

**Vermont's
Partnership Between
Domestic Violence
Programs and
Child Protective
Services**

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Multi-disciplinary
Teams including
Child Protection
Teams
Framework for
Co-Occurring
Domestic Violence
and Child
Maltreatment

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Multi-disciplinary Teams including Child Protection Teams Framework for Co-Occurring Domestic Violence and Child Maltreatment

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I. Introduction:

In the State of Vermont, Child Protection Teams (CPT) are empanelled by the state child protection agency (The Vermont Department for Children and Families, Family Services Division) so members can share confidential information about specific families. The teams often consist of community service providers, educators and criminal justice professionals. Some teams invite family members to attend.

The framework reflected in this document is a result of ongoing meetings between Vermont domestic violence advocates and the Vermont Department for Children and Families, Family Services Division (child protective services agency) Domestic Violence Unit around issues of information sharing, confidentiality and service provider role in rural areas in cases where domestic violence and child maltreatment co-exist. These discussions took place from July 2001 until October 2003 as a working group of the Vermont collaboration established through the statewide Rural Domestic Violence and Child Abuse Project.

This document is one in a series that explores issues of confidentiality and information sharing, poses some guiding questions, and makes recommendations for programs and for multi-disciplinary teams who work with affected families. Each document is the culmination of a collaborative effort and identifies the lead author who captured the rich discussions. Thus while there may be one or two lead authors, the work is truly a reflection of the collaborative efforts of many people involved in the discussions over the years. For more information about the documents' content and development or how to reach the lead authors, you may contact The Vermont Network Against Domestic and Sexual Violence, 802-223-1302 or The Vermont DCF Domestic Violence Unit, 802-241-1206.

It has been observed over the years that in situations where domestic violence may be disclosed, members of the team may get frustrated with domestic violence advocates for not sharing details of a specific case, and for not acknowledging if they are working with a particular woman. However, disclosing information about a service user may jeopardize the status of privilege that advocates have, and could increase the level of risk to a woman. Thus we have found it is important for multi-disciplinary teams to share and acknowledge the differences in confidentiality policies, mandated reporter policies, missions and practice of both the Team and its domestic violence agency members in order for them to work well together.

II. Structure and Purpose of Child Protection Teams:

From Vermont Statutes: Multi-disciplinary Teams (Title 33, VSA), § 4917. Multi-disciplinary teams; empanelling

(a) The commissioner of Social and Rehabilitation Services, (now called Department for Children and Families, Family Services) or his or her designee

may empanel a multi-disciplinary team wherever in the state there may be a probable case of child abuse or neglect which warrants the coordinated use of several professional services.

(b) The commissioner of social and rehabilitation services, or his or her designee, in conjunction with professionals and community agencies, shall appoint members to the multi-disciplinary teams which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, day care, education, law or law enforcement.

Additional persons may be appointed when the services of those persons are appropriate to any particular case.

(c) The empanelling of a multi-disciplinary team shall be authorized in writing and shall specifically list the members of the team. This list may be amended from time to time as needed as determined by the commissioner or his or her designee.

(Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982.)

§ 4918. Multi-disciplinary teams; functions; guidelines

(a) Multi-disciplinary teams shall assist local district offices of the department of social and rehabilitation services in identifying and treating child abuse and neglect cases. With respect to any case referred to it, the team shall assist the district office by providing

- (1) Case diagnosis or identification,
- (2) A comprehensive treatment plan,
- (3) Coordination of services pursuant to the treatment plan.

(b) Multi-disciplinary teams may also provide public informational and educational services to the community about identification, treatment and prevention of child abuse and neglect. It shall also foster communication and cooperation among professionals and organizations in its community, and provide such recommendations or changes in service delivery as it deems necessary. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982.)

III. Guiding Questions for Domestic Violence Advocate Members of Child Protection Teams:

- Do service users know that our agency participates at CPT or other multi-disciplinary teams regarding child protection issues?
- Is our agency clear about our role at these teams and our limits of confidentiality? For example, are all staff mandated reporters?
- How and when does this information get communicated to service users?

IV. Recommendations:

A. Be Clear About the Role of Domestic Violence Advocate at CPT

All members of CPT are empanelled to the team, however, confidentiality among domestic violence agencies does not allow for sharing of information on specific clients. Team members may become upset with advocates who will not share whether or not they are working with a particular woman. The role of an advocate at CPT meetings should be to make general comments, share resources (such as what groups for women and kids are currently available) and offer training information on the dynamics of domestic violence rather than talk about individual cases.

B. Develop a Domestic Violence Protocol

Child Protection Teams should develop a protocol for domestic violence cases in conjunction with the local domestic violence services agency. The protocol should include information about the role of advocates, disclosures of domestic violence during meeting, confidentiality and safety.

C. Provide Training for all Team Members

All regular members of the team should receive annual training on domestic violence and be well versed on the team's domestic violence protocol.

D. Consider Safety Issues

Victim participation at CPT

Depending upon the current situation of the woman who has been battered, it may not be appropriate or safe for her to participate at a CPT meeting.

CPT meetings are often comprised of large groups of service providers' who are comfortable offering parent support. Because they may see the problem as a parenting issue and not one of violence, women who are also victims of domestic violence may feel unsupported and may not want to use services. If a victim does participate in a CPT meeting, it is important that all CPT members are careful not to place the responsibility for the violence on the adult victim (victim blaming).

Is the reason that this family has been brought to CPT directly related to domestic violence? If not, digging for information may heighten the risk to the family. If the adult victim identifies the domestic violence as a problem and something she needs help with, then start with a referral to the local domestic violence program for services. It is imperative that CPT's do not hash out issues of domestic violence during a CPT meeting. Confidentiality is paramount to safety.

Batterer participation at CPT

If a batterer is participating in a CPT meeting, it is important not to bring up the issue of domestic violence. It is even more important if the adult victim is present because it may compromise her safety. If a batterer is involved with the Department of Corrections, include a representative from DOC on the CPT team.

E. Ensure Collaboration with Local Domestic Violence Task Force

Local domestic violence task forces (DVTF) may be a resource for training and technical assistance to a CPT. Try to have at least one representative from the CPT attending the DVTF so that information about local resources and initiatives regarding domestic violence can be shared with CPT members.