Domestic Violence Advocacy in Dependency Court:

The Miami-Dade Dependency Court Intervention Program for Family Violence Handbook

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Delinquency Prevention

Domestic Violence Advocacy in Dependency Court: The Miami-Dade Dependency Court Intervention Program for Family Violence Handbook

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Dedication

Susan Schechter, M.S.W.

This handbook is dedicated in loving memory to our dear friend Susan Schechter, M.S.W.

Co-founder of the Dependency Court Intervention Program for Family Violence

Professor of Social Work
University of Iowa

During her lifetime, Susan's passion, remarkable insight, and dedication to improving the response to co-occurring domestic violence and child maltreatment taught us about the critical need to build bridges between professionals from the two disciplines. Her leadership and vision is an inspiration to all of those working in these challenging and important fields.

Acknowledgements

We would like to express our heartfelt gratitude to past and present Dependency Court Intervention Program for Family Violence (DCIPFV) program Advocates and staff members who have worked tirelessly to provide high quality domestic violence victim advocacy services to mothers in need.

Our heartfelt gratitude to the Department of Justice's Office of Violence Against Women for their support of the DCIPFV since its inception, especially our friend Catherine Pierce. Thanks as well to Sophia Gatowski, Ph.D., and staff of the Permanency Planning for Children Department at the National Council of Juvenile and Family Court Judges (NCJFCJ), and Billie Lee Dunford-Jackson, Co-Director, Family Violence Department, NCJFCJ, for their helpful review of this handbook.

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Community Partners

A comprehensive approach to meeting the needs of victims of domestic violence requires the commitment to a coordinated response. The DCIPFV has been fortunate to benefit from the support and services of many wonderful government and community-based partners.

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State of Florida Department of Children and Families - District 11

Dade County Bar Association
Legal Aid Society

Legal Services of Greater Miami
Safespace Foundation, Inc.

Miami-Dade County Advocates for Victims Program

Miami-Dade County Office of the State Attorney — Victim Witness Assistance Program

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Victim Response, Inc./The Lodge

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Judge Cindy S. Lederman
Judge Cindy S. Lederman is the presiding Judge of the Juvenile Court in Miami-Dade County, Florida. Along with the late Susan Schechter, Judge Lederman created the Dependency Court Intervention Program for Family Violence. Before her elevation to Circuit Court, she was a leader of the team that created the Dade County Domestic Violence Court and served as the court's first Administrative Judge. Judge Lederman was a member of the National Research Council's Committee on Family Violence Interventions, and now serves on the board of Children, Youth and Families of the National Research Council and Institute of Medicine. She also served on the National Research Council's Juvenile Crime Panel. In 1999, Judge Lederman was awarded a Fellowship from Zero to Three: The National Center for Infants, Toddlers and Families in their "Leaders of the 21st Century Initiative". The Council of State Governments has awarded Judge Lederman a 2002 Toll Fellowship. Judge Lederman is a member of the Board of Trustees of the National Council of Juvenile and Family Court Judges (NCJFCJ), and is also "Lead Judge" for Miami's NCJFCJ Model Court Project. She has developed and implemented numerous innovative programs in Miami's Juvenile Court, has published extensively on a variety of topics related to child maltreatment, infants and toddlers, and domestic violence. She also presents nationally and internationally on her work and has been the recipient of numerous awards.

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Preface

The need to recognize, understand, and respond when child maltreatment and domestic violence intersect is critical for all dependency system stakeholders, but most especially for judges who are faced with the responsibility of making decisions that affect the safety and well-being of abused and neglected children. There are promising jurisdiction-based programs across the nation which have proven successful and which have much to share in terms of their experience.

This Handbook describes the development, implementation, and daily operation of such a program—a unique and promising initiative in Miami-Dade County designed to address co-occurring domestic violence and child maltreatment in a dependency court setting. We encourage jurisdictions to use this Handbook and the implementation "lessons learned" discussed throughout; to work collaboratively with judges, dependency court stakeholders, and child welfare and domestic violence specialists; and to develop similar interventions and reform initiatives. The program described in these pages provides a great example of how systems can work together to enhance the safety and well-being of both battered mothers and abused and neglected children.

It is our hope that readers will consider application of the principles outlined in this document as they strive to improve outcomes for children and families in their own jurisdictions.

Mary V. Mentaberry
National Council of Juvenile
and Family Court Judges,
Executive Director

Introduction

When domestic violence and child maltreatment occur within families, traditional justice and social system responses often are inadequate to deal with the challenges of these complicated cases. Studies have found that maltreated children are at greater risk for subsequent criminal behavior (e.g., delinquency, and adult criminal acts, including crimes of violence).[1] Though some estimates of child maltreatment are as high as 50 percent in those families where spousal abuse has been identified, child protection and domestic violence systems have not typically synchronized their responses.[2] The lack of coordination among systems with divergent objectives frequently leads to conflicting interventions and even injustice.

Early efforts to find effective solutions revealed an inherent tension between the child welfare system and domestic violence victim advocates who emphasized that battered mothers historically have been unjustly held responsible for violence inflicted on their children by abusive partners.[3] Despite this long-standing and entrenched conflict, the Dependency Court Intervention Program for Family Violence (DCIPFV) was based on the concept that the goals of protecting maltreated children and their battered mothers are not necessarily in conflict, but in fact, are complementary.[4] This concept has been operationalized in domestic violence training for child protective workers implemented by the Massachusetts Department of Social Services and Boston Children's Hospital.[5] Another promising method of intervening with battered women entailed an intensive community-based advocacy intervention with participants recruited from a shelter program for women with abusive partners.[6] An evaluation of this intervention, reported that more than twice as many women who participated in the program reported no violence over the two years after services, compared with women who did not receive the advocacy intervention.[7]

The DCIPFV is a unique national demonstration program designed to identify and address co-occurring domestic violence and child maltreatment in the dependency court setting.

Clearly, collaboration between battered women's advocates and child welfare representatives is key to increasing the safety of both adult and child victims of abuse, in improving systems responsiveness, and in subsequent prospects of obtaining better outcomes for abused children and their battered mothers.

In 1996, Judge Cindy S. Lederman, Miami Juvenile Court Administrative Judge, and Susan Schechter, M.S.W., an expert on battered women's advocacy from the University of Iowa, conceived the DCIPFV. Funded by the U.S. Department of Justice, Office of Justice Programs, Violence Against Women Office,[8] the DCIPFV is a unique national demonstration program designed to identify and address co-occurring domestic violence and child maltreatment in the dependency court setting.[9] The overall mission of the program is to promote the safety and well-being of maltreated children exposed to domestic violence by supporting the safety and self-efficacy of their mothers. The program's skilled and experienced domestic violence specialists (referred to as *Advocates*) screen mothers with a dependency matter after their first or second court hearing in an effort to identify indicators of domestic violence and provide intensive case management and advocacy services on a voluntary basis.

A group of widely respected and accomplished scholars, lawyers, and clinicians from across the nation were assembled during the program's design and implementation phase, and many continue to inform the program's efforts as members of the DCIPFV's National Advisory Board. The DCIPFV was implemented in 1997 through Judge Lederman's collaboration with Gregory Lecklitner, Ph.D., Chief Psychologist of a court-based psychological evaluation unit, Sharon M. Aaron, M.S.W., a domestic violence victim advocate, local leaders in the domestic violence and child abuse fields, and a talented, multi-ethnic staff of psychologists,

social workers and advocates. During its six years of continuing operation, DCIPFV has provided the expertise and impetus for other pioneering efforts that address co-occurring child maltreatment and domestic violence.

The need to recognize, understand, and respond to co-occurring child maltreatment and domestic violence is particularly compelling for judges faced with the responsibility of making decisions affecting the safety and well-being of abused children. Dependency court proceedings follow a proscribed path including time limits within which parents must successfully complete their case plans or face termination of parental rights, pursuant to the Adoption and Safe Families Act of 1997. Yet, the manner in which women extricate themselves from abusive relationships is typically a lengthy process of gradual realization filled with ambivalence, conundrums, and difficult choices.[10] Many DCIPFV clients' situations are further complicated by issues of religion, culture, economics, and immigration status. This means that efforts to assist battered mothers whose children are the subject of child abuse investigations are necessarily intensive and time consuming—and time is the resource in shortest supply once children have been removed from their parents' custody. (See Appendix 1 for Miami-Dade County Dependency Court Case Flow).

Women whose children have been removed from their custody due to domestic violence may face additional double-binds. They may be required to find housing for themselves and their children, but many housing programs require them to have custody of their children in order to apply and qualify for low cost programs that give priority to families with children. Case plans often require them to find employment or apply for assistance from welfare. If they are residing in this country without legal status, they cannot legally work, and they also cannot obtain Targeted Assistance to Needy Families/Aid for Dependent Children benefits unless they have custody of their children. Mothers in dependency court are expected to visit their children who are in protective custody; however, they usually lack access to public transportation and face a multitude of barriers to maintaining a "normal" relationship with their children. A typical case plan includes attendance at parenting classes, domestic violence group counseling and individual counseling, as well as securing an Injunction for Protection against the abuser (which requires a minimum of two court appearances).[11] Battered mothers in the child protection system may be frustrated by long waiting lists for community services or the limited availability of these services, rendering attendance virtually impossible. Inadequate mental health services for traumatized women and children create additional barriers to successful recovery and positive outcomes. Overwhelmed and desperate, many women return to their abusive partners, refute previous allegations, or claim cessation of the abuse.

This Handbook addresses co-occurring domestic violence and child maltreatment, by focusing on the design, implementation and daily operation of the DCIPFV.

- Part I details the creation and evolution of the DCIPFV.
- Part II provides a comprehensive look at the daily operations of the DCIPFV and the intervention provided by the Advocates, including special considerations and protocols.
- Part III discusses the value of domestic violence advocacy in dependency court.

Helpful information and "lessons learned" are provided throughout the Handbook to assist those interested in developing a similar intervention and to allow the reader to benefit from the successes and challenges of the DCIPFV.

The need to recognize, understand, and respond to co-occurring child maltreatment and domestic violence is particularly compelling for judges faced with the responsibility of making decisions affecting the safety and well-being of abused children.

Part I: The Evolution of the Dependency Court Intervention Program For Family Violence

Cognizant of a long history of misunderstanding, distrust, and even discord between the child welfare and domestic violence communities, the Miami-Dade Juvenile Court, led by Judge Cindy Lederman in partnership with national expert, the late Susan Schechter, initiated meetings with the leadership of the Department of Children and Families (DCF) and local domestic violence shelters. The DCIPFV grew out of these meetings and the desire of Miami's innovative Juvenile Court leadership to more effectively identify and adequately address co-occurring child abuse and domestic violence.

The DCIPFV was an ever-evolving program with varying functions, operational standards and focus areas. The DCIPFV's evolution can be divided into the following funding-related "phases:"

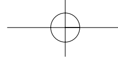
(1) Pre-grant funding and planning (approximately four months)
(2) Post-VAWO funding/pre-implementation planning (approximately four months)
(3) Initial program implementation (approximately 26 months)
(4) Second VAWO funding award (30 months)
(5) Final VAWO funding award (18 months)
(6) Transition to community-based funding (12 months)

Lesson Learned:
Collaboration between battered women's advocates and child welfare representatives is key to increasing the safety of both adult and child victims of abuse, in improving systems responsiveness, and in subsequent prospects of obtaining better outcomes for abused children and their battered mothers.

Planning the Project and Applying for Funding

DCIPFV is based on the premise that a battered mother can regain the ability to care for herself and her children if her access to personal and community resources is facilitated at the earliest opportunity and her personal growth is supported.

The initial concept of the DCIPFV sprung from the desire by Miami's innovative Juvenile Court leadership, specifically Judge Cindy Lederman, to identify more effectively identify and adequately address co-occurring child maltreatment and domestic violence and to facilitate communication and coordination among the various systems in Miami-Dade County that are often in contact with the same distressed families. Cognizant of a long history of misunderstanding, distrust, and even discord between the child welfare and domestic violence communities, Judge Lederman initiated meetings with leadership of the DCF and the local, county-funded and operated domestic violence shelter, and primary service providers. During these meetings, participants agreed on the need to better address domestic violence and child maltreatment, the overall concept of having domestic violence advocates in dependency court, and which governmental agency would take the lead in preparing a grant proposal to secure funding for an intervention program. It was decided that the 11th Judicial Circuit, Administrative Office of the Courts (AOC), Grants Administrator would take the lead in writing and submitting a grant application to the U.S. Department of Justice, Violence Against Women Office. Over the next several months, the AOC Grants Administrator worked with Judge Cindy Lederman, the DCF District Administrator, and other community stakeholders to "flesh out" the DCIPFV concept and to draft and submit the grant proposal. Essentially, the planning group agreed that the DCIPFV would be based on the premise that a battered mother can regain the ability to care for herself and her children if her access to personal and community resources is facilitated at the earliest opportunity and her personal growth is supported.



Preparing for Implementation

Once the funding was received, subsequent meetings were held with DCF, community stakeholders, and local experts to refine the various program elements and to begin planning for the implementation. With a short, 18-month funding timeline, much of the pre-implementation planning work had to be compressed into a period of only a few months. During this time, a two-day meeting of the project's National Advisory Board[12] took place in Miami to ensure that the interests of the child welfare advocate and domestic violence victim advocate communities were fully considered and, most importantly, that the final protocol promoted adult and child victim safety. Plans were also made to initiate program evaluation elements, such as a computerized data entry and collection system and regular feedback to improve program functioning and quality; however, due to pressing program operations issues, the program evaluation was not implemented until much later in the project.

Lesson Learned:

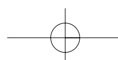
Ensure that the interests of the child welfare advocate and domestic violence victim advocate communities are fully considered and, most importantly, that the final protocol promotes adult and child safety.

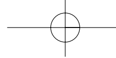
While the project's program's goals have been modified and adapted throughout the life of the DCIPFV, the program has expended the most time and resources exploring and expanding its primary mission of promoting child safety in dependency court by supporting the safety of battered mothers. The full implementation and refinement of this programmatic goal that will be discussed at length in Part II.

During the post-grant planning phase a research goal was established to identify the rate of co-occurrence of domestic violence and child maltreatment. This goal was completed in the first several years of the programís operations. Another initial program goal included gaining a better understanding by all system stakeholders of the impact and extent of children's exposure to violence. This involved increasing the rigor and specificity of the psychological evaluation of maltreated children to determine their exposure to violence and their related treatment needs.[13] A final program goal was the need for cross-training among child welfare workers and domestic violence victim advocates in order to enhance basic knowledge, increase cooperation and collaboration and to encourage both systems to work together to enhance the safety and well being of both battered mothers and abused children, including holding the perpetrator accountable for abusive behavior. The foregoing goals were accomplished early in the program's evolution, and subsequently full focus turned to providing systematic domestic violence screening and victim advocacy in dependency court.

DCIPFV Program Goals

- Identify the rate of co-occurrence of domestic violence and child maltreatment.
- Gain a better understanding, by all system stakeholders, of the impact and extent of children's exposure to violence.
- Increase the rigor and specificity of the psychological evaluation of maltreated children to determine their exposure to violence and their related treatment needs.
- Cross-training for child welfare workers and domestic violence victim advocates in order to enhance basic knowledge, increase cooperation and collaboration, and encourage both systems to work together to enhance the safety and well-being of both battered mothers and abused children.





After establishing the program's goals, attention turned to the practicalities of program implementation. Procedures were developed to identify and provide advocacy services to battered women whose children were reported to the child welfare system due to allegations of abuse or neglect. The first several months after the grant award were thus spent completing the following **implementation preparations:**[14]

- Finalizing the program's core elements (i.e., screening and services protocols and practicalities);
- Developing Memoranda of Understanding (MOU) between and among agencies;
- Contracting for needed professional (i.e., Legal Services/Legal Aid) and other services;
- Developing community partnerships (resource development/referral contacts);
- Addressing various issues related to program implementation (i.e., court staff and program staff interactions/ communications, confidentiality, coordination with DCF attorneys and defense counsel, etc.);
- Developing informed consent procedures for participation in a research project with Institutional Review Board (IRB) approval and securing IRB approval;
- Designing basic data collection instruments and systems;
- Developing position descriptions and recruiting staff;
- Training staff;
- Cross-training and orientation with program partners (especially DCF staff); and
- Creating the necessary logistical infra-structure (i.e., working with county and court systems to establish payroll, vendor, and program accounts), including beginning operations, acquisition of office space, furniture/equipment, supplies, etc.).

Community Coordination

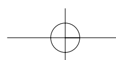
As a Juvenile Court initiative, it was necessary to formalize the relationship between the program and its partners in order to set the stage for successful program operations. Additionally, in order to receive appropriate referrals and to provide a high-quality service, the DCIPFV needed key domestic violence and child welfare community stakeholders to understand, support, and cooperate with the program model and service delivery protocol. The nature and scope of those agreements are described below. (See Appendix 2 for all Memoranda of Understanding).

> Parties acknowledged that information obtained by program advocates stationed in the Juvenile (Dependency) Court was considered privileged and confidential and could not be shared with the Department of Children and Families, except with the express written consent of the program client, or in situations of threatened or actual harm to children.

Department of Children and Families: Chief among the DCIPFV's initial collaborators was District 11 of the State of Florida Department of Children and Families (DCF). In Florida, the DCF has the responsibility and authority to enlist the assistance and cooperation of federally funded agencies and programs in evaluating and preventing domestic violence. Furthermore, the DCF exercised its authority to provide information to the program in its capacity as a "bona fide research" project (i.e., access to otherwise private or confidential information could be obtained and shared for research purposes).

A Memorandum of Understanding (MOU) was entered to establish the authority for exchanging information, defining the information to be shared, describing the services to be provided by the DCIPFV, and outlining data maintenance and confidentiality. The MOU provides for the release of information to the program as enumerated therein, pursuant to specific confidentiality provisions. Information entrusted to the DCIPFV includes Florida Protective Service System (FPSS) reports; Detention and Dependent Petitions; police reports; medical, substance abuse, and mental health records; court orders; and school reports and records. Guidelines for maintaining the security and ensuring the confidentiality of information shared by the DCF are also included in the MOU.

The MOU included a specific reference to the confidential nature of information obtained by the program advocate in court. The parties acknowledged that information obtained by the program advocate stationed in Juvenile (Dependency) Court was considered privileged and confidential, and could not be shared with the DCF, except with the express written consent of the program client, or in situations of threatened or actual harm to children.



Confidentiality is a fundamental principle that impacts all areas of program operations, and is discussed in greater detail in Part II.

Safespace Foundation of Dade County, Inc.:

The DCIPFV Advocates were originally subcontracted through the non-profit organization that serves as an advisory board and fundraising arm of the county-operated local domestic violence center. This vital link with the domestic violence center enabled the DCIPFV Advocates to serve as "off-site" center employees, ensuring their eligibility for registration with the Florida Coalition Against Domestic Violence. The link with a "domestic violence center," as defined in Florida Statutes, is critical to ensuring privileged communications between battered women and program advocates.[15]

The support and assistance of the administrative staff of the local battered women's shelter, operated by Miami-Dade County Department of Human Services Advocates for Victims office, was invaluable to initial efforts to implement the DCIPFV. The shelter assisted with the intricacies of contracting for the advocacy staff, developing position descriptions, recruitment procedures, staff training and peer exchange experiences, registration of Advocates for purposes of privileged communications with their clients, help with securing aid, and immeasurable other support, both in-kind and in-spirit, that helped launch the program and ensure its viability in the community.

Dade County Bar Association Legal Aid Society & Legal Services of Greater Miami, Inc.:

Legal issues are inextricably tied to the problems faced by many battered women and their children. In Florida, parents involved in dependency proceedings are entitled to legal counsel, and an attorney is appointed for parents who are deemed indigent. However, the legal services provided by parents' appointed counsel are limited to representation in the dependency case.

Inevitably, a battered mother's involvement with the child protection system and interaction with her dependency court attorney uncovers other legal issues. A program client may need legal representation and/or advice in the areas of divorce, property settlement, custody, visitation, child support, immigration, petitioning the court for an Injunction for Protection, eviction, small claims court lawsuits, bankruptcy and/or other civil matters. For these reasons, the DCIPFV entered into a subcontract for civil legal assistance to help program clients with their pressing legal needs, and to ensure that battered women were not re-victimized by conflicting court orders.

CopsCare, Inc.:

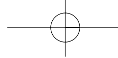
To better coordinate the response of law enforcement, the DCIPFV joined forces with CopsCare, Inc., a local non-profit founded by a retired City of Miami police lieutenant. Utilizing off-duty and retired officers who were specially trained to respond to domestic violence cases, CopsCare served as a liaison to law enforcement county-wide, obtaining police reports, facilitating arrests, and providing protection as needed to DCIPFV Advocates and clients.

In addition to development of formal MOUs, during the initial implementation phase, significant amount of time and attention was devoted to anticipating and securing additional resources for clients, finalizing the details of how the program would interact with other components of the child protection system, introducing the program to community stakeholders, and establishing referral procedures for program clients. Most of the original community linkages were maintained and strengthened through regular communications and cross-system training by staff and leadership of the respective programs.

Coordination with Court Systems:

Early in the DCIPFV's formation, the domestic violence division and the dependency division of the 11th Judicial Circuit Court began to track shared cases to ensure that battered mothers eligible for participation in the DCIPFV were offered services, and to make certain that children exposed to domestic violence were provided counseling. The Domestic Violence Intake Unit of the

Inevitably, a battered mother ... may need legal representation and/or advice in the areas of divorce, property settlement, custody, visitation, child support, immigration, petitioning the court for an Injunction for Protection, eviction, small claims court lawsuits, bankruptcy and/or other civil matters.



11th Judicial Circuit, a specialized program designed to facilitate petitioners in obtaining injunctions for protection, coordinated the intake process to enable DCIPFV clients to take advantage of "off-peak" times, reducing clients' waiting time, and maximizing the Advocates' use of time.

The DCIPFV continues to work closely and has developed collaborative agreements with the many special programs operating in Miami's innovative Juvenile Court, including the Dependency Drug Court, the Model Court, and the Safe Start Initiative to ensure that clients were not overwhelmed and burdened by multiple layers of assessment, service provision, and case management.

Coordination with Community Service Providers:

Early in the DCIPFV's development, the Social Work Division of the Mailman Center for Child Development, University of Miami, offered support and educational groups for children exposed to domestic violence and for their battered mothers, continuing to assist the DCIPFV clients on a regular basis. Miami-Dade County's Families and Victim Services also worked with the DCIPFV to develop and pilot a model of therapeutic support groups for mothers and children. The DCIPFV recently organized weekly domestic violence support groups at the program office for battered women, including the DCIPFV clients, and facilitated by doctoral interns from the Children's Psychiatric Center in Miami.

Coordination with Law Enforcement:

The Office of Victim Assistance of the State Attorney's Office (SAO) provided formal and informal training and support to the Advocates and DCIPFV clients, helping them understand, utilize and navigate the criminal justice system. DCIPFV continues to work with the SAO's office to promote community coordination around domestic violence and aggregate information-sharing as appropriate. The Domestic Violence Unit of the City of Miami Police Department also collaborated with DCIPFV to provide a rapid response to high-risk cases, including stalking, direct access to Unit detectives, and case consultation.

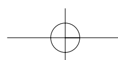
Coordination with Specialized Legal Services:

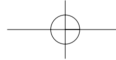
In addition to the legal services offered through the program's subcontract with Legal Aid and past arrangement with Legal Services of Greater Miami, the program developed close ties with the Florida Immigrant Advocacy Center's LUCHA program to meet the unique immigration needs of battered immigrants. LUCHA attorneys evaluate clients' cases to determine whether they are eligible to petition for permanent legal status as battered immigrants pursuant to special provisions in the Violence Against Women Act.[18]

The DCIPFV model in particular, and its target clientele in general, presented daunting challenges to data-sharing among agencies that have disparate and sometimes adversarial missions, ruling statutes, and administrative rules. Much was considered when providing and coordinating services, as well as in sharing information and in conducting outcomes-focused program evaluation. Cooperation with the following was taken into account: State Attorneys and Public Defenders, domestic violence and child welfare advocates and agencies/programs, medical and behavioral health authorities, civil rights advocates, and university and federal agencies tasked to protect the health and well-being of 'human subjects'.

After the many linkages and program operation decisions were made, program leadership spent an additional three months devoted to program re-design, establishing offices, fine-tuning Advocate position descriptions, and hiring and training the Advocates. (See Appendix 3 for Advocate Position Descriptions).

The DCIPFV model in particular, and its target clientele in general, presented daunting challenges to data-sharing among agencies that have disparate and sometimes adversarial missions, ruling statutes, and administrative rules.





Key Partners Included in Collaborative Efforts

- Dependency (child abuse and neglect) Court Judges or Judicial Officers
- The Department of Children and Families Domestic Violence Advocacy Centers and Shelters
- Parents' Attorneys and Attorneys representing the child welfare agency
- Law Enforcement
- Divisions of related court systems (e.g., domestic violence, custody, etc.)
- Community service providers
- Immigration Advocacy Centers
- Research and evaluation experts

Protecting Client Privacy and Ensuring "Informed Consent"

To protect client privacy during program evaluation and research efforts, all potential program participants were asked to provide written permission for researchers and staff to collect anonymous data pertaining to their demographics, experience of domestic violence, number and types of services provided, case outcome, and related information.

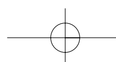
This type of consent is known as "informed"consent. Informed consent is proscribed and monitored by a human subject protection research review board, known as an Institutional Review Board (IRB), which has the authority to ensure compliance with regulations of the U.S. Department of Health and Human Services' Office for Human Research Protections (OHRP). Institutional Review Boards are most commonly found at universities and private research firms, and the services of a faculty member are often required in order to seek IRB approval to conduct the proposed research. Project directors applied for and secured IRB approval from the University of Miami's (UM) Institutional Review Board Behavioral Sciences Subcommittee.[19] The application process included setting forth the identity of the principal investigator and collaborators, location(s) of the study, proposed start date, funding agency, project objectives, who will be recruited, how they will be recruited, total number to be recruited, how study records will be maintained, how confidentiality will be ensured, and risks and benefits to participants, if any. The IRB approval process also involved the development of a consent form specifically crafted to clearly and fully explain the study to proposed participants.

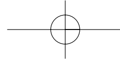
Because program clients divulged a great deal of personal information during the course of working with a DCIPFV Advocate, and because research and program evaluations were planned, the program recognized the need for formal mechanisms and procedures to protect client privacy. The advocacy-related files were kept confidential to the extent permitted by law, in order to protect the safety of the battered women. Program files were seen only by the program staff for purposes of providing services, supervision, and case-staffing. Each person who had access to program information or participants' identities signed an Assurance of Confidentiality of Research Data, pledging to maintain the confidential status of such information and identities. These individuals were also provided with copies of the Florida Statutes pertaining to the particular confidentiality of juvenile court records, by which they must also abide. (See Appendix 44 for a sample IRB- Approved Consent Form).

Each person who had access to program information or participants' identities signed an Assurance of Confidentiality of Research Data, pledging to maintain the confidential status of such information and identities.

Initial Program Implementation

After about four months of planning, the program was poised to initiate domestic violence screening in one of the four dependency divisions in Miami's juvenile court. During the next 12 to 14 months, every mother that appeared before Judge Lederman, irrespective of the allegations in the shelter petition, was referred on a voluntary and confidential basis to the DCIPFV.



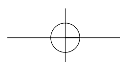


Data from the first year of these assessments indicated that 50 percent of children between the of ages five and 17 participating in one dependency court division were exposed to high levels of inter-parental violence, and most of the children suffered from more than one form of maltreatment.

During its first few years of operation, the DCIPFV utilized both "pre-court" and "in-court" Advocates to screen and serve victims of domestic violence. In the "pre-court" program, protective investigators from one DCF unit were trained to administer the DCIPFV domestic violence screening tool to mothers who were being investigated for alleged child maltreatment. Approximately one-third of the cases screened during the pre-court intervention involved both child maltreatment and domestic violence.[20] The names of these mothers were provided to the DCIPFV pre-court Advocates who then attempted to contact each one and offer free domestic violence advocacy services. The pre-court aspect of the program, while very successful at preventing future involvement with the child welfare and dependency court system, was difficult to maintain due to high turnover of DCF protective investigators and leadership, and was discontinued in November 2000.[21]

Also during the first 18 months of program implementation, the DCIPFV became the first court-based research project in the country to conduct psychological assessments of dependent children for exposure to violence. Through this work, court-ordered psychological evaluations of maltreated children were expanded to assess the extent and impact of violence in young lives. A team of experienced forensic psychologists designed a structured interview for children and began administering a questionnaire to parents regarding their children's experiences with community and family violence.[22] Data from the first year of these assessments indicated that 50 percent of children between the of ages five and 17 participating in one dependency court division were exposed to high levels of inter-parental violence, and most of the children suffered from more than one form of maltreatment.[23]

By focusing on assessment of maltreated children's exposure to violence, it became readily apparent that the impact of violence on infants and toddlers was being overlooked and that the child welfare system, including the courts, was failing to



address the critical needs of this growing population.[24] To examine the needs of these very young children, the DCIPFV created PREVENT (Prevention and Evaluation of Early Neglect and Trauma) to assess child-parent bonding and attachment as well as the cognitive and developmental functioning of maltreated children under age five.

The PREVENT initiative revealed that more than half of children under five in Miami's dependency court suffered from significant cognitive and language development delays. The DCIPFV developed a dyadic treatment model that supports and enriches the crucial bond between a young child and primary caregiver. The PREVENT evaluation and dyadic therapy models developed through the DCIPFV are being administered by Miami-Dade's Safe Start Initiative[25] for children ages zero to three and by the Court Evalualuation Unit for children ages three to five.[26] During its first few years of operation, the DCIPFV utilized both "pre-court" and "in-court" Advocates to screen and serve victims of domestic violence. In the "pre-court" program, protective investigators from one DCF unit were trained to administer the DCIPFV domestic violence screening tool to mothers who were being investigated for alleged child maltreatment.

Initial Implementation Phase: Program Features:

- Every mother that appeared before Judge Lederman, regardless of the allegations in the shelter petition, was referred on a voluntary and confidential basis to the DCIPFV.
- Pre-Court and In-Court Advocates screened and served victims of domestic violence.
- Court-ordered psychological assessments of maltreated children were expanded to assess the extent and impact of violence in their young lives.
- PREVENT (Prevention and Evaluation of Early Neglect and Trauma) was created to assess child-parent bonding and attachment as well as the cognitive and developmental functioning of children under age five.
- A dyadic treatment model that supports and enriches the bond between a young child and primary caregiver was developed.

Continuation Funding

During the second funding period, the program transitioned from universal screening in one dependency division to selective screening in two divisions. The revised outreach and screening protocol allowed the DCIPFV Advocates to target those mothers and children who were most likely to benefit from the program's services and to more effectively utilize the program's resources. Thus, the Advocates sat through the daily shelter hearings requesting referrals in cases alleging domestic violence in the shelter petition, as well as in cases where subtle cues indicated that there may be safety issues for the mother and children that were related to interpersonal violence.

During the final funding cycle, the DCIPFV expanded its outreach, screening, and advocacy services to all four dependency divisions and refined the referral criteria. Prior to expanding, the program provided a comprehensive training on domestic violence and the DCIPFV's protocols and procedures to each division team (judge, court staff, DCF attorneys, Guardian *ad litem* (GAL) Program attorneys, parents' attorneys, and support personnel). The expansion to all four divisions was remarkably smooth, and the two new divisions quickly made referrals to the program and took advantage of this new service for families.

Providing optimal staffing was the primary challenge involved with the court-wide expansion. Previously, the program had three full-time Advocates operating in two courtrooms. The funding only provided for the hiring of one additional Advocate despite a doubling of the program's services.

To avoid burdensome caseloads, the program budget was revised to accommodate the hiring of two part-time Advocates who eventually became full-time as monies became available. A further challenge of expansion related to the number of high-needs cases in the newer courtrooms. Because judges were eager to utilize the DCIPFV's services and the new Advocates needed clients, referrals were made at a faster rate than in the "older" divisions. Usually, Advocates spend a significant amount of time with new clients early in the process, especially in light of ASFA timelines, and the workload per client is heaviest during the first three to six months. To ensure proper attention to each client, during the first six months of the expansion, the program stopped taking referrals in the new divisions when the Advocates had more than five or six new cases. Ultimately, all Advocates were able to maintain a caseload of 20 to 25 clients with varying levels of activity per client.

Also during the final VAWO funding period, a comprehensive retrospective, prospective, and qualitative program evaluation was conducted. As part and parcel of the formative program evaluation process, all data collection and case management forms and protocols were evaluated and revised as necessary. Of critical importance to the DCIPFV, the program, with support from the technical division of the 11th Circuit Court, created an extensive computerized data entry system and database. The database enabled the program director to provide feedback to the Advocates, allowed the Advocates to better monitor their cases, and captured the necessary data for program evaluation.

Lesson Learned:
Building capacity to measure program implementation and performance enabled the program to provide feedback to Advocates, effectively monitor cases, and capture data necessary to determine program outcomes.

Continuation Funding Phase: Program Features

- The DCIPFV transitioned from universal screening in one dependency division to selective screening in two divisions, allowing the Advocates to target those mothers and children who were most likely to benefit from the program's services.
- During the final funding cycle, outreach, screening, and advocacy services were expanded to all four dependency divisions.
- Referral criteria were refined and a comprehensive training on domestic violence and DCIPFV's protocols was implemented.
- A qualitative program evaluation was conducted in order to evaluate all data collection and case management forms.
- A computerized data entry system and database was developed to monitor cases, provide Advocates with feedback, and generate program outcome data.

Transitioning the DCIPFV to Community-Based Funding

Lesson Learned:
To avoid "model drift," identify the core program values or critical components essential to maintain the program's integrity and functioning.

When the DCIPFV was awarded continued funding in October 2002, the program committed to identifying a sustainable local source of funding and to "institutionalizing" the program within the community's array of services. To this end, in January 2003, the DCIPFV, along with the program's partners and other community stakeholders, came together for a full-day strategic planning session. During this session, the group brainstormed about various future funding and partnering options that would allow the program to exist independently of grant funds. Suggestions included joining

with the domestic violence shelters in the community, forming a separate non-profit organization and obtaining government or private funding, or becoming a program operated and funded by the Department of Children and Families. The program also identified the core values and components of the DCIPFV that are essential to the program's integrity and functioning. These core components included the ability to maintain client confidentiality and privacy, a client-centered advocacy approach, voluntary participation in the program, limited caseloads, and supervision and support for the Advocates.

Throughout the 12 months following the strategic planning session, program leadership worked to explore the various sustainability options, ever mindful of the need to maintain the core program components. Diligent efforts were made to partner with the DCF by incorporating the DCIPFV into DCF's array of preventative services and creating a separate line item in the department's legislative budget request. However, due to several leadership turnovers, shifting departmental priorities, and the statewide move toward privatization, this option became untenable. Over time, the option of forming a separate 501(c)(3) and seeking private or government funding was clearly the least attractive choice. Not only did the various barriers to successfully maintaining successfully a small independent, non-governmental, non-profit organization create difficulty, but this option would also have perpetuated the challenges that were currently facing the program, namely, dependence on grant funds and lack of "ownership" by the community.

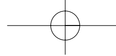
During the time that the DCIPFV was evaluating the different options for sustaining the program, the community had one large county-operated, county-funded certified domestic violence center/shelter shelter and several very small privately-operated, privately-funded shelters. Also at this time (early 2003), a Request for Proposals (RFP) was released by the Miami-Dade County Commission Domestic Violence Oversight Board (DVOB) for funding of a new privately operated, county-funded domestic violence center/shelter. The Miami-Dade County Domestic Violence Oversight Board (DVOB) is a county commission entity that, by county ordinance, is required to oversee and fund the building and operation of domestic violence shelters in the county. To provide resources for this endeavor, the DVOB is the recipient of a percentage of the county's food and beverage tax. In recent years, DVOB funds were utilized to construct a new domestic violence shelter to be privately operated by a community-based organization through a contract with the county. Among the many requirements, the RFP expected the applicant to have a significant outreach component for the new shelter. Eventually, a local domestic violence service provider was awarded a three-year contract to open and operate the new shelter.

The DCIPFV leadership attended monthly DVOB meetings to stay abreast of the status of the shelter. The program had a good working relationship and personal contacts with both service providers who responded to the RFP. Upon the announcement of the award, the DCIPFV began discussions with the awardee, Victim Response, Inc./The Lodge (VRI), to determine whether it would be interested in providing outreach services in dependency court by utilizing the DCIPFV Advocates and protocol. The VRI recognized the benefit to the shelter of having highly, skilled and experienced victim advocates available to its clientele. However, in order to adopt DCIPFV's proposal, the VRI was required to re-design the shelter's outreach component and budget.

After several months of discussion between VRI and DCIPFV leadership, the VRI agreed to hire all of the DCIPFV program staff and committed to continuing DCIPFV's domestic violence victim outreach and advocacy model in dependency court. However, in order to accomplish this, as well as meet the staffing needs of the shelter's residential clients, the number of Advocates devoted to dependency court outreach was reduced from six to three. The three "non-court outreach" Advocates were to provide domestic violence outreach advocacy to residents of the shelter and to continue serving their active dependency court clients until case closure. These commitments were formalized in a Memorandum of Understanding between

DCIPFV Core Values

- Ability to maintain client confidentiality and privacy
- A client-centered advocacy approach
- Voluntary participation
- Limited caseloads
- Supervision and support for Advocates



Lesson Learned:
Timing, flexibility, and persistence have also been helpful in assuring DCIPFV's sustainability. Accomplishing the overwhelming task of obtaining sustainable funding while maintaining the core elements of the program has been one of the biggest challenges faced by the leadership of the DCIPFV.

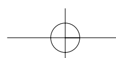
VRI and the 11th Judicial Circuit of Florida.

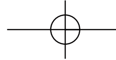
Of course, the transition of the DCIPFV to the shelter was a challenging process with many foreseeable (and some unforeseeable) obstacles. The most obvious of these challenges was the reduction of the number of Advocates able to meet the demands and expectation of the dependency court system participants. Initially, a decision was made by both VRI and DCIPFV leadership to maintain the same protocol in three of the four courtrooms and to have the three Advocates rotate duty in the fourth dependency division. As such, the Advocates were expected to leave the domestic violence shelter every afternoon in order to attend one to two hours of shelter hearings in dependency court to receive new referrals. This proved virtually impossible due to the demands of their additional duties to the shelter residents. Thus, after trying several options, the Advocates are no longer required to attend daily shelter hearings.

Now, referrals to the DCIPFV are still made by the judge to the mother in open court, but court personnel fill out a referral form (See Appendix 5 for the Case Information Sheet and other forms). The Advocates pick up the referral forms on a weekly basis and make arrangements to attend the next dependency court hearing to meet with and screen clients. If the prospective client is in crisis or there are emergency issues, the judge is able to call the shelter for assistance from an Advocate. The major downside of this arrangement is the fact that most mothers who are referred must wait one to two weeks before meeting with an Advocate. Even so, this new process appears to be ensuring that referrals actually get to the Advocates, and that Advocates can more effectively utilize their limited time away from the shelter to meet with prospective clients.

The key to long-term functioning and success for any specialized, grant-funded program is to secure the local community's commitment to sustaining the program through a dedicated funding source. It has been encouraging for the DCIPFV, after more than seven years of designing and refining the program model, to have successfully transitioned from a federally funded national demonstration program to a locally funded and institutionalized program without losing the core elements of the program. In large part, the ease of transition can be attributed to the development of a high quality program, the cultivation of positive professional relationships, and awareness of opportunities for collaboration and funding within the community. Timing, flexibility, and persistence have also been helpful in assuring DCIPFV's sustainability. Accomplishing the overwhelming task of obtaining sustainable funding while maintaining the core elements of the program has been one of the biggest challenges faced by the leadership of the DCIPFV. Fortunately, through tenacity, planning, and the benefit of good timing, the DCIPFV was able to accomplish this goal and has finalized the transition of the DCIPFV into the "real world."

Lesson Learned:
Joining forces with a community-based and funded domestic violence shelter or service provider was the best option for the long-term success of the DCIPFV.





Summary of Implementation Lessons Learned

Considering the scope and aim of the DCIPFV, it is interesting to note the ease with which it was designed and implemented in a diverse, urban community such as Miami. That is not to say, however, that this process was not without its challenges and obstacles. Even so, these difficulties served the important purpose of requiring program leadership to learn from their mistakes and to problem solve in order to overcome barriers to success. What follows are important lessons learned by the DCIPFV.

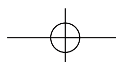
Program Evaluation

It is key to incorporate program evaluators at the earliest stage of planning, even during the grant-writing process if possible. From this perspective, evaluation researchers should be included in the decision-making process wherein the co-occurrence of domestic violence and child maltreatment is defined as 'the problem'. They also should be involved in a community 'epidemiologic' and services needs assessment (measuring the extent of the problem in general and specific sub-populations; and examining the availability, affordability, accessibility, acceptability, etc., of any existing programs intended to address the identified problem). The evaluation researchers also should work with knowledgeable individuals (clinicians, clinical researchers, other practitioners, and stakeholders) in the domestic violence and child maltreatment areas to specify both logic models (the root causes, correlates, and typical progression of the identified problem), and existing or prospective new program models. These same individuals, together with program sponsoring/funding authorities, should collaborate in the design of the program to be implemented, including measurable objectives that will enable the program to be evaluated. Finally, the program evaluators should work with information or data systems technicians to incorporate data that will be captured for clinical, and supervisory, accountability to funding and/or accrediting agencies purposes, and similar purposes, adding only as necessary to data that can be used to answer many program evaluation questions.

Probably like many new programs who are primarily focused on the day-to-day operations and functioning of the actual "work" of the program, the DCIPFV did not focus on program evaluation until its third funding cycle, thereby losing several years of opportunity to collect long-term data about all aspects of the program. However, even though the evaluation process started later than ideal, program leadership worked closely with program evaluators to implement a comprehensive and fully functional computerized database and to glean a great deal of information about the performance of the program, some of which will be discussed in this Handbook.

Community Involvement

Throughout the life of the DCIPFV, the program has expended a great deal of time and effort reaching out to, and bringing in, various key community stakeholders. Whether linking with the State Attorney's Office, local law enforcement, various divisions of the court system, the child protection agency, or domestic violence shelters and service providers, the importance of developing and maintaining these linkages cannot be overstated. By doing so from the first day of planning, the grant application forged common interests and, for the most part, squelched misunderstandings about the goals and aims of the project. Additionally, outreach to the community players helped the DCIPFV to learn from the various perspectives of each discipline and to avoid operating in a vacuum. Of equal importance, partnering with entities and organizations such as law enforcement and the criminal justice system, broadened the scope and breadth of the project, thereby giving the project greater acceptance in the community and appeal to funders.



Strategic Planning

When designing an innovative and multi-faceted program, it is imperative to spend significant time planning and strategizing prior to implementing the actual day-to-day operations. It is also important to take time at specific points during the life of the program to stop and assess whether everything is on track, which plans require revision, and adjusting future directions. This is an especially difficult task when reliant on issue and/or time- specific grant funding. The DCIPFV engaged in several "strategic planning" sessions while receiving funding from the VAWO.

The first of these planning sessions took place prior to taking on the first client and involved national experts in the child welfare and domestic violence fields. The primary focus of this planning session was to explore the feasibility of the program design, and the appropriateness of the domestic violence screening tool, and to ensure that the protocols and policies protected the clients' interests and promoted greater cooperation and coordination among providers from both arenas (domestic violence and child welfare services). The second planning meeting was a more formal strategic planning session that took place at the beginning of the final continuation funding phase. During this full-day meeting, community stake-holders and program leadership and staff evaluated where the DCIPFV had been and steps to take in order to "institutionalize" itself in the community. Core program elements were discussed and funding/ institutionalization strategies were listed and assessed. This meeting produced a blueprint for the next 18 months of the grant funding as well as longer term sustainability.

Transitions

One of the biggest challenges facing any grant-funded project is the time-limited nature of the funding and the reality of multiple changes in leadership and staff. During its eight-year existence, the DCIPFV was lead by five different program directors and underwent multiple changes in staff. Frankly, the few staff members that remained with the DCIPFV since its inception, as well as the unwavering commitment and tenacity of Judge Cindy Lederman, were the glue that held the program together during these difficult transition periods between leadership. Thus, a fundamental element of any enduring program is a rock-solid founder who will stick with the program through thick and thin and at least a handful of dedicated and devoted staff whose experience and expertise will help ease the burden of bringing on new leadership and front-line staff as will often be necessary. As the DCIPFV transitioned its staff and operations to the community-based domestic violence shelter, more than half of the staff had been with the program for four or more years. While some of these staff members were ready to move on to other pursuits, their institutional history and background enabled the DCIPFV to take root in its new home.

Tools for Designing and Implementing a Program to Address Co-Occurring Domestic Violence & and Child Maltreatment in Dependency Court[27]

The DCIPFV was fortunate to have sufficient resources and systemic support to fully implement its model as a free-standing program. While funding and community dynamics may create barriers to designing and operating an identical kind of program in every jurisdiction, there are a number of viable concrete options that can assist courts, agencies, and communities to better address the co-occurrence of domestic violence and child maltreatment. In determining the feasibility of any dependency court-based program for battered mothers and their maltreated children, the following recommendations should be taken into consideration.

Identify areas of unmet needs.

One of the key concerns of DCIPFV's founders was the failure to identify adequately identify domestic violence in families in the child welfare system, thus necessitating the design of a coordinated domestic violence screening protocol and staff to do the screening. However, in some jurisdictions, child protective services may be doing an acceptable job of identifying co-occurring domestic violence and child maltreatment, but may not be adequately skilled or staffed to intervene.

Survey local, state, and federal laws and policies, as well as existing governmental and non-governmental agencies and organizations that would impact, positively or negatively, on the design and implementation of the intervention.

When the DCIPFV was created, there were no agencies or laws specifically focused on battered mothers in dependency court. However, there were laws protecting communications between victims of domestic violence and domestic violence advocates, a statute that proved vital to the program model of ensuring confidentiality. Additionally, the DCIPFV was able to garner support from and cooperation with various agencies and to augment the work that they were already providing to victims of domestic violence.

Tools for Replication

- Identify unmet needs
- Survey the "context" (laws, policies, and existing services)
- Build on community strengths
- Identify funding
- Clearly define model
- Design program evaluation and data collection tools early

Build on the strengths of the community.

Identify existing community groups and resources and establish working relationships among those with common interests and goals. Look to the community to see what alliances can be made and create interagency agreements and memorandums memoranda of understanding to meet shared goals. Most jurisdictions have at least one program that works with domestic violence victims and all have child protective services. These are natural partners to work with in the design, funding and implementation of a dependency court-based intervention for battered mothers. Perhaps the local domestic violence shelter or the local child protective service agency would be interested in expanding their outreach component to the court system.

Identify funding sources at the outset.

Funding is usually the most difficult challenge encountered when developing and sustaining a new program or intervention. There are many options ranging from private foundation grants to support as a special program through a governmental agency. The key is to develop a comprehensive proposal and seek renewable funding sources from the start. It is also possible to apply for funding from different sources for different positions, although this is a much more labor-intensive process.

Ensure that the program or intervention model and related policies and procedures are clearly defined in writing and are uniformly implemented.

One of the keys to an effective program is a protocol that is implemented in a standardized fashion. Not only will this ensure a quality service, but it will also pave the way for the program to be revised and refined as the model is put into practice and strengths and weaknesses appear. A theoretically based logic or program model can be particularly useful in this regard. Training manuals for advocates and staff should be carefully developed and operational procedures should be clearly documented. The exact documentation of all aspects of program operations is a fundamental task allowing for exact definition of what the program is and does, making it possible to measure success in a variety of ways.

Design the program evaluation and data collection tools during the formation of the program.

A formative program evaluation helps program leadership determine program strengths and areas for improvement or modification. This requires the development and use of data collection instruments and diligent record-keeping protocols that are not burdensome to the frontline professional, but comprehensive enough to collect an adequate amount of program data.

Part I/Introduction Endnotes

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[6] Sullivan C. M. & Bybee, D.I. (1999). Reducing Violence Using Community-Based Advocacy for Women with Abusive Partners. *Journal of Consulting and Clinical Psychology*, 67 (1), 43-53.

[7] Ibid.

[8] The Dependency Court Intervention Program for Family Violence is supported by Grant No. 1997-WE-VX-0006 awarded by the Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

[9] Some juvenile courts have two divisions, the delinquency division and the dependency division. The dependency division judges oversee children who have been removed from their parents or caregivers due to abuse, abandonment, or neglect to ensure their safety and well-being. This is a civil system governed by state law.

[10] Davies, J., Lyon & E., Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices* (113-128). Thousand Oaks, CA: Sage Publications.

[11] Note that DCIPFV does not endorse the practice of requiring victims to seek injunctions.

[12] National Advisory Board members include Sara Buehl, Esq.; Jill Davies, Esq.; Lonna Davis; Mary Ann Dutton, Ph.D.; Edward Gondolf, Ed.D., M.P.H.; Leigh Goodmark, Esq.; Jeffrey Edelson, Ph.D.; Robin Hassler Thompson, Esq.; Hope Hill, Ph.D.; Merry Hofford, M.A.; Leslie Landis; Steve Marans, Ph.D.; and Catherine Pierce.

[13] This process has now been institutionalized as the Early Childhood Relationship Assessment (ECRA).

[14] Many of these implementation activities will be discussed in more detail later in this handbook.

[15] Domestic Violence Advocate – Victim Privilege. Florida Statute 90.5036 (2002).

[16] The dependency division of the 11th Judicial Circuit Court participates in the National Council of Juvenile and Family Court Judges (NCJFCJ)

"Model Courts" project. Funded by the Office of Juvenile Justice and Delinquency Prevention, Model Courts are provided targeted training and technical assistance so that they may improve their handling of child abuse and neglect cases and achieve better outcomes for the children and families they serve. There are currently 28 child protection courts participating in the project, including large urban, suburban, rural and tribal jurisdictions. For more information about the NCJFCJ's Model Courts Project and the Miami Model Court please visit www.ncjfcj.org.

[17] Miami's Safe Start Initiative is a targeted expansion grant to increase Miami's capacity to provide early intervention services for children from newborn through six years old who have witnessed or been the victims of violence. For more information visit www.miamisafestart.org.

[18] The Victims of Trafficking and Violence Prevention Act of 2000 (Pub. L. No. 106-386, Div. A, 114 Stat. 1464) created new Trafficking and U visas as well as changed existing provisions of the Violence Against Women Act of 1994 (Pub. L. No. 103-322, 108 Stat. 1902-55, 8 USC §§ 1151, 1154, 1186a note, 1254, 2245) for non-citizens who have suffered abuse. Visit http://www.nationalimmigrationproject.org/domesticviolence/AILA%202002.doc for in-depth information about this law.

[19] Following the end of the research conducted by UM, a comprehensive program evaluation was undertaken by researchers based at Florida International University. A new consent form outlining the specifics of this new project was drafted and IRB approval was obtained to enable a review of client records by these university-based evaluators.

[20] O'Riley, C., Lederman, C., Widom, K., Aaron, S., & Malik, N. (2003). *The Co-Occurrence of Child Maltreatment and Domestic Violence*. Manuscript submitted for publication.

[21] Based on the success of the pre-court component, DCIPFV leadership has initiated discussions with the local child protection agency to fund the re-initiation of a similar component.

[22] Lederman, C., Malik, N., & Aaron, S. (2000). The Nexus Between Child Maltreatment and Domestic Violence: A View from the Court. *Journal of the Center for Families, Children & the Court*. 2, 129-135.

[23] Ibid.

[24] Malik, N., Lederman, C., Crowson, M., Osofsky, J. (2002). Evaluating Maltreated Infants, Toddlers and Preschoolers in Dependency Court. *Infant Mental Health Journal*, 23(5), 576-592.

[25] *Supra*, note 17.

[26] These evaluations are now referred to as the Early Childhood Relationship Assessment.

[27] Portions of this section contain previously published information written by the authors in Maze, C., Klein, S. & Lederman, C. (2003). The Use of Domestic Violence Advocates in Juvenile Court: Lessons from the Dependency Court Intervention Program for Family Violence. *Juvenile and Family Court Journal*, 54(4), 109-119.

Part II: Domestic Violence Advocates in Dependency Court

As previously discussed in Part I, the DCIPFV was an ever-evolving program that underwent numerous revisions and refinement during its seven years as a VAWO-funded demonstration project. This section of the Handbook will cover the day-to-day operation of the DCIPFV's domestic violence outreach, referral, screening, and victim services process during the final phase of continuation funding (October 2002 through March 2004). The protocols that were finalized and implemented during this phase of the program built on those developed in the preceding four years and continue to inform and impact the current operation of the DCIPFV as an outreach program of one of Miami's domestic violence shelter.

Client Outreach[28]

The expansion of the DCIPFV's domestic violence outreach, screening and victim advocacy services to all four dependency divisions of the Juvenile Court in early 2003, decreased the feasibility of universal screening and necessitated the development of referral criteria to assist the judiciary in determining which women were appropriate to refer to the program.

Several questions were considered in revising the referral criteria: (1) Are there specific types of child maltreatment that tend to frequently co-occur frequently with domestic violence? (2) Are there specific groups of clients that DCIPFV Advocates are not equipped to assist? (3) What is the best use of the Advocates' time and the program's human resources? Recognizing that anyone is a potential victim of domestic violence and lacking evidence-based research that identifies which types of dependency allegations tend to co-occur most frequently with domestic violence, the DCIPFV created referral criteria based on the effective use of the Advocates' time and skills.[29]

Thus, from January 2003 through April 2004, all cases with allegations of domestic violence in the Shelter Petition[30] were referred to the DCIPFV. Referrals are not accepted for mothers who are parties to an expedited termination of parental rights petition[31] or for mothers who are incarcerated for six months or more. Mothers facing an expedited termination of parental rights petition generally have a long history in the child protection system, and typically present with other confounding issues that

make them unlikely to benefit significantly from DCIPFV's services given the legal process involved and constraints on the Advocates' time. The difficult decision to exclude mothers in the foregoing categories was necessary in order to make the most effective use of the Advocates' time and expertise. (See Appendix 6 for DCIPFV Case Flow).

To facilitate the referral process, the DCIPFV Advocates attended the daily shelter hearings, observing for indicators that a mother's safety may be in jeopardy. The Advocates conducted a careful review of the allegations in the shelter petition and assess the interaction between the mother and father(s) during court proceedings. If the judge did not make the referral *sua sponte*, the Advocate could request that a mother be referred to the DCIPFV. Upon referral, the court explained to the mother that there was a program in the courtroom that helps women, and that it is entirely her choice to speak with an Advocate. Re-emphasizing confidentiality, the judge tells the mother that anything she discusses with the Advocate will be kept confidential unless the mother waives confidentiality in writing.

Upon referral, one of the program's Advocates discreetly approached the mother outside the courtroom at the conclusion of the hearing. Depending on the unique circumstances of the case, the Advocates attempted to meet with the mother in a quiet and private area in or around the courthouse. The Advocates also had access to a private office space at the courthouse. During this initial meeting, the Advocate reviewed the program's guidelines, including the DCIPFV confidentiality policy. After establishing a basic rapport, the Advocate conducts a domestic violence screening consisting of seven questions about the mother's current and former relationships.

Screening for Indicators of Domestic Violence

Screening questions were designed to identify possible indicators of domestic violence. If a woman answers "yes" to any question, she will be offered the program's intensive advocacy services. In addition, if either the mother or the Advocate has concerns for the mother's safety, services are offered.

The screening process to identify indicators of domestic violence is far from a straight-forward process, since evidence of its occurrence cannot always be obtained by asking concrete questions. In the court setting, physical indicators of violence are not readily apparent. Rather, it is the behavioral indicators that must be identified. Some of the behavioral indicators of victimization include emotional constriction and blunted affect, extreme withdrawal or aggressiveness, apprehension, fearfulness, depression, and sleep disturbance.[32] Adding to the complexity, some of the other insidious aspects of violence, namely the increasing control and emotional abuse by the abuser over time, are difficult to assess both because of reticence on the part of the mother to admit to such circumstances, as well as the nature of the abuse itself.

A review of the literature on domestic violence screening revealed a lack of any one definitive "screening tool" that could be implemented appropriately in the court setting. Rather, depending on the setting of the assessment and what it is intended to capture, a variety of methods are in use. For example, some domestic violence screening questionnaires are designed primarily for use in health care settings ranging from primary care offices to the emergency room. At a minimum, a screening should inquire about the frequency and type of current and past domestic violence, including physical, sexual and emotional abuse. Although questions are typically asked in a Yes/No format, it is often the case that asking the questions elicits lengthy responses from the women, and thus can require a significant amount of time to administer. Selecting a protocol for the DCIPFV therefore required consideration of length of time to administer, appropriateness of the questions for this population, and sensitivity in identification of abuse. (See Appendix 7 for Screening Tool and Instructions).

It was not uncommon for a mother who screened "positive" to initially decline services only to contact the Advocate several months later, ready to address the violence in her life.

Screening for Indicators of Domestic Violence

Although the decision by the DCF to remove their children may be predicated by a number of risk factors, most DCIPFV clients did not initially understand that their victimization and subsequent calls for help may result in the temporary, or even permanent, removal of their children. Oftentimes, they did not even endorse or recognize that the mistreatment, cruelty and exploitation they experienced were considered domestic violence. Frequently, at the time of screening, the Advocates faced distraught, depressed mothers who hesitated to trust anyone and were reluctant to reveal further information. At this critical moment, an Advocate provided emotional support to a mother as she shared her pain, and together they began to identify her most urgent needs. If a mother did not respond to any of the screening questions in the affirmative, the Advocate employed his or her experience working with this population and his or her clinical judgment to determine if the mother might be in danger or withholding information. If the Advocate believed the mother was even somewhat unsafe, he or she offered the mother services. It was likely that the mother was experiencing other abuse that she was not yet ready to share, and while the screen was designed to be sensitive, the extraordinary circumstances in which the mother found herself were not always conducive to complete disclosure.

The DCIPFV program found that more than 75 percent of the women who responded positively to one of the seven questions accepted and engaged in DCIPFV's advocacy services.[33] During the screening process, the Advocates expertly engaged with the mother and began teaching her about the dynamics of domestic violence. Advocates also took this opportunity to discuss safety concerns, assessed the lethality of the mother's current situation, and helped the mother plan for her immediate safety. Irrespective of subsequent participation in DCIPFV's advocacy services, mothers screened by a program Advocate benefited from exposure to information about domestic violence and its potential impact on her children. The DCIPFV recognized that change was a difficult and sometimes painful process and that timing was critical when making life-altering decisions. Even when a self-identified battered mother declined the program's services, the door was left open should she change her mind and desire help. It was not uncommon for a mother who screened "positive" to initially decline services only to contact the Advocate several months later, ready to address the violence in her life.

Lesson Learned:
It was the DCIPFV experience that Master's level social workers were best prepared for this work due to their training both as therapists and as change agents in social institutions.

Role of Domestic Violence Advocates in Dependency Court

The DCIPFV domestic violence victim Advocates fill a unique role in the dependency court system and in the lives of the battered mothers they serve. Unlike legal "advocates" in dependency court proceedings, the DCIPFV Advocates do not take an active role in the actual hearings, nor do they provide recommendations or opinions to the court. While an Advocate may accompany a client to a hearing, the Advocate provides non-legal, multi-faceted support to battered mothers in a multitude of ways and performs a variety of overlapping functions depending on the each client's self-identified needs, as described below.

Assessment.

The focus of this activity is both safety and meeting human needs. Assessment begins with assertive outreach by the victim Advocates. Each woman's situation and her priorities are unique and may vary according to her specific set of circumstances. The Advocate discusses the areas in which the client needs help and describes how the program's advocacy can assist the client in meeting her goals. Together, they review the client's current

situation, examining strengths and areas needing improvement, and assessing what problem-solving approaches have or have not worked in the past. Through this process, the Advocate assesses the client's physical and mental health, her self-esteem, and her insight into the violence and safety issues in her life. The Advocate also reviews the mother's "environment," discussing employment, support systems, positive relationships, legal status, and safety planning. During the assessment phase, the Advocate explains what she can help with and the limits of confidentiality, specifically addressing the Advocate's responsibilities as a mandatory reporter of child or elder maltreatment. This marks the first step in forming trust and rapport with the client.

Crisis Intervention.

While crises may arise at any time, it is not unusual for the client to be "in crisis" when an Advocate first makes contact. Often, if not always, the woman has had her children removed from her custody within the past 24 to 36 hours and is appearing before a judge for the first time. A client may be agitated, depressed, angry, confused, or appear to be "falling apart". She may have ceased normal functioning such as eating, sleeping, bathing, and taking care of herself or her children. Her usual support systems, if she has them, may not be helping and she may be a threat to herself or others.

If a client or prospective client is experiencing a crisis, the Advocate takes a pro-active approach and applies crisis intervention principles and practices in working with the client, focusing on helping the client achieve safety and a more balanced emotional state. Some of the crisis intervention techniques the Advocates use include:

- Assessing the client for suicidality or homicidality (See Special Considerations and Protocols section below).
- Identifying manageable problems and identifying tasks that can be easily accomplished by the client.
- Reassuring the client that she is not alone and her reactions to the crisis are normal.[34]

Even in a crisis situation, Advocates must be careful to avoid directly and actively intervening on behalf of the client without securing her permission; otherwise, the Advocate risks engaging in behavior that appears similar to the abuser's controlling and coercive tactics.

Emotional Support.

The Advocate assists the client by helping her understand and manage anxiety and voice concerns, feelings and frustrations. Often, the Advocate helps the client recognize and work through her feelings of love, care and sympathy for the abuser. These normal emotional responses and feelings are usually not acceptable to express in the dependency court environment where the expectation is that the battered mother immediately separate and denounce the abusive partner. It is common for victims of domestic violence to lose the support of friends and family members after they have returned to the abuser several times before maintaining the break—a process that leaves most loved ones confused, angry or emotionally depleted.

DCIPFV Advocates also provide emotional support to clients for the many losses these women typically experience in a very short period of time. Grief is a normal reaction to loss, and battered mothers often experience many losses. Emotional support is necessary as she goes through the process of realizing the losses, confronting the pain, and experiencing the anguish. The loss of her hopes and dreams for a happy family, emotional losses subsequent to the removal of her children and separation from her partner, as well as material loss or losses of socioeconomic status are among the types of losses for which a battered woman needs to grieve.

The Advocate must be able to respond empathetically to the client. Empathy is the ability to intellectually and imaginatively tune into another's state of mind intellectually and imaginatively. Those who have attempted to study the empathic response have concluded that it appears to be comprised of a combination of a constitutional predisposition for empathy and talent in expressing it.[35] In order for the Advocate to effectively build a

collaborative relationship, the client must feel that her story has been heard and understood.

Planning and Strategizing.

Planning includes not only safety planning, but also goal setting and identifying priorities. Safety planning is an essential component of working with victims of domestic violence and includes constructing strategies to avoid immediate physical harm, as well as long range planning to craft a future that minimizes risks posed by a current or former abusive partner.[36] The planning and strategizing function also encompasses individual service planning and goal setting. Activities include reviewing the client's needs and issues, and determining a course of action to reach resolution. The Advocate helps the client anticipate obstacles and jointly determine how to avoid or respond to them. The planning process is ongoing as the client sets, attains and maintains new goals and revises old ones.

Education.

Many of the battered mothers seen by DCIPFV Advocates are simply not aware that what they are experiencing has a name and that there are many other women experiencing the same pain, confusion and despair in their relationships. Of equal importance, it is often the case that DCIPFV clients are not aware of the impact that witnessing domestic violence has on their children. The Advocates provide extensive information, education and counseling on the dynamics of domestic violence, the impact of domestic violence on children, and the availability of community resources for themselves and their children. When the program had six Advocates divided among the four dependency divisions, the Advocates generally met with their clients two to four times a month for one to three hours per meeting. Since transitioning the program to the shelter, the Advocates meet less frequently, relying more heavily on clients to seek their help as needed. When meetings with their clients, Advocates discuss reactions to trauma ranging from substance abuse, depression and/or anxiety, and, as appropriate, clients are encouraged to seek treatment for overcoming these traumatic sequelae. DCIPFV clients are also encouraged to identify and examine parenting stressors and, when indicated, the Advocates will link them to parenting skills education courses.

Advocacy.

After the client is able to articulate her goals and needs, the Advocate works diligently to connect her with the available community resources on a frequent and ongoing basis. Advocates evaluate and acquire needed resources and assist clients in negotiating systems to further their progress toward personal and safety goals. To be effective, Advocates must be well-versed in the various social service systems available to the client and to be able to thoroughly explain the processes involved. If a client waives confidentiality, the Advocate is at liberty to work closely with the DCF case worker and/or the client's court-appointed counsel to coordinate services and assist with or facilitate appropriate case planning and service provision for the family.

The Advocates facilitate and actively engage with the client in the following systems and services:

- Legal Services/Legal Aid
- Petition for Injunction (a.k.a., Order for Protection)[37]
- Employment Assistance Programs
- Immigration Information or Service Agencies
- Community-Based Healthcare Providers
- Mental Health Services
- Temporary Shelter and/or Housing Providers
- Educational/Vocational Programs
- Relocation/Victimís Compensation Funds
- Basic Needs (i.e. food and/or clothing)
- Child Care Services
- Income Subsidy Programs
- Access to Emergency or Public Transportation
- Public Entitlements
- Support Groups or Individual Therapy
- Child Protection System
- Criminal Justice System

Monitoring.

The Advocates provide ongoing counseling to facilitate their clients' successful accomplishment of her their personal goals. The Advocate helps the client by encouraging and challenging her to focus on fulfilling her plans for emotional and physical health, as well as **the safety of both herself and her children.**

Key Components of Domestic Violence Advocacy in Dependency Court

Client Confidentiality

Confidentiality of participation and communication by program clients is a fundamental principle that permeates all aspects of DCIPFV activities. Confidential communication between Advocate and client protects each program participant from re-victimization, both from the abuser and/or from the intentional or unintentional operations of other community institutions. Advocates who have completed mandatory training curricula of the Florida Coalition Against Domestic Violence (FCADV) are eligible for "privilege certification" pursuant to Florida Statute 90.5036. This means that once the Advocates have registered with, and received notification of their certification from the FCADV, they have a statutorily-recognized standing to claim (on behalf of their clients) the privilege to maintain confidentiality of their communications with domestic violence survivors. Registration with the FCADV is accomplished by application and proof of successful completion of the educational requirement. All DCIPFV Advocates are registered with the FCADV.

Maintaining confidentiality requires that information about a domestic violence clients may not be disclosed without the written consent of the client to whom the information or records pertain, except under very specific circumstances such as child abuse, elder abuse, threat of suicide or homicide, an arrest warrant, search warrant, and medical or fire emergency. As indicated in the section describing the Memorandum of Understanding with the Department of Children and Families, this protection includes communications between Advocates and their clients. Unless a program participant gives written consent, her Advocate will not acknowledge to the judge, court staff, or DCF personnel whether the mother has participated in the screening, has positive indicators of domestic violence in the screen, or if she is engaged in program services. If a client wishes her program Advocate to communicate with the judge, DCF personnel or court staff, the written release signed by the client is both content-specific and time-specific.[38] (See Appendix 8 for Release of Confidentiality Form.)

Voluntary Participation.

Another unique aspect of the DCIPFV is the voluntary nature of program participation. Although the dependency judge refers the mother to the program, a mother cannot be court ordered to work with an Advocate, and participation in the DCIPFV cannot be a requirement of her DCF case plan. The child protection system is ultimately a coercive system, and there are often parallels between the mother's powerlessness in her relationship with an abusive partner and her experience as a system participant. The DCIPFV model is the result of a conscious effort to avoid the inherent coerciveness of the child protection process, giving the mother the ability to make her own choices about the help she desires. The voluntary nature of the intervention also assures that program resources focus on those clients who choose to receive support and assistance from an Advocate.

The voluntary nature of the intervention also assures that program resources focus on those clients who choose to receive support and assistance from an Advocate.

Client-Driven Advocacy.

The Advocates utilize a client-centered approach in their work. Significant time and energy is devoted to developing a healthy, trusting, and professional relationship with program clients. The Advocates' inherent respect for and responsiveness to each client presents a model for future relationships. Their

clinical, non-judgmental approach promotes trust and continued participation by the client.

Supporting the autonomy of the adult victim includes respecting the client's right to self-determination. An Advocate provides information to assist a client in making informed decisions and offers feedback when the client's assessment of her situation, or her choices, appears inaccurate or self-destructive.[39] However, the Advocate must be ever mindful that the client is entitled to make the final decisions concerning her life and regarding her best interests. To deny battered mothers the right to determine the appropriate course of action risks the possibility of the Advocate behaving in a controlling or coercive manner reminiscent of the batterer's abusive behavior.

Cultural Competency.

The diversity of cultures represented by the families involved in Miami's dependency court further compounds the complexity of screening mothers for domestic violence. Cultural expectations of roles within intimate relationships vary depending on an individual's country of origin and family background.[40] The cultural beliefs and attitudes of a mother may prevent her from accepting that it is wrong for her to be hit by her husband or partner to hit her and will likely cause her to deny the existence of "domestic violence." The cultural and linguistic familiarity of an Advocate may also impact a mother's willingness to discuss her experiences. Pride as well as shame may restrict a battered woman from disclosing abuse to an Advocate from the same culture. Language barriers may prevent a mother from accurately describing the nature of her relationship. Pride as well as shame may restrict a battered woman from disclosing abuse to an Advocate from the same culture. Conversely, a common linguistic background between the victim and the Advocate appears to better facilitate disclosure during screening. In light of these sensitive cultural issues, DCIPFV program leadership made concerted efforts are to hire a diverse and bilingual staff who are mindful of the need to be "culturally competent" while engaged in this work.[41] Staff are also encouraged to participate in local and state training that addresses cultural competency in the social service field.

Manageable Case Loads.

While many social service professionals are under a mandate to meet specific community needs, the DCIPFV is not. The program is able to remain committed to providing outreach and advocacy services to a large number of qualified individuals without sacrificing quality. This approach necessarily requires a manageable caseload of between 15 to 20 active cases per Advocate and limiting the number of new cases obtained each week. On occasion, the program restricts referrals in order to optimize the Advocates' caseloads. This approach, in addition to the frequency of supportive supervision for the Advocates, is largely responsible for the high number of Advocates retained since the program's inception in 1997.

Advocate Training and Supervision

In order to ensure that the Advocates are fully equipped to perform their roles to the highest level of social work practice, a systematic training process was designed, and implemented and continues to be updated. While many of the skills required for domestic violence advocacy can be learned and developed in other disciplines, it is critical that Advocates thoroughly understand the many facets and dynamics of domestic violence and the complex processes of the legal and social service systems within which they work and interact, and that they apply their understanding appropriately.

The first DCIPFV Advocates were provided community-specific training through pre-arranged, peer-exchange experiences at the domestic violence court and its injunction unit, the dependency court, Safespace Shelter, the Guardian *Ad Litem* Program, domestic violence units of local police

departments, and the State Attorney's Office. Advocates also met with DCF child protection workers, Legal Aid and Legal Services attorneys, and domestic violence support group providers.

As the program continued to bring on new staff, an Advocate Training Manual[43] was developed to efficiently and thoroughly introduce new Advocates to the policies and protocols of the DCIPFV and the various social service and legal entities with which the program interacts. The Advocates also receive and maintain a Resource Notebook with hotline numbers and community service providers for every services ranging from substance abuse treatment to parenting skills courses. To round out the Advocate training process and to ensure qualification as a "certified" domestic violence victim advocate allowed privileged communications, each Advocate is required to attend a lengthy training sponsored by the Florida Coalition Against Domestic Violence before taking his or her first case.

In the final phase of the initial Advocate training, the new Advocate "shadows" a more experienced colleague or the advocacy supervisor, who models program service provision. When the supervisor is satisfied that the Advocate is ready to work independently, the Advocate is assigned a very limited number of cases. During this time, the Advocate consults frequently with the supervisor and receives a great deal of feedback. When both the Advocate and supervisor feel the Advocate is ready, more cases are gradually added to the Advocate's caseload.

The DCIPFV encourages Advocates to participate in conferences and ongoing training opportunities. Additionally, the supervision process provides a forum for augmenting and reinforcing skills related to important facets of practice such as safety planning, appropriate and sensitive clinical intervention with battered women, screening techniques, records maintenance, accessing local resources, and intensive case management methodology. Program staff meet regularly with their counterparts from DCIPFV's partnering organizations.

Advocate Training and Supervision

The intensive and highly emotional nature of domestic violence advocacy requires not only skilled and specially trained social workers, but also ongoing opportunities for support and self-reflection. The DCIPFV model requires the Advocates to spend one-and-a-half hours per week in group supervision with the program's master's level veteran Advocate and one hour a week in individual supervision. The Advocates use this supervision time to discuss difficult issues and system challenges, vent their frustrations, and provide support to each other. The supervision process encourages Advocates to look at the sources of any challenges they experience in working with a particular client or with the system, and to better identify and moderate any personal biases that might affect their work with clients. The Advocates report on how that the supervision process has been essential to their longevity and satisfaction with this work.

Special Considerations and Protocols

Some issues are common to nearly all battered mothers in the child protection legal system. Personal safety, protection of children, and navigating the child protection system and community resources systems for battered women are among the issues generally shared among by all DCIPFV clients. This includes clients requesting to go to a battered women's shelter or wanting to obtain an injunction for protection, and clients with mental illness or medical conditions. Many DCIPFV clients' cases are complicated by poverty and/or immigration issues. However, in the course of providing services, Advocates also encounter a number of unique situations or crises involving women facing HIV/AIDS, eating disorders, suicidal or homicidal ideations, unwanted pregnancies, or repeat calls to the child abuse hotline.

To ensure timely and appropriate

responses to the many complex needs of DCIPFV"s clients, the program has collected and compiled aids and protocols commonly utilized in the domestic violence victim advocacy field to assist the Advocates. These tools, which are part of the Advocate Training Manual, include (See Appendix 9 for Sample Assessments and Protocols):

- Lethality Assessment
- Suicide Assessment
- Signs and Symptoms of Depression and Post Traumatic Stress Disorder
- Reporting Child Abuse or Elder Abuse
- Documenting and Disclosing Domestic Violence
- Contacting 911

Documentation and Disclosures

Documentation and disclosure of domestic violence may dramatically increase the risk of harm for women and children. This is especially true for battered women involved with the dependency court and child welfare system as there are routine procedures that lead to the disclosure of personal information that may put a battered woman at risk.[44] The work of Ganley and Schechter (1996) was particularly instructive in designing a protocol to reduce risk when it is necessary to divulge information related to a client's status as a victim or victimization:[45]

- Any information in the case record pertaining to confidential addresses should be redacted.
- Victims may register with the Address Confidentiality Program of the Office for Victims of Crimes, which provides for a post office box address for delivery of mail that is then forwarded to the victim's actual address.
- Any disclosures regarding the child's or mother's safety should not be shared with the offender.
- When information must be shared, such as in court proceedings, battered women should be notified so they may plan for their safety.
- When disclosure of domestic violence is made during dependency proceedings, attorneys may need to request a "side bar" (or private conversation with only the attorneys and the judge) to inform the judge of the possible consequences of such disclosure.
- All documentation of domestic violence (e.g. affidavits) should be written in a manner that holds the batterer responsible.
- Safety of mothers and children must be considered when planning case transfers to a new case worker (e.g. ensuring the new worker knows not to notify the offender of the mother or child's whereabouts).

Advocate "progress notes" or "case notes" should also be appropriately maintained in order to avoid potentially exposing clients to unintentional danger or disclosure of incriminating information.

Reporting Child or Elder Abuse.

There are overriding legal limits to confidentiality, including risk of suicide, homicide, evidence of child abuse and neglect, and maltreatment of the elderly. Program Advocates are exceptionally clear in their communications with clients that child abuse must and will be reported. This condition is fully described to mothers before they decide whether or not they want DCIPFV advocacy services. On the occasions when reporting has occurred, DCIPFV Advocates encourage client involvement in the notification to the DCF of risk to children to continue to promote client trust and education.[46]

Safety Planning with Clients.

Safety planning with battered mothers is a cornerstone of the services provided by the DCIPFV Advocates. Safety planning is an on-going and multi-level process. Both external and internal forces impinge on a woman's ability to protect herself and her children from the batterer. The risks posed by the abusive partner as well as risks created by other life-related conditions must be carefully reviewed.[47] Critical environmental

or "external" factors include the woman's employment status, her immigration status, and her access to affordable housing and transportation. Likewise, a battered woman's mental and physical health inevitably impacts her course of action. If the victim is a member of a group already experiencing discrimination (e.g. woman of color), her status as a victim of domestic violence, and as a woman of color, will exacerbate the impact of this discrimination.[48]

There are three types of safety planning facilitated by the DCIPFV Advocates (See Appendix 10 for Safety Planning Case Work Aids and Personalized Safety Plan):

- **Assessing for Immediate Safety:** This process is intended to address immediate safety needs at the time of initial contact. The Advocate attempts to ensure that the woman and her children (if in her custody) are safe at the moment of assessment and that they are not in immediate danger or in need of emergency shelter at that time.
- **Safety Planning During an Incident:** This involves planning in case of an emergency and addresses issues such as avoiding being trapped in rooms without easy exits, avoiding arguments in locations where weapons or other potentially lethal devices may be stored, where to go in an emergency and how to get there, child safety, etc.
- **Comprehensive Safety Planning:** This is a detailed plan, which can be short or long-range. The comprehensive safety plan is developed with the client over the course of several contacts, dependency depending on the woman's sense of urgency and the Advocate's assessment of the accuracy of the client's risk analysis.[49] Whenever appropriate, comprehensive planning is re-visited with the client. This and other written safety plans may not be appropriate for all women to take home; in some instances, the information it contains may increase the risk to the family should the abusive partner become aware of its the plan's existence.

Because many battered women are socially isolated, Advocates may be the only people in close contact with DCIPFV clients and may also be the only ones who know about their clients' victimization. Thus, Advocates have occasionally been placed in situations requiring a quick and appropriate response. Advocates establish a "code word" with each of their clients to indicate that: (1) the abusive partner is present or listening or that it is not a good time to talk; and (2) that the client requires police assistance immediately. The process of safety planning is a joint effort that is individually tailored to a woman's particular circumstances, priorities, and perceptions. Advocates are expected to inquire about a each client's safety during every telephone or face-to-face contact, and to provide information and assistance as indicated. This is not always a straight-forward process and it is critical not to pursue issues of safety in great detail if the client has indicated that she has other more pressing concerns. In these instances, the Advocate may ask one or two questions about immediate safety to assess the need to delve deeper at that moment.[50]

As indicated, the Advocates also assist clients in safety planning with and for their children. In fact, in the DCIPFV's early years, program leadership developed a booklet titled, "Keeping Families Safe: A Family Violence Handbook," with specific information to parents and children about domestic violence and child safety planning.[51]

Worker Safety.

In addition to safety planning with battered women, the Advocates are trained and expected to engage in safety planning for themselves. To that end, the DCIPFV has developed a Worker Safety Protocol that each Advocate should receive and sign in acknowledgement of their agreement to adhere to the policy.[52] The protocol includes writing appointment times and locations on a master calendar, using the "buddy system" for high risk field visits, notifying to a supervisor that a field visit has safely ended if the Advocate will not be returning to the office subsequent to the visit, as well as emergency contact numbers and procedures in the event that an Advocate has not checked in as expected. Additionally, Advocates use only their first name or a fictitious name when in the

field, including the use of business cards that do not reflect last names or an office address.

Providing "Direct Aid."

As the challenges to battered women faced with the crisis of child abuse allegations began to be appreciated in the program, several concrete needs were identified including emergency cash assistance, basic necessities, transportation, and shelter. Likewise, facilitating clients' needs in accessing other community systems such as the Domestic Violence Court and the Domestic Violence Intake Unit, the State Attorney's Office, and local police departments were considered. Staff identified convenient and comfortable ways to meet with clients in locations that were both easily accessible and safe.

In the initial year of operations, clients received a portion of the direct aid funds raised by the Dade County Alliance Against Domestic Violence. This group of agencies, service and healthcare providers, law enforcement departments, non-profit and civic organizations, educators, members of the faith community, grassroots organizations, and survivors of domestic violence was established in 1986 to engage in public education and awareness. Several years ago, in response to the urgent needs of battered women in crisis, the Alliance began to sponsor a walk-a-thon to raise emergency relief funds for distribution to victims through its member organizations. These funds are used to meet a variety of needs, the most common of which are food, transportation, rent, deposits, utilities, child care, moving costs, and emergency relocation expenses. Program staff members became active members of the Alliance, which greatly helped coordination efforts as staff developed relationships among the staff of other agencies and organizations responding to battered women.

By the end of the first year of operations, it became clear that clients whose families were victimized by both intimate partner violence and child maltreatment had significant needs for emergency relief that were beginning to monopolize and deplete a large proportion of the community's available direct aid funds. It became necessary to create a dedicated emergency assistance program within the DCIPFV. Some of the assistance was provided in the form of grocery vouchers and products; and some aid was in the form of cash. The direct aid funds were a line item of DCIPFV's grant budget. (See Appendix 11 for Direct Aid Disbursement Record and Protocol).

Lessons Learned

As previously explained in Part I, the DCIPFV was actively engaged in a comprehensive program evaluation process during its last continuation funding cycle (October 2002 through March 2004). In June 2004, the program director and evaluators took their first look at voluminous data collected between May 1, 2003 and May 1, 2004, during which the program was covered by the Florida International University's (FIU) Institutional Review Board (IRB) approval. Of the 869 'FIU IRB covered' cases, 182 were screened by DCIPFV staff for prospective enrollment in program services, while 687 were either not referred for screening to the program or not screened by a DCIPFV Advocate.[53] Of the 182 screened cases, all but a few "screened positive" and accepted services. While the data were collected and entered in a standardized and systematic way, the DCIPFV does not consider the data conclusive with respect to co-occurring domestic violence and child maltreatment. Even so, the value of the data lies in the lessons learned about adult and child victims of domestic violence who are involved with child protection proceedings, and the feasibility of screening for domestic violence and engaging in victim advocacy in dependency court.[54]

Summary of Evaluation Findings

182 dependency cases were screened by DCIPFV staff for prospective enrollment in program services during the study timeframe covered by Florida International University's Institutional Review Board (IRB).

Screening for Domestic Violence

- There were positive indicators of domestic violence in 89.1% of all cases screened.
- Services were accepted in almost all of the screened cases in which they were offered (93%).
- In 33 cases in which domestic violence was *not* alleged in the shelter petition, when screened, indicators of domestic violence were present in 81.7% of these cases and DCIPFV services were accepted by 75.8% of the mothers.
- Advocates agreed in 26.9% of the instances where women said they felt safe, 50.6% of the instances in which the women said they felt somewhat unsafe, and 80.7% of the time when the women said they did not feel safe at all.

Clients Served

- 42.3% of DCIPFV-screened cases involved Latina women (higher than the 28.8% Latinas in the dependency court population in the same time frame that were not screened). African American women represented 39.6% of the DCIPFV screened group (lower than the 53.9% African American women in the dependency court population in the same time frame that were not screened).
- The majority of DCIPFV clients were not high school graduates, although 20.8% had at least some college. 57.1% of clients were unemployed.

Domestic Violence Allegations and Co-Occurring Conditions

- Allegations of domestic violence in the initial shelter petition were more prominent among DCIPFV cases (67%) than among those not screened (13%).
- Of the DCIPFV screened mothers, 19.2% reported substance abuse. 6.6% reported to have mental illness.

Children of Mothers Involved with DCIPFV

- DCIPFV-screened cases involved more children per mother than those cases not screened. DCIPFV screened cases tended to have younger children than those cases not screened.
- Most children in a given case were record-ed as having the same placement.
- Placement with mothers was much more frequent among DCIPFV cases (20.9%) than in cases not screened by DCIPFV (6.7%).
- Two-thirds (67%) of the children with closed cases (n=43) at the time of the data review, had been reunified with a parent by the time the case was closed in dependency court. In an additional 16.5% of cases, the dependency petition had been dismissed (i.e., the child was either never removed or the removal was short-term).
- Reunification and dismissal represent the final legal dispositions for 83.5% of the cases closed by both the DCIPFV and the court at the time of the data review. These children were most frequently placed with their mothers (65.9%); 5.5% were placed with their fathers; and another 12.1% were placed with both parents.

Domestic Violence Advocacy in Dependency Court

- Advocates spent an hour or more in outreach (i.e., waiting in court for referrals) for 17.3% of all dependency cases and for 33.2% of those who were actually referred to DCIPFV and screened for domestic violence by the Advocates.
- Advocates reported spending an hour or more in face-to-face contact per week with 8.9% of the 146 cases for which these data were collected.
- Domestic violence counseling was the most frequent category of service provision, followed by "dependency court support, advocacy, and accompaniment."
- The majority of DCIPFV clients received additional assistance and services above and beyond those required by the court-ordered case plan.

Screening for Domestic Violence Indicators in Dependency Court

A key element of the DCIPFV was to identify cases in which domestic violence is a co-occurring problem in addition to child maltreatment. A focal point in the DCIPFV screening process are is the responses of interviewed women to the seven questions chosen for the screening tool that were designed to serve as 'indicators' of domestic violence (see the Screening Tool in the Appendix 7 for the exact wording of the seven items). As detailed earlier, operationally, a 'yes' to any one of these questions, with either the current or former partner as the referent, is considered to be indicative of domestic violence for the purposes of offering domestic violence victim advocacy and supportive services.

In 89.1% of all screened cases, there were positive domestic violence indicators (i.e. one or more 'yes' responses to the screening questions and services were offered). In 2.7% of the screened cases, there were no such 'yes' responses to indicator questions, but services were nevertheless offered and accepted. In almost 93% of the screened cases in which services were offered, the woman accepted them. In a small minority of cases (3.3%), positive indicators (a 'yes' on any screening question) were reported, but services were declined. In only 4.4% of the screened cases in the database analyzed, were there negative domestic violence screening results and no offer of services.

For an interesting subgroup of 33 cases, domestic violence was not alleged in the shelter petition. However, these women were referred to the DCIPFV (usually upon request by the Advocate) and, when screened, indicators of domestic violence were present in 81.7% of these cases, and 75.8% of these women accepted DCIPFV services. It is very likely that the women (and children) in this category would not have been identified as needing domestic violence supportive and intervention services had the in-court screening process not been in place.

Thirty-one cases were examined in which domestic violence was alleged but DCIPFV screening did *not* occur. Most frequently—in 39.5% of such cases—the mother was not screened because she fit into one of the exclusionary criteria noted earlier (i.e. expedited termination of parental rights proceeding, mother not present, or mother incarcerated for more than six months). Twelve percent (12.3%) of such cases were not referred because the mother failed to appear for her next hearing, after which point the Advocate was no longer required to attempt to screen a mother. Sixteen percent of the non-referrals, despite allegations of domestic violence, were attributed to the unavailability of an Advocate. (As noted earlier that there were periods after the project was expanded from two courtrooms to four that Advocates' caseloads were overwhelming and they had to temporarily cease accepting new cases.)

Among women who reported having a 'current partner' at the time of screening (usually at the very beginning of the dependency case), 39.6% responded 'yes' to the question 'had a fight where either of

you were pushed, kicked, punched, slapped, hit or hurt?' and 24.7% reported 'yes' to 'tried to stop you from doing or thinking what you want?' Thirty-four percent (34.1%) said that her current partner called her names, 29.1% reported that her partner made her feel bad, 28% viewed their partner as a physical threat, 27.5% said that her current partner made her worry about her safety, and 25% reported that her current partner put her down.

Among all women with current partners (118 of the 182 women screened by the DCIPFV during the one- year period examined), 19.5% answered 'yes' to all seven screening questions, 11.9% answered 'yes' to five questions, and 11% answered in the affirmative to one question. Twenty-six point three percent (26.3%)of the women with a current partner did not answer 'yes' to any of the seven screening questions. When the frame of reference is 'former partner' (as indicated by responses by 100 of the 182 DCIPFV screened women), 8.0% said 'yes' to none of the domestic violence screening questions but 34.0% said 'yes' to all of these questions.

The screening tool also records the interviewed women's self-evaluation of 'how safe do you feel with your current/ former partner right now?' with response options (separately for current and former partners) of 'safe,' 'somewhat unsafe,' and 'not safe at all.' In addition, the form records the advocate/interviewers' responses (same options) to 'how safe do you think this mother is right now?' Forty-one percent of the mothers reported feeling 'safe' with respect to their current partner (41.2%), while the Advocates shared this view in only 7.1% of the cases. At the opposite end of the continuum, 8.2% of the women felt 'not safe at all' with their current partner, in contrast to 24.2% of the cases where Advocates felt this for the women. In summary, women reported feeling safer from with both current and former partners while, at the same time, the Advocates assessed her women as less safe. Combining the current and former partner categories, Advocates agreed in 26.9% of the instances where women said they felt 'safe,' 50.6% when the women said they felt 'somewhat unsafe,' and 80.7% of the time when the women said they did not feel safe at all.

Clients Served

As might be expected from the Hispanic/Latino majority in the local general population, Latina women were the most frequently observed ethnic group in DCIPFV-screened cases (42.3%). This figure is more notable for its being considerably higher than the 28.8% Latinas in the dependency court population in the same time frame that were not screened. In contrast, African American women represented 39.6% of the DCIPFV screened group, much lower than the 53.9% among their counterparts in the same time frame who were not screened. The possibility of systemic racial/ethnic selectivity may warrant further examination by program staff of the recruitment, engagement and eligibility processes.

Again as might be expected, among the 29 DCIPFV-screened women who reported having limited English proficiency, the great majority (86.2%) gave Spanish as their primary language. Interestingly, Creole emerged as a significant (15.8%) primary language among the 19 limited English proficiency women who were not screened. It is noteworthy that, despite efforts to hire a Creole-speaking and/or Haitian Advocate, the program did not employ one during the time the data were collected.

The available data show a DCIPFV population where a majority are not high school graduates, though the 20.8% with at least some college might be higher than most would expect. Only about one in eight women (12.6%) were recorded as being currently enrolled in some form of education or training. The majority (57.1%) were currently unemployed, though 24.2% were reported to be employed full-time.

Domestic Violence Allegations and Other Co-Occurring Conditions

Allegations of domestic violence in the initial shelter petition were much more prominent among DCIPFV-screened cases (67%) than among those not screened (13.3%), as would be expected. Physical abuse allegations with children as victims were slightly more prevalent (24.6%) among the DCIPFV-screened cases compared to those cases not screened (23.1%). Sexual abuse allegations were relatively infrequent, and the differences between the screened and not screened groups were negligible.

The DCIPFV also captured data from the shelter petitions regarding "other alleged conditions" (i.e. substance abuse, mental illness, developmental delay and serious medical condition). Of the DCIPFV-screened mothers, 19.2% were reported to be substance abusers. Also, 6.6% of the DCIPFV-screened mothers were reported to have a mental illness. Comparing data for the 687 dependency court cases in the database for the IRB-covered time period that were not DCIPFV-screened, 675 of which had allegations data recorded. In summary, these cases show a similar referent-condition pattern with a higher prevalence levels for mothers' substance abuse, mental illness, and serious medical conditions.

Children of Mothers Involved with DCIPFV

Because IRB approval was given for mothers who were screened by the DCIPFV Advocates, the program did not collect a great deal of information about the mothers' children during the program evaluation period. Even so, interesting information was found when looking at family size and the ages of the children of mothers involved with the DCIPFV. Overall, the DCIPFV-screened cases involved more children per mother than those who were not screened, (e.g. 35.5% of the DCIPFV screened cases had families with three or more children compared to only 22.4% among those cases not screened). The DCIPFV-screened cases tended to have younger children than the cases that were not screened (e.g. almost one-half (49.6%) of the non-screened cases had youngest children age four or older compared to only 31.3% of the DCIPFV-screened cases). The comparable figures for six years or older are 41.2% (screened) versus 20.3% (not screened).

The program also collected information on placement at the time of the shelter hearing for each of the children in the case/family. In most instances, all children in a given case were recorded as having the same placement. In the infrequent

occurrence when this was not the situation, the placement used to summarize cases was the placement reported for the most children in the family. Shelter placement was the dominant placement (61.7%) among cases not screened. Shelter placement was the second ranked placement (35.2%) among DCIPFV-screened cases. Placement with relatives was the next most common placement (30.1%) among those not screened, and was the most frequent of all placements (40.7%) for DCIPFV-screened cases. Placement with mothers was much more frequent among the DCIPFV cases (20.9%) than in cases not screened by the DCIPFV (6.7%). Although still infrequent, placement at the shelter hearing date with fathers was higher among screened (4.9%) than non-screened (1.9%) cases.

Of the 72 closed cases in the DCIPFV database, 43 cases were also closed in dependency court at the time of the data review. Two-thirds (67.0%) of the children in this cohort of 43 cases had been reunified with a parent by the time the case was closed in dependency court. In an additional 16.5% of the cases closed in dependency court and the DCIPFV database, the dependency petition was dismissed, meaning that the child was either never removed or that the removal was very short term. Together these two outcomes represent the final legal status or disposition for 83.5% of the cases closed by both the DCIPFV and the court at the time of the data review. These children were most frequently (65.9%) placed with their mothers, but 5.5% were placed with fathers and another 12.1% with both parents.

The third most frequently noted (13.2%) legal status or disposition of these cases was 'long-term relative custody,' indicating that 'permanent' custody was granted to a relative of the child(ren). Another 1.1% of the children in the cases in this review were 'emancipated,' thus causing an end to their dependency case. Only 3.3% ended with 'termination of parental rights' (1.1% voluntarily and 2.2% involuntarily). Another 13.2% of the children in these reviewed cases were permanently placed with relatives. Only 3.3% were recorded as having been placed in foster homes.

Domestic Violence Advocacy

The DCIPFV Case Information Sheet (see Appendix 5) captured the 'total time spent on client outreach' (in 10- minute increments) on all dependency court cases. The data reflect that the Advocates spent an *hour or more* in outreach (that is, waiting in court for referrals to be made to the DCIPFV by the judge) for 17.3% of *all* dependency court cases, and for 33.2% of those who were actually referred to the DCIPFV and screened for domestic violence by the Advocates. Advocates, judges, and the program director, emphasized over the course of this project how demanding the courtroom-based outreach process is on Advocate time.

Advocates reported spending an hour or more in face-to-face contact per week with 8.9% of the 146 cases for which this data were collected (see Progress Notes Time Sheet in Appendix).[55] They spent 30 minutes or more minutes per week face-to-face with 38.4% of these 146 clients, and 10 or more face-to-face minutes per week with almost 7 seven in 10 (69.9%) clients. One in five clients were shown to have no face-to-face minutes at the point the records were abstracted.

Not surprisingly, 'domestic violence counseling' was the most frequent category of service provision. 'Dependency court support, advocacy, and accompaniment' was the second most frequently recorded service provided to the DCIPFV's clients. As the clients identified goals and objectives with the help of their Advocates, Advocates also indicated whether the objectives the women identified were part of their dependency court-ordered case plan as well. (The case plan details the goal(s) for the family, (i.e. reunification, adoption, etc.) and is one of the key elements of the dependency court case. The plan, which becomes part of the a court order once approved and signed by the judge, delineates the tasks that the parents and other parties need to complete in order to accomplish the case goal. The tasks in the case plan

must be reasonably related to the allegations in the dependent petition). Sometimes, a DCIPFV client's personal goals and objectives, which are identified in cooperation and consultation with the Advocate, are different from those required by the court and outlined in the case plan. For those objectives that were sought by DCIPFV clients, 80% were *not* part of the case plan, and for those objectives that were finally obtained, exactly half (50.0%) were also part of the court case plan. Thus, the majority of DCIPFV clients received additional assistance and services above and beyond those required by the court-ordered case plan.

To determine staffing patterns as well as the rate at which DCIPFV could take on new cases, it was necessary for the program to determine how long DCIPFV clients were engaging in the program's services. Looking at the difference between the date the Advocate last had contact with the client and the shelter hearing date (which is essentially the 'opening date' in the DCIPFV database), the elapsed time from shelter hearing to last client contact was less than one month for one case in five (20.8%). Case length, using this definition, was between one to two months for 27.8% of these closed cases. For over one-half (51.4%) of these closed cases, the elapsed time from shelter hearing to date of last contact was three or more months. One year or longer was the elapsed time for 15.3% of these cases.

Part II Endnotes

[28] Ibid.

[29] The program hopes to utilize its data to determine whether there are any evidence-based correlations between women who accepted the program's services and the types of allegations that led to their involvement with child protective services and the dependency court.

[30] The Shelter Petition is the initial petition filed by the Department of Children and Families upon removal of a child. (Florida Statute 39.401 (2003)).

[31] See Florida Statute 39.806(1)(f)-(i) (2003).

[32] Miller, T.W., Veltkamp, L.J., Lane, T., Bilyeu, J., & Elzie, N. (2002). Care pathway guidelines for assessment and counseling for domestic violence. *The Family Journal: Counseling and Therapy for Couples and Families*, 10, 41-48.

[33] Dependency Court Intervention Program for Family Violence Program unpublished program data.

[34] Crisis Intervention Book 2: The Practitioner's Sourcebook for Brief Therapy. Howard J. Parad and Libbie G. Parad, Editors. (1990). Family Service America, Milwaukee, WI.

[35] Shulman, Lawrence. (1997). *The Skills of Helping*, 3rd Edition. Itasca, IL. F.E. Peacock Publishers, Inc. p. 129-130.

[36] Safety planning is covered more comprehensively in Part II.

[37] This process involves a trip to the specialized Domestic Violence Intake Unit at the Domestic Violence Court in a separate location. Often, a battered woman must wait for at least four or five hours to obtain a temporary (15 day) injunction. Depending on the individual client's circumstances, the DCIPFV Advocate may also attend the intake process to provide emotional support and to explain the various steps required.

[38] Maintaining confidentiality also means, according to Florida Statute 90.5035(2) that:

> A victim has a privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the victim to a domestic violence victim Advocate, or any record made in the course of advising, counseling, or assisting the victim. The privilege applies to confidential communications made between the victim and the [duly registered]. . . domestic violence victim Advocate, and includes any advice given by the domestic violence victim Advocate in the course of the relationship.

Florida Statute 90.5036 (3) (a) through (d) states that the privilege may be claimed by:

> The victim or the victim's attorney on behalf of the victim.
> A guardian or conservator of the victim.
> The personal representative of a deceased victim.
> The domestic violence victim Advocate, but only on behalf of the victim. The authority of a domestic violence victim Advocate to claim the privilege is presumed in the absence of evidence to the contrary.

[39] Davies, J., Lyon & E., Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex Lives/Difficult Choices*. (113-128). Thousand Oaks, CA: Sage Publications.

[40] Williams, O.J., & Becker, R.L. (1994). Domestic partner abuse treatment programs and cultural competence: The results of a national survey. *Violence & Victims*, 9, 287-296.

[41] Williams-Gray, B.C. (2001). A framework for culturally responsive practice. In N.B. Webb (Ed.), *Culturally diverse parent-child and family relationships: A guide for social workers and other practitioners* (pp. 55-83). New York, NY: Columbia University Press.

[42] Of the six Advocates and one Advocacy Supervisor presently employed, three have been with the program since its inception, one has been

with the program since 2000, and three were brought on in 2003 when the program expanded its operations from two to four divisions in dependency court.

[43] The Advocate Training Manual is composed of the documents contained in the Appendix as well and Part II of this handbook.

[44] For example, when a parent is asked her address in open court and on the record. Although she may request to provide this in writing or to have it redacted in the court file, many parents are either not aware that this can be done or do not realize that this disclosure may put them at harm.

[45] Ganley, A. & Schechter, S., (1996) *Domestic Violence: A National Curriculum for Child Protective Services*, San Francisco, CA: Family Violence Prevention Fund.

[46] For a comprehensive discussion of child abuse reporting laws and mandated reporters see Myers, John E. B. (1998). Legal Issues in Child Abuse and Neglect Practice, Second Edition (82-100). Thousand Oaks, CA: Sage Publications.

[47] Supra note 39.

[48] Ibid.

[49] Hart, B. & Stuehling, J. (1990). "Personalized Safety Plan," adopted from the Office of City Attorney, City of San Diego, California, April, 1990.

[50] The DCIPFV developed a booklet on safety planning for children titled "Keeping Families Safe" which is available on the program's website— www.miamidcip.org. This project was funded by the State Justice Institute and may be replicated provided specific credit is given to the authors and the funders.

[51] Osofsky, J., Davidson, H. & Lecklitner, D. (1998). *Keeping Families Safe: A Family Violence Handbook*. A publication of the Family Violence Court Technical Assistance Project, 11th Judicial Circuit of Florida. This booklet can be downloaded from the DCIPFV website (www.miamidcip.org) and reproduced with proper credit to copyright holders Joy D. Osofsky, Ph.D. and Gregory Lecklitner, Ph.D.

[52] The DCIPFV's Worker Safety Protocol is based on Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services*. San Francisco, CA: Family Violence Prevention Fund; Domestic Violence Protocol for CPS, Massachusetts Department of Social Services Domestic Violence Unit; and Kresnak, J. (July/August 1998). Protecting Youth Workers. *Youth Today*.

[53] The program did collect data on the number of cases referred to DCIPFV and not referred to DCIPFV for screening. However, due to discrepancies in the manner in which the advocates responded to this item, it is unclear exactly how many women were referred for screening but not actually screened by an advocate. Thus, for the purposes of this report, the evaluators have chosen to focus on the known data, namely the number of screening forms completed to determine (1) the number of women screened and (2) the number of women not screened during the IRB covered period. Based on program experience, it should be noted that it is highly probable that most women who were not screened by an Advocate were not referred for screening and, conversely, most (although certainly not all) women who were referred for screening were in fact screened by a DCIPFV Advocate.

[54] All data cited in this section is internal DCIPFV program data from a detailed report titled, *"Prospective Data" from the Dependency Court Intervention Program for Family Violence Database: A Deliverable Report*, by James E. Rivers, Ph.D. & Stefanie A. Klein, Ph.D., February 1, 2005. The report is available in its entirety at www.miamidcip.org.

[55] Note that this data was collected on the Progress Notes Time Sheet only for those clients that became actively engaged in DCIPFV's advocacy services.

DCIPFV is addressing the issue of co-occurring domestic violence and child maltreatment by identifying victims of domestic violence in dependency court and providing sorely needed services to mothers who have limited resources, financially and emotionally.

Part III: The Value of Domestic Violence Advocacy in Dependency Court

While battered mothers and their children are the prime beneficiaries of the DCIPFV intervention, domestic violence advocacy in dependency court also eases the burden of the other system stakeholders in dealing with these usually complex, multi-layered cases. The multiple and varied needs of domestic violence victims can tax an overwhelmed child protection worker. Domestic violence advocates have specialized knowledge and expertise relating to the extent and availability of community resources for family violence victims. Appropriate referrals that specifically address domestic violence not only serve the needs of individual clients, but help the agency meet the mandate to make " reasonable efforts" to sustain the family.

The DCIPFV Advocate is often a valuable conduit between the mother and her court-appointed attorney. If a client signs a waiver of confidentiality, her Advocate will regularly keep the mother's counsel informed of unique circumstances in the mother's life and will help the mother communicate appropriately and regularly with her attorney. The parents' bar also benefits from the expertise of the Advocate when determining how best to present the mother's case to the court and child protection agency.

Because the needs and interests of battered mothers and their maltreated children are usually interconnected, child advocates (legal and lay) benefit from the involvement of domestic violence experts in their cases. The DCIPFV Advocates talk frequently with their clients about the impact domestic violence has on children and act as excellent resources for domestic violence-related services for the child or the mother and child together.

Finally, the dependency court judges benefit from the involvement of domestic violence Advocates in their courtrooms. Often, the Advocates are able to provide richer contextual information to better inform the judge's decision-making process. As an active resource for high-conflict families, domestic violence advocates raise awareness to all involved with the case about the impact of domestic violence on both child and adult victims. Identifying domestic violence early and providing intensive targeted intervention for battered mothers early in the case process can be a determining factor for enhanced child and mother safety and for timely reunification.

Summary

The Dependency Court Intervention Program for Family Violence is unique in its goal to promote child safety and well-being by supporting battered mothers involved in the dependency court system. DCIPFV is addressing the issue of co-occurring domestic violence and child maltreatment by identifying victims of domestic violence in dependency court and providing sorely needed services to mothers who have limited resources, financially and emotionally. Helping these mothers to help themselves, by educating them about domestic violence and the cycle of victimization, provides them with support during a critical time, enabling them to take the necessary steps towards recovery and offering a chance to regain control. This, in turn, promotes the safety and well-being of their children, which is one of the primary goals of both the DCIPFV and the child protection system. Similar programs can be implemented in other jurisdictions once communication and collaboration is established among interested parties, especially those interested in the welfare of children, families and mothers who have experienced domestic violence.

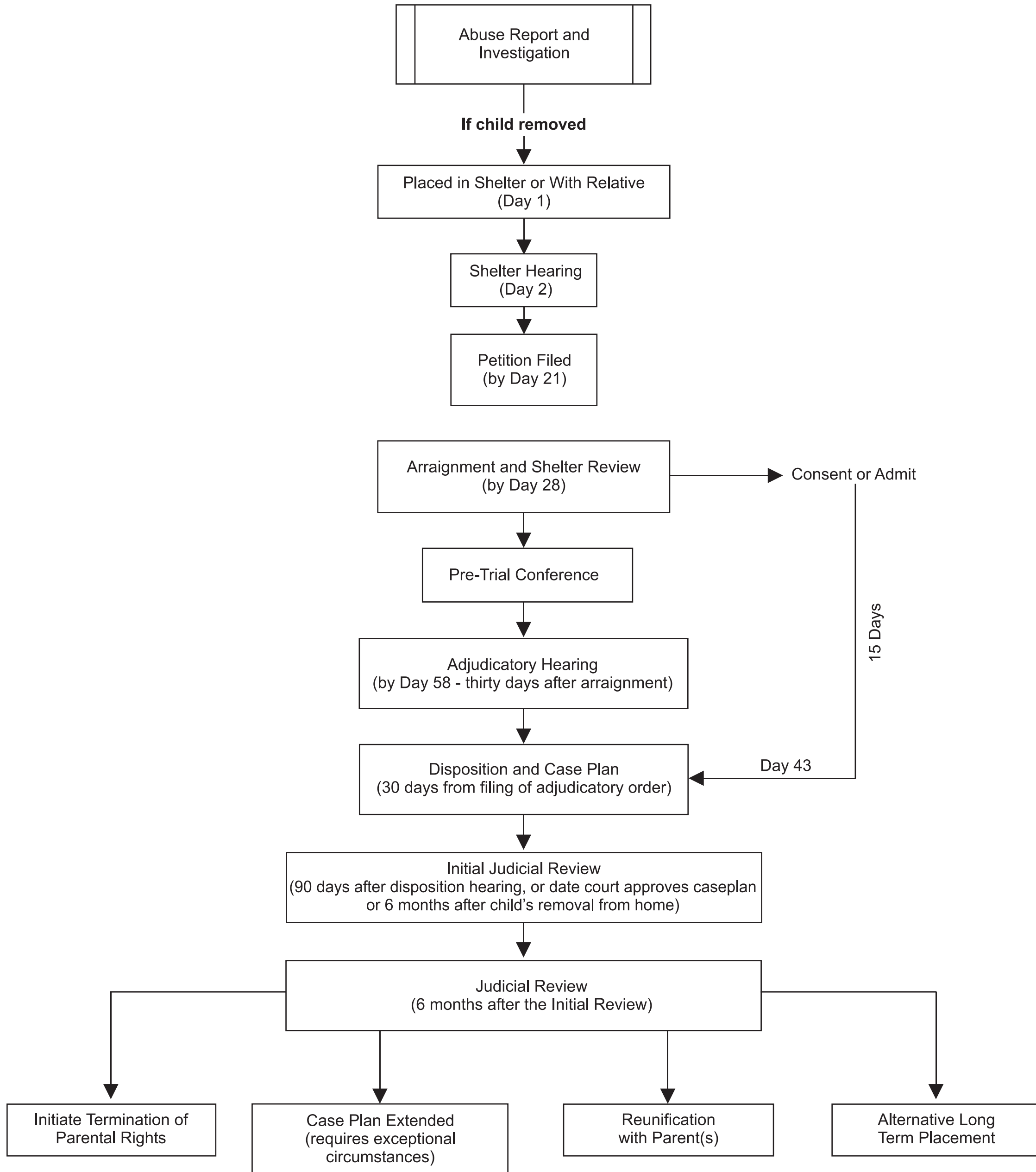
For more information about the Dependency Court Intervention Program for Family Violence please visit www.miamidcip.org

For more copies of this handbook, please contact:
Permanency Planning for Children Department
National Council of Juvenile and
Family Court Judges

University of Nevada Reno
P.O. Box 8970
Reno, Nevada 89507
(775) 327-5300
www.ncjfcj.org

APPENDICES

APPENDIX 1
Miami-Dade County Dependency Court Case Flow



APPENDIX 2

Memoranda of Understanding

Memorandum of Understanding (MOU) - Victim Witness Assistance Program - Miami-Dade County State Attorney's Office

Memorandum of Understanding (MOU) - Florida International University Victim Advocacy Center

Memorandum of Understanding (MOU) - Dade County Bar Association Legal Aid Society ("DCBALAS")

Memorandum of Understanding (MOU) - Safespace Foundation. Inc., (f/k/a Safespace Shelter of Dade County, Inc.)

Memorandum of Understanding (MOU) - Miami-Dade Advocates for Victims Program ("Advocates for Victims")

Memorandum of Understanding (MOU) - State of Florida Department of Children and Families District 11

APPENDIX 2

Memorandum of Understanding (MOU)
Victim Witness Assistance Program - Miami-Dade County State Attorney's Office

The Eleventh Judicial Circuit of Florida, acting by and through the Administrative Office of the Courts (hereinafter referred to as the "Court"), on behalf of the Dependency Court Intervention Program for Family Violence (hereinafter referred to as the "DCIPFV"), enters into this Memorandum of Understanding ("MOU") with those certain agencies, community based non-profit organizations, and criminal justice-based victim services organizations outlined below, for the purposes set forth herein. Representatives of the participant organizations have participated in discussions for the planning and development of this proposal, and have received drafts of the abstract and budget.

I. Purpose

This MOU is a vital component of a proposed project to be submitted to the U.S. Department of Justice, Office of Justice Program's Violence Against Women Office under its Grants to Encourage Arrest Policies and Enforcement of Protection orders Program. This document describes the roles and responsibilities of each of the organizations in the event that the project is approved for funding.

This MOU further attests to the commitment of all parties to responding proactively to the problem of family violence. The partners described in this document have expertise and experience in addressing family violence, and have demonstrated leadership in promoting inter- and intra-agency cooperation and collaboration to create a coordinated community response to family violence.

II. Participants and Nature of Commitments

Victim Witness Assistance Program – State Attorney's Office

HISTORY: The Office of the State Attorney for the Eleventh Judicial Circuit has a well-established national record as a leader in the effort to end domestic violence. In 1986, when the Domestic Crimes Unit was established, it was Florida's first specialized prosecution unit dedicated exclusively to the prosecution of domestic violence cases, and has since become a model for other prosecutor's offices throughout the state and the nation.

The Victim/Witness Assistance Program of the State Attorney's office is likewise an innovative unit that offers comprehensive services for victims and witnesses involved in the Criminal Justice System. The Miami-Dade State Attorney's Office has been a leading advocate for the victims of crime since 1981, when the first Victim Witness Assistance Program was implemented to provide specialized services to crime victims. Denise Moon has served as the chair of the Dade County Alliance Against Domestic Violence and Director of the Victim/Witness Assistance Program, with a staff of over 50 Victim/Witness Counselors who serve almost 17,000 victims annually. The counselors work exclusively with crime victims and witnesses of crimes such as homicide, sexual

assault, and domestic violence, to offer assistance, and act as a support and resource throughout the court process.

Among other Miami-Dade County State Attorney's Office initiatives are: (1) the *MOVES (Mobile Operations Emergency Victim Services)* Program, which takes victim/witness counselors and paralegals, and provides on-call prosecutor support into the community after working hours and on weekends to serve the victims of domestic violence, and to quickly initiate the activities of the legal system, access the victims' safety and connect them to services; (2) the *SAVE-NET* program (Serious About Violence Ending Network) is a partnership with the private business sector to put cellular phones directly linked to the Emergency 911 system in the hands of high risk victims in order to facilitate the ability of the authorities to protect them from violence; and (3) the *VAN (*Victim Access Network) Program is an automated information system which allows every crime victim to get updated case information and defendant custody 24 hours a day.

ROLES AND RESPONSIBILITIES: The director of Victim/Witness Services for the Office of the State Attorney of Miami-Dade County, who services as the Project Director of the *MOVES (*Mobile Operations emergency Victim Services) Program, agrees to continue to cooperate with DCIPFV in coordination of victim services for its clients, and to serve in an advisory capacity as needed for individual cases in an effort to ensure that offenders are held accountable for their violence. In addition, MOVES staff interviews about 1,200 victims of domestic violence per year who were once contacted by the police immediately following a misdemeanor and/or felony arrest. At the time, MOVES staff completes an assessment and lethality review, takes necessary statements, and provides immediate crisis intervention and community referrals as needed. As part of this evaluation, information is gathered on this population, their overall demographics, prior history of domestic incidents, and whether minor children are in the home and/or witnessed any acts of domestic violence. In addition, a self-reported screening of the mother is done to determine if the children have ever been abused or if she or the family have ever been involved with the Department of Children of Families in the past. In the next 18 months this data (without victim disclosure) will be provided to DCIPFV to evaluate and analyze.

In Addition, we agree to screen all MOVES cases with children (an estimate 733/year-1100 for eighteen months) to determine prior involvement with Dependency Court and the possible co-existence of domestic violence and child abuse. If both Criminal and Dependency Courts are involved in MOVES cases which are actively involved in the criminal justice process, and our staff finds it necessary to report child abuse to DCF, an alert of this report will be provided to DCIPFV staff.

I, ___________________, am signing on behalf of the victim/Witnesses Services of the State Attorney's Office, eleventh Judicial Circuit of Florida, and agree to the above roles and responsibilities of this MOU. I have participated in planning discussions and reviewed drafts of the project abstract and budget. My signature indicates my approval of the proposed budget and project narrative.

____ Date ___________

Director
Victim Witness Assistance Program
State Attorney's Office

Memorandum of Understanding (MOU)
Florida International University Victim Advocacy Center

HISTORY: The Victim Advocacy Center at FIU was established in 1994 with the mission of promoting the recovery of victims of violent crimes, preventing re-traumatization in the aftermath of victimization, and providing awareness and prevention education for the university and surrounding communities. The VAC has entered several collaborative partnerships with community agencies. In 1996, the VAC, Jackson Memorial Hospital Roxy Bolton Rape Treatment Center, and the Child Assault Prevention Project established “Miami Partners for a Violence Free Community.” This collaborative partnership has received two three-year grants from the Florida Department of Health to provide sexual violence prevention education to minority communities, at-risk youth, and secondary school students in Miami-Dade County. Additionally, the VAC has partnered with the City of Miami Police Department, Safespace, Inc., and the Advocates for Victims Program to establish Project IMPACT, a coordinated community response to stalking that has been funded as a national demonstration project from the Office for Victims of Crimes, Office of Justice Programs, U.S. Department of Justice. Furthermore, VAC staff have participated in the Dade County Alliance Against Domestic Violence and the Miami-Dade Fatality Review Team Advisory Board. VAC staff and interns regularly coordinate client services with local victim service providers and criminal justice agencies.

ROLES AND RESPONSIBILITIES: The Director of the Victim Advocacy Center will devote four hours each week for consultation regarding program operations, court advocacy component implementation, high-risk case staffings, and such other assistance as may be required. The Director was part of the original team that designed and implemented the DCIPFV in 1997, and has had a continuing role in the project since that time. Her participation will provide continuity and historical perspective to program operations.

I, ________________, am signing on behalf of the Victim Advocacy Center and agree to the above roles and responsibilities of this MOU. My signature indicates my approval of the proposed budget and project narrative.

____ Date ________________
Director, Victim Advocacy Center

Memorandum of Understanding (MOU)
Dade County Bar Association Legal Aid Society ("DCBALAS")

HISTORY: Legal Aid has been providing free legal services to the poor in Dade County since 1945 and has had as its highest priority the stabilization of families. With a staff of 48 including 20 Florida Bar licensed attorneys, we are able to be an integral part of the advocacy system that DCIPFV provides and has served DCIPFV clients since 1999.

Legal Aid has specific experience in providing legal services to battered parents. Over 50 percent of our clients are victims of violence and seek our services to obtain permanent protection through injunctions. In 1996, Legal Aid implemented a geographically based safety net of legal services. We have obtained grants and established collaborative partnerships with courts, local non-profits, Safespace Inc., Community Health Institute, and the University of Miami to provide extensive legal services to traditionally under-served populations living with family violence. We now have branch offices in Homestead, the Florida City Migrant Farmworkers Camp, Miami Beach, Downtown Miami, and we are co-located in the Domestic Violence Unit of the Court in the Family Courthouse.

Legal Aid also partners with St. Thomas School of Law to teach a domestic violence internship where 10 law students per year volunteer two semesters of legal services to our clients. We also have a trained cadre of pro bono lawyers that also participate.

ROLES AND RESPONSIBILITIES: DCBALAS will continue to provide legal services for clients referred by DCIPFV. The specific type of legal services to be performed shall include but are not limited to, orders for protection, child support and custody matters, entitlements, housing, school-related legal matters, including school board representation, consumer representation, health related matters, and such other matters identified by DCIPFV, provided it is understood and agreed that legal services consisting of divorce-related proceedings and dependency proceedings shall not be rendered hereunder. Referral of DCBALAS for specific services hereunder shall be made solely by DCIPFV.

DCBALAS will be compensated for the legal services rendered hereunder to DCIPFV clients for a total contract amount of $66,802, paid monthly in the amount of $3,711.25.

DCBALAS shall invoice for the legal services rendered hereunder monthly and shall comply with all the Court's administrative procedures necessary to effect payment of all invoices within thirty (30) days of receipt by the Court. Attached to each invoice shall be a record of service provided in the forma mutually agreed upon for each client served each month.

I, _______________, am signing on behalf of the Dade County Bar Association Legal Aid Society, and agree to the above roles and responsibilities of this MOU. I have participated in planning discussions and reviewed drafts of the project abstract and budget. My signature indicates my approval of the proposed project and budget.

____ Date __________________
Executive Director, Dade County Bar Association Legal Aid Society

Memorandum of Understanding (MOU)
Safespace Foundation. Inc., (f/k/a Safespace Shelter of Dade County, Inc.)

HISTORY: Safespace Foundation, Inc., formerly Safespace Shelter of Dade County, Inc. (Safespace"), established in 1978, is a non-profit organization with long history of extensive collaboration in order to address issues of violence against women in Miami-Dade County, Florida. Safespace has demonstrated a commitment to the development and enhancement of a coordinated community response to violence against women, and toward that end, works closely on a variety of community projects and initiatives. Safespace was awarded a grant to serve as a national demonstration site for a Centers of Disease Control initiative to enhance the response by healthcare providers to victims of intimate partner violence. Among the other programs Safespace has facilitated are: a school-based anti-violence program in collaboration with the Miami Police Department and the Miami-Dade County School Board, a Haitian/American Outreach Program in collaboration with Florida Coalition Against Domestic Violence, and a joint effort with VAC on Project IMPACT, a national demonstration project of the Office for Victims of Crimes to provide coordinated services to victims of stalking on Florida International University campuses and in the City of Miami. Safespace has been a collaborator with the DCIPFV from its inception, serving as the fiscal agent for DCIPFV advocates' payroll processing and benefits, and providing access to direct aid funds for DCIPFV clients.

ROLES AND RESPONSIBILITIES: Safespace will continue to serve as fiscal agent for DCIPFV advocates' payroll processing and benefits, for which Safespace will invoice DCIPFV and be compensated for the advocates' salaries and employer contribution to F.I.C.A. DCIPFV shall compensate Safespace an amount equal to 9% of the total funds administered on behalf of DCIPFV. Safespace will also continue to assume the function of receiving and dispensing a portion of direct aid funds proposed to be awarded to DCIPFV for the benefit of its clients. Safespace agrees that the funds will be held separately and drawn upon exclusively for the benefit of DCIPFV clients according to the heretofore established protocol as follows:

a. A specific written request form will be submitted, signed by one Advocate and one administrative staff member of DCIPFV. A current staff list will be provided to Safespace and updated as needed.

b. The Advocate requesting direct aid funds for a DCIPFV client will sign, acknowledging receipt of the funds, and will be responsible for securing a receipt for each disbursement, which shall be acknowledged by the client's signature on the receipt.

c. DCIPFV will maintain a ledger of funds dispensed and, on a quarterly basis, reconcile funds disbursed pursuant to signed requests for funds, together with acknowledged receipts signed by clients who are recipients of the funds.

I, _____________, am signing on behalf of Safespace Foundation, Inc., a/k/a Safespace Shelter of Dade County, Inc., and agree to the above roles and responsibilities of this MOU. I have participated in planning discussions and reviewed drafts of the project abstract and budget. My signature indicates my approval of the proposed project and budget.

____ Date ________________

President
Safespace Foundation. Inc. f/k/a Safespace Shelter of Dade County, Inc.

Memorandum of Understanding (MOU)
Miami-Dade Advocates for Victims Program ("Advocates for Victims")

HISTORY: Advocates for Victims is a program of Miami-Dade County's Department of Human Services Office of Youth and Family Development. Advocates for Victims operates the County's two 24-hour domestic violence shelters, totaling 63 beds, and long-term 20 unit transitional housing program. Advocates for Victims' primary purpose is to provide services to victims of domestic violence, sexual assault, dating violence, and stalking. Advocates for Victims provides a variety of other services for victims including the Victim Assistance Program, which provides emergency financial assistance, three 24-hour hotlines, including the Spanish portion of the statewide domestic violence hotline, the Dade County Shelter hotline, and the after-hours request for injunctions line for the Clerk of the Court. Its programs promote the liberty and autonomy of victims, and reject the use of violence, intimidation, coercion, abuse of power, and activities that compromise victim safety such as mediation, couples counseling, or other interventions that imply that both parties are responsible for the perpetrator's violence. Advocates for Victims has a long history of working toward a community coordinated response to domestic violence by being a member of the Board of Directors of the Florida Coalition Against Domestic Violence and a founding member of the Dade County Alliance Against Domestic Violence, a community-based coalition established in 1986. Advocates for Victims has collaborated with DCIPFV since its inception, including conferring off-site status to DCIPFV advocates for the purposes of providing DCIPFV clients statutorily protected privileged communication, training and registration of DCIPFV advocates, and coordination of victim services.

ROLES AND RESPONSIBILITIES: The Advocate for Victims Program will continue to collaborate with DCIPFV through conferring off-site status to DCIPFV Advocates for the purposes of providing DCIPFV clients statutorily protected privileged communication, training and registration of DCIPFV advocates, and coordination of victim services.

I, ________________________________, am signing on behalf of Advocates for Victims Program, and agree to the above roles and responsibilities of this MOU. My signature indicates my approval of the proposed budget and project narrative.

____ Date _______________

Advocate for Victims Program
Miami-Dade County Department of Human Services
Office of youth and family Development

Memorandum of Understanding (MOU)
State of Florida Department of Children and Families District 11

HISTORY: The Department of Children & Families (DCF) is the state agency charged with child protection and with certification of domestic violence centers, which are the primary providers of service to domestic violence victims in Florida. DCF also administers the Domestic Violence Trust Fund, which was established to provide a stable source of support for Florida's certified centers. All certified centers are mandated to provide a minimum of eight services. These include: emergency shelter for more than 24 hours; counseling; 24-hour hotline; assessment and referral of resident children; information and referral; case management; community education; and professional training. With regard to DCF child protection function, it is the agency that provides services for maltreated children, including parenting classes and respite care to transportation and childcare. According to state child protective services agencies more than one million children are victims of child abuse and neglect each year. Child maltreatment includes actions that result in imminent risk of serious harm, death, serious physical or emotional harm, and sexual abuse or exploitation of a child under age 18 by a parent or caretaker. The goal of the department is to keep children safe in their own families when possible. DCF's mission includes a commitment to working in partnership with local communities to ensure safety, well being and self-sufficiency for the citizens it serves. District 11 of DCF has been a collaborator with DCIPFV since its inception, reflecting a commitment to promote victim safety, maximize offender accountability, prevent re-victimization of victims of domestic violence, prevent future acts of violence, improve identification of domestic violence victims in cases of alleged child maltreatment, and enhance a coordinated community response to co-occurring domestic violence and child maltreatment.

ROLES AND RESPONSIBILITIES: DCF will continue to exercise its statutory responsibility and authority (pursuant to section 415.603(3)-(5), Florida Statutes (1997) and other laws to enlist the assistance and cooperation of federally funded agencies in evaluating and preventing domestic violence. DCF will continue to exercise its authority and fulfill its responsibility through provision of information to DCIPFV in its capacity as a " bona fide research" project as described in Section 415.51(2)(I), Florida Statutes (1997). Accordingly, the following child protection related information shall be provided by DCF to DCIPFV pursuant to the confidentiality provisions set forth herein:

(1) Florida Abuse Hotline Information System ("FAHIS") reports, absent the name of the reporter, including current and past reports, involving families referred to DCIPFV.

(2) Detention and Dependent Petitions filed by DCF on behalf of members of the families of those referred to DCIPFV.

(3) Available police reports involving members of the family referred to DCIPFV.

(4) Medical, substance abuse, and mental health records of members of the families disclosed to contract providers of DCF involved with a particular dependency matter. Any other such records may not be obtained through this MOU.

(5) Available court orders including orders of protection and orders addressing custody and visitation of children, involving members of the family referred to DCIPFV.

(6) Available school reports, including grade reports, behavioral observations, special educational testing reports of children referred to DCIPFV.

DCIPFV recognizes the sensitive nature of the information to be provided, and agrees to follow carefully the procedures described below.

All copies of documents propounded to DCIPFV will have all identifying information removed, names will be erased and replaced with research numbers, and all forms will then be securely maintained in locked files in DCIPFV offices to insure confidentiality of information. Until data collection is complete, a list of names associated with research numbers will be maintained. This list will be kept in a locked file in DCIPFV offices and available only to the Project Director. Upon completion of data collection, this list will be destroyed. Information obtained by DCIPFV advocates is privileged and confidential, and cannot be shared with DCF except with the expressed written consent of the client. When DCIPFV program evaluation is complete, all information provided by DCF will be destroyed, but in all events these materials will be destroyed prior to seven years from the date of execution of this MOU.

I, ________________________________, am signing on behalf of Florida Department of Children and Families, District 11, and agree to the above roles and responsibilities of this MOU. My signature indicates my approval of the proposed budget and project narrative.

____Date ______________________
District Administrator, District 11
Florida Department of Children and Families

APPENDIX 3

DEPENDENCY COURT INTERVENTION PROGRAM FOR FAMILY VIOLENCE

POSITION DESCRIPTION

JOB TITLE: Domestic Violence Specialist/Victim Advocate

GENERAL DESCRIPTION: The position involves working directly with individuals who have been identified as victims of domestic violence and who are involved in dependency court proceedings. Coordination of activities with a variety of child protection and domestic violence agencies within the parameters of advocacy confidentiality. This is an integral part of the work, along with providing counseling, information and referral, and outreach services. Work is performed with supervision from the Advocacy Supervisor.

RESPONSIBILITIES:

- Provide direct services to individuals who have been identified as victims of domestic violence and are involved in dependency court proceedings.
- Provide general client-related services, including but not limited to: making referrals; accompanying and/or helping with social service agencies; securing protective orders; assisting with relocation plans or securing shelter; safety planning; attending judicial proceedings with clients; and advocating for the clients, depending on the needs identified by individual clients.
- Provide individual counseling and crisis counseling by telephone, or in person, at the office or at an alternate location. Counseling to include education on domestic violence dynamics and common traumatic responses to it; identification of strengths and development of problem solving skills; safety planning for clients and their children; and supporting decisions made by the clients.
- Provide case management to help the clients, and to accomplish requirements of the grant, including but not limited to: providing initial case assessments through personal interviews, gathering information, completing grant-related checklists, inventories, assessment tools and other pertinent record-keeping and documentation.
- Address immediate client problems or other situations, in the absence of the primary advocate that cannot wait to be done.
- Ensure the conformity to court policies and procedures.
- Comply with project standards of performance and protocol.
- Observe confidentiality guidelines.
- Attend and participate in project related training, multidisciplinary meetings, staff meetings, and community task forces.
- Maintain activated cellular phone during normal working hours and respond to emergencies at the request of the advocacy supervisor or the director.
- The use of automobile with adequate insurance.
- Perform related work as required.

QUALIFICATIONS: Graduation from a four-year college or university with major course work in social work, or a related field and experience in the field of domestic violence. The following knowledge, abilities and skills are necessary for the position:

- Knowledge and skill to advocate for victims of domestic violence.
- Knowledge of casework principles and practices.
- Knowledge of community agencies that can be used as referral sources.
- Knowledge of the relevant aspects of Florida statutes.
- Knowledge of interviewing and counseling techniques.
- Skilled in eliciting and assessing relevant information and in making valid recommendations.
- Ability to establish and maintain effective working relationships with individuals, agencies, institutions, and the public.
- Ability to communicate effectively both orally and in writing and to prepare clear and concise reports

APPENDIX 4

INFORMED CONSENT FORM
EVALUATION AND REFINEMENT OF THE DCIPFV

PURPOSE: You are being asked to participate in a program evaluation research study being done by the Laboratory for Social and Behavioral Research (at Florida International University) together with the Dependency Court Intervention Program for Family Violence (DCIPFV). We are doing this study to help understand the Dependency Court Intervention Program and how it affects you and people like you who are involved with the court and other legal processes, like getting services. We are asking you to be a part of this study because you might be interested in the types of services offered by Dependency Court Intervention Program.

PROGRAM DESCRIPTION: The Dependency Court Intervention Program is a program supported by the U.S. Department of Justice through a grant to Eleventh Judicial Circuit of Florida. The goal of the program is to help mothers and children who are in Dade County's Juvenile Court by providing Advocacy services to mothers. These services can be completely explained to you by a Dependency Court Intervention Program Advocate.

PROCEDURES: You can decide to be a part of this study if you want to volunteer to enter the Dependency Court Intervention Program, or even if you don't. If you agree to take part in the **study**, University researchers will not contact you and you will not need to do anything. The researchers will copy some information from Dependency Court Intervention Program records for the study while you are using the Dependency Court Intervention Program-provided or referred services (if you volunteer for that program). University researchers will also look at other court records over the next 12 months to see how you are doing. The information copied from Dependency Court Intervention Program records will be the same information that you have already given to the Dependency Court and to your Advocate.

RISKS: There are no physical risks to you from taking part in this study and the social and psychological risks are very unlikely. You don't need to worry about these potential risks. The University researchers can't tell anyone about anything in your Dependency Court Intervention Program, court, or Florida Department of Children and Families records without your specific signed permission.

BENEFITS: We promise no benefits to you for taking part in this study. The information from this study will be used to evaluate the Dependency Court Intervention Program and to improve it.

COST: You will not be charged any fees, and there are no costs for taking part in this study.

REIMBURSEMENT: You will not be paid to participate in this study.

CONFIDENTIALITY: State and Federal laws say that the study personnel who see your data have to keep the information confidential. We will not let anyone know that you are taking part in this study, or ever did. Your name will not be in reports to the Federal agency supporting this study or in anything written or published about this study.

Some study records may be reviewed by Florida International University employees or officials. If this happens, they will also keep your records confidential, according to the law, and we won't let them see your name.

ALTERNATIVE: You can decide now or at any time that you don't want to be a part of this research study. If you don't want to be a part of this study, you will still be able to be in the Dependency Court Intervention Program.

RIGHT TO WITHDRAW: Being in this research project is voluntary; you can withdraw from or leave the study at any time. You can be removed from the research study by the study's Principal Investigator (Dr. Rivers), if and when he feels it is in your best interest to do so. You may ask for and will get answers to any questions about this study at any time. If you have questions about your rights as a research subject, you can call Dr. Bernard Gerstman, the Chairperson of the FIU Institutional Review Board at XXX-XXX-XXXX.

______________________________	______________________________	______
Name of Participant	Signature	Date

______________________________	______________________________	______
Name of Study Staff/Witness	Signature	Date

James Rivers, Ph.D.
Principal Investigator

APPENDIX 5

Case Information Sheet
Instructions for Case Information Sheet
Progress Notes
Progress Notes Time Sheets
Instructions for Progress Notes & Progress Notes Time Sheets
Case Closing Procedure
Closing Form
Instructions for Closing Form
Client Profile
Instructions for Client Profile
Case Summary Form
Instructions for Case Summary Form

CASE INFORMATION SHEET

Case #: ____________________ Division______ Shelter Hearing Date: __________ Completed by: ________

Mother's Name: ________________________________ DOB: _________________ ☐ Deceased
(last, first, MI) (mm/dd/yyyy)

Mother's address (at time of Shelter Hrg)____________________________☐ Unknown ☐ Out of state

Mother disabled? ☐Yes ☐No If yes, what kind of disability? ☐Visual ☐Hearing ☐Physical ☐Diag MI ☐Other

Limited English proficiency? ☐Yes ☐ No If yes, what is primary spoken language? ☐Spanish ☐Creole ☐Other

	Child's Name (Last, First, MI)	DOB (mm/dd/yyyy)	Father's Name (Last, First, MI)	Placement
A	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC
B	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC
C	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC
D	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC
E	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC
F	__________________________	___/___/________	__________________________	☐M ☐F ☐R ☐FC

Allegations (check ALL that apply):	**Alleged Victim(s)**		**Alleged Perpetrator:**
☐ Domestic Violence	☐ Mother	☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Physical Abuse	☐ Mother	☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Sexual Abuse	☐ Mother	☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Neglect (general)		☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Failure to Protect		☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Abandonment		☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ Prior History w/DCF		☐ Child(ren)	☐ Father ☐ Mother ☐ Other
☐ ________________________		☐ Child(ren)	☐ Father ☐ Mother ☐ Other

Other Alleged Conditions (check ALL that apply):				
☐ Substance Abuse by:	☐ Mother	☐ Child(ren)	☐ Father	☐ Other
☐ Mental Illness in:	☐ Mother	☐ Child(ren)	☐ Father	☐ Other
☐ Developmental Delay in:	☐ Mother	☐ Child(ren)	☐ Father	☐ Other
☐ Serious Medical Condition in:	☐ Mother	☐ Child(ren)	☐ Father	☐ Other
☐ ______________________:	☐ Mother	☐ Child(ren)	☐ Father	☐ Other

Mother referred to DCIP? ☐ Yes ☐ No Date of Referral: __________ Referred at: ☐ Shelter ☐ Filing ☐ Other

Adv. req. ref? ☐ Yes ☐ No If yes, why? ☐Body lang ☐ M's stmts ☐Nature of alleg ☐ Other:
____

If no referral, why? ☐ not present ☐ petition dismissed ☐ expedited TPR ☐ change of custody ☐ long incarceration
☐ Unknown ☐ No available advocate ☐ Other:
____

Other Court referrals for family: ☐ IDS/Drug Court ☐ Model Court ☐ Safe Start Initiative ☐ IMH Project ☐ DCF MH

Not screened at time of referral because: ☐ in crisis ☐ mtg w/ other ct program ☐ refused to meet ☐ won't consent ☐ Adv. with another client ☐ Adv. unavailable because: ____________________________ ☐ other __________________________

Follow to next hearing to screen? ☐ Yes ☐ No Next Hearing Date: ____________________

Not screened at "next hearing" because: ☐ in crisis ☐ mtg w/other ct program ☐ refused to meet ☐ won't consent ☐ other

Total time spent on client outreach (in 10 minute. increments): ______________________________

Instructions for Case Information Sheet

PURPOSE:

The Case Information Sheet (CIS) will collect vital information about the families that come before the dependency court judge and will provide information about women who are screened and accept services, women who are screened and do not accept services, women who are not referred, and those who are referred, but choose not to be screened.

WHEN TO COMPLETE:

The advocates will make every effort to attend all Shelter Hearings for their assigned courtroom on a daily basis. The majority of the CIS should be completed at or before Shelter Hearing based primarily on the information in the Shelter Petition. The information about referrals and screening should be completed at the conclusion of the Shelter Hearing based on the events of that proceeding.

WHEN TO SUBMIT:

The CIS must be stapled on top of the Shelter Petition and the Screening Tool (if screen completed) and submitted at one of the following points in time:

1. After a referral is made and screening administered; **OR**
2. After the Filing Hearing if no referral; **OR**
3. When a mother is referred, but advocate unable to screen after following case for one hearing.

If the mother is not referred to the program at the Shelter Hearing, the advocate will keep the CIS and the Shelter Petition and follow the case to the Filing Hearing UNLESS the case was not referred because (1) the mother is incarcerated long-term; (2) the petition is dismissed; (3) DCF announces or files an expedited TPR; (4) the shelter hearing is in fact a change of custody hearing; or (5) the mother is a minor. In the event that one of the preceding applies, the advocate shall not follow the case to the Filing hearing for referral and will turn in all paperwork after the Shelter Hearing.

If there is subsequently no referral by the Filing Hearing, indicate "No referral" and why case was not referred on the CIS and submit all paperwork. In the event that the advocate is unable to screen the mother at the time of referral, the advocate may follow the case for one more hearing, as appropriate, in order to engage the mother and administer the screen. (Only in extraordinary circumstances will the advocate follow the case for more than one hearing to accept a referral and/or to screen).

Note the reason unable to screen at time of referral on the CIS and indicate whether advocate will be following the case to the next hearing to screen as well as the date of the next hearing. If, based on the circumstances, the advocate decides not to follow the case to the next hearing to screen, submit the CIS attached to the Shelter Petition. If unable to screen after following for one hearing, submit the CIS attached to the Shelter Petition.

Instructions for Progress Notes

PURPOSE:

The Progress Notes and Progress Notes Time Sheet are designed to (1) serve as a useful case management and time management tool; (2) capture vital data about the services the advocates provide; and (3) document the time the advocates dedicate to these activities.

WHEN TO COMPLETE:

The Progress Notes and Progress Notes Time Sheet are to be completed for each client on a weekly basis. The week starts and ends on the day of the week that the advocate has individual supervision. Every time an advocate has contact with a client, service provider, etc., the advocate will record the date and total time spent providing the service on the Progress Notes form as well as any pertinent case or necessary client information. Upon completion of the Progress Notes form for each client or case related contact, the advocate will initial the entry and record the type of service provided as well as the time devoted to each service on that week's Progress Notes Time Sheet. Each 10-minute increment will be recorded by a "tick mark." The advocate will also record the type of contact (face-to-face, telephone, or letter) that he or she had with the client during that service provision time. Prior to individual supervision, the advocate will total the "Time Spent" and the "Contact Time" columns and record (in minutes) at the bottom of each form. The weekly total should be the same on both the Progress Notes form and the Progress Notes Time Sheet Form. Please see the attached explanation of the Service Description column of the Progress Notes Time Sheet.

WHEN AND HOW TO SUBMIT:

The weekly Progress Notes Time Sheet for each client should be submitted to the Advocacy Supervisor at the time of individual supervision. Upon the completion of individual supervision, the Advocacy Supervisor will give a copy of the forms to the Office Manager. The Office Manager will keep track of all forms submitted, enter pertinent information into the database, and maintain the paper copy in the office file for the client.

PROGRESS NOTES

Client Last Name: ____________________________ Case Number: _________________

Week Starting : _______________ Ending: _______________

**** Please initial after each entry****

DATE	START TIME	END TIME	FF Min.	PROGRESS NOTES

Progress Notes Time Sheet

Client Name:______________________ Case#/Division: _________________________
Week Starting: ____________________ Ending: ________________________________

Service Description	Time Spent (Each mark signifies 10 min)	Total Min. (for Week)
DV Related Services		
Crisis Counseling		
Counseling		
DV Education		
Safety Planning		
Risk/Lethality Assessment		
Provision of General Information		
Links to Services		
Link to Service (for Mother)		
Link to Service (for Child)		
Link to Legal Aid		
Link to Cops Care		
Link to State Attorney's Office Victim Services Unit		
Link to Immigration-related Service		
Court-Related Services		
Criminal Court Support/Adv./Accomp.		
DV Court Support/Adv./Accomp.		
Dependency Court Support/Adv./Accomp.		
Family Court Support/Adv./Accomp.		
Other Assistance		
Attempts to Contact Client		
Assistance Filing Compensation Claim		
Assistance Relocating or Obtaining Housing		

Provision of Direct Aid		
Miscellaneous		

Total Minutes of FF Contact this Week: _______
(from Progress Notes form)

Total Minutes for Week: ________
(on all services)

Assigned Advocate: ______________________________

Case Closing Procedure

I. AGREEMENT WITH CLIENT TO TERMINATE SERVICES

1. Within two weeks of the final face-to-face or telephone meeting with client, Advocate will send Closed Case Confirmation Letter confirming the closed status of the case. The letter can be personalized as needed.
2. Advocate will complete the Closing, Case Summary and Client Profile data entry within a week of sending the Closed Case Confirmation Letter.
3. A printout of the Closing, Case Summary and Client Profile "forms" to be attached to the front of the Advocate's file and submitted to the Office Manager within 24 hours of entering the data.
4. Office Manager files the Closing, Case Summary and Client Profile forms in the office file and then places Advocate file in closed file cabinet in alphabetical order by last name.

II. NO CONTACT WITH CLIENT AFTER SCREENING or CLIENT STOPS ENGAGING IN SERVICES

1. Subsequent to a client accepting services, the Advocate should schedule an appointment to meet again. If the client does not appear or contact the Advocate at the scheduled time, the Advocate should attempt to contact by phone (if available), by attending the next court hearing or making contact with the client's attorney or DCF counselor (if waivers have been signed).
2. If the Advocate has no client contact despite making efforts to do so for a period of two months, the Advocate will send Contact Letter explaining that, if no response is received within two weeks of the date of the letter, the program will close its file in her name. (Based on the individual circumstances of the case, the advocate may use discretion in extending outreach efforts beyond two months for a reasonable amount of time.)
3. If no response to the Contact Letter is received within two weeks of sending the Contact Letter, Advocate will mail Closed Case Confirmation Letter confirming the closed status of the case and complete the Case Summary Form and Client Profile.
4. Follow steps # 2 through #4 above.

Instructions for Closing Form

PURPOSE:

The Closing Form is a summation of client outcomes facilitated by the program's advocates. The form, in combination with the Progress Notes Time Sheet, will provide an overview of the inputs and outputs of the program's intervention.

WHEN TO COMPLETE:

Within two weeks of the last client contact (by phone, face-to-face, or in person) the form should be completed in its entirety. (Please see Closing Protocol for information about attempts to contact client and closing cases). There must be at least one check mark in each row for each item. Note that the "sought" column refers to attempts made to obtain a certain service or those items that are still "in progress" (i.e. client is on a waiting list for therapy) at the time of closing.

WHEN TO SUBMIT:

The form should be submitted to the office manager within 24 hours of completion. Please submit the form attached by paperclip to the front of the advocate's file to the office manager. The office manager will file the client file in the "closed files" file cabinet in alphabetical order (by last name) and will enter the data on the closing form. The closing form will be filed in the client's office file and the label will be highlighted in green to signify closed status.

CLOSING FORM

Client Name: ________________________________ Case No./Div: ____________________
(last, first)
Date of Last Client Contact: __________________ Date Form Completed: _____________
Advocate Completing Form: ________________
Reason(s) for Case Closure:

- ❑ **No client contact after screening despite attempts to engage.**
- ❑ **Lost contact with client despite engaging her in services.**
- ❑ **Client no longer wants program's services.**
- ❑ **Client no longer needs program's services.**
- ❑ **Mutual agreement (by client and Advocate) to terminate services.**
- ❑ **Client relocated out of the South Florida area.**
- ❑ **Other: ____**

Was case closed in dependency court at time of last client contact? ☐Yes ☐ No (Date: ___)
Mo/Yr

LEGAL STATUS and/or DISPOSITION at time of last client contact
*** Please indicate the number of children to whom each legal status applies.**

STATUS	Number of Children
Dismissal of Shelter Petition	
Dismissal of Dependency Petition	
Pre-Adjudicatory Case Plan (no Adjudication)	
Adjudication and in process of completing Case Plan	
Reunification after Dependency Adjudication and Completion of Case Plan	
Order for Long Term Relative Custody	
Order for Long Term Non-Relative Custody	
Order for Long Term Licensed Custody	
Parental Rights Terminated Involuntarily (after trial)	
Parental Rights Terminated Voluntarily (surrenders or default)	
Child Emancipated (by court order or turned 18)	
Adoption	

PLACEMENT at time of last client contact
*** Please indicate the number of children to whom each placement.**

PLACEMENT	Number of Children
Mother	
Father	
Mother and Father	
Relative	
Non-Relative	
Licensed Foster Home	
Adoptive Family (before or after adoption)	
Subsidized Independent Living	
Living on own	

Instructions for Client Profile

PURPOSE:
To collect basic background information about clients. This information will provide a complete picture of the many issues facing women who experience domestic violence and who decide to participate in the DCIPFV. It is anticipated that the data will be utilized to demonstrate the multiple and complex needs of the program's clients and the critical need for the multifaceted, cross-system services that DCIPFV provides.

WHEN TO COMPLETE:
Due to the intimate nature of several of the questions - the form is **not** intended to be a questionnaire – the Advocate will complete this form on his or her own. This form will be completed over time, not all at once, as the Advocate learns information about the mother through the advocate's supportive and counseling role. Through working with the mother, the Advocate should learn the answers to all, if not most of these questions.

WHEN TO SUBMIT:
The Advocate should submit the form to the office manager at the same time the case summary form and Advocate's client file are submitted. After submission, this form must not be copied or kept as a part of the client's file. The data entry clerk will input the data and will file in the client's office file that is maintained in a manner that provides for the utmost confidentiality and privacy of the client.

****NOTE that the procedure for submitting the forms is likely to change when all advocates have access to the database from their computer.**

DO NOT MAINTAIN IN CLIENT FILE

CLIENT PROFILE

1. Client ID # ____________________________ Case # ____________________

2. How old was the client when she had her FIRST child:

   ☐ 12-14 ☐ 26-30 ☐ Other _______

   ☐ 15-20 ☐ 31-35

   ☐ 21-25 ☐ 36-40

3. Immigration Status:

   ☐ US Citizen – by birth

   ☐ Naturalized Citizen (US arrival date: __________; Country of origin_____________)

   ☐ Resident Alien (Legal permanent resident, e.g. Green Card)

   ☐ Visa (☐Work ☐ Student ☐ Travel)

   ☐ Refugee (e.g. seeking asylum)

   ☐ Status Pending

   ☐ Undocumented

   ☐ Unknown

4. Before the age of 18, did the client experience any of the following (check ALL that apply):

Type of Abuse	Who Abused	Severity	What age was the Mother (if known)
☐Physical	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18
☐Sexual	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18
☐Emotional	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18
☐Neglect	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18
☐DV victim by witness	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18
☐Other*	☐ M ☐ F ☐ R ☐ C ☐ O	☐ Mild ☐ Mod ☐ Sev ☐ Unk	☐0-5☐6-11☐12-14☐15-18

* ____

5. Was the client ever removed by social services from her mother, father or primary caregivers?

☐ Yes ☐ No ☐ Unknown

If yes, was client reunified with her mother, father or primary caregivers before age 18?

☐ Yes ☐ No ☐ Unknown

6. Has the client ever had a problem with the misuse/abuse of drugs and/or alcohol? (Check all that apply)

Illegal drugs	☐ Yes	☐ No	☐ Unknown
Prescription drugs	☐ Yes	☐ No	☐ Unknown
Alcohol	☐ Yes	☐ No	☐ Unknown

If yes, is she currently misusing/abusing drugs and/or alcohol?

Illegal drugs	☐ Yes	☐ No	☐ Unknown
Prescription drugs	☐ Yes	☐ No	☐ Unknown
Alcohol	☐ Yes	☐ No	☐ Unknown

7. Does the Mother have any serious medical problems (e.g. chronic illnesses)?

☐ Yes ☐ No ☐ Unknown

If Yes, please specify: ☐ Cancer ☐ Diabetes ☐ HIV/AIDS ☐ Heart disease
☐ High blood pressure☐ Other: ___________________

If yes, is she currently receiving treatment?

☐ Yes ☐ No ☐ Unknown

8. Has the Mother ever been diagnosed with or treated for a mental health problem?

☐ Yes ☐ No ☐ Unknown

If yes, is she currently receiving mental health treatment?

☐ Yes ☐ No ☐ Unknown

9. Has the Mother ever been arrested and/or convicted for the following offenses? (If convicted, do not enter arrest information for that offense)

Offense	Arrest	Conviction	Sentenced	In Dade?
☐ Drug related offense	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	
☐ Property offense	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	
☐ Violent offense	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	
☐ Public Order offense	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	
☐ Other	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	☐Yes ☐ No ☐ Unk	

10. Has the mother been a **victim** in a **criminal** case involving **domestic violence** at any time in her adult life?

☐Yes ☐ No ☐ Unknown

11. Other pertinent information: ____

____

____

____

____

____

____

____

____

____

____

____

Completed by: ______________________ Date Completed: ______________________

Instructions for Case Summary Form

PURPOSE:

The Case Summary form is a summary of client progress and outcomes in a number of key areas related to safety and self-efficacy. The form, in combination with the Progress Notes Time Sheet, will provide an overview of the inputs and outputs of the program's intervention.

WHEN/HOW TO COMPLETE:

Upon the decision to close the case with DCIPFV, the case summary form must be completed in it its entirety.

The first questions on page one document the **reason(s) for case closure**. You may check more than one answer. The "client no longer *wants* program's services" box should be marked if the client has communicated with you that she no longer wishes to work with an Advocate." The "client no longer *needs* program's services" box should be marked if the client has communicated that she feels that she is ready to stop using DCIPFV's services or if the Advocate has determined that the time has come for the client to transition to greater independence and other support systems.

If at the time of the last client contact, the case was **closed in dependency court** please mark "yes" and provide the date (you may need to look in CJIS for this information). If the case was still open in dependency court at the time of last client contact, mark "no."

The **Legal Status and/or Disposition** table is meant to document the status of the case at the time of last client contact. The Advocate must also write down the number of children to which this status refers. For example, if a client has three children in the system and she surrendered her parental rights as to two children and is in the process of completing a case plan as to the third child, the Advocate would write in the number "2" in the "number of children" column corresponding to "Parental Rights Terminated Voluntarily" and the number "1" in the "number of children" column in the row corresponding to "Adjudication and in the process of completing Case Plan."

The **Placement** table is meant to document each child's placement at the time of last client contact. In the example above, if the two children the mother surrendered are in an adoptive home waiting for the adoption, write in the number "2" in the "Adoptive Family" row. If the third child is living with the mother at the time of last client contact, write in the number "1" in the "mother" row.

In the tables on pages two through four, please ensure that there is an "x" in *at least one* of the four middle columns. See below for an explanation of each column.

- The "**Sought**" column refers to anything that the Advocate attempted to help the mother obtain, but she was not able to obtain it (e.g. a permanent injunction) or if at the time of last client contact, the mother was still seeking the item (e.g. in the middle of a divorce).
- The "**Obtained**" column refers to those items that the Advocate helped the mother to obtain during her time at the program. Note that "sought" and "obtained" should never

both be checked for any one item (either the mother sought it, didn't obtain it, is seeking it, or obtained it.)

- The "**N/A**" (not applicable) refers to items for which the mother did not request or require DCIPFV assistance.
- The "**Info not known**" column refers to those items for which the Advocate does not know whether the mother needed help. This column will likely be used for the clients who have had minimal, if any, post-screening contact with their Advocate.
- The "**In place at closing**" relates to all services/orders/assistance in place at the time of last client contact, whether or not the Advocate helped to obtain the item (e.g. the mother may have obtained an injunction before she had contact with DCIPFV; thus, the Advocate didn't help her seek it, but it was in place at the time the Advocate is completing the form).
- The **"Part of CP (case plan)"** is intended to identify those things that the mother is required by the court in order to regain custody of her child. The Advocate should put an "x" if the item is part of the case plan. If not, it can be left blank. If the Advocate is unsure of whether the item is part of the mother's case plan, write in DK (for don't know).

WHEN/WHAT TO SUBMIT:

The form must be submitted within two weeks of the last client contact (by phone, face-to-face, or letter). Please submit the form to the office manager attached by paperclip to the front of the advocate's file. The data from the forms will be entered by data entry clerk and returned to the office manager who will file the form in the advocate's client file and will then place file in the "closed files" file cabinet in alphabetical order (by last name).

**NOTE that the procedure for submitting the forms is likely to change when all Advocates have access to the database from their computer.

CASE SUMMARY FORM

Client Name: _________________________ **Case No./Div:** ______________________________
(last, first)
Date Form Completed: ______________________ **Advocate Completing Form:** ___________

INJUNCTIONS

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Temporary Injunction						
Permanent Injunction						
Injunction Violation						

CIVIL LEGAL MATTERS

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Divorce						
Child Support Enforcement						
Landlord-Tenant Dispute Resolution (e.g. eviction)						
Consumer-Related Dispute Resolution (e.g. payment for services or product)						
Immigration (e.g. adjusting status or obtaining work authorization)						

HOUSING

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Emergency (e.g. shelter or hotel)						
Temporary (less than 2 years) (e.g. Carrfour)						
Permanent (more than 2 years) (e.g. HUD/Section 8)						

PUBLIC BENEFITS/ENTITLEMENTS

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Social Security Disability						
Public Assistance (TANF)						
Food Stamps						
Medicaid						
Kidcare						

PHYSICAL and MENTAL HEALTH SERVICES and TREATMENT

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Parenting Training						
Anger Management Classes						
Individual Therapy						
Family or Dyadic Therapy (with Child(ren))						
Group Therapy for DV						
Medical or Health Services						

SUBSTANCE ABUSE TREATMENT

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Residential						
Outpatient						
AA/NA (etc.)						

VICTIM ASSISTANCE

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
In-State Relocation						
Out-of-State Relocation						
Victims' Compensation (other than for relocation)						

VOCATIONAL/EDUCATIONAL

	PART of CP?	SOUGHT	OBTAINED	N/A	INFO NOT KNOWN	IN PLACE AT CLOSING?
Job Training						
High School GED						
Post-Secondary Education (e.g. Community College/University)						
Vocational Degree						
Part-Time Employment						
Full-Time Employment						

Special efforts made by advocate or unique services obtained (must complete):

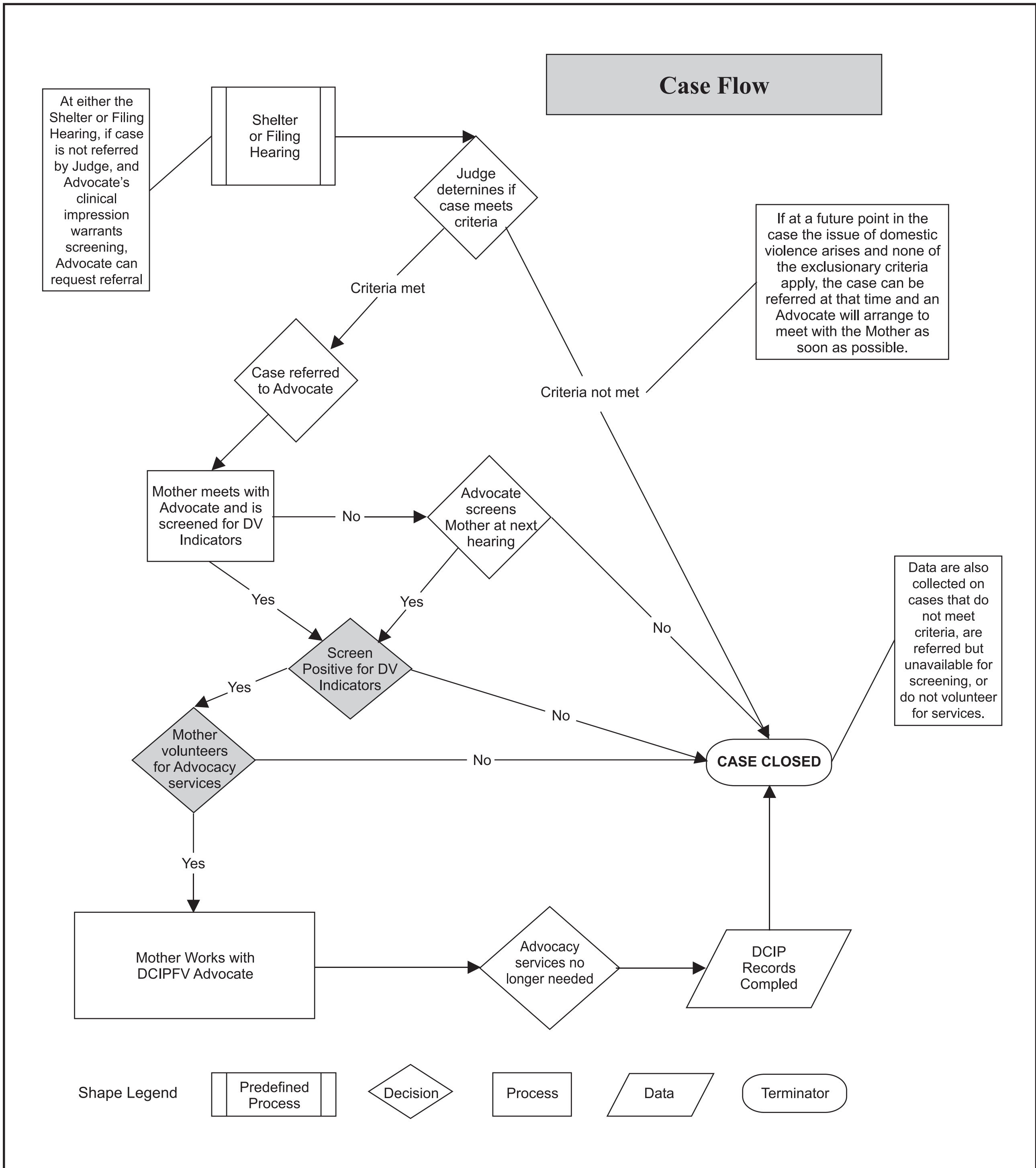
____

____

____

____

APPENDIX 6
Dependency Court Intervention Program Case Flow



APPENDIX 7

Instructions for Screening Tool

PURPOSE:
The Screening Tool is designed to identify mothers in dependency court who are currently experiencing domestic violence or have experienced domestic violence within the past year with a current or former partner. This is accomplished through a series of questions to which a "yes" answer is a positive indicator of domestic violence. The tool also allows the experienced advocate as well as the mother to assess her safety at the time of the screen.

WHEN TO COMPLETE:
This form should be completed, if at all possible, on the same day that the court refers a mother to the DCIPFV. If unable to screen the mother at the time of referral, the Advocate may follow the case for **one** more hearing to attempt to administer the screen. The Consent Form - Part A, MUST be reviewed with the mother and MUST have her signature before the Advocate may administer the Screening Tool.

WHEN TO SUBMIT:
The Screening Tool will be submitted for processing and record keeping the same day that it is completed. This form should be accompanied by the Court Information Sheet (CIS) and the Shelter Petition. If there are positive indicators for domestic violence, the mother accepts the offer of services and signs Part B of the Consent Form, a file will be created and provided to the Advocate by 12:00 p.m. the following day.

SCREENING TOOL

Case #: ______________________ **Division:** _____ **Screening Date:** ___________

Screened at: ☐ Shelter ☐ Filing ☐ Other _____________ **Completed by:** ____________

Mother's Name: ______________________________ (last, first, MI) **DOB:** ____/____/_____ (mm/dd/yy)

Mother's Address (at time of Screening)**:** ____

Safe to Contact at this address? ☐ Yes ☐ No **If not safe, best to contact at:** ___________________

Mother's Telephone Number (at time of Screening)**:** ____

Safe to Contact at this number? ☐ Yes ☐ No **If not safe, best to contact at:** ___________________

Race/Ethnicity: ☐ Caucasian/White ☐ Hispanic/Latino ☐ African Am. ☐ Haitian ☐ Jamaican ☐ Asian/Asian Am.

☐ Am Indian and Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Other ____________ ☐ Unknown

Currently Employed? ☐ FT ☐ PT ☐ Unemployed

Enrolled in School or Job Training? ☐ FT ☐ PT ☐ Not enrolled

Highest Level of Education? ☐ 12th or less ☐ HS grad ☐ GED ☐ some college ☐ AA or tech degree ☐ college

Current Relationship: Do you have a husband, boyfriend or close relationship right now? ☐ Yes ☐ No

If current, type of 'partner': ☐ Husband ☐ Intimate Partner ☐ Dating Only Relationship

If not current, most recent: ☐ Former husband ☐ Former Intimate Partner ☐ Former Dating Relationship

Within the past year, has your current /former partner:	Current	Former
1. called you names when angry?		
2. put you down in front of others?		
3. made you or tried to make you feel bad about yourself?		
4. tried to stop you from doing or thinking what you want?		
5. threatened to hurt you or himself?		
6. caused you to worry about your own safety?		
7. had a fight where either of you were pushed, kicked, punched, slapped, hit or hurt?		

	Current			Former		
	Safe	Somewhat Unsafe	Not Safe at all	Safe	Somewhat Unsafe	Not Safe at all
SELF-EVALUATION: How safe do you feel with your current/former partner right now?						
INTERVIEWER'S EVALUATION: How safe do you think this mother is right now?						

SCREENING INDICATORS and OFFER OF SERVICES OUTCOMES (check one box only):

Positive Indicator(s)		**No Indicator(s), Services Offered**		**No Indicator(s), No Services Offered**
Accepted Services	**Declined Services**	**Accepted Services**	**Declined Services**	

ADDITIONAL CONCERNS/COMMENTS: ____

TIME SPENT ADMINISTERING SCREENING TOOL (10 min. increments):_________________

APPENDIX 8

RELEASE OF CONFIDENTIALITY

I, ______________________________, hereby authorize ____________________ of The Dependency Court Intervention Program to speak with ____________________ of _____________________________about _____________________________________ matter pertaining to my case. I have voluntarily consented to the distribution of information regarding my case. No person has coerced me into granting authorization, and I do so freely and voluntarily.

I hereby release ______________________, The Dependency Court Intervention program, and their representatives from any and all responsibility for damage, claims, or liability as a result of release of information pertaining to my case.

This waiver of confidentiality will remain in effect for as long as the undersigned remains an active client with this agency, unless subsequently rescinded in writing.

Signed ________________________________ Date __________________________

Print Name ____________________________

Witness _______________________________ Date __________________________

Rescinded: ____________________________ Date __________________________

APPENDIX 9

Optional Aid for Assessing for Dangerousness and Suicidal Ideation Assessment

Optional Aid for Assessing for Dangerousness

These questions are adapted from the Danger Assessment (Campbell, 1984) and are designed to aid the Advocate as she considers the level of risk faced by the client. When the Advocate has reason to believe that the client may be at risk of harm, these kinds of questions can help her determine how dangerous the client's situation may be. In cases of high risk, Advocates should seek supervision.

	Yes	Not sure	No
1. Do you think you are in danger of being hurt by your partner?			
2. Do you believe your partner is capable of hurting you?			
3. Are you afraid of your partner?			
4. Has your partner ever threatened to hurt you or your children? (Death threats?)			
5. If Yes, has he talked about what he would do?			
6. Does he have, or can he get a weapon? /Ever used a weapon?			
7. Has he ever hurt you? Strangled ("choked") you?			
8. Has he ever been violent with any one else/ hurt anyone else outside the family? Pets?			
9. Has anyone had injuries or medical treatment as a result of fights with your partner?			
10. Has your partner ever been arrested? Have the police ever been involved with the family?			
11. Has your partner ever been on probation/parole and violated probation/parole?			
12. Does your partner abuse street drugs or alcohol?			
13. Has your partner forced you to have sex or engage in unwanted sexual behavior?			
14. Is any of the abuse getting worse or happening more often?			
15. Do you think your partner is capable of killing you or himself? Suicide threats?			
16. Has your partner ever been in a program because of violence? (domestic violence?)			
17. Has there ever been a restraining order against your partner, so that he could not come in your home or work place? / If so, did he violate restraining order?			
18. Do you know if a former wife/girlfriend ever had a restraining order against your partner? If so, do you know if he violated the order?			
19. Have you ever gone to a shelter, to someone else's house, or anywhere else to be safe from your partner? If so, does he follow you/bother you/threaten you/stalk you?			
20. Does he now, or in the past ever had mental problems?			
21. Has your partner ever said, "I can't live without you;" "If I can't have you no one else will" or made you feel that your partner will not let you leave?			
22. Has your partner recently lost his job? (Or, is your partner employed?)			
23. Is your partner eating, sleeping, working normally?			

FOR ADVOCATE: Is client's assessment accurate? If client's risk appears high, seek Supervision.

Campbell, Jacquelyn C. (1994). Domestic homicide: risk assessment and professional duty to warn. *Maryland Medical Journal*, 43 (10), 885-889.

Suicidal Ideation Assessment

If the Advocate is concerned that the client may be suicidal, a suicide prevention assessment should be done. The following is an example of such an assessment:

1. Have you ever had thoughts of hurting yourself?
2. [If so], what have they been?
3. What is the most recent time you've had such thoughts?
4. How often do you have these thoughts?
5. When you've thought about hurting yourself, have you thought about how you would do it?
6. Have you ever tried to hurt yourself?
7. What happened?
8. How recently did you last try to hurt yourself?
9. How often have you tried to hurt yourself?
10. Do you think this is something you might do now?
11. What has stopped you in the past from following through on these thoughts or plans? (Or, what is stopping you now?)
12. **If yes: STAY WITH CLIENT --- page supervisor who will help you contract with client to stay safe.**

If Client is actively suicidal and chooses to leave, try to find out where she's going and call 911.

Issues to be addressed:

- Who can she call when she is feeling like hurting herself?
- What can she do to make herself feel safe/feel better?
- Written contract between you and mom to stay safe until next time you meet
- Written contract with someone who she trusts
- Refer to therapy/Hot line telephone number

Page Supervisor immediately if:

- Client has a plan
- Advocate is making a contract with Client
- Client is suicidal and has a history of suicide attempts herself or in her family of origin.

APPENDIX 10

PERSONALIZED SAFETY PLAN

The following steps represent my plan for increasing my safety and preparing in advance for the possibility for further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety:

Name:

Date:

Review dates:

Step 1: Safety during a violent incident. Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies.

I can use some or all of the following strategies:

A. If I decide to leave, I will. (Practice how to get out safely. What doors, windows, elevators, stairwells or fire escapes would you use?)

B. I can keep my purse and car keys ready and put them (place) in order to leave quickly.

C. I can tell about the violence and request they call the police if they hear suspicious noises coming from my house.

D. I can teach my children how to use the telephone to contact the police and the fire department.

E. I will use as my code word with my children or my friends so they can call for help.

F. If I have to leave my home, I will go. (Decide this even if you don't think there will be a next time.)

If I cannot go to the location above, then I can go to or.

G. I can also teach some of these strategies to some/all of my children.

H. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as. (Try to avoid arguments in the bathroom, garage, kitchens, near weapons or in rooms without access to an outside door.)

I. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving a relationship.

I can use some or all of the following safety strategies:

A. I will leave money and an extra set of keys with so I can leave quickly.

B. I will keep copies of important documents or keys at.

C. I will open a savings account by ___________, to increase my independence.

D. Other things I can do to increase my independence include:

E. The domestic violence program's hotline number is. I can seek shelter by calling this hotline.

F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins or I might get a friend to permit me to use their telephone credit card for a limited time when I first leave.

G. I will check with and to see who would be able to let me stay with them or lend me some money.

H. I can leave extra clothes with.

I. I will sit down and review my safety plan every in order to plan the safest way to leave the residence. (domestic violence advocate or friend) has agreed to help me review this plan.

J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: Safety in my own residence. There are many things that a woman can do to increase her safety in her own residence. It may impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

A. I can change the locks on my doors and windows as soon as possible.

B. I can replace wooden doors with steel/metal doors.

C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.

D. I can purchase rope ladders to be used for escape from second floor windows.

E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

F. I can install an outside lighting system that lights up when a person is coming close to my house.

G. I will teach my children how to use the telephone to make a collect call to me and to (friend/minister/other) in the event that my partner takes the children.

H. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include:
(school), (day care staff), (babysitter), (Sunday school teacher), (teacher), and (others).

I. I can inform (neighbor), (pastor), and (friend) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with a protection order. Many batterers obey protection orders, but one can never he sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the courts to enforce my protection order.

The following are some steps that I can take to help the enforcement of my protection order:

A. I will keep my protection order (location). (Always keep it on or near your person. If you change purses, that's the first thing that should go in.)

B. I will give my protection order to police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.

C. There should be a county registry of protection orders that all police departments can call to confirm a protection order. I can check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is.

D. For further safety, if I often visit other counties in Pennsylvania, I might file my protection order with the court in those counties. I will register my protection order in the following counties: , , and.

E. I can call the local domestic violence program if I am not sure about B., C., or D. above or if I have some problem with my protection order.

F. I will inform my employer, my minister, my closest friend and that I have a protection order in effect.

G. If my partner destroys my protection order, I can get another copy from the courthouse by going to the Office of the Prosecutor located at ________________________________.

H. If my partner violates the protection order, I can call the police and report a violation, contact my attorney, call my Advocate, and/or advise the court of the violation.

I. If the police do not help, I can contact my Advocate or attorney and will file a complaint with the chief of the police department.

J. I can also file a private criminal complaint with the district justice in the jurisdiction where the violation occurred or with the district attorney. I can charge my battering partner with a violation of the protection order and all the crimes that he commits in violating the order. I can call the domestic violence advocate to help me with this.

Step 5: Safety on the job and in public. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family and co-workers can help to protect women. Each woman should consider carefully which people to invite to help secure her safety.

I might do any or all of the following:

A. I can inform my boss, the security supervisor and at work of my situation.

B. I can ask to help screen my telephone calls at work.

C. When leaving work, I can ____.

D. When driving home if problems occur, I can ______________________________________.

E. If I use public transit, I can ____.

F. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when residing with my battering partner.

G. I can use a different bank and take care of my banking at hours different from those I used when residing with my battering partner.

H. I can also ____.

Step 6: Safety and drug or alcohol use. Most people in this culture use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a battered woman, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her battering partner. Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the use of alcohol or other drugs by the batterer

may give him/her an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with the battering partner, I can enhance my safety by some or all of the following:

A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.

B. I can also ____.

C. If my partner is using, I can ____.

D. I might also ____.

E. To safeguard my children, I might ____________________________________ and ________________________________.

Step 7: Safety and my emotional health. The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

A. If I feel down and ready to return to a potentially abusive situation, I can.

B. When I have to communicate with my partner in person or by telephone, I can.

C. I can try to use "I can". ." statements with myself and to be assertive with others.

D. I can tell myself _____________________- whenever I feel others are trying to control or abuse me.

E. I can read to help me feel stronger.

F. I can call _____________________________ and as other resources to be of support to me.

G. Other things I can do to help me feel stronger are ____________________ and ______________________.

H. I can attend workshops and support groups at the domestic violence program or, or to gain support and strengthen my relationships with other people.

Step 8: Items to take when leaving. When women leave partners, it is important to take certain

items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly. Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home. These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave, I should take:

* Identification for myself
* Children's birth certificates
* My birth certificate
* Social Security cards
* School and vaccination records
* Money
* Checkbook, ATM (Automatic Teller Machine) card
* Credit cards
* Keys - house/car/office
* Driver's license and registration

Medications
Welfare identification
Work permits
Green card
Passport(s)
Divorce papers
Medical records - for all family members
Lease/rental agreement, house deed, mortgage payment book
Bank books
Insurance papers
Small saleable objects
Address book
Jewelry
Children's favorite toys and/or blankets
Items of special sentimental value
Telephone numbers I need to know:
Police department - home
Police department - school
Police department - work
Battered women's program
County registry of protection orders
Work number
Supervisor's home number
Minister
Other

Hart, B. and Stuehling, J., "Personalized Safety Plan," adopted from the Office of City Attorney, City of San Diego, California, April, 1990.

APPENDIX 11

Direct Aid Disbursement Protocol and Direct Aid Disbursement Record

Direct Aid Disbursement Protocol

I. When Client Able to Come to DCIPFV Office

1. Advocate prepares and signs Direct Aid Disbursement Record (see attached)
2. Advocate submits form to Program Administrator for review and signature
3. Advocate brings form to Office Manager who disburses direct aid as approved
4. Client signs form immediately upon receipt of the aid and original form is provided to Office Manager.
5. Office Manager files original request in the Direct Aid Disbursement Record Binder (filed by month) and provides a copy of the Disbursement Record to the advocate. The copy shall be placed in the advocate's client file.
6. Advocate obtains receipt from client at their next meeting and will submit the original receipt to the Office Manager and provide a copy to the client.
7. Office Manager will staple the receipt to the original request and note the date submitted.

II. When Client Not Able to Come to DCIPFV Office

1. Advocate prepares and signs Direct Aid Disbursement Record (see attached).
2. Advocate submits form to Program Administrator for review and signature.
3. Advocate brings form to Office Manager who disburses direct aid to Advocate.
4. Advocate delivers to client. Client signs form immediately upon receipt of the aid and original form is provided to Office Manager.
5. Office Manager files original request in the Direct Aid Disbursement Record Binder (filed by month) and provides a copy of the Disbursement Record to the advocate. The copy shall be placed in the advocate's client file.
6. Advocate obtains receipt from client at their next meeting and will submit the original receipt to the Office Manager and provide a copy to the client.
7. Office Manager will staple the receipt to the original request and note the date submitted.

Entering and Tracking Direct Aid Disbursements:
Data from the Disbursement Record will be entered weekly by data clerk. The Program Administrator will provide reports on the first of each month of all Direct Aid disbursed for the previous month to the Advocacy Supervisor. The report will detail expenditures per client as well as a total for each advocate's caseload. The Advocacy Supervisor will maintain a master file of all reports per advocate for each month.

Direct Aid
DISBURSEMENT RECORD

Date: ______________ **Advocate: __________________**

Client Name: _________________________Case #: _____________________

Direct Aid Category:

$ _________ Housing (rent, deposit, hotel, etc.)
Cash Check Voucher Money Order

$ _________ Utilities (water, electric, phone)
Cash Check Voucher Money Order

$ _________ Transportation (bus, taxi, gas)
Cash Check Voucher Money Order

$ _________ Relocation expenses (transportation, truck rental, etc.)
Cash Check Voucher Money Order

$ _________ Basic Needs (groceries, meals, medication, etc.)
Cash Check Voucher Money Order

$ _________ Child Care
Cash Check Voucher Money Order

$ _________ Fees (INS, educational, court, etc.)
Cash Check Voucher Money Order

$_________ Other (explain): ____
Cash Check Voucher Money Order

$ _________ Total Aid Amount Disbursed

Recipient Signature: ____

Advocate Signature: ____

Administration Signature: ____

Date Receipt Received: ____

Permanency Planning for Children Department

National Council of Juvenile and Family Court Judges

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