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# Changing Policy and Practice in the Child Welfare System Through Collaborative Efforts to Identify and Respond Effectively to Family Violence

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The *Greenbook* provides a roadmap for child welfare agencies to collaborate and provide effective responses to families who are experiencing co-occurring child maltreatment and domestic violence. A multisite developmental evaluation was conducted of six demonstration sites that received federal funding to implement *Greenbook* recommendations for child welfare agencies. Surveys of child welfare caseworkers show significant changes in several areas of agency policy and practice, including regular domestic violence training, written guidelines for reporting domestic violence, and working closely and sharing resources with local domestic violence service providers. Case file reviews show significant increases in the level of active screening for domestic violence, although this increase peaks at the midpoint of the initiative. These findings, coupled with on-site interview data, point to the importance of coordinating system change activities in child welfare agencies with a number of other collaborative activities.

**Keywords:** *child welfare agency policy; child maltreatment; domestic violence; collaboration; multidisciplinary approach*

The co-occurrence of domestic violence and child maltreatment is well documented (American Medical Association, 1995; American Psychological Association, 1996; Cooney & Braun, 1997; Fantuzzo, DePaola, Lambert, Anderson, & Sutton, 1991; Wolfe & Korsch, 1994) with the

empirical literature suggesting that child maltreatment occurs in 30% to 60% of families who experience domestic violence (Appel & Holden, 1998; Edleson, 1999). Findings published within the past decade also indicate that domestic violence is a problem for approximately 30% to 40% of families that are involved with the child welfare system (Edleson, 1999; Jones, Gross, & Becker, 2002; Magen, Conroy, McCartt Hess, Panciera, & Simon, 2001; Shepard & Raschick, 1999). In a nationally representative sample of families who were referred to child welfare agencies in the United States, nearly 45% of female caregivers experienced domestic violence at some time during their lives, and 29% experienced such violence in the preceding year (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004).

Recommendations have specified that training should focus on increasing awareness of domestic violence issues, improving identification, and providing appropriate intervention. Some preliminary research suggests that training programs using detailed curricula developed to address domestic violence within the child welfare system may have a positive impact on workers' knowledge and attitudes. In one study, Mills and Yoshihama (2002) found that following training, child welfare workers are more likely to recognize the importance of assessing for domestic violence and feel more confident in their ability to work effectively with families affected by domestic violence. Other research has indicated that child welfare personnel who participate in domestic violence training believe that they have greater empathy for victims of domestic violence, are more likely to assess for domestic violence, and are more likely to recommend that domestic violence perpetrators receive specialized services (Saunders & Anderson, 2000).

Relatively little is known about child welfare practice in assessing domestic violence, but research suggests that the problem is not always identified. Using data from a nationally representative sample of families investigated for child maltreatment, Kohl and colleagues (Kohl, Barth, Hazen, & Landsverk, 2005) found that 31% of female caregivers reported that they experienced domestic violence in the preceding year but that child welfare workers identified this violence in only 12% of all families who were investigated. Caregiver and child welfare worker reports overlapped in 8% of the cases, and

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workers did not identify domestic violence in 71% of the cases in which caregivers reported it (i.e., 22% of the 31%). Child welfare workers' under-identification was associated with the female caregiver's drug or alcohol abuse, with a family's having prior contact with the child welfare system, and with the female caregiver's having a childhood history of abuse or neglect. A small number of studies suggest that there are limitations in the assessment of domestic violence among families involved with child welfare. In one study of referrals investigated by child protective services in Washington State, 40% to 50% were not assessed for domestic violence (English, Marshall, Brummel, & Orme, 1999), and another investigation found that workers conducted an assessment of domestic violence in only 45% of opened child welfare cases (Shepard & Raschick, 1999). A study involving 72 child welfare agencies located throughout the United States found that almost all the participating agencies conducted some assessment of domestic violence, with most reporting that the majority of screening and assessment occurred during investigation of referrals (Hazen et al., 2007). However, only 43.1% reported that all the families who were referred to the child welfare system were assessed for intimate partner violence, and only 26.4% indicated that assessment and screening occurred at all stages of a family's involvement with the child welfare system. Findings from pilot studies suggest that the implementation of a standardized questionnaire completed by child welfare caseworkers during investigations of child maltreatment can result in substantial increases in the identification of families that are experiencing domestic violence (Magen, Conroy, & Del Tufo, 2000; Magen et al., 2001).

Few empirical studies have been conducted on child welfare case planning and provision of services for families that are affected by domestic violence. In a comparison of cases with child maltreatment and co-occurring intimate partner violence and child maltreatment that were referred to the child welfare system, Beeman and colleagues (Beeman, Hagemester, & Edleson, 2001) found that cases with domestic violence were assessed at higher risk than were those without domestic violence and that a greater proportion of the cases with domestic violence had child welfare cases opened following referral (22.6% versus 10.4%), although this difference was not statistically significant. There was also no significant difference in the rate of out-of-home placements (21.4% of domestic violence and child maltreatment versus 18.2% of child maltreatment only). Another study found that child welfare cases with identified domestic violence had more conditions in their service plans and used more services than did comparison cases without domestic violence (Jones et al., 2002). However, children from families in which there was domestic violence were as likely to be removed from the

home as were children from families in which no domestic violence was identified. This same study reported that cases with domestic violence were more likely to have a new referral during the 6 months following case closure than were the nondomestic violence cases; reentry to the system was comparable for the two groups, with approximately 80% of families reentering the system. In a representative sample of families that were referred to the child welfare system in the United States, Kohl and others (Kohl, Edleson, English, & Barth, 2005) found that maltreatment is more likely to be substantiated when domestic violence is present and that these cases are assessed as being higher risk when compared to cases without domestic violence. Yet, workers do not view domestic violence as a primary factor in decision making, and domestic violence is not strongly associated with child placement in out-of-home settings. Overall, the findings from this small number of studies indicate that caseworkers do not explicitly perceive domestic violence as a critical feature in case planning, but there is some evidence that cases with identified domestic violence may be assessed as being at higher risk.

## **The *Greenbook* Demonstration Initiative and Changes in Child Welfare Policy and Practice**

In 1999, the National Council of Juvenile and Family Court Judges (NCJFCJ) published *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, which provided a roadmap for collaboration among child welfare systems, dependency courts, and domestic violence service providers. To put *Greenbook* principles and recommendations into practice, several federal agencies in the U.S. Department of Justice and the U.S. Department Health and Human Services provided funding for six sites to implement *Greenbook* principles and recommendations over a 5-year demonstration period. The six sites were a diverse group of communities that varied in terms of population, culture, and geography. This article examines the implementation of *Greenbook* recommendations in these demonstration sites, including how the *Greenbook* demonstration initiative targeted systems change in the child welfare agencies and how those activities were associated with observed changes in child welfare agency policy and practice, as indicated by findings from a participatory evaluation.

*Greenbook* principles for guiding reforms in child welfare systems include establishing collaborative relationships with domestic violence service providers and dependency courts; assuming leadership to provide

services and resources to ensure family safety for those experiencing child maltreatment and adult domestic violence; developing service plans and referrals that focus on safety, stability, and the well-being of all victims of family violence; and holding domestic violence perpetrators accountable (NCJFCJ, 1999). Within the context of these principles, this article focuses on co-occurring child maltreatment and adult domestic violence issues and on activities within the six child welfare agencies to train staff on the dynamics and effects of adult domestic violence, to screen and assess for domestic violence, to minimize blame on the nonoffending parent, to ensure the safety and support of all victims of domestic violence, and to hold domestic violence perpetrators accountable.

At the outset of the initiative, child welfare agencies in the demonstration sites faced a number of obstacles in planning and implementing *Greenbook* work. Much of the training for child welfare caseworkers regarding domestic violence was optional and provided only basic information, and the effects of that training were hampered by high staff turnover. Confidentiality for adult victims of domestic violence was a major obstacle to working collaboratively with domestic violence service providers. Furthermore, child welfare agencies had a difficult time accurately identifying and tracking cases involving domestic violence because of inadequate screening practices and data systems that were not designed to capture this information. Sites also faced a number of contentious issues, such as whether and under what circumstances child exposure to domestic violence rises to the level of child maltreatment and necessitates child welfare agency involvement.

These obstacles, along with system strengths such as a history of collaboration and a willingness to undertake systemwide change, were continually addressed within the initiative as child welfare agencies collaborated with other *Greenbook*-involved systems, planned community-wide and system-specific activities, and implemented activities in the child welfare system. The methods and results described below illustrate the potential effects of these types of activities on policy and practice in child welfare systems, in three areas: First, data from the participatory research model employed in the individual sites were used to examine changes related to the agencies' philosophical approach to and understanding of the dynamics of co-occurrence, including collaboration with other key systems. Second, important issues related to screening and assessment were explored, such as how agencies identified cases involving domestic violence and how that information was used in determinations of child maltreatment and child safety planning. Third, shifts in agency policy and practice were examined

as they related to family engagement, case planning, and the service array available for adult victims of domestic violence and domestic violence perpetrators. This article concludes with a discussion of the perceived extent of system change in *Greenbook* child welfare agencies and the implications for continued change in the agencies and the communities that they serve.

## Method

The national evaluation team worked collaboratively with local research partners and stakeholders in each demonstration site to develop data collection tools and sampling plans. The evaluation was carried out within a participatory framework rather than as a hands-off independent evaluation. System change activities in child welfare agencies and their effect on agency policy and practice were measured and analyzed through quantitative and qualitative methods that emerged from the collaboration. Quantitative data include surveys of direct service workers (identified as those with ongoing contact with families in the child welfare agency) and reviews of child welfare case files. These data are augmented by qualitative data collected from on-site interviews and implementation activity grids.

## Sample

Data were collected from direct service workers, child welfare case files, and local collaboration members in the demonstration sites. Surveys were conducted with direct service workers at baseline, defined as the end of the demonstration planning period (2001), and at follow-up (2003). Five of the six demonstration sites participated in both the baseline survey and the follow-up. One site did not participate in the evaluation follow-up, because it experienced interruptions in implementation that resulted in its being at a substantially earlier stage of implementation when compared to other sites at the times of follow-up evaluation data collection. In four sites, all direct service workers were surveyed. The fifth site encompassed an urban area with a large child welfare agency; as such, the survey was sent to a random sample of direct service workers, stratified by child welfare agency division and by the language spoken by the direct service worker (English, Spanish, etc.).<sup>1</sup> The surveys were mailed to all direct service workers in the sample and were preceded by a letter to the direct service worker supervisors and by announcements at the local collaboration meeting. To enhance response rates, repeated

**Table 1**  
**Survey Sample of Direct Service Workers in**  
**Child Welfare Agency Sites**

Site	Baseline			Follow-up			Overall		
	Sent (n)	Returned (n)	Response (%)	Sent (n)	Returned (n)	Response (%)	Sent (n)	Returned (n)	Response (%)
1	54	27	50	110	41	37	164	68	41
2	18	6	33	42	23	55	60	29	48
3	29	10	34	48	18	38	77	28	36
4	82	17	21	61	15	25	143	32	22
5	48	21	44	86	26	30	134	47	35
Missing site ID	—	—	—	—	12	—	—	12	—
Total	231	81	35	347	135	39	578	216	37

announcements were made at collaboration meetings to encourage child welfare agency leaders to support survey completion among their staff, and additional surveys were mailed to nonresponders. Despite these efforts, response rates were generally low, ranging from 21% to 55% across sites and survey administrations, with an average response rate of 37% (see Table 1). Therefore, survey findings are reported with considerable caution and are supported and further explained through other data sources, wherever possible.

Case file data were collected from a random sample of substantiated child maltreatment cases. Local research partners drew the sample from all substantiated cases of child maltreatment at three points:

*Time 1:* Beginning of the demonstration initiative (i.e., cases substantiated in calendar year 2001)

*Time 2:* End of the planning period (i.e., cases substantiated in calendar year 2003)

*Time 3:* End of the implementation period (i.e., cases substantiated in calendar year 2005)

Local research partners randomly selected 25% of all child maltreatment cases substantiated by the child welfare agency during the indicated calendar year. The maximum sample size was set at 150 because of the resources required to abstract data from the case files, and the minimum sample size was set at 75 for power considerations (see Table 2).<sup>2</sup> One rural site included all substantiated cases of child maltreatment in its sample because



**Table 2**  
**Case Abstraction Sample**

Site	Cases (n)		
	Time 1	Time 2	Time 3
1	133	150	127
2	83	112	61
3	150	150	150
4	148	151	150
5	102	79	74
Total	616	642	562

of its likelihood of having had a universe smaller than 75 in any of the calendar years under study.

Qualitative data were collected from interviews with members of the collaborations in each demonstration site. National evaluation team members visited each site every year over the 6 years<sup>3</sup> of the demonstration initiative to conduct interviews with collaboration leaders, advisory board members, project directors, local research partners, and agency staff members who were responsible for implementing *Greenbook* activities. At each site during each annual visit, 8 to 12 stakeholders were interviewed during the evaluation period. With guidance from the national evaluation team, interviewees were selected by local project staff to identify representatives from the primary partner organizations and others in leadership positions on the collaboration, project staff, and other members directly involved with the collaborative work at the time of the site visit.

## Measures

Quantitative data were used to measure the extent of system change in child welfare agencies. Surveys were conducted with direct service workers to assess the extent to which new policies and other changes in organizational practice and interorganizational collaboration affected system policy and practice. Case files were also reviewed by local research partners to gather data on the extent to which domestic violence co-occurred with child maltreatment, how domestic violence was identified, what steps were taken to protect confidentiality while sharing information with other systems, and the frequency with which referrals for services were provided to families with

identified co-occurring issues. Data related to child maltreatment characteristics and screening and assessment practices were collected for all files reviewed; data on information-sharing practices and service referrals for family members were collected for only those cases identified as having co-occurring domestic violence and child maltreatment.

The survey measures were developed collaboratively by the national evaluation team and the local evaluation partners. The measures were composed of single-item indicators considered to have face validity across the multiple sites.

Qualitative measures were collected from on-site interviews and implementation activity grids. Interview protocols were developed in collaboration with local stakeholders, and they included measures of the interviewees' perceptions of system change in the child welfare system, the extent of that change, the obstacles and facilitators to system change, and the expected and observed outcomes from the system change (e.g., more access to services for families). Project directors at each site also worked with the national evaluation team to develop implementation activity grids. The grids catalogued all collaborative activities that were wholly or partially supported by the federal demonstration funds, including local activities and projects influenced by *Greenbook* work. These cumulative grids were updated with input from project directors during each site visit and reflect the efforts of the collaboration over the course of the demonstration initiative.

## **Analytic Approach**

System change in child welfare agencies was explored in three areas: philosophical approach to co-occurrence, screening and assessment, and case planning and service array for adult victims of domestic violence and domestic violence perpetrators. The extent of system change was measured first by comparing quantitative baseline and follow-up survey data from the surveys and case files. One of the demonstration sites did not participate in many follow-up data collection activities and so was excluded from all analyses that examined change over time. Baseline and follow-up data were compared using Pearson chi-square statistics to test for significant changes over time where sample sizes were sufficient. Descriptive analyses (i.e., comparing measures at baseline and follow-up) were also used to explore system change where sample sizes were insufficient to conduct statistical tests. Analyses of case abstraction data were performed using Pearson chi-square significance tests, which were calculated by running three significance

tests—specifically, comparing Time 1 and Time 2 case abstraction data, Time 2 and Time 3 case abstraction data, and Time 1 and Time 3 case abstraction data. A significance level of .05 was used to ensure that there was less than a 5% probability that the study findings were due to chance. The total sample size for data related to information-sharing practices was too small to perform significance tests; therefore, descriptive analyses in the form of frequencies were reported. The high turnover rates in many child welfare agencies precluded a measurement design where change in practice was observed for the same caseworkers at each time. Rather, the design should be considered as being three cross-sectional observations of indicators of child welfare practice.

To explain observed changes in policy and practice in the child welfare systems, qualitative data from key informant interviews and implementation activity grids were analyzed. Interview data collected during site visits were analyzed thematically to examine the vehicles for implementing system change (e.g., training, specialized positions, new protocols), the challenges and facilitators encountered, and the timing and extent of implementation in the child welfare agency. The implementation activities were coded by activity target (a specific system, the community as a whole, or the collaboration partners), whether the activity was directed primarily at planning or system change, and by activity type, with the types allowed to emerge through qualitative analysis of the implementation activity grids across sites.

## Results

We hypothesized that the three system change areas were dependent on one another and followed a linear pattern. Agencies first developed a strong foundation for understanding domestic violence through a shift in philosophical approach. Once caseworkers had an understanding of the dynamics of co-occurrence and developed relationships with domestic violence service providers, screening and assessment activities could be implemented to accurately identify cases involving domestic violence and enable caseworkers to develop child safety and service plans that addressed domestic violence where indicated. Once the child welfare agency expanded services to the family members whom it traditionally served (i.e., children), it could expand its scope to ensure the safety and support of adult victims of domestic violence and hold batterers accountable.

The results presented here describe system change in the philosophical approach to co-occurrence, screening and assessment, and case planning

and service array for adult victims of domestic violence and domestic violence perpetrators. The results are presented in the context of differences across sites, including the implementation activities underway, the collaborative dynamics, and the contextual factors, such as site demographics and child welfare agency characteristics.

## **Philosophical Approach to Working With Cases Involving Domestic Violence**

The *Greenbook* recommends that child protective service agencies collaborate with domestic violence service providers and juvenile courts to assess the availability of resources in the community and to develop new responses to domestic violence (NCJFCJ, 1999). Demonstration sites planned and implemented activities to improve caseworkers' understanding of the dynamics of domestic violence and its effects on families and to establish or strengthen relationships with domestic violence service providers. Implementation activities most often took the form of domestic violence training for child welfare caseworkers and cross-training for direct service workers to advance their understanding of the approaches and limitations of multiple systems.

Child welfare agency caseworkers were surveyed at baseline and follow-up about the training they received about domestic violence and co-occurrence. Caseworkers were significantly more likely to agree at follow-up that their agencies regularly trained staff to understand, recognize, and respond to domestic violence: 58% agreed at baseline and 75% agreed at follow-up ( $\chi^2 = 7.155$ ,  $df = 1$ ,  $p = .007$ ; see Table 3). All the sites implemented training for child welfare agency caseworkers. Examples of training included an online practice program, training on basic domestic violence dynamics and issues specific to battered women, modules for new caseworkers to provide advanced assessment, and engagement guidelines for working with domestic violence victims, children, and men who batter. In addition, one site mandated training in 2006 that focused on safety planning, contextualizing domestic violence, and batterer accountability.

Child welfare agency caseworkers also were asked about the extent to which they collaborated with domestic violence service providers. At baseline and follow-up, caseworkers generally agreed that staff in their agencies were aware of available programs for victims of domestic violence (88% and 90%, respectively) and that they communicated with domestic violence service providers for the purpose of exchanging information (82% and 86%, respectively). There were significant changes over time on three measures,

**Table 3**

**System Change Area 1: Philosophical Approach to Co-Occurrence**

Survey Measure	Proportion of Surveyed Caseworkers Agreeing or Strongly Agreeing With Measure														$\chi^2$	<i>p</i>
	Site 1		Site 2		Site 3		Site 4		Site 5		Across Sites					
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2				
Your agency trains its staff regularly to understand, recognize, and respond to domestic violence.	69	80	83	96	70	78	53	67	35	57	58	75*	7.155	.007		
Staff in your agency are aware of available programs for victims of domestic violence.	85	92	83	100	100	89	94	93	85	79	88	90	0.339	.560		
Your agency interacts with domestic violence service organizations for the purposes of exchanging information and communication.	92	97	83	70	90	71	88	80	70	71	82	86	0.385	.535		
Your agency has written guidelines concerning the reporting of domestic violence.	54	85*	83	96	90	83	81	93	65	58	68	84*	7.024	.008		
Your agency works closely with domestic violence service providers to address the issue of co-occurrence.	76	87	83	91	80	88	77	100*	35	58	66	83*	7.804	.005		
Your agency shares resources with domestic violence service organizations.	72	76	67	71	60	94*	65	82	21	30	55	71*	4.905	.027		
Domestic violence service provider staff are included in formal child protective case conferences.	72	64	67	87	80	94	53	80	25	35	56	68	2.880	.090		

Note: T1 = Time 1 (baseline); T2 = Time 2 (follow-up).  
\**p* ≤ .05.

however. There was a significant increase in the proportion of staff who stated that their agency had written guidelines for reporting domestic violence to domestic violence service providers ( $\chi^2 = 7.024$ ,  $df = 1$ ,  $p = .008$ ). Large differences were observed in three sites: Site 1, where 54% of caseworkers agreed or strongly agreed with the statement at baseline and 85% agreed at follow-up; Site 2, where nearly 100% of respondents agreed with the statement at follow-up; and Site 5, where only 58% of respondents agreed at follow-up. There was also a significant increase in the proportion of caseworkers who agreed that their agencies worked closely with domestic violence service providers to address co-occurrence (66% at baseline and 83% at follow-up;  $\chi^2 = 7.804$ ,  $df = 1$ ,  $p = .005$ ). Additionally, at follow-up, caseworkers were significantly more likely to agree that their agencies shared resources with domestic violence service providers ( $\chi^2 = 4.905$ ,  $df = 1$ ,  $p = .027$ ), a finding that was particularly pronounced in two of the five sites. Compared to the other quantitative measures, no significant differences were observed in including domestic violence advocates in formal child welfare case conferences (56% agreed at baseline and 68% agreed at follow-up).

System change in sharing resources with domestic violence service providers was likely driven by the emphasis on co-located advocates in the demonstration sites. Some sites already had co-located advocates, but stakeholders in these sites reported that the *Greenbook* demonstration initiative defined the activities of these advocates and as a result, they became more valuable and productive in the child welfare environment. For example, stakeholders in one site reported that few child welfare agency caseworkers knew how to use the co-located advocate, so the site implemented policies and protocols to formalize her role and one-on-one activities to show caseworkers the utility of the co-located advocate for case planning and for services and support for domestic violence victims. Co-located advocates in other sites also took steps to enhance buy-in and trust with child welfare agency caseworkers—for example, by holding an open house. Another site initially featured a case-carrying co-located advocate but soon expanded this role to focus more on systemic issues, such as implementing a systemwide needs assessment, making recommendations for changes in screening and assessments, providing advocacy during home visits, and participating in multidisciplinary team meetings.

A number of sites implemented activities related to multidisciplinary case review, in support of the finding that child welfare agencies are more likely to work with domestic violence service providers to address co-occurrence. Activities included quarterly case staff meetings with domestic

violence service providers and batterer intervention programs, in addition to child welfare agency staff, to address complex co-occurrence cases. Three sites implemented multidisciplinary case review teams that met regularly and focused on some of the most complex or severe co-occurrence cases. One site established a frontline worker committee to facilitate information exchange, cross-system understanding, and informal relationships among child welfare caseworkers, domestic violence victim advocates, and other direct service workers in the community.

Confidentiality and information sharing continued to be obstacles in the sites, however. One site initiated but was unable to sustain a multidisciplinary review team, because of differing expectations of the domestic violence service provider and child welfare agency staff on the team. The child welfare agency's bureaucratic structure made it difficult to implement this activity in a time frame that met the priorities and resources of the local collaboration. Because domestic violence service providers did not typically need to go through as many review and approval steps to implement policy, they had difficulty understanding the time required to implement change in the child welfare agency. Furthermore, there were confidentiality concerns associated with discussing cases of domestic violence with child welfare agency staff. A basic philosophy of the domestic violence service provider community is to facilitate a safe environment for victims by ensuring confidentiality. Sharing information about victims beyond the domestic violence service provider organization—or even with anyone other than a domestic violence victim advocate—was seen as violating that philosophy. Stakeholders in all the demonstration sites noted that the basic philosophy of ensuring the confidentiality of domestic violence victims limited information exchange between child welfare staff and domestic violence service providers. To help staff understand each other's organizational policies, mandates, and general operating environments, the sites implemented cross-trainings on confidentiality and constraints of partner agencies.

Overall, *Greenbook* sites showed significant changes in policy and practice related to regular training of agency staff to recognize, understand, and respond to domestic violence; having written guidelines concerning the reporting of domestic violence; sharing resources with domestic violence service provider organizations; and working closely with domestic violence service providers to address co-occurrence. These shifts in child welfare agency practice appeared to have been driven by new training opportunities, expanded use of co-located advocates, and other formal arrangements for sharing resources and expertise to address cases involving domestic violence. Stakeholders at the sites reported that the increased training, communication,

and shared resources elevated domestic violence in the consciousness of child welfare caseworkers and provided them with the knowledge and tools to respond appropriately.

## Screening and Assessment

Not only does the *Greenbook* recommend that child protection systems develop screening and assessment procedures to identify and respond to domestic violence and promote family safety, but it also has recommendations on responding to child safety and well-being when domestic violence is indicated (NCJFCJ, 1999). To respond to these recommendations, the *Greenbook* demonstration sites implemented a number of activities to create or improve screening and assessment protocols at intake and throughout the operations of child protection agencies. Other activities provided guidance for determining child placement in cases of domestic violence and offered services and support for children of families who were involved in domestic violence situations.

Across sites, the difference in the proportion of child welfare caseworkers who agreed that their agencies regularly used a screening and assessment tool at intake and follow-up was not significant (53% at baseline and 63% at follow-up; see Table 4). Evidence of screening for domestic violence, as found in case files, was highly variable across sites, however. Comparing cases across sites opened at Time 1 to those opened at Time 3 shows a significant increase in the proportion of child welfare case files with evidence of active screening for domestic violence (54% at Time 1 and 62% at Time 3;  $\chi^2 = 7.150$ ,  $df = 1$ ,  $p = .007$ ; see Table 5), although the upward trend peaks at Time 2 (77%) and decreases between Time 2 and Time 3. Again, there was great variability among the sites from Time 1 to Time 3. One site mandated active screening throughout the study period and so had 100% of cases screened for domestic violence at each measurement point. As shown in Table 4, each demonstration site started and ended quite differently on this measure.

Most sites saw an increase in the proportion of cases in which a history of domestic violence was identified in the child welfare case files. Similar to the active screening measure described above, the proportion of cases with a history of domestic violence peaks at Time 2 (52%, up from 43% at Time 1) then decreases at Time 3 (47%), but only the increase from Time 1 to Time 2 is significant ( $\chi^2 = 10.332$ ,  $df = 1$ ,  $p = .001$ ). Site 4 showed the greatest increase on this measure over time (43% of cases were identified with a history of domestic violence at Time 1, compared to 76% at Time 2), whereas Site 3 had high numbers of cases with identified domestic violence throughout the



**Table 4**  
**System Change Area 2: Screening and Assessment**

Survey Measure	Proportion of Surveyed Caseworkers Agreeing or Strongly Agreeing With Measure														$\chi^2$	<i>p</i>
	Site 1		Site 2		Site 3		Site 4		Site 5		Across Sites					
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2		
A domestic violence screening and assessment tool is used regularly during intake.	43	60	80	100*	30	67	71	64	58	38	53	63	53	63	1.585	.208
Your agency has a policy that clearly states the criteria under which children can remain safely with nonabusing parents experiencing domestic violence.	56	73	83	74	44	65	29	79*	30	48	45	68*	45	68*	10.149	.001
Information systems are used to conduct criminal records checks for domestic violence and active protection order during all investigations of placement options.	92	97	83	70	90	71	88	80	70	71	84	81	84	81	0.281	.596

Note: T1 = Time 1 (baseline); T2 = Time 2 (follow-up).

\* $p \leq .05$ .

**Table 5**  
**System Change Area 2: Screening and Assessment**

Case File Measure	Site 1			Site 2			Site 3			Site 4			Site 5		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
Caseworkers actively screen for domestic violence.	61	95*	44***	100	100	100	35	33	27	73	88*	79**	9	76*	97***
Any history of domestic violence was identified.	39	43*	35**	53	46	48	61	59	60	43	76*	56**	16	23*	19*
History of co-occurring child maltreatment and domestic violence.	14	17	12	28	31	23	33	27	23*	26	30	17**	9	9	7
	Across Sites														
	T1	T2	$\chi^2$	<i>p</i>	T1	T2	T3	$\chi^2$	<i>p</i>	T1	T2	T3	$\chi^2$	<i>p</i>	
Caseworkers actively screen for domestic violence.	54	77*	75.423	.000	54	62***	7.150	.007	77	62***	34.371	.000			
Any history of domestic violence was identified.	43	52*	10.332	.001	43	47	1.472	.225	52	47	3.667	.056			
History of co-occurring child maltreatment and domestic violence.	23	24	0.283	.595	23	17***	6.315	.012	24	17***	9.279	.002			

Note: T1 = Time 1 (i.e., cases substantiated in calendar year 2001); T2 = Time 2 (i.e., cases substantiated in calendar year 2003); T3 = Time 3 (i.e., cases substantiated in calendar year 2005).

\*Chi Square statistic indicates a significant ( $p < 0.05$ ) change from Time 1.

\*\*Chi Square statistic indicates a significant ( $p < 0.05$ ) change from Time 2.

\*\*\*Chi Square statistic indicates a significant ( $p < 0.05$ ) change from Time 1 and from Time 2.

study period. Case file data were analyzed further to determine the proportion of cases with co-occurring domestic violence in which the domestic violence victim was the child's primary caregiver and the domestic violence occurred within 1 year of the substantiated incident of child maltreatment. Across sites, 23% of cases at Time 1, 24% of cases at Time 2, and 17% of cases at Time 3 had co-occurring child maltreatment and domestic violence—a significant decrease at Time 3 from Time 1 ( $\chi^2 = 6.315$ ,  $df = 1$ ,  $p = .012$ ) and Time 2 ( $\chi^2 = 9.279$ ,  $df = 1$ ,  $p = .002$ ). There was again high variability across sites, however, with some sites showing low levels of co-occurrence and with the other three sites reflecting higher levels.

This high cross-site variability of measures related to the identification of co-occurrence was somewhat surprising given that all the sites implemented changes to screening and assessment protocols early in the demonstration period. For example, one site already had a screening protocol in place, but the *Greenbook* demonstration initiative helped create guidelines for using the tool as a way to proceed from screening and assessment to investigation and case planning. Other implementation activities included the addition of questions about domestic violence to the child protection intake protocol and training for hotline workers and guidelines for investigating co-occurrence cases. One site implemented screening at many points in a child welfare case through its guided assessment process, whereas another implemented a two-tier process to first screen for warning signs of domestic violence, then more thoroughly assess victims of family violence, where indicated.

Although all sites implemented revised or new screening tools to assess for domestic violence at intake, the quantitative data show that these tools were not used routinely. Obstacles in implementation and training, in addition to the timing of implementation activities, may explain the lack of change found in caseworker reports and case files over time. The peak in child welfare active screening and domestic violence identified in Time 2 case files may point toward the difficulties in consistent implementation and the need to continually train in and emphasize this area until it becomes institutionalized in the child welfare agency. For example, in one site, comprehensive training on the domestic violence assessment tool did not take place until 2005 (the collection period for Time 3 case file data), and the site was still exploring how best to implement and train on the tool. Likewise, another site did not fully implement changes to its guided assessment process until 2005, and a third found that continual training and reinforcement were necessary for its revised screening tool to be used regularly at intake. Across sites, translating a policy into a practice of actively screening for domestic violence and then maintaining that practice proved to be

an obstacle. Such obstacles to implementation and the restrictive definition of co-occurrence may also explain the low rates abstracted from the case files in the *Greenbook* demonstration sites. On average, about 25% of case files showed evidence of co-occurrence—substantiated child maltreatment occurring within 1 year of an incident of domestic violence against the child's primary caregiver. The rate of co-occurrence found in the *Greenbook* demonstration sites was consistent with other estimates using similar definitions of co-occurrence (Hazen et al., 2004), as was the proportion of cases in the demonstration sites with a history of domestic violence (Edleson, 1999; Hazen et al., 2004; Jones et al., 2002; Magen et al., 2001; Shepard & Raschick, 1999).

The *Greenbook* recommends that findings of domestic violence be taken into account when making placement decisions for children and when assessing and responding to any possible child harm resulting from exposure to domestic violence (NCJFCJ, 1999). At the beginning of the *Greenbook* demonstration initiative, many sites were already discussing issues such as placement with a domestic violence victim who may be viewed as failing to protect a child and the implications of child witnesses to domestic violence. Across sites, there was a significant increase in the proportion of caseworkers who agreed that their agencies had written policies that stated when children could remain safely with the nonoffending parent, from 45% at baseline to 68% at follow-up ( $\chi^2 = 10.149$ ,  $df = 1$ ,  $p = .001$ ; see Table 4). Accordingly, the demonstration sites implemented a number of activities to respond to child exposure to domestic violence and ensure child safety in domestic violence situations. For example, one site augmented its Domestic Violence Child Witness Project to include a domestic violence advocate who met with the adult victim during the forensic interview of the child. Other implementation activities included a forum entitled "Children's Exposure to Domestic Violence" and ongoing discussions about when exposure to domestic violence rises to the level of child abuse. To ensure the safety of children in domestic violence situations, sites also implemented guidance, such as the child order of protection protocol, which was used to remove a batterer from the home when the batterer was deemed a danger to the child (child exposure alone was not sufficient cause for removal). Stakeholders also reported that child welfare staff better utilized their ability to have a perpetrator removed from the home.

Despite improvements in incorporating findings of domestic violence into child welfare agency case plans, there was limited improvement in the use of screening and assessment tools. Significant resources and energy were devoted to changing screening and assessment practices in child welfare agencies with regard to domestic violence. Sites needed to time training

and take steps to ensure full implementation before these activities could be sustained and institutionalized among caseworkers. Work may still need to be done to ensure that domestic violence is incorporated into child safety planning and support, although quantitative data in this area are limited.

## Case Planning and Service Array

The *Greenbook* recommends that child protection agencies make every effort to develop separate service plans for adult victims and perpetrators, regardless of legal status vis-à-vis the child. Furthermore, it recommends that child protection agencies avoid strategies that blame a nonabusive parent for the violence committed by others (NCJFCJ, 1999). The demonstration sites therefore reassessed how child welfare agencies respond to adult victims and perpetrators of domestic violence.

*Adult Victims of Domestic Violence.* The proportion of caseworkers across all sites who agreed that their agencies offered support to battered women in a respectful way without unnecessarily labeling them as being neglectful remained stable over the study period (approximately 80%; see Table 6). Changes were nonsignificant in the proportion of caseworkers agreeing that their agencies provided voluntary advocacy services for battered women and the proportion of caseworkers who agreed that their agencies referred adult victims of domestic violence to legal services. Caseworkers were likely to agree that their agencies referred battered women to services that would promote self-sufficiency (90% at baseline to 95% at follow-up, with some sites starting at 100%) and that they informed adult victims about and referred them to voluntary and community-based services (94% at baseline to 96% at follow-up). None of these measures increased significantly across sites.

There was a significant increase in the referrals found in child welfare case files for victims of domestic violence from Time 1 to Time 3 (35% to 65%;  $\chi^2 = 19.770$ ,  $df = 1$ ,  $p = .000$ ), with large site variability in baseline and follow-up values.

Between baseline and follow-up, the demonstration sites implemented a number of activities to reduce victim blaming, enhance victim safety, and provide for victim advocacy. Safety plan guidelines and associated training were implemented to promote safety and protection while reducing victim blaming. A domestic violence checklist included services to be recommended in the child welfare client case plan when domestic violence was present and when it required a separate plan to be created for

**Table 6**  
**System Change Area 3: Case Planning and Service Array**

Survey Measure	Proportion of Surveyed Caseworkers Agreeing or Strongly Agreeing With Measure (%)														$\chi^2$	<i>p</i>
	Site 1		Site 2		Site 3		Site 4		Site 5		Across Sites					
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2		
Your agency . . .	96	79	67	96*	80	94	81	87	71	63	81	80	0.076	.783		
Officers support to battered women in a respectful way without labeling them unnecessarily as neglectful.	85	83	67	87	80	83	88	93	71	74	79	83	0.458	.499		
Provides voluntary advocacy services for battered women within the child protection system.	77	84	67	91	90	78	94	100	86	83	83	87	0.770	.38		
Refers adult victims to legal services.	100	97	83	100*	100	89	81	93	85	92	90	95	1.659	.198		
Refers adult victims to services that will increase self-sufficiency.	100	95	83	100*	100	100	88	100	91	92	94	96	0.611	.434		
Refers to and informs adult victims about voluntary and community-based services.	69	68	83	78	80	77	53	64	55	46	64	65	0.038	.846		
Records domestic violence information in a way that holds perpetrator responsible for harm.	100	87	83	91	100	95	100	93	65	88	90	89	0.027	.869		
Refers perpetrators of domestic violence to batterer intervention and education programs.	96	84	83	96	100	89	100	93	62	63	88	84	0.592	.442		
Monitors batterer attendance and compliance with court and program requirements.																

Note: T1 = Time 1 (baseline); T2 = Time 2 (follow-up).  
 \**p* ≤ .05.

**Table 7**  
**System Change Area 3: Case Planning and Service Array**

Case File Measure	Site 1			Site 2			Site 3			Site 4			Site 5			
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	
Proportion of co-occurrence cases showing evidence of . . . (%)																
Referrals for domestic violence victim	16	84	60	52	69	93	0	35	44	76	80	88	56	71	20	
Referrals for batterer	11	56	87	35	51	64	0	13	32	76	61	65	22	57	0	
Across Sites																
	T1	T2	$\chi^2$	p	T1	T3	$\chi^2$	p	T2	T3	$\chi^2$	p				
Referrals for domestic violence victim	35	66*	27.588	.000	35	65*	19.770	0.000	66	65	0.032	.857				
Referrals for batterer	29	45*	7.550	.006	29	53*	13.228	0.000	45	53	1.528	.216				

Note: T1 = Time 1 (i.e., cases substantiated in calendar year 2001); T2 = Time 2 (i.e., cases substantiated in calendar year 2003); T3 = Time 3 (i.e., cases substantiated in calendar year 2005).  
 \*  $p \leq .05$ .

each family member. The sites also implemented changes in court petition language to reduce blaming of the nonoffending parent. One site implemented new statewide guidelines that revised the criteria for the use of the threat of harm designation to minimize blaming the nonoffending parent and that included service planning strategies to keep the domestic violence victims safe and enhance their ability to keep their children safe. Domestic violence protocols were revised to require caseworkers to conduct safety planning with mothers, and a new standardized referral process included immediate referral to the domestic violence specialist housed in the child welfare agency. Screening and assessment protocols in one site included a determination of the lethality of the batterer and mandated safety planning procedures with battered mothers.

The quantitative outcomes reported in this section are related to earlier findings concerning collaboration with domestic violence agencies, understanding the dynamics of co-occurrence, and effective screening for domestic violence. Although statistically significant changes over time were few, there was some evidence that caseworkers showed a shift in attitude about safety and supportiveness toward adult victims of domestic violence, and implementation activities further reflected a willingness to minimize language that unnecessarily blamed the victim. Throughout the study period, caseworkers were likely to agree that their agencies did a good job of referring adult victims of domestic violence to needed services. There was a significant increase in the proportion of co-occurrence cases that showed evidence of referrals for adult victims of domestic violence. Implementation activities across sites likely helped transform into practice the existing policies and attitudes about domestic violence victims and working with domestic violence service providers, as was evident in the case files at follow-up.

*Perpetrators of Domestic Violence.* Across sites, caseworkers were asked whether their agencies recorded information in a way that held perpetrators accountable for harm. There was little change on this measure over time; approximately 65% of child welfare caseworkers agreed, but this seemed to be an area of need identified at baseline for all nonrural sites. Caseworkers were more likely to agree across sites and across time that their agencies referred perpetrators to batterer intervention programs (about 90% agreed), although there was great variability across sites. There was a nonsignificant change in the proportion of caseworkers across sites who agreed that their agencies monitor batterer attendance and compliance with court and program requirements. None of the measures related to batterer accountability on the caseworker survey changed significantly. A review of evidence of batterer referrals from case files



shows that there is a significant increase over time across sites. At Time 1, 29% of the case files show evidence of a batterer referral, followed by a significant increase to 45% at Time 2 ( $\chi^2 = 7.550$ ,  $df = 1$ ,  $p = .006$ ) and 53% at Time 3 ( $\chi^2 = 13.228$ ,  $df = 1$ ,  $p = .000$ ). Again, considerable between-site variability was observed. Low start values on this measure reflect the need of child welfare agencies to focus on actively engaging and working with batterers at baseline.

Implementation activities focused on information sharing and specialized positions to reduce barriers to caseworkers' working effectively with batterers. One site offered training on batterer patterns of coercive control, which is used to manipulate caseworkers. A consultant who focused on fathering after violence helped workers enhance their capacity to work with batterers, and a batterer accountability specialist provided job training, consultation, role modeling, and debriefing to support caseworkers who were working with men who batter. One site held a 2-day conference, "Men Who Batter," which featured a panel of local batterer intervention program providers who offered information to *Greenbook* system partners about such content, referral processes, and treatment standards. One site implemented a voluntary domestic violence checklist to track police reports and restraining orders, although it may not have been fully implemented because of its voluntary nature. Stakeholders in this site reported, however, that child welfare worked more closely with probation and parole to learn about perpetrators' parole conditions and whether the perpetrators were required to attend a batterer intervention program.

Caseworkers were likely to agree over the entire study period that they referred batterers to services and monitored their compliance with court-ordered program requirements, but there was less evidence of this found in the case files at Time 1. Instead, most sites showed steady increases in the proportion of co-occurrence cases with documented referrals for batterers. According to survey measures related to batterer accountability, caseworkers were not likely to agree that information was recorded in a way that held perpetrators accountable. These findings could be interpreted to show that caseworkers were increasingly aware of batterers but were just beginning to acquire the tools needed to engage them effectively and promote family safety.

## Discussion

The *Greenbook* demonstration sites addressed a number of obstacles and implemented activities to respond to *Greenbook* recommendations for

improving policy and practice in child welfare agencies. The quantitative data suggest that the sites made significant gains in having written guidelines concerning the reporting of domestic violence, sharing resources with domestic violence service providers, and working closely with these agencies to address the issue of co-occurrence. These shifts in the practice of child welfare agency caseworkers appear to have been driven by the expanded use of co-located advocates and other formal arrangements for sharing resources and expertise to address cases involving domestic violence.

Considerable resources and energy were devoted to changing screening and assessment practices in child welfare agencies regarding domestic violence. Significantly more caseworkers agreed at follow-up that their agencies had written guidelines concerning the reporting of domestic violence. Child welfare case files also show significant increases from Time 1 to Time 3 in the proportion of cases with evidence of active screening for domestic violence, although this measure peaks at Time 2. Case files show relatively low rates of co-occurring child maltreatment and domestic violence in which the substantiated child maltreatment occurred within 1 year of a domestic violence incident against the child's primary caregiver. The lower rates of co-occurrence found in the demonstration sites, when compared to those reported elsewhere, are likely a reflection of the definition of co-occurrence used in this study. Caseworkers believed that their agencies were already providing safety, services, and support to adult victims of domestic violence and were working effectively with batterers at the beginning of the initiative; however, evidence from child welfare case files and implementation activities show that there was room to improve in each of these areas, particularly with regard to batterer accountability. Over the course of the study period, sites significantly increased referrals for adult victims and perpetrators of domestic violence.

The quantitative and qualitative data suggest a cultural shift in the *Greenbook* sites. In fact, when compared to other systems, child welfare agencies were the source of a substantial proportion of implementation activities, and a number of changes were observed in agency policy and caseworker practice. It is difficult to determine whether the observed cultural shifts follow a linear pattern, as an understanding of co-occurrence and relationships with domestic violence service provider agencies before any changes in screening and assessment or case planning and service array occurred would be necessary. Caseworkers were likely to agree that their agencies had policies and protocols to effectively respond to adult victims and perpetrators of domestic violence at baseline and follow-up, although the case files show evidence of improvement in referrals for these family members over time. Therefore, activities related to training and relationship

building with domestic violence service providers likely paved the way for policy, reflected in the survey responses of child welfare caseworkers, to become practice, as shown in the child welfare case files. Stakeholders further reported that the improved relationships between child welfare staff and domestic violence victim advocates are a marked change in the sites and that co-located advocates and other resource sharing between the two systems create formal and informal opportunities to collaborate and respond effectively to all victims of family violence.

The level and type of cultural shift throughout a child welfare agency likely depended on the activities implemented and the characteristics of the site or agency. Two demonstration sites' child welfare agency policies were dictated by state agencies; implementation activities in those sites faced unique obstacles but had broader implications than did activities in some other sites. Stakeholders in most sites agreed that a cultural shift first appeared in pockets, primarily among those directly involved in *Greenbook* work or among those who had already established informal relationships with key partner organizations. Once change was initiated, it was more likely to spread to other child welfare agency staff through training and peer-to-peer reinforcement.

Transforming policy into practice proved to be an ongoing challenge in many sites. For example, stakeholders in one site reported a perceived gap between the child welfare leadership and the direct service workers, noting that standardized field practice among caseworkers was a challenge. A frontline workers committee and other opportunities to interact informally with a variety of agency staff probably facilitated implementation activities and reinforced among frontline workers the policies set by leadership. Interaction among frontline workers also enabled applications of policy and use of practical tools to support families and make caseworkers' jobs easier. *Greenbook* implementation activities continued to face obstacles related to the organization and mandates of the child welfare agency, however. Across sites, stakeholders reported that although these agencies were able to critically assess themselves and were willing to implement some changes, the child welfare system was still a large underfunded bureaucracy characterized by high staff turnover.

Involvement of agency leadership in the *Greenbook* collaborative process was critical in addressing some of these issues. In every site, key leadership from the child welfare agency was represented on *Greenbook* governing and advisory boards. In many cases, there was representation from supervisors and active involvement of frontline workers in collaborative activities. The child welfare system was the focus of most implementation

activities across the demonstration grants, and stakeholders noted that flexibility and willingness to change on the part of the child welfare system are facilitators and a model for change in other *Greenbook* systems.

The study's findings are limited by the timing of quantitative data collection and the inability to link qualitative data to quantitative findings. Baseline data were collected at the end of the demonstration sites' planning period. Follow-up data, however, were collected from caseworkers and case files while implementation activities were underway. In many cases, agency policies had been created or updated, but training to advance those policies to practice had not taken place in time to observe changes in quantitative data at follow-up. Furthermore, because systemic changes occurred in pockets before spreading throughout the agency, widespread systemic changes were not likely to be seen until some time after activities were implemented. Stakeholders were asked to identify *Greenbook* work and associated changes in child welfare agency policy and practice, but analyses to link qualitative findings with the quantitative outcomes were beyond the scope of this study. The scope and timing of follow-up data collection limit the ability to establish this link.

For the *Greenbook* demonstration communities, there was an observed shift in caseworker policy and practice, some of which was evident in the child welfare case files. These quantitative data point toward areas that may still need work, such as referrals for batterers and collaborating with other agencies to hold batterers accountable. The need to consistently reinforce and train on the implementation activities was reflected in the variability of active screening revealed through case files and stakeholder reports in each site.

The marked improvement in collaboration between child welfare agencies and domestic violence service providers, as reported in on-site interviews, facilitated further *Greenbook* work. In addition, the *Greenbook* sites found that system change activities in the child welfare system required a great deal of planning, reinforcement, coordination, and ongoing collaboration to be implemented effectively and sustained. For example, new screening and assessment protocols need to be coordinated with training for caseworkers and with case-planning activities that include domestic violence service providers and other relevant partners to ensure appropriate responses when co-occurring domestic violence is identified. In other words, no systemwide change activity can be planned or executed in isolation. The most important foundation for any systemwide change activity is a strong collaborative foundation, including an understanding of other systems' organizational cultures and mandates, a culture of trust, and a willingness to collaborate to overcome institutional barriers.

Other lessons can be gleaned from the evaluation efforts. The low rate of participation in evaluation activities across the sites underscores the difficulty that these types of initiatives face in engaging frontline workers. It also suggests that transitioning principles into practice is a resource- and planning-intensive enterprise that requires ongoing attention.

The *Greenbook* sites implemented activities and learned a number of lessons that can help guide other communities as they address controversial issues and obstacles to serving all family members affected by domestic violence. The study's findings provide valuable insight and lessons for other communities who are interested in initiating child welfare system change and establishing collaborative relationships to effectively identify and respond to families who are experiencing child maltreatment and domestic violence.

## Notes

1. Strata were selected to ensure that the survey was distributed to direct service workers who had experience with the full range of the populations served. The child welfare agency in this site served a diverse community; thus, stratifying by direct service worker language helped to create a representative sample. Both strata were identified by the child welfare agency.
2. When the universe of cases was close to the maximum or minimum sample size, sites were instructed to use the universe of cases rather than a sample.
3. Although the sites technically received five years of funding, all had carryover funds that allowed continued activities and data collection for six years.

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