



Child Well-Being and Domestic Violence Task Force Final Report

February 2003

I. Beverly Lake, Jr., Chief Justice,
North Carolina Supreme Court, Co-Chair

Carmen Hooker Odom, Secretary,
North Carolina Department of Health and Human Services, Co-Chair

Leslie Starsonneck, Executive Director,
North Carolina Council for Women and Domestic Violence Commission

Introduction

Violence committed by family members upon other family members has plagued American society for many, many years. Society's reluctance to acknowledge the extent of this violence, as well as the tremendous societal costs it brings to bear, has frustrated efforts to reduce it. In the face of this reluctance, two strong but separate movements – the movement to prevent child abuse and the battered women's movement - have emerged. While unique in their evolution and political and philosophical approach, they face similar challenges: community resistance to adopting aggressive strategies to solve the problems; insufficient data to document the prevalence of the problems as well as a way to evaluate the success or weaknesses in our efforts to reduce them; and a lack of understanding by the professional community at-large about the dynamics surrounding the violence. It is unnecessary to recount the history of these two movements here. Suffice it to say that their separate tracks have brought families to a place that now requires that the two fields cooperate, collaborate, educate one another and re-frame family violence.

In 1999, the National Council for Juvenile and Family Court Judges published a document titled "Effective Intervention In Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice." This manual, popularly referred to as "the green book," encouraged the adoption of shared principles by the courts, public child welfare protection agencies and domestic violence advocates in order to better serve families facing issues of child maltreatment and intimate partner violence. In September 2000, a national summit was held that highlighted the findings presented in the green book. Summit organizers encouraged attendees, including 14 North Carolinians, to adopt the principles and practices upon returning home. At that time, efforts began to convene state policy-makers, advocates, court officials and the public child welfare community to discuss how to move North Carolina away from a discussion of the research and toward designing a plan of implementation.

In August 2001, a team of North Carolinians, most of whom participated in the 2000 summit, attended the Southeast Regional Leadership Forum, “Improving Outcomes for Children and Families Affected by Domestic Violence and Child Maltreatment.” The forum, designed to encourage states to adopt the principles set out in the “green book,” was used by the North Carolina contingency to plan the Child Well-Being and Domestic Violence Task Force.

As a part of planning discussions, the following six principles were developed and would guide the work of the task force and frame the committee’s discussions:

Principles

- Enhancing a parent’s safety enhances the child’s safety.
- Domestic violence perpetrators may cause serious harm to children.
- Domestic violence perpetrators, and not their victims, should be held accountable for their actions and the impact on the well-being of the adult and child victims.
- Appropriate services, tailored to the degree of violence and risk, should be available for adult victims leaving, returning to or staying in abusive relationships and for child victims and perpetrators of domestic violence.
- Children should remain in the care of their non-offending parent whenever possible.
- When the risk of harm to the children outweighs the detriment of being separated from non-offending parents, alternative placement should be considered.

In addition to developing shared principles, the planning group decided on a mission: to design a strategy for North Carolina to adopt policies and practice recommendations and an implementation plan that maximizes the safety of all family members, empowers victims and holds perpetrators of domestic violence and child maltreatment accountable.

In the early part of 2002, Chief Justice I. Beverly Lake and Secretary of Health and Human Services Carmen Hooker Odom enthusiastically agreed to chair the task force and appointed 40 members. Four working committees were established, a facilitator and committee consultants were identified for each committee, and on February 22, 2002, the first meeting of the Child Well-Being and Domestic Violence Task Force was held. An interim meeting of the full task force was held on August 30, and on November 15, 2002, the task force met for a final time to deliver its recommendations to the co-chairs.

The report that follows is a comprehensive set of recommendations that constitute an implementation plan for the state. Committee members were conscientious in their design of both low-cost and resource-driven recommendations. They appreciated the benefit as well as the enormity of promoting a shift in the way many communities, systems and organizations currently operate. Finally, the committees took full advantage of a dynamic that was startlingly consistent and immeasurably valuable to the work of the task force: a lack of defensiveness toward other systems and a shared commitment to building a better way of working for families in North Carolina.

Acknowledgments

The work of the task force would not have been possible without the dedication and labor of committee facilitators and consultants, who are noted on the following pages. Because the task force was not staffed, the volunteer efforts of these persons made it possible for committees to work through a tremendous amount of material and create a comprehensive set of thoughtful recommendations.

A special debt of gratitude is owed to Jann Harris, former Intervention Services Unit coordinator for the Department of Health and Human Services, for her work in facilitating the work of the task force and committees.

Thanks is also due to members of the original planning group who envisioned and developed a framework for the work of the task force:

- Judge Lisa Bell, District Court Judge, 26th District
- Al Deitch, Acting Director, Youth Advocacy and Involvement Office, Department of Administration
- Patty Neal Dorian, Former Director, N.C. Coalition Against Domestic Violence
- Beverly Hester, Women's and Children's Health Section, Division of Public Health, Department of Health and Human Services
- Judge Bill Jones (Retired), Chief District Court Judge, 26th District
- JoAnn Lamm, Program Administrator for Child Welfare, Children's Services, Division of Social Services, Department of Health and Human Services
- Leslie Staroneck, Executive Director, N.C. Council for Women and Domestic Violence Commission, Department of Administration

Special thanks is given to the Z. Smith Reynolds Foundation for supporting the costs of meeting expenses and meeting speaker travel, and to the Governor's Crime Commission for supporting the costs of speaker fees.

Survivor Feedback

It was important to members of the task force to include the voices and perspectives of persons affected by child abuse and domestic violence. To that end, two survivors were invited to serve on each committee. Members were still not satisfied that the discussions adequately reflected the perspectives of survivors so, in October, “listening sessions” were scheduled with victims of domestic violence who either had children of their own and/or had grown up in homes where domestic violence was present. The content of those listening sessions and information shared through confidential written questionnaires was shared with task force members as they considered their final recommendations. We would like to acknowledge the valuable contributions made by those survivors with whom we spoke and from whom we received information, as well as those who participated on the task force. Their stories provide the foundation upon which to build a better way.

Child Well-Being and Domestic Violence Task Force

Co-Chairs

**I. Beverly Lake Jr., Chief Justice
North Carolina Supreme Court**

**Carmen Hooker Odom, Secretary
North Carolina Department of Health and Human Services**

Ms. Pheon Beal
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. George Friday
“Safe Start”
Chatham County Partnership for Children
Pittsboro, N.C.

Ms. Brownie Brewton
Abuse Prevention Council
Shelby, N.C.

Dr. Marcia Herman Giddens
N.C. Child Advocacy Institute
Pittsboro, N.C.

Representative Debbie Clary
N.C. House of Representatives
District 48
Cherryville, N.C.

Ms. Kit Gruelle
Family Violence & Rape Crisis Services
Pittsboro, N.C.

Judge J.C. Cole
District Court Judge
1st Judicial District
Hertford, N.C.

Senator Kay Hagan
N.C. Senate
District 32
Guilford County, N.C.

Sheriff Dan Crawford
Shelby, N.C.

Lieutenant Terry Hardy
Raleigh Police Department
Raleigh, N.C.

Ms. Cheryle Dawes
Durham, N.C.

Senator Fletcher Hartsell
N.C. Senate
District 22
Concord, N.C.

Ms. Satana DeBerry, Esquire
Legal Counsel
Department of Health and Human Services
Raleigh, N.C.

Ms. Kathy Hodges
Coalition for Family Peace
Siler City, N.C.

Mr. Al Deitch
Youth Advocacy and Involvement Office
Department of Administration
Raleigh, N.C.

Dr. Lisa Amaya Jackson
Center for Child and Family Health
Durham, N.C.

Representative Beverly M. Earle
N.C. House of Representatives
District 60
Charlotte, N.C.

Judge William Jones (Retired)
26th Judicial District
Charlotte, N.C.

Mr. John Kennedy
Administrative Office of the Courts
Raleigh, N.C.

Ms. Andrea Kurtz
Legal Aid Society of Northwest North
Carolina
Winston-Salem, N.C.

Judge Alfred Kwasikpui
Chief District Court Judge
6B Judicial District
Jackson, N.C.

Judge Gary Locklear
Chief District Court Judge
16B Judicial District
Lumberton, N.C.

Ms. Kelli Luaces
Raleigh, N.C.

Judge Alexander Lyerly
Chief District Court Judge
24th Judicial District
Banner Elk, N.C.

Ms. Renee McGill-Cox
Domestic Violence Shelter and Services
Wilmington, N.C.

Ms. Julia B. Nile
Family Services of the Piedmont Inc.
High Point, N.C.

Ms. Susan Osborne
Alamance County Department of Social
Services
Burlington, N.C.

Mr. Will Polk
Victim and Citizens' Services
Department of Justice
Raleigh, N.C.

Ms. Beth Posner
Appellate Defenders Office
Chapel Hill, N.C.

Mr. James "Butch" Sanders
Department of Social Services
Bureau of Indian Affairs
Cherokee, N.C.

Ms. Rosemary Summers
Orange County Health Department
Hillsborough, N.C.

Mr. David Swann
Crossroads Behavioral Healthcare
Elkin, N.C.

Secretary George Sweat
Department of Juvenile Justice and
Delinquency Prevention
Raleigh, N.C.

Judge Kenneth Titus
Chief District Court Judge
14th Judicial District
Durham, N.C.

Ms. Jennifer Tolle-Whiteside
N.C. Prevent Child Abuse
Raleigh, N.C.

Ms. Jane Volland
Guardian Ad Litem Program
Administrative Office of the Courts
Raleigh, N.C.

Ms. Connie Waters
Louisburg, N.C.

Ms. Deborah Weissman
UNC Civil Legal Assistance Clinic
Chapel Hill, N.C.

Ms. Pat Youngblood
Albemarle Hopeline
Elizabeth City, N.C.

Summary of Priority Recommendations

LEGISLATIVE AND ADMINISTRATIVE POLICY

- ❑ North Carolina courts should routinely address the temporary custody of children during domestic violence protective order hearings and should employ the standard of presuming that the best interests of the child are served by being placed with the non-offending caretaker.
- ❑ North Carolina should consider the benefits of adopting a statute that criminalizes the act of seriously assaulting an adult in the presence of a child that includes an automatic report to the county department of social services. Adopting such a statute should be timed so that policies have been adopted and training has been completed by all county departments of social services.
- ❑ All county departments of social services should adopt uniform policies and practices on domestic violence and child maltreatment. Components of the policy should include screening, investigation, safety planning, risk and lethality assessment, case decision, case planning and management, and case closure.
- ❑ Each county should have a domestic violence specialist position available to them for the purposes of consulting on cases involving domestic violence and child maltreatment.
- ❑ Funding for supervised visitation centers should be a priority for the state.
- ❑ K-12 character education should be amended by including an anti-violence message and conflict resolution component.
- ❑ Data collection efforts on domestic violence and its intersection with child well-being should be improved for the purposes of documenting prevalence and evaluating our efforts to reduce harm.

EDUCATION AND TRAINING

Recommendations regarding training and education were vast, detailed and thoughtful. Members of the task force felt strongly regarding the importance of education and training for allied professionals and the great extent to which our collective efforts to reduce domestic violence and child maltreatment rely on the effective and ongoing delivery of this training. In some cases, the implementation of policy initiatives was intentionally delayed to account for the successful delivery of training. In addition, training recommendations that are detailed elsewhere in this final report support a number of principles that can be summarized as follows:

- 1) Professionals need a strong knowledge and skills base to be effective and to avoid causing unintentional harm.
- 2) Understanding the basics of domestic violence and the potential effects on parenting and on children are important training goals that are highly contingent upon one another.
- 3) Confidentiality is an important component in training.
- 4) Working collaboratively is the preferred approach that suggests the need for extensive cross training.
- 5) Basic and advanced competencies should be reflected in all training initiatives and material should be tailored to particular fields for the purposes of screening, identification and referral, and assessment including lethality assessment.
- 6) Training should be pre-service as well as ongoing.

IMPLEMENTATION STRATEGIES

- A steering committee should be created, representing the human services, courts and advocacy communities, and tasked with the oversight of implementing the task force recommendations and developing model protocol by spring 2004 for responding to domestic violence and child maltreatment incidents with intervention points along a broad continuum.
- Services should be expanded locally by adopting funding strategies that enhance the capacity of community providers to access new and sustainable funding streams.

- The evaluation of current programs using enterprise level measures should be prioritized so as to measure the degree to which people who are provided with services penetrate other systems, most notably corrections, mental health, and public assistance programs.
- Task force recommendations requiring funding should be matched with appropriate funding sources by the Funding Committee.
- Models of intervention whose approaches compliment the task force's philosophy on serving families should be evaluated and expanded and include the Multiple Response System and the Family Court Model.
- Task force recommendations should be presented at training conferences held by constituent groups.

Committee Reports

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Committee Member Lists

Courts and Law Enforcement Committee

COMMITTEE CHARGE: The purpose of this committee is to analyze current judicial procedures and policies that impact families experiencing both child maltreatment and domestic violence; recommend changes related to these procedures and policies in order to support the safety of both child maltreatment and domestic violence victims, and establish accountability measures for persons who batter; and recommend mechanisms for implementing the recommendations.

The Courts and Law Enforcement Committee separated its recommendations into three categories: **Legal Changes**, **Procedural Changes** and **Training**. The committee also made several recommendations regarding work that fell under the purview of other committees.

LEGAL CHANGES

Recommendation 1:

A new “Assault in the Presence of a Child” A1 misdemeanor offense should be created. The offense would criminalize assaulting an adult in the presence of a child when the act results in serious bodily injury or there is actual or threatened use of a weapon and the act is not one of self-defense. This new crime should include an automatic trigger to the county department of social services. The effective date of this new crime should be timed to follow the successful implementation of new policies and practices, and the completion of training on those policies, by county departments of social services on responding to child maltreatment as it relates to domestic violence.

Recommendation 2:

Regarding temporary custody and domestic violence protective orders:

Chapter 50B-2 of the North Carolina General Statutes should be amended to require that temporary custody be considered by the court at the ex parte and permanent order hearings, if requested by either party.

Chapter 50B-2(c) should be amended to remove the standard for addressing custody in an ex parte domestic violence protective order hearing to assure that custody orders are not limited to situations where the court finds the child is exposed to substantial risk of bodily injury or sexual abuse, as is currently required. That standard should be replaced with a presumption for temporary custody to be granted to the non-offending caretaker.

Chapter 50B-2 should also be amended to create a rebuttable presumption for the non-offending caretaker at the permanent order hearing for the non-offending caretaker.

Recommendation 3:

Authorization from the General Assembly should be given to establish unified family courts in every judicial district, and appropriation of funds to accomplish this incrementally over the next four (biennial) legislative sessions. Until such time that each district establishes this model, every district should adopt a one-judge/one-family calendaring procedure.

Recommendation 4:

When temporary child custody and support orders are set, Chapter 50B should be clarified to show that violations of child support provisions of a domestic violence protective order are enforceable by contempt proceedings (and not by criminal prosecution) and that violations of child custody remain enforceable by criminal prosecution.

Recommendation 5:

The domestic violence protective order statute should be amended to clarify the renewal process to allow for multiple renewals.

PROCEDURAL CHANGES

Recommendation 1:

A model domestic violence protocol should be developed that covers every action taken by every agency or law enforcement officer or court official, from the reporting or discovery of a domestic violence incident, through any official state action. A staffed steering committee, appointed by the task force's co-chairs, should oversee the development of this protocol and include the development of a statewide policy on the confidentiality of juvenile records.

Recommendation 2:

Specialized family violence units in law enforcement agencies and district attorney's offices should be created in larger communities.

Recommendation 3:

In order to facilitate evidence-based prosecution, supplemental domestic violence reports by law enforcement officers should be required. All reports (e.g., arrest, incident, supplemental) should include a check box to indicate whether children were exposed to domestic violence.

Recommendation 4:

Evidence-based prosecution and "no drop" policies should be encouraged statewide. Training should be mandatory and provided to district attorneys on these topics.

Recommendation 5:

Cross training, regular communication, cross referrals and case follow-up should occur routinely between law enforcement agencies and domestic violence agencies.

Recommendation 6:

All law enforcement agencies should have written “pro arrest policies” that encourage officers to consider arrest as the first option when called to a domestic violence scene involving injury to a person. Law enforcement agencies should adopt policies that discourage dual arrests; instead, actions should be based on thorough investigations to determine the predominant aggressor.

Recommendation 7:

Law enforcement officers should provide assistance to child protective service workers upon request.

Recommendation 8:

Specialized probation officers should supervise batterers.

Recommendation 9:

Courts should not refer cases, where domestic violence has been identified, to dispute settlement centers or any other mediation program. Centers should not accept any referrals for mediation involving domestic violence. In the event that domestic violence is identified following the referral, the centers should terminate the mediation process immediately. Centers should adopt written policies reflecting this protocol. Financial incentives should be identified in order to encourage centers to comply with adopting these policies.

Dispute settlement and mediation centers should have mandatory training (of staff and volunteers) on domestic violence as well as its effects on children, in order to adequately assess and identify domestic violence.

Recommendation 10:

A list of volunteer guardians ad litem (GAL) should be developed for potential 50B plaintiffs who are under 18 years of age.

Recommendation 11:

The Domestic Violence Commission should move quickly to adopt standards for the operation of abuser treatment programs. Courts should more fully comply with current policy to refer defendants only to state-approved programs. The Domestic Violence Commission should also identify best practices related to abuser treatment programs.

Recommendation 12:

A domestic violence worksheet should be prepared by the victim and presented to the magistrate to assist in setting release conditions. The Domestic Violence Commission should design this worksheet. Magistrates should be encouraged to include specific release conditions (e.g., no contact with the victim) and victims should be given notice of an offender's release conditions. Such release conditions should be consistently and swiftly enforced.

Recommendation 13:

A fully automated case tracking system should be funded and developed. Such a browser-based system would fully connect criminal, civil and juvenile records. Until this is completed, court clerks should be required to check all cases for pending charges/cases involving the same family.

Recommendation 14:

Every clerk's office should have a domestic violence advocate (not a clerk staff person) available to assist plaintiffs who file for domestic violence protective orders.

Recommendation 15:

When there is a request for child custody and support, a financial affidavit by the plaintiff should be required to be served with the complaint, and the defendant should provide a responsive affidavit at the 10-day hearing.

Recommendation 16:

Supervised visitation centers should be established and available to every county. Best practice guidelines should be developed regarding the operation of these centers.

Recommendation 17:

The Administrative Office of the Courts Forms Committee should develop a detailed domestic violence risk assessment and history worksheet to assist judicial officials in setting bond conditions and determining types of relief.

TRAINING INITIATIVES

Recommendation 1:

Regular continuing education on domestic violence and child well-being for all law enforcement officers should be mandatory. Training should include components of the proposed Assault in the Presence of a Child statute.

Recommendation 2:

Clerks, magistrates, District and Superior Court judges, district attorneys' victim witness coordinators, guardians ad litem and probation officers should receive on-going training on domestic violence.

Recommendation 3:

Court officials should be provided with detailed domestic violence updates at all conferences.

Recommendation 4:

The Institute of Government should include information on the impact of domestic violence on children and on batterers as parents, as well as basic domestic violence training, at the new judges school and as part of juvenile certification.

OTHER RECOMMENDATIONS

The Courts and Law Enforcement Committee made several recommendations related to the work of other committees. They include:

Recommendation 1:

There should be an effort to achieve greater expertise, on all aspects of domestic violence, in the state Division of Social Services office for the purposes of developing consistent and complimentary domestic violence policies across all sections within the division, i.e., WorkFirst, Adult Services.

Recommendation 2:

Funding for approved abuser treatment programs should be provided.

Recommendation 3:

Local efforts should be pursued to provide long-term/transitional housing options for domestic violence victims and their children.

Courts and Law Enforcement Committee Members

Facilitator: Judge Ken Titus, Superior Court Judge, Durham

Consultant: Miriam Saxon, Assistant to the Deputy Director for Court Services,
Administrative Office of the Courts

Representative Debbie Clary *
N.C. House of Representatives
District 48
Cherryville, N.C.

Sheriff Dan Crawford *
Shelby, N.C.

Ms. Amy Davidson
Cumberland County Department of
Social Services
Fayetteville, N.C.

Ms. Satana DeBerry *
Legal Counsel
Department of Health and Human Services
Raleigh, N.C.

Ms. Kit Gruelle *
Family Violence & Rape Crisis Services
Pittsboro, N.C.

Ms. Kim Gunter
Victim and Citizens' Services
Department of Justice
Raleigh, N.C.

Lieutenant Terry Hardy *
Raleigh Police Department
Raleigh, N.C.

Mr. Donn Hargrove
Department of Juvenile Justice and
Delinquent Prevention
Raleigh, N.C.

Mr. Chuck Harris
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. Kathy Hodges *
Coalition for Family Peace
Siler City, N.C.

Judge William Jones *(Retired)
26th Judicial District
Charlotte, N.C.

Ms. Andrea Kurtz *
Legal Aid Society of Northwest North
Carolina
Winston-Salem, N.C.

Judge Alfred Kwasikpui *
Chief District Court Judge
6B Judicial District
Jackson, N.C.

Ms. Kelli Luaces *
Raleigh, N.C.

Ms. Renee McGill-Cox *
Domestic Violence Shelter and Services
Wilmington, N.C.

Dr. Beth Morocco
Department of Maternal and Child Health &
Department of Health Behavior and Health
Education
Chapel Hill, N.C.

Mr. Will Polk *
Victim and Citizens' Services
Department of Justice
Raleigh, N.C.

Ms. Beth Posner
Appellate Defenders' Office
Chapel Hill, N.C.

Ms. Miriam Saxon
Court Services Division
Administrative Office of the Courts
Raleigh, N.C.

Judge Kenneth Titus *
Chief District Court Judge
14th Judicial District
Durham, N.C.

Ms. Anne Winner, Esquire
Lobbyist, N.C. Coalition Against Domestic
Violence
Raleigh, N.C.

* Task Force Member

Child Protective Services Committee

COMMITTEE CHARGE: The purpose of this committee is to analyze current child protective services procedures and policies that impact families experiencing both child abuse and domestic violence; recommend changes related to these procedures and policies in order to support the safety of both child abuse and domestic violence victims, and establish accountability measures for persons who batter; and recommend mechanisms for implementing the recommendations.

Recommendation 1:

Uniform policies and procedures should be implemented in all county departments of social services on domestic violence and child well-being. The Department of Health and Human Services should adopt this policy by July 2003 and should reflect the priorities outlined below in that policy.

Immediately following adoption of the policy, training for supervisors and social workers on that policy should occur.

The Child Protective Services Committee drafted components of a uniform policy and protocol on domestic violence and child well-being that address each stage of a case through the child protective services system. In its drafting of these model elements, the committee relied heavily on policies and protocol currently in effect in Mecklenburg County, N.C., Jacksonville, Fla., and Olmstead County, Minn. The components determined by the committee are not fully reported in this document; however, many of the suggested elements appear below in an attempt to reflect the committee's priorities. The final policy, as drafted by Department of Health and Human Services staff, will proceed through the traditional policy development and approval process.

Sample Policy and Protocol Elements

Screening

Screening for domestic violence should be routine, universal and ongoing from the initial report through and during the life of a child protective services case.

Screening should determine, to the extent possible, whether a pattern of domestic violence exists; the presence and role of children in incidents of domestic violence; and which factors exist that suggest a heightened risk or potential for lethality.

Investigation

A family assessment response should be used whenever appropriate and safe. The family assessment approach, which is a different approach to responding to alleged child neglect and dependency, is particularly applicable to domestic violence cases as it allows the department of social services to establish itself with the family in a non-adversarial relationship, provide for the safety of not only the children but also the adult victims of violence, and provide for a broad range of community supports to be put into place.

Interviewing household members should revolve around safety and include efforts to interview members separately, beginning with the non-offending parent, children and alleged perpetrator.

Information obtained from the non-offending parent should not be disclosed to the perpetrator.

Collaterals should be interviewed separately and the safety of collaterals should be considered.

Domestic violence should not warrant the automatic removal of children.

Safety Planning

The purposes of safety planning should be to: 1) achieve immediate and long-term safety for children and the non-offending parent; 2) provide safety options for non-offending parents and their children; and 3) hold perpetrators of domestic violence accountable for their abusive behavior and responsible for stopping the violence.

Children may participate in safety planning in a way that is consistent with their developmental level and willingness and ability to use the plan.

Information regarding locally based resources and support services should be provided to the non-offending parent. This information should always be shared before cases are considered for closure.

Assessing Risk and Lethality

An ongoing assessment of risk and factors influencing the children's and the non-offending parent's safety should be conducted, including the impact of domestic violence on the children.

The safety of the children is closely linked to the safety of the non-offending parent.

Case Decision

Documentation regarding the decision to substantiate cases should accurately identify the perpetrator of domestic violence and explain the context of the abuse or violence.

Efforts should be made to hold the perpetrator accountable and not to blame or shame the non-offending parent and to ensure the safety of the children.

Factors to consider in substantiating abuse/neglect should include: children intervening in the domestic violence (whether injured or not); whether there is a chronic or severe pattern of domestic violence; whether children have an extreme emotional, behavioral or mental health need as a result of living with domestic violence; whether substance abuse and domestic violence co-exist; whether the non-offending parent is threatened or injured in the presence of the child(ren); and whether the non-offending parent has been hospitalized for injuries resulting from domestic violence.

Case Planning and Management

The primary goals of case planning and management should be to promote the protection and safety of children and the non-offending parent, and for perpetrators to take responsibility for their violence and own behavioral change. To that end, the non-offending parent should not be held responsible for the perpetrator's failure to follow through with requirements.

Case plans should always include ways to hold the perpetrator responsible for stopping the violence.

File management systems should ensure confidentiality. In addition, separate service plans should be created for the non-offending parent and children, and the perpetrator. The content of these plans should not be shared with the other parent.

Case Closure

Before a case is considered for closure, the non-offending parent should be referred to a service provider in the community who will follow up and provide on-going support.

Recommendation 2:

The Multiple Response System model, a strengths-based model designed for cases of neglect and dependency that come to the attention of the child protective system, is currently being piloted in 10 counties. This promising model should be evaluated to measure its effectiveness, including in cases where violence is threatened or committed against a parent and child(ren), prior to expansion.

Recommendation 3:

Domestic violence specialist positions should be created for every county department of social services. These regionally based positions, the costs of which could be shared by county departments, should work with social workers to provide information and consultation on cases that involve domestic violence. In addition, these positions should assure that there is a link with community-based resources for adult and child victims of domestic violence and maltreatment.

Recommendation 4:

In order to clarify and detail how various providers should work together in a given community, Memorandums of Understanding should be established between or among the following providers: county departments of social services, domestic violence programs, law enforcement agencies, abuser treatment programs, educational agencies, legal services, and the public health and medical community. These memoranda should detail how providers will address domestic violence and child well-being.

Recommendation 5:

The domestic violence movement has adopted a community collaboration model as the most effective means of addressing domestic violence. This model recognizes the value of engaging as many parts of the community as possible and developing collaborative relationships across groups, organizations, and systems and should be adopted when addressing domestic violence as it relates to children's well-being. The types of activities that communities should address when developing their collaborations include: the reporting of domestic violence and child maltreatment with law enforcement; emergency responses to support the safety of children; accessing safety shelter and advocacy services; improving the community's capacity to respond to family violence; supporting legal interventions that hold the perpetrator accountable by working with community corrections; and coordinating legal representation for victims of domestic violence with legal aid, pro bono projects and law school clinics.

Recommendation 6:

All new and current departments of social services' child protective services social workers should have mandatory pre-service and in-service training on domestic violence and child maltreatment. Training on child protective services policy should be delivered by the state training section and should describe the policy (described in Recommendation #1) as well as how to apply the policy in practice. In addition, cross training among child protective service social workers, domestic violence advocates, law enforcement and guardians ad litem should occur. Grant funds should be sought for this initiative to be delivered by a public or private agency with particular expertise in domestic violence as it relates to the well-being of children. Training should be consistent and include the effects of domestic violence on children and the overlap of domestic violence and child maltreatment.

Additional Recommendation

The Child Protective Services Committee made the following recommendation related to the work of the Courts and Law Enforcement Committee.

Recommendation 1:

Judges should be encouraged to more fully utilize relief available under the Chapter 50B statute. Because safety is tied so closely to economic self-sufficiency and the exchange and custody arrangements of children, relief that is available under the state's domestic violence protective order law should be more fully utilized by the courts in order to enhance the safety of non-offending parents and their children.

Child Protective Services Committee Members

Facilitator: Rebecca Brigham, Program Administrator, Staff Development Team, Children's Services, Division of Social Services, Department of Health and Human Services

Consultants: Tracy Turner, Deputy Director, N.C. Domestic Violence Commission, Department of Administration
Beth Frohling, Public Policy Specialist, N.C. Coalition Against Domestic Violence

Ms. Rebecca Brigham
Children's Services
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. Candice Britt
Children's Services
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. Alice Coleman
Adult Services
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. Morgan Cromwell
Youth and Family Services
Mecklenburg County Department of
Social Services
Charlotte, N.C.

Ms. George Friday *
"Safe Start"
Chatham County
Partnership for Children
Pittsboro, N.C.

Ms. Beth Froehling
N.C. Coalition Against Domestic Violence
Durham, N.C.

Senator Kay Hagan *
N.C. Senate
District 32
Guilford County, N.C.

Ms. JoAnn Lamm
Children's Services
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Ms. Julia B. Nile *
Family Services of the Piedmont Inc.
High Point, N.C.

Ms. Susan Osborne *
Alamance County Department of Social
Services
Burlington, N.C.

Ms. Marguerite Peebles
Division of School Improvement
Department of Public Instruction
Raleigh, N.C.

Ms. Chris Sinha
Department of Justice
Raleigh, N.C.

Ms. Beverly Smith
Alamance County Department of Social
Services
Burlington, N.C.

Ms. Jennifer Tolle Whiteside *
N.C. Prevent Child Abuse
Raleigh, N.C.

Ms. Tracy Turner
Domestic Violence Commission
Department of Administration
Raleigh, N.C.

Ms. Jane Volland *
Guardian Ad Litem Program
Administrative Office of the Courts
Raleigh, N.C.

Ms. Deborah Weissman *
UNC Civil Legal Assistance Clinic
Chapel Hill, N.C.

* Task Force Member

Community-Based Services Committee

COMMITTEE CHARGE: The purpose of this committee is to identify needed changes in organizational policies and practices and/or legislation in order to more effectively address the multiple needs (safety and other) of families in which domestic violence occurs; and to develop coordinated interagency mechanisms for responding to families who are experiencing domestic violence, as well as for addressing violence prevention.

The Community-Based Services Committee discussed the necessary infrastructure that communities should have in place in order to respond to the multiple needs of families. Many of their recommendations rely on this infrastructure and, as such, are cautionary in their tone, emphasizing the monumental changes that are necessary in order to put a system of care in place in communities. One committee member reflected on this task and aptly captured the tone of many of the committee's discussions: "There is a lack of training professionals receive on the dynamics of domestic violence, frustration with the lack of accountability our system demands from batterers, and a sense of being overwhelmed with the complexities of the cases." The committee also emphasized the connections that need to be made by the communities charged with providing services, support and information to victims of child maltreatment and domestic violence, including the connection between economic self-sufficiency and living free from violence.

Recommendation 1:

Families experiencing domestic violence and child maltreatment come to the attention of a variety of community providers and all providers should be equipped to recognize these types of violence and be able to appropriately respond. To that end, all community-based service providers should have multi-disciplinary training on a pre-service and in-service basis. As one way of achieving this, all state departments that contract with local human service or public health providers should require this training. The training should include domestic violence education, the effect of domestic violence on children and on parenting, and confidentiality and how information is shared among service providers. The Department of Health and Human Services should convene these state partners to develop curriculum and oversee implementation. State partners should include the Department of Juvenile Justice and Delinquency Prevention, the Department of Public Instruction, and the Department of Correction.

It is recommended that this training be a minimum of eight to 10 hours and that training be provided in two parts with a two- to four- week break between sessions.

Recommendation 2:

Certain competencies should be a part of all training to include:

- **an understanding of the basic dynamics and legal definitions of domestic violence;**
- **an understanding of the effects of domestic violence on children and the overlap of domestic violence and child maltreatment;**
- **the identification of barriers to leaving domestic violence situations;**
- **an increased skill and comfort level in asking questions to screen for domestic violence and child well-being;**
- **knowledge of and ability to refer to appropriate community resources for adult and child victims, including awareness of confidentiality issues and information sharing;**
- **awareness of and ability to conduct risk assessment and basic safety planning with victims;**
- **cultural competence as it relates to working with families experiencing domestic violence and child maltreatment.**

Recommendation 3:

The effective implementation of many of the recommendations contained in this report depends on a lack of bias by the providers and systems that serve families. As noted in the preceding recommendation, cultural competence should be a core training competency. Providers are also encouraged to develop ways of measuring this bias.

Suggested competencies within this training include: an awareness of one's own assumptions about people from diverse communities and income levels and a commitment to resist biases; a willingness to treat individuals and families as valued members of the communities; an openness to new cultural experiences without being judgmental; an ability to individualize practice to reflect the uniqueness of the client; and an ability to avoid stereotyping by recognizing diversity in all communities.

Recommendation 4:

Advanced training topics should include specialized training for medical providers on evidence gathering; serving as an expert witness; documentation issues; elder abuse; adolescent/dating violence; advanced training in risk assessment and safety planning; case management strategies; and substance abuse/mental health dynamics and screening.

Recommendation 5:

Each community should have a broad-based coalition, which includes consumers in its membership. To the extent possible, these coalitions should be built on existing groups. The coalition should address collaboration and system issues for the following set of services:

- **Emergency shelters for victims and for their children of all ages and both genders**

- **Crisis lines**
- **Abuser treatment programs that include child safety and well-being components**
- **Civil and criminal court advocacy**
- **Transportation**
- **Medical care/dental care/pharmaceuticals**
- **Job skills training**
- **Legal services**
- **Case management/service advocacy**
- **Clothing**
- **Transitional housing**
- **Financial assistance**
- **Child care**
- **Interpreter services**
- **Support for parenting**
- **Personal safety devices**
- **Counseling**
- **Mental health and substance abuse services**
- **Support groups for children and adolescents**
- **Child advocacy centers**

These services should be geographically accessible, culturally and linguistically appropriate; and facilities should be accessible.

The providers that should be included in this network include:

- **Domestic violence agencies**
- **Mental health**
- **Medical (emergency departments and private providers)**
- **Public health**
- **Faith-based programs**
- **Abuser treatment programs**
- **Substance abuse**
- **Advocacy services**
- **Departments of social services and private social services**
- **Military services**
- **Probation and parole**
- **Legal services**
- **Family resource centers**
- **Child care and pre-school programs**
- **Schools**
- **4-H programs**
- **Mentoring programs**
- **Parks and recreation**
- **Women's services**
- **Law enforcement**
- **Work sites**
- **Child advocacy services**

Recommendation 6:

Identification tools and referral processes should be created to address both domestic violence and child safety/well-being issues to screen for violence with all family members, including batterers. Tools should be piloted and evaluated for effectiveness. Efforts to fund projects that identify which professional communities are most in need of these tools, as well as the piloting and evaluation of these tools, should be a part of the implementation. The Department of Health and Human Services' Public Health Alliance on Violence Against Women should convene partners and include the N.C. Coalition Against Domestic Violence and the Domestic Violence Commission to assist in implementing this recommendation.

Recommendation 7:

A consistent and age-appropriate anti-violence message and conflict resolution component should be merged into K-12 character education programs (e.g., "hands are not for hitting," "anti-bullying," "safe dating"). These messages should include media awareness education to help children recognize stereotypes and messages portraying violence. This approach should be promoted with all schools including public, private, charter, voucher, home and religious schools.

Recommendation 8:

The National Violence Death Reporting System should be implemented in North Carolina.

Recommendation 9:

Data should be routinely collected, reported and analyzed on the occurrence of domestic violence as well as the co-occurrence of domestic violence and child maltreatment. At a minimum, data should be collected by domestic violence agencies, law enforcement agencies, and public health providers and compiled by the N.C. Council for Women and Domestic Violence Commission, the State Bureau of Investigation, and the Division of Public Health, respectively. The data should be collectively analyzed to identify trends and evaluate the effectiveness of current initiatives.

Recommendation 10:

A code should be added to reporting forms for state and federal funding to capture unduplicated counts of services provided where children are in the home.

Recommendation 11:

The Central Registry reporting form should be re-designed to include a domestic violence code within the "neglect" category. In addition, the form should include an "evidence of physical injury" code within the "neglect" category.

Community-Based Services Committee Members

Facilitator: Mary Linker, Social Work Supervisor, Chatham County Public Health Department

Consultants: Beverly Hester, Social Work Consultant, Children and Youth Branch, Women's and Children's Health Section, Division of Public Health, Department of Health and Human Services

Jeanne Givens, Head, Injury and Violence Prevention Unit, Division of Public Health, Department of Health and Human Services

Ms. Laura Aponte
Tri-County Community Health Center
Newton Grove, N.C.

Ms. Brownie Brewton *
Abuse Prevention Council
Shelby, N.C.

Ms. Ingrid Bou-Saada
Injury and Violence Prevention Unit
Division of Public Health
Department of Health and Human Services
Raleigh, N.C.

Dr. Ernestine Briggs
Center for Child and Family
Durham, N.C.

Judge J.C. Cole *
District Court Judge
1st Judicial District
Hertford, N.C.

Ms. Susan Coleman
Women's and Children's Health Section
Division of Public Health
Department of Health and Human Services
Raleigh, N.C.

Dr. Marcia Herman-Giddens *
N.C. Child Advocacy Institute
Pittsboro, N.C.

Ms. Jeanne Givens
Injury and Prevention Unit
Division of Public Health
Department of Health and Human Services
Raleigh, N.C.

Ms. Anna Green
Multi-Cultural Development Services
Family Resource Center
Spring Lake, N.C.

Ms. Linda Gunn-Jones
Child and Family Mental Health Services
Department of Health and Human Services
Raleigh, N.C.

Senator Fletcher Hartsell *
N.C. Senate
District 22
Concord, N.C.

Ms. Beverly Hester
Women and Children's Health
Division of Public Health
Department of Health and Human Services
Raleigh, N.C.

Dr. Lisa Amaya Jackson *
Center for Child and Family Health
Durham, N.C.

Ms. Mary Linker
Chatham County Health Department
Pittsboro, N.C.

Ms. Juanita Morrison
Department of Public Instruction
Raleigh, N.C.

Mr. James "Butch" Sanders *
Department of Social Services
Bureau of Indian Affairs
Cherokee, N.C.

Ms. Pat Solomon
Families United
Raleigh, N.C.

Ms. Mary Beth Loucks-Sorrell
N.C. Coalition Against Domestic Violence
Durham, N.C.

Ms. Kimberly Styles
Onslow County Department of Social Services
Jacksonville, N.C.

Dr. Rosemary Summers *
Orange County Health Department
Hillsborough, N.C.

Ms. Adgenda Turner
Onslow County Department of Social
Services
Jacksonville, N.C.

Ms. Connie Waters *
Louisburg, N.C.

Ms. Pat Youngblood *
Albemarle Hopeline
Elizabeth City, N.C.

* Task Force Member

Funding Committee

COMMITTEE CHARGE: The purpose of this committee is to identify existing funding streams and/or potential sources of funding that can be utilized to implement task force recommendations related to the co-occurrence of domestic violence and child maltreatment; and to develop strategies and a time line for accessing this funding.

The Funding Committee could not begin much of its work prior to receiving recommendations from committees on their priorities. However, from the beginning, the committee was committed to focusing on developing ways to use existing funds in a different way, investigating ways to leverage federal funds for state funds, and clarifying what streams of funding would be most appropriately used for continuing services and which should be used to build capacity to access new sources of funding including private insurance and Medicaid. Driving this commitment was the reality of the state's fiscal condition; an awareness that we have to create incentives for agencies to make better use of existing resources; an understanding that many of the solutions to addressing child well-being and domestic violence lie in shifting current approaches and cross training; and an appreciation of the importance of creating an awareness about this link for the purposes of accessing funding. In an age of increased accountability, the committee felt that North Carolina should follow national trends that require better ways to measure the impact of expenditures.

Recommendation 1:

Foundation and state-administered grant funds should be used more to build capacity to access regular funding streams and less to pay for services.

Recommendation 2:

Demonstration projects using waivers and some new funding to encourage agencies to try different approaches to funding should be developed in two to four counties. Counties should be Family Court Model sites because of the data collection capability these sites have, and should include several Multiple Response System counties for purposes of comparison. A request for proposals process should be used based on the level of cooperation between domestic violence service providers, social service agencies and others. The demonstration projects should be designed to enable us to learn what it will take for agencies to work together to coordinate and pay for services and how these changes impact on costs.

The Secretary of the Department of Health and Human Services should ask the Division of Medical Assistance and other relevant divisions to write waivers and make the necessary administrative rule changes to use Medicaid, TANF, 4E and

Part C, and other funds to treat victims of domestic violence or child maltreatment as part of this demonstration project.

The Chief Justice and the Secretary should urge the Governor's Crime Commission to reserve funding as an incentive to counties participating in this project and use the Family Court Information System to track changes.

Recommendation 3:

State and private funders should encourage community-based agencies to re-think their role in the service delivery system in light of the new state mental health plan. Agencies should become a part of the local provider network.

Recommendation 4:

Enterprise level measures, which look at clients' contacts with multiple agencies as a way to measure the effectiveness of services, should be established to find out if programs are successful. The degree to which people who are provided with services come to the attention of the corrections system, mental health and social services including Work First and child protection, should be included in the development of these measures.

Recommendation 5:

Part of the implementation process for these recommendations should include a funding chart that matches task force recommendations with existing funding streams.

Funding Committee Members

Facilitators: Barbara Roole, Program Officer, Z. Smith Reynolds Foundation
Joel Rosch, Center for Child and Family Policy, Duke University

Consultant: Barry Bryant, Lead Victims Planner, Governor's Crime Commission,
Department of Crime Control and Public Safety

Ms. Pheon Beal *
Division of Social Services
Department of Health and Human Services
Raleigh, N.C.

Mr. Barry Bryant
Governor's Crime Commission
Raleigh, N.C.

Ms. Cynthia Cole
Guilford County Department of Social
Services
Greensboro, N.C.

Mr. Al Deitch *
Youth Advocacy and Involvement Office
Department of Administration
Raleigh, N.C.

Representative Beverly M. Earle *
N.C. House of Representatives
District 60
Charlotte, N.C.

Ms. Amy Holloway
Interact Inc
Raleigh, N.C.

Mr. John Kennedy *
Administrative Office of the Courts
Raleigh, N.C.

Judge Alexander Lyerly *
Chief District Court Judge
24th Judicial District
Banner Elk, N.C.

Mr. Rhett Mabry
Duke Endowment
Charlotte, N.C.

Ms. Wanda Mandeville
Division of Public Health
Department of Health and Human Services
Raleigh, N.C.

Ms. Jo McCants
Administrative Office of the Courts
Raleigh, N.C.

Ms. Julie Rehder
Success by Six
Apex, N.C.

Ms. Barbara Roole
Z. Smith Reynolds Foundation
Winston-Salem, N.C.

Mr. Joel Rosch
Center for Child and Family Policy
Duke University
Durham, N.C.

Ms. Sue Ruth
N.C. Partnership for Children
Raleigh, N.C.

Mr. David Swann *
Crossroads Behavioral Healthcare
Elkin, N.C.

*Task Force Member