This manual was developed by the Florida Coalition Against Domestic Violence (FCADV) to enhance collaboration between certified domestic violence centers and child welfare agencies. The goal of the collaboration is to provide effective and empowering services to families experiencing domestic violence that are involved in Florida’s child welfare system.
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The Intersection of Domestic Violence and Child Welfare
The Intersection of Domestic Violence and Child Welfare

In the United States, women experience two million injuries from intimate partner violence each year.¹ Many of these women are mothers who do everything in their power to protect their children from their partner’s violence.² It is estimated that 15.5 million U.S. children live in families in which domestic violence occurred at least once in the past year and seven million children live in families in which severe partner violence occurred.³ A majority of the studies conducted on the co-occurrence of domestic violence and child maltreatment reveal that there are adult and child victims in up to 60% of families experiencing domestic violence.⁴ This co-occurrence has compelled child welfare and domestic violence programs to re-evaluate their services and interventions with families experiencing both forms of abuse.

Historically, child welfare and domestic violence programs have responded separately to victims of domestic violence primarily due to differences in philosophy, policies, practices and statutory mandates. A major dilemma for child welfare professionals in cases with a co-occurrence of domestic violence and child maltreatment is how to achieve child safety without re-victimizing the non-abusive parent and/or putting the family in greater danger. Also, the extent to which exposure to domestic violence can be considered child maltreatment has been a source of many disagreements between child welfare and domestic violence agencies.⁵

Despite the differences in their approach to working with families, child welfare professionals and domestic violence advocates share goals that have helped bridge the gap between them. These goals include: ending violence in families, ensuring child safety, enhancing the safety of adult survivors from the perpetrator, and promoting parent’s strengths and protective capacities. These areas of common ground have led to formal partnerships and promising approaches between both types of agencies such as co-locating domestic violence advocates in child welfare

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offices for case consultation and advocacy services, developing cross-system protocols and collaboration, and cross training domestic violence and child welfare agency staff.⁶

Child welfare professionals and domestic violence advocates agree that domestic violence cases require a coordinated community response in order to keep families safe and hold perpetrators accountable. An effective community response to child welfare involved domestic violence cases requires a coordinated effort from key community stakeholders including law enforcement, child protection, the court system, adult probation, certified domestic violence centers, batterer intervention programs, and other supportive community partners.⁷

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FCADV’s Child Protection Investigations (CPI) Project
Child Protection Investigations (CPI) Project

‘Family Violence Threatens Child’ is one of the most frequently reported maltreatments to the Statewide Florida Abuse Hotline. Accordingly, and with the knowledge that children in the foster care system often have poor life outcomes, the Florida Coalition Against Domestic Violence (FCADV), the Florida Department of Children and Families (DCF), and the Office of the Attorney General (OAG) worked together to create a groundbreaking program focused on reducing the removals of children from the non-abusive parent in domestic violence cases. In 2000, FCADV and DCF engaged in the initial effort to bridge contentious relationships between the DCF district child welfare and domestic violence (DV) center staff. The organizations created a statewide advisory committee comprised of leadership from DCF and Florida’s 42 certified domestic violence centers. The committee interviewed child welfare professionals and domestic violence advocates, as well as leadership in the child welfare and domestic violence arenas. Information obtained through that process served as the foundation for the first model Memorandum of Understanding (MOU) between DCF district offices and local domestic violence centers.

The DCF Domestic Violence Program Office and FCADV staff spent four years providing intensive technical assistance, working with the districts, regions, and domestic violence centers to improve the outcomes of families in the child welfare system that are experiencing domestic violence. In 2008, after the Florida Legislature privatized child protective investigations to seven Sheriffs’ Offices and created the Community Based Care Lead Agency model, DCF hired David Mandel, a national trainer to conduct training for DCF child protection staff in select districts. His Safe and Together practice model is touted throughout the country as best practice for domestic violence cases in the child welfare system. Input from the field was overwhelmingly positive regarding the Safe and Together Model and DCF and FCADV adopted the model as best practice.

Building upon the training and promoting this model, FCADV and DCF used the American Recovery and Reinvestment Act (ARRA) funding in 2009 to initiate seven pilot projects. Each certified domestic violence center was funded to employ full-time domestic violence advocates co-located within the seven Sheriffs’ Offices. Within one year, the pilot projects produced approximately $9,400,800 savings in the foster care budget for the State of Florida by creating a seamless system of wrap around services designed to keep the child in the home with the non-offending parent. This highly successful pilot program provided expert consultation in cases involving domestic violence to child protective investigators, while providing case management services to families that support permanency, safety, and the well-being of children. This immediate intervention, sometimes within hours of a child abuse report, helped to stabilize the crisis and increase protective factors in the home.
During this first year of the project, advocates met monthly with Sheriff’s Office CPI Unit supervisors in their respective service areas to discuss their goals and to review challenges and successes as they worked to develop the protocols and guidelines for the collaboration. Each domestic violence center developed an MOU, referral documents, and releases that were necessary for information sharing with their partnering Sheriff’s Offices. Additionally, the child welfare partners identified best practices in the interest of children and families involved in the project. At the end of the ARRA funding period, FCADV partnered with the OAG to secure replacement funding to continue this tremendously successful project. Since that time, FCADV has worked with the OAG and DCF to allocate funding for, and provide intensive training and technical assistance to, service providers implementing these programs.

In 2011, when Governor Rick Scott transitioned the Services, Training, Officers, and Prosecutors (STOP) funding to FCADV, the organization used the dollars previously directed for administrative functions to expand the project to four additional sites serving six counties. In those communities, the local domestic violence center partners with the DCF regional offices and Community Based Care Lead Agencies to provide services. In addition, FCADV secured the leadership and participation of Attorney General Pam Bondi to partner with FCADV and DCF to enhance the projects by increasing coordination with local law enforcement agencies and State Attorney’s Offices. In 2014, the Governor and Florida Legislature provided two million dollars to expand the highly successful Child Protection Investigation Projects. This appropriation allowed for the expansion from 12 to 45 counties where a high volume of domestic violence-related child maltreatment removals occur. In 2015, the Legislature again prioritized survivor and child safety by allocating an additional two million dollars to expand the CPI Project to all 67 counties in Florida. There are a total of 40 certified domestic violence centers that currently participate in FCADV’s CPI Project.

The co-located domestic violence advocates work from an empowerment-based philosophy and are skilled at identifying survivor protective capacities. Advocates’ expertise in this area assists child welfare professionals in partnering with survivors of domestic violence by building on the protective factors of the non-abusive parent. The co-located advocates also assist child welfare professionals in identifying batterers’ patterns of coercive control, gathering information to address harmful batterer behaviors, and assessing the impact of that batterer’s behavior on the children. Domestic violence experts widely agree that positive family outcomes are more likely to occur when CPIs and case managers partner with the non-abusive parent in their efforts to protect the children while holding the batterer accountable. The co-located advocates meet monthly with CPI Unit supervisors and other community partners in their respective service areas to discuss local goals such as safely reducing removals of children from non-offending parents, increasing the capacity of child welfare professionals to work with survivors and perpetrators, and to review challenges and successes as they work together to develop protocols and guidelines for collaboration.
Safe and Together Model
**Safe and Together Model**  
(David Mandel & Associates, LLC)

The *Safe and Together Model* is a field-tested approach to helping the child welfare system and its partners make good decisions for children impacted by domestic violence perpetrators. Drawing on his more than two decades worth of experience in the field, David Mandel developed the model to help child welfare professionals improve competencies in working with families impacted by domestic violence. Used in over 10 states, the *Safe and Together Model* consists of a set of assumptions, principles and critical components that when utilized in domestic violence cases, help to improve identification, assessment, documentation, case-planning, decision making, and cross systems collaboration and communication. The model provides a concrete framework for advancing practice, improving coordination and collaboration with community partners, and reviewing and updating policy. As a child-centered model, it is consistent with the mission of child welfare agencies and provides child welfare workers with an enhanced capacity to practice in cases that prove to be challenging, frustrating, and at times, dangerous.

As an example, the model, in partnership with FCADV’s CPI Project, has helped co-located domestic violence advocates and child welfare professionals in the Bay and Gulf County CPI Project community to reduce the removal of children from non-abusive parents without increasing recidivism rates. In January 2012, domestic violence related removals in Bay and Gulf Counties were at 20.6%. By June 2013, the removal rates in these counties dropped to 9.1% (see Figure 1). The rates have since remained stable. Both the child welfare staff and domestic violence co-located advocates believe these changes are a direct result of the CPI Project including the staffing of co-located advocates, implementation of the Safe and Together Model, and enhanced collaboration among leaders from agencies such as: FCADV, DCF, the Salvation Army Domestic Violence and Rape Crisis Program, the Bay County Sheriff’s Office, and the State Attorney’s Office.

![Figure 1](image-url)
Safe and Together Model Principles

The following principles can help to improve practice and create better outcomes for children and families exposed to domestic violence perpetrator’s behavior:

1. Keeping child Safe and Together™ with non-offending parent
   - Safety
   - Healing from trauma
   - Stability and nurturance

2. Partnering with non-offending parent as default position
   - Efficient
   - Effective
   - Child-centered

3. Intervening with perpetrator to reduce risk and harm to child
   - Engagement
   - Accountability
   - Courts
Safe and Together Model Critical Components

Implementation of the principles in case practice is supported by a focus on identifying the following Critical Components:

For more information of The Safe and Together Model, visit [www.endingviolence.com](http://www.endingviolence.com)
Leadership Teams
Leadership Teams

The involvement of leadership at every level is a critical component of the CPI Project. Leadership Teams include certified domestic violence centers and many other key community stakeholders. The Leadership Team meetings provide an opportunity to discuss the coordination of services and ways to improve the community-wide response to domestic violence survivors and their children, while increasing the accountability of perpetrators. Although FCADV provides guidance to center leadership on the overall structure of the Leadership Team and which community partners to invite, each team is unique and tailored to meet the specific needs of their community.

The Leadership Teams utilize the Coordinated Community Response (CCR) Model, an intervention strategy developed by the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota. The CCR (Duluth) Model is a “system of networks, agreements, processes, and applied principles created by the local shelter movement, criminal justice agencies, and human service programs.” 8 The model is also an ever-evolving way of thinking about how a community can work together to end domestic violence. Over a period of 15 years, DAIP found that when community partners coordinated their efforts to protect battered women and their children and hold perpetrators accountable, these efforts were more successful.

A Community Using the Duluth Model approach: 9

- Takes the blame off the victim and places the accountability for abuse on the offender.
- Shares policies and procedures for holding offenders accountable and keeping victims safe across all agencies in the criminal and civil justice systems from 911 to the courts.
- Prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures.
- Believes that battering is a pattern of actions used to intentionally control or dominate an intimate partner and actively works to change societal conditions that support men’s use of tactics of power and control over women.
- Offers change opportunities for offenders through court-ordered educational groups for batterers.
- Has ongoing discussions between criminal and civil justice agencies, community members and victims to close gaps and improve the community’s response to battering.

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9 Domestic Abuse Intervention Programs. 2011. What is the Duluth Model? www.theduluthmodel.org/about
The CPI Project Leadership Teams include representatives from the local certified domestic violence centers, DCF, the lead CBC agencies and/or their subcontractors, law enforcement agencies, probation/parole, the State Attorney’s Office, Batterer Intervention Program providers, Children’s Legal Services, clerk of courts, and mental health/substance abuse providers. Although each agency has a different function, the common thread that weaves them together is the desire to end both domestic violence and child abuse in their community.

While the primary function of the Leadership Team is to address systemic barriers that compromise the safety of battered women and their children, Leadership Teams are also useful in bridging the gaps between agencies that exist due to different philosophies, misconceptions about roles, and myths about practices. One common misconception that has been addressed through the CPI Project is the idea that domestic violence advocates are not concerned with child safety. During the initial implementation phase of the project, it was discovered that this misconception was the direct result of agencies not speaking the same language. Domestic violence advocates have always been concerned with keeping children safe from the perpetrator’s violence and were often able to achieve this by safety planning with the adult survivor. However, domestic violence advocates rarely utilized language that directly addressed child safety. Language can be a huge barrier to collaboration and the Leadership Team is used as a forum to address such issues.

The success of the CPI Project Leadership Team is hinged upon the team’s ability to successfully collaborate. Collaboration is a mutually-agreed-upon process for systems change and resolving conflicts among organization is the core of collaboration.\textsuperscript{10} Unfortunately, collaboration is not something that happens organically but requires a great deal of work and motivation.

**Components of Successful Collaboration:**\textsuperscript{11}

- Trust
- Shared Vision
- Expertise
- Teamwork Strategies
- Open Communication
- Motivated Partners
- Sufficient Means
- Action Plan


Co-located Domestic Violence Advocate Role & Responsibilities
Co-Located Domestic Violence Advocate Role & Responsibilities

It is important that the role of the domestic violence advocate be clearly defined when co-located in child welfare offices. Co-locating domestic violence advocates in child welfare agencies is a nationally recognized best practice. Domestic violence advocates provide in-depth safety planning, education, advocacy and on-going support to domestic violence survivors. Advocates also provide training to staff, increase staff awareness of domestic violence issues and consult on cases involving domestic violence. The domestic violence advocate is employed by the local certified domestic violence center and is required to uphold the policies and protocols of the center. The advocate is available to the child welfare staff to consult on cases involving domestic violence, but never to do the work of a child protective investigator or case manager.

“Domestic and sexual violence advocates play a critical role as non-coercive resources, respecting survivors’ autonomy, and validating survivors’ expertise regarding their needs and their lives. Maintaining distinct roles is necessary for preserving the empowerment-based, survivor-centered philosophy of advocacy. When advocates shift their focus from supporting a survivors’ autonomy to supporting the work of other institutions, an important source of support in the community is lost to domestic violence survivors.” This is not to say that domestic violence advocates should not focus on child safety. On the contrary, co-located domestic violence advocates should prioritize child safety in everything they do in partnership with child welfare agencies. In order to do so, the advocate partners with the survivor to identify her current safety planning strategies and ways she may build on those strategies.

❖ Referrals and Initial Contact

All services provided by the domestic violence advocate must be voluntary. To initiate communication between the advocate and the domestic violence survivor, the child welfare professional must submit a referral form (See Appendix B: Referral Form Template) to the co-located advocate. The referral form also serves as a consent form signed by the survivor to enable the co-located advocate to contact the survivor. Once the referral is received by the domestic violence advocate, every reasonable effort is made to contact the survivor. Contact efforts are discontinued without any adverse consequences if a survivor is unable to be reached after a sufficient number of attempts or if the survivor declines services when contacted. It is recommended that the child welfare professional briefly staff the case with the advocate before submitting a referral in order to make sure that the referral is appropriate.


13 Domestic Abuse Intervention Programs. 2011. What is the Duluth Model? www.theduluthmodel.org/about
Note: The referral form only gives the advocate consent to contact the survivor. In order for the advocate to communicate with the child welfare professional regarding services provided to the survivor, the survivor will need to sign a release of information from the certified domestic violence center provided by the co-located advocate.

очно Support & Advocacy Services

Domestic violence support & advocacy services **may** include:

- Adult and child safety planning
- Crisis Intervention services and emotional support
- Advocacy within the child welfare system
- Advocacy within the criminal justice system including, but not limited to: information, accompaniment to court and/or law enforcement offices, injunction assistance, victim impact statements, etc.
- Individual support and education regarding the dynamics of domestic violence
- Referral to and advocacy for other needed services, including emergency shelter, support groups, crisis intervention, legal representation, financial assistance, housing, and medical care.

очно Consultation Services & Case Staffings

Since domestic violence advocates have a wealth of knowledge regarding the dynamics of domestic violence and the options and resources available to domestic violence survivors, it is essential that they be included in child welfare staffings of domestic violence cases. The co-located advocates are available to provide direct services to battered women and their children but their primary role is to act as consultants to the child welfare staff on domestic violence issues. During case consultations, the domestic violence advocate is able to identify the dynamics of domestic violence in the relationship, the perpetrator’s pattern of coercive control and battering tactics, the survivor’s strengths and protective efforts, the impact of the perpetrator’s violence on the children, and high risk indicators for intimate partner homicide. Co-located advocates can also help child welfare professionals assess for dynamics of power and control in cases that may not have originally been identified as “Family Violence Threatens Child cases” Consultations with the co-located advocate can occur in a formal staffing or on an individual basis.
Home Visits

The FCADV CPI Project does not require that co-located domestic violence advocates accompany child welfare staff on home visits but does acknowledge that this is a beneficial service to the child protection investigative process. FCADV leaves the final decision regarding home visits to the Executive Director of the certified domestic violence center. If the Executive Director allows the co-located advocate to accompany child welfare staff on home visits, policies and protocols must be created using the FCADV Home Visitation Policy template and be approved by FCADV before any home visits are conducted. Just as child welfare agencies need to plan for the safety of their employees, it is imperative that certified DV centers carefully consider safety when co-located DV advocates participate in home visits. FCADV assists DV centers in the development of safety protocol regarding co-located advocates’ participation in home visits. Direct service, including home visits, should not exceed 25% of the co-located advocate’s time as the primary operational goal of the project is to serve the CPIs in an advisory capacity.

It is important to clearly define within the home visitation policy the separate roles of the child welfare professional and the domestic violence advocate since both parties are visiting together. The advocate should be present to support the survivor and not be involved in any investigative activities. Advocates should give the survivor the option to speak in a private setting and explain privileged communication and its limitations. Safety should always be a top priority during home visits (See Appendix D: Home Visitation Policy Template).

Monthly Partnership Meetings

Because domestic violence cases require a coordinated community response, it is imperative that formal meetings are arranged between the co-located domestic violence advocate and frontline child welfare professionals to discuss barriers and successes to collaboration, and to develop strategies to resolve emerging issues. It is recommended that these meetings occur at least once per month and that other community partners such as law enforcement agencies, batterer intervention programs (BIPs), and probation/parole are invited to attend. This type of partnership is useful to enhance communication between agencies, improve relationships, increase trust, and eliminate barriers which will ultimately lead to better outcomes for survivors and their children. It is important that the co-located advocate notify their leadership of any issues that could not be resolved during their monthly meetings so that they can be addressed with the Leadership Team.
Domestic Violence Training

Two of the main functions of the co-located domestic violence advocate are to serve as an expert on domestic violence issues and to help build the capacity of child welfare professionals to work effectively with families experiencing domestic violence. For this reason, it is important that the co-located advocate conduct domestic violence trainings for child welfare professionals. Co-located advocates can provide training on various topics such as dynamics of domestic violence, partnering with domestic violence survivors to achieve child safety, safety planning strategies, perpetrator engagement and accountability, and the impact of perpetrators’ violence on children. It is also recommended that the domestic violence advocate participate in the pre-service training of new child welfare staff to inform them about domestic violence services and establish themselves as the resident expert on domestic violence related issues. This practice also helps cultivate a relationship between the advocate and new child welfare staff when they begin employment and before they have been assigned a caseload.

In addition to training child welfare professionals, the co-located advocate should provide internal training for the domestic violence center staff. The co-located advocate can be very useful in helping to build the capacity of their colleagues working at the DV center in understanding the child welfare system and the roles and responsibilities of child welfare professionals. This information will not only improve the communication between domestic violence advocates and child welfare agencies, but it will also improve the direct services the advocates provide to child welfare involved survivors and their children.

Confidentiality & Privilege

Florida’s 42 certified domestic violence centers provide shelter and other safety services to adult and child survivors of domestic and sexual violence. The Florida Legislature has enacted laws governing domestic violence center confidentiality and victim-advocate privilege to ensure the safety of victims and their families. These laws provide that:

- Information about clients and the location of a domestic violence center and facilities is confidential and exempt from public records law.
- Domestic violence center staff, including volunteers, cannot disclose any information about domestic violence center clients without the written consent of the victim, except in certain circumstances listed in the statute.
- A survivor of domestic violence has privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the survivor to a domestic violence advocate or any record made in the course of advising, counseling, or assisting the survivor.
The authority of the domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary.

**FS 39.908 Confidentiality of information received by department or domestic violence center:**

1) Information about clients received by the department or by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential and exempt from the provisions of s. 119.07(1). Information about the location of domestic violence centers and facilities is confidential and exempt from the provisions of s. 119.07(1).

2) Information about a domestic violence center client may not be disclosed without the written consent of the client to whom the information or records pertain. For the purpose of state law regarding searches and seizures, domestic violence centers shall be treated as private dwelling places. Information about a client or the location of a domestic violence may be given by the center staff or volunteers to law enforcement, firefighting, medical, or other personnel in the following circumstances:
   a) To medical personnel in a medical emergency.
   b) Upon a court order based upon an application by a law enforcement officer for a criminal arrest warrant which alleges that the individual sought to be arrested is located at the domestic violence shelter.
   c) Upon a search warrant that specifies the individual or object for the search and alleges that the individual or object is located at the domestic violence shelter.
   d) To firefighting personnel in a fire emergency
   e) To any other person necessary to maintain safety and health standards in the domestic violence shelter.
   f) Information solely about the location of the domestic violence shelter may be given to those with whom the agency has an established business relationship.

3) The restriction on the disclosure or use of the information about domestic violence center clients does not apply to:
   a) Communications from domestic violence shelter staff or volunteers to law enforcement officers when the information is directly related to a client’s commission of a crime or threat to commit a crime on the premises of a domestic violence shelter; or
   b) Reporting suspected abuse of a child or a vulnerable adult as required by law. However, when cooperating with protective investigations services staff, the domestic violence shelter staff and volunteers must protect the confidentiality of other clients at the domestic violence center.
1) For purposes of the section:
   a) A “domestic violence center” is any public or private agency that offers assistance to victims of domestic violence, as defined in s. 741.28, and their families.
   b) A “domestic violence advocate” means any employee or volunteer who has 30 hours of training in assisting victims of domestic violence and is an employee of or volunteer for a program for victims of domestic violence whose primary purpose is the rendering of advice, counseling, or assistance to victims of domestic violence.
   c) A “victim” is a person who consults a domestic violence advocate for the purpose of securing advice, counseling, or assistance concerning a mental, physical, or emotional condition caused by an act of domestic violence, an alleged act of domestic violence, or an attempted act of domestic violence.
   d) A communication between a domestic violence advocate and a victim is “confidential” if it relates to the incident of domestic violence for which the victim is seeking assistance and if it is not intended to be disclosed to third persons other than:
      1. Those persons present to further the interest of the victim in the consultation, assessment, or interview.
      2. Those persons to whom disclosure is reasonably necessary to accomplish the purpose for which the domestic violence advocate is consulted.

2) 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 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 domestic violence advocate and to records of those communications only if the advocate is registered under s. 39.905 at the time the communication is made. This privilege includes any advice given by the domestic violence advocate in the course of that relationship.

3) The privilege may be claimed by:
   a) The victim or the victim’s attorney on behalf of the victim.
   b) A guardian or conservator of the victim.
   c) The personal representative of a deceased victim.
   d) The domestic violence advocate, but only on behalf of the victim. The authority of a domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary.

In building relationships with child welfare, it is important that confidentiality/privilege laws, and locally-specific protocol documents based on these laws, are clearly communicated. Historically, the inability of domestic violence centers to “confirm or deny” if a survivor was receiving services has been a source of contention between domestic violence and child welfare.
agencies. Much of the contention is due to child welfare professionals being unaware of the confidentiality and privilege laws that govern domestic violence advocate communication. It is critical that domestic violence centers educate their child welfare partners on these laws and create formal communication protocols to specify how both agencies will share survivor information within the CPI Project (See Appendix C: Communication Protocol Template).
Expectations of Child Welfare
Expectations of Child Welfare

The key to a successful partnership is mutual respect for what each party brings to the table. As partnerships are created between child welfare and domestic violence agencies, it is important that child welfare agencies create an atmosphere where co-located domestic violence advocates feel respected and appreciated. It is expected that staff at the certified domestic violence centers will create the same type of respectful atmosphere when working with child welfare agencies. Co-located advocates are working in environments where there is a potential for isolation since they are not employed by the child welfare agency. In order to help them acclimate to their surroundings, leadership from both the domestic violence center and child welfare agency should meet together before establishing co-location in order to lay the foundation and discuss ways that challenges will be addressed when they arise.

❖ Utilizing the Expertise of Domestic Violence Advocates

The domestic violence advocate is co-located to be a resource for the child welfare staff. The advocate has been specially trained in the area of domestic violence and should be consulted in any instances where domestic violence exists or is suspected in child welfare cases. It is understood that there are many child welfare professionals with extensive experience in the area of domestic violence. However, domestic violence advocates’ expertise includes not only knowledge of the dynamics of domestic violence, but also survivor-focused safety planning and empowerment-based advocacy. Furthermore, the domestic violence advocate is skilled in working with survivors of domestic violence and their children and can be extremely helpful to child welfare professionals in identifying survivor strengths, protective capacities, and safety strategies to protect the children.

The domestic violence advocate also serves as a liaison between the child welfare agency and the domestic violence center and can link survivors to domestic violence center services. Per Florida Statute 39.905, all Florida certified domestic violence centers provide the following core services:

- **Emergency Shelter** refers to the temporary emergency housing of domestic violence survivors and their dependents. When the center is unable to provide immediate safe housing due to a lack of bed space, it shall make every effort to secure alternative safe emergency housing for the survivor. The center shall provide survivor transportation to the emergency shelter through the use of staff, volunteers, law enforcement and other means. Transportation through law enforcement only is not sufficient.
• **24-Hour Hotline** includes the provision of crisis counseling and information and referrals on a 24 hour per day, seven days a week basis by trained center staff, paid or unpaid.

• **Counseling** is advocacy, which involves providing information on the dynamics of domestic violence, doing an assessment of risk, and/or engaging in other supportive activities as appropriate.

• **Case (Service) Management** is the provision of an individual needs assessment, development of a service plan, a written safety plan, and the coordination of appropriate services and follow-up. One-on-one service management shall be provided to residents in shelter for 72 hours or more and to non-residents who have received two or more face-to-face counseling sessions.

• **Children’s Programming** includes the evaluation of the basic needs of children served by the program, and the referral of children to services when appropriate. Services include a screening for child abuse and an assessment of risk.

• **Community Education** includes presentations to the public, both in person and through the media, on the incidence and dynamics of domestic violence.

• **Professional Training** includes the provision of domestic violence training to law enforcement personnel and other professionals and paraprofessionals.

• **Safety Planning** is the development of a plan for security that includes a lethality assessment, documentation of abuser patterns, and an escape plan.

• **Information and Referral** includes providing information and/or referrals about domestic violence and available services and resources appropriate to the individual need. Information and referral services may be provided face-to-face, by telephone, by email or by mail.

In addition to these core services, certified domestic violence centers also often provide the following: court/legal advocacy; primary prevention programming; outreach services such as support groups; and assistance with relocation, housing and other applications.

It is important to remember that advocates are not co-located to provide direct services but to build the capacity of child welfare professionals on domestic violence issues so that children are not removed unnecessarily from non-abusive parents, survivors are not re-victimized, and batterers are held accountable for their violence. Restricting the advocate’s activities to following-up on referrals or providing crisis counseling would be a disservice to the child welfare staff and the families they serve because the advocate possesses in-depth knowledge of domestic violence and best practices in working
with adult survivors, their children, and domestic violence perpetrators. Also, in larger communities, advocates can easily become overwhelmed with referrals which will limit their availability for training, staffings, and consultations. Survivors should continue to be referred to the local certified domestic violence center if the co-located advocate is not available to provide direct services. The co-located advocate may help to facilitate this contact when needed.

❖ Partnering with the Non-Offending Parent

According to the principles of the *Safe and Together Model*, child welfare should partner with the non-offending parent as a default position. This means the survivor should not be held responsible for the violence of the perpetrator and should be seen as an ally in keeping her children safe. “Blaming a battered mother for being abused, for not leaving the domestic violence perpetrator, or for not stopping the violence is simply counter-productive. The battered woman cannot change or stop the perpetrator’s violence by herself.”¹⁴ For this reason, it is important that the child welfare system support the survivor through the child protection investigation and the dependency process.

Partnering with the non-offending parent is also considered best practice in cases of domestic violence because the survivor is the expert on the perpetrator’s violence and her children’s safety needs. Partnering with the survivor will allow the child welfare professional to gain insight into the perpetrator’s pattern of coercive control, ways in which the perpetrator’s violence has harmed the children, and interventions needed to keep the survivor and her children safe. Partnering with the domestic violence survivor aligns with both empowerment-based advocacy and family-centered practice and helps the child welfare professional present the Department’s concerns to the survivor in a non-threatening and non-blaming manner. Survivors are more likely to cooperate with the investigative process when they feel respected and supported by the child welfare system. Failure to partner with the survivor can limit child welfare’s insight into the perpetrator’s violence and ultimately put the adult survivor and her children in greater danger.

Strengths Based Approach to Working with the Non-Offending Parent
(David Mandel & Associates, LLC)

- Perpetrator Accountability

The child welfare system has historically been primarily mother-focused which is why it is not unusual for domestic violence perpetrators to be seemingly invisible in child maltreatment cases. This practice has proven to be harmful to survivors and their children and ineffective in ending the perpetrator’s violent behavior. The principle of perpetrator accountability suggests that “domestic violence perpetrators, not their victims, should be held responsible for the effects of their actions on their children.” It is important that child welfare professionals not only engage domestic violence perpetrators but that they also place the responsibility of ending the violence on perpetrator.
Common reasons for a lack of perpetrator accountability in domestic violence cases:

- Child welfare professionals are afraid or do not know how to engage batterers.
- Child welfare professionals ignore the batterer because he is not biologically tied to the child.
- Child welfare professionals don’t feel like the batterer should be involved with the child because of his violence.
- Child welfare professionals feel that engaging the batterer will create more work.
- Child welfare professionals and processes within the child welfare system focus on the primary caregiver (most often the mother) which places less focus on the batterer’s behavior.
- Child welfare professionals sometimes have a limited understanding of the dynamics of domestic violence.
- Child Welfare professionals do not see batterer accountability as their responsibility.
- There is a lack of appropriate services for perpetrators of domestic violence.

Ways Batterers Harm Children
(David Mandel & Associates, LLC)

Exposure to the abuse

Secondary effects of battering on family

Using children as a weapon against the children’s other parent

Physical/sexual/emotional abuse or neglect perpetrated directly against the children.

Undermining the other person’s parenting efforts,

Accidently causing physical harm to children as a result of the violence towards non-offending parent
In holding domestic violence perpetrator’s accountable for their violence, the child welfare system must be able to provide behaviorally-focused and evidence-based interventions. Engaging the perpetrator is a part of intervention but is not a sufficient intervention in itself. Below are some possible interventions that child welfare agencies can implement with domestic violence perpetrators.\(^{15}\)

**Possible Child Welfare Interventions with Domestic Violence Perpetrators:**

- **Working with Perpetrators:**
  - Interview the perpetrator separately from the victim.
  - Engage him in a conversation and ask specific questions related to the violence.
  - Help the perpetrator to refocus on his behaviors during conversations.
  - Avoid collusion such as laughing at jokes about the violence, allowing him to blame the victim, and/or allowing him to minimize his violence.
  - Ask the perpetrator what he is willing to do to keep his children safe.
  - Ask the perpetrator to sign a safety plan addressing his specific behaviors.
  - Help the perpetrator focus on the needs of the children and how his behaviors harm the children.

- **Working with Law Enforcement/Court System:**
  - Obtain a police report from the incident.
  - Obtain a record of 911 calls to the families’ address.
  - Talk to the officer/detective who handled the case to get their input.
  - Follow-up with the police department regarding the status of any warrants.
  - File a Chapter 39 injunction.
  - Talk to criminal court and request that the children are named on orders of protection.
  - Draft a letter to the Prosecutor’s Office explaining the Department’s concerns about the children’s safety should the perpetrator be released, not have a protective order, and/or not attend a Batterer’s Intervention Program (BIP).
  - Draft a letter to the Prosecutor’s Office requesting that the perpetrator be mandated to attend a BIP.

- **Working with other Providers:**
  - Inform the providers about the batterer’s pattern of coercive control (specific behaviors) and the risk he poses to the children.
  - Inform the provider of the children’s needs and how, if at all, those have been impacted by the batterer’s behaviors.
  - Inform the provider of your own observations in the home.

• Make sure that you understand from the provider their treatment goals and any barriers they foresee to accomplishing those goals.
• Follow up with providers to ensure the perpetrator’s compliance, participation, and his progress.

❖ Documentation

The co-located domestic violence advocate can be very helpful to child welfare professionals in strengthening their understanding and language as it relates to domestic violence. The manner in which a child welfare professional documents the perpetrator’s violence can be extremely helpful or harmful to survivors and their children. “The language used to describe the domestic violence in the household needs to be precise, affirming of the perpetrator’s role in harming the children, and avoid blaming the victim for the behavior of the perpetrator. Imprecise phrases relegate the perpetrator and his responsibility to the background or make it disappear altogether.”16 Sufficient documentation is a critical component in holding perpetrators accountable and enhancing adult survivor and child safety.

Example of insufficient documentation:
• “Mr. and Mrs. Tucker engaged in domestic violence in front of the children.”

Example of sufficient documentation:
• “Mr. Tucker committed an act of violence against Mrs. Williams by slapping her repeatedly on the face and strangling her until she lost consciousness. Consequently, Mr. Tucker’s violence has placed the children in immediate danger despite Mrs. Tucker’s efforts to keep her children safe.”

❖ Child-Focused Safety Plans

As part of the child welfare system redesign in Florida, the Department of Children and Families implemented the Florida Safety Methodology in 2013. The Florida Safety Methodology introduced a new child welfare practice model that emphasized the engagement and empowerment of parents, utilizing a standardized approach to safety decision-making and risk assessment to achieve child safety. The implementation of the Florida Safety Methodology established a common language for assessing safety for both child protective investigators and case managers, a standardized framework for identifying children who are unsafe, a common set of constructs that guide safety interventions for unsafe children, and a common framework for case planning to address child needs and diminished caregiver protective capacities.17


Florida’s Safety Methodology was developed in conjunction with national experts from the National Resource Center for Child Protection and the Children’s Research Center. FCADV was given the opportunity to review the Florida Safety Methodology curriculum and provide in-depth feedback to DCF on the practices that could be potentially harmful to families experiencing domestic violence. From this review process, it was apparent that special considerations needed to be made when utilizing the Safety Methodology in domestic violence cases. One area that needed special consideration in domestic violence cases was safety planning. Because of its family-centered focus, the Florida Safety Methodology only required one safety plan for the family. This approach did not pose an issue for most families, but it jeopardized the safety of domestic violence survivors and their children due to the power and control tactics of the perpetrator. One family safety plan would give the perpetrator access to the survivor’s safety actions to protect the children and thus make him more powerful in his efforts to be controlling and abusive toward both adults and children living in the home. For this reason, it is best practice to create separate child-focused safety plans related to the domestic violence perpetrator and domestic violence survivor.

In July 2014, the following legislation was passed in Florida requiring that child protective investigators complete separate safety plans in cases of domestic violence where present or impending danger exists.

**FS 39.301(9)(a)6a Initiation of Protective Investigation:**

“A child protective investigator shall implement separate safety plans for the perpetrator of domestic violence and the parent who is a victim of domestic violence as defined in s. 741.28. If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the child protective investigator shall seek issuance of an injunction authorized by s.39.504 to implement a safety plan for the perpetrator and impose any other conditions to protect the child. The safety plan for the parent who is a victim of domestic violence may not be shared with the perpetrator."

FCADV and DCF worked together to define the separate safety plans. The first safety plan is the **Confidential Child Safety Plan** and is specifically for safety actions that are developed in partnership with the survivor to achieve child safety. This plan should include those safety actions that may put the adult survivor and/or child at greater risk of harm if shared with the perpetrator. This plan shall be developed in a separate meeting with the survivor and not when the perpetrator of domestic violence is present. The second safety plan is the **Perpetrator-Focused Child Safety Plan** and includes actions that are directly related to controlling danger threats to the child created by the perpetrator’s violence and should be agreed upon by both the perpetrator and survivor of domestic violence. The survivor should be given the option of discussing this plan in a meeting with the perpetrator, in a separate meeting, or both. The perpetrator-focused safety plan should be shared with the survivor and filed with the court.
Summary

FCADV’s CPI Project is a comprehensive program that addresses the critical need to support child welfare professionals in their work with survivors of domestic violence, their children, and perpetrators. This multi-faceted initiative not only works to build the capacity of frontline staff, it engages leadership at every level to change policies, protocols, systems, and enhance communication among key stakeholders in each participating community. The CPI Project’s use of the Safe and Together model helps advocates and child welfare professionals to find common ground and language in their work with families. Through partnering with survivors to enhance the safety of children, a practice that domestic violence advocates regularly utilize in their work with survivors, child welfare professionals are more effective in their mission to save lives and establish permanency for children.

Each community can take steps to build and/or enhance partnerships through the creation of Leadership Teams. In addition, internal meetings between leadership, supervisory, and frontline staff helps tremendously to clarify roles, responsibilities, resources, and limitations of staff at each respective agency. Appropriate referral processes can be formalized so that survivors and their children are being connected with the safety services offered by certified domestic violence centers. Child welfare agencies can continue shifting their focus toward holding perpetrators accountable and partnering with the non-offending parent. FCADV’s long history of work with DCF and the larger child welfare system, has laid the groundwork for statewide implementation of this groundbreaking program that is changing the way the Florida’s child welfare system responds to domestic violence. As state and local agencies continue engaging in the CPI Project and making these important efforts, survivors of domestic violence will have more resources to seek and access safety for themselves and their children.
Appendices
The purpose of this Memorandum of Understanding is to coordinate services of the Child Protection Investigations (CPI) Unit of the Department of Children and Families (DCF) or (local Sheriff's Office), the Community Based Care (CBC) Lead Agency and/or CBC subcontractor, the Office of the State Attorney, local Law Enforcement Agencies and the undersigned (certified domestic violence center in [county]) through partnership and collaboration. By participating in this agreement, all partners are expressing their commitment to work as equals within their own unique roles to accomplish their mission, while understanding that addressing the overall problem of domestic violence and child abuse requires a respectful, shared response.

I. DESCRIPTION OF PARTNERS

(Domestic Violence Center Name) is the certified provider of comprehensive services to adult survivors of domestic violence and their children in (location) (Insert Mission/Description).

(CPI Unit of DCF or the Sheriff's Office) is responsible for fulfilling the agency mandate to ensure the protection of children as directed by Florida Statutes and Administrative Rules in (location) (Insert Mission/Description).

(CBC Lead Agency Name) serves as the Lead Agency for Community Based Care and provides administrative and child welfare services directly and through subcontracting in (location) (Insert Mission/Description).

(CBC Lead Agency Subcontractor Name) is the subcontracted agency of (CBC Lead Agency name) that provides case management, prevention/diversion, and medical case management services to children in the child welfare system in (location) (Insert Mission/Description).

(Law Enforcement Agency Name) is responsible for enforcing state and local laws and ordinances in (location) (Insert Mission/Description).

(Office of the State Attorney Name) represents the state of Florida in criminal prosecutions and lawsuits in (location) (Insert Mission/Description)

II. HISTORY OF RELATIONSHIP

(Domestic Violence Center Name) and the (Partnering Agencies Name[s]) have demonstrated a history of successful collaborations since (year). Describe examples of collaboration with each of the partnering agencies.
III. ROLES AND RESPONSIBILITIES

(Center Name and Partnering Agencies) will work together in the CPI Domestic Violence Advocate Project as indicated:

1. The CPI Unit will provide office space in the child protection office for co-location of the domestic violence advocate. The space must provide for optimum privacy and ensure confidentiality for survivors of domestic violence.

2. Leadership from all partners to this agreement will meet initially to develop protocols for screening, serving, and referring cases involving domestic violence. Each partner will ensure that the appropriate supervisors also attend the meeting(s) to establish communication procedures and guarantee consistent messaging with all staff involved with the project.

3. Leadership from all partners to this agreement will meet, at minimum, on a quarterly basis to enhance adult and child survivor safety, increase perpetrator accountability, discuss and resolve barriers to collaboration, and develop strategies to resolve emerging issues that arise in the CPI Project. The Leadership Team members will develop the project’s mission and vision statements.

4. The Domestic Violence Center advocate and supervisor, and a representative(s) from the partnering agency(s) will participate in ongoing monthly meetings to discuss successes; address barriers to collaboration; and develop strategies to resolve emerging issues throughout the project period.

5. The Domestic Violence Center and partnering agencies will invite and encourage local representatives from other agencies to attend the monthly meetings to broaden the participation in the effort to address the co-occurrence of domestic violence and child abuse. Upon request, the Domestic Violence Center will conduct trainings on issues related to addressing the co-occurrence of domestic violence and child abuse, understanding batterer behavior, safety planning, and importance of services for staff members of partnering agencies.

6. Partnering child welfare agencies will notify the Domestic Violence Center of all staffings involving domestic violence allegations for purpose of consultation. Notification will include date, time and location and will be provided 48 hours in advance. The Domestic Violence Center advocate will attend weekly case transfer and high risk case staffings. Further, the advocate will provide individual case consultation to partners and make every attempt to attend any other scheduled case staffings such as multi-disciplinary, family team conferencing, reunification or case plan conferences as requested by partnering agencies or survivors.

7. The Domestic Violence Center advocate will provide support and referral services for survivors of domestic violence and their children. The Domestic Violence Center will offer a range of direct services to the survivor and the children upon referral including options such as emergency shelter, outreach counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.

8. The Domestic Violence Center, CPI Unit and other partnering agencies will work collaboratively
with other community agencies to achieve mutual goals, including the enhancement of domestic violence victim and child safety, increasing batterer accountability, reducing number of children being removed from a non-offending parent, and reducing domestic violence homicides.

9. The Domestic Violence Center will share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005. The center agrees to inform the parent whenever the partners to this MOU request information. However, communication between the center and the partners relating to a parent’s confidential information is at the discretion of and with the informed, reasonably time-limited, written consent of the parent. The center will not utilize Florida Safe Families Network (FSFN) for information sharing purposes.

10. The Domestic Violence Center and partnering agencies will ensure all information released to community partners adheres to all applicable confidentiality and privilege laws, and any protocols agreed to by the partners addressing information sharing and cooperation in domestic violence prevention and investigation.

11. Partnering agencies will provide referrals to the Domestic Violence Center for families who have reported domestic violence allegations and for families that are later identified as needing domestic violence services.

12. The Domestic Violence Center and partnering agencies will provide the Florida Coalition Against Domestic Violence access to, or reports of, aggregate statistical information required for grant reporting in compliance with applicable Florida laws regarding confidentiality and privilege and the federal Violence Against Women Act of 2005. This includes any aggregate information collected in FSFN or other data systems that is relevant to outcome measurement for this project.

13. Law Enforcement will support the efforts of the child welfare agencies and the Domestic Violence Center to provide protection to the child and adult victims of abuse by enforcing all laws pertaining to child abuse and neglect and domestic violence and through the enforcement of court orders established by the injunctive process. In addition, law enforcement will assume a leadership role with holding the perpetrator accountable through methods including, but not limited to: arrest and removal of the batterer from the home; thoroughly reviewing domestic violence reports/cases to ensure the correct charges were placed on the suspect; ensure written statements were documented from all possible parties; ensure that evidentiary photos were taken; review the batterer’s criminal history, including communication with any current or past probation officer; determine if there are any other witnesses who might provide a statement; determine if there is any other evidence that may be collected to support or enhance charges; determine if there are injuries that may enhance charges such as strangulation; follow up with the victim to determine if any injuries or new bruising is now evident and photograph those injuries to update the evidence for prosecution; and inquire if the victim has seen a medical provider since the time of the incident. The partnering law
enforcement agency will provide victims with information about the certified domestic violence center and connect them with the local 24 hour domestic violence hotline or the Florida Domestic Violence Hotline if the victim would like to speak with a domestic violence advocate.

14. The State Attorney’s Office will actively investigate and prosecute all crimes related to child abuse and neglect and domestic violence that meet the criminal standards for prosecution without the participation of the survivor if the survivor chooses not to participate in the case. The State Attorney’s Office will make initial contact with survivors to ensure that they are aware of the prosecution process and will keep survivors fully informed about their cases regardless of if they testify in court. The State Attorney’s Office will make every effort to ensure that defendants are mandated to attend batterer intervention programs as described in Florida Statute section 741.325 and not anger management classes. Batterer intervention programs are the appropriate program for domestic violence perpetrators.

IV. COMMITMENT

By signing this Memorandum of Understanding, the project partners acknowledge their commitment to achieve the stated purpose of the project. It is further agreed that this MOU can be amended at any time upon consent of all parties and will require renewal one year from the date of signing.

As indicated by my signature, I have read and agree with the Memorandum of Understanding.

__________________________________________
CEO/Executive Director
Certified Domestic Violence Center
Date

__________________________________________
DCF Regional Director
Department of Children and Families
Date

__________________________________________
CBC Lead Agency Director
CBC Lead Agency Name
Date

__________________________________________
CBC Lead Agency Subcontractor Director
CBC Subcontractor Name
Date

__________________________________________
State Attorney
State Attorney’s Office Name
Date

__________________________________________
Sheriff and/or Police Chief
Law Enforcement Agency Name
Date
CHILD PROTECTION INVESTIGATIONS PROJECT
REFERRAL FOR SERVICES AND RELEASE OF INFORMATION
Appendix B

Date: ______________________

Referral Name

Last: _________________________ First: ___________________________

_____I prefer and I give permission for {Name of Center and Advocate} to contact me to review services and/or safety planning. My safe # is __________________________
(cell, work, home, other)

_____I prefer to call {Name of Center and Advocate with Phone number} myself.

Authorization to Contact:
By signing the below release I give {DV Center/Project name} permission to verbally notify the Child Protective Investigator {Sheriff’s Office or DCF Office} the center's advocate has made contact with me and provided information and referral services as well as provided safety planning for me and my children. I understand that this release can be revoked at any time at my request; however the revocation does not apply to any information provided to the Child Protective Investigator prior to the date of my revocation. I understand that this release will remain open for (30) days and any additional information requested by the Child Protective Investigator can only be released with my written consent.

_____________________________ ___________________________________
Signature of Victim Today’s Date

Authorization Ends on ________________________ (30 days from today’s date)
(Authorization automatically expires unless otherwise noted or canceled)

Revocation Date: _____________ Time: __________

Victim’s Signature: _______________________

Referring Agency:

Referring Agency: ________________________ Investigation #: ________________________

Contact Person: ___________________________ Phone #: ___________________________
PROTOCOL FOR DOMESTIC VIOLENCE CENTERS
AND CHILD WELFARE AGENCY COMMUNICATION
Appendix C

The purpose of these protocols is to establish an agreed upon method of communication between (name of domestic violence center) and (name of child welfare agency) that also meets the privilege and confidentiality requirements of state statute and federal code. (name of domestic violence center) will share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Florida Statutes sections 39.908; 90.5035 and 90.5036, and the Federal Violence Against Women Act of 2005. The (name of domestic violence center) agrees to inform the parent whenever the child welfare agency requests information. However, communication between the (name of domestic violence center) and the (name of the child welfare agency) relating to a parent’s confidential information is at the discretion of and with the written consent of the parent.

RESPONSE WHEN PROTECTIVE INVESTIGATORS OR OTHER CHILD WELFARE AGENCIES CONTACT DOMESTIC VIOLENCE CENTER REGARDING A FAMILY IN SERVICES:

1. The domestic violence (DV) center will advise that they cannot confirm or deny any information and ask the caller to provide their name, ID number and contact information. The DV center advocate may then contact (name of child welfare agency) to verify identity of the investigator or case manager. Or, the DV center advocate may contact the abuse hotline (1-800-96-ABUSE, 1-800-962-2873) and verify the investigator’s identity. (Note: Hotline cannot verify the identity of CBC case managers) When child welfare agency staff identity is verified, the DV center advocate will advise the parent of the call and determine if the parent wants the DV center advocate to communicate with the agency on her behalf.

2. If affirmative, the advocate will complete the DV center release of information form detailing what information is to be released and determining at what date the release will expire. The release cannot extend more than 30 days from the date of completion but can be renewed at the parent’s discretion. The DV center will then contact the requesting agency on behalf of the parent.

3. If the parent declines to sign a consent form, the DV center will be unable to respond to the agency's request for information including whether or not the parent is at the shelter or participating in outreach services. However, the DV center agrees to inform the parent of all calls received from the child welfare agency in a timely manner, and of the content of the agency's request for information.

4. The DV center will arrange a location for the child welfare agency to meet with the parent if the parent is at the shelter and a release has been executed, or if the center has initiated the call. If possible, the location will be offsite as the DV center has a responsibility to protect the confidentiality of the other shelter participants, F.S. 39.908(3)(b).

5. The child welfare agency agrees that they will not conduct unannounced visits as it is disruptive to staff and participants and not conducive to positive working relationships.
6. The child welfare agency will notify the shelter of the anticipated date and time of the visit and who will be conducting the interview. If the meeting must take place at the shelter, the advocate will notify the other participants of the planned visit and where in the shelter the meeting will take place. Upon arrival, the child welfare professional will be asked to complete a confidentiality agreement, present their identification to be copied and sign in.

7. If the meeting is to take place outside of the shelter, the DV center agrees to arrange transportation, if needed, for the family from the shelter to the location at the specified date and time.

8. The child welfare agency agrees that the participant's advocate may attend any interviews, while the advocate understands their role is limited primarily to clarification of any issues related to the advocate's firsthand knowledge of the situation and as requested by the participant with her signed consent.

9. The child welfare agency agrees that it will not conduct a "home study" at the shelter as it is not representative of the participant's actual home and may be disruptive to other participants at the shelter as participants often share bedrooms and living spaces with other families.

RESPONSE WHEN DOMESTIC VIOLENCE CENTER ADVOCATE KNOWS OR SUSPECTS CHILD ABUSE OR NEGLECT HAS OCCURRED:

1. The DV center understands that all staff are mandated by law to report known or suspected child abuse, neglect, and/or abandonment and agrees to comply with statutory requirements regarding mandated reporting.

2. If an advocate identifies possible child abuse or neglect, the advocate will encourage the adult participant who is the parent to make the call to the hotline. If the participant agrees and would like the advocate to assist, the advocate will call the hotline with the adult participant.

3. If the participant who is the adult parent does not agree to make the call to the hotline, the advocate who has identified the supposed abuse/neglect will make the call to the hotline as required by state law regarding mandated reporting.
CHILD PROTECTION INVESTIGATIONS PROJECT
RECOMMENDATIONS FOR THE CENTER’S HOME VISITATION POLICY FOR CO-LOCATED ADVOCATES
Appendix D

If the center has determined that it will permit co-located domestic violence advocates to accompany Child Protection Investigators (CPIs) on home visits to meet with survivors of domestic violence, the center must have a written policy regarding the procedures for such home visits that addresses the advocate’s role and safety precautions. The advocate’s role is to support the survivor in making her own choices as it relates to her safety and the safety of her children. The advocate should never be involved in any CPI investigative activities and home visits may not exceed 25% of the advocate’s time. This document provides guidance regarding the procedures that should be addressed, at a minimum, in the center’s written policy. Centers should also consult their liability insurance policies to determine whether their coverage includes advocate home visits.

1. The advocate will notify their supervisor upon receiving a request to respond with the CPI to the home of a survivor of domestic violence. The advocate will provide their supervisor with the address of the home and the name of the CPI.
2. The advocate will follow the written policy and procedures of the Certified Domestic Violence Center at all times when responding with the CPI to the home of a survivor.
3. Advocates will not accompany a CPI on a home visit if it is known that the perpetrator of domestic violence will be present.
4. The advocate will not respond to the home of a survivor without being accompanied by the CPI and should arrive with the CPI if possible. If the advocate arrives to the home before the CPI, the advocate should park in a safe location allowing for easy exit and remain in her car until the CPI arrives.
5. The advocate will leave personal belongings locked in her vehicle.
6. The advocate will keep her cell phone with her at all times while in the home.
7. The advocate will remain in the common area of the home unless the survivor requests to meet privately in another area of the home.
8. Upon entry to the home, the advocate will explain her role to the survivor and will explain the survivor’s right to confidentiality and privileged communication. The advocate will give the survivor the option of meeting in private if she is uncomfortable meeting jointly with the CPI for any reason.
The advocate will also explain that any information shared in the presence of the CPI will not be confidential and privileged.

9. The advocate will serve as a support for the survivor during the interview and will help the CPI identify the perpetrator’s pattern of coercive control, survivor strengths, and the impact of the perpetrator’s violence on the children.

10. If the survivor has previously spoken with the advocate about her case and wants the advocate to share any details of their conversation, the advocate will ask the survivor to complete an informed, written, reasonably time-limited release of information. The release of information will specify the information that the advocate can share with the CPI.

11. The advocate will offer safety planning services to the survivor in a private setting unless the survivor wants these services to be provided in a joint meeting with the CPI.

12. The advocate will not participate in home studies or present any information to the court in regards to such home studies.

13. If the survivor requests a translator or any other accommodations, the advocate will work with the CPI to make sure the services are provided in a timely manner by the child protection office.

14. The CPI will notify the advocate in advance if the survivor’s children will be removed during the visit so that the advocate can make an informed decision about whether to accompany the CPI or not. In cases of present danger, the advocate will provide information in accordance with privilege and confidentiality laws to help the CPI determine whether there are safe alternatives to permit the children to remain with the survivor.