



CPS/DV CASE RECORD REVIEW 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 in Child Protective Services (CPS) offices. The goal of co-location is to improve case practice and outcomes for families experiencing both DV and child maltreatment. One evaluation component consisted of reviewing child protective case (CPS) records.

The CPS case record review identified several strong benefits of the co-location effort. Child welfare caseworkers in counties in which DV Advocates were co-located were more likely to skillfully address DV with their clients than caseworkers in counties without co-located DV Advocates. Specifically, the study found that caseworkers in co-located counties were significantly more likely to:

- Use less victim-blaming language
- Identify DV offender behavior patterns through consultation with DV victim
- Discuss with DV victims the DV offender's impact on the children
- Conduct joint home visits with DV Advocates
- Speak with DV offenders about DV and taking responsibility for their actions
- Address the DV offender's substance abuse and mental health issues
- Make service referrals for DV victims and DV offenders

Additionally, caseworkers in co-located counties were less likely to cite DV as the only reason for substantiation of DV victims.

There were no significant differences between case records in counties with co-located DV Advocates and case records in counties without co-located Advocates on the frequency of DV safety planning with DV victims and their children. Although assessments of DV offenders' for patterns of abusive behavior and discussions with the DV offenders about the impact of their behavior on the children, were found at a higher frequency in the case records in co-located counties, the differences were not statistically significant. The study also found no significant differences in overall substantiation rates, 12-month subsequent CPS report rate, and the number of child removals. It is important to note that no children were removed solely for DV in either group however.

The study adds evidence that co-locating a DV Advocate within CPS is helpful in shaping caseworker practice and in linking clients experiencing DV to services. OCFS' recognition of domestic violence as a specific circumstance that requires specialized intervention is warranted, as is continued support of local districts to partner with DV agencies.

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 contributes 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 supports 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 children and families experiencing DV and child maltreatment by improving case practice and system relationships.

OCFS contracted with the Center for Human Services Research (CHSR) to evaluate the CPS/DV co-location model. As part of a multi-stage evaluation, the research team reviewed child protective case records. The purpose of the case record review was to examine the effects of co-location on casework practice and case outcomes.

The study was designed to address four hypotheses:

1. Caseworkers in counties with co-located DV Advocates are more likely to skillfully address DV with families than caseworkers in counties without co-located DV Advocates.
2. Families in counties with co-located DV Advocates are more likely to be connected with DV service systems than families in counties without co-located DV Advocates.
3. Caseworkers in counties with co-located DV Advocates are more likely to hold the DV offender accountable for his/her actions, and less likely to hold the DV victim responsible for the offender's actions.
4. Families in counties with co-located DV Advocates are less likely to be the subject of subsequent CPS reports or have children removed from the home, than families in counties without co-located DV Advocates.

Methods

The sample was drawn from CPS reports with intakes between January and June of 2011 from three counties that had a co-located DV Advocate and a comparison group of three counties that did not have co-location programs or collaborations with DV agencies. Counties with co-location programs were selected to represent regional diversity in New York State. Comparison counties with similar population size, demographics, and urban/rural characteristics as the selected co-location counties (see **Table 1**) were identified.

While some comparison counties under consideration were better matched on demographic characteristics, they were not viable for inclusion in the study because they contained active collaborations (other than co-location) between CPS and DV agencies. Previous stages of this study verified that the final comparison counties did not have active collaborations between CPS and

their local DV agencies.

Reports were randomly selected from each county based on one of two criteria:

- DV was noted by the State Central Registry (SCR) hotline worker in the SCR safety factors checklist
- DV was noted by the caseworker in one of the safety assessments conducted during the investigation (See **Table 2**)

About fifteen percent of all reports initiated between January and June of 2011 met the selection criteria. DV may have been present in other cases, but was not recorded on the checklists used for sample selection.

Table 1
CHARACTERISTICS OF EVALUATED COUNTIES

County	Total Population	Poverty	Minority	Major City	CPS/FAR workers
Orange*	372,813	11%	20%	Newburgh	45/12
Monroe	744,344	14%	21%	Rochester	72/12
Broome*	200,600	16%	9%	Binghamton	35/0
Jefferson	116,229	14%	11%	Watertown	24/0
Livingston*	65,393	12%	5%	Geneseo	5/5
Fulton	55,531	17%	4%	Gloversville	9/0

*Counties with a co-located DV Advocate

Table 2
DV CHECKLISTS CONSIDERED FOR IDENTIFICATION OF STUDY CASES

Measure	Item	When	By Whom	Role in Study Section
SCR safety factors checklist	<i>Child(ren) has experienced or is likely to experience physical or psychological harm due to domestic violence</i>	Hotline call	SCR hotline worker	Used
Safety assessment	<i>Child(ren) has experienced or is likely to experience physical or psychological harm, as a result of domestic violence in the household.</i>	7 days into the investigation, during investigation, at close of investigation	CPS Caseworker	Used
Risk Assessment Profile (RAP) ¹	<i>Caretaker is a perpetrator of, or victim of, domestic violence, or has serious conflicts with other adults</i>	At close of investigation	CPS Caseworker	Not used

¹ Family Assessment Response (FAR) cases were not included in the sample. Originally, reports were also selected if DV was identified in the Risk Assessment Profile (RAP), which is completed near the end of the investigation. However, the RAP item that includes DV has a more expansive definition than the Intimate Partner Violence (IPV) of interest in this study. As the RAP item definition includes prior DV history as well as violent patterns with people other than intimate partners, the DV item on the RAP was not used in the final sample selection process.

A random sample of 50 reports per county was selected from the reports meeting the DV criteria described above. However, the case readings revealed that the DV item on the safety assessment and/or the SCR safety factors checklist was sometimes checked when IPV was not present. As a result, the final sample in each county was closer to 40, for a total sample of 230 cases across the six counties (Table 3).

All case notes were read and areas of interest were coded for analysis purposes. Inter-rater reliability was high with a 3% difference in cases coded separately, and reviewers conferred about cases that were difficult to code. In analysis, differences were considered statistically significant if $p < .05$ using two-sided t-tests.

Study Limitations

Research with case notes presents a number of limitations. Caseworkers cannot perfectly record every interaction they have with their clients. Notes vary in their level of detail and clarity. Case notes are one person's assessment of a complicated situation; caseworkers do not always receive complete or accurate information from their clients and they interpret and record the information they do receive with their own biases. With these caveats in mind, the overall patterns seen across many different caseworkers do aid in better understanding caseworker practice with families experiencing DV.

County Characteristics

As seen in Table 4, matched counties were fairly similar to each other based on record review data on report outcomes, risk scores, identification of the DV offender, and mother's age. If these data were dramatically different between counties, our ability to compare how counties handled cases based on the presence of a co-located DV Advocate would have been compromised because it would suggest that the cases were not comparable. However, within each individual county pair, the only statistically significant difference was between Livingston and Fulton Counties, where Fulton

Table 3
SAMPLE SELECTION SIZE BY COUNTY

County	Total CPS records (N=7076)	Met selection criteria (N=1066)	Total in sample (N=230)
Counties with Co-Located DV Advocates			
Orange	1,434	149 (10%)	43
Broome	1,234	223 (18%)	41
Livingston	304	32 (11%)	23
Subtotal	2,972	404 (14%)	107
Counties without Co-Located DV Advocates			
Monroe	2,891	361 (12%)	42
Jefferson	759	200 (26%)	40
Fulton	454	101 (22%)	41
Subtotal	4,104	662 (16%)	123
Total cases analyzed			230

County had a much lower indication rate than the other five counties. When comparing all three counties with a co-located DV Advocate as a group to the other three counties, there were no differences in the percentage of indicated cases. In all county pairs and overall, mothers' age was slightly higher in counties with co-located DV Advocates (30 vs. 27 years overall). As these minor differences are not seen as meaningfully affecting the research questions and interpretations, they are not controlled for in the data analyses.

Table 4
DIFFERENCES IN SELECT VARIABLES BY COUNTY

		County with DV Advocate	County without DV Advocate
Orange/ Monroe	father/ father substitute only DV offender identified	34 (79%)	30 (71%)
	report outcome= indicated	17 (40%)	20 (48%)
	physical injury of adult due to DV reported	18 (42%)	20 (48%)
	first safety assessment= immediate danger	11 (26%)	13 (31%)
	mother's age (median)	30	27
	final risk assessment of high or very high	5 (12%)	8 (19%)
Broome/ Jefferson	father/ father substitute only DV offender identified	24 (56%)	28 (70%)
	report outcome= indicated	22 (54%)	29 (73%)
	physical injury of adult due to DV reported	17 (42%)	21 (53%)
	first safety assessment= immediate danger	14 (34%)	13 (33%)
	mother's age (median)	29	25.5
	final risk assessment of high or very high	7 (17%)	7 (18%)
Livingston/ Fulton	father/ father substitute only DV offender identified	15 (65%)	26 (63%)
	report outcome= indicated	11 (48%)	9 (22%)
	physical injury of adult due to DV reported	11 (48%)	20 (49%)
	first safety assessment= immediate danger	2 (9%)	3 (7%)
	mother's age (median)	33	28
	final risk assessment of high or very high	5 (22%)	3 (8%)
All counties	father/ father substitute only DV offender identified	73 (68%)	84 (68%)
	report outcome= indicated	50 (47%)	58 (47%)
	physical injury of adult due to DV reported	46 (43%)	61 (50%)
	first safety assessment= immediate danger	27 (25%)	29 (24%)
	mother's age (median)	30	27
	final risk assessment of high or very high	17 (16%)	18 (15%)

* Statistically significant differences are in bold

Unless otherwise noted, all tables throughout this report have an N of 230, with 107 from counties with a co-located DV Advocate and 123 from counties without a co-located DV Advocate.

Findings

Hypothesis 1: CPS Caseworkers in counties with co-located DV Advocates are more likely to skillfully address DV with families than caseworkers in counties without co-located DV Advocates.

This hypothesis was partially supported by the data. Results regarding DV victims are presented first, followed by results for DV offenders.

CPS Caseworker Discussions about DV with DV Victims

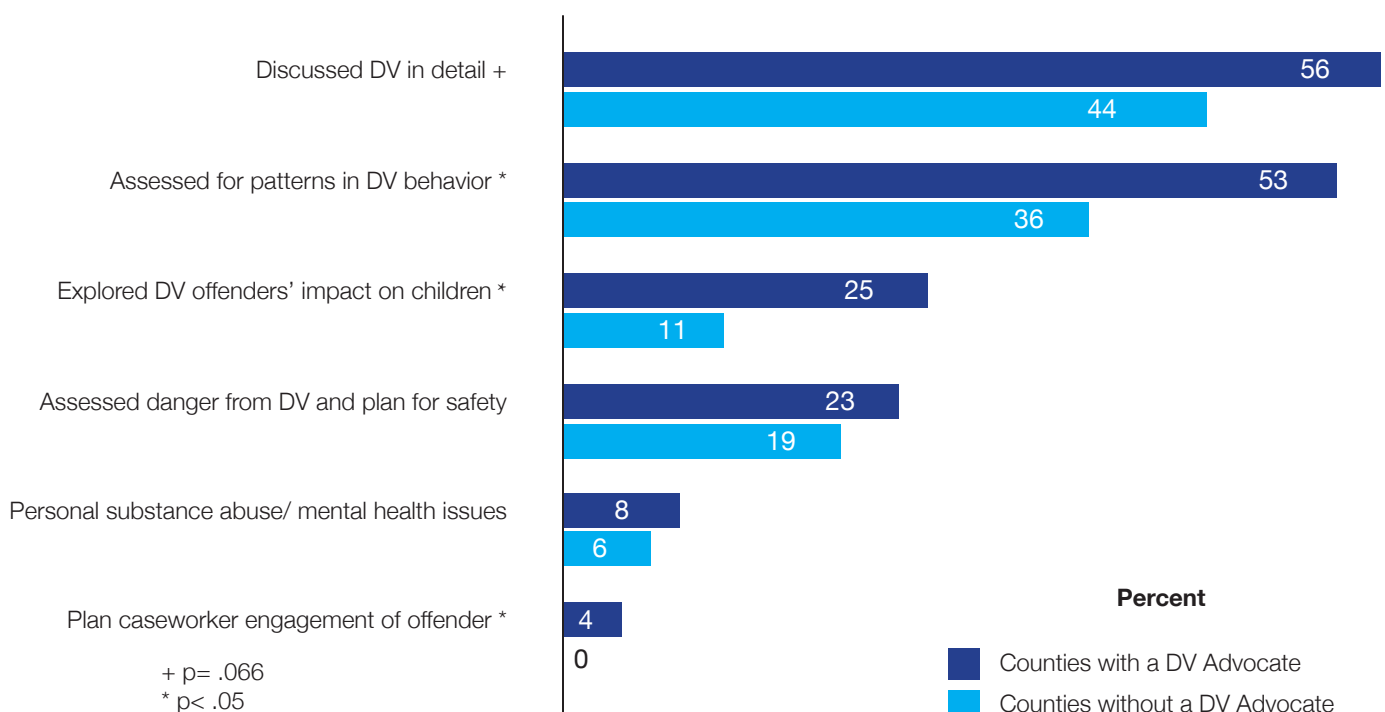
In 56% of reports, caseworkers in counties with co-located DV Advocates spoke with DV victims about DV in detail, as compared to 44% of reports in counties without co-located DV Advocates (see Figure 1).

Caseworkers in counties with co-located DV Advocates were significantly more likely than caseworkers in counties without co-located DV Advocates to consult with victims about the following:

- Identifying patterns in the DV offender's behavior, including prior DV history
- Exploring the DV offender's relationship with, and the impact of his behavior on the children
- Planning how the caseworker can engage the DV offender safely (this practice was very rare even in co-located counties)

There were no significant differences between counties in whether caseworkers helped assess danger and risk from the DV offender, conducted safety planning with the DV victim, or addressed the DV victim's substance abuse and mental health issues as they related to DV.

Figure 1. CPS CASEWORKER DISCUSSIONS WITH DV VICTIMS



CPS Caseworker Discussions about DV with DV Offenders

As shown in Figure 2, case notes in co-located counties were more likely to describe caseworkers speaking with DV offenders about DV in detail (39% vs. 29%). However, co-located counties also had more reports in which caseworkers were unable to contact the offender or failed to discuss the DV at all (19% vs. 7%).

CPS caseworkers in counties with co-located DV Advocates were significantly more likely than caseworkers in counties without co-located DV Advocates to do the following with the DV offender:

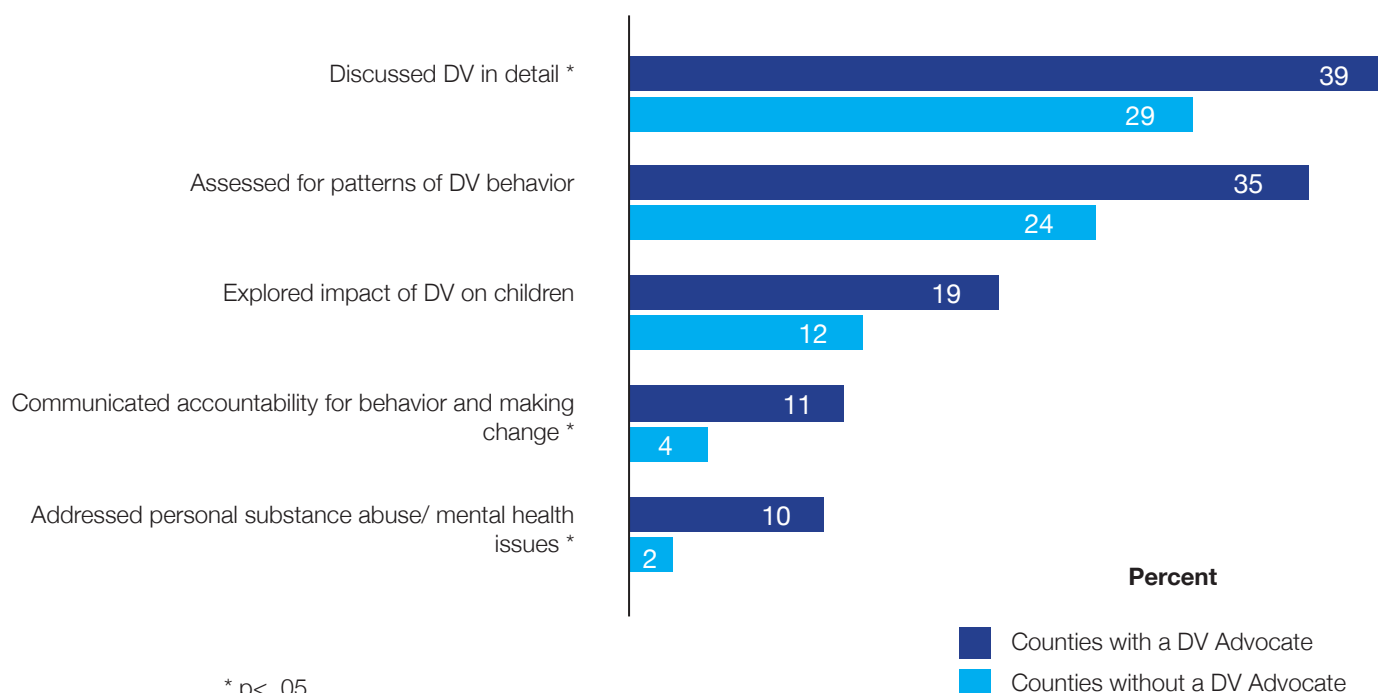
- Communicate accountability for prior behavior and making changes in future behavior
- Address personal substance abuse and mental health issues as they related to DV

There were no significant differences between counties in the proportion of reports in which caseworkers documented that they assessed patterns of DV behavior or discussed how DV negatively impacted the children with the DV offender.

Advising DV Victims

It was once commonly believed that seeking Orders of Protection and physically separating from an abuser were positive steps for all DV victims. It is now understood that while both may be useful tools and should be discussed as possible options, they are not appropriate in all cases. In fact, these approaches can exacerbate violence in some situations. Instances of caseworkers advising DV victims to obtain an Order of Protection (22% overall) or end cohabitation (43% overall) did not vary significantly depending on whether or not a county had a co-located DV Advocate.

Figure 2. CPS CASEWORKER DISCUSSIONS WITH DV OFFENDERS



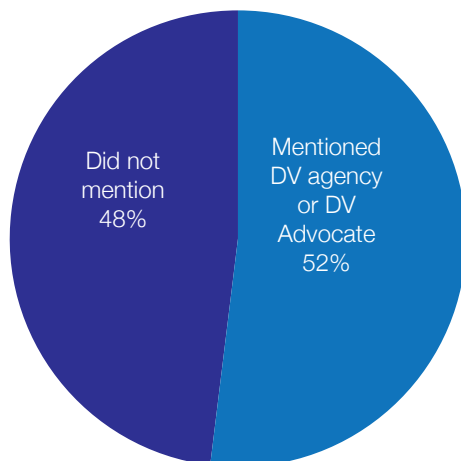
Hypothesis 2: Clients in counties with co-located DV Advocates are more likely to be connected with DV service systems than clients in counties without co-located DV Advocates.

Engaging with DV Resources

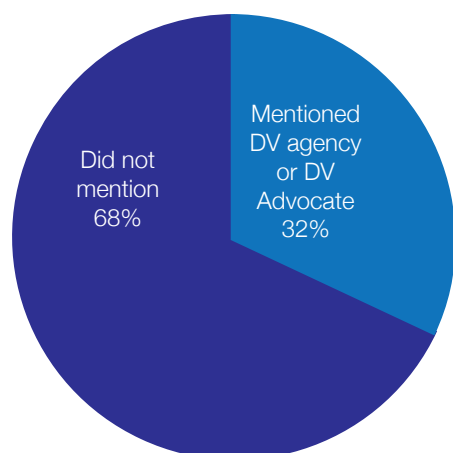
CPS case notes in counties with a co-located DV Advocate were more likely to mention a DV agency or a DV Advocate (52%) than case notes in counties without a co-located DV Advocate (32%) (**Figure 3**).

FIGURE 3. CASEWORKERS MENTIONING A DV AGENCY OR DV ADVOCATE IN CASE NOTES, BY COUNTY TYPE

Counties with a co-located DV Advocate



Counties without a co-located DV Advocate

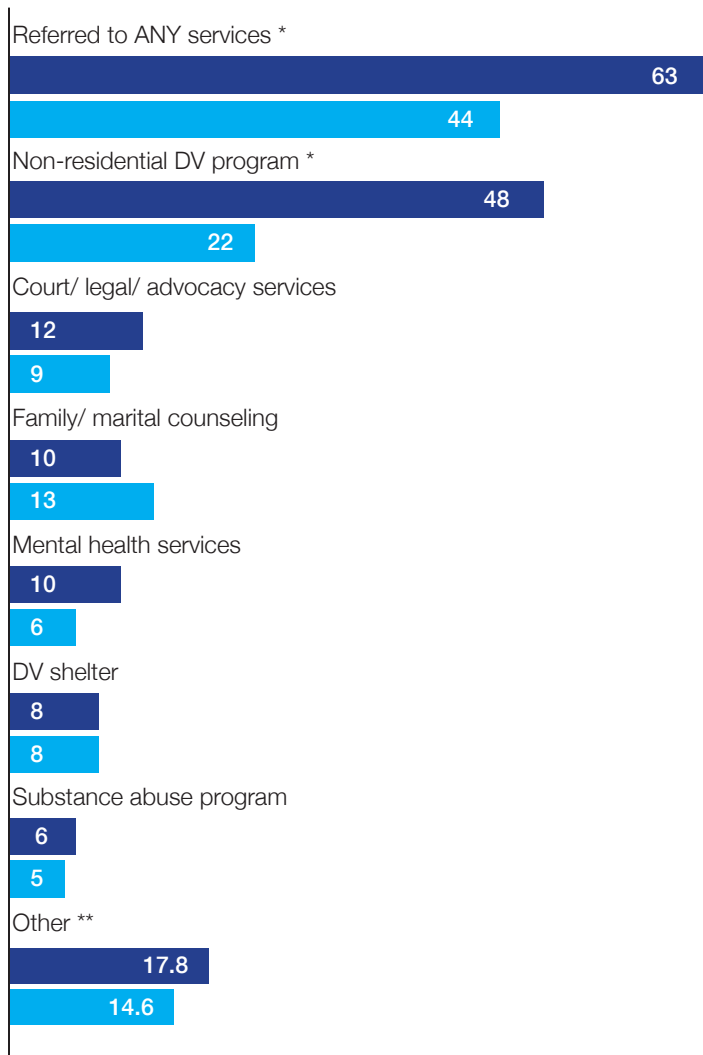


DV Victim Service Referrals

DV victims were more likely to be referred to any type of services in counties with co-located DV Advocates (63% vs. 44%) (**Figure 4**). They were also significantly more likely to be referred to non-residential DV programs and relocation or housing assistance programs. There were no significant differences in referral rates for the other types of services, nor any differences in the length of time it took for the DV victim to be referred to services or to receive services.

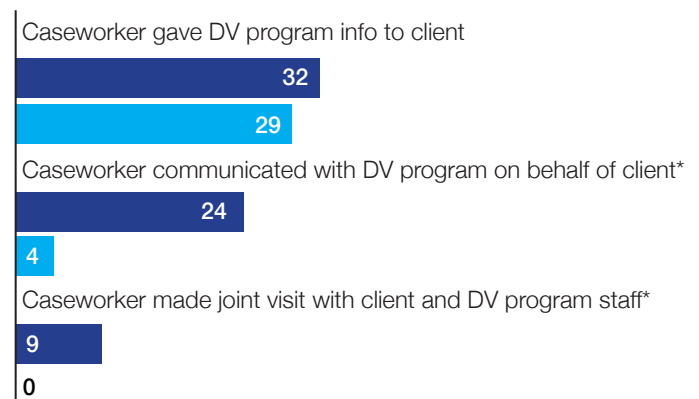
Under state regulation NYCRR § 462.4, OCFS-approved non-residential DV service providers are required to provide five core services: a telephone hotline, information and referral services, advocacy, counseling, and community education and outreach activities. If a referral was made to a non-residential DV program, the client could have received one or more of these core services. For the other service referrals listed, the services were most likely offered by a non-DV-specific organization.

Caseworkers in counties with co-located DV Advocates were also more likely to communicate with DV service providers on behalf of clients and make joint home visits with DV Advocates. In about a third of all reports, caseworkers gave information to DV victims about DV services; for example, by giving the client an information card or brochure (**Figure 5**).

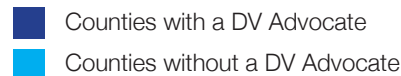
FIGURE 4. DV VICTIM SERVICE REFERRALS BY COUNTY TYPE

* p<.05

** Other includes: Relocation/housing assistance; Local District Preventative; Parenting; and, Individual or group counseling (non-DV). No individual category was above 7%.

FIGURE 5. HOW CASEWORKERS CONNECTED DV VICTIMS WITH DV-RELEVANT PROGRAMS BY COUNTY TYPE

* p< .05

Percent

UTILIZATION OF CO-LOCATED DV ADVOCATES (N=107)

Thirty-nine percent (42) of the 107 reports in counties with a co-located DV Advocate mentioned the DV Advocate. In these 42 reports, notes indicated that the co-located DV Advocate assisted the caseworker through:

(Percentages are of the 107 reports in counties with a co-located DV Advocate)

- Case consultation 26 (24%)
- Joint home visit 10* (9%)
- Assessment of DV presence 5 (5%)
- Joint safety planning 3 (3%)
- Other 12 (11%)

*An additional 4 joint visits were attempted

When a co-located DV Advocate was mentioned in the case record, caseworkers were significantly more likely to speak about DV in detail with both the DV offender and non-offender, and more likely to refer clients to services (see Table A).

TABLE A. CONNECTION BETWEEN MENTIONING A DV ADVOCATE AND OTHER BEST PRACTICES

	Spoke in detail about DV to non- offending parent	Spoke in detail about DV to DV offender	Referred non-offending parent to services	Referred DV offender to services
DV Advocate mentioned	86%	57%	93%	52%
DV Advocate not mentioned	42%	29%	44%	25%

Few case notes mentioned specific services personally provided by the co-located DV Advocate. The DV Advocate may have done more without the caseworker's knowledge, and/or worked more intensely with victims whose reports were not randomly selected for this study.

- | | | | |
|------------------------------|----------|---|--------|
| • Counseling (non- specific) | 17 (16%) | • Assist in obtaining Order of Protection | 4 (4%) |
| • Referral to DV Agency | 5 (5%) | • Accompany client to court | 2 (2%) |
| • Help client recognize DV | 5 (5%) | • Refer offender to services | 2 (2%) |
| • Crisis counseling | 5 (5%) | • Find shelter/ arrange relocation | 1 (1%) |
| • Safety planning | 4 (4%) | • Other | 9 (8%) |

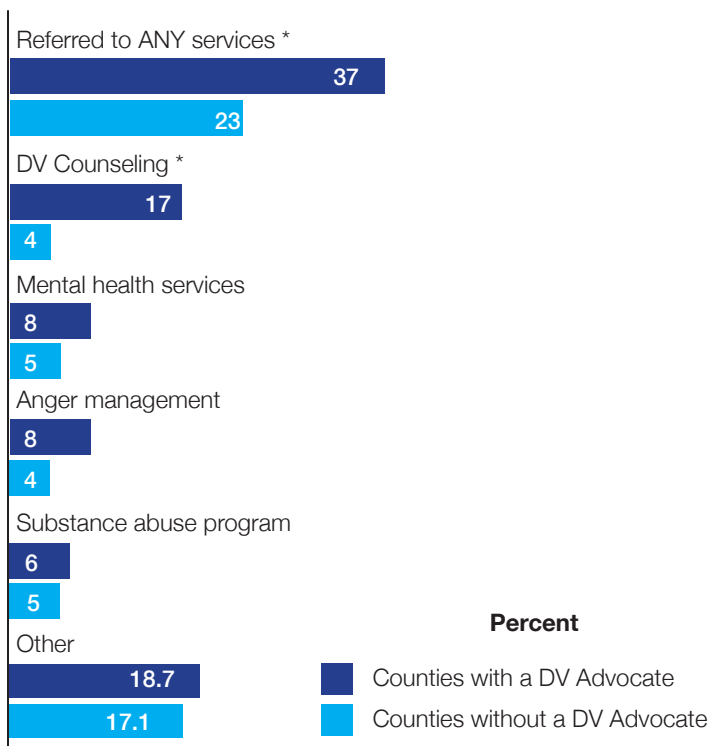
DV Offender Service Referrals²

As displayed in **Figure 6**, the DV offender was also significantly more likely to be referred to any type of service in counties with a co-located DV Advocate (37%) than in counties without a co-located DV Advocate (23%). Referrals to DV counseling were more common in counties with a co-located DV Advocate.

Programs specifically for DV offenders are unavailable in many counties. In these communities, DV is sometimes addressed in parenting or men's groups.

² Referral types represent a combination of language used in case notes, as well as service categories historically provided as options in child welfare practice.

FIGURE 6. DV OFFENDER SERVICE REFERRALS BY COUNTY TYPE



* Statistically significant

** Other includes: Court; Marital counseling; Parenting/ men's group; Family counseling; Mediation program; Legal services; Batterers' treatment; and, Other/ unknown. No individual category was above 7%.

Hypothesis 3: Caseworkers in counties with co-located DV Advocates are more likely to hold the DV offender accountable for his or her actions, and less likely to hold the DV victim responsible for the offender's actions, than caseworkers in counties without co-located DV Advocates.

This hypothesis was partially supported by the data. Our study looked at a series of factors to assess the hypothesis:

- DV as the only reason for substantiation of an allegation
- DV as just one reason for substantiation
- Confirmation of DV victims vs. DV offenders as the perpetrators of child neglect
- Use of victim-blaming language in case notes

DV as a reason for substantiation

New York State does not have a specific allegation for DV; instead DV is subsumed under the very broadly defined "inadequate guardianship" allegation. Specifics of the inadequate guardianship allegation are provided in narrative form on the investigation conclusion report. Reports indicated for abuse and neglect can cite one or multiple factors to support allegation substantiation. In the case records reviewed, some report allegations were substantiated only for DV; others included DV in addition to one or more other factors. For the purpose of this study, DV was considered the only reason for substantiation when inadequate guardianship was the only allegation and the investigation conclusion mentioned DV as the only reason for indicating the report.

Confirmation of DV Victim as Perpetrator of Child Neglect

Some reasons given for substantiating DV victims for DV-induced inadequate guardianship included statements that the DV victim was not ‘following’ an Order of Protection or taking other protective measures that the caseworker felt would restrain the DV offender’s abusive behavior and the presence of a child during a DV incident. **These reasons often contained an underlying assumption that the non-offending parent should be able to control the DV offender’s violence.**

Reports from counties with co-located DV Advocates were significantly less likely to cite DV as the only reason for confirmation of DV victims as child neglect perpetrators (9% vs. 23%). In the smaller sample of indicated reports (N=108), DV was frequently cited as one of the reasons for substantiation for both DV offenders (91-97% of substantiated cases) and DV victims (90%-97%) in counties with a co-located DV Advocate and in counties without a co-located DV Advocate respectively (table not shown). The differences were not statistically significant.

Table 5 shows how often DV was cited as a reason for confirmation of DV offenders and DV victims as child neglect perpetrators. Thirty-two reports in the co-located sample and 36 reports in the non-co-located sample were excluded from Table 5 because a single DV offender was not clearly identifiable. There were two cases in which the victim was substantiated when the DV offender was not, but DV was not cited as a reason for indication in either of these cases.

Table 6 shows which household member was identified as the DV offender. In both samples, the father was most often identified as the only DV offender (68%). There were no statistically significant differences between counties with or without co-located DV Advocates regarding which household member was identified as the DV offender.

TABLE 5. DV CITED AS A REASON FOR CONFIRMATION OF ANY PARENT AS NEGLECT PERPETRATOR

		Counties with a DV Advocate	Counties without a DV Advocate
Non-offending parents	*Yes: only reason	7 (9%)	20 (23%)
	Yes: one reason	12 (16%)	8 (9%)
	No	2 (3%)	1 (1%)
	Not sub- stantiated	54 (72%)	58 (67%)
	<i>Total</i>	75	87
DV offenders	Yes: only reason	21 (28%)	21 (24%)
	Yes: one reason	15 (20%)	19 (22%)
	No	3 (4%)	2 (2%)
	Not sub- stantiated	36 (48%)	45 (52%)
	<i>Total</i>	75	87

TABLE 6. IDENTIFICATION OF THE DV OFFENDER

Parent identified as the DV Offender	County with a DV Advocate	County without a DV Advocate
Father/ father substitute only	73 (68%)	84 (68%)
Mother/ mother substitute only	2 (2%)	3 (2%)
Both mother and father	17 (16%)	12 (10%)
Unclear	15 (14%)	24 (20%)
Total	107 (100%)	123 (100%)

Victim-Blaming in Case Notes

Reports in counties with co-located DV Advocates were significantly less likely to include phrases in case notes that directly or indirectly blamed a DV victim for the domestic violence than reports in counties without co-located DVAs. Examples of victim-blaming language found in the case notes are shown below.

- **“Parents engage in DV” implies that DV occurs “between” parents, rather than placing responsibility for violence on the aggressor**
- **A DV victim’s “failure to protect” children from violence directed toward the adult**
- **Threats of CPS consequences if a DV victim does not “avoid DV”**
- **Criticism of a DV victim for returning to a DV offender**
- **Minimization of the presence of DV (i.e. “it was only one slap”)**

Nearly half (46%) of caseworker notes in counties without co-located DV Advocates used victim-blaming language, while fewer than a third (29%) of those in counties with co-located DV Advocates did (**Figure 7**). The difference is statistically significant and supports the hypothesis.

Hypothesis 4: Clients in counties with co-located DV Advocates are less likely to be subjects of subsequent reports or have children removed from the home than clients in counties without co-located DV Advocates.

As shown in **Figure 8**, the data do not support this hypothesis. Across all counties, approximately 52% of families were subject of a subsequent report within 12 months of the initial report’s closing date; 59% of the subsequent reports mentioned DV as a current issue. This result did not vary significantly between the two sample groups.

This finding aligns with the child welfare literature, which emphasizes that re-referral rates may be influenced by factors beyond skillful casework or receipt of services during the investigative period. In particular, one large-scale case review concluded that a prominent factor that contributes to whether or not a family may be subject to subsequent reports is the family’s cumulative risk level at the closing of case, similar to the risk assessment profile score calculated in New York State.

FIGURE 7. RECORDS WITH VICTIM BLAMING LANGUAGE BY COUNTY TYPE

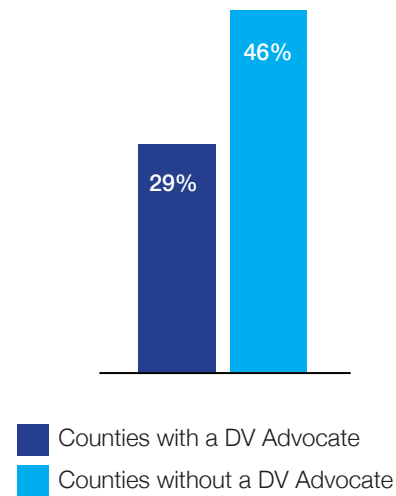
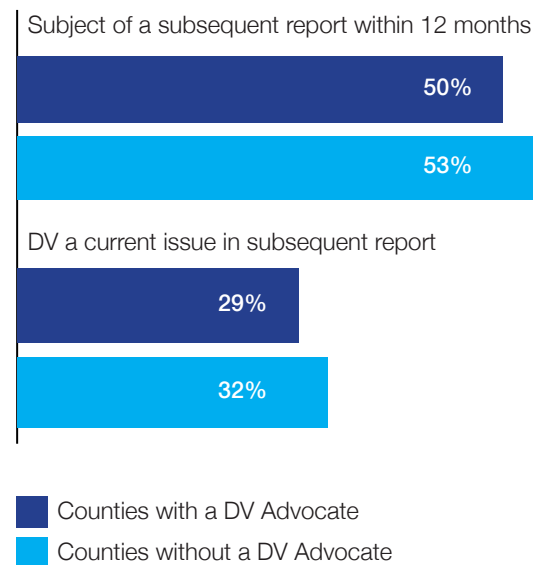


FIGURE 8. SUBSEQUENT REPORTS BY COUNTY TYPE



³ English, D.J., Edelson, J.L., & Herrick, M.E. (2005). Domestic violence in one state’s child protective caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review*, 27, 1183-1201.

Removal of children from home

Fourteen cases included the involuntary removal of children (10 into foster care and four more placed with relatives involuntarily). In no cases was DV the only reason for the removal as there were always other immediate safety concerns cited. DV was cited as one reason for removal, along with other factors such as substance abuse or mental health, in ten cases. In the other four cases, DV was not a reason for the removal at all. There was not a statistically significant difference between counties with a co-located DV Advocate (5 records, 5%) or without a co-located DV Advocate (9 reports, 7%) in either the number of removals or DV being cited as a reason for removal.

Conclusions

The analysis of case records indicated that caseworkers in counties with co-located DV Advocates were more likely to skillfully address DV with both DV victims and DV offenders, to make DV service referrals for DV victims and DV offenders, and less likely to use victim-blaming language in the case notes than caseworkers in counties without a co-located advocate.

This study did not find statistically significant effects in the subsequent report rate nor in the removal of children from the home, although it is important to note that no children were removed solely for DV in either group. These are complex cases with outcomes influenced by many factors other than CPS case management, so the lack of positive results in these areas does not nullify the impact of co-location. In addition, co-location's effect on long-term outcomes (e.g., subsequent reports) may occur over a longer period of time than the 12 months available for follow up in this study.

The study adds evidence that co-locating a DV Advocate within CPS is helpful in shaping caseworker practice and in linking clients experiencing DV to services. OCFS' recognition of domestic violence as a specific circumstance that requires specialized intervention is warranted, as is continued support of local districts to partner with DV agencies.