explore some of the key structural barriers for consideration by CPS and DV advocates.

Child Protective Services

What are the institutional requirements, direction, and guidance of CPS that creates barriers?

Case file documentation. The focus is all on moms. Cases are opened under the mother's name and proceed through assessment, investigation, and case planning focused on her decision-making, cooperation, and progress. There is often little or no documentation of the batterer's endangering behaviors and control tactics. CPS workers appear to have much less contact or information about battering partner/parent. Often bullied, manipulated, and intimidated by batterers,[6] CPS workers are not trained to use practices that make the dominant aggressor the primary focus

of their case planning and monitoring. The lack of the batterer's abuse history in the case file undermines safety planning and results in poor case planning. This limits the ability of CPS or the court to hold batterers accountable for their violence, and reinforces to everyone—batterer, mother, and children—the batterer is powerful, unstoppable, and not responsible for his actions. Pence and Taylor identify this lack of focus on the batterer as "the primary issues in the majority of cases," which they called the "crux of the problem," concluding, "the mothers were left with almost full responsibility to undo the harm to their children, not because the workers were victim blamers, but because they were not institutionally organized to directly intervene with male offenders."[7] At this writing, the Greenbook demonstration sites are in the process of collecting and analyzing data from large numbers of CPS case files. Preliminary findings indicate these problematic documentation practices are echoed in CPS files in Lane County, Oregon in a sample from 2001, prior to the implementation of the demonstration site strategies.

When domestic violence *is* documented in case files, there are additional complications. Once domestic violence is identified, the system expectation is for the mother to end the relationship with her abusive partner or be found to have failed to protect her children. The documentation of violence also results in quick movement toward removal of children from the mother's care and the batterer's access—even when removal and placement in alternative care is known to be extraordinarily traumatic for children, particularly when they already fear for their mother's safety. The decision-making process guiding removal of children from their non-offending battered mothers is a primary focal point of the Greenbook recommendations. Work to impact policy and practice regarding this key decision point is ongoing at all six Greenbook demonstration sites.

Caseworkers trained to "document with an eye toward providing a rationale for removing children, should that become necessary,"[8] do not sufficiently reflect the battered women's attempts to seek help, nurture or protect their children. While a mother's lack of cooperation with CPS mandates is documented, her efforts to keep her family stable and together are not. Though long familiar to many advocates, the complexities of mothers' protective strategies and the mechanisms by which batterers undermine the parenting relationships between mothers and children are newer areas of research. There is a rapidly growing body of clinical and research literature,[9] much of which informs the Greenbook Initiative Demonstration. By working closely with DV advocates and incorporating their expertise (now backed up by the latest research), there is hope that CPS training and practice will shift toward documentation of battered mothers' strengths and protective strategies.

> *". . . the mothers were left with almost full responsibility to undo the harm to their children, not because the workers were victim blamers, but because they were not institutionally organized to directly intervene with male offenders." - Pence & Taylor*

Standardized tools. Standardized tools such as assessments, decision-making guides, parenting and psychological evaluations are all powerful determinants of the level of state involvement with a family. The outcomes generated by these tools direct the caseworkers' actions and influence court decisions. The state's removal of children and mandates required in case plans not only add to the stress and trauma of domestic violence, but also can create risk.[10] For example, consider

the mother who, in an effort to retain or regain placement of her children in her home, joins with her abusive partner to fight the system together. This scenario plays itself out daily in dependency courts.

While the tools may improve consistency in the handling of cases, they require and organize workers to impose a uniform set of expectations or cultural norm, distancing the system's response from the real experiences of families. This uniform cultural norm limits workers' flexibility in identifying each family's unique strengths and barriers—particularly social and cultural factors. The result is formulaic case plans that reflect the institution's process rather than the families' actual needs. In their analysis, the Praxis consultants noted the "consistent application of the same set of standards shields an intervening agency from vulnerability to a lawsuit." CPS workers in Oregon felt this institutional effect following the highly publicized violent death of two girls, one of whom had previously reported sexual abuse by the suspected murderer. The subsequent search for someone to blame and rigorous internal investigation had a chilling effect on caseworkers. Many caseworkers who had closely worked with DV advocates for years and crafted creative and helpful responses to battered women reverted or were redirected by supervisors to strict institutional policies.

The irrelevance and damaging consequences of the use of parenting assessments and psychological evaluations in relationships where domestic violence occurs are too numerous to detail in this article. They are so problematic that Pence and Taylor assert: "Every aspect regarding the use of psychological evaluations must be reconsidered."[11] Experienced advocates and batterer intervention providers know that batterers frequently present well in psychological evaluations and parenting assessments, while their traumatized partners often receive a mental health diagnosis that fails to consider the existence or effects of experiencing abuse. The use of parenting assessments does not determine if one parent is being abusive to another parent and can easily result in inaccurate and potentially damaging conclusions. The complexities of parenting in the context of domestic violence require an in-depth evaluation rather than the standard parenting assessments commonly used. An in-depth evaluation must include "careful interviewing of adult and child victims and collateral contacts as well as reviews of police, criminal, and child protection records" when assessing a perpetrator's risk to children.[12] Pence and Taylor point out that even when an individual worker found a batterer unfit to be alone with his children, there was no avenue for the worker to "challenge the evaluation made by an independent agency, even though it seemed inconsistent with the worker's knowledge of the case."[13]

How is CPS resourced and how does this create barriers?

Somewhat like DV agencies, CPS lacks the funding and staffing adequate to fulfill their mandate. A common concern of caseworkers is how little actual social work they are able to do with families—and particularly with children. Without time to work with families to build on their strengths and prevent further harm to children, decisions must be made very quickly with limited available information or time to develop relationships with parents or children. Overwhelmed by demand, workers sacrifice social work to monitor compliance with case plans, becoming increasingly dependent on mothers to cooperate with those plans.

Also underfunded are the community services with which CPS contracts and subsequently mandates parents to utilize. There is no comprehensive network of services that meaningfully meet the needs of battered mothers, battering fathers, and children exposed to violence. Without that network, CPS mandates parents to participate in the services available—even when those services are not successful or even counter-productive in helping the parents achieve safety and success.

CPS is funded by government dollars and governed in part by legislative mandates and expectations leaving little opportunity for paradigm shifts or significant changes in practice at the local level. The kind of shifts needed must be made at the state and federal level as well. Change at this level has its own kind of challenges, including changes in state and federal administrations, the priorities of state and Congressional legislators, and government budgets. A lack of investment at the local level is another potential barrier. For example, Oregon recently implemented a sweeping change in practice, requiring caseworkers to use a new Guided Assessment Process including the use of Team Decision Meetings, and new practice guidelines for domestic violence cases.[14] Planned at the state level with pilots in a few communities, the implementation of the new procedures began in the state this spring, following a massive departmental reorganization and coinciding with drastic budget cuts. The process created a backlash by workers in local offices and their community partners who felt the state had demanded more change with no reprieve from the constant upheaval. This unintended consequence threw a temporary wrench in a movement toward what promises to be better practices for battered women and their children in Oregon.

> *"CPS as an organization is structured to view violence against women in the home as the result of women who make poor choices, couples having difficulty managing stress or conflict, or abusers being unable or unwilling to handle their anger in non-aggressive ways." – Pence & Taylor*

How does the conceptual framework of child protective services create a barrier?

As discussed above, caseworkers express frustration at the lack of time they spend doing actual social work. The Praxis consultation reveals a seeming contradiction between this social work background and the "conceptual orientation of CPS . . . to utilize psychological discourse to analyze problems." In the cases examined in the Praxis consultations, "CPS workers' analysis almost always located the problems within the individual and the solutions offered overwhelmingly required counseling. CPS as an organization is structured to view violence against women in the home as the result of women who make poor choices, couples having difficulty managing stress or conflict, or abusers being unable or unwilling to handle their anger in non-aggressive ways."[15]

When taken together, the structural barriers (the focus on moms, documentation issues, use of assessment tools, limited opportunities and negative consequences for caseworkers to challenge the process or develop creative case plans) keep caseworkers focused on an established response. They infrequently utilize available options like CPS-initiated protective orders or case consultation with the local domestic violence advocacy programs or batterer intervention providers. Communities working to strengthen the connections between DV programs and CPS are creating avenues for improving CPS practice by bringing DV expertise into their casework. In our work

in Oregon, we've observed that the collaboration allows caseworkers to "go outside our normal box," and makes it more likely women and children will remain together and "get services directly related to their experiences with domestic violence."[16]

Domestic Violence Agencies

Domestic violence program partners in the Greenbook demonstration sites have struggled through considerable internal assessment. There's nothing quite like a collaborative grant project to unearth internal inconsistencies, unintended barriers, clogged channels of communication, and polarized opinions regarding the value of working "with" rather than "outside" the system. Advocacy on the front lines is incredibly hard work. Batterers take and shatter lives and the advocacy community absorbs each loss, often knowing that the victims had fallen through a shortcoming in a system designed to protect them. Because we have learned relationships with CPS will improve outcomes for women and children, we'll borrow again from Pence and Taylor's analysis to pose questions examining the structure and practice of DV agencies.

What are the institutional requirements, directions, and guidelines of domestic violence programs and how do they create barriers?

Standard tools. Like other social service providers, many DV programs use standard tools such as assessment and intake procedures to determine the needs of women seeking or mandated to services. Criteria are established to screen the "appropriateness" of women for shelter or other services. Data is collected in the form demanded by funding sources. These standard tools are powerful gatekeepers to services. However, they routinely do not capture the social or cultural context of a woman's situation. Radhia. Jaaber and Shamita Das Dasgupta, in their article, "Assessing Social Risks of Battered Women," break social risks into three concentric circles: immediate personal risks, institutional risks, and cultural risks. The authors suggest an "evaluation of social risks that impede a battered woman's journey to safety should be included routinely in any assessment of her situation."[17]

Program expectations. To what degree does your agency expect participation from battered women in certain components of your programs? While Washington DV agencies are prohibited from mandating clients' participation in services, it's important to ask what unwritten expectations may exist. For example, if an emergency shelter resident declines to attend weekly support group meetings, might she be labeled "uncooperative" or identified as "not working with the program?" In attempting to address the impact of battering on parenting, does your program expect participation by all participants with children in parenting or "moms" group?[18] If so, does your parent education program assess for a variety of parenting needs, or is it designed to address all battered mothers as sharing similar parenting needs? It may be helpful to assess the impact of unofficial program mandates by examining the program consequences for non-participation.

Integrating new practices. How are practices developed or modified and how is staff trained

on the new policies? For example, the creation of multidisciplinary teams and placement of advocates in CPS offices[19] has resulted in new advocacy roles in the community. These advocates and their community partners are creating and modifying their roles as they learn how their work impacts the individual advocate, the agency, and the families they serve. As these advocates adapt to new challenges and new ways of making contact with battered women, their workplace practice changes. In the fast-paced, resource-stretched DV agency environment, there are many barriers to critically exploring and sharing the practices and lessons learned from new advocate roles.

One DV program internal practice issue examined by Greenbook demonstration site partners in Lane County, Oregon was the local domestic violence agency's policy on reporting of child abuse. The policy was not consistently followed by advocates or explained to CPS staff or other project partners. Consequently, many early meetings were derailed by heated discussions regarding the various expectations to report and anticipated consequences of reporting. After assessing the inconsistencies in the agency's practice and communication of their policy, agency leaders clarified and widely communicated their policies and procedures.[20]

How are domestic violence programs resourced and does that create barriers?

Familiar to most agencies is the struggle to satisfy funders' need for data presumably meaningful to the funder, but not to the agency or family. What information is truly meaningful to the woman seeking services or to the advocate providing support? How might the documentation influence the direction of services or assessment made by program staff? Beyond data demands, does the availability of funding for specific program areas force agencies to categorize women's needs as "emergency" or "transitional" or "outreach"? What, then, do these categories of service mean to the woman? If needs don't fit into the program area, will they go unmet?

How do agencies balance the needs of clients and staff?

It's not uncommon in the DV program culture for staff to put clients first—before lunch, before going home on time, before vacation. To what degree do client services come before staff in the budget? Is this the expectation of the funders? Board? Executive director? Staff themselves? At some point, the impact of chronic understaffing, low wages and limited staff training becomes a barrier to offering safe, quality services. It's not unusual for domestic violence program staff to struggle financially to provide for themselves and their families. Some staff depend on basic needs services (i.e., food stamps, housing assistance, medical card) to make ends meet. These pressures work in opposition to staff autonomy and send a contradictory message about the empowerment of women.

How does the conceptual framework of DV services create a barrier?

Advocates share a conceptual framework of domestic violence as part of the societal oppression of women. We apply this framework to our assessments of battered women's experiences. As a

result, advocates sometimes focus on domestic violence as the first, only or most important issue for a woman seeking advocacy support or services.

Consider the following experiences with two different women, both mothers, with abusive partners and chemical dependency issues. "Ann," an alcoholic whose partner stalks her, had her children removed by CPS after leaving them alone for several hours while on a binge. Staff assessed that the partner's violence was the key issue, triggering Ann's drinking. They focused their support on getting Ann safe from the stalking. "Barb" was addicted to meth. CPS removed her children due to the lack of safety in the house where they lived. Over the course of working with CPS and the DV advocacy agency, Barb continued to reunite with her meth-dealing abuser. Staff believed Barb's central issue was her addiction and that kept driving her back to her abuser. Staff focused on getting Barb into one addiction program after another. These assessments, made with the best thinking of experienced advocates, were both incorrect. As it turned out, the major impediment to Ann's progress was her alcohol addiction, which was an issue for her prior to her battering relationship. Barb's primary barriers were isolation and homelessness. Her entire family and support network were a part of her meth manufacturing and dealing home. Established in safe housing and a support group, she was able to successfully work on her addiction.

With an assessment process that identifies the social and cultural risks for battered women, and an openness to viewing abuse as part of a woman's experience but not necessarily the defining issue, women and their children are better served. Domestic violence advocates need additional cross-training on addiction and mental illness as well as opportunities to learn about and organize for better housing and livable employment wages for battered women.

Persistent Collaboration Issues

Issues of power inequities, the complexities of information sharing and confidentiality, and the conflicts presented when women are mandated to receive services reveal the ongoing friction between the roles of advocates and CPS workers. The friction drains hours in discussions that, at times, resolve little. From my current vantage point outside both CPS and DV programs, friction shows that both parties are fully participating and working closely together; while maintaining their autonomy and avoiding the enmeshment of roles that erodes advocacy and support to battered women.

The Past

The history of the movement championing children's civil rights and safety differs from the battered women's movement: one born to rescue and the other to empower. These histories influence the roles of caseworkers and advocates, and shape our understanding of abuse and the development of services.

After a long history of private charitable efforts, child protection has become primarily a responsibility of the state, operating in the context of federal law and funding. CPS agencies

have extensive layers of hierarchy and bureaucracy. Caseworkers see and hear horrible things, are overburdened with cases, and are charged with making judgments about families who are in the midst of crisis. As part of the women's liberation movement, grassroots domestic violence agencies have remained largely community-based and have retained their social change goals. The agencies tend toward minimal hierarchy, some operating collectively. Advocates, too, see and hear horrible things, are overburdened with demand, and are charged with navigating the systems with women in the midst of trauma.

In addition to these foundational differences, the relationships between local advocates and caseworkers can be plagued by painful histories of tragic cases, failed past collaborations, and destructive leadership personalities in one agency or the other. Where these painful histories exist, they can threaten new partnerships if not addressed.

Power and Inequity

Advocates develop an alertness to power dynamics and how to strategically approach problematic power imbalances as they help women navigate unwieldy systems. Similarly, DV programs are acutely aware of the power dynamics in collaborations. Political power and influence, control of community resources, classism and perceived professional status, age, race, and gender all come to the collaboration table. This impacts communications, handling of conflict, and full participation in collaborative partnerships and multidisciplinary teams. Multidisciplinary teams or planning committees that include full participation from DV programs have to move through and beyond the differences in resources, political power, and recognition of expertise.

The cost of collaboration is not borne equally across partners. The cost for participating in meetings, trainings, planning sessions, and other collaborative activities is steep. While partner agencies will continue to have differing levels of power and resources in the community, a collaboration can intentionally support the DV agency's participation through allocation of resources. For example, funded collaborations might decide to compensate the DV partner agency for relief staff while other advocates attend cross-training and planning meetings.

Information Sharing and Confidentiality

The difference between providers of mandatory community services (i.e., law enforcement, child protection and the courts) and DV agencies is unavoidable when faced with information sharing and confidentiality issues. On the surface, it may appear that the "system" players all share information freely and want advocates to disclose information. System players have interpreted advocates' protection of clients' confidentiality as a lack of willingness to work together or even a blatant disregard for the safety of children. However, we have learned that the system players have many information sharing conflicts and restrictions among their agencies as well. For example, during an investigation, CPS is allowed to share some but not all information. Addiction and mental health counselors and health care providers also have strict confidentiality regulations, but are not typically viewed as uncooperative or neglectful of the safety of children for non-disclosure. While the conflicting laws, regulations, and agency policies may not be resolved, the

trust issues can be addressed. It would be easier if there was clarity in every case, but there remains a gray area where decisions are governed less by law or policy manual and more by trust and relationships between individuals and agencies.

Mandating Services

Conflicts are inherent in providing services that are mandated to some clients and sought voluntarily by others. Does the DV agency's practice of serving women at their own request limit their ability to serve women sent to the program by CPS? If not, will the agency's confidentiality guidelines prohibit reporting on the attendance of a woman mandated to program participation? How do the consequences for non-participation differ for mandated or voluntary clients? The Greenbook site advocates spent the better part of the first year with the Family Violence Prevention Fund working to further the dialogue on mandating services for battered mothers. In a working paper, they concluded, "There are significant contradictions and tensions in doing this work, but these issues will not be resolved without considerable dialogue between and among the systems. The issue of 'mandating services' seems to be symptomatic of the complexities inherent in collaborations between domestic violence service providers and the child welfare system."[21]

Maintaining Role Integrity While Integrating Systems

In the Oregon shared advocacy project, advocates spent half of their time working out of the local CPS office and the other half stationed in their home program. Initially, there was a concern that empowerment and advocacy might get lost in the institution of child protection. To guard against diminishing the integrity of advocates and their role, separate from the role of CPS, the project design included prioritized time back at their home agency. It proved to be critical that the advocates "immerse themselves [regularly] in the domestic violence context and reinforce that they are fundamentally an advocate and not a caseworker."[22] Over the years with changing staff in the shared advocate position, another potential problem emerged. Some of the new staff hired to fill the shared advocate position were also new to advocacy. These advocates were more likely to become enmeshed in CPS mandates and mission than their peers with experience exclusively in the DV program. Yet, it was the advocates with strong ties to the DV agency that clients reported were "essential to their ability to leave their batterers" and "how important it was to have someone looking to make sure their rights were not being violated. They frequently rely on the advocate to answer questions about DHS and explain things such as court proceedings."[23]

Enmeshment happens and must be avoided. System integration should enhance the ability of both entities to achieve their missions by breaking down barriers between systems and creating new opportunities for clients by working together. Integration need not be assimilation of one into the other. One of the lessons we're learning in our project is that if DV and CPS partnerships are truly engaged in collaboration, we should expect friction and some areas of persistent conflict.

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Shift of Perspective

CPS and DV advocates alike focus their efforts, supports, and expectations primarily on the battered woman. Generally, domestic violence services such as shelter, advocacy, support group, and transitional services are built around the adult battered woman who has ended or wants to end her relationship with an abusive partner. While many DV agencies also offer programs for children, most view battered women as their primary focus. As mentioned earlier, even CPS gets little time directly with children. As we've seen, the battering partner is often left out of the CPS response plan entirely, not held accountable or incorporated into the future. Yet, the batterer often foils any safety or case plan.

At the Greenbook Initiative All-Sites Conference in 2001, Drs. Fernando Mederos and Oliver Williams discussed batterer accountability and the role of CPS. At each table sat mixed groups of CPS workers, DV advocates, judges, and other disciplines. Those present represented the most engaged teams from each of the demonstration sites, leaders, and creative thinkers. The presenters directed the small groups to come up with a case plan for the *batterer* in three different scenarios. While ideas were exchanged, strategies discussed and creative options explored, participants did not create plans for the batterer. All plans focused on the adult victim and occasionally the children. Even after discussing the batterer and role of CPS and receiving clear directions to construct a plan for the batterer, all minds focused on safety for the woman and children rather than accountability for the batterer. This experience illustrated the depth of our shared orientation to focus on the battered mother, her needs, what we hope for her, and what we expect of her.

As long as the community's response to the batterer is fragmented and incomplete, he can continue to manipulate systems, threaten his family members, and undermine his victim's progress and safety. With the inclusion of players who will work together to create a kind of batterer accountabilty network (i.e., probation, supervised visitation centers, and effective batterer intervention resources), CPS is more likely to move their focus from victim to batterer. Once this happens, caseworkers and advocates will be better able to create meaningful solutions for battered women and their children.

Over the years, I've witnessed many occasions where caseworkers were received as professionals and the DV advocates were discounted as radicals. Just recently, I sat with a CPS intake worker as she fought for a radical option, backed up by my professional opinion as a domestic violence advocate. It felt like progress.

These partnerships are complex. The assessment of internal structural barriers can be disheartening and the persistent collaboration issues exhausting. And, once engaged seriously in the effort, there's no going back. Eventually, collaborations alter the way we understand our roles. Shared experiences and struggles also impact the way we perceive the problems we face. When the collaboration works, women and children benefit. Women who worked closely with advocates in CPS offices in Oregon "are clear that working with the advocate helps their DHS case go better," believing "that it was because of the advocate that their children were placed with them."[24] Ultimately, it's a leap of faith.

1. E. Pence and T. Taylor, *Building Safety for Battered Women and their Children into the Child Protection System*, Praxis International, May 2003.

2. For example, American Public Human Services Association, National Council of Juvenile and Family Court Judges, Family Violence Prevention Fund, Annie E. Casey Foundation, US Departments of Justices and Health and Human Services, and the Greenbook authors and advisory committee members.

3. Lane County's Greenbook demonstration site is known as the Family Violence Response Initiative (FVRI) and is housed with staff of the Lane County Commission on Children & Families. FVRI's primary partners are Womenspace Domestic Violence Services, Child Welfare Program SDA5, Lane County's dependency court and Lane County Parole & Probation.

4. The following are just three examples of the many articles and resources addressing collaborative efforts between domestic violence advocates and child protective services: J. Findlater and S. Kelly, "Child Protective Services and Domestic Violence," *The Future of Children*, Vol. 9, No. 3, Winter 1999. L. Spears, "Building Bridges Between Domestic Violence Organizations and Child Protective Services," for the National Resource Center on Domestic Violence's Building Comprehensive Solutions to Domestic Violence initiative, revised Feb. 2000. S. Schechter and J. Edleson, " In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies," 1994.

5. Pence and Taylor, p. 6.

6. F. Mederos presentation, "A Collaborative Approach to Domestic Violence," Eugene, Oregon, September 2002.

7. Pence and Taylor, p. 13-14.

8. Pence and Taylor, p. 29.

9. J. Edleson, L. Mbilinyi, and S. Shetty, "Parenting in the Context of Domestic Violence," for the Judicial Council of California Administrative Office of the Courts, March 2003.

10. R. Jaaber and S. Das Dasgupta, "Assessing Social Risks of Battered Women," Praxis International, pg. 14. Available at http://www.praxisinternational.org/library_frame.html under "Advocacy."

11. Pence and Taylor, p. 21.

12. Edleson, et al., p. 3.

13. Pence and Taylor, p. 22.

14. For more detail, see Portland State University's Child Welfare Partnership website, http://www.cwp.pdx.edu.

15. Pence and Taylor, p. 18-19.

16. A. Rockhill and Courtenay Silvergleid, F*eedback from Clients: Words of Wisdom from the Women Themselves*, Partnership Press, Oregon Department of Human Services, March 2003,

p. 3.

17. Jaaber and Das Dasgupta.

18. C. Sullivan, et al, "Beyond Searching for Deficits: Evidence that Physically and Emotionally Abused Women Are Nurturing Parents," *Journal of Emotional Abuse*, Vol. 2(1) 2000, The Haworth Press, Inc.

19. Models for advocates working in CPS offices vary widely. In Massachusetts, where the practice originated, advocates are employees of the state. In Oregon, advocates are staff members of local DV programs. Some Oregon advocates working in CPS are "co-located," spending the majority of their hours at CPS. Other Oregon advocates working in CPS are "shared," splitting their time evenly between their home base and CPS office.

20. For text of the Womenspace policy on reporting of child abuse, see the Family Violence Response Initiative website "Question and Answer Project" at http://www.co.lane.or.us/CCF_FVRI/QuestionAnswerProject.htm.

21. O. Trujillo with A. Autry and L. Davis, "Furthering a Dialogue: Mandating Services for Battered Mothers, A Discussion Paper for the Greenbook Domestic Violence Advocates Toolbox Meeting," July 2003, the Family Violence Prevention Fund.

22. Rockhill and Silvergleid, p. 14.

23. Rockhill and Silvergleid, p. 11.

24. Rockhill and Silvergleid, p. 3.