

"...to develop lasting system changes to reduce the rate and impact of violence in the home among Bridgeport children ages birth to six."

Screening for Domestic Violence Exposure in High Risk Settings:

BSSI Lessons Learned from work with the Department of Children and Families (DCF)

Screening Assessment:

In 2002, the Department of Children and Families (DCF), in partnership with BSSI/The Center for Women and Families (CWF), and the Non-Violence Alliance, developed a three-day training on the impact of children's exposure to domestic violence for DCF workers. The training covered five modules of content: the dynamics of family violence, the effects of domestic violence on children, the effects of sexual abuse on children, domestic violence and the court system, and working with perpetrators of domestic violence. Components of this training continue to be offered through CWF's community education program. For more information on available trainings contact the Coordinator of Community Education at (203) 334-6154 or view the available trainings on the CWF website at <http://www.cwfefc.org/training.html>.

In developing this training, it became clear that the DCF assessment tool in use was under-representing the incidence of domestic violence in families. A workgroup was formed from DCF leadership and others in order to develop, over the course of a year, a new DCF Assessment tool. During the spring of 2003, BSSI provided technical assistance to DCF and the Assessment Tool was piloted for 6 months in the Bridgeport area.

During the time that the new protocol was in use, the rate of substantiations for domestic violence in Bridgeport was significantly higher than it was in New Haven; however, once the protocol was no longer in use, the rates in Bridgeport and New Haven were equal, indicating that the use of the protocol was the most relevant factor in increasing the rate of adding the identification of domestic violence during an investigation.

In the winter of 2005, local DCF leadership and the DCF domestic violence (DV) consultant met with management from DCF to discuss the implementation of the new DV Assessment Tool statewide. This information, along with the full evaluation report, was presented to the Deputy Commissioner of DCF. This research assisted DCF in moving towards an evidence-based assessment model that will be implemented state-wide during 2007.

In the spring of 2006, DCF also sent out a statewide Request for Qualifications (RFQ) for DV training and case consultation for all 13 area offices. CWF is now contracted by the local DCF office to provide on-site DV case consultation and DV training which began in the fall 2006. CWF was also funded by DCF to implement the Family Violence Outreach Program (FVOP) which was formally evaluated by The Consultation Center in 2005. Recommendations set forth in this evaluation have, essentially, become the best practices used when intervening with clients on behalf of DCF.

For more information on the assessment protocol, the evaluation of the protocol, or how it might be implemented elsewhere please contact: Maria Brereton, Area Director of the Bridgeport DCF Office, at maria.h.brereton@po.state.ct.us.

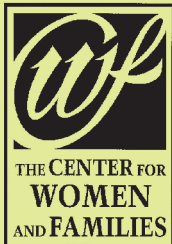
SCREENING TOOLS

For the purpose of appropriate identification of children exposed to violence, BSSI, the National Safe Start Program, and BSSI providers have developed and tested three possible screening tools which can be adapted and used in multiple settings to screen for CEV.

School Based Health Center Screening Protocol:

In April of 2006, BSSI staff met representatives of School Based Health Center (SBHC) nurse practitioners to address the issue of how to best screen for CEV and intimate partner violence. BSSI developed a conversation guide and screening questions modeled on the domestic violence recommendations from the American Academy of Pediatrics, which SBHC nurse practitioners tested in all SBHC locations; the guide was used in more than 80 conversations with parents in 2006. BSSI staff received feedback from the SBHC nurse practitioners that

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when the guide was used in their initial screenings, it only yielded useful information about CEV when a family was in crisis at the time of the conversation. Nevertheless, the guide aided the SBHC in introducing the topics of CEV and intimate partner violence, as well as establishing the SBHC as a safe place for students or parents to seek help. The SBHC nurse practitioners also concluded that although the piloted conversation guide was too long, there is value in including a question about violence in their standard interview tool.

Rochester Safe Start Parent Survey:

This 14 question, *provider administered*, tool was developed by the Safe Start program in Rochester NY and has been tested nationally. The tool has been used in Bridgeport both to screen children for exposure to violence and for use in program evaluation to track changes in exposure over time.

Child FIRST Parent Questionnaire:

The Child FIRST program at Bridgeport Hospital developed a self-administered tool for use in pediatric clinics at the hospital. This tool is filled out by parents and then reviewed by residents. The simple scoring mechanism allows the user to determine the need for referral for additional help, and exposure to violence in the home generates the need for immediate referral. This tool also screens for behavioral concerns and developmental delays. The Child FIRST program offers further testing and services for any of these concerns.

These tools are all available to be downloaded from http://www.cwefc.org/safe_start.html.

Mandated Reporting:

On a separate issue, the BSSI leadership determined early on that mandated reporter training was a priority for the Bridgeport service provider community. The misunderstanding of the multiple roles and responsibilities of DCF and the struggle to overcome historic miscommunication and conflict is an ongoing challenge for DCF. To aid DCF in overcoming these issues, BSSI collaborated with DCF in 2002 to sponsor three child abuse and neglect mandated reporter trainings to improve collaboration and to better inform community based providers of the roles and responsibility and structure of DCF. A total of 122 professionals with a wide variety of backgrounds were trained.

In addition, a survey was sent to 485 agencies to investigate the effect of this kind of policy intervention at the agency level. Based on the survey responses it was clear that agencies (not only DCF) needed assistance in developing policies to support collaboration between DCF and the agency. The leadership team developed a model policy statement that organizations could adapt for use within these agencies. This statement was distributed to all agencies in greater Bridgeport that employed individuals who may have been mandated reporters. A copy of this policy statement follows.

Any questions concerning Mandated Reporting should be directed to the Department of Children and Families' Child Abuse and Neglect Hotline at 1-800-842-2288. Hotline staff is available from 8:30 am to 5:00 pm, Monday through Friday.

LESSONS LEARNED FROM BSSI:

- Child protection workers must receive comprehensive training in the assessment and understanding of domestic violence and its effects on children, given the co-occurrence of child maltreatment and domestic violence and the key role that they play.
- Clear protocol must be in place to ensure that high risk sites screen and refer children for violence exposure.
- Mandated reporters must receive ongoing training and support on the role of DCF in protecting children as well as DCF's other roles and services to ensure that they are knowledgeable community leaders and are able to partner with DCF and serve as a bridge to the overall community.

¹Crusto, CA; Feinn, R; Reynolds,J; Kaufman, JS. *Evaluation of Child FIRST: Assessing the Efficacy of Services for Families Exposed to Violence in the Home*. New Haven, CT: The Consultation Center, Yale University School Of Medicine, (2006, Manuscript under review)

²Bruent, R; Crusto, C; Hightower, D; Epstein,M; Kaufman, JS. *Children Exposed to Violence – Parent Survey: Validation of a Screening Tool for Young Children Exposed to Violence*. Rochester, NY: University of Rochester, (2006, Manuscript under review)

³Bruent, R et all (2006)



The Bridgeport Safe Start Initiative (BSSI) began when a committee of Communities Against Violence In The Home worked with the City of Bridgeport, the Bridgeport Child Advocacy Coalition and CWF to win a grant from the Office of Juvenile Justice and Prevention in Spring 2000. An assessment process identified 2 over-riding goals:

- To reduce the IMPACT of exposure to violence in the home among Bridgeport children ages birth to six years
- To reduce the RATE of exposure to violence in the home among Bridgeport children ages birth to six years

In subsequent years, BSSI funded programs to meet identified service needs through a competitive Request for Proposal (RFP) process. Programs included: Screening and Referral Services; Mental Health Services; Training and Technical Assistance Programs; A Public Information Campaign; and Policy Level Initiatives.

As part of this effort BSSI undertook a number of initiatives in conjunction with the Bridgeport Office of the CT Department of Children and Families (DCF), to enhance screening for domestic violence and children's exposure to it within DCF and to support efforts of those working with DCF (mandated reporters) to screen for exposure to violence in the home. With the co-occurrence of child maltreatment and domestic violence rates between 30 - 60% , it is vitally important that child protection workers receive comprehensive training in the assessment and understanding of domestic violence and its impact on children. There were two primary areas of DCF and BSSI collaboration: Screening/Assessment and Mandated Reporting.

Sample Agency Policy Statement

(Agency/Organization) is committed to ensuring the health and safety of our community's children. **(Agency/Organization)** has a responsibility to do all that is possible and within their capacity to provide a secure environment for our community's children. Therefore, all employees should support any endeavors that positively affect children and their families, and that protect the well being of the child's physical, mental and emotional health. In addition, **(Agency/Organization)** will support any employee's request to receive training around child safety issues, including, but not limited to, child abuse and neglect, and the impact of domestic violence on children.

Identified Mandated Reporters

(Agency/Organization) recognizes the responsibilities pursuant to the public policy of the State of Connecticut regarding the reporting of child abuse and neglect (CONN. GEN. STAT. § 17a-28; § 17a-101 et seq.; 46b-120). Mandated Reporters are those persons who, due to the nature of their profession, have the duty to report suspected child abuse or neglect or the suspicion that a child is in danger of abuse. All employees will be informed of their status as a mandated or non-mandated reporter. Mandated reporters will be required to receive DCF Mandated Reporter training within three months after beginning work in their capacity as an identified Mandated Reporter. Documentation of receiving DCF Mandated Reporter training must be on record with **(Agency/Organization)**.

(Agency/Organization) also supports employees not identified as a Mandated Reporter, and encourages them to be familiar with and receive training regarding Mandated Reporting and the agency's reporting procedures.

With the co-occurrence of child maltreatment and domestic violence rates between 30 and 60%, it is vitally important that child protection workers and mandated reporters receive training on the assessment of domestic violence and its impact on children. This sample policy and procedure will aid agencies in ensuring that their role as mandated reporters is clear and that staff have clear guidelines to follow.

Sample Agency Procedure for Mandated Reporting

If child abuse or neglect is suspected:

1. The concerned staff member will immediately bring the matter to their direct supervisor.
2. The supervisor and staff member will assess the immediacy of the situation.
3. If appropriate, refer the child to medical personnel for a physical assessment.
4. Involved staff will determine whether a report should be made to the Department of Children and Families (DCF).
5. If a report is to be made to DCF, the reporter must make an oral report within twelve (12) hours to the DCF Child Abuse and Neglect Hotline (1-800-842-2288).

Child Abuse and Neglect Hotline personnel should be consulted when there is a question regarding the appropriateness of a referral.

6. If the child is in immediate and extreme danger, and Child Abuse and Neglect Hotline personnel cannot be reached, the local police department must be contacted. All staff members must maintain the confidentiality of the child and the family and inform only those in the role of designated support or those who are on a need to know basis.
7. Once the oral report has been phoned in to DCF, the case becomes the responsibility of DCF.
8. It is the responsibility of DCF to notify the child's parent or guardian of any actions taken by DCF following the interview with the child. This is not the responsibility of the reporting agency's staff.
9. A letter from DCF will be sent to the individual who made the report (within two weeks), indicating if DCF feels an investigation is necessary.
10. Regardless of whether DCF has chosen to investigate, the reporting staff should refer the family to appropriate support services.
11. The Report of Suspected Child Abuse/Neglect form (DCF-136) should be completed and signed by the mandated reporter(s) and sent to DCF within 24 hours of the report. The yellow copy of the report will be kept by **(Agency/Organization)** in confidential files. *DCF-136 Forms are available in (Agency/Organization) Human resource office or from the DCF regional office.*