

The Child Protection Council Statewide Citizen Review Panel

2006 Annual Citizen Review Report

During the last year the State Citizen Review Panel has met quarterly in Des Moines, Iowa. In addition to regularly scheduled meetings, members attended several different annual conferences held throughout the year that were related to the work of the panel.

There are currently eighteen members of the Child Protection Council. Members represent the areas of Child Advocacy, Health, Law Enforcement, CASA, Child Protection Services, Criminal Justice and Civil Court, Substance Abuse, Parent Group Representative, Prosecution, Mental Health, Law Defense and Iowa's Child Protection Centers.

Panel Activities

Below is a description of the area of focus that the Child Protection Council has been working on in the past year. The report notes prior work in this area, accomplishments, issues that remain, and the Council's current recommendations.

Children & Methamphetamine

Background

Over the past several years the Child Protection Council has been focused on Iowa's response to children who have been exposed to illicit drugs and/or the toxic chemicals through parental usage of these drugs or through exposure to clandestine methamphetamine labs. Based on research the Council agreed that no single agency or discipline can effectively intervene to address the multiple needs and concerns involved with this issue. As a result the focus of the Council's work has included the child protection system in Iowa, the medical community, law enforcement and the judicial system within Iowa.

Previous Activities

During the initial year of the project members of the Child Protection Council gathered general information and data around the methamphetamine issue to share with the group. In addition, a number of Council members participated in a training conference that was sponsored by the Governor's Office of Drug Control Policy and other state agencies regarding the Drug Endangered Children Program (DEC). The DEC program was initially developed in California to respond to the health and well being of drug-exposed children and those found in the proximity of home based methamphetamine clandestine labs. DEC is a multi-discipline initiative designed to break the cycle of neglect and abuse associated with substance abusing caregivers of children. Training topics which were

covered during the conference included: *Methamphetamine Awareness, Methamphetamine Lab Recognition and Hazards, Investigative Techniques and Interview Guidelines for Victim Children, Evidence Collection, Child Protective Services Response, Child Removal and Custody, Forensic Interviewing, Medical Examination and Drug Screening, Coordinated Child Endangerment Investigations and Case Studies.*

The panel also invited experts from the field of law and drug enforcement to the Child Protection Council meetings in order to share critical information regarding the use and manufacturing of methamphetamine and the dangers associated with it. These experts reinforced the belief that it would require a multi-discipline response within each community in Iowa to address the current methamphetamine problem.

As the Child Protection Council was reviewing the information about the methamphetamine problem they became aware of two local pilot projects that were being formed and supported by the Iowa Office of Drug Control Policy. A rural and urban county had been targeted to establish a DEC team that included law enforcement, drug agents, the county attorney, medical community members, substance abuse treatment workers and the local child protection agency from each area. The goal of the pilot projects was to promote a community response team to this problem and to coordinate efforts to protect children and prosecute parents. The Council acknowledged the importance of these pilot projects and supported the idea of several members of the Council were attending the DEC meetings and would keep the Council updated on the projects.

Current Activities & Accomplishments

IDHS Policies and Practices

The Child Protection Council reviewed the practices and policies of Iowa's child protection system in regard to child abuse cases that involved methamphetamine. An initial concern was the need for a better data gathering process around child abuse cases that involved methamphetamine. The Council believed that data specific to the number of children involved in these types of cases was needed. The Child Protection Council felt that such data was crucial in determining the needed resources required to confront this growing problem. The panel made a formal recommendation regarding the need for data specific to these cases.

Drug Endangered Children (DEC)

The Child Protection Council continues to support the efforts of the Drug Endangered Children (DEC) teams in Iowa. Several Council members are actively involved as members or facilitators of these teams. The number of DEC teams in Iowa has since expanded from the initial two pilot projects to eleven DEC teams across the state.

Neonatal Drug Screening

The Child Protection Council has supported the neonatal Drug Screening Research Project that Dr. Oral, a member of the Council, is currently working on. The focus of the

research study is children who are endangered by their parent's use of alcohol and/or illicit drugs. The study notes that children's exposure can start as early as conception. While ideally intervention would occur during pregnancy the next opportunity is right after birth. Despite this, only a handful of states focus on either of these early stages of intervention. In the few states that do focus on such early intervention, the hospitals in these areas have established regulations and protocols around perinatal illicit drug screening.

The Child Protection Council has recognized the need to develop such protocols in Iowa. The research to date suggests that utilizing a structured neonatal screening protocol in Iowa will identify a much higher rate of illicit drugs in utero that is currently being reported by hospitals.

A collaboration has been formed that consists of the members of the Child Protection Council, the Medical Committee of the Iowa Alliance on Drug Endangered Children (DEC), Department of Public Health Perinatal Program, The Iowa Hospitals Association, Iowa Chapters of American Academy of Pediatrics, American College of Obstetrics and Gynecology, and Family Medicine Association, Iowa Association of Nurse Practitioners, and the directors and staff of the Child Protection Centers in Iowa. These groups are developing a comprehensive policy on perinatal illicit drug screening with the goal that the perinatal illicit drug screening policy be adopted by the Iowa Department of Public Health for statewide implementation. The policy will be disseminated to the birthing hospitals of Iowa through the use of printed materials, training sessions over the ICN or web cam, and through on-site trainings throughout Iowa. The Child Protection Council members will collaborate in providing education to birthing hospitals on the state policy on perinatal illicit drug screening to improve hospital staff's compliance with the policy.

Child Deaths & Parental Drug Screens

As part of their work the Child Protection Council also questioned if it is known how many children in Iowa have actually suffered death as a result of parental use of methamphetamine. The council invited a representative of the Iowa Child Death Review Team to speak to the group to address this concern. The latest Iowa Child Death Review Annual Report to the Governor was referenced. Within it is a recommendation that would require immediate drug screens be done by law enforcement personnel on caretakers and people who had access to a child just prior to the death. The recommendation continues that all drivers involved in a fatal motor vehicle accident should be tested for alcohol and drugs at the time of the crash.

This recommendation by the Iowa Child Death Review Team is based on the team's review of child deaths in Iowa. In supporting the argument for immediate drug testing at the death scene the team noted how, "alcohol and drugs contribute to child neglect, inappropriate childcare, child abuse and/or in motor vehicle crashes." The argument against waiting is that it becomes impossible to assess if and to what degree the effect of alcohol and drugs contributed to the death of a child if testing for these substance is not immediately done on all caretakers or persons present when the child dies.

It has been questioned if child deaths in Iowa are being inaccurately classified due to lack of testing at the scene. In addition, persons responsible may go unidentified or unpunished as a result. Classifying child deaths accurately assures a thorough investigative process, that those responsible are punished and that preventable factors are clear.

The Child Protection Council supports the recommendation for immediate drug screens of caretakers and persons having access to a child just prior to death. This recommendation would require legislative action to enforce. The Child Protection Council supports legislation on this issue. .

Juvenile Justice

In addition to being the Statewide Citizen Review Panel, the Child Protection Council also serves as the Task Force for the Children Justice Act Grant. In this capacity, the Child Protection Council is funding a Law Student Internship Program. The program provides two summer internships for law students in Iowa's juvenile court system, specifically working with drug-endangered children. The law students are assisting in the representation of these children in juvenile court and partnering with the local Child Protection Centers in an advocacy role for drug endangered children.

The Law Student Internship Program will provide needed legal and advocacy services to drug endangered children while offering an innovative approach to encourage law students to consider the area of child welfare in their future law practice.

The Council has also directed the law student interns to develop a set of protocols for attorneys representing drug-endangered children in Iowa. The protocols for attorneys will benefit those persons representing these children and will contribute to reforming how the legal system handles cases involving drug-endangered children. .

Medical Protocols

The Child Protection Council has supported the need for statewide medical and safety protocols for child victims and professionals that are involved in methamphetamine cases. The need for decontamination and testing of the children involved in these cases require an immediate response to meet the children's medical and psychological needs and address any possible out of home placements.

Home environments with parental substance abuse present many undesirable risks to children, especially young children and children with special needs. Specific known risks include lack of parental support, social isolation, emotional deprivation, serious neglect, These children also have significant health risks including: exposure to infectious diseases such as hepatitis, HIV, and tuberculosis; inadequate immunizations leading to outbreaks of infectious diseases such as measles and polio; developmental delays due to toxic smoke exposure; pulmonary problems such as apnea, asthma, and chronic lung deficiency; liver failure from toxins in ether or ammonia; and risk of lead exposure and poisoning with resulting mental retardation.

In Iowa child abuse cases that involve illegal substance abuse the children are tested at intake for possible exposure to dangerous drugs. Children whose tests are positive receive immediate and appropriate medical attention. The results of the drug testing in these cases are shared with the court and prosecutors who may be involved in these cases. As a result of providing drug testing, the Iowa courts are better able to determine if a child can remain safely in the home and if the caretakers of children who test positive for drug exposure can be more easily prosecuted.

While there is agreement over the need for medical intervention by trained physicians and psychologists for drug-exposed children there remains a shortage of funding to meet these medical needs. The Child Protection Council recommends that Iowa lawmakers should expand efforts to assist drug-exposed children by funding medical treatment services that provide for their acute assessments and follow-up care.

The Child Protection Council urges the 2007 Legislature to provide treatment resources to children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs.

In addition, the safety of the many professionals who are involved in methamphetamine cases are also a concern. Safety protocols are needed that protect professionals who respond to these cases. Work in this area continues. The Council will continue to dialogue with the Iowa Department of Human Services regarding worker safety in these situations. The Child Protection Council believes that child protection workers who physically go out on these cases and handle drug exposed children must be adequately trained and protected.

Recommendations of the Child Protection Council

Iowa continues to experience a dramatic rise in the use of methamphetamine across the state. While there has been a decrease in methamphetamine labs across the state due to recent state legislation regarding restrictions on the sale of over the counter pseudoephedrine products, methamphetamine usage remains strong. It has since grown to the point that it is being reported as the precipitating problem in many of the child protection cases that involve substance abuse and/or neglect.

As a result the recommendations of the Child Protection Council are as follows:

- (1.) The Child Protection Council would support legislation for funding for comprehensive treatment services, including medical treatment services that provide for acute assessments and follow-up care, for children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs and/or through parental usage and addiction to methamphetamine and other illicit substances.**

(2.) The Child Protection Council supports the recommendation of the Iowa Child Death Review Team for immediate drug screens to be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death. All drivers involved in a fatal motor vehicle accident should be tested for alcohol and drugs at the time of the incident.

(3.) The Child Protection Council recommends the development of a comprehensive policy on perinatal illicit drug screening with the goal that the perinatal illicit drug screening policy be adopted by the Iowa Department of Public Health and legislatively mandated for statewide implementation.

(4.) The Child Protection Council recommends that the Iowa Department of Human Services continue to improve their practices and policies in regard to child abuse cases that involve methamphetamine. Specifically, in regard to data collection that is crucial in determining the needed resources required in confronting the growing problem of methamphetamine.

Public Outreach

The Child Protection Council provides for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community. The bi-monthly Child Protection Council meetings are open meetings to the public. A list of agenda items along with the meeting dates and times are posted on the statewide bulletin board. The Annual Citizen Review Panel Report will be posted on the Iowa Department of Human Services web site. From this web site persons can send in questions or comments to the Department. Questions and comments specific to the Citizen Review Panel are directed to the state coordinator for the Citizen Review Panel.

Cerro Gordo County Family Violence Response Team

Cerro Gordo County Attorney
Cerro Gordo County Sheriff Department
Crisis Intervention Service
Department of Corrections
Department of Human Services
Mason City Police Department
Mercy Medical Center-North Iowa
Prairie Ridge Addiction Treatment Service

Cerro Gordo County Family Violence Response Team Citizens Review Panel Annual Report 2006

Membership

The Cerro Gordo County Family Violence Response Team includes individuals from the following agencies/disciplines:

AGENCY	DISCIPLINE	INDIVIDUAL
Prairie Ridge Addiction Treatment Service	Substance Abuse	Jay Hansen
Crisis Intervention Service	Domestic Violence	Mary Ingham
Department of Human Services	Social Work	Jeannie Robertson
Crisis Intervention Service	Child Development	Ann Sebastian
Cerro Gordo County Attorney's Office	Law	Sandi Murphy Gregg Rosenblatt Amy Johnson
Mason City Police Department	Law Enforcement	Frank Stearns, Chair
Cerro Gordo County Sheriff's Department	Law Enforcement	David Hepperly Kevin Pals
Department of Corrections	Other	Diana Kellar
Mercy Medical Center-North Iowa	Nursing	Varies
	Medicine	Vacant
	Public Health	Vacant
	Education	Vacant
	Juvenile Probation	Vacant
	Mental Health	Vacant

This group was originally formed eight years ago by the Cerro Gordo County Attorney's Office, Crisis Intervention Service, Department of Corrections & Mason City Police Department and focused on the criminal justice systems response to domestic violence and sexual assault. Over the years, membership has grown to include other entities with an

interest in this area. Approximately three years ago, a specific focus regarding the impact on children was added.

The team continues to have vacancies in medicine, public health, education, juvenile probation & mental health. The team will work to fill these vacancies by August 2006. The representation for nurses varies; we will make an attempt to identify one individual to be involved with the process.

Meetings

During the past eight years, the meeting frequency has varied from monthly to every other month. The team is completed a safety & accountability in the past year. The team met on the following dates during the past year:

04-11-05	05-26-05	07-14-05	08-25-05
11-07-05	02-06-06	04-10-06	

The team will continue to meet well beyond the completion of current project it is working on.

Functions

The team was originally organized to provide a coordinated community response to domestic violence and sexual assault, with a primary interest in adults. In the past three years, the team has been focusing on domestic violence and children. The team is completed a countywide safety audit that examined how child witnesses of domestic violence were identified by intervening organizations and whether the interventions help or hinder the child.

A Safety and Accountability Audit is designed to examine, in an inter-disciplinary way, whether institutional policies and practices enhance victim safety and enforce offender accountability. The premise behind the process is that workers are institutionally organized to do their jobs. In other words, workers are guided in how they do their jobs by the forms, policies, philosophy, practices and culture of the institution in which they work. A Safety and Accountability Audit, therefore, is not a performance review of individual employees. It examines the local and/or State institution or system in terms of the practices, policies and procedures in regard to handling domestic violence cases. Safety and Accountability Audits involve mapping the system, interviewing and observing workers and analyzing paperwork and other text generated through the handling of domestic violence cases.

The team will comply with the requirements set forth by the Child Abuse Prevention and Treatment Act. The team will identify strengths and weaknesses of the child protective service system in Iowa (Iowa Department of Human Services) and those of community-based services and agencies. Within the scope of its work the team will review these child protective systems in Iowa by clarifying expectations of these agencies by reviewing consistency of practice with current policies, and analyzing current child abuse trends. The team will provide feedback to the state and local agencies and the public at large as to what is, or is not working, and why, and recommend corrective action if needed.

The team will form a sub-group to conduct a safety & accountability audit over the next two years to look specifically to increase accountability of the system to better protect victims of domestic violence, hold batterers accountable, and to integrate the concerns and expertise of African Americans into domestic violence prevention and intervention.

Re-dissemination

The team understands that no member shall re-disseminate child abuse information obtained through the citizens review panel.

Department not bound

The team understands that the department shall consider recommendations of the panel, but shall not, in any way, be bound by the recommendations.

Confidentiality

The team understands that members and staff of a panel may not disclose child abuse information about any specific child abuse case to any person or government official and may not make public any information unless authorized by the Iowa Code to do so.

Reports

The team will provide an annual written report outlining activities and making recommendations for changes. The team will make this report available to the public to allow for input. Prior to the completion of the report, the team will sponsor a public information meeting and solicit comments from the community. The public information meeting will be publicized through press releases and flyers at local agencies.

Recommendations

- No one is collecting specific information on children and how they experience violence. Therefore, the community is not getting a clear picture of what is going on with families. The team should develop forms that link together to create a comprehensive assessment of what children are experiencing.
- Administrative Rule of OVW against deferred prosecutions or deferred judgments is restricting prosecution from creating responses that might be more effective for the individuals involved. For example, with current restrictions, prosecution must either proceed with a case or dismiss. In some cases, the offer of a deferred judgment contingent upon completion of certain conditions, creates the opportunity to get necessary services to individuals and families.
- Assessment & treatment plans are not designed to specifically identify:
 - the extent of domestic violence
 - how children are drawn into the violence
 - how the child's relationship with parent (who is being battered) is impacted by violence.
- Therefore, since there is not an adequate assessment, treatment plans are not directly related to what people need.
- The group questions whether service providers have the capacity and resources to provide services specific to the needs of families. We suspect that many families are getting generic services and need services far more specialized to their individual circumstances.

- We saw there could be many opportunities for CPS to work closely with the criminal justice system to directly intervene with abusers, shifting responsibility of holding the offender accountable from the victim to the system. The use of protection orders initiated by CPS could remove offenders from the home, rather than remove the children. This change would require significant changes in how law enforcement, CPS and prosecution work together.
- Different advocates have better skills at addressing child issues; may be cross-trained but not cross-skilled. The conceptual belief that if the mother safe, the children are safe is not always true.
- Because the community lacks a methodically-coordinated, philosophically-coherent approach to interventions with batterers, we are overly reliant on victims of battering to take a major role in holding offenders accountable. We generally felt that victims in this community may feel that the system is not an ally with them in ending the violence. At the same time, it creates a condition that promotes a sense of safety in a significant number of offenders to continue the abuse.
- The premise that the appeals process creates accountability in courts doesn't necessarily hold true in small communities. When an attorney exercises their right to appeal he/she become vulnerable for repercussions for that actions, thereby making an appeal the choice of last resort. Therefore, many problematic judicial decisions go unchallenged by attorneys or workers in the system.
- There is a failure to distinguish the type of violence (Resistive, Situational or Pathological) being used. Domestic violence is viewed as the same thing in each file and in the interventions.

There was no mention of who needed protection from whom and to what degree. There needs to be a better assessment of the level of danger. Someone is doing something to someone, therefore, someone is being harmed.

There is a failure to identify how children are drawn into the violence and how they are harmed. We need to develop interventions around what is actually happening with children.

Please feel free to call or email if you need any additional information.

Sincerely,

Mary J. Ingham
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BRIDGES

An Iowa/Illinois Family Violence Coalition

Bridges Membership:

Agency

Illinois Dept. of Children and Family Services

Iowa Dept. of Human Services

Rock Island County Courts

Rock Island County Sherriff's Dept.

Scott County Sherriff's Dept.

Davenport Police Dept.

Scott County Attorney's Office

7th Judicial District Iowa Dept. of Corrections

Child Abuse Council

Genesis Employee Assistance Program

7th Judicial District Courts

Rock Island Arsenal

Center for Alcohol and Drug Services

Scott County Juvenile Court Services

Mississippi Bend Area Education Agency

Help Legal Aid

Family Resources, Inc

Personnel

Jane Norman

Dawn Jefford

Mike Carthey

David VanLandegan

Sgt. Mike Huff

Sgt. Mike Huff

Sgt. Bruce McKee

Julie Walton

Jim Ottesen

Mike Lazio

Sue Swisher

Mary Hill-Sutherland

Honorable John Mullen

Diane DeMeyer

Joe Cowley

Chris Spencer

Barb Brunken

Linda Molyneaux

Kelly Colebar

Mikael Gibson

Cheryl Goodwin



Purpose Statement: The purpose of Bridges is to enhance a coordinated community response to domestic violence and children through a continuum of care, awareness, education, direct service, and evaluation. We aspire to promote best practice by facilitating the National Council of Juvenile and Family Court Judges guidelines.

Goal 1: Bridges will build a philosophical framework that enhances the Quad Cities continuum of care of family violence that arises from domestic violence.

Objective 1: Create and adopt a philosophy statement that focuses on system responsibility as it relates to strengthening the mother/child relationship in families where there's domestic violence present.

Objective 2: Develop a universal screening protocol that identifies for all intervening agencies the existence of domestic violence.

Goal 2: Bridges will enhance awareness and education surrounding domestic violence and children for intervening agencies.

Objective 1: Develop a map of each point of intervention an agency has in cases of domestic violence where children are exposed.

Objective 2: Provide training to intervening agents that reinforces Bridges' philosophical framework and informs them about their role in supporting the relationship between mothers and children impacted by domestic violence.

Goal 3: Bridges will engage in activities that assess and challenge the larger systems as it relates to direct service and domestic violence.

Objective 1: A work group of line-staff will be formed in order to assess practitioner surveys and make recommendations based on trends.

Objective 2: Case reviews will occur quarterly to review and assess direct practice experiences.

Objective 3: A focus group of battered women will be conducted to assess how system changes have impacted them.

Goal 4: Bridges will engage in ongoing evaluation of the Coalition's work.

Objective 1: A review of the Bridges goals will be evaluated and documented a minimum of bi-annually.

Objective 2: Grants will be pursued in order to carry out the work of Bridges.

How Collective Interventions Impact the Relationship between Battered Women and their Children

By: Quad City Family Violence Steering Committee

Funded By: The United Way of the Quad Cities, Iowa Attorney General's Office

In 2001 the Administration on Children, Youth and Families asked partners in social service to collaborate and explore issues related to domestic violence and child maltreatment. While organizations representing the Quad Cities were not chosen as a site for federal funding, the decision was made to form a collaborative with the purpose of significantly enhancing community interventions with families harmed by domestic violence.

Participating organizations represented the Illinois Department of Children and Family Services, the Iowa Department of Human Services, Rock Island County Courts, Scott County Courts, and Family Resources, Inc. They formed the Quad City Family Violence Steering Committee, and grew its membership over the next several years. In 2004 the QCFVSC obtained a grant from the United Way of the Quad Cities and the Iowa Attorney's General Office to conduct a "systems assessment" referred to as the Praxis International Safety and Accountability Audit. The audit occurred in March of 2004.

The group made the decision to ask the question **“How do our collective interventions serve to strengthen the relationships of mothers and children who are living with abuse?”** While many collaboratives across the country were investigating issues related to domestic violence and child maltreatment, no one else chose to explore this core relationship between a mother and her child and how helping agencies are impacting that relationship when domestic violence cases are processed. The audit team strongly believes that the mother/child relationship is *the* critical relationship in a family and to fail to acknowledge it in a domestic violence situation is a disservice to the family.

The Safety and Accountability Audit process, which provides collaboratives with a concrete method to systematically analyze whether or not our collective responses to battered women were having a positive impact on their relationship with their children. To answer the question, members of the group:

- Interviewed and observed practitioners processing cases including:
 - a) Iowa Dept. of Human Services intake workers
 - b) Family Resources' Domestic Violence Shelter 24 hour crisis line
 - c) Order of Protection Hearings at the Scott County Courthouse

- Met in focus groups with:
 - a) Women impacted by domestic violence
 - b) Children of battered women
 - c) Adolescents who grew up in “the system” and faced domestic violence
 - d) Batterers

- Participated in 11 police ride-a-longs with the Davenport Police Dept. and the Rock Island County Sheriff's Office
- Observed 911 dispatch operators at the Davenport Police Dept. and the R. I. County Sheriff's Office
- Analyzed case records and files

After completing the audit, the team found that the question “How are our interventions in cases that involving domestic violence affecting mother-child relationships?” was difficult to articulate. It became evident that those involved in individual practices had not been able to incorporate this issue into policy and practice and the institutions involved in the audit were not designed to address the mother-child relationship. The problem appeared to be in how workers are institutionally required, directed, guided, resources, and organized to think about and act in these cases.

The group also quickly realized that with all the text gathered, plus the interview information, observations, and focus group material, they had more information that could be digested in a week. However two things clearly stood out. They were:

- Few practitioners saw it as their institutional or agency mandate to enhance the relationship between mothers and children as an important part of their intervention even when there were clearly ways their intervention could make a difference.
- Children were not acknowledged in almost all of the interventions in ways that surprised and concerned the group of intervening practitioners.

The group concluded that these two general findings are grouped into four themes. They are:

A number of problematic theories and concepts underlying current intervention practices prevent the community from adequately addressing the harm done to the mother-child relationship domestic violence cases.

For example, the phrase “children witnessed domestic violence” is used repeatedly in discussions and case files. However children are drawn into violence on many levels that the term “witnessing” does not adequately capture. Abusers use children to control their mothers. They intuitively isolate children from their mothers and will use violence against children as a way of hurting women. So the word “witnessing” may not allow workers to fully explore the child's involvement in the battering and renders his relationship with his mother invisible.

There is no overall community strategy to intervene in ways that strengthen the mother-child relationship. Individual agencies are left with few concrete ways to organize their practitioners to address this need of children and battered women.

The audit team identified missed opportunities—even when necessary tools were present—to weaken the ability of the abuser to further undermine the mother/child relationship and offer help to the children and mothers. Many of the people interviewed had a hard time grasping the question about the mother/child relationship and found it simpler to identify services and how they would respond to the adult victim and child.

There is no coordinated way of documenting or assessing:

- a) *The ways the abuser is affecting the mother/child relationship*
- b) *How intervening agencies are addressing the problem*
- c) *How this control tactic is affecting children, mothers and the cases before the legal system (divorce, criminal, civil and juvenile)*

For example, one observer writing about her experience watching a shelter intake stated, “The advocate was filing out an intake form for this woman at the police department whom needed to come into shelter. She asked the victim if she had any kids and the victim responded “yes but they are not with me” and the advocate continued on through the form never again asking about the children. It was as if, if they were not with her at that point they seemed nonexistent. The children were not mentioned again through the completion of this intake form. The advocate was doing her job, following the form she uses as a guide and the question about the kids was more about how many beds that would be needed.”

The multi-agency interventions produce a fragmented approach to working on these cases, creating an artificial separation between children and their mothers as victims of the same violence.

The audit team found that there is no strategy for professionals to intervene productively in the mother/child relationship. Even more disappointing, in some cases, the team found that interventions made things worse. In the cases that went wrong, it became evident that the problems were not just linked to one area, but to four. For example, in the area of administrative protocols and procedures, protection orders do not mention protection for the children. Under the area of rules, regulations, directives, and policies, case planning forms list the child as a client with separate tasks and do not address the mother/child relationship in the context of domestic violence. In the area of linkages to other possible interveners, school personnel have contact with children for nine months of the year, yet they will tell you that few children will disclose domestic violence. School personnel are often kept in the dark unless an order of protection is brought to the school.

Recommendations

In order to proceed with the goal of shifting interventions to enhance relationships between children and their mothers, the first step is to educate and train partner agencies on this aspect of domestic violence. It is clear that because this area has never been addressed, that there are no experts who can be called in to assist. However there are a number of people who have developed an understanding of how battering and batterers

work to undermine the mother/child relationship. It is possible to put together a group of people who can help the audit team build on its own collective analysis.

The first step is to form a common ground by hearing from the experts together. That can be accomplished through an audio conference. The conference should be followed with a two-day training for the audit team. Topics for the training could include:

How is the relationship between mothers and children undermined and harmed by domestic violence?

How are the children drawn into the violence and with what implications to their relationships?

How are the concepts of child witnessing and children's exposure to violence inadequate to capture what is actually going on?

How should our interventions address issues of race, class, gender, and ethnicity in addressing this specific problem?

How do we determine if a solution we will propose will backfire on women and their children?

Developing assessment skills needed to identify how children's relationships with their mothers, fathers, and siblings are affected by the violence.

The second step would be to form a common philosophical approach. Based on the information from the trainings, the audit team articulates the principles of operations about the role of the community in enhancing the mother/child relationship. This provides a basis for each agency to re-assess its current intervention. Once the principles are agreed upon, they can be applied to specific cases to see if there is agreement on their application.

The final phase is the self-evaluation. Each participating agency needs to do the following:

- Ask how our mission, intervention goal addresses this issue. If it doesn't, should it? How does an agency articulate that goal to its workers and clients?
- How is our agency linked to others in the system in ways that would improve our collective ability to enhance this relationship? For example, how are CPS and the criminal court working together on these cases to put controls on an abusers' ability to use violence as well as attack the mother/child relationship?

NORTHWEST IOWA CITIZEN REVIEW PANEL
PROJECT:
WOODBURY COUNTY MINORITY YOUTH AND FAMIL PLANNING TEAM
(CINCF)
May 2006

BACKGROUND: In 2004 members of the Woodbury County Minority Youth and Family Initiative Planning Team came together and established the following problem statement, goal, and objectives.

Problem Statement:

Native American children (0-18) as self-identified are over overrepresented within Woodbury County's foster care placement, terminations, and adoptive placements, resulting in a loss of:

- Culture
- Self-awareness
- Identity
- Tribal and family relationships

This is happening because of:

- Shortage of Native foster homes for children in crisis and policies that present barriers to relative placement. Currently there are only three Native foster homes in Woodbury County.
- Lack of culturally competent providers in the community. There are currently one Native agency in Woodbury County, few private provider agencies with Native staff, and only minimal training for non-Native staff on cultural competency.

Goal Statement:

Native American children (0-18), self-identified as Native, are safely raised in the Native community as evidenced by:

- Increase in relative placements, even if Termination of Parental Rights has occurred
- Increase in reunification with parents
- Decrease in Termination of parental rights
- Increase of Native American foster homes
- Decrease in reabuse/neglect rates
- Decrease in entry into the foster care system
- Decrease in abuse/neglect rates overall
- Decrease in number of placements for Native children

Long-term and short-term goals were identified with review in September of 04 and June of 05. 90% of the outcomes have been met at nine months. As evidenced by a decrease in time of placement with licensed foster homes from six months to one month/several per week, now there is need to work on streamlining relative placement with South

Dakota and Nebraska. DHS workers also have been able to identify Native community contacts. At six months there were two foster homes available for placement. Last year there were 149 children with only 60 eligible for ICWA. The DHS workers have been empowered to implement ICWA and contact relatives to offer more services. This number is decreasing. There have many training programs including a significant one, the MYFI project in coordination with CINCF organized and supported beyond the addiction program; A Community Uprising on June 22, 2005. This conference drew approximately 125 people including social workers, attorneys, judges, community people, ICWA, and Tribal officials, law enforcement, correctional officers, treatment workers, and others. More than 1/3 of the attendees were Native. Participants learned about the role addiction plays in children being removed from their homes and the use of family team decision making in like situations. Training attendees showed evidences in advancement in understanding about how to currently apply the Iowa ICWA. The indicators included an increase in scores from the pre and post test after training.

Long-term goals include a need of American facilitator for family team meetings that was approved August 26, 2005. There are two in Woodbury County. An increase in the amount of Native children's placed within the relative network. Of the 124 children being served by the Native unit on August 11, 2005, 41 were found to be ICWA eligible, 24 were found not to be ICWA eligible, 59 were still in the process of determine ICWA eligibility (ICWA applies only to children who have been removed from the home).

CURRENT REPORTING TIMEFRAME: OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

REPORTING DATE: SEPTEMBER 31, 2005

Current status since the last quarterly report continues to emphasize the review and examine the practices and policies and procedures of the local Department of Human Services as related to Native children and placement. A fourth annual DMC Resource Center and Minority Youth and Family Conference brought together Department of Human Rights, criminal and justice planning, DHS, social workers, juvenile court officers, attorneys, educators, DMC coordinators from around the Midwest and within the state, and other professionals and community members for three days of education and training about over-representation, linkages between child welfare, juvenile justice and education systems, girls in the systems, cultural competency, diversity and information centered around developing effective strategies to reduce over-representation and disproportionality. This POWERPoint presentation can be viewed on www.uiowa.edu/-nrcfcp/dmcrs.html.

Technical assistance activities have been provided through a combination of telephone and onsite work. There have been many technical assistance site visits and meetings this quarter in Woodbury County. In Woodbury County the MYFI Native Unit continues to improve in their ability to follow best practices such as relative placement, early use of family team meetings, and the life of a case, use of flexible resources to address immediate needs and evert crises, thus preventing entry into the formal child welfare system. The Native Unit reported increased culturally competency in approaching

families and has developed closer working relationships with members of Tribal and area Native communities. The Unit has also become more consistent in actively identifying and serving children who self-identify as Native. The relation ongoing work would include improving the relationship between the Native Unit and the Woodbury County Attorney's Office that has been characterized as strained as workers are sometimes perceived as being siding with the Native community against the Woodbury County Attorney's Office. This has allowed an overall opportunity for the Native Unit to become even more consistent in their message about how culturally competent best practices are in the best interest of children to develop stronger skills in being effective advocates for Native children; to educate the County Attorney's Office on the role of DHS social workers, and to collaborate with area tribes in the Urban Indian community to create better transitions for Native children which draw on the better working relationships among Native, DHS, and community resources. There have been many meetings from October of 2005 on through November with the Native Unit and the Woodbury County Attorney's Office.

What problems have been encountered:

Currently, the Department has not encountered any unusual problems in any of the primary areas of work. Some successes include instruments in addition to increasing the number of children serviced, the instruments have been developed to pursue the qualitative methodology for evaluating the MYFI demonstration project in Woodbury County. Draft instruments have been submitted to DHS central office as well as other sites with the intention to gather data on changes from the perspective of families, DHS, PACE, and the community of providers on each side. Though solicited, there has been no response to the proposed instruments to date so the project will be proceeding with requesting the IRB approval for the new approval. The project is on schedule. There are no changes in the printable project personnel at this time. Technical assistance continues to be provided to local agencies serving minority communities and additional funds have been located to continue the work of specific agencies serving kids who either are or might otherwise enter the child welfare system. There has also been work done to identify further funding sources for minority serving agencies.

Future Direction:

The project will continue on with continued education to understand ICWA and also to provide more Native Homes for Foster Care. A workshop focusing on the fetal alcohol spectrum disease is planned and developed by the team of the Native American project and DHS and Mercy Medical Center. This conference is scheduled for June 8 and 9 of 2006: The Impact of Fetal Alcohol Spectrum Disorder (FASD) on Schools, Families, Communities and the Legal System.

Members of the Team/Panel include representatives from the Iowa Department of Human Services, Woodbury County Court Administrator, Iowa Department of Human Services, Law Enforcement, Woodbury County Attorney's Office, ICWA Santee Reservation, Legal Aid of Nebraska, Meskwake Family Sources, several citizens not connected with

an agency, DHS Liaisons, Schools, Human Rights Commission, Tribal representatives, Iowa Department of Human Services IDHS, Police, Child Advocacy Center, and Court Administrator. Other members of the Panel could be added as indicated.

The Panel/Team (CINCF) will continue to meet on a monthly basis.

PROGRAM PROGRESS REPORT

<u>Grant Recipient</u>	National Resource Center for Family Centered Practice, University of Iowa School of Social Work
<u>Project Period</u>	October 1, 2005 – September 30, 2006
<u>Report Period Ending Date</u>	March 31, 2006

Narrative

1. What has happened since the last quarterly report?

This is the second quarterly report covering the period January 1 through March 31 for project fiscal year 2006. Progress has been made in the following areas of technical assistance:

- Evaluation of the two demonstration projects;
- Organizational effectiveness technical assistance to specified community agencies;
- Assistance to the Department in examining key child welfare decision points that may impact minority over-representation and proposed improvement strategies; and
- Incorporation of training segments linking child welfare, juvenile justice and cultural competence into the statewide DMC Conference.

The draft Evaluation of the Minority Youth and Families Initiative (MYFI) Demonstration Projects was published in September, 2005 and was posted on the website for review last quarter (see [recent draft evaluation](http://www.uiowa.edu/%7Enrcfcp/dmcr/myfi.shtml) at <http://www.uiowa.edu/%7Enrcfcp/dmcr/myfi.shtml>). After reviewing the results and recommendations, discussing these with the sites, and convening conference calls to include input into the instrumentation, we adapted the evaluation methodology to include a qualitative assessment of the initiative based on interviews and site visits with workers, administrators, community providers and families who have participated as service recipients.

During this quarter we developed, revised and finalized the instruments and protocol for recruitment and interviewing members from each of the target groups. The procedures and instruments were prepared and submitted to the University of Iowa Institutional Review Board (Human Subjects Committee) for review on 2/3/06. IRB approval was received on 3/6/06.

DS materials have been delivered for recruitment of participants to both sites. A meeting with two groups of participants in the Polk County site was scheduled for April 13th and April 20th. Other interviews with workers, supervisors and administrative staff as is

scheduled throughout the month of April and the beginning of May. The interview recruitment letter and interview guides are included with this report as separate attachments.

B. Organizational Effectiveness TA to community agencies

A collection of instruments designed for organizational assessment of community agencies has been posted on the MYFI website at:

<http://www.uiowa.edu/%7Enrcfcp/dmrc/AgencyAssessmentTools.shtml>

The purpose of these tools is to serve as an aid to community agencies in determining areas in which they might need technical assistance. To date, at least two agencies are known to have completed some of the tools on the website. They each identified funding as a priority area in which technical assistance was needed. As a result, the Resource Center worked with two agencies (one in Waterloo and one in Des Moines) to submit small grant applications. The Resource Center will also continue to work with the Des Moines agency due to their request for ongoing assistance. Although this agency is facing many challenges, during the last quarter we have seen some success in terms of their ability to generate viable grant proposals, effectively serve youth in their program and build on their success in working with the school district.

C. Examination of key child welfare decision points

The Resource Center shadowed intake supervisors in four counties examining the decision making processes as they may relate to minority over-representation. The findings suggest that the intake process does not reveal a race bias and it is proposed that strategies to improve outcomes will need to be further informed by examination of the referral and investigation or assessment processes. Dr. Coohy continues to work on the dataset provided examining the validity of the CFRA and CFRR and it is anticipated that those findings will be presented at the next UI-DHS research meeting.

D. Training linking child welfare, juvenile justice and cultural competence into the statewide DMC Conference

The statewide DMC Conference will rely on a committee structure this year. The past two conferences have relied heavily on the DMC Committee and the DMC Coordinator to identify topics and speakers in addition to logistical support. Several DHS representatives are included on the committee and are assisting with the identification of relevant speakers and training to incorporate presentations that will provide information on best practices, cultural competence and linkages among systems such as child welfare, juvenile justice and education. The Polk and Woodbury County MYFI projects will be presented at the conference by those involved in the project. The Resource Center anticipates being able to cover staff expenses for all SAMs and an additional staff person designated by each SAM. Planning for their attendance will need to begin early this year

in order to maximize the number in attendance and to improve on last year's rate when most SAMs did not attend.

In addition to the statewide DMC Conference, the DMC Resource Center is providing support to Woodbury County for the purposes of holding a 4th Annual Woodbury County DMC Conference on June 8, 2006 at Briar Cliff University. The Conference will include a workshop presentation to the community about the progress made by Woodbury County's MYFI project.

Technical assistance in Polk County continues to include linking the educational system to the child welfare and juvenile justice systems to address the common experience of over-representation in those systems. Des Moines Public Schools is an active partner in these efforts and doing what it can to provide support to minority serving agencies. Although mentioned in last quarters report, it deserves further mention here that the full report of the DMCRC TA project on over-representation in suspensions in Polk County in conjunction with the Des Moines Public Schools is available at: [Reducing Disproportionality in Suspensions at Des Moines Public Schools: Findings and Recommendations From Focus Groups With Students and Parents](#)

On site dates in support of the DMC effort include the following:

Woodbury County

January 12, Native Unit retreat;

January 26, Community Initiative for Native Children and Families meeting;

February 26-March 1, CWLA presentations in Washington DC and discussion with Utah ICWA

specialist and other at the conference about MYFI issues and common issues

March 9: Meeting with Pat Penning and Teri DeVos about second phase of evaluation and preparation for the NICWA presentation in San Diego.

March 23: Meeting with Pat Penning, Teri DeVos, and Betty Pratt to review data and presentation notes for NICWA Conference

Polk County

January 4, Polk County MYFI meeting at PACE;

February 26-March 1, CWLA presentations in Washington DC and met with outgoing CWLA Exec. Director, Shay Bilchik

March 15, Polk County meeting with Solid Foundations on organizational assessment

March 22, Polk County meeting with Wendy Rickman on MYFI

2. What problems have you had?

We have *not* encountered any unusual problems in any of the primary areas of work.

3. Describe some successes.

We have found those we have contacted us for interviews to be willing to engage in those interviews and provide open and honest responses to our questions. We continue to have success in linking other systems (e.g., education, UCARE initiative) across the state and most intensively in Des Moines and Sioux City.

4. Is the project on schedule?

The project is on schedule.

5. List any additions or changes in principal project personnel, including sub-contracts.

There have been no changes in principal project personnel or subcontracts. A program assistant has been hired to assist with the work of the Resource Center.

6. Describe the extent of collaboration and the contribution of other community resources in the accomplishment of the project.

The network of individuals and agencies continues to expand along with visibility of the project as we work with the TA sites, national technical assistance efforts, and others in local, state and national arenas with interest in eliminating racial disparities (e.g., APHSA, NAPCWA, CWLA, NASW) including attendance and presentation at national conferences. Two national presentations were conducted drawing attention to efforts underway in Iowa and also providing feedback to the presenters about ways in which to improve our efforts. The presentations included:

Richardson, Brad; Rembert, Julia; Penning, Pat, De Voss, Terry
2006 Reducing Over-Representation in Child Welfare and Juvenile Justice Systems.
24th Annual "Protecting Our Children" National American Indian Conference on
Child Abuse and Neglect. April 2-5, 2006; San Diego, California.

Richardson, Brad; Rembert, Julia; Parker, Patricia, McFall-Jean, Nancy
2006 Reducing Disproportionality in the Child Welfare and Juvenile Justice Systems:
Implications for Social Work Practice and Systems Change. "Children 2006:
Securing
Brighter Futures," Child Welfare League of America National Conference.
February 27- March 1, 2006; Washington, D.C.

Both presentations included discussion of disproportionality and the MYFI and DMC Resource Center's work as well as information about the demonstration sites in Polk and Woodbury Co.

STATE RESPONSE

(Section 106(c)(6)) of the Act

IOWA'S CITIZEN REVIEW PANELS

Following is the State's response to the recommendations of Iowa's four Citizen Review Panels. The four Citizen Review Panels in Iowa include the following:

Child Protection Council State Citizen Review Panel
The Northwest Iowa Citizen Review Panel
Bridges, An Iowa/Illinois Family Violence Coalition
The Cerro Gordo County Family Violence Response Team.

RECOMMENDATIONS & RESPONSE

Recommendations of the Child Protection Council *State Citizen Review Panel*

Recommendations from the State Citizen Review Panel have focused on the dramatic rise in the use and manufacturing of methamphetamine across the state. Throughout the past year, the State Citizen Review Panel has been focusing on how the child protection system in Iowa is protecting and providing services to children who may have been exposed to illicit drugs and/or the toxic chemicals associated with clandestine methamphetamine labs.

- (1) The Child Protection Council would support legislation for funding for comprehensive treatment services, including medical treatment services that provide for acute assessments and follow-up care for children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs and/or through parental usage and addiction to methamphetamine and other illicit substances.**
- (2) The Child Protection Council supports the recommendation of the Iowa Child Death Review Team for immediate drug screens to be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death. All drivers involved in a fatal motor vehicle accident should be tested for alcohol and drugs at the time of the incident.**
- (3) The Child Protection Council recommends the development of a comprehensive policy on perinatal illicit drug screening with the goal that the perinatal illicit drug screening policy be adopted by the Iowa Department of Public Health and legislatively mandated for statewide implementation.**

(4.) The Child Protection Council recommends that the Iowa Department of Human Services continue to improve their practices and policies in regard to child abuse cases that involve methamphetamine. Specifically, in regard to data collection that is crucial in determining the needed resources required in confronting the growing problem of methamphetamine.

State Response to Child Protection Council
State Citizen Review Panel's Recommendations

(1) Increased Medical Services

Over the past several years the Department of Human Services has received increased funding for medical treatment services for children. This funding has been specified for the five Child Protection Centers that serve Iowa. The Child Protection Centers provide medical evaluations and psychosocial assessments of child abuse victim. The Centers also provide assistance to Child Protective Services Assessment Workers and local law enforcement officials who conduct child abuse investigations.

Initially, the legislation that created Child Protection Centers Grants Program in 2001 contained no provision for funding. In July 2004 the Iowa legislature provided \$100,000 for three of the Centers and then \$1,000,000 for four Centers in July 2005. In July 2006, a total of \$1,230,000 was provided for five Child Protection Centers that serve Iowa.

(2) Child Deaths and Parental Drug Screens

The Child Protection Council recommended that immediate drug screens be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death. The recommendation also included the requirement that all drivers involved in a fatal motor vehicle accident should be tested for alcohol and drugs at the time of the crash. A proposal supporting this to the legislature did not result in draft legislation.

(3) Neonatal Drug Screening

The Child Protection Council recommended the development of a comprehensive protocol on perinatal illicit drug screening with the goal that the perinatal illicit drug screening protocol be adopted by the Iowa Department of Public Health and be legislatively mandated for statewide implementation. The Council supports this research to date on the project suggests that utilizing a structured neonatal screening protocol in Iowa will identify a much higher rate of illicit drug exposure in utero than is currently being identified by hospitals.

This project is currently in its development stage through the collaboration of a number of agencies including the Department of Human Services, Child Protection Council, Iowa Hospital Association, Iowa Alliance for Drug Endangered Children, Iowa Chapter of American Academy of Pediatrics, University of Iowa Child Protection Program, Iowa Association of Nurse Practitioners, Blank Children's Hospital Child Protection Center, Iowa Academy of Family Physicians, St Luke's Hospital Child Protection Center, Iowa Chapter of American college of Obstetrics and Gynecology, Mercy Child Advocacy

Center, Iowa Child Death Review Team, Mississippi Valley Child Protection Center, Caring Connection Healthy Pregnancy Program, Office of Drug Control Policy, Attorney General's Office, Prevent Child Abuse Iowa, Iowa Chapter of Association of Women's Health and Neonatal Nurses, Iowa Chapter of American College of Nurse-Midwives, National Academy of Neonatal Nurses, Iowa Physician Assistant Society, Area Education Agency, State Toxicologist, Iowa Chapter for National Association of Neonatal Nurses.

(4) Data Collection

Data information specific to child abuse cases involving methamphetamine are not reported separately within the data system of the Department of Human Services. These cases are categorized by the factors that are met within existing child abuse types. While this specific information is not available at this time the Department would note the Child Welfare Information Data System is being programmed to allow for data collection on the basis of neglect due to illegal drug use by caretaker. The new public access child abuse data is the Digital Dashboard and is available for public viewing on the Department's web site. The Digital Dashboard provides statistical information on the outcomes and indicators related to the Department's federal Child and Family Service Plan.

Recommendations of the Cerro Gordo County Family Violence Response Team

The focus of Cerro Gordo County Family Violence Response Team is on domestic violence and children. The team supports a coordinated community response to domestic violence and sexual assault. The recommendations from the Panel were from this area.

(1) The team recommends that the format of the Assessment and Treatment Plans that the Department of Human Services utilized for families be redesigned to specifically identify the extent of domestic violence, how the children are drawn into the violence, and how the child's relationship with the parent is impacted by violence.

(2) The Cerro Gordo Team recommends that Child Protective Workers work more closely with the criminal justice system to directly intervene with abusers. The team recommends the use of protection orders initiated by Child Protective Workers to remove the offender from the home rather than remove the children.

(3) The Cerro Gordo team recommends that attorneys and/or workers in the child abuse system should challenge problematic judicial decisions.

State Response to the Cerro Gordo County
Family Violence Response Team

(1) Assessment and Treatment Plans

It is recommended that the child protective assessment and treatment plans that are written for children and families be redesigned to identify domestic violence and the exposure of the child to this and to address the impact on the child's relationship with the parent.

All child protection workers are to assess for domestic violence and document the issues when they are present in a child abuse case. Workers are to inquire directly about domestic violence with all families during the initial meetings whether or not there are allegations of domestic violence, and whether or not an adult male lives in the household. If domestic violence is an issue this must be documented and addressed within the assessment and treatment plans for families. During the assessment workers are to explore and document the level of violence being reported and to assess to what extent this puts the child at risk. Additional information that should be gathered and documented in the assessment plan is the child's ages and developmental stage, positive relationships with domestic violence victim (*this relationship between the non-offending caretaker and the child should be supported and protected*), siblings, other family members and neighbors, child's actions during the violence, child's knowledge of what to do in during violent abuse episodes, and the child's ability to carry out a safety plan.

Technical Assistance around domestic abuse is available for Child Protection Workers through the Coalition Against Domestic Violence (ICADV). ICADV is available to provide phone technical assistance on a variety of issues which include but are not limited to housing assistance, safety planning with victims, legal assistance, domestic violence program referrals, cultural competency, immigration, and general community response/problem solving around issues of domestic violence and child welfare.

Domestic violence advocates, mental health workers, substance abuse counselors, child welfare case workers and others meet weekly to review, evaluate current services and plan follow-up services for current cases within the Department of Human Services. Consultation services provide child protection workers with a resource for information, guidance and assurance of an informed response to families affected by domestic violence.

(2) Protection Orders

The Cerro Gordo Team recommends the use of protection orders initiated by Child Protective Workers to remove the offender from the home rather than remove the children.

Within the course of a child abuse assessment or during any juvenile court proceeding child protection workers can request measures to better protect the children in domestic

violent situations. These may range from an ex parte order that immediately removes the child from the home to in-home services that allows for the child and the non-offending caretaker to remain in home. Many situational factors determine what type of request is made based on if the domestic victim is separated from the abuser, wishes to leave the abuser or has chosen to stay with the abuser.

(3) Judicial Decisions

The Cerro Gordo Family Violence Team recommends that attorneys and/or workers in the child abuse system should challenge problematic judicial decisions.

There is in place an Appeal process where by the Department of Human Services can appeal a judicial decision that they feel would not adequately protect a child.

Recommendations of Bridges **An Iowa/Illinois Family Violence Coalition**

The purpose of Bridges, An Iowa/Illinois Family Violence Coalition is to enhance a coordinated community response to domestic violence and children through a continuum of care, awareness, education, direct service and evaluation. The group promotes best practice by facilitating the National Council of Juvenile and Family Court Judges guidelines.

(1.) Bridges, An Iowa/Illinois Family Violence Coalition, is recommending that a community agency, which includes the Department of Human Services, review their interventions and how they may or may not serve to strengthen the relationships of mothers and children who are living with abuse.

(2) Bridges, would recommend that the documentation and assessments of Child Protection Workers in domestic violence cases would speak to the ways the abuser is affecting the mother/child relationship, how intervening agencies are addressing the problem, and how the control tactic is affecting children and mothers, and the cases before the legal system (divorce, criminal, civil and juvenile).

State Response to Bridges **An Iowa/Illinois Family Violence Coalition**

(1) Interventions

Bridges is recommending that the Department of Human Services review its interventions with families involved in domestic violence situations to see how these intervention may or may not serve to strengthen the relationship between mothers and children who are living with abuse.

Within child abuse assessments child protection workers are to document domestic violence issues when they are present. Workers are to routinely inquire directly about domestic violence with all families during the initial reports and in assessment interviews with every adult family member, whether or not there are allegations of domestic violence, and whether or not an adult male lives in the household.

In routinely screening cases for domestic abuse, the worker is questioning and considering the safety of the domestic violence victim and the children. Intervention efforts by Iowa Child Protective Services in domestic violence cases focus on the protection, safety, and well-being of the child through increasing the safety of their parent if they are being abused and to support the autonomy of the parent who is a domestic violence victim. After the safeties of these persons are assured, the relationship between the domestic violence victim (*in most cases the mother*) and the child should be supported and preserved. Any formal or informal services that are needed to support and preserve this relationship are to be offered.

(2) Child Abuse Documentation & Assessments

A second recommendation of Bridges involved the documentation and assessments of child protection workers in domestic violence cases. The child abuse assessments should address how the abuser is affecting the mother/child relationship, how intervening agencies are addressing the problem, and how the control tactic is affecting children and mothers, and the cases before the legal system.

Routine screening for domestic violence is part of child protection efforts. Workers are directed to always inquire about domestic violence whether or not there are allegations of domestic violence contained within the initial child abuse report. When domestic violence is present information should be gathered and documented in the child assessment plan. In these cases the information that should be gathered and documented include such things as the threats or use of physical force being used by the abuser, the pattern of coercive behaviors, prior police involvement, stalking issues, and any observable possible effects of domestic violence (injuries), fear of partner, prior requests for assistance and the family support system. Specific situational factors such of using the children to control the domestic violence victim, physical, sexual, and psychological assaults and the use of economic coercion should be documented.

Child protection workers should also partner and collaborate with other agencies. The workers should assist the family in connecting with these local agencies that would include domestic violence programs, batterers intervention programs and the criminal, civil and juvenile justice system. These agencies can help to increase the safety of the victims and to hold the perpetrators responsible for the domestic violence.

Domestic violence training is also being provided semi-annually and focuses on the co-occurrence of child maltreatment in homes of domestic violence. Objectives for this training include:

- Personalize assessment questions for exploratory and action purposes.
- Assist in safety planning for victims & children.
- Determine risks of children living with batterers.

Differentiate between child abuse and exposure to Domestic Violence.
Discuss why battered women & children may need to remain with the batterer.
Perform lethality assessments for domestic violence.

DHS expanded the contract with Iowa Coalition Against Domestic Violence (ICADV) to provide each service area an opportunity for 8 days of technical assistance (TA) and/or training starting March 1st 2006 through October 30th 2006. Service area selected TA and/or training from the following items: Case consultation; Impact of Domestic Violence and Substance Abuse; Domestic Violence and Family Team Meetings; DV & Cultural Competency; Domestic Violence, Child Welfare and Substance Abuse Cross-Training; Community Partnership and DV Strategic Planning; Focus Groups, Batters as Parents. Approximately, 20 of these opportunities have been scheduled through the state.

In addition, Family Violence Response Teams continue to meet across the state. The primary task of the State Family Violence Response Team has been to assist community leaders and institutions to form local interdisciplinary teams who created innovative responses to domestic violence and child abuse that ensured safety, justice, stability and well being for families. After two years, the federal funding was discontinued and the state FVRT has disbanded. However, over half of the local family violence response teams continue to operate without funding and have regular meetings and organized activities.

State Response to Northwest Iowa Citizen Review Panel

The Northwest Iowa Citizen Review Panel continues with the Woodbury County Minority Youth and Family Planning Team project. The focus of the project is on Native American children who are overly represented in the county's foster care placements, terminations and adoptive placements. The project is still in the early development so formal recommendations were not presented at this time.