

SYNERGY

RCDV:CPC The Newsletter of the Resource Center on Domestic Violence:
Child Protection & Custody

A Project of the National Council of Juvenile and Family Court Judges

— 2 —
Lessons Learned from the
Greenbook Initiative

— 4 —
Putting CAPTA to Work

— 7 —
Pioneers in Our Backyard:
Lonna Davis

— 10 —
Ohio Intimate Partner
Violence Collaborative

— 13 —
An Evidence-Based Approach
to Community Collaboration

— 16 —
Court Corner

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A Note from the Editor

As a legal services attorney, I represented children in dependency proceedings and victims of domestic violence for more than 10 years. I always felt that a community based approach was the best way to handle cases involving child maltreatment and domestic violence. Nevertheless, time and time again I found my desire to work as a team limited by professional egos, biases, and unmanageable caseloads that left little time for communication, let alone collaboration. And then one day it all changed.

I will never forget the day that a parent's attorney on one of my cases called the entire team to her office to discuss the case over lunch. She worked out of a little house turned office, fully equipped with kitchen and dining room. A group of professionals walked into her office that cold winter afternoon to the smell of homemade soup and freshly baked cookies. In a wholly unprecedented approach, we sat down around the dining room table, let our proverbial hair down, and discussed the case over lunch. Perhaps for the first time in my practice, everyone in the room took the time to listen to one another's ideas about how best to serve the family that we were all trying so hard to help as we enjoyed our delicious lunch. That day, we reached an agreement that worked for all of us and, more importantly, for the family.

Although not every dependency case can be resolved over soup and cookies, I learned that every one of us—from the child's attorney to the district attorney, the social worker to the domestic violence advocate, and the school counselor to the probation officer—was there because we truly wanted to help the families that we served, even if we didn't always agree on the best way to do it. I came to understand that we all had different and important things to offer to the conversation, and that if we actually sat down and listened to one another's ideas and compromised a bit, we were much more likely to reach a solution that worked for our clients. From that day forward, I focused my efforts on collaboration with my clients' teams whenever possible, and found myself increasingly resolving issues outside of court in ways that seemed to result in better outcomes for my clients and their families.

Although I continued to practice as a child advocate attorney for many years and fancied myself a knowledgeable and dedicated attorney, it was not until I joined the National Council of Juvenile and Family Court Judges (NCJFCJ) that I heard of the *Greenbook* Initiative. The first time that I sat down and read through the *Greenbook*, I felt like it put to paper everything that I believed throughout my practice but had never quite been able to articulate. This was particularly true with respect to its focus on community collaboration, as that was something I had always wanted to see more of in my practice.

In my first few months at the NCJFCJ, I shared the *Greenbook* with all of my former colleagues. Of course, this didn't feel like enough, as I knew that there were many more people like me who may have also missed this important movement. Accordingly, when I was offered the opportunity to edit this issue of *Synergy*, I embraced the opportunity to reintroduce practitioners to the *Greenbook* itself, discuss the lessons learned by the sites that implemented its teachings, and offer a list of resources for communities that know that change is important but are not sure where to begin. And so, I invite you to use this issue of *Synergy* to familiarize yourself with the *Greenbook*, CAPTA, and statewide efforts that have sought to continue this important work. In my opinion, this is the place to begin if we truly wish to help the victims and families that we serve.

Kind regards,

Melissa Mangiaracina, JD

Program Attorney, Family Violence and Domestic Relations
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Lessons Learned from the *Greenbook* Initiative

By Jennifer Rose, MSW

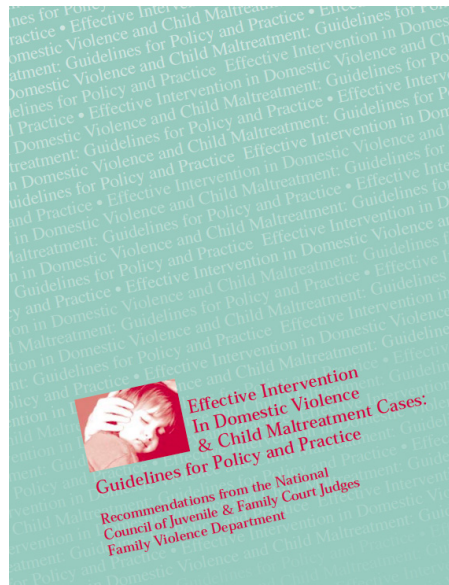
In 1998, research revealed that between 30% to 60% of child abuse and neglect cases also involved domestic violence.¹ In 1999, the National Council of Juvenile and Family Court Judges (NCJFCJ) published *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (known as the *Greenbook* due to its green cover).² The *Greenbook* served as a guidepost for communities working to address the co-occurrence of domestic violence and child abuse and neglect by offering a set of principles and recommendations for the three primary systems working on these issues—child welfare agencies, domestic violence service agencies, and dependency courts—with the goal of encouraging them to work collaboratively to meet the needs of the families they serve.

From 2000-2007, the United States Department of Health and Human Services and the United States Department of Justice provided funding for six demonstration sites to implement the *Greenbook's* policy recommendations. The project became known as the *Greenbook* Initiative. The six demonstration sites, referred to as the *Greenbook* sites, included El Paso County, Colorado; Grafton County, New Hampshire; Lane County, Oregon; San Francisco County, California; Santa Clara County, California; and St. Louis, Missouri.³

The *Greenbook* Initiative embarked on an extraordinary endeavor to enhance the safety and well-being of families experiencing the co-occurrence of domestic violence and child maltreatment. The sites undertook major collaborative efforts aimed at improving practices, services, and outcomes for children and families. Each of the sites received intensive technical assistance throughout the process from the NCJFCJ, the Family Violence Prevention Fund (now Futures Without Violence), and the American Public Humane Association.

Throughout and following the *Greenbook* Initiative, a National Evaluation Team reviewed the process and effects of implementing the *Greenbook* recommendations and policies in the

six demonstration sites. The National Evaluation revealed a number of common themes and lessons learned by the *Greenbook* sites throughout the process.⁴ Although not exhaustive, the following list identifies the top 10 lessons learned by the *Greenbook* sites as they sought to improve outcomes for families through increased collaboration.⁵



1 Collaboration, Means Versus Outcome

One of the key lessons learned by the *Greenbook* sites was that collaboration is not an outcome in and of itself. Instead, collaboration is a potential strategy for improving results for families. This became evident throughout the *Greenbook* Initiative, as the sites struggled to define their collaborative efforts and maintain focus on the end goal of improving outcomes for families.

2 Structure

The *Greenbook* sites quickly learned that successful multi-system collaborations require clarity and structure. They discovered that by adopting a shared leadership model—with at least one leader from each discipline—the sites were able to develop a shared vision, establish trust and safety, share power and influence, and represent

the right mix of stakeholders and decision-makers. To maintain this model long-term, the *Greenbook* sites created three-tiered structures that included an executive committee to handle fiscal and administrative decisions, advisory committees to guide the project, and workgroups to carry out the work of the Initiative.

3 Power and Trust

Issues around power and trust arose between the three systems involved in the *Greenbook* Initiative. Child welfare agencies and the dependency courts represented major formal systems with well-defined roles and considerable power. In contrast, the domestic violence community was made up of grassroots organizations with less formal power and resources. To combat tensions that arose around power and trust among the three systems, the sites added more partners to their governing body, facilitated retreats, created a domestic violence consortium, and facilitated cross-system dialogues.

4 Communication

The *Greenbook* sites identified open and ongoing communication as an essential element of successful collaboration. This was true among the three levels of governance, where communication helped the teams maintain a shared vision and better understand one another's unique roles. Meaningful engagement of community members and survivors was equally important to the *Greenbook* sites, although they often found it difficult to bring these voices to the table effectively. One site achieved this goal by asking nationally known survivor, Sharwline Nicholson,⁶ to speak. This reportedly had a huge impact on the partners in that site, who were then able to look at the removal of a child through a different lens.

5 Confidentiality

During the *Greenbook* Initiative, concerns around confidentiality arose when professionals sought to share information as part of the collaboration. For example, child welfare agencies

expected domestic violence service providers to share information about individual cases or report back on mandated services. This conflicted with the domestic violence service philosophy of facilitating a safe environment for victims by ensuring confidentiality. To address resulting tensions, the partners facilitated cross-trainings on their policies pertaining to confidentiality and worked to build trusting relationships.

6 Training

Throughout the *Greenbook* Initiative, the sites identified staff training, cross training, and community training as successful strategies for improving the collaborative response to the co-occurrence of domestic violence and child maltreatment. Within the three systems, training reportedly increased knowledge, enhanced institutional empathy, and improved practices. In addition, community training and outreach helped increase public knowledge about and interest in the field.

7 Specialized Positions

The creation of specialized positions within child welfare agencies and the justice system helped move the vision of the *Greenbook* forward. According to the *Greenbook* sites, these positions—including domestic violence advocates co-located in child welfare offices, court staff responsible for holding batterers accountable, and systems analysts who review gaps in the way systems respond to families—facilitated cross-system information sharing, enhanced institutional empathy, engaged frontline workers, formed bridges between agencies, and improved services in cases involving child maltreatment and domestic violence.

8 Working with Children and Survivors

The *Greenbook* sites struggled to effectively focus their efforts on child victims and survivors in child maltreatment cases involving domestic violence. Children often became invisible or forgotten when the systems shifted their focus to the parents. The sites also discovered that they had to challenge their own beliefs and assumptions about survivors who had been abused before they were able to provide them with effective and appropriate services. In both cases, the *Greenbook* sites learned that a

one-size-fits-all approach does not work well for child maltreatment cases involving domestic violence and that services must instead be tailored to meet the unique needs of the family.

9 Offender Accountability

Although offender accountability was not a primary focus of the *Greenbook* Initiative, the *Greenbook* sites identified batterer intervention programs as critical partners to the efforts to end violence against women and children. Throughout the *Greenbook* Initiative, the sites held batterers accountable in various ways, including using experts in fathering after violence programs, forming specialized positions for working with men who batter, creating tools that outline court system best practices for working with co-occurrence cases, and developing safety audits to assess the criminal justice system's response to families experiencing domestic violence and child maltreatment. This work confirmed

that working with fathers is an important strategy for achieving safety for adult victims and children.⁷

10 Cultural Competency

The *Greenbook* sites identified the need for cultural competency as something that should be addressed at the beginning of any collaborative process. Many of the sites involved in the *Greenbook* Initiative found it difficult to discuss topics such as racism, classism, sexism, and ableism that did not offer easy answers. In addition, many of the sites were unable to offer services that were appropriately tailored to the meet needs of the cultures present in their communities. In an effort to improve their own cultural competency, the sites developed self-assessment tools, hired consultants, and engaged in critical discussions about the role of culture in their communities.

Jennifer Rose has worked as an advocate to end violence and promote healing for women, children, and families for 25 years. Jennifer is the co-founder and co-director of Inspire Action for Social Change, and works as a consultant—locally, nationally and internationally—to provide training and technical assistance on issues of violence against women and children, supervised visitation and safe exchange, engaging men who use violence, coordinated community response, and program development. For more information go to www.inspireactionforsocialchange.org or contact Jennifer directly at 505-490-9058 or jennifer@inspireactionforsocialchange.org.

For an accessible version of this and previous *Synergy* issues, please visit www.rcdvcpc.org.

¹ Appel, A.E. & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12(4), 578-599; Edleson, J.L. (1999a). *The overlap between child maltreatment and woman battering*. *Violence Against Women*, 5(2), 134-154.

² More information on the *Greenbook* and related tools and resources is available at www.thegreenbook.info. A copy of the *Greenbook* itself is available to download at <http://www.ncjfcj.org/resource-library/publications/effective-intervention-domestic-violence-child-maltreatment-cases>.

³ Information on the *Greenbook* sites is available at <http://www.thegreenbook.info/demo.htm>.

⁴ The interim and final evaluation reports are available at <https://www.ncjrs.gov/pdffiles1/nij/grants/209733.pdf> and <https://www.ncjrs.gov/pdffiles1/nij/grants/233290.pdf> (respectively).

⁵ For more detailed information on the lessons learned by the *Greenbook* sites, see Allo, J. & Ptak, A. (2009). If I Knew Then What I Know Now: Project Leadership in Multi-System Change Efforts to Address the Co-occurrence of Domestic Violence and Child Maltreatment, Lessons Learned from the *Greenbook* Project Directors, available at <http://www.ncjfcj.org/resource-library/publications/effective-intervention-domestic-violence-child-maltreatment-cases>. For information on lessons learned in Santa Clara County, see Implementing Recommendations In The *Greenbook*: Lessons Learned In Santa Clara County, by the Santa Clara County *Greenbook* Executive Committee, available at http://thegreenbook.info/documents/lessons_learned.pdf.

⁶ To learn more about Ms. Nicholson and her case, see Lansner, D., *The Nicholson Decisions: New York's Response to 'Failure to Protect' Allegations*, available at http://www.americanbar.org/content/dam/aba/publishing/cdv_ewsletter/LansnerFall2008_authcheckdam.pdf.

⁷ For information on offender accountability, see *Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence*; available at <http://www.ncjfcj.org/resource-library/publications/checklist-promote-perpetrator-accountability-dependency-cases>.



CHILD ABUSE & DOMESTIC VIOLENCE: PUTTING CAPTA TO WORK

I. Child Welfare and Domestic Violence

How many child welfare-involved children are impacted by domestic violence?

The connection between domestic violence and child welfare has been well established. However, estimates of the prevalence of domestic violence among children and families who touch the child welfare system vary greatly. One study indicates that anywhere from 30% to 50% of families receiving child protective services experience domestic violence.¹ *Child Maltreatment 2013* reported that among the states that reported such data, 27.4% of victims of child maltreatment were exposed to domestic violence, and 15.4% of child fatalities in 2013 were exposed to domestic violence in their homes.² In contrast, a 2008 report on child fatalities in Colorado reported that almost 70% of the families in the fatality review had some history of domestic violence. Additional research has shown that while close to 50% of families who touch the child welfare system experience domestic violence, only 15% of caseworkers actually identify domestic violence in those families.³ Although the exact numbers in these studies are inconsistent, it is beyond dispute that the number of families experiencing both child maltreatment and domestic violence is high.

How has the field addressed the co-occurrence of child maltreatment and domestic violence?

Historically, the responses to child maltreatment and domestic violence have been disconnected, with domestic violence agencies focusing primarily on adult victims and child welfare agencies focusing on child victims, with little recognition that these types of family violence are linked. When dealing with families impacted by domestic violence, child welfare workers often fail to address the abusive parent's behavior in case and safety planning, view the non-abusive parent as neglectful for failing to protect the child from exposure to domestic violence, inadequately assess the unique risk and safety needs of children and their non-abusive parent, and minimize the impact and presence of domestic violence in the family.⁴

Unfortunately, these siloed approaches typically lead to two separate, and equally negative, outcomes. If domestic violence is recognized, children are often unnecessarily removed from non-abusive parents, causing major hurdles to successful reunification. It is equally common for domestic violence to go unrecognized or play only a minor role in influencing the decisions of child welfare workers, despite the fact that domestic violence is often one of many risk factors among families who enter the child welfare system.⁵ These two extremes are not helpful for families and do not solve the underlying issue of domestic violence.

Beginning in the 1990s, child protection and domestic violence agencies started to recognize and, in some cases, address the intersection between these two types of violence. States like Massachusetts and Michigan were early pioneers of a more coordinated approach that promoted integrated knowledge, training, and joint planning. At the federal level, the *Greenbook Initiative*⁶ was the first significant attempt to encourage child welfare agencies, domestic violence advocates, and the courts to address the intersection between child abuse and domestic violence.

Although the *Greenbook Initiative* helped to build greater recognition of the intersection between child maltreatment and domestic violence and promoted more widespread use of promising practices, more work was still needed at the federal, state, and local levels. The domestic violence provisions included in the 2010 Child Abuse Prevention and Treatment Act (CAPTA) reauthorization attempted to build upon the progress of the *Greenbook Initiative* and take those promising practices, programs, and policies to scale.

II. CAPTA

Congress enacted CAPTA in 1974 and reauthorized it in 2010. CAPTA provides federal funding to states to support prevention, assessment, investigation, and treatment activities for child abuse and neglect. To this end, it supports limited research, evaluation, and technical assistance related to child abuse and

neglect. The 2010 reauthorization added a number of significant provisions to address the intersection of child maltreatment and domestic violence by calling for stronger federal and state responses. In relevant part, it sought to continue the *Greenbook Initiative's* progress in three important ways:

- First, it **required** the U.S. Department of Health and Human Services (HHS) to disseminate information on effective programs, practices, and training resources related to domestic violence in a child welfare context and to collect information on the incidence and characteristics of child maltreatment and domestic violence co-occurrence.
- Second, it **authorized** HHS to provide resources, training, and technical assistance to mental health, substance abuse, and domestic violence providers to help with the prevention, assessment, identification, and treatment of child abuse and neglect.
- Third, it **supported** research on effective collaboration between child protective services and domestic violence services through CAPTA state grants.⁷

III. CAPTA at the Federal Level

Since 2010, the federal government has undertaken three primary activities to implement the domestic violence provisions in CAPTA: (1) improve federal-level collaboration to address the intersection between child abuse and domestic violence; (2) establish a new program area within CAPTA state grants; and (3) offer technical assistance and support through the National Resource Center on Child Protective Services.

Federal-level collaboration helps to disseminate best practices

The Office of Child Abuse and Neglect (OCAN) and the Division of Family Violence Prevention Services (FVPSA), both within the Administration on Children, Youth and Families, co-administer the child abuse and domestic violence programs. These two offices collaborate to implement many CAPTA provisions and other overlapping initiatives between domestic violence and child welfare. Together, they expanded training and technical assistance related to domestic violence to child welfare agencies through a webinar series. They also created a special domestic violence track at the National Conference on Child Abuse and Neglect. These activities, among others, help disseminate innovative approaches to address the intersection between child abuse and domestic violence and keep the issue in the spotlight for child welfare and domestic violence agencies and their partners.

State Priorities and Program Area 14

CAPTA state grants are the primary funding source for all state child welfare agencies that meet the statute's requirements. CAPTA grant amounts are determined through a federal formula. The base amount is \$50,000 for each state, with the possibility of additional funds based on the state's population of children age 18 and under.⁸ Within the state grant program, states can pursue different program areas,⁹ each emphasizing a priority area within the broad goal of prevention and intervention in child maltreatment.

The 2010 CAPTA reauthorization created a new permissible

program (program area 14) to address the intersection between domestic violence and child abuse and neglect. The program encourages states to develop and implement procedures for collaboration among child protective services, domestic violence services, and other agencies in "(a) investigations, interventions and the delivery of services and treatment to children and families, including the use of differential response when appropriate and (b) the provision of services that assist children exposed to domestic violence and that also support the caregiving role of non-abusing parents."¹⁰ A report to Congress on the use of CAPTA grants found that as of August 2013, 15 states (29%) had selected this as a focus area for improvement.

National Resource Center for Child Protective Services

The National Resource Center for Child Protective Services (NRCCPS), one of ten national resource centers funded by the Children's Bureau, provides training and technical assistance to child welfare agencies across the country. In response to the 2010 CAPTA reauthorization, NRCCPS added a number of special initiatives that specifically address domestic violence, including training and technical assistance, information on best practices, and resources for states that request information about how to integrate best practices on domestic violence into their child protection work. NRCCPS's website contains numerous examples of strategies and materials from states that have implemented effective domestic violence-child welfare collaborations.¹¹ In addition, NRCCPS conducted a webinar series on domestic violence and child protection, which is available online.¹²

IV. CAPTA and the States

According to an online survey and interviews of key stakeholders conducted by Futures Without Violence (Futures), it appears that the states are both aware of the domestic violence provisions in CAPTA and are engaged, to varying degrees, in initiatives and programs to better serve families impacted by domestic violence. At one end of the spectrum, some states have developed policies and procedures in collaboration with domestic violence agencies, integrated domestic violence training into their mandatory and ongoing worker training, and provided case workers access to a domestic violence specialist on staff. At the other end, some states are just beginning to establish collaborations that integrate a domestic violence framework into their practices. The array of services and supports that child welfare agencies offer to families varies significantly by county or region, and often depends on whether they are located in frontier, rural, suburban, or urban areas. Some common practices include:

- **Co-location.** Sixty percent of the states reported that they had a domestic violence specialist as full-time staff or on a contract basis. All of the states interviewed mentioned co-location—that is, having a domestic violence specialist housed with child welfare caseworkers—as a strategy they would like to implement in every county or regional office, if they had not already done so.
- **Training.** Several states implemented mandatory domestic violence training for all child welfare workers and supervisors. One example of a curriculum that some states purchased is the Safe and Together model.¹³

- **Relationship-building.** States consistently cited the importance of relationship building between child welfare workers and domestic violence workers as a key ingredient to successful collaboration between child welfare and domestic violence agencies. The states found a number of ways to encourage relationship-building, such as meetings between both groups of workers moderated by an outside expert, as well as mandatory trainings for both domestic violence and child welfare workers together.
- **Funding outside of CAPTA.** States have come up with innovative ways to braid together funding streams, both state and local, to support their efforts to increase collaboration between child welfare and domestic violence providers. CAPTA is very rarely, if ever, the primary source of funding for these initiatives.
- **Partnerships with other stakeholders.** A number of states noted that their progress was only possible because of partnerships with outside stakeholders, including domestic violence agencies, judges, attorneys, and law enforcement. They also noted how important it is to achieve buy-in from the leadership of each of these constituencies.
- **Differential/Alternative Response.** A number of states noted that initiatives to implement differential response systems in their states improved their domestic violence services.¹⁴ Differential response systems have created pathways for identifying and addressing issues of domestic violence in homes that otherwise would not have come to the attention of the agency.
- **Family Group Decision Making.** Some states found that Family Group Decision-Making and other collaborative decision-making processes complemented their efforts to address domestic violence in the families they serve by offering formal structures that genuinely partner with families.
- **Connection to ACEs.** A number of states reported using the Adverse Childhood Experiences (ACEs) research to help educate the general public, state policymakers, and other key stakeholders about the damaging impact of children's exposure to violence on children, and thus the need for approaching incidents of domestic violence in a trauma informed manner.¹⁵

The impact of CAPTA on state domestic violence activities

While it is clear that CAPTA currently plays a role in improving the way child welfare agencies address domestic violence, it is difficult to determine the extent to which it has prompted the activities described above. Two-thirds of the states that responded to the Futures survey reported that their domestic violence initiatives were unrelated to the 2010 CAPTA reauthorization. Fewer than 20% of respondents identified CAPTA as the impetus for theirs. Nevertheless, several state leaders indicated that while their domestic violence initiatives were not a direct result of CAPTA, the inclusion of the domestic violence provisions in the law's reauthorization helped increase agency awareness of the overlap of child protection and domestic violence and helped them make the case for additional domestic violence services.

V. Conclusion

The federal government is a leader when it comes to improving the nation's child welfare systems. Given the high incidence of domestic violence among families who enter the child welfare system, it is critical that this leadership extend to promoting policies and practices that address this intersection. While progress has been made, there is still much work to be done to create a sustainable approach to serving families more effectively. CAPTA is currently due for reauthorization, which presents a timely opportunity to build on the last reauthorization by making the domestic violence provisions more robust and increasing funding to states that have demonstrated their commitment to the domestic violence and child welfare fields.

This article has been modified for use in this Synergy issue from a previous version written by Jennifer Miller and Rebecca Robuck, with Child Focus, Inc., in partnership with Futures Without Violence, formerly the Family Violence Prevention Fund. The original can be found at <http://www.futureswithoutviolence.org/child-abuse-domestic-violence-putting-capta-to-work/>.

Futures Without Violence, formerly Family Violence Prevention Fund, works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

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¹ Appel, A.E. & Holden, G.W. (1998). Co-occurring spouse and child abuse: Implications for CPS practice. *APSAC Advisor* 11(1), 11-14.

² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child Maltreatment 2013*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

³ Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, A., & Hazen, A. "Co-Occurring Intimate Partner Violence and Child Maltreatment: Local Policies/Practices and Relationships to Child Placement, Family Services, and Residence." NIJ #213503. Accessed on April 14, 2014 at <https://www.ncjrs.gov/pdffiles1/nij/grants/213503.pdf>.

⁴ Humphreys, C., & Absler, D. (2011). History repeating: Child protection responses to domestic violence. *Child and Family Social Work* 16(4), 464-473.

⁵ Kohl, P.L., Edleson, J.L., English, D.J., & Barth, R.P. (2005). "Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being." *Children and Youth Services Review* 27(11), 1167-1182.

⁶ See <http://www.thegreenbook.info/>.

⁷ Section 106 of the 2010 CAPTA Reauthorization law includes a total of 14 program areas for states to report on, which include collaboration between child welfare agencies and domestic violence agencies. For states to receive CAPTA funds, they must submit a plan detailing the program areas they selected for improvement and the activities they will engage in to support improvement in that program area.

⁸ U.S. Department of Health And Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Report to Congress on the Effectiveness of CAPTA State Programs and Technical Assistance*. Accessed February 7, 2014 at http://www.acf.hhs.gov/sites/default/files/cb/capta_effectiveness_rptcongress.pdf.

⁹ The most common program areas were intake and investigations, case management, and safety and risk assessment, all of which were selected by a majority of states as the focus of their improvement efforts.

¹⁰ U.S. Department of Health And Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Report to Congress on the Effectiveness of CAPTA State Programs and Technical Assistance*. Accessed February 7, 2014 at http://www.acf.hhs.gov/sites/default/files/cb/capta_effectiveness_rptcongress.pdf.

¹¹ See <http://nrccps.org/>.

¹² The webinar series is available at <http://nrccps.org/special-initiatives/domestic-violence/nrccps-webinar-domestic-violence-and-child-protective-services-summer-series/>.

¹³ More information about the Safe and Together Model, which was developed by David Mandel and Associates, is available at <http://endingviolence.com/>.

¹⁴ Information on Differential Response is available at https://www.childwelfare.gov/pubPDFs/differential_response.pdf.

¹⁵ More information on the ACEs study is available at <http://www.acestudy.org/> and <http://www.acesconnection.com>.

The Greenbook: Where Do We Go From Here?

AN INTERVIEW WITH LONNA DAVIS

Lonna Davis, MSW, is the Director of the Children and Youth Program at Futures Without Violence (Futures). A survivor of domestic violence and sexual assault herself, Ms. Davis has spent almost 30 years working with women, children, and families who have experienced violence. Ms. Davis worked for a decade at the Massachusetts Department of Children and Families, where she co-founded the first domestic violence program to address child abuse within the child protection setting. Ms. Davis has provided technical assistance to states and communities concerning violence against women and child abuse for 15 years. She has been at the forefront of several national initiatives, including the Attorney General's Defending Childhood Demonstration and the Greenbook Initiative. Ms. Davis also co-founded the National Institute on Fatherhood and Domestic Violence and has led many efforts to develop solutions to the problems of violence against women and children's exposure to violence. Ms. Davis oversees Futures' college violence prevention portfolio and, in this capacity, has organized several national campaigns and initiatives that support students and promote best practice in law and advocacy. She has also co-authored numerous articles, curricula, and publications.



Please tell me about your background and experience.

I have been in the domestic violence field for a little over 30 years. I came to this work as a survivor in the early 80s and spent eight years working in domestic violence programs in Boston and upstate New York. During that time, I began to get frustrated with the child welfare system in my community. A lot of the women that were involved in the child welfare system were asked to do things on their service plan that I couldn't understand. I didn't see how they could do all of those things when they could barely get out of the house safely to come to a support group.

When did things begin to change for domestic violence victims involved with child welfare?

In the late 80s, a woman named Susan Schechter was doing research at Children's Hospital in Massachusetts. She had a theory that if you provided advocacy to mothers who had abused children, then you could prevent foster care. She hired advocates and trained personnel at Children's Hospital. When the staff identified abuse and neglect, they were asked to talk to the mothers about their relationships. If mothers were also abused, advocates were deployed. Susan found that we could prevent unnecessary foster care in 48% of cases this way. She took that information to the Massachusetts child protection agency, and the woman leading the agency hired me to look at the system statewide to see what we could do to keep mothers and children together. From 1990 to 2000, we really had a blank canvas. We talked to all the domestic violence programs and all of the different area offices in the state. We shadowed workers and sat in on meetings. We tried to absorb as much as we possibly could with the goal of taking what was good from domestic violence advocacy and what was good from child protection work and merging the two so that it no longer looked quite the same in either system. Through this process, we learned how to do a safe investigation and comprehensive assessment. We learned how to think about women's safety and children's safety simultaneously throughout a case. We worked hard to develop multi-disciplinary teams so that we could deliver a collaborative response. That really was a lot of the impetus for the *Greenbook*.

Were you involved in the Greenbook Initiative?

The work that we did in Massachusetts really lent itself to the evolution of the *Greenbook*. Susan Schechter, who I mentioned before, was one of the primary authors of the *Greenbook*, along with Jeffrey Edleson. In 2000, I was recruited by Futures (then the Family Violence Prevention Fund) to work with the National Council of Juvenile and Family Court Judges on implementation of the *Greenbook*. Together, we provided technical assistance to the *Greenbook* sites for six years. During that time, we learned quite a bit about what the six communities struggled with in trying to implement the recommendations of the *Greenbook* and what their successes were.

In your opinion, what did the Greenbook sites learn from the Initiative?

In my mind, collaboration is a strategy to achieve safer and better outcomes for families, but there was so much focus on collaboration that it became the final destination. Throughout the process, the issues that came up around collaboration—including confidentiality or the distribution of power in the trio of child welfare, juvenile courts, and domestic violence programs—became so important that the vision and the goal was easily lost. One of the reasons why I think that this happened, and one of the challenges of the *Greenbook*, was that there wasn't a lot of talking to women. Because the *Greenbook* Initiative was more of a policy initiative, there was less talking to women and more talking about them. It became a philosophical debate as opposed to an actual conversation. Now we know that meaningful systems change needs to include true collaboration, between systems and including the families we serve.

Were there any other partners that were inadvertently left out of the conversation?

We learned in the *Greenbook* Initiative that we also needed to have attorneys and programs that work with men who use violence at the table. Those skill sets did not come easily for people. When we said we needed to put the focus on who is committing the violence, and not on the victims, the workforce did not generally feel good about working with people who use

violence. That was a pretty big lesson in terms of workforce development, and today, there are more promising programs that can teach us about the benefits to families and communities of this kind of work.

If you were to make a recommendation to a community wanting to increase collaboration, what would it be?

The *Greenbook* came about because of practice, experimentation, and success. The *Greenbook* Initiative, which was a policy initiative, didn't trickle down enough to practice change. If I was to make a recommendation tomorrow to a community, I would say you need a policy change strategy and a practice change strategy. You can't do one without the other. Collaboration is not the destination. It is one way to have a conversation about improving outcomes for families. If we believe there is approximately a 50% overlap of child abuse and violence against women throughout the child welfare system in this country, then a focus on our practice has to reflect an overlap of our knowledge about violence against women and child abuse—not one but both. I really believe that we are not going to increase children's safety, well being, or permanency in the way that we want, unless we change our practice about how we respond to families that are experiencing both problems.

Are current initiatives doing a better job of addressing both policy and practice?

The *Greenbook* was a great way to get the conversation started. I think several states have done interesting things since the *Greenbook*. West Virginia has done great things on the policy side. Ohio, New Jersey, and New York have tried really hard on the practice side. Alaska did some work on both practice and policy. But, this really takes a long time to do and people need to be committed. Turnover and political change are real barriers to the ongoing learning that we need to do. At this point, we need the infrastructure and the capacity to do

this work. At our highest time in Massachusetts, somewhere in the early 90s, my staff of nine people worked on 11,000 cases in one year. When faced with these types of numbers, there needs to be a significant investment in building capacity for states and communities to do this work. If child welfare workers do not have significant expertise in domestic violence, they need to invest in that knowledge. Everyone knows that child welfare systems all over the country buy the expertise of nurses, psychologists, substance abuse specialists, and others the same should be true for domestic violence expertise. The consequences of failing to provide appropriate advocacy to women in the child welfare system remains the same as it did in 1988—women and children get hurt and sometimes worse, children go into the system unnecessarily and whole communities continue to suffer—and those are consequences that I don't think anybody wants to be part of.

How can we better serve victims of domestic violence involved in the child welfare system?

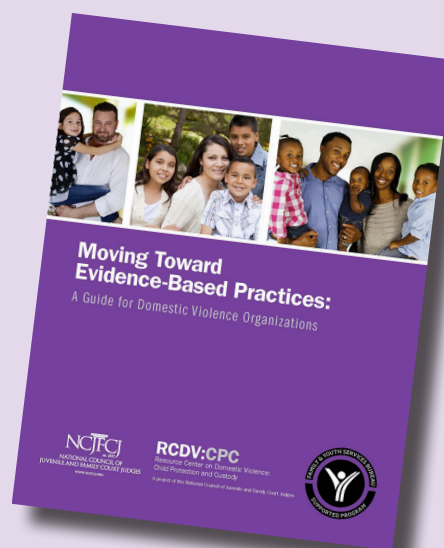
I think the number one issue is how the system partners with women who are being abused. Women need to be able to trust the system that is there to help them. If they don't trust the system, they are not going to tell their story, and if they don't tell their stories, we are going to miss the boat. So, how we partner is the first thing. The second thing is how we assess risk so that there is an understanding that not all domestic violence cases are monolithic. One thing we learned in the *Greenbook* Initiative was that the system tended to look at incidents of violence—did they happen or did they not happen—as opposed to looking at the context of each situation as unique. But, we will never fix a problem by applying the same solution every time. We need our practice to be nimble enough that it sees that not every perpetrator needs to be removed from the home. Perpetrators are not all the same, and they do not all present the same risk. Nor are all children and women at the same risk. Sometimes

Guide for Moving Toward Evidence-Based Practices Now Available!

During the last five years, the domestic violence field has actively sought to participate in evidence-building practice (EBP) and evidence-based documentation. Responding to national conversations suggesting that programs and practices should be able to demonstrate empirical evidence of their effectiveness, advocates and survivors have sought to define and document successful outcomes and interventions.

The Evidence Based Practice Research Team of the Resource Center on Domestic Violence: Child Protection and Custody is pleased to announce the publication of a new guide for programs seeking to identify where they stand in the process of documenting empirical evidence to support their program's effectiveness. The ***Moving Toward Evidence-Based Practices: A Guide for Domestic Violence Organizations*** (EBP Guide) is meant to be informative, to help you determine whether you are ready to evaluate your own program and practice, and to help you move forward with evaluation when you are ready to do so.

To get your copy, please visit <http://www.NCJFCJ.org/EBP-Guide>.



protective factors come into play. So, we really need to change the way we do our assessments. Some of the assessment tools that the child welfare system uses are not incident based and do not give you enough information. They might tell you whether the child is at risk, but they don't tell you if the mother is at risk too. That is an important distinction, because I'm sure no child wants to go into foster care only to see their mother be further hurt or killed. Everything that we do needs to focus on the risks of the mother and the child.

Do you see a need for evidence-based research in the domestic violence and child welfare fields?

So far we have very inconsistent data. It seems as though each state reports vastly different data on the prevalence of domestic violence. We need some consistency so we can use the data to drive our policy and practice changes. Without it, we can't address the problem adequately. We also need some research that focuses on whether we are improving outcomes for families—for children and for their moms. We have process data, which is important, and speaks to collaboration and referrals, but it tells us little about how those referrals make life better for families. In particular, I would like to see research focused on what co-location advocacy can do to improve outcomes for children and women. I would say that is the next frontier.

Where else would you like to see future efforts focused?

I would like to see state-level collaboration between domestic violence coalitions, the child protection system, the court system, and potentially the public health system, that creates a policy agenda that is implemented with practice changes on the ground and then monitored and evaluated. I would really like to see communities invest in the expertise that domestic violence advocates bring to the conversation, so that services reflect a blended knowledge base of both child abuse and

domestic violence. Across the country, child welfare systems should have referrals for children who are exposed to violence, evidence-based treatment, innovative treatment, and culturally-specific interventions that really look at the unique issues for children who are exposed to domestic violence. We can't give people what we have, we have to give them what they need. An everyday parenting program isn't necessarily going to cut it for women who have been in abusive relationships because they have unique situations.

Is there anything else that you would like communities to consider?

I think one thing that is important for everyone to think about is that this is a gender based problem. I almost feel funny stating that here, but there is resistance sometimes to framing it that way. Nobody is arguing that women cannot be abusive as well, but gender based violence and violence against women—including domestic violence and sexual assault—happen to women and gender non-conforming people at much higher rates all around the world, in this country, and in the child welfare system. This is a social justice issue and our practice needs to reflect that. We should also be thinking about how we respond to same sex couples who are experiencing intimate partner violence and the impact of the child welfare system on communities of color who have been grossly over represented in the system. We shouldn't think about our policies around gender based violence separately from our policies around racial justice. We need to think about how conversations surrounding racial justice and gender justice come together here.



Save the Date

National Council of Juvenile and Family Court Judges' (NCJFCJ)

79TH ANNUAL CONFERENCE

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Join the NCJFCJ in Monterey, California for our 79th Annual Conference featuring fabulous presentations on current and cutting edge topics that will inspire, provoke, and precipitate discussions about issues facing the juvenile and family court system. Plenary sessions highlighted by topic-specific training tracks on family law, juvenile justice, child welfare, and family violence, as well as tracks featuring practical and innovative solutions, are just the beginning of the educational offerings of the NCJFCJ's 79th Annual Conference.

For more information or to register, please go to <http://www.ncjfcj.org/AC79>.



A LOOK INTO THE OHIO INTIMATE PARTNER VIOLENCE COLLABORATIVE:

An Interview with Jo Simonsen

Jo Simonsen is the Family Systems Director of the Ohio Domestic Violence Network (ODVN). In that capacity, Jo leads the coalition's efforts to address the needs of families who have been impacted by domestic violence and who are involved with the child welfare system. She provides technical assistance, training support, policy development, and systems advocacy at both the state and local levels. A major portion of her position is dedicated to fulfilling duties on behalf of a multi-partnered statewide domestic violence-focused child welfare initiative called the Ohio Intimate Partner Violence Collaborative (Ohio IPV Collaborative).

After interviewing Lonna Davis at Futures Without Violence, we realized that it would be great to hear from one of the jurisdictions that she highlighted as doing innovative work. We reached out to Jo Simonsen to learn more about what they have been doing in Ohio. Here is what she had to say:

This Synergy issue focuses on the importance of collaboration in child protection cases involving domestic violence. Can you please tell me a little about collaboration in Ohio?

In Ohio, we have tried to identify known resources across systems and utilize every possible collaborative lever available. The fields of child welfare and domestic violence have evolved to a point where we realize it is not sufficient to work separately in unrelated systems in parallel planes. We recognize that even one highly functioning system, dedicated to either child protection or domestic violence, cannot alone meet the diverse and complex needs of these families. So, we looked to state and local stakeholders to integrate collaboration as a foundational concept into training on practice models, encourage widespread adoption of shared principles of perpetrator accountability, partner with survivors for safety, and support trauma recovery for adult and child survivors of domestic violence. We outline expectations and actual mechanisms for collaboration that can be applied at the local level in a state model protocol: *The Impact of Batterers on Children: An Ohio Model Community Response Protocol* (available at <http://www.ohiochildlaw.org/ohio-intimate-partner-violence-collaborative/>). We have developed contractual commitments, coordinated private and public funding approaches, partnered on evaluation, modeled outreach to stakeholders at the state level, and engaged our respective networks of people in the process.

Can you please tell us a little bit about the Safe and Together Model and how it worked in Ohio?

Safe and Together is a model for domestic violence-informed child welfare practice. In Ohio, Safe and Together is the 12-day training curriculum being advanced by our state collaboration, the Ohio IPV Collaborative. It is a product of David Mandel and Associates, who have worked with Ohio to certify trainers to deliver it to our state's public children services agencies. Those agencies invite domestic violence program workers and other community stakeholders to train with them for various days of the training. The Ohio IPV Collaborative looked for ways to maximize the impact of the training by adding evaluation, technical assistance,

and policy components led by state partners, with support from David Mandel and Associates. The Collaborative has also added advanced training days and webinars, implemented Safe and Together training days for Ohio's juvenile court judges, and connected David Mandel and Associates with the work of Ohio's Fatherhood programs.

Have these trainings proven effective?

Early evaluations found that the training has resulted in less victim blaming by Child Protective Services (CPS) workers when a victim stays in a violent relationship. The training helps workers understand cases where staying may be a protective measure by the non-offending parent. The same evaluation also revealed strong evidence that workers are more concerned about the effects on children exposed to domestic violence and that workers are now doing a better job of documenting those effects.

In your experience, has increased collaboration primarily helped change practice or policy in Ohio?

We see the two concepts, practice and policy, greatly intertwined. In some communities, the practice shift is a catalyst for taking a next step and exploring policy development. In other communities where the practice shift is more sporadic in an agency or community, it is policy development and expectations around accountability that may ultimately shift the practice. Since the release of our state model protocol last year, we have been taking greater strides at supporting local policy development. With respect to practice changes, we are seeing more appropriate documentation of domestic violence in case records and greater identification of the batterer as the "alleged perpetrator" or "adult subject" (as opposed to treating the battering victim as the perpetrator under previous "failure to protect" thinking). Case plans are designed with a stronger understanding of local services and their appropriateness for batterers and survivors. Behavioral expectations of perpetrators that directly relate to the batterer's pattern of control and violence are more common in case plans. Workers are also more likely to partner with the survivor parent to consider which options feel safer and which options could escalate danger for the family.



What were the biggest challenges that Ohio faced as a result of efforts to increase collaboration?

I can think of three that require constant nurturing and troubleshooting. The first two are related: optimism and faith (or trust). Collaborative partners need to come to the project with a mindset that solutions do exist or can be developed and that improvement is not only possible, but likely, if we do the collaborative work required. And, we have to trust that our collaborative partners come with the same intent, willingness, and capacity/ability to perform the work. In reality though, so many of our dominant conversations and actions are centered on broken systems, competing priorities, and disappointing or frustrating outcomes for families at the center of our work. Acknowledging and attending to this conundrum will be critical to our success in Ohio. The third issue is the group of all circumstances and constructs that impede us from being a more nimble collaboration. In Ohio this can be balancing the required number of training days to achieve consistent practice change while managing the workload burden created by workers and supervisors being out of office. At other times we may want to introduce adaptations of interest, but need to be mindful of model fidelity. We seek uniformity from county to county, yet our experience is that what fits for one county may not be possible in another based on variations within local institutions. There are also clear limits of various funding streams by system, by region, or by contracted deliverables, and therefore requests or needs that fall outside those parameters require additional approvals or must be met outside of collaborative resources.

During the *Greenbook* Initiative, challenges arose around issues of power and trust between the different collaborative partners. How did Ohio deal with these issues?

I actually look to products from the *Greenbook* Initiative on a regular basis to inform the technical assistance I provide at both the state and local level through the Ohio IPV Collaborative and other coalition work. The same power dynamics between courts, child protection agencies, domestic violence programs,

and the families they serve is no different in Ohio's experience. The resources available to each stakeholder vary drastically and the decision-making authority and its impact can challenge collaboration. While I don't know that we have fully realized solutions to this in Ohio, we have implemented a few strategies. For example, one strategy was to leverage the leadership of the Supreme Court of Ohio to invite judges to a Safe and Together specific training on patterns of perpetrator behaviors and the full range of protective actions of non-offending parents. In this same event, judges brought teams of professionals (CPS, Guardian *ad litem*s, domestic violence advocates) who work with families so that it simultaneously encouraged judicial leadership while stimulating probative conversations and a deeper understanding of the issues beyond evidence and rulings. In a separate project from ODVN's Legal Assistance to Victims Project, ODVN provided a free continuing legal education training day for legal professionals on Domestic Violence and Parenting Time: Improving Outcomes for Children. We are hoping these types of offerings will positively shape the next wave of judicial leaders so their influence can make for real progress on the issues.

What other types of training do you think are essential to successful collaboration?

Currently, we are co-developing a training day to explore the various types of collaboration opportunities like co-located advocacy, family team meetings, joint protocol development, task forces, cross-training, and co-training. These types of opportunities help build relationships and promote a genuine understanding of other systems. In addition, I think it is helpful for collaborative groups to have regular training on navigating information sharing avenues and confidentiality; effective collaboration and coalition building; protocol development and policy implementation; systems change drivers or change theory; sustainability planning; and data collection, sharing and monitoring for continuous quality improvement.

Does Ohio utilize specialized positions such as co-located advocates?

We do have a few counties using co-located advocates and

reporting very positive results. Other counties have been involved with highly collaborative programming such as supervised visitation provided by domestic violence programs, or collaborative efforts in terms of multi-disciplinary teams or domestic violence response teams, and family team meetings. As the Safe and Together training expands around Ohio and counties are offered community collaboration technical assistance, we are noticing more counties curious about such possibilities. The technical assistance arm of the Ohio IPV Collaborative, provided by the ODVN, is available to support communities in exploring joint service models and collaborative opportunities like these.

When collaboration goes well, what do you see as the greatest benefit for families?

I see services that work from much more meaningful case information, providing for case plans that are much more relevant to the safety needs of families and are respectful of a family's vision for a better future. When collaboration is working, family-serving systems are not working in conflict with each other, and families can trust that seeking help and accessing help will in fact help. I think as we raise our collaborative game, we increase our potential to restore dignity, hope, and self-confidence within the families we mutually serve, so that they are better able to raise healthy, happy, and protected kids.

Do you have any advice for states hoping to create a meaningful collaboration?

I would encourage states that are looking to set up collaborative processes to explore the continuum of collaboration designs and find the least restrictive they can live with. These run the gamut from mere communication at one end, to cooperation and coordination in the center of the continuum, to ultimately the full expression of collaboration. I think models that can encourage and expedite joint-decision making while supporting autonomy when/where appropriate are ideal. These enable groups to seize emerging opportunities and make necessary adaptations that are the hallmarks of nimble or limber collaborations.

Do you have anything else to add for Synergy readers that are in the process of improving their community's collaborative efforts?

Pragmatism is understandable and valid, but park your pessimism. Demonstrate that you are trustworthy, show up and do the work, find others who will join you in doing the work, and act on your hope. It has a contagion effect. Where we've seen this occur is where we have seen our successes.



RCDV:CPC

**Resource Center on Domestic Violence:
Child Protection and Custody**

The Resource Center on Domestic Violence: Child Protection and Custody is pleased to announce that we have developed a new and improved website. The new site has portals for survivors, professionals, and individuals seeking to learn more about domestic violence, child protection, and custody, and includes an internal search engine for NCJFCJ publications, webinars, and relevant partner resources. We invite you to visit RCDVCPC.org!



AN EVIDENCE-BASED APPROACH TO COMMUNITY COLLABORATION

By Lorie Sicafuse, Ph.D.

INTRODUCTION

During the past several years, there has been an increasing demand for evidence demonstrating the effectiveness of policies, practices, and interventions intended to help domestic violence survivors and their families. The Resource Center on Domestic Violence: Child Protection and Custody (RCDV:CPC) often receives inquiries about evidence and evidence-based practices in the domestic violence field. Recently, the RCDV:CPC received a request for evidence that collaborations between social service and domestic violence organizations promote positive outcomes for families. In response to this request, we found that existing literature suggests that several collaborative models meet the *promising direction* standard of demonstrating effectiveness, but that they cannot yet be considered *evidence-based practices*. But what does this actually mean, and why is evidence important?

WHAT EVIDENCE REALLY MEANS

Broadly, evidence can be defined as any information that is presented to help support an assertion. **Experiential evidence** is information based on an individual's experience, perception, expertise, and knowledge. For instance, a social worker may have observed and

experienced several positive changes following the co-location of domestic violence advocates in the social services agency office. Perhaps the social worker observed numerous instances in which the presence and expertise of the domestic violence advocate helped increase a survivor's trust in his or her caseworker and willingness to engage in services. Experiential evidence becomes more convincing when several stakeholders have similar perspectives on the effectiveness of a practice, which they have all based on their own unique experiences.

Contextual evidence is knowledge and information about the context in which a program or intervention may be implemented. This type of evidence helps stakeholders determine whether it is feasible to implement a program or intervention in a particular setting and identify the factors that may promote or inhibit program success.¹ Contextual evidence may include information regarding organizational resources and the capacity to implement change or the characteristics of the target population for a new program.

Empirical evidence is information acquired through observation or experimentation, which is then recorded and analyzed as part of the scientific method. Empirical evidence differs from experiential evidence in that it requires

systematic collection and analysis of data, which is guided by a specific protocol. Consider the example of experiential evidence above. If a social service agency collected and recorded data on client engagement in services in a standardized way (for instance, if client engagement was recorded on a scale of 0-3 with 0 meaning no engagement and 3 meaning complete engagement) and results revealed higher engagement among clients who were assisted by domestic violence advocates, this could be considered empirical evidence supporting involvement of advocates in child welfare cases with co-occurring domestic violence.

Each type of evidence brings valuable and unique contributions to the understanding of policies, practices, and interventions in the domestic violence field. Contextual evidence maximizes the effectiveness of any planned program or intervention. Experiential evidence can help advocates and service providers engage more effectively with their clients and tailor their responses and services in a way they feel will best address their clients' needs. In addition, experiential evidence guides empirical research projects. Empirical evidence also helps domestic violence professionals and stakeholders look at the impacts of their efforts more objectively.

A practice may be considered evidence-based when findings from numerous experimental or quasi-experimental² studies consistently indicate that the practice is effective. The Centers for Disease Control and Prevention's (CDC) Continuum of Evidence of Effectiveness is a useful tool for categorizing programs and practices according to the research behind them. It ranges from *Well Supported* (i.e., evidence-based) to *Promising Direction and Emerging* (i.e., non-experimental designs, some evidence of effectiveness) to *Unsupported and Harmful*. Practices do not become evidence-based overnight—they move across the continuum toward a classification of *Well Supported* as research findings and evidence accumulate.

WHY DO WE NEED EVIDENCE-BASED FINDINGS THAT COLLABORATION WORKS?

Dedicated professionals in the domestic violence field spend a tremendous amount of time, energy, and resources helping survivors and their families. It is important to continue to track the outcomes and impacts of this work to determine if these substantial efforts are well spent, or if efforts should be re-focused on other potentially more effective endeavors. Most professionals in the domestic violence field would agree that survivors and their families deserve the most effective, highest quality services and assistance available. Evidence can illuminate the impact domestic violence professionals make and identify ways in which professionals and the field as a whole can continue to improve. Sharing evidence can foster widespread adoption of the most effective practices, leading to more positive outcomes for survivors and families.

Sometimes, well-intended and seemingly intuitive interventions do not work as expected and may have negative consequences. For instance, the Drug Abuse Resistance Education (D.A.R.E.) program was strongly supported by the public and policy makers for years despite a lack of evidence of program effectiveness. When evaluations of D.A.R.E. were eventually conducted, results not only failed to demonstrate any positive impacts, but also suggested that participation in the program actually

increased the likelihood of drug use among some youth.⁴ Similar findings emerged from evaluations of the Scared Straight program, which aimed to prevent juvenile delinquency, but actually encouraged delinquent acts among some youth. Clearly, any negative impact of a practice or intervention in the domestic violence field would be unintended. Timely data collection and analysis on anticipated outcomes of these interventions can help identify any unintended negative consequences and ensure that rapid changes are made to eliminate these outcomes.

Policy makers, as well as public and private funding agencies, are increasingly considering evidence in their decisions regarding policy, practices, and grant awards. Most federal funders require programs to submit data regarding their activities and the outcomes of these activities or at least descriptions of what the programs are supposed to accomplish. The 2010 reauthorization of the Child Abuse and Prevention Treatment Act (CAPTA) calls for data collection regarding the effectiveness of domestic violence-related programs and practices within child welfare, including collaboration, as a means of obtaining federal funding.⁵ Simply put, evidence is needed to secure funding for domestic violence services and programs.

CURRENT RESEARCH SHOWS THAT EXISTING COLLABORATIVE MODELS DO NOT YET RISE TO THE LEVEL OF EVIDENCE-BASED PRACTICE.

Numerous scholars and experts in the domestic violence field have published peer-reviewed articles calling for increased collaboration between social service professionals and domestic violence providers. Some of these articles further promote collaboration with the juvenile and family courts. However, evaluations of such collaborations have almost exclusively focused on describing program and collaborative activities, functioning, and processes.

For instance, a national cross-site evaluation of the *Greenbook* Initiative (intended to foster collaborative efforts among social services, domestic

violence service providers, and the courts) mainly focused on changes in court practices and judicial leadership, along with an assessment of changes in social workers' and advocates' knowledge and attitudes. Although this evaluation revealed some positive changes (e.g., an increase in screening for domestic violence and separate service plans for perpetrators and survivors), it did not examine any long-term outcomes of the Initiative.⁶

Similarly, an evaluation of a Child Protective Services/Domestic Violence Advocates model implemented in New York examined stakeholders' perceptions of program successes and challenges. Several stakeholders reported that the domestic violence advocates provided a buffer between the client and social services, increasing client trust in the system and engagement in services. Stakeholders believed that this increased client engagement likely affected longer-term case outcomes, such as preventing court involvement and recurring reports of child maltreatment.⁷ However, no empirical data were reported to support these beliefs.

Numerous evaluation activities have been conducted across programs implementing the Safe and Together Model.⁸ Safe and Together is a multi-disciplinary approach to helping children and families involved in the child welfare system who are also impacted by domestic violence. It emphasizes the importance of collaboration among child welfare agencies, domestic violence service providers, and the courts in implementing best practices to improve outcomes for children and families. In preparation for the Safe and Together Model, stakeholders participate in multi-disciplinary trainings and are provided with a variety of tools to guide their efforts.

As with other work in this area, site-specific evaluations have primarily focused on the processes of implementing the Safe and Together Model and resulting practice changes. For instance, an evaluation concerning an Ohio site revealed an improvement in domestic violence screening practices and reduced victim-blaming among social workers. Stakeholders in Connecticut and Colorado reported a high level of satisfaction with training and reported changes in how they handle cases involving domestic

violence. Evaluation data from two Florida counties is more indicative of potential outcomes of the Safe and Together Model. Specifically, there was a significant decrease in domestic violence-related removals following the implementation of the Model, but an increase in domestic violence-related maltreatment reports.⁹ This suggests that the Safe and Together Model may have improved screening practices (leading to the increase in maltreatment reports) while improving parent engagement in services and service delivery (leading to the decrease in domestic violence-related removals).

Although these results are encouraging, we have a long way to go in obtaining evidence that collaborative efforts effectively address the co-occurrence of domestic violence and child maltreatment. There has been very little exploration of the outcomes of these efforts, and only the evaluation of the Safe and Together Model implemented in Florida has demonstrated a relationship between collaboration and case outcomes. Accordingly, the collaborative models cited above would be classified as *Promising Direction* and *Emerging* practices, with more research needed to be considered *Well Supported* (i.e., evidence-based).

HOW CAN WE OBTAIN MORE CONVINCING EVIDENCE THAT COLLABORATIVE PRACTICES EFFECTIVELY PROMOTE POSITIVE OUTCOMES FOR FAMILIES?

To date, evaluations of collaborative efforts have focused on processes, activities, and short-term outcomes, e.g., trainings conducted, changes in attitudes and knowledge, and changes in practice. It is important to collect data on processes and short-term outcomes, as these data can illuminate how a program or intervention works, as well as why an intervention failed to reach a desired result. However, it is critical that research and evaluation endeavors increasingly track longer-term outcomes as well.

For example, research already suggests that co-location of domestic violence advocates in social service agencies and other collaborative efforts improve screening practices and promote client

trust and engagement in services. In addition, evaluations have highlighted positive changes in social workers' knowledge and attitudes about the dynamics of domestic violence and domestic violence survivors. But what are the subsequent expected impacts of these changes? Will changes in practices, knowledge, and attitudes lead to increased safety for children and families? Will the changes help prevent or minimize involvement with the justice system? Will they help increase child and family well-being? Specific, measurable anticipated outcomes of collaborative efforts must be articulated and defined. These longer-term outcomes are of most interest to policy makers and funding agencies and the general public.

The Evidence-Based Project (EBP), which is part of the RCDV:CPC, aims to bridge the gap between researchers and practitioners in the domestic violence field and to build domestic violence professionals' capacity (as well as overall organizational capacity) to evaluate or measure the outcomes of their efforts. Members of the EBP Research Team have coordinated several webinars intended to assist a wide range of professionals in the domestic violence field in collecting data and providing evidence that their work is effective. Recordings of these webinars (in particular, *Evidence-Based Practice 101: Understanding and Using Information to Inform the Domestic Violence Field; Building Evidence Through Mutually Beneficial Collaborations; and Using Data in Domestic Violence Work*) are available at <https://www.rcdvcpc.org>.

The Domestic Violence Resource Network and EBP Research Team are available to provide referrals, resources, and technical assistance to those interested or engaged in efforts to demonstrate evidence of the effectiveness of their work—regardless of where those organizations and/or stakeholders may be in the process (e.g., simply interested in collecting data, already collecting and analyzing some data, or aiming to refine or improve their data collection efforts). The EBP Research Team also published an *Evidence-Based Practice Guide* to help domestic violence organizations and others evaluate their programming, which is available at <http://www.ncjfcj.org/ebp-guide>.

Please visit the RCDV:CPC website at <https://www.rcdvcpc.org> for a list of resources on evidence-based practices. You may also call (800) 527-3223 or email info@rcdvcpc.org for specific information about how the RCDV:CPC and EBP Team can help support you and your organization in obtaining and communicating evidence.

¹ Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf.

² In experimental studies, subjects are randomly assigned to "treatment" and "control" groups. The treatment group receives the intervention (such as a certain type of therapy or training) while the control group does not. Quasi-experimental studies compare two or more groups, but do not involve random assignment. For instance, a quasi-experimental study may examine outcomes in two different sets of child welfare cases: cases that closed before an intensive training program for social workers was implemented and cases that closed after the program had been implemented.

³ Birkeland, S., Murphy-Graham, E., Weiss, C. (2005). Good reasons for ignoring good evaluation: The case of the drug abuse resistance education (D.A.R.E.) program. *Evaluation and Program Planning*, 28, 247-256.

⁴ Petrosino, A., Turpin-Petrosino, C., Finckenaur, J. O. (2000). Well-meaning programs can have harmful effects! Lessons from experiments of programs such as Scared Straight. *Crime & Delinquency*, 46, 354-397.

⁵ Section 106 of the 2010 CAPTA Reauthorization law includes a total of 14 program areas for states to report on, which include collaboration between child welfare agencies and domestic violence agencies.

⁶ Malik, N. M., Silverman, J., Wang, K., & Janczewski, C. (2008). Domestic violence and dependency courts: The *Greenbook* demonstration experience. *Journal of Interpersonal Violence*, 23, 956-980.

⁷ Center for Human Services Research (2013). Co-location of domestic violence advocates in child welfare offices: Findings from focus groups and interviews. Albany, NY: Author. Available at: http://www.albany.edu/chsr/Publications/Full%20Report_%20Findings%20from%20Focus%20Groups%20and%20Interviews.pdf.

⁸ For more information on the Safe and Together Model, see <https://endingviolence.com/our-programs/safe-together/safe-together-overview/>.

⁹ David Mandel & Associates, LLC (2014). Evidence of model efficacy. Available at: <https://endingviolence.com/our-programs/safe-together/safe-together-overview/evidence-of-model-efficacy/>.

COURT CORNER

The Judge as Community First Responder: Because ACEs High is a Losing Hand

By Hon. Janice M. Rosa (Ret.)

Juvenile and family court judges deal with the most troubled of the community's families. Judges have long known that finding effective bench interventions requires working with community stakeholders to find resources, funding, and alternatives. Judges see families in crisis and are in a unique position to serve as leaders who can find and implement solutions. In every sense of the term, we are first responders for families.

Judges are regularly trained in legal subject matters. With the press of limited time and resources, and the legal issues that must be taught, however, vital information from medicine, social science, child development, etc., is eliminated or bypassed. So it is that juvenile and family law judges often learn of important breakthroughs years after they have been tested and accepted in the medical and social science fields.

One such area involves breakthroughs in preventive medicine and child neurological development. These disciplines have expanded exponentially during the past 15 years, producing knowledge and connections that have immediate value for courtroom practice and judicial decision-making. In particular, studies from these disciplines have helped illuminate the long-term impact of trauma on victims of domestic violence and child maltreatment.

Trauma results from an event, or series of events and circumstances, experienced by an individual as threatening or harmful. Trauma can be acute, caused by one incident; or it can be chronic, caused by repeated negative experiences. Our human biology is set to dispel stress responses to trauma unless it is overwhelmed. Robin Karr-Morse calls harmful trauma "toxic stress frozen in place" in our bodies and brains, reverberating chemically.¹

Increasing respect for vulnerable litigants, both juvenile and adult, along with the knowledge yielded from other professions, has fueled a national movement for trauma-informed decision-making and practices. It has similarly shifted the focus inside the courtroom to one that is increasingly trauma-informed.

The Adverse Childhood Experience (ACE) Study

The medical and scientific underpinnings for this change in our focus began in several areas. Most notably, it is the result of a large ongoing study by Drs. Felitti and Anda, known as the Adverse Childhood Experiences (ACE) Study.² The study, which involved more than 17,000 subjects spanning a period of years, resulted from unsuccessful attempts by Drs. Felitti and Anda to treat long-term obesity and addiction issues. The doctors' frustrations led them to question their patients as they began to study the psychosocial origins of chronic physical diseases, addictions, and risk-taking behaviors.

The ACE study population represented a mainstream, middle to upper-middle class demographic, of fifty-seven years average age, enrolled with California's Kaiser Permanente health care plan. Nearly three-quarters were college educated and nearly 70% Caucasian. The study relied on a rather succinct health history questionnaire completed by the patients.³ It asked whether the patients experienced childhood maltreatment (physical, emotional, or sexual) or lived in a household with drug or alcohol abuse, incarceration, domestic violence, divorce, adult mental illness, or depression. Patients were asked to score the number, frequency, and intensity of their reported negative childhood experiences. Notably, the scoring measured only the category of the adverse experience, not the number of incidents. For example, one incident of child sexual abuse received the same score of "1" as repeated sexual abuse over years.

The questions focused on 10 risk factors associated with poor health outcomes, such as smoking, obesity, depression, suicide attempts, alcohol or drug abuse, etc. The researchers followed the cohort of subjects, noting their doctor visits, emergency department use, hospitalizations, pharmacy costs, and age at death. The researchers then correlated the answers to the leading causes of death (heart disease, cancer, stroke, diabetes, chronic bronchitis or emphysema, etc.).

The most surprising finding in the ACE study was the incredible prevalence of adverse childhood experiences in this otherwise low-risk middle-class educated white population. An astonishing two-thirds of the patient group had one or more indicators, many of which tended to occur in clusters—that is, a child with an incarcerated or mentally ill parent often also lived with the chaos of divorce, domestic violence, or child maltreatment. More than 20% of the study group had experienced three ACEs. One out of every eight had experienced four or more.

A decade into the study, researchers began to link the patients' childhood traumatic experiences to early disease onset and resulting death. They found that individuals with a score of four or higher had two to four times the rates of depression, and two to four times the rates of diabetes and hypertension. They were twice as likely to smoke, seven times as likely to be alcoholics, and four times as likely to suffer from breathing problems. They were 12 or more times as likely to have attempted suicide than those with a zero ACE score.

The study also revealed that patients with an ACE score of six or higher died nearly *20 years earlier* than those who had a score of zero. ACE study researchers discovered that sometimes this occurred because high-scorers used high-risk coping devices like smoking, drugs, or alcohol to self-medicate. But even when there was absolutely no evidence of any high-risk behavior as an adult, high scores from adverse childhood traumas directly correlated to poor health outcomes. When the researchers looked at the patients with ACE scores of seven or more who didn't smoke, drink, and weren't overweight, they discovered the risk of heart disease was a colossal 360% higher than for patients with a zero ACE score.

Another finding from the ACE study confirmed what we on the bench already know: there is a dose-response effect—i.e., the higher the ACE score, the higher the degree of damage and distress in the person, and the lower the likelihood of success. Co-primary investigator Dr. Robert Anda describes the experience as “a dose of stress poison that negatively affects how the brain develops and multiple organ systems function.”

The ACE study group doesn't look very much like the families who come before the court. The population we see often includes families living in dangerous neighborhoods, beset with poverty, without the privileges of quality education or healthcare. As a result, some come from decidedly more traumatic environments than the ACE cohort of educated middle class patients. Researchers have replicated the ACE findings in more problematic populations such as these, considering the additional effects of peer violence, community violence, death or forced separation of a caretaker, and exposure to war.⁴ And it comes as no surprise that the typical

courtroom litigant is more challenged, with resulting deeper and much more serious trauma needs.

From Discovery to Implementation and the Judge's Role

Preventive medical research began in the mid-1990s. Findings from the ACE study have been replicated in multiple venues and have expanded the medical and social science disciplines, changing them irrevocably. These concepts have percolated into the legal arena much more slowly, where we now speak of being trauma-informed. While this concept is an admirable and necessary first step in the process of raising consciousness and awareness, judges who witness these traumatized litigants want to be more than informed. They want to know what works for families.

Science has shown that we cannot expect a severely traumatized person to just get over a bad upbringing, when he or she has essentially become chained to a chemical process that was deformed by childhood experiences. Asking why is no longer helpful. Instead, we must ask what can we offer?⁵ Articles in this publication provide examples of collaboration and specific service provisions that judicial leaders might explore.

The simultaneously exciting and frustrating fact is that we are right now at the frontier of the subject. Researchers are finding they might reverse the effects of childhood trauma by psychopharmacology in the lab—i.e., fighting toxic neurochemicals with drugs. Even more importantly, they believe they can mend children's responses by changing the behavior of their parents and caregivers.⁶ Not surprisingly, timing matters, including how swiftly we intervene with families in crisis to cut off toxic stress messages and replace them with healing measures. Put simply, domestic violence victims and their children need judges who know the resources in their communities, and who lead these communities in collaboration.

We now have the answer to why so many life issues seem difficult or impossible to ameliorate. And, we are now just discovering promising practices that can shift those outcomes for families to a better, more hopeful, and healthy future for themselves and their children. As judges, we are in an undeniable position of trust and responsibility, with the ability to convene community stakeholders and order treatment and interventions we now know are critical to child and adult health and well-being. As judges on the frontline of this public health challenge, we have not only the authority to direct services, but also the moral imperative to do so for the communities we serve. We are truly the first responders in this emerging public health field.

¹ Karr-Morse, R, with Wiley, M. S. (2012), *Scared Sick: The Role of Childhood Trauma in Adult Disease*, Basic Books, New York.

² Felitti, V.J. et al, *Relationships of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 Am J Prev. Med. 245 (1998).

³ <http://www.cdc.gov/violenceprevention/acestudy/questionnaires.html>.

⁴ See Finkelhor, D., Turner, H., Hamby, S. & Ormrod, R., *Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse*, U.S. Department of Justice, Office of Justice Programs, available at <https://www.ncjrs.gov/pdffiles1/ojdp/235504.pdf> (discussing the related phenomenon of polyvictimization and the results of the National Survey of Children's Exposure to Violence).

⁵ See Tough, P., *The Poverty Clinic: Can a Stressful Childhood Make You a Sick Adult?*, New Yorker magazine, March 21, 2011.

⁶ See e.g., Casey Gwyn, *Cheering for the Children: Creating Pathways to HOPE for Children Exposed to Trauma*, Wheatmark Press, Arizona, 2015.

Tools and Resources on Collaboration

While the following list of resources is by no means exhaustive, it is intended to provide individuals interested in learning more about the topics contained in this issue of *Synergy* with a basic foundation from which to begin. For more information on these and other important topics, or to bring other programs and/or collaboratives to our attention, please visit the Resource Center on Domestic Violence: Child Protection and Custody website at www.rcdvcpc.org or call (800) 527-3223.

Family Justice Center Alliance

www.familyjusticecenter.org

Family Justice Centers offer social and legal services in one convenient location for individuals and families experiencing child abuse and/or domestic violence.

Domestic Violence Liaison Pilot Project (New Jersey)

www.state.nj.us/dcf/policy_manuals/DVprotocol.pdf

Through a partnership of the Department of Children and Families, the New Jersey Coalition for Battered Women, and the Division of Youth and Family Services (DYFS) offices and domestic violence programs, domestic violence liaisons are co-located at DYFS offices to provide onsite case consultation, support, and advocacy for domestic violence victims and their children.

The Greenbook Initiative

www.thegreenbook.info

Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice, also known as the *Greenbook*, provides a set of recommendations designed to help dependency courts and child welfare and domestic violence agencies better serve families exposed to violence. The website contains the *Greenbook* and numerous articles, documents, and tools to assist communities with the overlap of domestic violence and child maltreatment.

West Virginia Collaborative

www.wvcadv.org

The West Virginia Coalition Against Domestic Violence (WVCADV) is a statewide network of domestic violence service providers and experts. They provide specialized direct services for families, training, education, and policy development.

Arab-American Family Support Center

www.aafscny.org/programs/preventive-program

The Arab-American Family Support Center's preventive and anti-violence programs offer a holistic approach to child maltreatment and domestic violence cases through individual and family counseling, crisis intervention, cross-cultural conflict resolution, information and referrals, advocacy, and training, among other services.

Safe and Together

www.endingviolence.com/our-programs/safe-together

The Safe and Together Model Suite of Tools and Interventions represents a perpetrator pattern-based, child-centered, survivor-strengths approach to working with domestic violence. It has policy and practice implications for a variety of professionals and systems. Evaluation has shown that participants trained in Safe and Together are better able to assess and document the impact of perpetrators' patterns of behavior on children.

Center for Human Services Research (CHSR) (New York)

www.albany.edu/chsr/csp-dv.shtml

Housed at SUNY Albany, CHSR evaluates the benefits of co-locating domestic violence agency staff with Child Protective Services staff. This emerging approach is thought to benefit families involved with both systems.

Families First (Michigan)

www.michigan.gov/dhhs/0,5885,7-339-73970_61179_8366-21909--,00.html

Families First is a collaborative program designed to help maintain children who have been exposed to child abuse and/or domestic violence in their homes, rather than place them in foster care.

New and Returning NCJFCJ Employees



RYAN GONDA, JD

Ryan Gonda joined the Family Violence and Domestic Relations (FVDR) Program in July 2015 as a Program Attorney. Mr. Gonda works with various jurisdictions on improving court systems, specifically on issues relating to domestic violence, civil protection orders, and firearms. Previously, Mr. Gonda worked for the NCJFCJ as a Site Manager focusing on juvenile court systems and the dependency docket. Mr. Gonda comes to the NCJFCJ with experience in the areas of domestic relations, child neglect, domestic violence, and public interest law. He worked as a law clerk in Nevada's Second Judicial District Court, Family Division. He has volunteered his time assisting self-represented litigants in several legal aid clinics, as an advocate for victims of domestic violence, as a Guardian *Ad Litem* for abused and neglected children, and as a member of the Board of Directors with a non-profit organization. Mr. Gonda graduated from the University of Nevada, Reno with a Bachelor degree in History and received his law degree from Mississippi College School of Law in Jackson, Mississippi, with an emphasis in public interest law.



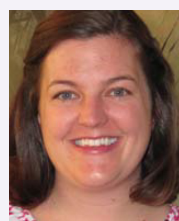
DANIELLE PUGH-MARKIE, MPA

Danielle Pugh-Markie is the Director of Program Development and Judicial Engagement for the Family Violence and Domestic Relations Program (FVDR) at the National Council of Juvenile and Family Court Judges (NCJFCJ). Ms. Pugh Markie oversees training and technical assistance to judges, domestic violence advocates, and court personnel throughout the country. Ms. Pugh-Markie develops and implements the immediate and long-term visions for FVDR training, coordinates with other divisions, and supervises senior level staff, judicial faculty, and content experts. Ms. Pugh-Markie worked for NCJFCJ for 10 years before being selected to manage the Washington State Supreme Court Commissions on Gender and Justice, Minority and Justice, and Court Interpreters at the Washington State Administrative Office of the Courts (AOC). During her time at the AOC, she led efforts to strengthen the justice system's capacity to address gender, racial, and language bias, and served as Administrative Manager of the Office of Trial Court Services and Judicial Education. While at the AOC, Ms. Pugh-Markie supervised a team of 22 staff in court operations related to judicial and court education, information systems, and services to the judiciary and court management. Prior to these positions, Ms. Pugh-Markie worked at a think tank in Washington, DC, and the World Health Organization in Copenhagen, Denmark. She holds a Bachelor of Science in Industrial and Labor Relations and a Master of Public Administration from Cornell University.



MELISSA MANGIARACINA, JD

Melissa Mangiaracina joined the National Council of Juvenile and Family Court Judges (NCJFCJ) in October 2015 to serve as a part-time program attorney in the Family Violence and Domestic Relations (FVDR) Program. Ms. Mangiaracina received her JD in 2003 from the University of Denver, Sturm College of Law, where she was awarded a full scholarship for her commitment to public service. Ms. Mangiaracina has extensive experience providing direct legal services to victims of abuse and other exploited populations, including seven years as a child advocate attorney for children in dependency proceedings, a number of years as a legal services attorney, and most recently, as the Co-Directing Attorney of the Senior Law Project of Nevada Legal Services. In addition to her part-time position at the NCJFCJ, Ms. Mangiaracina is the author of a number of legal texts on antitrust law and sits as a Justice of the Peace Pro Tempore in Incline Village, Nevada.



KAREN ZAVORA, JD

Karen Zavora received her JD in 2005 from Seattle University School of Law and her Bachelor of Arts in Sociology in 2002 from Whitman College in Walla Walla, Washington. During law school, she interned for the Southern Poverty Law Center in Alabama and Columbia Legal Services in Washington. After graduating from law school, Ms. Zavora served as a judicial law clerk for the Washington State Supreme Court before entering practice as a legal aid attorney in her home state of Nevada. Before joining the NCJFCJ, she spent several years representing abused and neglected children in child dependency cases as a child advocate attorney, and she later served as Co-Directing Attorney of the Senior Law Project of Nevada Legal Services, where she assisted seniors with legal issues, including evictions, elder abuse, neglect, and exploitation.

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