

CO-LOCATION OF DOMESTIC VIOLENCE (DV) ADVOCATES  
IN NYS CHILD WELFARE OFFICES  
DV ADVOCATE SURVEY REPORT

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CENTER FOR HUMAN SERVICES RESEARCH  
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# CO-LOCATION OF DOMESTIC VIOLENCE (DV) ADVOCATES IN NYS CHILD WELFARE OFFICES

## DV ADVOCATE SURVEY REPORT

### Executive Summary

The New York State Office of Children and Family Services (OCFS) contracted with the Center for Human Services Research to study the effects of co-locating Domestic Violence (DV) Advocates within Child Protective Services (CPS) offices. The goal of co-location was to improve case practice and outcomes for families experiencing both DV and child maltreatment. One evaluation component consisted of surveying DV Advocates from DV programs in all New York counties outside of New York City. The purpose of the survey was to collect information about DV Advocates' experiences and perceptions of working with the CPS system and to determine whether co-location affected these experiences.

The analysis consisted of these levels of inquiry:

- DV Advocates' views about working with the CPS system and caseworkers
- We compared respondents who had experience as a co-located DV Advocate in CPS offices with respondents who had never been co-located
- We compared respondents working in DV agencies that were participating in a co-location program (including respondents who had never personally been co-located at CPS) with respondents working in DV agencies that did not participate in a co-location program

Overall, the survey found that for the entire sample of DV Advocates, a majority had positive perceptions of CPS and were generally satisfied with coordination between the CPS and DV systems. Most DV Advocates addressed child safety in their work with clients, and nearly all felt confident that they knew what to do if they suspected that a client's child was at risk of maltreatment.

Co-location was found to have a large number of significant effects on DV Advocates who were personally co-located in CPS offices. Compared with DV Advocates who had never been co-located, DV Advocates with co-location experience reported:

- Significantly more collaborative case practice with CPS, such as attending CPS home visits and case conferences
- Better systems coordination, such as rates of case referrals from CPS and fewer organizational restraints precluding collaborative case practice
- Better knowledge and attitudes about CPS (for example, feeling they had enough knowledge about the CPS process to help their clients through that system)

There were few differences between respondents in agencies with a co-location program and respondents in agencies without a co-location program, perhaps because respondents with personal experience as a co-located DVA are a small percentage of the DV Advocates in any DV service agency.

## Project Background

Research suggests that child welfare workers and domestic violence (DV) providers often work with the same families, yet rarely coordinate their efforts in a systematic way. Since both systems have expertise that would contribute to child welfare's goal of child safety and well-being, many states have sought ways to institutionalize collaboration between the two fields. Recognizing the need to integrate DV expertise into child welfare practice, OCFS piloted a "co-location" model in which a DV Advocate is physically placed in a Child Protective Services (CPS) office. The goal of the program is to increase safety for families experiencing both DV and child maltreatment by improving case practice and system relationships.

OCFS contracted with the Center for Human Services Research to evaluate the CPS/DV co-location model. This report presents findings from one component of the multi-stage evaluation – a survey of New York State DV Advocates. The DV Advocate Survey was designed to collect information on DV Advocate attitudes about and practices with the CPS system to complement information from a 2012 survey of CPS caseworkers administered during an earlier phase of the study. While much of the existing literature on CPS and DV system collaboration emphasizes the implications of DV on child welfare practice and processes (Beeman, et al., 2001; Fleck-Henderson, 2000; Jones and Gross, 2000; LaLiberte, et al., 2010; Ogonnaya and Pohle, 2013), little has been documented regarding DV Advocate practice in coordinating with the child welfare system. This phase of the study sought to add needed information on systems collaboration from the perspective of DV agency professionals. The survey was also designed to increase an understanding of the effects of co-location, specifically differences in collaboration and case practice between agencies with co-location programs and agencies without co-location programs.

## Methods

The survey was conducted between April and May of 2013. Sixty-eight DV agencies were identified in all New York counties (excluding the five counties of New York City). Each agency's director provided a list of names and email addresses of workers who provide direct services to families experiencing DV. The selected workers were then invited to participate in an online survey. Workers were also given the option to complete a paper questionnaire, and five agencies utilized this method. All agencies invited participated in the survey. In total, 573 staff received the survey: 504 electronically and 69 through a mailed paper questionnaire. There were 488 responses to the invitation to participate, with 30 of those disqualified because they did not meet the selection criteria, either because their jobs did not include direct service provision to DV victims or because they had not worked with a client involved with CPS in the previous six months. By the close of the survey, 458 valid responses were received from 543 qualified respondents, generating an overall response rate of 84%.

The survey reached DV Advocates whether or not they were co-located in CPS offices and whether or not their agency was known to collaborate with CPS. The survey addressed the following areas:

1. What is the quality of the relationship between CPS workers and DV Advocates?
2. How do DV Advocates perceive CPS workers' handling of cases involving DV?
3. How well do DV Advocates feel they understand CPS processes?
4. How closely do the DV Advocates work with the CPS system? Do DV Advocates collaborate with CPS workers on cases? What is the nature of this collaboration?
5. How do DV advocates handle concerns of child maltreatment in their cases?

## Findings

### OVERVIEW

The analyses consisted of these levels of inquiry:

- We analyzed the entire sample to understand respondents' views about working with the CPS system and caseworkers
- We compared respondents who had CPS office co-location experience (at the time of the survey or in the past) with respondents who had never been co-located
- We compared respondents working in DV agencies that were participating in a co-location program (including respondents who had never personally been co-located at CPS) with respondents working in DV agencies that did not participate in a co-location program

Unless otherwise noted, the results are presented for an N of 458.

## Combined Analysis of All Respondents

### DV ADVOCATE ATTITUDES ABOUT CPS

As seen in Table 1, a substantial majority of respondents had positive assessments of CPS as a whole. Over 80% have had a positive experience working with CPS staff and believe that communicating with CPS workers is a worthwhile use of time. About half of respondents felt that CPS workers were empathetic and supportive of DV victims. About one-third felt that CPS workers were adequately trained to work with DV victims.

**Table 1**  
**DV ADVOCATES' PERCEPTIONS OF CPS AND CASEWORKERS**

	Percent Agree or Strongly Agree
I believe that communicating with CPS caseworkers is a worthwhile use of my time	89%
Overall, I have had a positive experience working with CPS staff	81%
Overall, CPS caseworkers are skillful in helping families whose children may have been maltreated	79%
Overall, our local CPS office responds adequately to families dealing with DV	72%
I am confident that CPS workers know what to do if they discover DV in one of their cases	51%
CPS caseworkers are empathetic to victims of DV	50%
CPS holds perpetrators of domestic violence accountable for their behaviors	47%
CPS workers provide sufficient support to victims of DV	46%
Most CPS caseworkers have a good understanding of what DV providers can and cannot do	42%
CPS caseworkers are adequately trained to work effectively with victims of DV	36%

## Combined Analysis of All Respondents, Continued

### **BELIEFS ABOUT THE ROLE OF CPS IN DV CASES**

A large majority of respondents felt that a CPS report should be made if a child was present during a DV incident (Table 2). Forty-one percent believed that a CPS report should be made if DV occurred even if the child was not present. One-third of respondents believed that CPS should take action against parents who stay with abusive partners.

**Table 2**  
**BELIEFS ABOUT THE ROLE OF CPS IN DV CASES**

	<b>Percent Agree or Strongly Agree</b>
If the children are at risk of immediate harm as a result of the DV, CPS should be involved	97%
A report should be made to CPS if a child is unintentionally injured during a DV incident	93%
A report should be made to CPS if a child witnesses a domestic violence incident - even if the child is not physically hurt	78%
A report should be made to CPS if DV occurs in the home - even if the child neither witnessed nor was injured during the event	41%
In most cases, if a parent stays with an abusive partner, CPS should take action against that parent	34%

### **DV ADVOCATE KNOWLEDGE OF CPS AND CHILD WELFARE**

As seen in Table 3, the vast majority of respondents were confident that they knew what to do if they suspected child maltreatment. About three-quarters of respondents felt comfortable with their knowledge of CPS and their ability to help clients through it. Over 80% knew that CPS workers were required to engage both parents and what services were available to DV perpetrators.

**Table 3**  
**DV ADVOCATES' SELF-REPORTED SYSTEMS KNOWLEDGE**

	<b>Percent Agree or Strongly Agree</b>
I am confident I know what to do if I suspect my client's child is at risk of abuse or neglect	97%
I know what services and resources are available for perpetrators of DV in my community	87%
CPS caseworkers are required to engage both parents, even when the case involves DV	83%
I have a good understanding of what CPS can – and cannot – do	73%
I know enough about the CPS process to help my clients through it	72%
CPS workers have a lot of discretion with the steps they take during an investigation	67%

### DV ADVOCATE CASE PRACTICE

Some DV Advocates work directly with CPS caseworkers by attending CPS home visits, case conferences, or family team meetings. As outlined in Table 4, less than one-quarter of respondents had been invited to accompany CPS on a home visit, and about two-thirds of these had ever actually participated in a joint home visit. Additionally, 31% of survey respondents reported that their agencies restrict their ability to accompany CPS workers on home visits.

About one-quarter of respondents had been invited to CPS case conferences and 18% to CPS family team meetings. When asked to participate in CPS case conferences or family team meetings, respondents were likely to attend.

**Table 4**  
**DV ADVOCATES' COLLABORATIVE CASE PRACTICE WITH CPS**

	Percent Agree or Strongly Agree
If I am helping a client who has a CPS case, I usually or often communicate with CPS caseworkers about the case	41%
My DV program restricts my ability to accompany CPS workers on home visits.	31%
CPS workers have invited me to accompany them on home visits with families where domestic violence may be an issue.	22%
I have been on a home visit with a CPS worker.	68% of those invited
I have been invited to CPS case conferences.	26%
I have attended CPS case conferences	88% of those invited
I have been invited to CPS family team meetings.	18%
I have attended CPS family team meetings	86% of those invited

### ADDRESSING CHILD MALTREATMENT AND CHILD SAFETY

The survey explored how DV Advocates addressed the safety of DV victims' children in their practice, talked about keeping children safe from abusive partners, and their comfort level with client discussions about how DV may affect their children. About half assessed clients' children for warning signs of emotional harm and 63% screened for maltreatment of clients' children. About two-thirds discussed the CPS process with clients (Table 5).

**Table 5**  
**HOW DV ADVOCATES ADDRESS CHILD SAFETY**

	Percent Agree or Strongly Agree
I talk with my clients about what steps they take to keep their children safe when their partner is being abusive	86%
If my client has a CPS case, I discuss the CPS process as part of my work with the client	65%
My work with clients includes screening for maltreatment of their children.	63%
I assess my clients' children for "warning signs" of emotional harm, such as bed-wetting, aggressive behavior, depression, self-harming behavior, truancy, etc.	54%
I feel uncomfortable talking with my clients about how the domestic violence may be affecting their children.	11%*
It is outside my role to help my clients figure out how to discuss the domestic violence with their children.	11%*

\*Lower percentage for this item indicates greater comfort with discussion of DV's effects on children

## Combined Analysis of All Respondents, Continued

Most respondents used multiple strategies to address the risk of maltreatment (Table 6). The most common strategies were safety planning for the child (86%) and talking with the non-offending parent (74%). Over one-third (39%) called a CPS worker for advice and 61% called the State Central Registry.

**Table 6**  
**ADDRESSING CHILD MALTREATMENT**

If I am concerned that my client's child may be at risk of maltreatment, then I:	Percent Yes
Incorporate safety planning for the child into my work w/ my client	86%
Ask a co-worker or supervisor for advice	77%
Talk to the non-offending parent	74%
Call the State Central Registry (child abuse hotline)	61%
Refer the client/child to services outside of my agency	47%
Refer to children's services within my agency	46%
Call a CPS worker for advice	39%
Call the police	9%
Other	3%

### CPS AND DV SYSTEM COORDINATION

Table 7 reports areas of system coordination. A large majority of respondents knew a CPS worker by name and felt they could receive timely help from CPS, and about three-quarters of respondents felt that CPS referred most CPS cases involving DV to their program in a timely matter. Effective coordination between the CPS and DV systems often involves sharing information about mutual clients. Attitudes regarding information sharing varied widely. For example, more than half of the DV Advocates surveyed wished it were easier to provide information to CPS workers, while more than one-third believed that providing any information to CPS put their clients at risk.

**Table 7**  
**DV ADVOCATES' VIEWS OF SYSTEM COORDINATION**

	Percent Agree or Strongly Agree
If I need help from CPS I can get it in a timely fashion.	84%
It is my impression that CPS refers most cases with DV to our program (or another local DV program)	77%
I know a CPS worker by name that I can call with questions if needed	70%
I receive referrals from CPS workers	63%
I wish it were easier to provide information about mutual clients to CPS workers	54%
I believe that sharing any information about my clients with CPS workers could put my client at risk	37%
CPS waits too long between identifying a family with DV and contacting us	30%
CPS caseworkers usually or often consult with me or my program on their cases that involve DV	28%



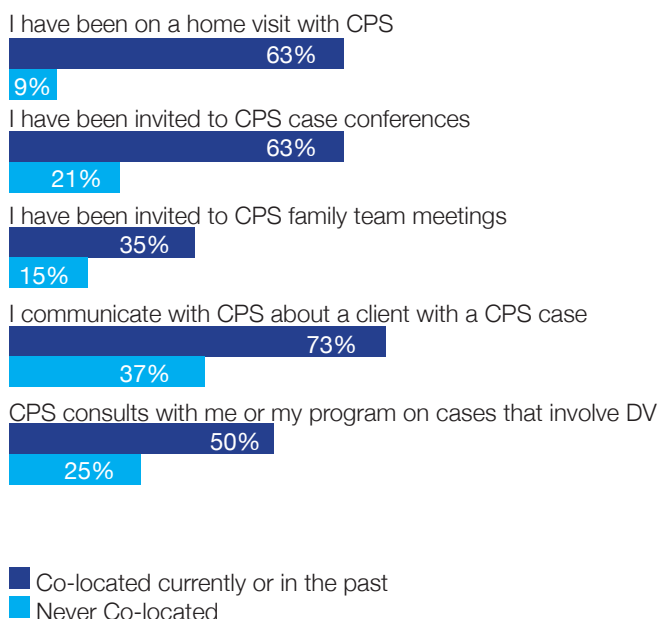
## Effects of Co-location Programs

Findings from the survey were also analyzed to examine the effects of co-location programs, specifically whether there were differences between: (a) DV Advocates who had ever been co-located at a CPS office and respondents who had not; and (b) respondents from agencies that participated in a co-location program and respondents from agencies that did not.

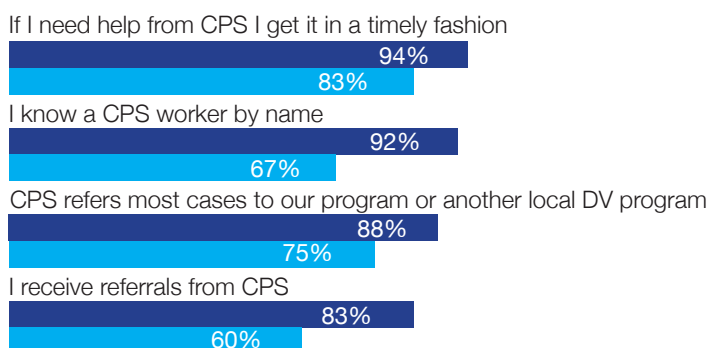
### DIFFERENCES BETWEEN CO-LOCATED DV ADVOCATES AND NON-CO-LOCATED DV ADVOCATES

There were 52 respondents who had worked, or were currently working, as co-located DV Advocates in CPS offices. When compared with DV Advocates without co-location experience, significant differences were found in regard to collaborative case practice, DV and CPS systems coordination, and knowledge and attitudes regarding CPS (Figures 1-4). All findings reported are statistically significant ( $p < .05$ ).

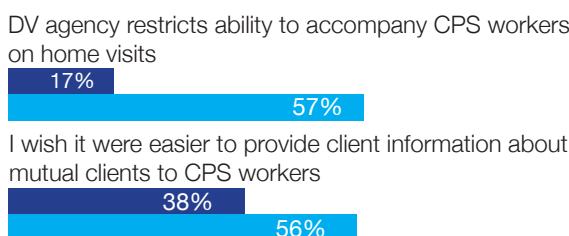
**Figure 1**  
**DV ADVOCATE CASE PRACTICE**



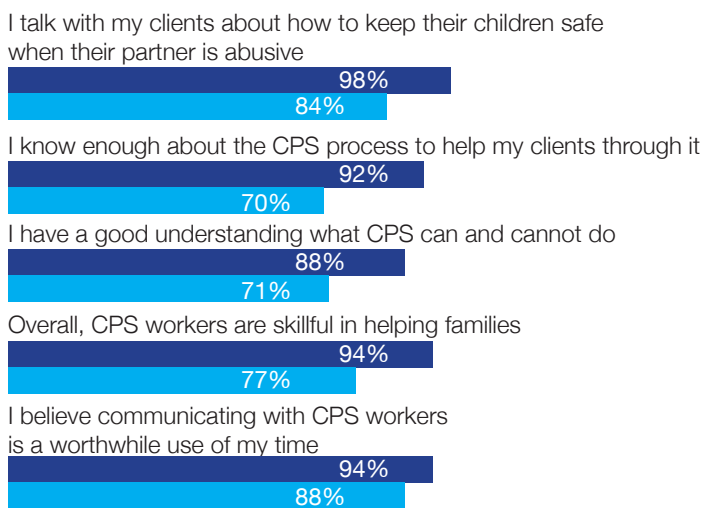
**Figure 2**  
**DV AND CPS SYSTEMS COORDINATION**



**Figure 3**  
**ORGANIZATIONAL CONSTRAINTS**



**Figure 4**  
**KNOWLEDGE AND ATTITUDES OF DV ADVOCATES**



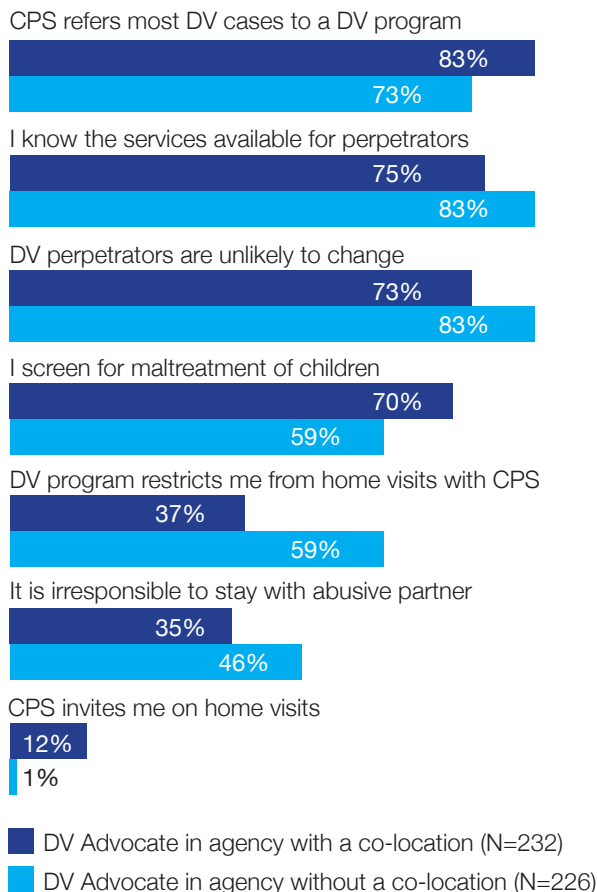
## Conclusions

### DIFFERENCES BETWEEN AGENCIES PARTICIPATING IN CO-LOCATION PROGRAMS AND AGENCIES NOT PARTICIPATING

At the time of the study, a total of 18 DV agencies in 18 New York counties had a co-location program. Eleven of the co-location programs were funded by OCFS during the study period while the other seven were funded by a variety of local, state and federal sources.

Figure 5 shows the seven items where statistically significant differences were found between respondents in agencies that had a DV Advocate co-located at a CPS office and respondents in agencies that did not. Respondents from agencies with a co-located DV Advocate were more likely to screen clients' children for maltreatment and to believe that CPS referred most DV cases to DV agencies.

**Figure 5**  
**SIGNIFICANT DIFFERENCES BETWEEN DV ADVOCATES AT AGENCIES WITH OR WITHOUT CO-LOCATED DV ADVOCATES**



The DV Advocate survey results show that overall a majority of DV Advocates had a positive perception of the CPS system, were confident in their understanding of the CPS system, and were satisfied with the institutional collaboration between CPS and DV agencies. The DV Advocates were less positive about how individual caseworkers handled cases with DV. The most positive responses on all items came from those DV Advocates who had co-location experience in a CPS office. Those individuals identified a higher level of casework collaboration with CPS, more specific communication with CPS, and a greater likelihood of addressing child safety in their own practice.

While DV Advocates with co-location experience had more trust in and reported more collaboration with CPS, their co-location experience did not meaningfully change perceptions throughout the advocate's agency. OCFS might consider ways to spread the most positive results of the co-location model throughout the system, with or without co-location. The goal of such activities would be to achieve the same strong collaboration and trust from all DV Advocates as expressed by those DV Advocates who were co-located.

- *Offer additional cross-training on the jobs and responsibilities of both CPS workers and domestic violence advocates.* Additional cross-training could be conducted through OCFS' i-learning platform at regional offices, open simultaneously to CPS staff and DV Advocates. This activity could engender the benefits of face-to-face interaction, improve understanding of one another's roles and responsibilities, and increase the likelihood of joint case conferencing.
- *Create clear protocol recommendations regarding joint home visits.* Joint home visits happen rarely, but when they are an option, DV advocates and caseworkers perceive them as beneficial to families. Developing statewide guidelines could assist localities in encouraging this practice where appropriate.

## References

- *Encourage co-located DV Advocates to be ambassadors.* Co-located DV Advocates are immersed within CPS and work closely with CPS caseworkers, which encourage them to use relationships with CPS to help clients and leads to more positive perceptions of CPS. Consciously introducing these perceptions and knowledge to others at their DV agency through informal conversation as well as at presentations and trainings could lead to improved collaboration and case practice agency-wide. Personally introducing co-workers from each agency to each other may also facilitate connections and trust. One way of doing this would be for a co-located DV Advocate to invite other DV Advocates to “shadow” her at CPS, where they could become more familiar with the people and processes at CPS.
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