



**DOMESTIC VIOLENCE  
AND  
CHILD MALTREATMENT STUDY  
AND  
RECOMMENDATIONS**

***Study Completed November 21, 2000  
By the Dakota County Human Services Advisory Committee  
Chairperson: Frank Chiodi  
Vice Chair: Jean Brown***

**DAKOTA COUNTY HUMAN SERVICES ADVISORY COMMITTEE  
DOMESTIC VIOLENCE AND CHILD MALTREATMENT STUDY AND RECOMMENDATIONS  
Table of Contents**

EXECUTIVE SUMMARY -----pg. 2

Introduction -----pg. 6

Faces of Domestic Violence in Dakota County – *2000 Children Study*-----pg. 7

Causes and Consequences – National Research on Domestic Violence and Child Witnesses-----pg. 12

Faces of Domestic Violence in Dakota County – *2000 Offenders Study*-----pg. 13

Causes and Consequences – National Research on Domestic Violence and Offender Treatment-----pg. 18

Welfare and Domestic Violence in Dakota County – *2000 MFIP Study* -----pg. 16

Domestic Violence and Child Maltreatment Response Continuum-----pg.25

Implications-----pg. 27

Human Services Advisory Committee Recommendations-----pg. 27

Bibliography -----pg. 33

Appendix A -----pg. 34

## Executive Summary

The Dakota County Human Services Advisory Committee's (HSAC) *1998 Child Neglect Study* and recent Minnesota legislation highlighted the overlap between domestic violence and child maltreatment. HSAC, a 21-member citizen group appointed by the Dakota County Board of Commissions, studied Dakota County's response to domestic violence within the context of child maltreatment throughout the year 2000. Committee members heard presentations from experts in the domestic violence and child protection fields and learned that children's exposure to and witnessing of domestic violence can have serious consequences, including aggressive, fearful and inhibited behaviors.

One of the most informative domestic violence presentations that HSAC members heard on problem magnitude was that of Dr. George Isham, HealthPartners' Chief Medical Officer. Dr. Isham told members about HealthPartners' domestic abuse screening initiative and reported that in the initiative's six-year history everywhere they looked, every time they ask, they had a domestic abuse confirmation rate of 10 to 13 percent and he added that these women also have children. This means one out of ten women seen at HealthPartners and their children live in violent homes. To offer some perspective on the scope of the problem, Dr. Isham noted that diabetes affects only four percent of the population; and yet at less than half the incident rate of domestic violence, diabetes is fast becoming a national health crisis.

In 2000, the HSAC decided to return to the *1998 Child Neglect Study* to learn more about those families and focus their attention on domestic violence. Because there was a high incidence of domestic violence in the 1998 study it was natural to return to that study to learn more about how children in Dakota County are impacted by domestic violence. Thirty of these 39 families (77 percent) had a history of domestic violence involving 83 children and 61 adults.

The HSAC findings showed that domestic abuse significantly harms children. Specifically, as children get older, their behavioral, emotional, and educational problems become more severe. HSAC members learned that the traditional CPS incident-based approach provides limited information on all family members focusing instead on the child who was the subject of the CPS report. Because research shows that other children in the family are likely experiencing maltreatment either as observers or as direct victims all the children in families where domestic abuse is reported need to be assessed to understand what problems, if any, they are experiencing and to provide an effective timely response.

HSAC members believe that in order keep women and children safe, domestic violence offenders need to be held accountable. A second aspect of the 2000 study was to determine whether and to what extent domestic abuse offenders associated with these 30 families were held accountable for their abuse. Their court records and case files were examined. HSAC members concluded that those responsible for the abuse often were not held accountable.

Research findings showed that 77 percent of the abusers associated with these families (44 of 57) generated 341 court records, 173 criminal charges, 26 convictions for domestic assault and eight for disorderly conduct. Each offender on average had 10 police contacts for family violence related incidences; and yet only 15 percent (27 of 177) of the family violence related police contacts led to arrests. These offenders had serious and repeated patterns of domestic abuse as documented by police contact statistics, yet only six were sentenced to domestic violence treatment and forty percent of the offenders had probation violations.

A final component of the HSAC 2000 study was to examine the process a domestic violence victim goes through when she applies for a Domestic Abuse Waiver in Dakota County. The Domestic Abuse Waivers allow victims of domestic violence who receive public financial assistance to waive certain welfare requirements, including time limits and work requirements, for limited periods of time.

The women who applied for waivers in Dakota County spoke about the many ways domestic violence made it difficult to work, which included abusers not allowing them to work, incapacitating injuries, unsightly bruises, and painful psychological effects. HSAC also learned that the process in Dakota County is relatively easy for those who applied for the waivers and that women receiving the waivers used them for only short periods of time. Areas for improvement include clarification on the number of required proofs, keeping staff better informed about domestic

abuse issues and the waivers, and better outreach and information strategies for publicizing the existence of waivers (not just shelters).

Most women applying for the waiver learned about the option through battered women's shelters, and yet, our research shows that most abused women do not use shelter services. This partially explains why so few waivers have been requested. Since the initiation of MFIP in 1997 an estimated 4300 Dakota County families have enrolled in MFIP. Domestic abuse victim incidence rates of 10 to 30 percent would suggest that the number of women applying for the waiver should be in the 100s and not 10.

## **Recommendations**

To guide policy and the deployment of resources, the HSAC recommends the Dakota County Board of Commissioners adopt the following value statements:

1. Domestic abuse is a significant and multifaceted problem with no single system solution.
2. Violence is a learned behavior.
3. Domestic abuse is a serious crime.
4. Offenders must be held accountable for their behavior and receive treatment.
5. Victims of domestic violence need safe environments where they can receive support and services.
6. When the **system** fails the victim, it contributes to the cycle of abuse and violence.

The HSAC recognizes that there are a number of county governmental entities and departments that have significant roles and responsibilities for addressing domestic abuse and child maltreatment. HSAC recommends that the County Board of Commissioners appoint one department/entity as a catalyst to spearhead a coordinated effort for the implementation of the study recommendations. HSAC also recommends that the appointed department report back to HSAC in six months with a work plan and timeline for the implementation of the recommendations including documentation of funding implications for the 2002 budget.

HSAC recommends that the County Board of Commissioners commits Dakota County by the year 2002 to --

1. Develop and implement policy/practice standards for domestic abuse screenings, resource referrals, and follow-up with families;
2. Implement a One Judge One Family Initiative; and,
3. Track sentencing treatment orders and outcomes for convicted abusers.

The HSAC recommends that the County Board of Commissioners should --

## **Prevention Goal: Men, women, and children live in safe and nurturing families where all members resolve conflict without abuse.**

- \* Direct the Public Health Department to assume leadership for a community-based prevention effort. Public Health will establish a domestic abuse, public awareness plan and seek partners; e.g., Family Services and Children's Mental Health Collaboratives and Dakota Healthy Families, to implement the plan. The source of funding is Social Services placement prevention dollars.
- \* Support legislation and full state funding for family-based assessments and services to address the co-occurrence of domestic violence and child maltreatment.
- \* Support legislation and judicial directives to continue state funding for completion of each phase of CRIMNET to unify and merge information from courts, law enforcement, probation, prosecution and BCA.

**Early Intervention Goal: Men, women, and children live in safe and nurturing families where all members resolve conflict without abuse and where members understand the deleterious effects of family violence on children.**

- \* Direct staff to develop and adopt policies/practices standards for domestic abuse screenings, resource referrals, and follow-up with families. Adopted standards should be culturally appropriate and responsive to the unique needs of Dakota County families.
- \* Enhance the capacity to screen and assist families experiencing abuse by systematic and on-going training of all county staff. Explore with HealthPartners the feasibility of adopting its domestic abuse training program and screening protocol for families experiencing domestic abuse and child maltreatment. Sources of funding include the Dakota County staff development funds, grant funds, and Social Services placement prevention funds.
- \* Direct staff to meet with HealthPartners to identify and plan a project to address the needs of domestic abuse victims who are Dakota County residents and who have HealthPartners benefits. The purpose of the project would be two-fold, to 1) Insure that there is a continuum of services available and 2) Develop a model for the coordination of benefits/services between public and private providers including the provision of behavior health services (mental health and chemical health). Staff will report to the County Board with a program and funding plan for approval.

**Supportive Intervention Goal: Families are aware of and use community resources and supports to stop family violence and address its deleterious effects on children.**

- \* Provide leadership to ensure that needed resources are available for families enduring domestic violence including those families identified through the early intervention screening process. Supports should be offered in places where families "live their lives." Sources of funding include Alternative Response and state funds, if allocated to counties, to address the co-occurrence of child maltreatment and domestic abuse.
- \* Direct staff to develop a coordinated response to ensure that families receive needed support and follow along. This includes county staff from the departments of Public Health, Social Services, Employment and Economic Assistance, Workforce Center and Community Corrections. Community organizations include collaboratives, businesses, school districts, law enforcement, non-profits, and faith communities.

**Mandatory Intervention Goal: Abusers are held accountable for their violence and women and children are safe and protected.**

- \* Request that members of the Dakota County Domestic Abuse Task Force conduct a Community Safety Audit to assess how well collective procedures provide safety to victims and demand accountability from defendants. Sources of funding include grant funds and Social Services placement prevention funds.
- \* Request that members of the Dakota County Domestic Abuse Task Force develop a comprehensive protocol for addressing families where both child maltreatment and adult domestic abuse occur. Content should include, but not be limited to, case consultation and coordination among Alternative Response/child protection workers, battered women advocates, law enforcement, courts, county attorney and probation officers.
- \* Endorse and fund systematic and repeated training to enhance the capacity of staff to assess and intervene with families where both child maltreatment and adult domestic abuse occur. This includes law enforcement, child protection workers, probation officers, judiciary, and county attorneys. Sources of funding include Dakota County staff development funds, grant funds and Social Services placement prevention funds.
- \* Direct staff to explore with Court Administration the feasibility of a One Judge One Family Initiative. The study should include an examination of the need for a Courts' Domestic Abuse Orders for Protection (OFP) Coordinator position to insure judges have all relevant information when making decisions regarding child custody, visitation, OFPs, CHIPS, No Contact Orders, and criminal sentencing. Sources of funding include Social Services placement prevention funds.
- \* Direct Community Corrections to keep as a priority timely and thorough assessments of offender risk and abuse severity (lethality) and diligent monitoring of probation conditions.
- \* Direct Social Services to target state funding for Alternative Response at families where both child

maltreatment and domestic abuse exist insuring that all family members are assessed for the presence and effects of domestic abuse and receive needed interventions.

- \* Consolidate authority for the prosecution of domestic abuse related offenses at the county level.

**Maximum Intervention Goal: Abusers are held accountable for their violence and women and children are safe and protected.**

- \* Direct staff to explore with the County Attorney the efficacy of and need for legislation and supplemental funding to increase criminal charges when domestic abuse occurs in the presence of a child (misdemeanor charges are enhanced to gross misdemeanor charges and gross misdemeanor to felony charges).
- \* Study feasibility of establishing a critical incident review panel to review all cases of domestic violence ending in death.

## Introduction

The domestic violence findings and recommendations contained in this report were developed by the Dakota County Human Services Advisory Committee (HSAC). The Committee, which is a 21-member citizen group appointed by the Dakota County Board of Commissioners, elected to study Dakota County's response to domestic violence within the context of child maltreatment. The focus on domestic violence was the result of two factors. The first was HSAC's 1998 *Child Neglect Study* that documented the significant overlap between domestic violence and child maltreatment.

One key finding of the 1998 study was a high incidence of domestic violence in a population of families who were the subject of multiple applications to the Social Services Department for child protective services (CPS). **A review of the most recent child maltreatment application for these 39 families indicated that 56 percent of the primary caregivers experienced domestic violence in their adult relationships.** Eight of the 39 families (20%) used the services of battered women's shelters on one or more occasion. Fifty-two percent of the families in the study had three or more children. Thus, a significant number of children were potentially being exposed to domestic violence in the home.

The second factor was the new "sight and sound legislation" that required law enforcement to report to County CPS all domestic abuse contacts when children were present. The law was repealed in the 2000 session and a state task force was established to make programmatic and funding recommendations to the 2001 legislature. See Appendix A for the statute language.

HSAC members started the study of the co-occurrence of domestic violence and child maltreatment at their February 2000 meeting. To guide their work, members approved the definition of abuse in the box at the right and use domestic abuse, domestic violence, and family violence interchangeably.

Committee members heard presentations from experts in the domestic violence and child protection fields and learned that domestic abuse is pervasive and that children's exposure to and witnessing of domestic violence can have serious emotional, social and academic consequences.

***Definition: Domestic abuse is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. Abuse of family members takes many forms including emotional/psychological, economic, sexual assault, threats, physical abuse, using children, verbal abuse, isolation and destruction of property.***

One of the most informative presentations that HSAC members heard was that of Dr. George Isham, HealthPartners' Chief Medical Officer. Dr. Isham told members about HealthPartners' domestic abuse screening initiative and reported that in the initiative's six-year history everywhere they looked, every time they ask, they had a domestic abuse confirmation rate of 10 to 13 percent and he added that these women also have children. This means one out of ten women seen at HealthPartners and their children live in violent homes. To offer some perspective on the scope of the problem, Dr. Isham noted that diabetes affects four percent of the population; and yet at less than half the incident rate of domestic violence, diabetes is fast becoming a national health crisis.

The HSAC study took place during the first 10 months of 2000 and addressed four questions. These are –

- ◆ **Faces of Domestic Violence and Child Maltreatment** – What is known about the co-occurrence of domestic violence and child maltreatment in Dakota County?
- ◆ **Causes and Consequences** – What does national and our own research tell us about the co-occurrence of domestic violence and child maltreatment?
- ◆ **What Works** – What changes should we consider, if any, as a result of this national and local research?
- ◆ **Recommendations** – What policies and practices do we want to recommend to the Dakota County Board?

Phase II of the original 1998 study began in May 2000. Phase II has three components. These are:

1. *2000 Children Study* -- An in-depth review of the health, mental health, and educational status of children who live in families where there was domestic violence.
2. *2000 Offenders Study* -- An examination of domestic violence offenders and how the system responds to them.
3. *2000 MFIP Study* -- Results from interviews with women In Dakota County who applied for domestic violence waivers to the Minnesota Family Investment Program (MFIP), which is Minnesota's welfare program.

Results from the three studies are presented in order in the following section.

## **Faces of Domestic Violence in Dakota County—2000 Children Study**

### **Purpose of the Phase II: 2000 Children Study**

The primary goal of the Phase II: *2000 Children Study* was to obtain more information on the health, mental health, and educational status of children who are affected by domestic violence. The following research questions were addressed in the study:

1. What happens to children who are living in households where domestic violence occurs?
2. What are the behavioral, social/emotional, health, and education outcomes for children in these households?
3. What services have these children received?

The following case is representative of the cases in the *2000 Children Study*.

Steve and Brenda have a long history of domestic violence. The police were called to their home 62 times in four years! During one fight where the police were called, their two little girls, both of whom were under age four, were placed out of the home on a 72-hour hold. Their older brother, Johnny, was eight. He was not removed from the home. Most of the time, both parents claim the other initiated the assault. The police and child protection workers have a difficult time sorting out truth from the stories. Three years later, here is what we know about Johnny and his sisters:

Johnny is now 11 years old. His teachers report that he is not doing very well socially. He has not been able to make friends, cusses all the time, and is often aggressive. Johnny also has ADHD (Attention Deficit and Hyperactivity Disorder) and takes medication to control it. A few weeks ago, his parents failed to pick up his younger sisters from school. The teachers called the police, and his sisters were put in foster care on another 72-hour crisis hold. Johnny stayed at home with his parents. The next day, Johnny came to school and was acting out. When his teachers told him he could not do something he wanted to do, he got angry. He tried to run out of the room and three teachers attempted to restrain him. He hit the teachers and screamed, "I'm going to bring a gun to school and take care of everyone."

Dakota County initiated a CHIPS (Child in Need of Protection) petition due to the history of domestic violence in the home. Johnny and his sisters spent about six months in a foster home. The foster parents said his sisters have trouble sleeping at night and are excessively dependent upon them. The teachers at his sisters' school identified significant language delays and had the girls evaluated. The evaluation results proved the girls have serious language and communication delays; however, the language delays were not severe enough to qualify for speech therapy services. Johnny is doing better in school now that he is in a foster home. Instead of coming to school and lying down on the floor to sleep, he is alert and ready to learn. His teachers say that his schoolwork is improving; however, after visits with his father, Johnny is defensive and aggressive. Foster care parents enrolled the girls in dance classes and Johnny in karate lessons.

After leaving foster care, Johnny and his sisters returned home to their parents. The county held a final CHIPS hearing. The social worker recommended the county dismiss the case, because the children have learned how to survive in this family. Their parents are trying to provide more structure and maintain activities for the children. The social worker's final conclusion to the judge was, "The family will always be at risk of neglect." The children were returned to the home and services from the county were terminated.

## **Children Exposed to Domestic Violence in Dakota County**

This study sought to obtain descriptive information on children in Dakota County whose families have experienced family violence. The HSAC study began with a review of the 39 families from the 1998 study. A review of the case files showed that **30 of the 39 families (77%) had some history of domestic violence**. These 30 families were included in the study and consist of 144 family members, including 83 children and 61 adults. The 83 children in these families comprised the primary study group.

The findings from the *2000 Children Study* need to be viewed in the context of domestic violence and child protection. These families have a history of both domestic violence and repeated child protection applications. The child protection system originally was not designed to respond to such families. The role of child protection is to investigate incidents of child abuse, determine whether or not abuse occurred, and then provide limited interventions. Only in the last several years has attention turned to families such as those in this study. In response, the system has made efforts to be more family focused and less incident-based. Some of the families in this report have benefited from this approach, which includes Structured Decision-Making (SDM), targeted home visiting, and Alternative Response. However, most of the findings reported here reflect an incident driven response because many of these families have been involved with the child protection system for 18 to 20 years.

This study involved a comprehensive review of case files to learn about these families during their entire involvement with CPS. The goal of this study was to describe what is known about the children's social/emotional, physical and academic development and how the system responded. With this information, HSAC would be equipped to make policy and practice recommendations to meet the unique needs and circumstances of families steeped in family violence.

### **Findings from the 2000 Children Study**

HSAC members learned from this study that:

1. As children get older, their problems become more severe. A higher number of older children exhibit severe or moderate behavioral, emotional and educational problems while few older children have minor, if any, problems.
2. The findings show that a family case is usually opened because of a maltreatment incident directed towards one child. The family case file contains limited or no information on the other children in the family. Research shows that other children in the family are likely experiencing maltreatment either as observers or as direct victims and are affected by the violence in the home.
3. All children in a family where domestic abuse is reported need to be assessed to know what is happening with them, understand the problems, if any, they are experiencing and provide a timely appropriate response/ service. Taking this family approach could greatly reduce the number of multiple Social Services applications these families generate and provide needed early intervention.

### **Family Member Data**

The 30 families in this study consist of 144 family members, including 83 children and 61 adults. The average family size was five, with a range of 2 to 10.

**Children's ages:** The average age of children was six at the time the case was opened and 10 at the last closing.<sup>1</sup> At the time of the last case closing, 12 children were four years old or younger, 35 children were ages 5 to 11, 29 children were ages 12 to 18, and seven children were 19 or older. Fifteen families (50 percent) had three or more children. Forty-five (56 percent) of the 80 children in the study were age 11 or younger at the time of their last closing. The research literature indicates that younger children are disproportionately found in households where domestic violence occurs.

**Children's gender:** Forty-one (41) of the 83 children in the study were girls and 42 were boys. In all age groups, about half the children were boys and half girls.

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<sup>1</sup> Four cases were still open. For those cases, the ages of the children were recorded as of June 2000.

**Race:** Ten percent of the children in the study population are children of color. Four percent are African-American, four percent are Native American, two percent are Hispanic, and 90 percent are Caucasian. This compares to a minority enrollment in Dakota County schools of 10 percent, with 3.5 percent African American, .5 percent Native American, 2.5 percent Hispanic.

**Domestic Violence Data**

Figure One shows the types of violence that were reported to child protection workers and recorded in the case files:

<b>Figure One: Domestic Violence (DV) Complaint</b>		
<b>Domestic Violence Complaint</b>	<b>Number</b>	<b>Percent</b>
<b>Physical Abuse</b>	<b>22</b>	<b>27</b>
Verbal/ Emotional Abuse	3	3
Destroys Property	3	4
Intimidation/ threats	3	4
Sexual Abuse	2	2
<b>Order for Protection</b>	<b>12</b>	<b>14</b>
Police Called/ DV Charges	9	11
Multiple Abusers	6	7
History of DV, unspecified	6	7
<b>Children witnessed domestic violence</b>	<b>8</b>	<b>10</b>
Children reported domestic violence (school official, etc.)	2	2
Other	7	8
<b>Total</b>	<b>83</b>	<b>100</b>

Thirty (30) women reported these different forms of abuse at some point, as indicated by their case files. When domestic violence occurs in a family, it is not usually limited to one type of violence. The women in this study reported many different forms of violence were perpetrated against them. **Sixty percent (18 of 30) of the women in the study population experienced at least three or four different types of abuse**, such as physical abuse, along with sexual abuse, verbal abuse, and intimidation. **Another 10 women experienced at least two different forms of abuse and only one woman reported a single form of abuse.** These reports of the forms of abuse the women experienced are most likely underreported. Women underreport family violence for a number of reasons. They may not identify as victims or may not believe what they are experiencing is abuse. Women may fear their children will be taken from them if they tell a child protection worker about violence in the home. Additionally, prior to 1999, social workers were not guided by protocol to inquire about domestic violence.

As a result of the *1998 Child Neglect Study* HSAC recommendations, Social Services fully implemented Structured Decision Making (SDM), which includes screening for domestic violence. Even so, use of this tool does not insure the county is obtaining complete information on domestic violence. Women may not report family violence to their assessment and child protection workers and training is needed in the dynamics of family violence and on how to ask questions about domestic violence.

**Child Protection Data**

**Applications:** As in the 1998 study, the families in the *2000 Children Study* had at least four applications to child protection. The most applications a family had were 20 with an average of 10 applications per family. In the intervening three years, 13 families had additional applications to child protection services while 17 families did not. Families with subsequent applications had slightly more applications than those families that did not have additional applications. Families with subsequent applications had an average of 12 applications with a range of 7 to 20 while families without new applications had an average of eight, with a range of 4 to 17. (A research question beyond this study is -- In what ways do these two groups differ, e.g. family history, services provided?)

**Child Protection Involvement:** The average length of child protection involvement was 6.6 years, with a range of 5 months to 18 years.

Figure Two shows the reasons these families most recently were reported to Social Services.

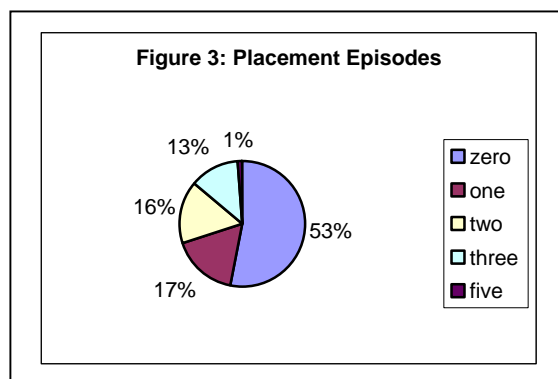
Figure Two: Nature of Complaint in 2000 and 1998				
Complaint	Number (2000)	Percent (2000)	Number (1998)	Percent (1998)
Neglect	14	45	24	57
Inadequate supervision	9	29	7	18
Resulting from drug use	4	13	9	23
Educational neglect	1	3	3	8
Failure to protect	0	0	5	13
Domestic violence/ physical abuse	4	13	4	10
Child Endangerment	3	9	0	0
Sexual Abuse	2	6	0	0
House Unsanitary or Unsafe	2	6	0	0
Improper Hygiene	0	0	5	12
Other	6	19	9	21
Total	31 <sup>2</sup>	100	42 <sup>3</sup>	100

In both the 1998 and 2000 studies, neglect issues (such as improper supervision) continue to be the primary reason families are reported to Social Services. Some of the complaints included under “other” are a mother who called a friend because she did not want to live any longer, a mother’s boyfriend who used drugs in front of the children, and a mom who was overwhelmed and requested help from the county.

**Out-of-Home Placements<sup>4</sup>:** Nineteen (63 percent) of the 30 families had a least one child who was placed out of the home resulting in 41 or 47 percent of the children placed out of home for at least some time. The children spent an average of 156 days in foster care or group home placements, with a range of 2 days to 1640 days. The collective amount of time these 41 children spent in out of home placements was 13,251 days, or 36.30 years.

Out of home placements are counted by episodes. An episode starts when the child is first removed from the home and lasts until the child is returned to the home. During an episode a child may have several placements. A placement is each time a child is moved from one foster care home to another (or from one group home to a foster home, etc.).

Figure Three shows the number of episodes the children experienced. Just over half (53%) of the children in the 2000 Children Study population had never been in out of home placements. Seventeen percent of the children had only one episode, 16 percent had only two episodes, 13 percent of the children had three episodes, and only 1 percent had five episodes. Not one child experienced more than five episodes. In 1998, the statewide average number of episodes for a child was 1.2. Dakota County was just above the statewide average, with an average of 1.5 episodes per child (DHS Bulletin, May 25, 2000).



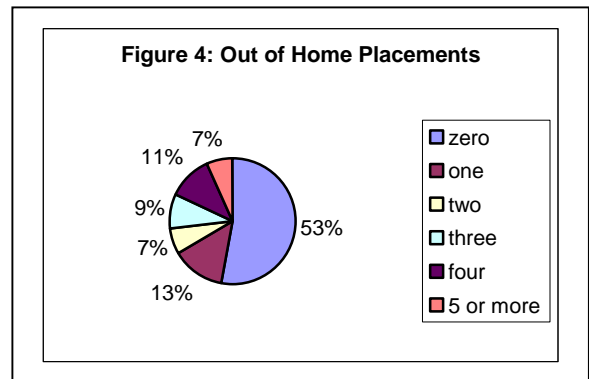
<sup>2</sup> One family was dropped from the children’s data section because staff was unable to find the complete case file.

<sup>3</sup> Three families were dropped from the original study because staff was unable to find the complete case files.

<sup>4</sup> Service information other than out-of-home placements provided to families was not readily available. In most cases we could not ascertain the specific type or length of the supportive service (e.g. counseling, in-home support) provided. The case example is a good illustration of the types of supportive services typically provided.

Figure Four shows the total number of placements a child experienced during all their episodes. The 47 percent of children who were placed out of the home experienced relatively few placements. Thirteen of the children had only one placement, seven percent had two placements, nine percent had three placements, 11 percent had four placements, and seven percent had five or more placements.

Statewide data from 1998 reported the average number of placements children experienced while in a single episode of care was 1.5. Dakota County was just below the statewide average with 1.3 placements per episode for this small sub-sample of child protection cases.



### Children’s Data

The most striking finding from the study is the lack of information in case files about the children. Data was collected on five different measures of children’s well-being including child’s health, behavioral social/emotional, and educational status. In each of the areas reviewed, there was no information for a significant number of children, ranging from no information on 44 percent of the children’s social/emotional status to no information on 61 of the school aged children’s educational status. Rarely is there complete information on all the children in the family. When there is data about the children’s status, typically, that information is only on the oldest child or the child in the family who is acting out. This reflects the incident-driven approach to child protection services in the 1980s and 1990s.

The data presented in this section relates to the behavioral status, social and emotional status, education status, and health status of 80 of the 83 children in the study population. Of the 30 families, 12 had a lot of information on one child and little to no information on the other children. In 17 of the families, there was sufficient information on all the children in the family or a good amount of information in at least two categories.

**Behavioral Status:** Some children who are exposed to domestic violence externalized behaviors such as increased aggression or hostile behaviors. Children’s exposure to adult domestic violence may also generate attitudes where children can justify their own use of violence. In general, boys have been shown to have more problems with externalized responses than girls; however, as girls get older, they also exhibit more aggressive behaviors.

Figure Five shows the results for children’s behavioral status. The ages of the child are for the last case closing.

Figure Five: Children’s Behavioral Status						
Behavioral <sup>5</sup>	under 5	5 to 11	12 to 18	19+	Total	Percent
No mention	5	15	14	4	38	48
No problems	2	2	0	0	4	5
Limited problems	2	8	4	0	14	18
Moderate problems	2	5	3	2	12	15
Severe problems	0	4	7	1	12	15
Totals	11	34	28	7	80	100

In Figure Five we see that as children get older, their behavioral problems become more severe. Only two children age 5 to 11 had good, appropriate behavior and no children older than that had good behavior. Twelve (12) children ages 5 to 18 had limited behavior problems while 11 children in that age range exhibited severe behavioral problems. Children under 5 years old were not reported to have any severe problems. However, four of these

<sup>5</sup> Examples of “limited problems” include a child who is oppositional at times. Examples of “moderate problems” are: acting out at home and school with fire setting behaviors. Examples of “severe problems” include: a child who gets in physical fights, was in detention for 5<sup>th</sup> degree assault, ran away from home, and is involved in vandalism.

children already had limited or moderate problems, while only two children had good, appropriate behavior for their age.

**Social/ Emotional Status:** Children who witness domestic violence may exhibit problems of a social or emotional nature. Some of these responses are internalized, such as fearful and inhibited behaviors. Other responses are characterized as externalized, such as anti-social behaviors. The inability to interact with peers and excessive dependency are also responses that fall under social/emotional responses.

Figure Six provides results for the social/emotional status of children in the study.

<b>Figure Six: Children’s Social/ Emotional Status</b>						
Social/ Emotional <sup>6</sup>	under 5	5 to 11	12 to 18	19+	Total	Percent
no mention	6	14	12	3	35	44
good/ no problems	3	4	0	0	7	9
limited problems	1	10	8	0	19	24
moderate problems	1	5	2	1	9	11
severe problems	0	1	6	3	10	13
Totals	11	34	28	7	80	100

As with behavioral problems described above, when children become older, they exhibit increased social and emotional problems. Three (3) children under age five had good social/emotional responses while only four children over age five had good social/ emotional responses. Fifteen children ages 5 to 11 had limited or moderate problems and only one had severe problems, while six children ages 12 to 18 had severe problems. Already two children under age five had limited or moderate problems.

**Educational status:** There was no information on 61 percent of the school-aged children, leaving only 27 children for whom we had educational data. **Twenty-three (85 percent) of the 27 children had truancy problems.** Eleven (11) of the school-age children had severe truancy problems and 16 children had Individual Education Plans (IEP’s).

**Health/ Disability Status:** The case files had no mention of disability or health status for 41 (51 percent) of the children. For the 39 children with information, 28 children (72 percent) had a disability classified as limited or moderate, while 11 children had no disability or were making normal developmental progress. Good health was indicated for 12 children, but 29 children had limited health problems and six had moderate problems. The *1998 Child Neglect Study* reported all of these families received public medical assistance; therefore, it is surprising the health status was not recorded.

### **Causes and Consequences – National Research on Domestic Violence and Child Witnesses**

The story of Johnny and his sisters is not unique. Research indicates that between 3.3 million and 10 million children are at risk of exposure to parental violence each year. About half of those children may also be abused (Schechter & Edleson, 1994). At least 1/3 of American children have witnessed violence between their parents. Most of those children have endured repeated instances of exposure. Furthermore, younger children are disproportionately represented in households where domestic violence occurs. While many parents believe their children are shielded from violence, this is simply not true. Children often provide very detailed accounts of the specific incident their parents reported they did not experience. (Edleson, 1999).

Research studies show that domestic abuse offenders and victims come from all walks of life; however, unlike victims, perpetrators do have at least two common traits. Most offenders witnessed domestic violence in their family of origin and are male. (Hotelling & Sugarman, 1986; Straus, 1980 as referenced in the American Bar Association Website on Domestic Violence) For Johnny and the other 41 boys in the study population who witnessed family violence on a regular basis, this suggests a continuing cycle of violence. Violence in the popular

<sup>6</sup> Limited problems include a child who is more comfortable interacting with adults than peers. Examples of “moderate” problems are: a child who is unable to communicate his emotions, had inappropriate responses to teachers and students and has difficulty with age appropriate behaviors. An example of “severe problems” include: a child is emotionally fragile, talks about killing herself, has poor peer relations when angry, and has depressive symptoms.

media – movies, sports, television, video games only serves to reinforce the violent messages these young boys first experienced in their family homes.

Children’s exposure to and witnessing of violence includes directly viewing the violence, hearing it, being used as a tool of the perpetrator, and experiencing the aftermath of violence. Exposure to domestic violence can have both short- and long-term consequences, depending upon the child’s gender and age. Externalized responses include aggressive and anti-social behavior, while internalized responses involve fearful and inhibited behaviors. Not all children are equally affected; some children are quite resilient. Edleson asserts it is a mistake to define witnessing violence as maltreatment. Doing so ignores battered women’s efforts to develop safe environments for their children and the fact that many children show no negative development problems (Edleson, 1999).

Both child protection services and domestic abuse programs serve many of these children and their families; however, these programs typically operate separate from one another. Child protection services (CPS) generally focus on the safety of the child and often hold mothers responsible for staying out of abusive relationships while battered women’s shelters primarily focus on services for women, even though children are the majority of their residents. Battered women’s advocates seek to hold men responsible and object to practices that hold women responsible for men’s abusive behaviors (Beeman, Hagemester, & Edleson, 1999).

Keeping both mothers and children safe must be a common goal for child protective services and battered women’s programs. Such collaboration should include working with police departments and the court systems to hold offenders accountable and collaborating together to promote family economic and emotional stability and child well-being (Beeman et al, 1999).

In order for children to be safe, domestic violence offenders need to be held accountable for their behavior. The next section reports on domestic abuse offenders associated with these 30 families and 83 children.

## **Faces of Domestic Violence in Dakota County – 2000 Offenders Study**

### **Purpose of the Phase II: 2000 Offender Study**

HSAC members learned from national and local research that the key to keeping children safe is to keep their mothers safe and the best way to do this is to hold offenders accountable. The primary purpose of the Phase II: *2000 Offenders Study* was to determine to what extent offenders of family violence are held accountable in Dakota County. The following questions guided research on the Phase II: *2000 Offenders Study*:

1. What happened to domestic abuse offenders in these families?
2. What are the demographic characteristics of these offenders?
3. What were the offenders’ previous and subsequent arrest records, probation history, serial abuser status, and treatment/ intervention history?

Just as we have a representative case example in the *2000 Children Study*, the following case highlights some of the human elements behind the data in the *2000 Offenders Study*.

In June, the police were called to the home of Jim and Sue. Jim hit Sue in her body and struck her on the right side of her face, causing her nose to bleed. Jim was not arrested at this time.

The next day, Sue applied for an Order of Protection. Her primary concern was their one-month-old baby. Jim is the father, and Sue wants custody. She feels Jim is incapable of caring for the baby and fears that if he has visitation, he might hurt the baby while being abusive to her.

The end of July, the police were again called to the home on a

#### **FIVE THINGS TO SAY TO VICTIMS WHO SAY THEY CANNOT LEAVE.**

1. ***I am afraid for your safety.***
2. ***I am afraid for the safety of your children.***
3. ***It will only get worse.***
4. ***I am here for you when you are ready to leave.***
5. ***You don’t deserve to be abused.***

domestic assault report. Jim was at the home and threw a glass at Sue and pushed her, causing her to hit the back of her head.

This time Jim was arrested and charged with two counts of felony assault in the 5<sup>th</sup> degree. One count was for the July incident and one for the June incident. He was convicted and sentenced to 76 days in jail on a stay of execution. This time was to be served concurrent with other court charges. He was sentenced to a Domestic Abuse treatment program.

### **Offenders of Domestic Violence in Dakota County**

The *2000 Offenders Study* began with a review of child protection case files for the 30 families in the *1998 Child Neglect Study* in which there was a history of family violence. While reading case files, a list of the names of family violence offenders was made. The fathers' names and significant others of the mothers were also recorded. When the child protection case files indicated a woman may have been the initiator of family violence, had been arrested for domestic assault, or had an Order for Protection filed against her, her name was recorded as well.

**Fifty-seven possible offenders were recorded for these 30 child protection case files including 54 men and three women**<sup>7</sup>. Of these 57 people, 44 or 77 percent had some court interaction that was recorded on the TCIS computer system<sup>8</sup>. Of the 44 offenders, 32 (73 %) were in court because of domestic violence related offenses. These domestic violence court actions were for Orders of Protection, domestic assault, disorderly conduct, criminal damage to property, and criminal sexual conduct.

The research literature outlines a combination of four responses that comprise the most effective method for ending **repeated** domestic violence. These four parts are:

1. Police visits to the home,
2. Arrest of the perpetrator,
3. Conviction for that crime, and,
4. Court mandated domestic violence treatment (Tolman & Edleson, 1995).

HSAC members reviewed the County's response to domestic violence by comparing it to the best practice points listed above. These areas help to target where the County is doing a good job in ending repeated violence and holding offenders accountable, as well as identify areas to target for improvement.

### **Findings from Phase II: 2000 Offenders Study**

Key findings from the *2000 Offenders Study*:

1. There are many police contacts but few arrests. Clearly these are cases of **repeated** domestic violence and not isolated incidences.
2. Only a small number of offenders convicted of domestic violence crimes are sentenced to attend a batterer's treatment program.
3. It is hard to obtain historical and detailed case information from the community corrections and court information systems<sup>9</sup>.

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<sup>7</sup> Some but not all of these 57 individuals are counted in the study population of 61 adult family members; however, many are individuals associated with the family but not officially family members.

<sup>8</sup> Total Court Information System (TCIS) is a court information system that details case charges and convictions. The system is accessible by the general public in the courthouse lobby.

<sup>9</sup> Because of the corrections record keeping methods, case files were only available for 18 offenders in the study. These case files did *not* have information on all their criminal cases. Criminal justice, like child protection, is incident based; however, their record keeping methods are very different. In child protection, there is one case file for a family. That file contains all their child protection applications, as well as any psychological evaluations, chemical dependency evaluations, police reports, copies of Orders for Protection, and children's IEP's (Individual Education Plans). While not all child protection case files contain all these items, the files are rather thick and come in volumes. It took approximately two hours to review one child protection case file.

In the criminal justice system, a case file contains information on only one court case. If a person is arrested for burglary and later arrested for domestic assault, he would have two case files. A new corrections case file is opened for each criminal

**Data on all the offenders**

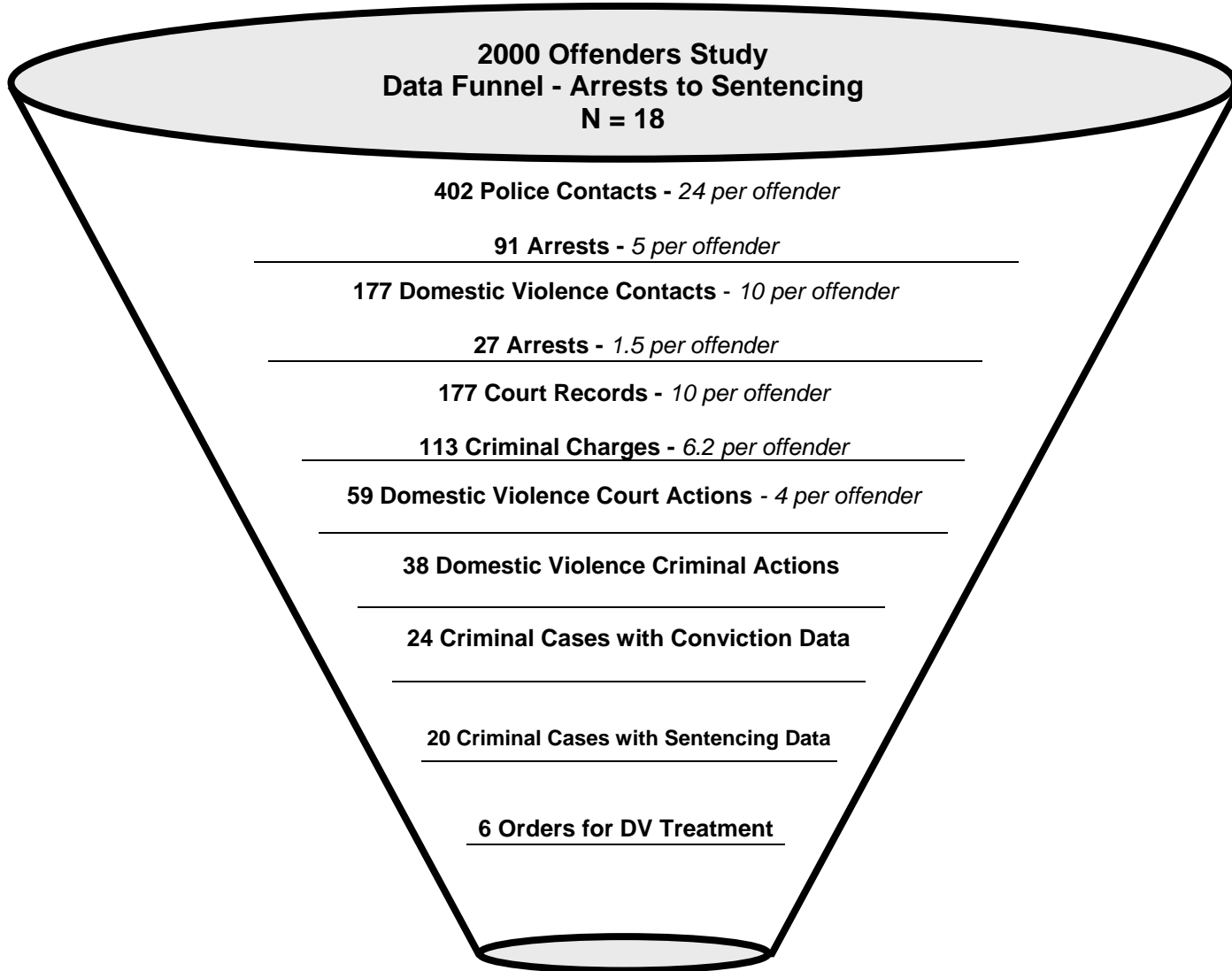
Forty-four (44) individuals in the study had charges against them generating 341 TCIS records and 173 criminal charges. These charges resulted in 26 convictions for domestic assault and eight for disorderly conduct. The 44 offenders also had 31 Orders for Protection (OFP) filed against them.

**Age:** Unlike most offenders whose criminal behavior begins to wane in their late 20s, domestic abuse offenders persist in greater numbers through their 50s. The average age of the offenders was 40, with a bell curve range of 23 to 58. Four offenders (9 percent) were ages 23 to 29. Fourteen (32 percent) were ages 30 to 39. Thirteen (30 percent) were ages 40 to 49. Five (11 percent) were ages 50 to 58. The age of eight offenders (18 percent) was not available.

**Race:** Forty-one (41) percent of the offenders are Caucasian, 20 percent are people of color, and the race was not available for 39 percent of the offenders.

**Data on the 18 offenders with Case Files**

While we want to report the following data for all 44 offenders, we could obtain case files for only 18 offenders because case files are destroyed after six years. These 18 individuals generated a lot of work for police departments, the courts, and corrections. The Data Funnel below depicts the drop off in police contacts to sentencing data.



charge. After six years the case file for that charge is destroyed, so there is not in-depth historical information kept on each offender. These files were generally quite thin taking only 20 to 30 minutes to review one criminal justice case file.

**Police department contacts**<sup>10</sup>: We were able to obtain police records on 17 of the 18 offenders. Police departments had a total of 402 contacts with these individuals. **Each individual had an average of 24 contacts with a police department in Dakota County**, with a range of 2 to 60. These 402 contacts led to 91 arrests or only **23 percent of the time did a contact lead to an arrest!** Each individual averaged five arrests, with a range of 1 to 24.

Even more striking is the contacts with police departments for family violence related incidents. There were 177 family violence related contacts with Dakota County police departments for these 17 offenders. This is an **average of 10 police contacts per person for a family violence related charge**, such as violating an Order for Protection, domestic assault, terroristic threats, physical abuse of a child, with a range of 0 to 30 police contacts. And yet, **only 15 percent (27 of 177) of these family violence related incidents led to an arrest.**

About half of these offenders (47 percent) had contacts with at least two or three different police departments in Dakota County. The other half (53 percent) had contact (of which we are aware) with only one police department.

**Court contacts:** These 18 offenders generated a total of 177 court records on TCIS with an average of 10 records per offender with a range of 1 to 25. These offenders had a total of 113 criminal charges against them. The average number of criminal charges was six per offender, with a range of 1 to 14.

**Domestic violence actions:** Fifteen (15) of the 18 offenders with case files, or 83 percent, had charges that related to domestic violence. These 15 offenders generated a total of 59 domestic violence related court actions including both criminal and civil actions. Eleven of the 18 offenders (61 percent) had Orders for Protection filed against them.

Figure Seven provides a break down of these different court cases.

<b>Figure Seven: Domestic Violence Related Actions</b>		
<b>Type of Case/ Charge</b>	<b>Number</b>	<b>Percent</b>
Criminal Actions		
Harassment Order	5	8
Disorderly Conduct	6	10
Domestic Assault	24	41
Sexual Conduct	2	3
Damage to Property	1	2
Failure to register as a sex offender	1	2
Pattern of harassing conduct	1	2
Violation of restraining order	3	5
Civil Order for Protection	16	27
Totals	59	100

Thirty-eight (38) of the 59 domestic violence court actions were criminal cases. Twenty-four (24) of these criminal cases led to convictions and nine had no convictions or the case was dismissed. No information was available for five of the cases.

Again because of incomplete information in case files and how the information systems work, we were able to obtain conviction information on only 20 of the 24 domestic violence criminal actions. Ten of the 20 convictions were for Domestic Assault, six were for Disorderly Conduct, and three were for violating an Order of Protection. These offenders had serious and repeated patterns of domestic abuse as documented by the police contact statistics, yet only six were sentenced to domestic violence treatment and forty percent of the offenders had probation violations.

<sup>10</sup> These statistics are most likely underestimates. We did not ask every police department to provide data on every offender, rather we provided police departments with a list of offenders for whom we had case files who either resided in their jurisdiction or had a contact with that jurisdiction. It is entirely possible the offenders had more contacts and arrests from other police jurisdictions.

Figure Eight provides data on the sentencing conditions for these offenses.

<b>Figure Eight: Sentencing Information for Domestic Violence Offenses</b>				
<b>Sentencing Condition</b>	<b>Domestic Assault (n=10)</b>	<b>Disorderly Conduct (n=6)</b>	<b>Violating OFP (n=3)</b>	<b>Total (n=20)</b>
DV treatment	1	2	0	3
CD treatment	5	0	0	5
Both DV and CD treatment	3	0	0	3
Jail and S/I	8	3	0	11
Jail and S/E	0	0	2	2
Probation Violation	4	3	1	8

HSAC members wanted to know if offenders were convicted of the offense for which they were arrested to understand the extent to which plea agreements and lesser charge convictions were used. We were able to obtain arrest data on 13 of the 20 domestic violence cases for which we had conviction information. Only two of the offenders were convicted of the same charge for which they were arrested. Offenders in 9 of these 13 arrests pled to or were convicted of lesser charges or fewer counts of the same charge. Two of the 13 arrests were for domestic assault but were convicted of disorderly conduct. Two of the arrests did not lead to convictions.

Figure Nine shows data on the extent to which these offenders had drug and alcohol problems.

<b>Figure Nine: Drug/ Alcohol Problems</b>		
<b>Drug/ Alcohol</b>	<b>Number</b>	<b>Percent</b>
No mention	5	28
Limited problems	3	17
Moderate problems	6	33
Severe problems	4	22
Total	18	100

While 72 percent or 13 of the domestic violence offenders also have substance abuse problems, only eight offenders were sentenced to a substance abuse treatment program. These 18 offenders also had a number of drug or alcohol related charges. Figure Ten provides results for drug/ alcohol charges.

<b>Figure Ten: Drug/ Alcohol Charges</b>		
<b>Charge</b>	<b>Number</b>	<b>Percent</b>
DWI/ DUI/ BAC over .10	8	42
Chemical dependency	1	5
Drug possession	4	21
Distribution of drugs	1	5
Controlled substance	5	26
Totals	19	100

The 18 offenders had other types of charges including aggregated violations, child support violations, and criminal activity of burglary, theft, hit and run, and forgery.

Based upon the descriptive data presented here, when we return to the four criteria by which effective responses to repeated domestic violence should be judged, we find room for significant improvement. Although it appears that police do make visits to homes, arrests are made at an alarmingly low rate. Additionally, conviction data shows that few of these repeat domestic abuse offenders are convicted for the crime for which they were charged and even fewer receive sentences that include domestic violence treatment.

**Child Protection Data:** One goal of the study was to learn how often probation officers and child protection workers were in contact with one another. Unfortunately, we were not able to obtain this information from the case files because probation officer case notes are often cryptic, written only for their own use.

## Causes and Consequences – National Research on Domestic Violence and Offender Treatment

Research shows the most effective method of ending repeated violence is police visits to the home, combined with the eventual arrest of the perpetrator and followed by court-mandated domestic violence treatment (Tolman & Edleson, 1995).

When police come to respond to a domestic assault, they can provide the victim with information on resources and places she can go for help; however, police often are reluctant to arrest domestic violence offenders, because prosecution rates of domestic violence crimes are generally low. Police may believe the effort they put into making an arrest and completing the paperwork would receive no further court action. Victims view this non-action as evidence that the courts are unwilling to protect them (Tolman & Edleson, 1995).

By arresting the offender, the criminal justice system sends the message that his abusive actions will not be tolerated. The conviction helps to hold him accountable for his violence. A batterer's treatment program is necessary to help him take responsibility for his actions. In a treatment program he can begin to recognize the full scope of violence on family members, including verbal abuse, put downs, and intimidation. Only then can he change and make a commitment – to non-violence.

Batterers treatment programs are effective. Batterers are successful in stopping their physical violence for at least a short period after treatment. Reviews of studies done in different batterers treatment programs, which use different intervention strategies, show a large proportion of men who COMPLETE TREATMENT stopped their physically abusive behaviors following intervention. The success rates for these programs ranged from 53 percent to 85 percent. These findings are particularly significant, because they are based upon partner reports of physical violence. Since men often minimize their violent behaviors, studies of treatment effectiveness need to include reports from the men's partners (Tolman & Edleson, 1995).

Treatment completion is extremely important because the national dropout rate for domestic violence treatment programs hovers at 75 percent (Edleson, 2000). This has significance for sentencing practices and probation services. Conditions of probation must be closely monitored and violations promptly acted upon. In addition, the process of charging fees to offenders for treatment and contract terms with treatment providers should be written to reinforce treatment completion.

Syer and Edleson found that batterers who are court ordered to batterer's treatment programs have more success stopping their violence than men who are not ordered to treatment (Tolman & Edleson, 1995).

Research shows that  $\frac{1}{4}$  to  $\frac{1}{2}$  of men who commit acts of domestic violence also have substance abuse problems (Fazzone, Holton & Glover, 1998). Additionally, the incidence of substance abuse by batterers in the criminal justice, social service and mental health systems is much greater than the incidence of substance abuse by batterers in the general population (Bennett, 1998). Substance abuse is *not* the reason why men batterer. Violence is a choice. Research does *not* support the concept that men who batter are intoxicated and thus out of control when they batter. Rather, substance abuse is an excuse men who batter use to justify their violence. Substance abuse may disrupt a batterer's thinking, intensify his motivation for personal power, magnify his perpetrator characteristics, and increase his risk for being violent (Bennett, 1997).

A batterer's violence does not necessarily end when he stops abusing alcohol or other drugs; however, abstinence from drugs and alcohol can improve the chances a batterer will cooperate with legal sanctions (Fazzone, Holton & Glover, 1997; Bennett, 1997).

HSAC guest speaker and local expert, Carol Arthur, executive director of Minnesota's oldest Domestic Abuse Project in Minneapolis, would like to see domestic violence offenders with chemical dependency problems sentenced to both chemical dependency and domestic violence treatment programs. She believes offenders should complete one program before beginning the next and that the probation officer should be responsible for coordinating the treatment sequence.

## Welfare and Domestic Violence in Dakota County – 2000 MFIP Study

In 1996, the United States Congress passed the Personal Responsibility and Work Opportunities Reconciliation Act (PRWOA) and President Clinton signed it into law. This act replaced AFDC (Aid to Families with Dependent Children) with TANF (Temporary Assistance to Needy Families). Under TANF, states have enormous flexibility to determine how to administer its TANF Program. Minnesota's TANF program is MFIP (Minnesota Family Investment Program).

Under TANF, there two important guidelines:

1. A five-year total lifetime limit on receiving assistance, beginning July 1, 1997.
2. All recipients are required to work.

To assist victims of domestic violence, states can incorporate the "Family Violence Option" into their welfare plans. The Family Violence Option allows states to waive certain requirements of the new PRWOA, including time limits and work requirements for victims of domestic violence.

In July 1997, Dakota County's policy for Domestic Violence Waivers went into effect. Clients who are victims of domestic violence may be exempt indefinitely from the 60-month time limit and may be exempt from the work requirement for a maximum of 12 months. To obtain a domestic violence waiver, a client must provide proof she is a victim of domestic violence, sign a sworn statement to that effect, have an approved safety plan, and demonstrate she is following the safety plan. If a client obtains a waiver, she must submit a status report every three months in order to continue the exemption.

### **Purpose of the Domestic Abuse Waivers Project**

The purpose of the Domestic Abuse Waiver project was to obtain information directly from women who applied for waivers in Dakota County and learn about their experience with the application process. The following questions guided research on this project:

1. What happens when a woman applies for the domestic abuse waiver?
2. Does she get the support and help she needs? Is the response timely?
3. What recommendations do the applicants have for improving the application process?
4. For women whose applications were denied, what happened?

Battered women often have a very difficult time working. The women who applied for domestic violence waivers in Dakota County and were interviewed for this project spoke very candidly about the ways domestic violence makes it difficult for them to work. The following quotes are from women in Dakota County in response to the question, "How has domestic violence affected your ability to work?"

"It's affected my ability to work. There's days where my husband, well he used to tell me before I got daycare assistance from the county, that he wouldn't watch my kids. It would freak me out that they'd be locked in their room or something, so I'd call in sick. I lost a lot of jobs that way."

"Oh, I wasn't allowed to work."

"A lot, because when you are a victim of domestic abuse and you have someone who controls what you do, when you leave or even if you stay, you are dealing with a lot of psychological and emotional abuse. Your self-esteem goes down. I still have issues...It's been almost a year since the last incident. I still struggle, still deal with depression, deal with psychological effects. You can't go to work eight hours a day five days a week and then come home to deal with that and with the emotional things. You can for a little while but then they clash. You're going to break down, burn out and need to quit your job."

“He won’t let me leave, won’t let me out of the house. If he beats me too bad, I won’t go to work.”

“Bruises. I was constantly in court. Some days for a half day, so I couldn’t go to work. Employers, I kept getting fired. Now I’ve been working at the same place for 30 days and I’m holding my breath I don’t lose this job. I’ve only had court one time. Fear of him...about a month ago he showed up at my work. I’m afraid I’m going to run into him at work.”

### **Findings from the Domestic Violence Waiver Interviews**

Key findings from the interviews were:

1. Domestic violence interferes with a battered woman’s efforts to work.
2. The level of required proof to obtain a waiver is not clear.
3. More training on the waivers and the dynamics of domestic violence is needed for staff.
4. The process is relatively easy for those who applied for the waivers, but the women who applied are not representative of all domestic abuse victims on welfare.
5. A better outreach and information strategy for publicizing the existence of the waivers is needed.

Since July 1997, when Dakota County’s domestic violence waiver policy went into effect, 11 women have applied for such waivers. No men have applied for waivers. Of these 11 women, 10 had their application approved while one application was denied. For the ten women who had their waivers approved, two had later applications denied. Most women applying for the waiver learned about the option through battered women’s shelters, and yet, our research shows that most abused women do not use shelter services. This partially explains why so few waivers have been requested. Since the initiation of MFIP in 1997 an estimated 4300 families have enrolled in MFIP. Domestic abuse victim incidence rates of 10 to 30 percent for this population would suggest that the number of women applying for the waiver should be in the 100s and not 10.

The data in this report was obtained through phone interviews with 8 of the 11 women (73%) who had applied for domestic violence waivers in Dakota County.

### **Data from Interviews**

**Source of information:** Most women, 63 percent, found out about the domestic violence waivers from the B. Robert Lewis House, a domestic violence shelter in Dakota County. One woman found out about the waivers from a homeless shelter, one woman saw a brochure in a county office and asked her financial worker, and one woman was told about the waiver from her MFIP worker.

Most women (6) also indicated that staff members at domestic violence programs helped them with the application process. One woman received help with the application process from the homeless shelter and one woman received help from her social worker.

**Application process:** The women found the application process for the waivers to be relatively easy. In order to rate how easy or difficult the women found different parts of the process, they were asked to provide a rating on a scale of 1 to 10, with one being very easy and 10 very difficult.

Figure Eleven provides data on how easy or difficult the women found the overall application process.

<b>Figure Eleven: Entire process</b>		
<b>Rating</b>	<b>Number</b>	<b>Percent</b>
Easy (1-3)	5	62.5
Average (4-7)	2	25
Hard (8-10)	0	0
No Response	1	12.5
Total	8	100

Some of their comments about the entire process were:

- “There should be more privacy. I had to share information I didn’t want to share. I don’t like talking about it. Waiting, I had to sit and wait a lot.”
- “Getting up the courage to do it was the challenge. Trying to get courage to tell myself I can do it, I don’t need him and the abuse to get me through. With three kids, it was quite the challenge.”

Figure Twelve provides data on how easy or difficult it was to fill out the paperwork:

<b>Figure Twelve: Paperwork</b>		
<b>Rating</b>	<b>Number</b>	<b>Percent</b>
Easy (1-3)	6	75
Average (4-7)	1	12.5
Hard (8-10)	0	0
No Response	1	12.5
Total	8	100

- “It was difficult to drag all my children around (when getting what was necessary for the application). Other than that, the paperwork was ok. I have an ADHD child and a two-year-old...It was difficult to keep an eye on them and do the paperwork.”

Figure Thirteen provides data on how easy or difficult it was to obtain the required proof:

<b>Figure Thirteen: Required Proof</b>		
<b>Rating</b>	<b>Number</b>	<b>Percent</b>
Easy (1-3)	6	75
Average (4-7)	1	12.5
Hard (8-10)	0	0
No Response	1	12.5
Total	8	100

- “I had all the copies of the police report. I can imagine for someone who doesn’t have all that it would be more difficult.”
- “What was most difficult was not being sure you are going to qualify, that your application has to go in front of a board...the uncertainty; the criteria isn’t very well explained so you don’t know what they were looking for in domestic violence victims.”
- “I did not find that to be very easy. They like documentation. It isn’t always easy to get documentation for something like this, unless you have an order for protection. That’s really the only proof.”

The application process involves signing a sworn statement about the abuse. Seven of the eight women said they had no concerns about signing the waiver. One woman had no response.

**Confidentiality:** Three women (38 percent) said their financial worker talked to them about confidentiality, one woman said she did not remember, and three women said confidentiality was not addressed.

**Time between application and notification:** The women reported it took a relatively short period of time to hear if their application was approved. Three women said it was “not a very long time,” two women said “a couple of weeks” and two women said “quite awhile.” One woman did not respond to this question.

**Safety plan:** All the women, except one, who applied for a waiver already had a safety plan by the time they met with a financial worker about the waiver, as a result of their involvement with the Lewis House domestic violence program. The one woman without a safety plan said she would have liked help developing a safety plan from her financial worker, instead of being referred to the Lewis House.

**Child protection involvement:** Six of the women interviewed said they were not concerned about child protection involvement. One woman said she was concerned that applying for the domestic violence waiver could lead to child protection involvement.

***Women may experience violence throughout their lifetimes and, depending on the individual circumstances may need to rely on government assistance longer than any arbitrary time limit. As time limits are nevertheless imposed by states, women faced with choosing between beatings and starvation may too often choose beatings, exposing themselves and their children to prolonged abuse that will perpetuate both violence and poverty. (Davis, 1999).***

**Length of time on waivers:** The interviewees used the waivers for short periods of time. Four women said they only had the waiver for three months and three women said they only used the waiver for six months. One woman did not respond. A number of women indicated they did not use the whole time for which they were approved, withdrawing their waiver when they were to submit a three-month status report.

**Hard to work:** Statements from women interviewed about how it is hard to work are included in the beginning of the report. Figure Fourteen shows how many of the eight women responded in each area:

<b>Figure Fourteen: Hard to Work</b>	
<b>Response</b>	<b>Number</b>
I'm afraid he'll hurt the kids.	4
I'm not allowed to work.	3
I can't work with bruises.	2
I'm afraid he'll come to work.	2
Painful psychological effects	3
I'm in court and get fired	1

**Helpfulness of financial worker:** The women were asked what was most helpful about their financial worker and what, if anything, was not so helpful. Figure Fifteen and Sixteen contain these responses:

<b>Figure Fifteen: Most helpful about financial worker</b>		
<b>Response</b>	<b>Number</b>	<b>Percent</b>
Gave information/ forms	2	25
Didn't do anything helpful	5	62.5
No response	1	12.5
Total	8	100

<b>Figure Sixteen: Not at all helpful about financial worker</b>		
<b>Response</b>	<b>Number</b>	<b>Percent</b>
Not unhelpful	5	62.5
Everything was unhelpful	1	12.5
Lacked compassion	1	12.5
Couldn't help with safety plan	1	12.5
Total	8	100

While women did not say their financial workers were particularly helpful, they did not find them to be unhelpful either. Most women seemed to view their financial workers as the people to process the paperwork. Interviewees did say there were a few things their workers could have done to help with their application process. Three women said they would have liked more compassion and support, two women would have liked more information on the application process itself, and one woman would have liked more referrals. She did not want to use the assistance of a battered women's program and would have liked a referral elsewhere, such as a counseling program. Dakota County's own research shows that very few abused women with Orders for Protection use the services of a battered women's shelter.

**Suggestions for improvement:** Women were asked what suggestions they have for improving the application process. Figure Seventeen contains these results.

<b>Figure Seventeen: Suggestions for improvement</b>	
<b>Response</b>	<b>Number</b>
Give information on the waiver.	4
Train workers on domestic violence	2
Provide more referrals	2
Clarify the amount of proof required	2

The following statements relate to suggestions for improvement:

"Because so many people are going through such sensitive issues, there should be someone who can explain the services offered, in addition to Lewis House. Not everyone wants to go there...Women should be told working helps their self-esteem, but a lot of encouragement is needed along the way. Many people will be afraid to go to work. People need services—legal, utility payments, food supplies, daycare—to help them while they are trying to get back to work."

"If someone comes to you, like I came to my worker with a restraining order, that they offer the domestic violence waiver. I wouldn't have known if I hadn't seen the brochure in the lobby. It would help a lot of women and give them courage knowing someone was standing behind them, instead of feeling they are in a situation they can't get out of."

"Have workers that deal with something like that (domestic violence) or have them coordinate with someone who does."

"I think it's wonderful to have a program like this. Without it, at that time, I don't know what I would have done."

"Women who file for a domestic abuse waiver should have some kind of counseling offered. An advocate with MFIP should work with them to find a therapist and offer daycare. That's why I haven't gone, because you have to find your own therapist, find day care. It's too hard. It's not that I don't need therapy, I do. I just can't go because of childcare. You can't deal with all the abuse without therapy. Well, you can but it takes longer. With counseling, women can deal with what they have gone through, be better mothers. Everyone would benefit."

<b>ASK VICTIMS</b>
1. <i>What do you want to see happen?</i>
2. <i>What worries you most?</i>
3. <i>What can we do to help?</i>
4. <i>What would you like to do when this is over?</i>

## Causes and Consequences – National Research on Domestic Violence and Welfare

“Adequate financial assistance...often is the key factor that enables battered women and their children to leave and remain separated from their abusers. If such assistance were not available as a last resort, many battered women would be forced to remain in, or return to, dangerous or life-threatening situations,” (Davis, 1999).

Women who are victims of domestic violence need adequate financial resources to assist them in their efforts to live a life free from violence and to become self-sufficient. Many women remain in abusive relationships because they lack the resources to leave or fear living in poverty. Often women in violent relationships have no access to cash, checking accounts, or charge accounts. When they leave an abusive relationship, they often must leave everything they own behind (Davis, 1999).

Recent studies show that 14.6 percent to 32 percent of welfare recipients are current domestic violence victims and approximately 60 percent of welfare recipients are former victims of domestic violence (Raphael, 1999). Because of their lack of resources, battered women may use welfare strategically in response to their partner’s violence.

Work requirements in the PRWOA are often difficult for women who are victims of domestic violence. Perpetrators frequently sabotage women’s efforts to meet their employment requirements. Batterers employ a variety of methods that prevent women from achieving their work or educational goals. Batterers often keep women up late the night before a job interview, an important work meeting, or a GED exam. A batterer may offer to provide day care so a woman can go to a job interview or to work, only to be unavailable when the time actually comes, leaving the woman with no alternatives. Batterers abuse women and leave visible cuts and bruises, so a woman will be embarrassed to go to work or school (Raphael, 1995).

The situation of each battered woman is unique. Staff members in TANF agencies should be aware of three key points:

1. Not all battered women have problems that interfere with their actions to be self-sufficient.
2. Some formerly abused women have safety concerns or emotional issues that interfere with job training and employment.
3. Not all women who have left an abusive relationship are now safe. (Lyon, 1999).

## What Works – What’s Next?

Building on the Dakota County Board of Commissioner’s endorsement of the Continuum of Response for Children and Families featured in the *1998 HSAC Child Neglect Study*, HSAC members developed a similar continuum for the co-occurrence of domestic violence and child maltreatment. The continuum is presented on pages 25 and 26 and provides a framework for the recommendations that conclude this report.



## DOMESTIC VIOLENCE AND CHILD MALTREATMENT RESPONSE CONTINUUM

**Definition** Domestic abuse is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. Abuse of family members takes many forms including emotional/psychological, economic, sexual assault, threats, physical abuse, using children, verbal abuse, isolation and destruction of property.

**Value Statement** *Protecting family safety and promoting households free from violence, abuse and neglect is of highest priority.*

	Ounce of Prevention "How are the children?"	Targeted Early Intervention "Off to a good start"	Supportive Interventions "Connect to Community"	Mandated Interventions "Prevent Recurrence -: Keeping women safe keeps kids safe"	Maximum Interventions "Step In, take over – Offender accountability not victim blaming"
<b>Goals</b>	Men, women, and children live in safe and nurturing families where all members resolve conflict without abuse	Men, women, and children live in safe and nurturing families where all members resolve conflict without abuse and where members understand the deleterious effects of family violence on children	Families are aware of and use community resources and supports to stop family violence and address the deleterious effects of family violence on children	Abusers are held accountable Women and their children are safe and protected	Abusers are held accountable Women and their children are safe and protected
<b>Target Populations</b>	General population	Families with children	Families in which domestic abuse might be occurring or who are expressing concern to citizens/professionals	Families identified as a result of either criminal justice or child protection involvement	Families where the abusers continue their abusive behavior
<b>Outcomes</b>	<p>Citizens affirm the domestic abuse definition</p> <p>Citizens understand the deleterious effects of domestic abuse on children</p> <p>Communities create environments that are free from all forms of abuse and violence and where families receive needed support</p>	<p>Professions<sup>11</sup> affirm the domestic abuse definition</p> <p>Professions understand the deleterious effects of domestic abuse on children</p> <p>Professions create safe environments and know how to inquire about domestic abuse</p> <p>Professions serving families with risks screen for domestic abuse</p> <p>Professions know and use community resources to respond to victims, their children and abusers</p>	<p>Victims and abusers affirm the domestic abuse definition</p> <p>Victims know who to call for assistance in meeting safety, economic and emotional needs</p> <p>Victims and abusers understand the deleterious effects of domestic abuse on children</p> <p>Families are aware of community resources for children and use them</p>	<p>Mandated responders<sup>12</sup> affirm the domestic abuse definition</p> <p>Abusers are held accountable for their abusive behavior</p> <p>Abusers end their abusive behavior</p> <p>Families have adequate economic, emotional and social supports to ensure the well-being of their children</p>	<p>Abusers are held accountable for their abusive behavior</p> <p>Abusers end their abusive behavior</p> <p>Families are reunited when they are able to sustain safe, nurturing and healthy homes</p> <p>Families have adequate economic, emotional and social supports to ensure the well-being of their children</p>

<sup>11</sup> Professions include people who work for organizations/businesses with whom families interact including public health workers and other health care providers; child care providers; battered women advocates; Workforce center, child support, and financial workers; EMS workers, educators/teachers, and employers

<sup>12</sup> Law enforcement, battered women advocates, social workers including Alternative Response and child protection workers, city/county attorneys, probation officers, court officials and judges.

**Strategies**

<p>Enact or change laws, policies and practices</p> <p>Education (faith communities, civic groups, business, schools) on the scope, effect and dynamics of domestic abuse</p> <p>Education on the effects of domestic abuse on children</p> <p>Community norm of zero tolerance of domestic abuse</p>	<p>Comprehensive domestic abuse training for professions</p> <p>Policies/ practices standards for domestic abuse inquiries, screenings, resource referrals and follow-up</p>	<p>Education about, encouragement to use and facilitate access to community resources</p> <p>Outreach and advocacy to promote an understanding of the ways diverse cultures meet the needs of their families</p>	<p><b>Comprehensive domestic abuse training for mandated responders</b></p> <p><b><u>Abuser Accountability</u></b></p> <p>Evidence based prosecution</p> <p>Coordination among law enforcement, probation, courts, county attorney and child protection to identify all related open/closed cases and address offender accountability</p> <p>One judge one family court coordination pilot project</p> <p><b><u>Victim And Child Safety</u></b></p> <p>Timely victim outreach and support (immediate notification from law enforcement to battered women advocates)</p> <p>Alternative Response for families amenable to service and traditional child protective services for families refusing service or when abuse is severe</p> <p>Coordination between battered women advocates and county social workers to refer for appropriate services and follow-up with families</p>	<p>Mandated responders know prior criminal and civil history (other jurisdictions) and correspondingly increase penalties for repeat offenders</p> <p>Mandated responders ensure all children in a family are assessed and provided therapeutic interventions when indicated</p> <p>Mandated responders coordinate responses to address family safety and permanency issues</p>
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**Performance Targets**

<p>Community members take action to:</p> <ul style="list-style-type: none"> <li>◆ Create violence free settings and institutions</li> <li>◆ Intervene by reporting (911) domestic abuse incidents</li> <li>◆ Respond &amp; support family, friends, and colleagues who are experiencing domestic abuse</li> <li>◆ Confront &amp; support family, friends, and colleagues who are abusing family members-</li> </ul>	<p>Professions routinely screen for domestic abuse, know resources, make effective referrals and follow-up with families</p>	<p>Needed resources are identified</p> <p>County staff collaborates with community agencies to develop identified resources that are responsive to culturally diverse communities</p>	<p>Baseline data on court outcomes are routinely tracked and reported including case processing time and sentencing practices (e.g. next day appearances; bail, no contact and abuser education orders)</p> <p>Conditions of probation are closely monitored (e.g. orders for abuser education, timely enrollment and completion); violations promptly processed</p> <p>All family members are assessed for the presence and effects of domestic abuse</p> <p>All case plans focus on safety, stability and well-being of ALL victims of domestic abuse and hold abusers accountable</p> <p>Alternative Response program evaluation findings are used to improve Connect to Community strategies</p>	<p>All repeat offenders receive out-of-home placement – jail time</p> <p>Court visitation orders require abusers to complete abuser treatment/ education programs and use visitation centers</p> <p>Court orders require psychological evaluations of children and adults including age-appropriate assessments for trauma symptoms and exposure to domestic abuse and community violence</p> <p>Least restrictive placements are used, e.g. relatives, foster care</p> <p>Reasonable efforts for reunification are followed</p> <p>Permanency decisions are made within time limits</p>
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## Implications

The Domestic Abuse and Child Maltreatment Response Continuum will affect current practice in the following ways.

- ◆ Ounce of Prevention Through Public Education and Information – Citizens will have knowledge about domestic violence, will be able to recognize the problem and will be empowered to take action in their homes, neighborhoods, schools, and businesses.
- ◆ Targeted Early Intervention – Professionals will screen and identify families where abuse occurs and take action to prevent more severe problems by referring for and providing services.
- ◆ Supportive Interventions – Families will have knowledge about domestic violence, will be able to recognize the problem and will be empowered to take action to prevent continued harm and obtain services.
- ◆ Mandated and Maximum Interventions – Abuser accountability will be the cornerstone to keeping women and their children safe. This starts with risk and lethality assessments, appropriate bail decisions, evidence-based prosecution methods (victimless prosecution), coordinated courts, sentencing conditions that include jail time and treatment, and vigilant monitoring of probation conditions.

In addition, all family members will be assessed for the effects of domestic violence and provided needed services.

## Recommendations

The HSAC recommends that the County Board of Commissioners adopt the following definition and value statements to guide policy and the deployment of resources.

Definition: Domestic abuse is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. Abuse of family members takes many forms including emotional/ psychological, economic, sexual assault, threats, physical abuse, using children, verbal abuse, isolation and destruction of property.

### Value Statements:

1. Domestic abuse is a significant and multifaceted problem with no single system solution.
2. Violence is a learned behavior.
3. Domestic abuse is a serious crime.
4. Offenders must be held accountable for their behavior and receive treatment.
5. Victims of domestic violence need safe environments where they can receive support and services.
6. When the **system** fails the victim, it contributes to the cycle of abuse and violence.

The HSAC recognizes that there are a number of county governmental entities and departments that have significant roles and responsibilities for addressing domestic abuse and child maltreatment.

HSAC recommends that the County Board of Commissioners appoint one department/entity as a catalyst to spearhead a coordinated effort for the implementation of the study recommendations. HSAC also recommends that the appointed department report back to HSAC in six months with a work plan and timeline for the implementation of the recommendations including documentation of funding implications for the 2002 budget.

HSAC recommends that the County Board of Commissioners commits Dakota County by the year 2002 to --

1. Develop and implement policy/practice standards for domestic abuse screenings, resource referrals, and follow-up with families;
2. Implement a One Judge One Family Initiative; and,
3. Track sentencing treatment orders and outcomes for convicted abusers.

The columns on the Continuum organize the HSAC recommendations proposed here. The recommendations are the foundation for many of the Continuum's strategies and performance targets. Facts and premise statements precede each set of recommendations.

**Ounce of Prevention – How are the children?**

**Fact:** HSAC members heard from Sandra K. Beeman, Ph.D., University of Minnesota professor and nationally recognized researcher on the co-occurrence of child maltreatment and domestic violence. She cited several studies documenting the prevalence of domestic abuse and the co-occurrence of child maltreatment. Most alarming is research showing that between 32 to 53 percent of households where women are being abused, the same perpetrator is abusing the children.

At least 1/3 of American children have witnessed violence between their parents and younger children are disproportionately represented in households where domestic violence occurs. A growing body of empirical research has demonstrated that exposure to domestic abuse deleteriously affects children's social, emotional and cognitive development including increased display of aggressive behavior, increased emotional problems such as depression and/or anxiety, lower levels of social competence, and poorer academic functioning (Fantuzzo, 1999).

Our own research reported here shows that 30 of the 39 families from the *1998 Child Neglect Study* (77%) had a history of domestic abuse.

**Premise:** Domestic abuse will end only when conditions that sustain violence in our society are confronted. Delivering the message that violence will not be tolerated means challenging customs and mores that say it's wrong to hit a stranger but not a partner, or okay for anyone – man or woman to raise a hand in anger to a child. Promotion of non-violence must occur in all aspects of life including schools, sports, businesses, places of worship, communities, and the popular media.

**Recommendation:** The Dakota County Board of Commissioners should –

- \* Direct the Public Health Department to assume leadership for a community-based prevention effort. Public Health will establish a domestic abuse, public awareness plan and seek partners; e.g., Family Services and Children's Mental Health Collaboratives and Dakota Healthy Families, to implement the plan. The source of funding is Social Services placement prevention dollars.
- \* Support legislation and full state funding for family-based assessments and services to address the co-occurrence of domestic violence and child maltreatment.
- \* Support legislation and judicial directives to continue state funding for completion of each phase of CRIMNET to unify and merge information from courts, law enforcement, probation, prosecution and BCA.

### Targeted Early Intervention – “Off to a good start!”

**Fact:** Dr. George Isham, HealthPartners’ Chief Medical Officer spoke to HSAC members about HealthPartners’ domestic abuse screening and intervention initiative. Started in 1994, this initiative involved the systematic, sustained training of all clinic staff and screening of all customers. Dr. Isham reported that everywhere they looked, every time they ask, they had a domestic abuse confirmation rate of 10 to 13 percent. This means that one out of ten women seen at HealthPartners live in violent homes. He noted that these women have children and concluded that good medical care must include screening, intervening and providing resources to victims and their children. To offer some perspective on the scope of the problem, Dr. Isham noted that diabetes affects only four percent (more recent estimates place the percent affected at 7 percent) of the population; and yet, diabetes is fast becoming a national health crisis.

Potentially an estimated 11,547 to 12,228 Dakota County women live in violent homes based upon HealthPartners’ experience and there is an average of two children per household in Dakota County. Thus, a significant number of children are potentially exposed to domestic violence in Dakota County.<sup>13</sup>

**Premise:** Families enduring domestic abuse need familiar settings where it is safe to talk about abuse and where timely supports are provided. Experience and energy must be infused into every place and network that abused women and children encounter. This includes outreach efforts through home visitors; public health nurses and other health care providers; schools; workplace; chemical health treatment; childcare providers; county financial, child support, and workforce center workers; EMS workers; housing advocates; law enforcement, and landlords.

**Recommendation:** The Dakota County Board of Commissioners should –

- \* Direct staff to develop and adopt policies/ practices standards for domestic abuse screenings, resource referrals, and follow-up with families. Adopted standards should be culturally appropriate and responsive to the unique needs of Dakota County families.
- \* Enhance the capacity to screen and assist families experiencing abuse by systematic and on-going training of all county staff. Explore with HealthPartners the feasibility of adopting its domestic abuse training program and screening protocol for families experiencing domestic abuse and child maltreatment. Sources of funding include the Dakota County staff development funds, grant funds, and Social Services placement prevention funds.
- \* Direct staff to meet with HealthPartners to identify and plan a project to address the needs of domestic abuse victims who are Dakota County residents and who have HealthPartners’ benefits. The purpose of the project would be two-fold, to 1) Insure that there is a continuum of services available and 2) Develop a model for the coordination of benefits/services between public and private providers including the provision of behavior health services (mental health and chemical health). Staff will report to the County Board with a program and funding plan for approval.

<sup>13</sup> Census estimates for 2000 show that there are 122,850 Dakota County women age 20 and older. The estimated insured rate for adults in Dakota County is 94 percent. The insured rate was used for the bottom of the range (122,850 X .10 X.94) and the top of the range was simply 10 percent of 122,850.)

### Supportive Interventions – “Connect to Community”

**Fact:** In many communities, nothing is done to assist abused women unless they reach out to domestic abuse programs, which is often after the violence has escalated to a serious level. Most battered women do not go to domestic abuse programs, so there is rarely help for them or their children.

HSAC members heard from Officer Tom Kelley of the Burnsville Police Department. He noted that only ten percent of domestic abuse calls result in citations or arrests. In 1999 police officers in Burnsville went out on 1200 domestic abuse calls, or about four calls a day, and made just 144 arrests. This means that over 1000 calls from victims, neighbors, and family members – people who believed threats and violence were at a level significant enough to call 911 — ended with only a police contact. Our own findings from the 2000 Offender Study showed that less than 15 percent of domestic violence calls end in arrest.

Members also learned that a small percentage of abused women in Dakota County use shelter services. In 1999, 85 women used one of Dakota County's battered women's shelters. This compares to 875 orders for protection filed that same year and the HealthPartners' based estimate of 11,547 to 12,228 Dakota County women who live in violent homes.

**Premise:** Women and children who experience abuse need a range of community-based support and protection. Because of societal attitudes and stigma associated with domestic abuse, many victims suffer quietly and are reluctant to seek help. Furthermore, the majority of children exposed to domestic violence do not have access to services through traditional avenues including child protection and domestic abuse programs. Response should include safety strategies, health care, jobs, counseling, substance abuse treatment, therapeutic interventions for children, in-home supports, childcare, child support, housing – not limited to shelters, and legal assistance.

**Recommendations:** The Dakota County Board of Commissioners should –

- \* Provide leadership to ensure that needed resources are available for families enduring domestic violence including those identified through the early intervention screening process. Supports should be offered in places where families "live their lives." Sources of funding include Alternative Response and state funds, if allocated to counties, to address the co-occurrence of child maltreatment and domestic abuse.
- \* Direct staff to develop a coordinated response to ensure that families receive needed support and follow along. This includes county staff from the departments of Public Health, Social Services, Employment and Economic Assistance, Workforce Center and Community Corrections. Community organizations include collaboratives, businesses, school districts, law enforcement, non-profits, and faith communities.

## Mandated Interventions – “Keeping Women Safe Keeps Kids Safe”

**Fact:** HSAC members learned as reported earlier in this study, that a combination of four responses comprises the most effective method for ending repeated domestic violence. These four parts are: 1) police visits to the home, 2) arrest of the perpetrator, 3) conviction for that crime, and 4) court mandated domestic violence treatment (Tolman & Edleson, 1995).

Our own research showed that domestic violence offenders had serious and repeated patterns of domestic abuse. Seventy-seven percent of the abusers (44 of 57) generated 341 court records, 173 criminal charges, and 26 convictions for domestic assault and eight for disorderly conduct. Each offender on average had 10 police contacts for family violence related incidences; and yet only 15 percent (27 of 177) of the family violence related police contacts led to arrests. Only six were sentenced to domestic violence treatment and forty percent of the offenders had probation violations.

**Premise:** Abuser accountability must be the cornerstone to keeping women and children safe. Immediate accountability for abusers starts with – 1) Assessment of risk, severity (lethality) and child impact, 2) Appropriate bail decisions, 3) Victimless prosecution, 4) Coordinated court process, 5) Sentencing conditions that include jail time and abuser treatment and 5) Vigilant monitoring of probation conditions. Simultaneously, battered women advocates, child protection workers and probation officers must work together to insure that victims and their children are safe and to promote emotional, economic and social stability.

**Recommendations:** The Dakota County Board of Commissioners should –

- \* Request that members of the Dakota County Domestic Abuse Task Force conduct a Community Safety Audit to assess how well collective procedures provide safety to victims and demand accountability from defendants. Sources of funding include grant funds and Social Services placement prevention funds.
- \* Request that members of the Dakota County Domestic Abuse Task Force develop a comprehensive protocol for addressing families where both child maltreatment and adult domestic abuse occur. Content should include, but not be limited to, case consultation and coordination among Alternative Response/child protection workers, battered women advocates, law enforcement, courts, county attorney and probation officers.
- \* Endorse and fund systematic and repeated training to enhance the capacity of staff to assess and intervene with families where both child maltreatment and adult domestic abuse occur. This includes law enforcement, child protection workers, probation officers, judiciary, and county attorneys. Sources of funding include Dakota County staff development funds, grant funds and Social Services placement prevention funds.
- \* Direct staff to explore with Court Administration the feasibility of a One Judge One Family Initiative. The study should include an examination of the need for a Courts' Domestic Abuse Orders for Protection (OFP) Coordinator position to insure judges have all relevant information when making decisions regarding child custody, visitation, OFPs, CHIPS, No Contact Orders, criminal sentencing and probation violations. Sources of funding include Social Services placement prevention funds.
- \* Direct Community Corrections to keep as a priority timely and thorough assessments of offender risk and abuse severity (lethality) and diligent monitoring of probation conditions.
- \* Direct Social Services to target state funding for Alternative Response at families where both child maltreatment and domestic abuse exist insuring that all family members are assessed for the presence and effects of domestic abuse and receive needed interventions.
- \* Consolidate authority for the prosecution of domestic abuse related offenses at the county level.

**Maximum Interventions – “Step In, take over – Offender accountability not victim blaming”**

**Goal:** Abusers are held accountable for their violence and women and children are safe and protected.

**Fact:** The Minnesota Coalition for Battered Women released its 2000 Femicide Report detailing the number women and children who were murdered in our state.

- During the first eight months of 2000, at least 25 women were murdered in cases where the suspected, alleged or convicted perpetrator was a current or former husband, boyfriend, intimate partner or household/family member of the woman. This is up from a 1999 12-month total of 22 murdered women.
- Three of these 25 women murdered so far in 2000 were residents of Dakota County. These three women had eight minor children and two adult children.
- For this same time period, at least 2 children were murdered in cases where the suspected, alleged or convicted perpetrator was their mother’s husband, boyfriend or intimate partner or was the parent, foster parent, guardian, babysitter or household/family member of the child. This compares to 20 children murdered in Minnesota in 1999.

**Premise:** When law enforcement, prosecution, courts, community corrections and child protective services fail victims, the cycle of abuse and violence continues often with deadly results.

**Recommendations:** The Dakota County Board of Commissioners should –

- \* Direct staff to explore with the County Attorney the efficacy of and need for legislation and supplemental funding to increase criminal charges when domestic abuse occurs in the presence of a child (misdemeanor charges are enhanced to gross misdemeanor charges and gross misdemeanor to felony charges).
- \* Study feasibility of establishing a critical incident review panel to review all cases of domestic violence ending in death.

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## Domestic Violence – Child Witnessing

## Statute Language

In the 1999 legislative session, Minnesota, under its mandatory reporting of maltreatment of minors statute, enlarged the definition of neglect to include witnessing domestic violence. The new language focused on the behaviors of the parent or responsible caregiver that have a detrimental effect on the well-being of the child:

1. violent behavior that could “reasonably result in serious physical, mental, or threatened injury, or emotional damage to the child;
2. repeated criminal domestic assault;
3. the intentional infliction or attempt to inflict “bodily harm against a family or household member...within sight or sound of the child;” or
4. “ongoing domestic violence by the abuser.”

*(from Minnesota Laws 1999, Chapter 245, Article 8, Section 66)*

In the 2000 session this language was removed and replaced with modified language defining the circumstances under which a child is considered to be exposed to domestic violence. These circumstances include:

5. the parent or caregiver engages in violent behavior that “imminently endangers the child’s physical or mental health”;
6. the parent or caregiver repeatedly engages in criminal domestic assault;
7. the child has “witnessed repeated incidents of domestic violence.”

The modified language also requires local welfare agencies to consider certain factors when fashioning a response to cases involving children exposed to domestic violence, e.g. age of child, child’s relationship to parent or caregiver, etc. However, only if funding is authorized in the forthcoming session will this legislation be implemented.

*(from Minnesota Laws 2000, Chapter 401, Sections 1, 2 and 5)*

Source: CASCW News, University of Minnesota, No. 17, November 2000