

**Connecticut**  
**Department of Children and Families**  
**Domestic Violence Consultant Initiative:**  
A State Child Welfare Agency Response to  
Domestic Violence

March 2008  
Created by David Mandel, MA  
Statewide Services Administrator



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## Executive Summary

Domestic violence perpetrators hurt children.

Whether it's through their choice to expose children to their violence against another parent, through direct physical maltreatment, or by using a child as a weapon against the other parent, domestic violence perpetrators create safety and risk concerns for children. The co-occurrence of child maltreatment and domestic violence is estimated between 30% and 60%.<sup>i</sup> While some children appear to be resilient and show no symptoms, many children who are exposed to a parent's battering behavior display externalizing and internalizing behaviors including aggression, anxiety, depression, PTSD, educational and social problems and long term adjustment issues.<sup>ii</sup> Batterers' patterns of coercive control are frequently present in cases that end in a child fatality.<sup>iii</sup> In Connecticut in 2007, domestic violence was identified as a safety factor<sup>iv</sup> in 7.9%-9.1% of child protection investigations, twice topping the list as the most common safety factor identified.<sup>v</sup>

In 2006, the Department funded the Domestic Violence Consultation Initiative to increase its capacity to address domestic violence. The Initiative places 13 domestic violence consultants into the Area Offices statewide. A Statewide Services Administrator oversees the Initiative and provides policy consultation to the Department's Central Office. The goal of the Initiative is to support the agency's mission to promote the safety, permanency and well-being of children by improving case practice, elevating staff competencies and addressing practice, policy and resource challenges.

By design, the client for the domestic violence consultants is the Department's social work staff. The **Safe and Together** consultation model, developed specifically for domestic violence cases involving children, is used by the consultants to address the entire family. The consultants help the social work staff identify the impact of the domestic

violence on the children and develop plans that a) intervene with the domestic violence perpetrator, b) create the most effective partnership possible with the protective parent, c) meet the needs of the children in the home and d) are sensitive to the role of mental health issues, substance abuse and culture. Whenever possible, the consultants work to support the maintenance of the children safe and together with the domestic violence survivor.

Integration of the domestic violence consultants into the Area Offices has been swift and far reaching. **From March to December 2007, the consultants engaged in 4575 consultation activities including initial consults, home visits, follow ups, brief consults, and case conferences.** The domestic violence consultants regularly participate in case transfer, MAPs, MSS and other case specific meetings. Their involvement in a case frequently begins as soon as an investigation is opened.

In addition to case specific work, the consultants have delivered staff development training for DCF staff and the Department's community partners. **From March to December 2007, more than 78 training sessions were delivered to over 700 Department social work and 400 community provider staff.** These trainings covered a variety of topics including the ***Safe and Together*** model, the new domestic violence investigations protocol, engaging batterers, and safety planning.

While measuring the full impact of an initiative of this scope is challenging, some data is available to begin assessing the Initiative's impact. In addition to feedback from the Area Offices and consultants themselves (see pages 12 & 18), data from the Structured Decision Making review process may point towards the results of the Department's efforts. **During the period of February to December 2007, the removal rate by safety factor for domestic violence dropped from 5.9% to 4.4%, the lowest rate of all safety factors.** This may be indicative of the Department's social workers' increased capacity to assess risk and safety, and developing plans that allow children to be safely maintained in home.

## An Innovative Public-Private Partnership

The Domestic Violence Consultant Initiative consists of 13 domestic violence consultants (DVCs) embedded within each Area Office throughout the state and overseen by the Statewide Service Administrator (SSA). The SSA is responsible for providing the consultants with a best practice model, overseeing the statewide effectiveness of the initiative, and developing data to evaluate the initiative. The SSA also consults to Area and Central Office managers on policy and practice issues

The consultation initiative utilizes an innovative model to bring the experience and expertise of the private sector to support the Department's mission of safety, permanency and well-being of children. By contracting with agencies with long and diverse histories in the field of domestic violence(see list on page 21), the Department gains access to domestic violence consultants with many years of experience working with perpetrators, survivors and/or children exposed to batterers' behavior.<sup>vi</sup> The initiative harnesses the best information and experience in the field of domestic violence for the goal of improving the competencies of the social work staff and outcomes for children.

With the social work staff as their client, the consultants' mission is to help the Department better identify if domestic violence is a factor in a case and enhance the Department response to safety and risk factors when domestic violence is identified. The SSA guides the consultants in connecting their domestic violence expertise to the child welfare mission and social work practice. This collaborative approach has been supported and embraced from many directions including the Child Welfare Bureau staff, Area Office leadership, the Training Academy, the Legal Division, the Division of Multi-Cultural Affairs, the Research Division and others throughout the Department.

# Safe and Together: A Field Tested Model to Improve Practice and Child Outcomes

Based on his twenty years in the domestic violence field, ten years working with the Department and child welfare agencies around the country, and the literature on children and domestic violence, David Mandel (SSA) has developed and trained the DVCs in a field tested consultation model. The **Safe and Together** model centers on five critical building blocks to improve case practice and decision making in domestic violence cases where children are the focus. With the goal of safety, permanency and well-being of children at its center, the model is guided by the following concepts: 1) batterers' behavior needs to be clearly identified and documented in order to make good decisions regarding risk and safety, 2) safe and together with the non-offending parent is ideal from the perspective of children exposed to batterers' behavior, and 3) that children have the potential for the best outcomes when the Department can actively partner with non-offending parents.

The **Safe and Together** model five critical building blocks need to be clearly understood, articulated and documented in order to make good decisions regarding the safety and well-being of children. Highlighting these critical elements helps with basic social work competencies like interviewing, documentation, case planning and the development of neglect petitions.

## Critical Building Block 1

### The batterer's pattern of coercive control

The foundation of the first critical element in the model is a definition of domestic violence that focuses on the batterer's pattern of coercive control. By using a definition of coercive control which encompasses violence, intimidation, isolation and control, workers are provided with an improved tool to identify, assess and work with families.<sup>vii</sup> This definition directs the workers towards the identification of behaviors

associated with financial control, isolation from family and friends, sabotage of work, education and access to mental health and medical providers as well as threats, intimidation and physical and sexual violence. A focus on coercive control increases the likelihood that workers will see indicators of domestic violence when the case presents initially with other issues and also help them better partner with the survivor in creating effective plans. It improves assessment, helps separate out isolated incidents of physical violence from potentially more dangerous patterns of on-going abuse, and helps determine the presence of a more serious perpetrator for workers confronted with violence in same sex relationships and dual arrests.

***Critical Building Block 1 in Action: After leaving the home, a domestic violence perpetrator was attempting to continue to exert control over the survivor and the children by withholding the family car, taking furniture out of the house, and shutting off the electricity. Guided by an understanding of the perpetrator's pattern of coercive control and its potential to harm the children, the Department petitioned the court who ordered father to return the car, maintain the electricity and stop removing furniture from the home.***

## **Critical Building Block 2**

### **Specific actions the batterer has taken to harm the children**

The model then deepens its focus to the specific behaviors the batterer has engaged in to harm the children. Identifying these behaviors speaks to the heart of our ability to assess the batterer's impact on the children. The DVCs help workers identify the following: 1) the batterer's use of children as weapons against the other parent, 2) the ways the batterer may have undermined or interfered with their partner's parenting, 3) the batterer's own abuse and neglect of the children and 4) the ways the batterer's behavior has undermined the normalcy and stability that children need. For example, has his violence led to the family's eviction

and relocation? What has been the impact of the eviction on the children's education and social development?

Clearly describing the batterer's behavior pattern as it relates to the survivor and the children improves the ability of the social work staff to interview, assess risk and safety, develop treatment plans and make good decisions regarding reunification, case closing and filing petitions. Substantiations are less likely to be overturned and neglect petitions are more likely to be successful when a worker can describe the specific behaviors a batterer has engaged in to harm the children. Conceptualizing the batterer's role in a family, even when he is no longer in the home, is essential to being able to understand and contextualize the decision making of the non-offending parent, validate her experience and partner with her to address on-going risk and safety factors.

***Critical Building Block 2 in Action: Arrested for domestic violence against the mother, a father uses his call from jail to tell his child that everything is his mother's fault. His manipulation of the child is part of his pattern of coercive control, and is an attempt to undermine the relationship between the child and his mother. It is likely to cause the child emotional distress. It may lead to increased pressure on the mother to take the perpetrator back and behavioral problems by the child. Identifying tactics like these can help a social worker intervene with a perpetrator to address these behaviors, and develop a plan for working with the mother and the child to address the impact of the batterer's abuse on the family dynamics.***

### **Critical Building Block 3**

**The full spectrum of the survivor's efforts to support the safety and well-being of the children**

The third element of the model is the clear articulation of the full spectrum of the survivor's efforts to promote the safety and well-being of the children in the home. Child welfare social workers have often limited the exploration of



the survivor's efforts around safety to whether she had called the police, separated from the perpetrator and/or pursued a civil restraining order. Experience has shown this to be an extremely limited and inadequate yardstick for measuring the protective capacity of a non-offending parent. It often fails to capture the day to day strengths and commitments of survivors to keep children physically safe, in school and leading as normal a life as possible despite the abusive and neglectful behavior of the batterer. Survivors, who are most frequently women, have rarely been given credit for keeping their children's lives stable despite the violence because they were women and being held to a different standard of parenting than the abuser, who are most frequently a biological or social father. <sup>viii</sup>

Seeking out information about the full spectrum of the survivor's efforts to promote the safety and well-being of the children guides the social worker to ask meaningful questions about strengths and provides a framework for validating the survivor's efforts even as it helps a social worker craft a more realistic safety plan. By helping the social worker identify the full spectrum of how the survivor has been actively working towards the safety and well being of her children, the consultant can help create a more powerful partnership between the social worker and the non-offending parent. This partnership, based on an acknowledgment of the survivor's strengths while still grounded in the reality of the batterer's behavior patterns, offers the best chance for successful outcomes for the children.

***Critical Building Block 3 in Action: In the middle of the night, a father threatens to kill his entire family with a weapon. From experience, the mother knows that it might take the police an hour or more to respond. And she also knows that during that time she and the children will be at greater risk because she won't be able to keep the call a secret from him. So instead she calls his relatives who live a few houses down. The relatives come quickly, deescalate the situation and get possession of the weapon. Later that morning the police and mental health crisis professionals are***

***called. Using the limited yardstick that the only “correct” response to this situation on the mother’s part would have been to call the police immediately, it would be easy to place an unnecessary barrier between the protective parent and the Department. Instead a social worker in this situation can validate the good judgment of the mother, setting the stage for a partnership between her and the social worker with the shared goal of safety for the children.***

## **Critical Building Block 4**

### **Adverse impact on children**

The fourth element in the consultation model focuses on helping the social worker identify and document the impact of actions of the batterer on the children in the home. Sometimes this impact is obvious as when there are physical injuries but in the overwhelming majority of the cases the batterer’s damage is psychological and emotional. The DVCs help social workers ask the questions that lead to better identification of adverse impact like exploring with them how the batterer may have disrupted the children’s basic needs or impeded a child’s visits to medical and mental health providers. The consultants help the workers identify how a child’s academic and social problems may be related back to the domestic violence. By helping workers better articulate the adverse impact of the batterer’s behavior on the children, the DVCs are helping to provide information vital for the substantiation and neglect petition processes and also better target services for children and families to their needs.

***Critical Building Block 4 in Action: Assessing young children for the impact of a batterer’s behavior can be challenging. Social work staff is being trained to ask questions that help identify whether the perpetrator has been interfering the normal care of a young child, including feedings and medical care. Consultants are also training social workers to explore how an incident***

***of violence may have changed a young child's eating, sleeping, mood or set them back developmentally.***

## **Critical Building Block 5**

### **The role of substance abuse, mental health issues, culture and other socio-economic factors**

Batterers' behaviors are not caused by substance abuse or mental health. However, in many families experiencing domestic violence, substance abuse and mental health issues co-occur. Traumatized adult and child victims may present with various mental health issues or begin to self-medicate with substances to deal with the emotions associated with the trauma of the abuse. Batterers often manipulate survivors' mental health conditions or substance use to increase their power and to gain influence with systems like DCF. The DVCs help the social work staff connect the dots between substance abuse, mental health issues and domestic violence. In one example, the DVC helped the social worker connect an adolescent's suicidality and depression to her distress over not being able to stop the abuse against her mother. In another case, the consultant helped the social worker remain sensitive to the batterer's efforts to undermine the mother's substance abuse recovery program.

Similarly, domestic violence occurs at very similar rates regardless of income, ethnicity and sexual orientation. The DVCs help workers develop case plans that address the intersection of race, ethnicity, sexual orientation, income, education, domestic violence and safety and well being of children.

***Critical Building Block 5 in Action: A treatment plan for a domestic violence survivor's substance abuse can be sabotaged by a batterer who wants her to stay dependent on him or lose her children. Accounting for a domestic violence perpetrator's impact on a survivor's substance abuse increases the chances that her treatment will be effective.***

*A deeper understanding of the cultural implications of divorce and the significance of an arranged marriage in a South Asian family can help a social worker better work with a survivor who appears to “not understand the seriousness of the domestic violence” because she wants the batterer to return to the home. A culturally sensitive response to the domestic violence in this situation can help a social worker avoid judging the decision making of the survivor and work with her more effectively.*

## Feedback from Area Office Liaisons

“The depth of the consultation and the fact that it incorporated the entire family was a pleasant surprise.”

“The domestic violence consultant is:

- >Helping us figure out if it is domestic violence or a family conflict. We have always conflated the two-the consultation helps us separate it out.
- >Helping us recognize there are two players in these situations-the batterer and the victim.
- >Forcing us to think more broadly about safety planning and that it's beyond separating the batterer from family.
- >Helping us change our thinking. We always thought that removing the batterer reduced risk-now we are thinking about how removing the batterer may be increasing the batterer's power.” (From one office)

It's nice to have someone to remind us in a respectful way that we should remember certain things. (She gives us feedback) in a respectful tone but by being honest she helps us pay attention to the bigger picture like.....the non-offending parent's strengths which sometimes we see as inaction.”

The staff is improving around interviewing. They are learning to ask the next question.”

## The First 18 Months

Since the first domestic violence consultant began in the New Britain Area Office on August 1, 2006, the following has occurred across the state:

- **Initial and on-going training for all the DVCs:** The SSA provided ten days of initial training for the first group of domestic violence consultants hired. This covered topics such as CPS mission and tasks, the consultation model, and Superior Court for Juvenile Matters practice in abuse and neglect cases. The SSA continues to provide initial training for all new consultants hired.
- **A high level of integration into day to day social work practice:** Area Offices have been highly committed and effective in integrating domestic violence consultants into different aspects of case practice and decision making. Domestic violence consultants participate in home visits, investigations, treatment planning, family conferencing, case transfer conferences, MAPs meetings, reunification planning, best case practice reviews and other team meetings.
- **Statistics reflect high level of utilization and integration across the state:** From March to December 2007, the DVCs engaged in 4575 consultation activities including initial consults, follow ups, brief consults, and case conferences. This statistic includes cases where domestic violence was already identified and participation in case conferences for the purposes of helping screen for indicators of domestic violence.
- **Consultants provide significant numbers of trainings to DCF and provider staff:** Training is a significant part of the consultation initiative in improving staff competencies. From March to

December 2007, the DVCs led over 78 training sessions to over 700 social work staff and 425 community provider staff. The trainings covered a range of topics from the new investigations protocol and the consultation model to working with batterers, survivors and children.

- **Statewide roll out of new domestic violence investigation protocol:** The SSA developed an implementation plan and managed the roll out of the new domestic violence investigation protocol for all the Area Offices and Hotline. Trainings on the new protocol were delivered by a team from Metro New Haven (the domestic violence consultant, Kristen Selleck, and an investigator, Carlos Yrayta) and the local Area Office DV consultant to each investigation team around the state. The Area Office DVCs are providing additional training and technical assistance to the investigators, including modeling in the field on how to use the protocol and reviewing protocols for fidelity to the model. The DVCs are also providing training to treatment staff.
- **Ensuring staff utilization of access to Judicial Branch Order of Protection Registry:** The SSA initiated a review of the utilization of the Judicial Branch Order of Protection Registry in each of the Area Offices. Finding that access and utilization had lapsed, the SSA coordinated information and communication that has led to regular Area Office access to a resource that provides social work staff with speedy information on the presence of Protective and Restraining Orders and other information vital to the safety of workers in the field and the safety of families.
- **Participation in the development of the new Integrated Family Violence Services program and the credentialing of batterer intervention programs:** The SSA has been part of the Child Welfare Bureau team, led by Gary Minetti and Kim Nilson, that developed a new in home family violence service that integrates current thinking about children and trauma, healing relationships between non-

offending parents and children damaged by batterers' behaviors, and intervening with batterers. DVCs participated with social work staff in the review of the proposals. They will also be critical players in the local implementation of the project as will the SSA in providing technical assistance to statewide implementation of the program.

- **Working with Hotline around domestic violence policy and practice:** Responding to the initiative of Hotline Director Buck Gregory and his managers, the SSA is working with the Hotline to review and improve their practices. This collaboration has led to specific directives to Hotline staff around responding to and coding domestic violence cases, improved screening practices, and case specific conversations.
- **Development and implementation of a protocol to protect the confidentiality of non-offending parents in domestic violence cases:** The SSA consulted to the Child Welfare Bureau Chief and the Legal Division as they drafted a protocol to protect confidential information from domestic violence survivors. The protocol, which was designed to reduce the potential increase in the risk to family members from the batterer receiving critical safety planning information as part of the substantiation appeal process, was collaboratively implemented by child protection, legal staff and DVC in each Area Office.
- **Involvement in Juvenile Court Improvement Plan to improve court's response to domestic violence:** The SSA is working with the Juvenile Court team to improve the court's response to domestic violence in child abuse and neglect filings. The team is focusing on developing a domestic violence specific judicial checklist and set of specific steps, and improving communication between the Juvenile Court and other courts. The committee has representation from the Department's Legal Division and Child Welfare Bureau along with a number of DVCs.



- **Collaboration with Division of Multi-Cultural Affairs and other DCF initiatives:** The domestic violence consultants meet regularly with Bill Rivera, Director of Multi-Cultural Affairs Division, who is providing consultation and support around cultural competency. The SSA has also promoted connections between the consultants and the family conferencing initiative, the medical staff, and the ARGs.
- **Close coordination with the Training Academy:** The Training Academy and the SSA have been working to update the Domestic Violence Day I Pre-Service curriculum to be more consistent with the information and approach being used by the DVCs. The new curriculum will be delivered this year by regional teams led by Training Academy staff and the local DVCs.
- **Introduction of domestic violence newsletter (*Domestic Violence Matters*):** The SSA has recently begun publishing a Department wide newsletter that will provide Department staff with information relevant to working with families experiencing domestic violence.
- **Domestic violence interdisciplinary training series:** Beginning with a training on the intersection of child welfare, domestic violence and family court, the SSA is bringing in national experts to present critical information to encourage interdisciplinary conversations among DCF staff.
- **Raising the issue of the link between fatalities involving primary caretakers and the safety and well-being of children:** The SSA and DVCs have raised the issue in a variety of settings regarding the linkages between the safety of the non-offending parent and the safety and well-being of the children. This has included conversations with the Legal Division about concerns related to informing batterers about an investigation if that disclosure will lead to significantly increased risk for violence against the non-offending parent and critical incident

reviews in circumstances where a caregiver is killed and the children have suffered no physical harm.

## Feedback from the Domestic Violence Consultants

“In the beginning, any worker who met with me met because they were forced to by their supervisor. Now workers come of their own volition. One worker in particular...now brings every case with domestic violence to me. She keeps asking if certain things she said/asked a client were okay and tells me she wants to learn about the best way to do DV cases. I'd say she does the (investigation) protocol better than anyone and is still asking for help.”

“I'm incorporated into transfer conferences but I also have the opportunity to go speak with the supervisors at their meeting or the ARGs at their meeting any time I see an issue or concern or there's a change to how we're doing things.”

“I was able to persevere with support from my supervisor to work with a resistant investigations supervisor. (Ultimately she is) making her staff run all new DV investigations by me—get input, a full consult, home visits on individual case basis as needed—but ultimate (success) is her commitment to utilizing the model/DV consultant expertise for better investigations.”

“I have felt successful when social workers who would only see me when directed, began coming back when themes of control came up in other cases. The development of these “red flags” let me experience small bursts of success and forward direction.”

“I feel integrated to the office as I have had the opportunity to work with various units including Mental Health, Investigations, Treatment, Adolescent, Parole, and FASU. I have developed a strong relationship with upper management that has helped me feel integrated and respected in the office. This has been particularly rewarding as I have been asked to participate in various meetings and my “expertise” has been requested even by outside providers.”

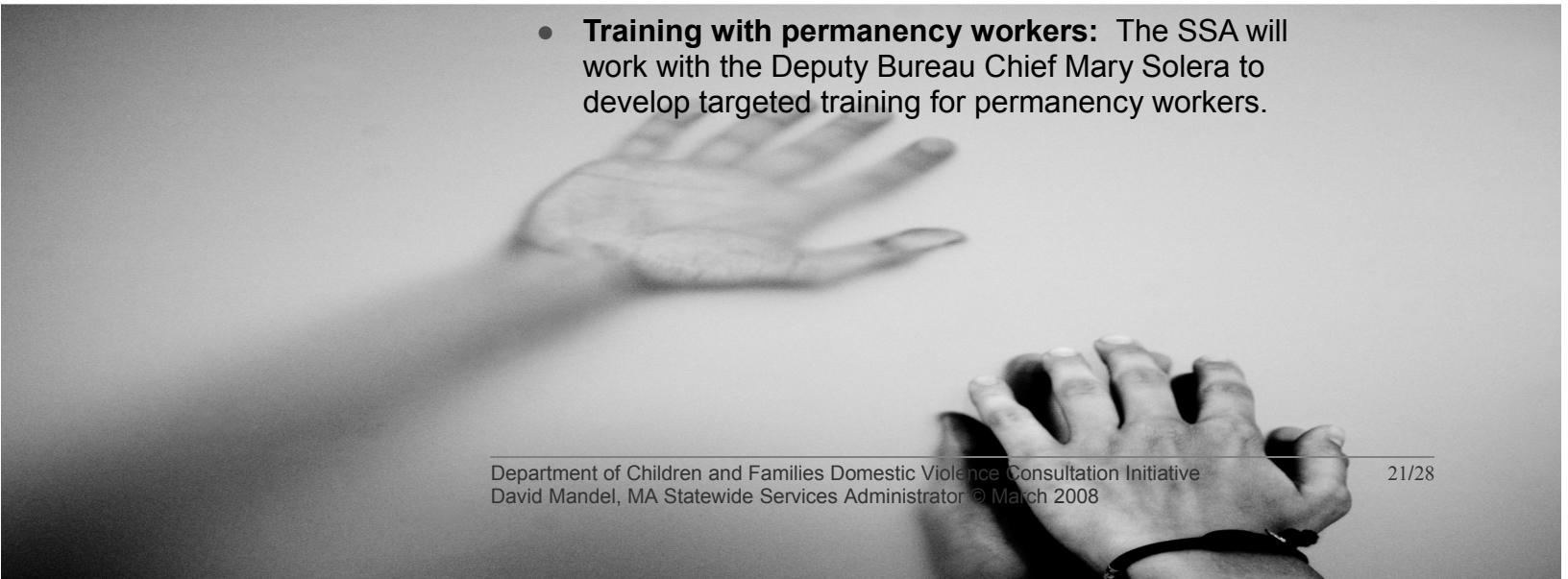
## Where we are going

Between March 2008 and June 2009, these are some of the on-going and new goals for the initiative:

- **Continue integration into Area Office practice:** The SSA will continue to work with each consultant and Area Office to help determine how to best utilize their time and resources.
- **Continue to support core competencies particularly the implementation of the domestic violence investigation protocol:** The SSA will continue to work with each consultant and the Area Offices on strategies for improving social workers' core competencies related to handling domestic violence in the context of child welfare cases.
- **Participation in the implementation of the Integrated Family Violence Services:** The SSA will be providing technical assistance to support the Child Welfare Bureau's implementation of the IFVS in six offices around the state. The SSA will be helping coordinate the DVCs participation in the Area Office teams coordinating the new service.
- **Domestic violence interdisciplinary training series:** The SSA will be hosting a series of events to help educate DCF staff and promote interdisciplinary dialogue in and outside the Department. The topics may include trauma and children and working at the intersection of mental health and domestic violence issues. To improve coordination with community providers the SSA is planning on hosting a "Safe and Together" event that would bring together community providers and DCF staff to discuss best practice approaches to working with families experiencing domestic violence.
- **Development and implementation of quarterly Intranet-based worker and supervisor surveys:** A survey instrument and data collection procedures are being developed to allow for the collection of data

from social workers and social work supervisors to better evaluate the impact of the DVCs on practice.

- **Moving Day I Domestic Violence Pre-Service Training out to Area Offices:** Starting in the summer 2008, the DVCs will be joining with the Training Academy staff to provide Domestic Violence Day I Pre-Service Training in a regionalized format. This training has been jointly developed by the Training Academy, the SSA and one of the DVCs to improve the alignment of the Pre-Service training with the consultations provided by the DVCs.
- **Development of an advanced AHA Training for supervisors:** The SSA will be working with the Training Academy to develop an advanced training day for supervisors on supervising issues in domestic violence cases.
- **Coordination of community providers and Department conversations:** The SSA will be reaching out to Child Advocacy Centers and Family Relations as part of an effort to develop better communication and relationships between the Department and other agencies in domestic violence cases.
- **Investigation of feasibility of implementing prevention education curriculum on dating violence for children in care:** The SSA will begin to explore options for providing education on dating violence to adolescence in the care of the Department.
- **Training with permanency workers:** The SSA will work with the Deputy Bureau Chief Mary Solera to develop targeted training for permanency workers.



# Domestic Violence Consultation Initiative Providers

## Statewide Service Administrator

**David Mandel, MA**

**David Mandel & Associates LLC**

David Mandel has been working in the domestic violence field for 20 years. David writes, trains and consults nationally on improving systems' responses to domestic violence when children are involved and batterer accountability and change. In addition to national research on batterer's perceptions of their children's exposure to their violence, David has developed a series of public awareness and outreach posters designed to shift cultural attitudes about domestic violence. He has written a forty-hour curriculum, entitled ***Dedication***, which is being used to train all new batterer intervention providers in Texas. He has also written a curriculum for working fathers entitled ***Being Connected*** and co-authored a batterer intervention program manual.

David has ten years experience improving the response of child protection agencies to domestic violence. He has worked closely with Connecticut's Department of Children and Families, training investigators and social workers and providing case and policy consultation. He has also worked with New York City's Administration for Children Services, various federal Greenbook demonstration sites, Colorado Department Human Services, Florida's Department of Children and Families and other jurisdictions to improve outcomes for children in families where batterer's behavior is a concern. David has developed and piloted a 2 ½ day national workshop seminar, "Safe and Together: Concrete Strategies for Addressing Domestic Violence When Children Are the Focus."

## **Area Office Domestic Violence Consultant Providers**

### **Center for Women and Families**

*(Bridgeport Consultant: Milena Alvarez)*

**The Center for Women and Families (CWF) is dedicated to strengthening women and families, and eliminating violence and abuse through intervention, advocacy, education and community collaboration.** CWF provides comprehensive services addressing the numerous issues resulting from the impact of domestic violence and sexual assault. The agency's objectives include providing victims with information and education about domestic violence and sexual assault, personal safety and risk assessment; assisting clients with improving parenting skills; increasing access to emergency shelter for domestic violence victims and their children; reducing trauma and providing a coordinated response to suspected sexually abused and severe physically abused child victims; training and raising awareness in the community about these issues and; collaborating with community agencies and individuals to coordinate services and provide improved and lasting systemic change.

### **Coordinating Council for Children in Crisis, Inc**

*(Greater & Metro New Haven Consultants: Katryn Doud & Kristen Selleck)*

The mission of the Coordinating Council For Children In Crisis, Inc. is to prevent child abuse and neglect and victimization across the life span by providing outreach and home visiting services to at-risk families. In 1987, recognizing the link between domestic violence and child abuse CCCC became the first organization in Connecticut to develop domestic violence services in the context of child abuse prevention. The Family Violence Outreach Program was designed to keep children and non-offending parent together, help women develop safety plans to protect themselves and their children,

and ameliorate the effects of trauma and was recognized as a model program by the National Council of Juvenile and Family Court Judges in Family Violence: Emerging Programs For Battered Mothers and Their Children (1998).

**David Mandel & Associates LLC**

*(Middletown/Meriden Consultant: Bridget Reilly )*

Backed up by 20 years of work against family violence, David Mandel & Associates LLC is committed to providing expert professional training and consultation to private and public entities to promote organizational excellence and increase the safety and well-being of families. Specializing in the improving practice in domestics cases where children are the focus, DMA LLC works has worked with numerous child protection agencies across the country including various federally funded "Greenbook" sites.

**Domestic Violence Crisis Center**

*(Norwalk/Stamford Consultant: Thaddea Brown)*

DVCC is committed to creating an environment in which all people in the community are safe from the threat of violence in their personal relationships. We help individuals and families free themselves from emotional, physical and sexual abuse. Our goal is to prevent and break the cycle of domestic violence through counseling, advocacy, safe housing, education and public awareness. DVCC provides 24-hour hotline, safe houses, various children's services, counseling, court advocacy, and education and training for adults and children in the community.



### **Susan B. Anthony Project**

*(Danbury/Torrington Consultant: Tanya Hague)*

*(Waterbury Consultant: Gail Manna)*

Susan B. Anthony Project, Inc. works to promote the autonomy of women and the safety of all victims of domestic abuse/sexual assault in northwest Connecticut as well as to promote community action toward ending domestic violence and sexual abuse. In addition to its crisis services including 24 hour hotline, emergency shelter and court advocacy, the agency works to assist those in transition from crisis to independence and provides extensive community education and outreach in the 20 communities it serves.

### **United Services**

*(Willimantic Consultant: Beverly Kennedy)*

*(Norwich Consultant: Tai Scavetta)*

Founded in 1964, United Services, Inc. (USI) is a non-profit corporation providing services through three operating divisions, (1) Clinical Services, (2) Prevention and Early Intervention Services and (3) Continuing Care Services. The Domestic Violence Program (DVP) provides services to survivors of domestic abuse through two shelters, transitional living housing, a twenty four hour crisis hotline, court advocates in GA 11, individual and group counseling services. The program also provides DCF domestic violence consultant positions in Norwich and Willimantic.

### **Wheeler Clinic**

*(Manchester Consultant: Jennifer Heil)*

*(Hartford Consultants: Carolina Grijalba-Rodriguez & Jennine Porter)*

*(New Britain Consultant)*

Wheeler Clinic has created innovative programs for more than 35 years and has been consistently recognized as an outstanding provider of behavioral

health and special education services within the community at large. In fiscal year 2005-2006, staff provided over 79,000 units of direct clinical care to children, adults and families. Wheeler Clinic is accredited by the Joint Commission on Healthcare Accreditation and licensed or approved by the Department of Children and Families, Department of Education, the Department of Public Health and the Department of Mental Health and Addiction Services. Through over 25 years of collaboration, Wheeler Clinic demonstrates a thorough understanding of working collaboratively with court, probation and parole personnel.

**For more information about the Domestic  
Violence Consultation Initiative contact:**

David Mandel, MA  
David Mandel & Associates LLC  
PO Box 745  
Canton CT 06019  
[David.Mandel@ct.gov](mailto:David.Mandel@ct.gov)

Gary Minetti  
Department of Children and Families  
Child Welfare Bureau  
505 Hudson Street  
Hartford CT 06106  
[Gary.Minetti@ct.gov](mailto:Gary.Minetti@ct.gov)

Kimberly Nilson  
Department of Children and Families  
Child Welfare Bureau  
505 Hudson Street  
Hartford CT 06106  
[Kimberly.Nilson@ct.gov](mailto:Kimberly.Nilson@ct.gov)

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- ii Summers, A. (2006). Children's exposure to domestic violence: A guide to research and resources. The National Council of Juvenile and Family Court Judges. Available at <http://www.ncjfcj.org>.
- iii Edelson, J. & Schechter, S. in "In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies" (<http://www.mincava.umn.edu/documents/wingsp/wingsp.html#id2628797>) cite reports from Oregon and Massachusetts. In 1993, in Oregon "domestic violence was present in 41% of the families experiencing critical injuries or deaths due to child abuse and neglect." In "67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence." In 2006, the Michigan Attorney General's Office reported "that since 1998, Wayne County Juvenile Court Child Protective Proceedings recorded 58 child fatalities. Of those, 34 (58%) had issues of domestic violence involving one or more of the adult parental members of the household." ([http://michigan.gov/som/0,1607,7-192-29941\\_34757-139175--,00.html](http://michigan.gov/som/0,1607,7-192-29941_34757-139175--,00.html))
- iv Domestic violence is more prevalent in the child welfare caseload than indicated in identification of domestic violence as a "safety factor." In this context, the term "safety factor" only refers to "behaviors or conditions that may be associated with a child being in immediate danger of serious harm." Connecticut Department of Children and Families Structured Decision Making Policy and Procedure Manual, January 2007, p. 23)
- v Structured Decision Making System for Child Protective Services Management Report. February 1-April 30, 2007; May 1-July 31, 2007; August 1-October 31, 2007.
- vi Consultants must have a minimum of three (3) years full time or five (5) years part time experience working with perpetrators, survivors and/or children exposed to batterers' behavior
- vii Stark, E. (2007). Coercive Control: How men entrap women in personal life. Oxford University Press, New York, p.228.
- viii While both men and women can be violent, and battering occurs in same sex relationships, the vast majority of child welfare cases involve domestic violence in heterosexual relationships with a male perpetrator and a female survivor. Moreover, the differences in male violence against women as opposed to women's violence against men makes is only one of the factors that suggests a gendered response from child welfare to domestic violence is appropriate. Women are 2 to 3 times more likely to report an intimate partner pushed grabbed or shoved them and 7 to 14 times more likely to report an intimate partner beat them up, choked them, or tied them down (Tjaden and Thoennes 2000a cited at <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>). In addition to differences in the severity of violence and associated injuries and psychological control, social and historical factors give many male domestic violence perpetrators access to the tactics of coercive control that are not equally available to women. Finally, the historic focus of child welfare systems (child welfare agencies, courts, private providers, attorneys, and evaluators) has been on mothers, often leaving fathers completely out of the picture. In the context of domestic violence, this double standard has often worked to the advantage of male domestic violence perpetrators who are the source of the risk and safety concerns for the children. They often would remain invisible in the home and the case plan, leaving the burden of response to the CPS intervention on the domestic violence survivor. In some cases, a domestic violence perpetrator would actively use the child welfare focus on a mother to increase his control over the family. For example, one perpetrator bought his partner drugs, then drove her to the child welfare office while she was high, knowing that her drug use would lead to the removal of her two children from a previous relationship-paving the way for the supremacy of his unborn child.