S.T.O.P. Violence Against Women Coordinating Council

Subcommittee on Coordinating Responses to Violence Against Women and Children

Report and Recommendations

October 1997

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Introduction

In January 1996, Iowa Lt. Governor Joy Corning announced the formation of the S.T.O.P. Violence Against Women Coordinating Council. The seventeen-member Council consists of individuals from around the state who have specific expertise in the area of domestic violence and sexual assault. The Council was established to both collect and provide information and serve as a state advisory board on the issues of violence against women. The Council is dedicated to uniting Iowa communities, organizations, and service providers in an effort to eliminate violence against women, pool resources, and reduce duplication of efforts.

In May 1996, the S.T.O.P. Violence Against Women Coordinating Council commissioned a Subcommittee on Coordinating Responses to Violence Against Women and Children. Its mission was set as follows:

> To identify existing barriers in Iowa to comprehensive and coordinated responses to violence against women and children and to propose strategies for child protection and battered women's programs.

Membership of the Subcommittee was drawn from a wide spectrum of advocates and other professionals responding to violence against women and children. (See Appendix A.)

The Subcommittee as a whole met a number of times to discuss the overlap between child abuse and domestic violence and examine system responses that were working well and those in which significant barriers existed to providing appropriate and effective services. The Subcommittee took testimony from advocates, service providers, and survivors of family violence. Common ground for both discussing and working on these issues became clear.

The Subcommittee divided into four work groups to intensively examine key areas and develop recommendations. The work groups were:

1) model programs or projects;
2) confidentiality;
3) denial of critical care; and
4) training and system response.

The recommendations resulting from the work of the Subcommittee address many levels of response in the State of Iowa, reflecting the complex nature of family violence and the widespread impact of its effects. The recommendations are multi-level and multi-disciplinary. The first level of recommendations address the responsibility of state public policy makers and administrators. The second level addresses the implementation stage which places more of an emphasis on staff and front line workers. Many of these recommendations are immediately

achievable without additional funding. Others will require a financial commitment from the state before they can be realized.

This report summarizes the discussions of those work groups and the Subcommittee as a whole and submits these recommendations to the S.T.O.P. Violence Against Women Coordinating Council. We strongly urge the Lt. Governor and members of her council to adopt our report and to embrace these recommendations as agenda items for action. It is our firm belief that implementing these recommendations will move Iowa towards stronger families and safer homes.

This subcommittee or another body designated by the S.T.O.P. Violence Against Women Coordinating Council should reconvene a year after the presentation of these recommendations to assess their implementation and effectiveness.

The Recommendations:

All of the recommendations are grouped below. Each one is followed by a page reference to the body of the text for rationale and clarification.

1. The Subcommittee endorses the Iowa General Assembly's action to expand assessment-based investigations from the current pilot projects to a statewide initiative by July 1, 1998. (See pages 16-17.)

2. The Department of Human Services should initiate the inclusion of domestic violence program representatives on community decategorization councils. (See page 17.)

3. Funding through special legislative appropriations, departmental funds, and grants should be made available so model programs of creative collaboration, such as "Community Partnerships" in Cedar Rapids, can be replicated across the state. When identifying locations of replication projects, care should be taken to include rural, urban, and border communities. Five such projects should be established by fiscal year 1999/2000. (See pages 17-18.)

4. Living in a home where domestic violence is occurring and witnessing battering should *not* be added to the legal definition of child abuse. (See pages 18-19.)

5. The Iowa General Assembly should work with the Implementation Committee to clarify the apparent conflict between Chapters 232 and 236A. (See page 20.)

6. The Department of Human Services should move to mandate domestic violence training as piloted in the academy for new workers and in the training for protective workers on assessment-based investigations. The Department of Human Services initial in-service, and transition-to-assessments training should include:

- the dynamics of domestic violence,
- skills in interviewing children, domestic violence victims, and perpetrators,
- appropriate interventions for domestic violence,
- and monitoring referrals for perpetrators.

It is recommended that this initative lead to the development of specialized training, new protocols and policies based on state-of-the-art practices in domestic violence and child abuse cases, and the existence of domestic violence advocates/victim counselors as an available part of the assessment and intervention teams.

This training must be funded at a level to ensure successful initial implementation. (See pages 21-23.)

7. Department of Human Services policy should dictate that assessments closely examine the actions battered women have taken to protect their children so that judgments about denial of critical care are based on accurate information about the dynamic domestic violence. (See pages 21-23.)

8. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault should develop a model curriculum for educators, youth counselors, Head Start staff, daycare providers, and foster and residential care staff on:

- identifying children living in violent homes,
- the dynamics of family violence,
- safety planning,
- and intervention.

(See pages 24.)

9. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault should sponsor training for trainers who will conduct the model curriculum. (See page 24.)

10. Youth service agencies and schools should meet with their local victim service providers and offender programs to gain an understanding of the services offered. These providers should collaborate with victim service providers to make posters, brochures, and other materials with information for victims and perpetrators readily available. (See page 24.)

11. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault standards for advocate training should include information on Department of Human Services systems and protocols, particularly family centered, family preservation, and child protective assessments and investigations. (See pages 24-25.)

12. Domestic violence projects should have a child advocate on staff. Child advocates should receive training on:

- the juvenile justice system,
- the roles of court-appointed special advocates and guardian ad litems,
- the Child In Need of Assistance process,
- and resources available to youth in their community. (See page 25.)

13. Policy-level administrators with the Iowa Coalition Against Domestic Violence, the Iowa Coalition Against Sexual Assault, and the Department of Human Services should form a work group to develop model protocol for confidentiality issues between domestic violence and sexual assault victim services projects and Department of Human Services staff. Local victim service projects and local Department of Human Services staff should use the model protocol to develop jointed confidentiality and collaboration protocols for use at the local level. (See page 25.)

14. Domestic violence and sexual assault advocates should be proactive in developing collaborative relationships with educators and youth service providers to provide advocacy for battered mothers and their children, safety for families, and training on domestic abuse and sexual assault. (See page 25.)

15. Local coordinating bodies for domestic violence, sexual assault, and child abuse prevention, such as local child abuse prevention chapters and local domestic violence community coalitions, should meet together to:

- exchange information,

- work on community-tailored solutions to providing safety and support to abuse victims,
- identify gaps in services and strategize to fill those gaps,
- develop teams to conduct training on a local level,
- perform case management of child abuse situations where domestic violence is identified.

The training should include information about substance abuse assessments and interventions and the interaction between substance abuse and violence. (See pages 26.)

16. Child protection centers should have a domestic violence advocate available on-site or on-call to provide immediate assistance to battered women who present their children for assessment and to offer regular case consultation to child protective staff. (See pages 26-27.)

17. The Department of Public Health, Department of Human Services, Iowa Coalition Against Domestic Violence, and the Iowa Coalition Against Sexual Assault should collaborate to develop a curriculum for medical personnel on the relationship between domestic abuse and child abuse, identifying victims, appropriate interventions, documentation, and referral. These agencies should collaborate to train trainers to make the curriculum readily available for local health providers. (See pages 26-27.)

18. Law enforcement training should address the connection between domestic violence and child abuse and the effects on children. (See pages 26-27.)

19. Law enforcement protocols should be developed and implemented for response to domestic violence calls when children are present. The protocol should include:

- interviewing the children about the alleged domestic violence
- assessing the children for signs of injury,
- assessing the safety of the children,
- guidelines for emergency removal of the children,
- guidelines for reporting child abuse. (See pages 27-28.)

20. Court-appointed special advocates and guardian ad litems should receive training in domestic violence and its impact on the victim's and the batterer's current and future parenting in order to make informed recommendations in custody and placement decisions. (See pages 27-28.)

21. Training for judges on domestic violence should include:

- an awareness of the connection to child abuse,
- direct and indirect effects on children,
- appropriate interventions and referrals. (See pages 27-28.)

22. Corrections personnel working with domestic violence perpetrators and sex offenders, including facilitators for the Batterer's Education Program, should receive training on the impact battering has on children and the risk children face from batterers and sex offenders. (See pages 27-28.)

23. Sex offender treatment family reunification plans should assess and address the issue of domestic violence. The mother's ability and responsibility to intervene and provide safety should

be considered in light of unequal power relationships and her own risk of violence. (See pages 27-28.)

24. The Batterer's Education Program curriculum currently used throughout the state should include an expanded component on non-violent parenting skills and the effects of battering. (See pages 27-28.)

25. Child abuse and child death review team forms, protocols for investigation, and reports should include an assessment concerning the presence or absence of domestic violence as a contributing factor. (See pages 27-28.)

26. Domestic violence death review teams should be established to collect data necessary to identify gaps in services, improve intervention strategies, and strengthen victim safety. (See pages 27-28.)

27. The Department of Human Services should continue to utilize the curricula developed by Susan Schechter and Anne Ganley for family preservation and child protective services staff. Child abuse investigators and assessors and service workers should receive domestic violence training including:

- identification,
- interviewing battered women and domestic violence perpetrators,
- assessment,
- appropriate interventions,
- the Iowa code,
- the use of protection orders,
- referral,
- and case monitoring. (See pages 27-28.)

28. Information about the dynamics of domestic violence, its effects, and local referral information for perpetrators and victims should be made available to:

- income maintenance workers,
- Promise Jobs staff,
- Family Development Specialists
- and other staff providing direct services to clients. (See pages 28-30.)

29. The Department of Human Services should continue its commitment to providing women with the tools they need to make safe decisions for their children by effectively implementing the family violence option in the State of Iowa's welfare reform plan. (See pages 28-30.)

30. The Department of Human Services should strongly encourage their local offices to take an active role in their community violence and abuse prevention coordinating bodies and coalitions. (See pages 28-30.)

31. Mandatory reporter training should be expanded over the next 2-3 years to include information about the effect of domestic violence on children, identifying children living in violent homes, and the likelihood that domestic violence may be accompanied by child abuse.

The Department should expand the current two hours of training as necessary to incorporate the additional information.
(See pages 28-30.)

32. The Iowa Coalition Against Domestic Violence and Department of Human Services should cooperate to train local service providers on collaboration when child abuse and domestic violence overlap. This training should include information on substance abuse assessments and interventions. (See pages 28-30.)

33. The administration of the Department of Human Services, the Iowa Coalition Against Domestic Violence, and the Iowa Coalition Against Sexual Assault should adopt the following mutual philosophy statement: (See pages 28-30.)

> The complex and pervasive nature of child abuse and domestic violence demands a coordinated response from the state, service providers, professionals, communities, and individuals. The ultimate goal of this response is the elimination of family violence and assistance to its survivors. All people, including children, have the right to live their lives free of violence and abuse. One of the most effective ways to keep children safe is to assist battered parents in achieving safety. This shall be the first alternative examined in situations where domestic abuse and child abuse co-exist and other parental problems are not causing serious risks to children. The perpetrators of abuse shall be held accountable for the abuse and for stopping it. Agencies that respond to abuse shall examine ways they have not supported this philosophy and hold themselves accountable for change.

Background:

The overlap between child abuse and domestic violence and the necessity of coordinating responses

In 1993, The Iowa Supreme Court commissioned a Task Force on Courts' and Communities' Response to Domestic Abuse. That task force was charged to make recommendations to the Supreme Court about how the courts, in conjunction with state and private agencies and individuals, could respond better to domestic violence and abuse. The task force held hearings to gather information about current responses to domestic violence, including the overlap between child abuse and domestic abuse.

Struck by "the prevalence of child abuse in homes where mother abuse occurs," the task force wrote a special section of its final report on "The Forgotten Victims: Children and Domestic Abuse."

- "Chances are about 50 percent that given spouse abuse, there is also child abuse, and, given child abuse, there is also spouse abuse.[1]

- Seventy percent of batterers grew up in violent homes.2

- Children who grow up in violent homes are four times more likely to engage in illegal acts.3

- A comparison of delinquent and non-delinquent youth found that a history of family violence or abuse was the most significant difference between the two groups.[4]

- Since January 1990, more than sixty men in Iowa have killed their partners. Eighteen children witnessed the murder of their mother. Five children were murdered in a domestic abuse homicide. [5]

- According to testimony received by the task force, in Polk County, twenty-five percent of each child protective services worker's case load includes domestic abuse issues. [6]

- Statewide statistics from the Department of Human Services reveal a greater likelihood of founded child abuse reports in homes where domestic abuse is present ("founded" child abuse increases, from the statewide average of 30 percent, to 50 percent when family and environmental stress such as domestic abuse is present). "[7]

- According to the National Center on Women and Family Law, children witnessing battering may manifest emotional and behavioral difficulties to varying degrees (one third significantly) including: anxiety; fear; terror; guilt; depression; fitful sleep; regressive behavior (bedwetting, thumb-sucking); concentration difficulty; reduced academic performance; diminished self-esteem and social skills; aggression; withdrawal; hostility; and passivity. Children are at-risk for substance abuse, running away, sexually acting out, juvenile delinquency, or suicidal ideation. [8]

After noting the connection between domestic abuse, child abuse, and juvenile delinquency, the task force focused on two issues of concern to this Subcommittee: 1) the role of child protective services in addressing the overlap of child abuse and domestic violence, and 2) the Department of Human Services and court action claiming "failure to protect/denial of critical care" against battered mothers. The task force recommended that advocates for battered women and appropriate policy-making and management personnel of the Department of Human Services:

> "[E]ngage in a series of meetings to develop methods to conduct cross-training on the relationship of child abuse and domestic abuse ... and ...engage in mutual planning efforts, [taking] guidance from national initiatives." [9]

This Subcommittee has embraced the Supreme Court Task Force's challenge.

Common Ground

The Subcommittee was pleased to find that many domestic violence and sexual assault advocates have a good working knowledge of child abuse, the laws regulating it, and their duties to report it. Most program and shelter staff in the state currently receive training for mandatory child abuse reporters. Even though it is not clear that domestic violence advocates are mandatory reporters, the policy and practice in shelter programs is to report child abuse as if they were. In fact, mothers are often given the opportunity to report abuse before advocates report it. Many domestic violence programs, funding permitting, have staff who work directly with children and mothers on matters such as developing appropriate and non-violent disciplinary practices with their children.

Subcommittee members were also pleased to find that opportunities for training on domestic violence through the Department of Human Services are increasingly available and that many department workers realize the great overlap between forms of family violence. Many see the department's services as part of a holistic, community effort to assist families in crisis. Most importantly, the traditional mistrust between children's advocates and battered women's advocates seems to be dissolving.

The time is ripe to advance meaningful, multidisciplinary, and coordinated intervention services to Iowans who are victims of domestic violence and child abuse. The public has an increased awareness of the issues of domestic violence and will very likely support legislative and public policy initiatives to empower safer families. Professionals have increased appreciation of two important linkages: the connection between forms of family violence and the linkage between family violence, poverty and substance abuse. Pioneering programs, nationally and locally, bridge traditional gaps between children's and women's advocates and serve as models or demonstration projects for our efforts. Workers in both fields are eager to improve their clinical interventions with victims of abuse by embracing ways to work together rather than separately. Indeed, our Subcommittee's work is evidence of that willingness and readiness. We strongly urge that this personal enthusiasm be translated into statewide policies, protocols, and training programs which improve coordinated responses.

The time is ripe to advance meaningful, multidisciplinary, and coordinated intervention services to Iowans who are victims of domestic violence and child abuse.

During a series of meetings, the Subcommittee developed the following basic principles and used them as a guide for making recommendations:

- The overlap of child abuse and domestic violence demands a coordinated response from staff, agencies, and systems.

- Advocates for victims of violence and abuse, whether women or children, share common ground. All have the goal of eliminating family violence and assisting the survivors of its effects. All share the value that people, including children, have the right to live their lives free of violence and abuse.

- There are many ways that agencies in Iowa currently respond to these problems. Model projects have been developed and some local communities are making deliberate efforts to address child abuse and battering in a coordinated fashion.

- There are certain barriers that currently prevent or hinder coordinated responses. Strategies should be developed to overcome these barriers.

- Domestic violence projects should remain safe and viable options for all battered women. Crime victims should be encouraged to seek services and advice from specially-trained counselors without fear that reaching out will be used against them in court to seek removal of their children. Without the assurance of confidentiality, many battered women would not trust shelters to be safe places for their families.

- Often the most effective way to keep children exposed to domestic violence safe is to assist their non-abusing parent in achieving safety. In situations where both partner and child abuse exist, workers' interactions and interventions with family members should attempt to meet three goals of successful interventions. These are:

    1. to protect the child;
    2. to help the abused mother protect herself and her children using non-coercive, supportive, and empowering interventions;
    3. to hold the domestic violence perpetrator, not the adult victim, responsible for stopping the abuse behavior.

Every effort should be made at the onset of a case to intervene in a manner that meets all goals. However, where no interventions exist that will meet all of the goals simultaneously, goal number one should always take precedent over the other goals. For example, if efforts to assist the adult victim to protect herself and the children have been exhausted, and the children are still in danger, the adult victim can be mandated to take certain steps to protect the children. After the children are no longer in danger, goal number two should be reinstated. Training and protocols should be developed to assist workers in developing interventions that meet these goals.[14]

Within this framework, the Subcommittee developed specific recommendations to strengthen cooperative efforts and remove barriers. The Subcommittee borrowed advice from airline companies as an analogy to help guide our efforts through the complex issues of this report. During emergency instructions, airlines advise parents to put on their own oxygen masks before assisting children with their masks. Similarly, by assisting battered women in their efforts to be safe, we will try to assure that they, as parents, will be better able to nurture and protect their children in a safe environment.

Current Status and Issues

Through legislative mandate, child protection's goal is to address the safety of the children. The goal of domestic violence center staff is to address the safety of battered women, thereby helping them to keep their children safe. Until recently, these two goals have made it difficult for the two separate systems to work together to provide safety for both women and children. Our subcommittee examined three areas where coordination is necessary: the conflict between confidentiality and victim counselor and mandatory child abuse reporting; use of "failure to protect/denial of critical care" as the basis for intervention; and the need to hold primary child abuse perpetrators accountable.

Confidentiality and Mandatory Reporting

The tension between the goal of the child protection worker and the goal of the domestic violence advocate arises in several areas. Iowa's mandatory reporting law is not clear that all domestic violence program advocates are mandatory reporters. Some clearly qualify by the nature of their independent training or certification, such as social workers. Staff working with children are mandatory reporters as well. Others, however, such as overnight shelter workers or house managers, do not clearly fit under the qualifications set by Iowa law. Whether or not the law requires all domestic violence program staff to report child abuse, most domestic violence and sexual assault centers in Iowa dictate by policy that their staffs receive mandatory reporter training and report suspected child abuse.

Were reporting the only legal duty of mandatory child abuse reporters, there would be little, if any, conflict between advocates and child abuse authorities. However, the mandatory reporting law also requires cooperation with any child abuse investigation. By contrast, Chapter 236A of the Iowa Code (see Appendix B) prohibits domestic violence centers from releasing information regarding their clients to anyone without a written release from the client. [10]

The conflict arises when the child protection worker wants additional information that is not directly related to the current child abuse report or requests information regarding a client on whom the domestic violence center did not report or did not recently report child abuse. Iowa law states that mandatory reporters are to cooperate with child protection workers whether or not they were the person who reported the case at hand. Providing such information is viewed by domestic violence center staff as a breach of their responsibility outlined in Chapter 236A. The child protective worker interprets Chapter 232.69 (See Appendix B) to mean that the advocate should be compelled to disclose this information. Thus, Iowa law presents domestic violence advocates with conflicting obligations set out in Chapter 236A of the Iowa Code providing counselor privilege to battered women who have contact with a domestic violence advocate and Chapter 232.69, Iowa's mandatory child abuse reporting law.

Failure to Protect and Denial of Critical Care

One of the most difficult issues facing child protective workers arises when they learn that mothers knew or should have known that their children were at risk of abuse from a partner but

did not prevent the abuse. Under Iowa law and Department of Human Services policy and practice, a child protective worker can, in these cases, allege denial of critical care by the mother as the basis of jurisdiction of juvenile court action. According to the Department of Human Services, a "reasonably prudent parent" would have acted to prevent the harm from occurring; it was foreseeable that not taking preventative measures would cause further abuse.

[W]hat can we reasonably expect battered mothers to do to protect their children?

In many of these cases, the perpetrator of the child maltreatment also beats the mother. On one hand, it is not appropriate to always hold mothers accountable when their partners abuse their children, that is, to develop a strict liability standard that says that, when a child is hurt, the mother is always responsible for failing to prevent the harm. On the other hand, it is not acceptable to excuse mothers from fault in all cases, even when they, too, are victims of abuse. Assuming it is appropriate to confirm denial of critical care under some circumstances, the critical question is when is that the case? In other words, what can we reasonably expect battered mothers to do to protect their children? How can the standards and guidelines under which child protective workers operate, such as "reasonably prudent person," "directly cause the abuse," and "foreseeable consequence of non-action" take into account battering of the mother?

The Subcommittee has found that, in some areas of the state, child protective workers routinely make findings against mothers for failure to provide adequate supervision or denial of critical care in addition to a finding based on the actions of the offender. Subcommittee members agree that the problem stems from two sources: 1) a lack of specific guidance in departmental policy on how to handle cases where domestic violence may complicate the child abuse investigation, and 2) a lack of understanding of the complex dynamics of domestic violence and how these dynamics play out in mothers' attempts to protect their children from abuse.

Many battered women and their advocates perceive that the courts, under recommendations from the Department of Human Services, remove children from battered mothers who are not the primary abusers of their children before all less restrictive options are considered. Mothers and mothers' advocates see a conflict in the dual roles of the Department of Human Services as both a helper and provider of vital services and as an enforcer and remover of children. This conflict often keeps women from using the services of the Department of Human Services, while the Department of Human Services is mandated to perform both roles and acts to protect the child even if the mother feels she is being held accountable for abuse she did not commit.

The Subcommittee spent many hours trying to uncover the pitfalls in current child abuse investigations that lead to battered mothers not being identified and being inappropriately charged with denial of critical care. Some of the pitfalls are addressed in this report and suggestions are made to eliminate them. Other barriers still elude our grasp, such as how to resolve the conflicting roles of the Department of Human Services as helping agency and law enforcer/remover of children. Advocates must work together to resolve these conflicts, or at the very least to find respect for our differences in philosophy or priority.

Primary Perpetrator Accountability

Regardless of the approach to child protective services, all Subcommittee members believe that it is critical to hold primary offenders accountable through the appropriate level of criminal court action. While the assessment-based approach to investigations takes a more "strength-based focus," it is imperative that criminal court action such as assault charges be used when appropriate. Indeed, when the perpetrators do not have a legal relationship to the child, criminal prosecution may be the only available means of intervention.

Another clear commonality among Subcommittee members was that the safety of all members of the family was the ultimate goal across systems. To achieve this goal, a holistic approach to families and communities is required.

Recommendations

Work Group One: Model Programs and Projects

The task of the first work group was: 1) to identify how other states or communities in Iowa have addressed the concerns of this Subcommittee; 2) to assess feasibility for adoption in Iowa; and 3) to consider how to provide an integrated continuum of services to abused children and their mothers. The Subcommittee identified three initiatives in Iowa child abuse programming which presently advance the goal of coordinating responses. We support the expansion and deepening of the following:

Recommendations:

1. The Subcommittee endorses the Iowa General Assembly's action to expand assessment-based investigations from the current pilot projects to a statewide initiative by July 1, 1998.

Rationale: Under a legislative directive, the Department of Human Services has, for the past two years, taken a different approach to investigating reports of suspected child abuse through strength-based assessments. When the child abuse assessment model was piloted, it was found to be less adversarial, more solution-focused, and more effective than the traditional investigative, problem-based approach. By broadening the focus of initial departmental intervention, the assessment approach has greater potential than the old investigation approach for identifying cases where mothers are being battered and for developing an intervention plan that addresses all forms of abuse. Assessments hold particular promise when partnered with increased training for assessment workers on domestic violence. Assessment based investigations and interventions should include routine, direct inquiries with clients regarding whether they have ever been hurt by their partner, as well as the identification of indicators that suggest the possible presence of domestic violence. Such screening should occur in an on-going manner during all phases of working with the family, since violence could begin at any point during the child abuse investigations, assessment, or intervention.

Once domestic violence has been identified, workers should conduct an in-depth assessment of three factors affecting the child's safety. These are the following:

1. danger posed to the children and the mother from the domestic violence perpetrator;
2. physical, emotional, and developmental impact of the domestic violence on the children; and
3. strategies that the abused mother has used in the past to successfully protect the children (referred to as "protective factors" that can be reinforced to help her protect herself and the children in the future.

The Department of Human Services should develop training and protocol to prepare CPS

workers to always ask screening and assessment questions of the adult who is a possible victim when not in the perpetrator's presence. If the perpetrator will now allow the worker to have time along with the adult victim, the worker should use his/her authority to set up time along with the victim (i.e., tell the perpetrator that it is routine to have separate time scheduled with each adult family member, etc.)[14]

2. The Department of Human Services should initate the inclusion of domestic violence program representatives on community decategorization councils.

Rationale: Decategorization funding, a shift in approach made by the Department of Human Services some years ago, could be a positive budget and management device to facilitate coordination of services to battered women and children. Under decategorization, state funding for community social services is not restricted to a line-item format set by the legislature. Rather, communities are given the flexibility to define the services needed in their particular settings and to pool state money to provide those services.

Presently, Iowa code mandates that members of these local councils be selected from the juvenile court, county department of human services offices, and county boards of supervisors. The Subcommittee learned that some counties include, on their own initiative, representatives of domestic violence programs. We strongly recommend this practice. Furthermore we urge the S.T.O.P. Violence Against Women Coordinating Council to recommend that federal policy makers adopt rules to require inclusion of battered women's advocates on decategorization councils.

We also note with approval the use of "wrap-around funding," that allows people significant to a family's stability and safety to receive state-funded services even when they do not meet "client" definitions in welfare or abuse programs. Like the assessment-based approach, this method of service holds promise for families where more than one form of family abuse occurs. Wherever appropriate, the department should use "wrap-around funding" to provide services for battered women and others whose capacity to protect children needs enhancement.

By contrast, the Subcommittee noted with concern that the flexibility of decategorization funding only applies to state, not federal, social services money. For example, to qualify for federal rehabilitative treatment service money, the "patient" must be identified as the child, even when providing services such as substance abuse treatment to the abusive parent may serve the child's rehabilitation as effectively as treating the child directly. Because federal policy in large measure dictates responses at the state level, we urge the S.T.O.P. Violence Against Women Coordinating Council to press federal policy-makers to move toward a decategorization approach and to allow advocates for battered women to be included in community and state councils similar to Iowa's decategorization councils.

3. Funding through special legislative appropriations, departmental funds, and grants should be made available so model programs of creative collaboration, such as "Community Partnerships" in Cedar Rapids, can be replicated across the state. When identifying locations of replication projects, care should be taken to include rural, urban, and border communities. Five such projects should be established by fiscal year 1999/2000.

Rationale: Funded by a grant from the Edna McConnell Clark Foundation, "Community Partnerships for the Protection of Children" is an initiative in Cedar Rapids, Iowa that has great potential to serve as a model of coordinating responses for the rest of the state. The Cedar Rapids YWCA, which provides the city's domestic violence services, has been an active participant in the project, and Susan Schechter, a nationally-recognized expert on child protection and battered mothers, and a member of the Subcommittee, provides technical assistance. Notably, a domestic violence specialist has been hired as a active member of the community-based provider team, housed in a neighborhood-based family resource center where child protective services and other services are available. While responding to child abuse and neglect complaints, child protective workers can screen for domestic violence, seek the specialist's advice on cases where domestic violence occurs, and provide follow-up support to battered women leaving the shelter.

The project is also engaged in cross-disciplinary training and in developing model policies and protocols for improved coordination among community programs involved in the initiative. Members of the Subcommittee are hopeful that many aspects of the community partnership initiative in Cedar Rapids can be replicated throughout the state. We recommend that further efforts to advance coordinated responses include examining the processes and products of this project with an eye toward institutionalizing them within the Department of Human Services. Other model programs. Appendix D attached to this report lists materials which identify and describe initiatives -- whether programs, protocols, policies, or legislation -- that can serve as good models for Iowa to better coordinate responses to violence against women and children. Grant funding should be explored to replicate these model programs in rural, urban, & border communities throughout the state.

4. Living in a home where domestic violence is occurring and witnessing battering should not be added to the legal definition of child abuse.

Rationale: While acknowledging the severe impact that domestic abuse can have on some children, Subcommittee members believe that adding domestic violence as an automatic trigger for state intervention would be counterproductive to the intended goal of protecting children. First, battered mothers might be less likely to disclose that their partner is abusing them if it meant there would be a child protection referral to the Department of Human Services. Women might fear losing their children if abuse due to domestic violence was confirmed. Some battering partners would use department involvement as another means to threaten or control the mother. Women need to be encouraged to report their own abuse, not discouraged from doing so.

Second, until there are clear guidelines on what constitutes failure to protect, adding domestic violence as a type of child abuse could mean that more non-offending parents could be named as being responsible for child abuse. This determination could later be used against them in juvenile and civil courts and could be a barrier to employment in several fields. Many people do not understand why battered women stay in abusive relationships. Unfortunately, the choice to stay in the violent relationship might be seen as a decision to put the children at risk of emotional harm rather than as a rational decision from the battered woman's perspective to do what is best

for the children.

Third, until a coordinated service delivery system has been developed to handle these situations, families will not receive the assistance and support they need, and, more importantly, family members will not be provided more safety.

Fourth, the Department of Human Services does not have the staff necessary to handle the increase in cases resulting from this change of definition. In some cases, insufficient intervention can be more hazardous than no intervention.

Finally, the Subcommittee acknowledges that domestic abuse should not be considered child abuse until the Department of Human Services, the courts, and other professionals involved in child and domestic abuse are confident they have developed helpful responses in assessment, intervention, and treatment.

Work Group Two: Confidentiality

A second work group was charged to: 1) explore how confidentiality policies and laws serve the goal of protecting children from abuse, including protecting the need for non-abusing mothers to get confidential services and 2) to recommend ways in which information can be shared without compromising legitimate needs for confidentiality. Specifically, this work group was to examine confidentiality provisions of battered women's shelters and services, Department of Human Services, contract service providers, public safety, law enforcement and prosecution, and batterers' education programs.

Recommendation:

5. The Iowa General Assembly should work with the Implementation Committee to clarify the apparent conflict between Chapters 232 and 236A.

Rationale: The Subcommittee believes that it is important for domestic violence center staff to maintain their current practice of reporting child abuse. A change in legislative language should, however, maintain the battered woman's right to counseling privilege and maintain the right of women to safe and confidential services from domestic violence centers. This change allows a victim advocate to report child abuse but does not require further disclosure in order to cooperate with assessments whether or not the report was initiated by the victim advocate. It would be ill-advised for policy-makers to construct barriers that would make it more difficult and dangerous for battered women and children to escape violence and to seek sanctuary with a domestic violence program.

The Proposed legislation would make clear the following:

- Domestic violence advocates cannot reveal confidential information provided by victims unless the victim waives the privilege in a signed waiver prior to testimony or disclosure.

- Domestic violence advocates or a co-participant who is present during domestic violence counseling and advocacy shall not be competent nor permitted to testify or to otherwise disclose confidential communications made to or by the counselor/advocate by or to a victim.

- Neither the domestic violence counselor/advocate nor the victim waives the privilege of confidential communications by reporting child abuse under Chapter 232.69 (relating to mandatory reporting of child abuse), a federal or state mandatory reporting statute or a local mandatory reporting ordinance. (See Appendix C.)

Work Group Three: Denial of Critical Care

The third work group investigated how the Department of Human Services and county attorneys use denial of critical care or failure to protect findings. They examined possible gender, race, and class bias; geographical differences; "reasonable prudent person" criteria; consideration of non-abusing, battered mothers' circumstances; and the use of the child abuse registry. This group examined ways that denial of critical care would be used only when consistent with the philosophy that protecting mothers from abuse is one of the best ways to protect children. They looked at current training about denial of critical care, written criteria, and the child abuse registry, and recommended alternatives to the use of denial of critical care registry entry or court action. These alternatives should increase accountability of the abusing parent and enable the victim to better protect her children from abuse.

Recommendations:

6. The Department of Human Services should move to mandate domestic violence training as piloted in the academy for new workers and in the training for protective workers on assessment-based investigations. The Department of Human Services initial in-service, and transition-to-assessments training should include:

- **the dynamics of domestic violence,**
- **skills in interviewing children, domestic violence victims, and perpetrators,**
- **appropriate interventions for domestic violence,**
- **and monitoring referrals for perpetrators.**

It is recommended that this initative lead to the development of specialized training, new protocols and policies based on state-of-the-art practices in domestic violence and child abuse cases, and the existence of domestic violence advocates/victim counselors as an available part of the assessment and intervention teams.

This training must be funded at a level to ensure successful initial implementation.

7. Department of Human Services policy should dictate that assessments closely examine the actions battered women have taken to protect their children so that judgments about denial of critical care are based on accurate information in the context of understanding domestic violence.

Rationale: Subcommittee members assume that workers want to conduct the best criminal intervention for abused children and battered women. The question becomes how to facilitate good clinical work in child abuse and domestic abuse cases by the Department of Human Services assessment staff so that accurate assessments can be made, and better judgments can be made as to when denial of critical care is an appropriate basis for action. At both intervention stages, the goal is to find the best course of action that will support safety for women and children.

In large measure, however, the Subcommittee came to believe that certain myths about domestic violence and assumptions by child protective workers underlie the approach often taken with

mothers who are labeled as failing to protect abused children. This approach holds mothers secondarily responsible for abuse to their children which is directly caused by another, usually the children's father or other partner. If the mother knew or should have known of the danger of abuse, then her inaction in failing to prevent it is the basis for potential court intervention under a "failure to protect" or "denial of critical care" theory.

A shift in this paradigm is necessary to accurately assess when denial of critical care should be found against mothers. As an example, consider the commonly held myth that leaving a batterer ends the violence and is the best way to avoid abuse to child and mother. When a mother does not leave, or leaves and then goes back, the child protective worker may perceive this as prima facie evidence that the mother failed to protect the child from abuse. Child protective workers may not know the efforts and risks the mother has taken to protect the child. Training that explains the phenomena of separation abuse and the reasons why women stay in or return to relationships will help child protective workers make accurate assessments about whether denial of critical care is the appropriate claim.

Separation abuse is the well-documented phenomenon that indicates that battered women and their children are often in worse danger when they challenge the abuser's authority, such as publically exposing the abuse or leaving the situation. The batterer sees this behavior as a challenge to his control and often escalates the violence. He may follow the woman and make threats to her, her family, or friends. Understanding separation abuse is critical to the question of what a "reasonably prudent parent" should do to protect her child. For some battered women's situations, it is reasonably prudent to stay rather than leave. Separation violence is the norm among women who are on the path to escaping domestic violence. A woman may leave and return to the battering situation many times before she finally escapes. Each time she leaves and gets a positive intervention, she is stronger. Even if she returns to the batterer, she is a different person as a result of the positive intervention -- more aware of resources and with more choices to deal with the abuse.

The paradigm shift must occur both in the way we elicit information about the actions a woman has taken to protect her child and in the way we judge her actions and their reasonableness. Rather than ask "why didn't you leave, or why did you go back?" -- implying that leaving is the answer to avoiding the abuse -- the questions should ask whether leaving was a possible answer in her situation. Since battered women often know the separation assault danger in their relationships, it makes sense for assessments to ask: "We think leaving will help. What do you think? What prevents you from leaving -- fear? Lack of money? How can we help you leave more safely?" This is a more proactive and accurate assessment and identifies women with good judgment skills from those who lack them. The approach helps to identify strategies that the battered mother has used in the past to successfully protect the children ("protective factors") that can be reinforced to help her protect herself and the children in the future.

Information is only part of the picture. In order to ensure that a good understanding of domestic violence is incorporated into practice, it is essential that the Department of Human Services take two steps beyond mere training. First, it should develop policies and protocols embracing the principles on which the training is based. Second, it should explore ways to include domestic violence advocates on assessment and intervention teams. It is only with interagency dialogue

and consultation that system changes will be made. We can not rely solely on the good will and good intentions of child protective workers to follow through on proper practice. They must be backed up by expectations set in job descriptions, departmental policies, standards, supervision, and protocols. And it must be practiced in real cases.

Work Group Four: Training and Systems Response

The last work group of the Subcommittee developed this charge: How can systems which currently respond to violence against women or children -- by investigation, assessment, or provision of intervention or services -- improve and coordinate their responses in cases where the violence against both women and children may exist. These systems include the Department of Human Services, courts, law enforcement, domestic violence/sexual assault care providers, Batterer's Education Programs, sexual perpetrator contract providers, and health care providers. Recommendations may cover training; assessment; standards or guidelines; protocols; referrals; and intervention or provision of services. This work group was also asked to outline ways to integrate the Subcommittee's basic philosophies into all service provider's responses.

Recommendations for Educators and Youth Service Providers

8. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault should develop a model curriculum for educators, youth counselors, Head Start staff, daycare providers, and foster and residential care staff on:

- **identifying children living in violent homes,**
- **the dynamics of family violence,**
- **safety planning,**
- **and intervention.**

9. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault should sponsor training for trainers who will conduct the model curriculum.

10. Youth service agencies and schools should meet with their local victim service providers and offender programs to gain an understanding of the services offered. These providers should collaborate with victim service providers to make posters, brochures, and other materials with information for victims and perpetrators readily available.

Rationale: Research into the effects of domestic violence shows that children whose mothers are battered are significantly more likely to exhibit behavior disorders, delinquency, and other negative behaviors. [4, 8] Currently, behavioral problems exhibited by children are frequently considered in isolation, rather than within the context of domestic violence. Direct service providers to youth are in a unique situation to identify and intervene to provide support and referrals for service to children and their mothers dealing with domestic violence. Educators need a basic understanding of family violence. They also need access to referrals for community resources that assist women and children in achieving safety and that hold perpetrators accountable.

Recommendations for Domestic Violence/Sexual Assault Advocates

11. The Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault standards for advocate training should include information on Department of

Human Services systems and protocols, particularly family-centered, family preservation, and child protective assessments and investigations.

12. Domestic violence projects should have a child advocate on staff. Child advocates should receive training on:

- **the juvenile justice system,**
- **the roles of court-appointed special advocates and guardian ad litems,**
- **the Child In Need of Assistance process,**
- **and resources available to youth in their community.**

13. Policy-level administrators with the Iowa Coalition Against Domestic Violence, the Iowa Coalition Against Sexual Assault, and the Department of Human Services should form a work group to develop model protocol for confidentiality issues between domestic violence and sexual assault victim services projects and Department of Human Services staff. Local victim service projects should use the model protocol to develop confidentiality and collaboration protocols with their local Department of Human Services staff.

14. Domestic violence and sexual assault advocates should be proactive in developing collaborative relationships with educators and youth service providers to provide advocacy for battered mothers and their children, safety for families, and training on domestic abuse and sexual assault.

Rationale: Domestic Violence/Sexual Assault advocates have expertise in crisis intervention and the dynamics of domestic violence but provide limited services; projects must, of necessity, collaborate with other agencies to meet the holistic needs of families for safety and self-sufficiency. Collaboration, with Domestic Violence/Sexual Assault programs taking a leadership role, offers the best chance to serve the largest number of abused families, whose numbers are well beyond the service capacity of Domestic Violence and Sexual Assault programs. Collaboration with youth service agencies provides the opportunity to share the visions and dreams of the battered women's movement with workers who serve women and children who will never work with Domestic Violence and Sexual Abuse programs. That vision encompasses safety; justice; respect for autonomy and individuality; sufficient economic resources; batterer accountability; and affecting change in every system and community toward better service to battered women and their children.[15]

Good collaboration requires trust and sharing of information to the extent possible under laws requiring confidentiality. Procedures should be developed that evaluate information on families to be shared between child protection agencies and local domestic violence and sexual assault programs. At the same time, these procedures must be sensitive to the need for shelter workers to protect the whereabouts of abused women from abusers or their agents, who may actually impersonate a CPS worker in order to locate the victim. Policies must also be sensitive to the ramifications that sharing specific types of information will have on the families. For example, some abusers will subpoena department case records searching for the current work or home address of an adult victim. Therefore, child welfare agencies must establish and enforce policies that will protect information provided by, or about, abused women, such as establishing separate case plans for mothers and fathers in cases that involve domestic violence.[14]

Recommendations for local communities and service providers

15. Local coordinating bodies for domestic violence, sexual assault, and child abuse prevention, such as local child abuse prevention chapters and domestic violence community coalitions, should meet together to:

- **exchange information,**
- **work on community-tailored solutions to providing safety and support to abuse victims,**
- **identify gaps in services and strategize to fill those gaps,**
- **develop teams to conduct training on a local level. The training should include information about substance abuse assessments and interventions and the interaction between substance abuse and violence,**
- **and perform case management of child abuse situations where domestic violence is identified.**

Rationale: Communities often have many different groups that deal with social issues such as violence and substance abuse, for example: domestic violence coalitions, sexual assault coalitions, substance abuse prevention councils, and child abuse prevention councils. Communities with colleges may have similar separate groups to deal with these issues on campus. Given the overlap of domestic violence, child abuse, and substance abuse, many of the same people may be participating in each of these groups; however, the activities of these groups are rarely coordinated. There is a nationwide move now to improve service delivery by the creation of seamless systems of community services that address domestic violence, child maltreatment, and substance abuse. These collaborative efforts are more effective because they provide a more holistic approach to meeting client needs, reduce duplication of efforts, and are more cost-effective.

Recommendations for medical personnel/systems

16. Child protection centers should have a domestic violence advocate available on-site or on-call to provide immediate assistance to battered women who present their children for assessment and to offer regular case consultation to child protective staff.

17. The Department of Public Health, Department of Human Services, Iowa Coalition Against Domestic Violence, and the Iowa Coalition Against Sexual Assault should collaborate to develop a curriculum for medical personnel on the relationship between domestic abuse and child abuse, identifying victims, appropriate interventions, documentation, and referral.

Rationale: For many victims of family violence, emergency room or health related services are the first or only point at which woman or children gain access to services. Twenty-eight percent of women surveyed in a study of three university-affiliated clinics were survivors of domestic violence at some time in their lives; 14% were currently experiencing abuse. [11] Family violence is now recognized as one of the most significant health issues facing American women and there is movement among health professionals to improve the identification of and response to

battered women and their children. [12]

Recommendations for the Justice System

18. Law enforcement training should address the connection between domestic violence and child abuse and the effects on children.

19. Law enforcement protocols should be developed and implemented for response to domestic violence calls when children are present. The protocol should include:

- **interviewing the children about the alleged domestic violence,**
- **assessing the children for signs of injury,**
- **assessing the safety of the children,**
- **guidelines for emergency removal of the children,**
- **guidelines for reporting child abuse.**

20. Court-appointed special advocates and guardians ad litem should receive training in domestic violence and its impact on the victim's and the batterer's current and future parenting in order to make informed recommendations in custody and placement decisions.

21. Training for judges on domestic violence should include:

- **an awareness of the connection to child abuse,**
- **direct and indirect effects on children,**
- **appropriate interventions,**
- **and referrals.**

22. Corrections personnel working with domestic violence perpetrators and sex offenders, including facilitators for the Batterer's Education Program, should receive training on the impact battering has on children and the risk children face from batterers and sex offenders.

23. Sex offender treatment family reunification plans should assess and address the issue of domestic violence. The mother's ability and responsibility to intervene and provide safety should be considered in light of unequal power relationships and her own risk of violence.

24. The Batterer's Education Program curriculum currently used throughout the state should include an expanded component on non-violent parenting skills and the effects of battering.

25. Child abuse and child death review team forms, protocols for investigation, and reports should include an assessment concerning the presence or absence of domestic violence as a contributing factor.

26. Domestic violence death review teams should be established to collect data necessary to identify gaps in services, improve intervention strategies, and strengthen victim safety.

Rationale: While family violence leaves its victims with many needs, the fact that it is a criminal act must not be lost sight of. Offender accountability should be the primary method of intervention in domestic violence and child abuse. A coordinated legal system response improves public safety by holding perpetrators accountable, decreasing the likelihood of further assaults, and assisting victims in accessing services.

Iowa criminal justice agencies over the past decade, have greatly improved their response to domestic violence. Prosecutions for domestic abuse assault have increased and state-of-the-art investigation and prosecution methods have been introduced throughout the state. Establishing criminal responsibility should continue to be the principal means to hold primary child and adult abusers accountable. Child welfare and domestic violence and sexual assault agency personnel should become familiar with the criminal justice system and persons who manage these cases, and develop interventions that maximize appropriate use of the criminal prosecution.[13] Information gathering is an important first step in any problem-solving process. A death review team for domestic violence cases is necessary in order to gather information to further improve public safety and prevent homicides.

Recommendations for the Department of Human Services

27. The Department of Human Services should continue to utilize the curricula developed by Susan Schechter and Anne Ganley for family preservation and child protective services staff. Child abuse investigators and assessors and service workers should receive domestic violence training including:

- **identification,**
- **interviewing battered women and domestic violence perpetrators,**
- **assessment,**
- **appropriate interventions,**
- **the Iowa code,**
- **the use of protection orders,**
- **referral,**
- **and case monitoring.**

28. Information about the dynamics of domestic violence, its effects, and local referral information for perpetrators and victims should be made available to:

- **income maintenance workers,**
- **Promise Jobs staff,**
- **Family Development Specialists,**
- **and other staff providing direct services to clients.**

29. The Department of Human Services should continue its commitment to providing women with the tools they need to make safe decisions for their children by effectively implementing the family violence option in the State of Iowa's welfare reform plan.

30. The Department of Human Services should strongly encourage their local offices take an active role in their community violence and abuse prevention coordinating bodies and coalitions.

31. Mandatory reporter training should be expanded over the next 2-3 years to include information about the effect of domestic violence on children, identifying children living in violent homes, and the likelihood that domestic violence may be accompanied by child abuse. The Department should expand the current two hours of training as necessary to incorporate the additional information.

32. The Iowa Coalition Against Domestic Violence and Department of Human Services should cooperate to train local service providers on collaboration when child abuse and domestic violence overlap. This training should include information on substance abuse assessments and interventions.

33. The administration of the Department of Human Services, the Iowa Coalition Against Domestic Violence, and the Iowa Coalition Against Sexual Assault should adopt the following mutual philosophy statement:

> The complex and pervasive nature of child abuse and domestic violence demands a coordinated response from the state, service providers, professionals, communities, and individuals. The ultimate goal of this response is the elimination of family violence and assistance to its survivors. All people, including children, have the right to live their lives free of violence and abuse. One of the most effective ways to keep children safe is to assist battered parents in achieving safety. This shall be the first alternative examined in situations where domestic abuse and child abuse co-exist and other parental problems are not causing serious risks to children. The perpetrators of abuse shall be held accountable for the abuse and for stopping it. Agencies that respond to abuse shall examine ways they have not supported this philosophy and hold themselves accountable for change.

Rationale: Safety is a basic right. Strategies must be developed for keeping women and children safe in their home environment. In order to do their work well, agency and systems personnel must be knowledgeable about the relationship between domestic violence and child physical and sexual abuse, the effects of domestic abuse on children, and strategies for intervention. Mandatory Reporter training is one of the most widespread requirements for people working with children. In order to be accurate and effective, this training must address the issue of domestic violence.

Women must be provided with the resources and support they need to make safe choices for themselves and their children. Battered women often fear intervention because they know from experience that well-meaning but uninformed actions often lead to further victimization. The Subcommittee notes with great pleasure that a curriculum on domestic violence and child abuse for human services workers has already been developed and piloted in this state.

Subcommittee member and national expert Susan Schechter developed and tested the program, and is available to continue the training on a regular basis. Now that the entire state will move to an assessment-based approach to investigating child abuse, it is an excellent time to institutionalize training of the type already piloted.

In order to encourage cooperation and commitment from all agencies, departments and personnel mentioned in these recommendations, it is important for the Department to clearly express its commitment to the lives and safety of women and children. Such a commitment sends a clear signal to perpetrators that the system is not going to be co-opted and manipulated into supporting or assisting abusive behavior. It also is in accordance with a philosophy of empowerment and social justice for all people and follows Iowa's tradition of concern for its children and building strong families.

Summary

The Subcommittee on Coordinating Responses to Violence Against Women and Children concludes its efforts with the knowledge that this is only the beginning. Not only did we identify barriers as requested in our mission, but we identified exciting new strategies, pilot programs, and resources now available in Iowa for child protection and battered women's programs. We have begun creating a pattern of awareness and effective response that is far from being fully realized. The final Subcommittee recommendations reflect the wide range of systems responses necessary to develop a holistic approach to the issue of family violence. The research, discussion, and recommendations of the Subcommittee on Coordinating Responses to Violence Against Women and Children can be summarized in this mutual philosophy statement:

All people, including children, have the right to live their lives free of violence and abuse. The complex and pervasive nature of child abuse and domestic violence demands a coordinated response from the state, service providers, professionals, communities, and individuals. The ultimate goal of this response is the elimination of family violence and assistance to its survivors. One of the most effective ways to keep children safe is to assist battered parents in achieving safety. This shall be the first alternative examined in situations where domestic abuse and child abuse co-exist and other parental problems are not causing serious risks to children. The perpetrators of abuse shall be held accountable for the abuse and for stopping it. Agencies that respond to abuse shall examine ways they have not supported this philosophy and hold themselves accountable for change.

The next step is to use the mutual philosophy statement as a critical measure of where current policies and practices do not coincide with these fundamental principles. Professional associations should be encouraged to adopt the philosophy statement and become cosigners in partnership to end family violence. However, any policy or philosophy is meaningless without committed implementation. Battered women and children need more than words, they demand action.

1 Hughes, H.M. (1992). Impact of Spouse Abuse on Children of Battered Women. Violence Update, 2(12), 1-11.
2 U.S. Department of Health and Human Services. (1991). Family Violence: An Overview. Washington, D.C.: Clearinghouse on Child Abuse and Neglect and Family Violence Information.
3 Gelles, R.J. (1988). The Impact of Violence. Kingston: University of Rhode Island Department of Sociology.
4 Miller, G. (1989). "Violence By and Against America's Children," Journal of Juvenile Justice Digest, XVII (12), p.6.
5 Iowa State Attorney General's Office, Crime Victim Assistance Division
6 Testimony of Colleen Reichardt, Final Report of the Supreme Court Task Force on Courts' and Communities' Response to Domestic Abuse, State of Iowa, August 1994, p. 51.
7 Final Report of the Supreme Court Task Force on Courts' and Communities' Response to Domestic Abuse, State of Iowa, August 1994, pp. 91-99.
8 (Jaffe and Wilson, 1990; M. Roy, 1988).
9 Final Report of the Supreme Court Task Force on Courts' and Communities' Response to Domestic Abuse, State of Iowa, August 1994, p. 93.
10 The exceptions to this would be in cases where the advocate has a duty to warn or to address a situation where there is imminent danger involved.
11 Gin, N.E., Rucker, L., Frayne, S., Cygan, R., and Habbell, F.A. (1991). Prevalence of Domestic Violence Among Patients in Three Ambulatory Care Internal Medicine Clinics. Journal of General Internal Medicine, 6, 317-322.
12 Warshaw, Carole, and Ganley, Anne. (1995) Improving the Health Care Response to Domestic Violence: A resource Manual for Health Care Providers. The Family Violence Prevention Fund.
13 For further information on the Iowa Courts' response to domestic violence see:
Final Report of the Supreme Court Domestic Violence Task Force on Courts and Communities' Response to Domestic Abuse. (August 1994.) Iowa State Court Administrators Office. Juhler, Jennifer. (December 1996) Courts' and Communities' Response to Domestic Abuse: A Report on the Implementation of the Iowa Supreme Court Task Force on the Courts and Communities' Response to Domestic Abuse, Iowa State Court Administrators Office.
14 Janet Carter, Improving Child Welfare Response to Domestic Violence: Considerations for Policy and Practice, July 1997, page 5.
15 From a talk by Susan Schlechter entitled "Collaboration and Public Policy" at the ICADV/IowaCASA Training Conference, Ames, May 8, 1997.

Appendices

A. List of Subcommittee Members

B. Code of Iowa, Chapter 232.69, Mandatory and Permissive Reporters

C. Code of Iowa, Chapter 236A.1, Victim Counselor Privilege

D. Bibliography/Resources

Appendix A

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Appendix B

Code of Iowa, Chapter 232.69
Mandatory and Permissive Reporters

232.69 Mandatory and permissive reporters — training required.

1. The following classes of persons shall make a report within twenty-four hours and as provided in section 232.70, of cases of child abuse:

a. Every health practitioner who in the scope of professional practice, examines, attends, or treats a child and who reasonably believes the child has been abused. Notwithstanding section 140.3, this provision applies to a health practitioner who receives information confirming that a child is infected with a sexually transmitted disease.

b. Any of the following persons who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and reasonably believes a child has suffered abuse:

(1) A self-employed social worker.

(2) A social worker under the jurisdiction of the department of human services.

(3) A social worker employed by a public or private agency or institution.

(4) An employee or operator of a public or private health care facility as defined in section 135C.1.

(5) A certified psychologist.

(6) A licensed school employee.

(7) An employee or operator of a licensed child care center or registered group day care home or registered family day care home.

(8) An employee or operator of a substance abuse program or facility licensed under chapter 125.

(9) An employee of a department of human services institution listed in section 218.1.

(10) An employee or operator of a juvenile detention or juvenile shelter care facility approved under section 232.142.

(11) An employee or operator of a foster care facility licensed or approved under chapter 237.

(12) An employee or operator of a mental health center.

(13) A peace officer.

(14) A dental hygienist.

(15) A counselor, or mental health professional.

2. Any other person who believes that a child has been abused may make a report as provided in section 232.70.

3. A person required to make a report under subsection 1, other than a physician whose professional practice does not regularly involve providing primary health care to children, shall complete two hours of training relating to the identification and reporting of child abuse within six months of initial employment or self-employment involving the examination, attending, counseling, or treatment of children on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional child abuse identification and reporting training every five years. If the person is an employee of a hospital or similar institution, or of a public or private institution, agency, or facility, the employer shall be responsible for providing the child abuse identification and reporting training. If the person is self-employed, the person shall be responsible for obtaining the child abuse identification and reporting training. The person may complete the initial or additional training as part of a continuing education program required under chapter 272C or may complete the training as part of a training program offered by the department of human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, or a similar public agency.

[C66, 71, 73, 75, 77, §235A.3; C79, 81, §232.69]

83 Acts, ch 96, §157, 159; 84 Acts, ch 1279, §4, 6; 85 Acts, ch 173, §3–5; 87 Acts, ch 153, §3; 88 Acts, ch 1238, §1; 89 Acts, ch 89, §17; 89 Acts, ch 230, §5; 89 Acts, ch 265, §40; 94 Acts, ch 1130, §3

Subsection 1, paragraph b amended

Appendix C

Code of Iowa, Chapter 236A.1
Victim Counselor Privilege

CHAPTER 236A

CONFIDENTIAL COMMUNICATIONS — COUNSELORS AND VICTIMS

236A.1 Victim counselor privilege.

1. As used in this section:

a. *"Victim"* means a person who consults a victim counselor for the purpose of securing advice, counseling, or assistance concerning a mental, physical, or emotional condition caused by a violent crime committed against the person.

b. *"Victim counselor"* means a person who is engaged in a crime victim center, is certified as a counselor by the crime victim center, and is under the control of a direct services supervisor of a crime victim center, whose primary purpose is the rendering of advice, counseling, and assistance to the victims of crime. To qualify as a *"victim counselor"* under this section, the person must also have completed at least twenty hours of training provided by the center in which the person is engaged, by the Iowa organization of victim assistance, by the Iowa coalition against sexual abuse, or by the Iowa coalition against domestic violence, which shall include but not be limited to, the dynamics of victimization, substantive laws relating to violent crime, sexual assault, and domestic violence, crisis intervention techniques, communication skills, working with diverse populations, an overview of the state criminal justice system, information regarding pertinent hospital procedures, and information regarding state and community resources for victims of crime.

c. *"Crime victim center"* means any office, institution, agency, or crisis center offering assistance to victims of crime and their families through crisis intervention, accompaniment during medical and legal proceedings, and follow-up counseling.

d. *"Confidential communication"* means information shared between a crime victim and a victim counselor within the counseling relationship, and includes all information received by the counselor and any advice, report, or working paper given to or prepared by the counselor in the course of the counseling relationship with the victim.

Confidential information is confidential information which, so far as the victim is aware, is not disclosed to a third party with the exception of a person present in the consultation for the purpose of furthering the interest of the victim, a person to whom disclosure is reasonably necessary for the transmission of the information, or a person with whom disclosure is necessary for accomplishment of the purpose for which the counselor is consulted by the victim.

2. A victim counselor shall not be examined or required to give evidence in any civil or criminal proceeding as to any confidential communication made by a victim to the counselor, nor shall a clerk, secretary, stenographer, or any other employee who types or otherwise prepares or manages the confidential reports or working papers of a victim counselor be required to produce evidence of any such confidential communication, unless the victim waives this privilege in writing or disclosure of the information is compelled by a court pursuant to subsection 7. Under no circumstances shall the location of a crime victim center or the identity of the victim counselor be disclosed in any civil or criminal proceeding.

3. If a victim is deceased or has been declared to be incompetent, this privilege specified in subsection 2 may be waived by the guardian of the victim or by the personal representative of the victim's estate.

4. A minor may waive the privilege under this section unless, in the opinion of the court, the minor the privilege, in which case the parent or guardian of the minor may waive the privilege on the minor's behalf if the parent or guardian is not the defendant and does not have such a relationship with the defendant that the parent or guardian has an interest in the outcome of the proceeding being favorable to the defendant.

5. The privilege under this section does not apply in matters of proof concerning the chain of custody of evidence, in matters of proof concerning the physical appearance of the victim at the time of the injury or the counselor's first contact with the victim after the injury, or where the counselor has reason to believe that the victim has given perjured testimony and the defendant or the state has made an offer of proof that perjury may have been committed.

6. The failure of a counselor to testify due to this section shall not give rise to an inference unfavorable to the cause of the state or the cause of the defendant.

7. Upon the motion of a party, accompanied by a written offer of proof, a court may compel disclosure of certain information if the court determines that all of the following conditions are met:

a. The information sought is relevant and material evidence of the facts and circumstances involved in an alleged criminal act which is the subject of a criminal proceeding.

b. The probative value of the information outweighs the harmful effect, if any, of disclosure on the victim, the counseling relationship, and the treatment services.

c. The information cannot be obtained by reasonable means from any other source.

8. In ruling on a motion under subsection 7, the court, or a different judge, if the motion was filed in a criminal proceeding to be tried to the court, shall adhere to the following procedure:

a. The court may require the counselor from whom disclosure is sought or the victim claiming the privilege, or both, to disclose the information in chambers out of the presence and hearing of all persons except the victim and any other persons the victim is willing to have present.

b. If the court determines that the information is privileged and not subject to compelled disclosure, the information shall not be disclosed by any person without the consent of the victim.

c. If the court determines that certain information may be subject to disclosure, as provided in subsection 7, the court shall so inform the party seeking the information and shall order a subsequent hearing out of the presence of the jury, if any, at which the parties shall be allowed to examine the counselor regarding the information which the court has determined may be subject to disclosure. The court may accept other evidence at that time.

d. At the conclusion of a hearing under paragraph *"c"*, the court shall determine which information, if any, shall be disclosed and may enter an order describing the evidence which may be introduced by the moving party and prescribing the line of questioning which may be permitted. The moving party may then offer evidence pursuant to the court order. However, no victim counselor is subject to exclusion under Iowa rule of evidence 615.

9. This section does not relate to the admission of evidence of the victim's past sexual behavior which is strictly subject to Iowa rule of evidence 412.

85 Acts, ch 175, §10; 89 Acts, ch 194, §2

Appendix D

Bibliography/Resources

23 PA Cons. Stat. Ann., Chapters 6311, 6116, 6381

The Family Violence Prevention Fund, San Francisco, California

Final Report of the Supreme Court Domestic Violence Task Force on Courts and Communities' Response to Domestic Abuse. (August 1994.) Iowa State Court Administrators Office.

Ganley, Anne, and Schecter, Susan. (1996.) Domestic Violence: A National Curriculum for Children's Protective Services. The Family Violence Prevention Fund.

Juhler, Jennifer. (1996) Courts' and Communities' Response to Domestic Abuse: A Report on the Implementation of the Iowa Supreme Court Task Force on the Courts and Communities' Response to Domestic Abuse, Iowa State Court Administrators Office.

National Resource Center on Domestic Violence, Pennsylvania Coalition Against Domestic Violence, Harrisburg, Pennsylvania

National Resource Center on Child Protection and Custody, Reno, Nevada

Schecter, Susan and Ganley, Anne. (1995.) Domestic Violence: A National Curriculum for Family Preservation Practitioners. The Family Violence Prevention Fund.