



CRIME VICTIMS' INSTITUTE

COLLEGE OF CRIMINAL JUSTICE

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Beyond Liaisons: Addressing Silos in the CPS and Domestic Violence Service Response for Survivor Parents and their Children

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Overview

Childhood exposure to domestic violence (CEDV) is an Adverse Childhood Experience (ACE) that can generate negative health outcomes across the lifespan (Felitti et al., 1998). Approximately 1 in 15 children in the United States have witnessed domestic violence (DV) in the past year and 1 in 4 children will witness DV in their lifetime (Blair et al., 2015). Studies estimate between 18-67% of child welfare cases also involve DV (Edelson, 1999; Herrenkohl et al., 2008; Jouriles et al., 2008) and in Texas it is estimated that DV occurs in approximately 29.1% of Child Protective Services (CPS) cases (Wood, 2019). Community-based services, such as housing and economic support, therapy for children and parents, educational awareness, and prevention education, can mitigate the impact of domestic violence on youth (Bennett et al., 2004; Niolon et al., 2017; Wood, 2021). DV-focused service agencies frequently receive referrals from CPS and provide services to CPS-involved families to support both children and parents. Additionally, DV service providers often help clients navigate the CPS process, are mandated reporters to CPS, and may employ CPS liaisons to facilitate communication between agencies. Yet, little research has documented the collaborative response between DV and CPS for families with CPS involvement in Texas [1].

This research brief examines a subset of data from the 2021 study, *Children Exposed to Domestic Violence (CEDV): Understanding the Community Response and Needs in Texas* (referred to in this brief as the “CEDV study”), about the relationship between CPS and DV service providers[2]. The goal of this brief is to explore the areas of shared service provision and the perceptions of this working relationship to increase understanding about how DV and child welfare agencies can better meet the needs of families with CPS involvement.

Literature Review

CEDV and Child Maltreatment

Childhood exposure to domestic violence (CEDV) is associated with a range of potential negative outcomes for health and psychosocial development. Risk factors associated with exposure to DV include higher rates of obesity, heart disease, and diabetes (Chu & Chu, 2021); disrupted attachment (Anderson et al., 2018); mental health issues, such as suicidal attempts, depression, and increased risk for substance misuse (Anda et al., 2006; CDC, 2019; Felitti, et al., 1998; Karlsson et al., 2016); and subsequent perpetration and victimization of DV in adolescence and adulthood (Blair, et al., 2015; Capaldi et al., 2012; Vagi et al., 2013). Research has shown that that one of the mitigating factors to the negative impact of domestic violence is a strong connection and attachment with the survivor parent (Edleson, 1999; Gerwirth & Edelson, 2007).

The relationship between DV and child maltreatment is complex because in some cases, children are removed from the parent survivor and their home because CPS determines that the parent survivor ‘failed to protect’ the child (Victor, 2021), which in Texas could fall under the broad CPS investigative finding category of ‘neglectful supervision.’ [3] Thus, it is difficult to disentangle data on child maltreatment and DV because DV may be one of the primary reasons for removal, yet not always clearly stated as such. In other cases, removal of the child may not take place but there will still be an investigative finding of abuse or neglect on the survivor parent, leading to the survivor parent being placed in the Texas Child Abuse Registry.

[1] In Texas domestic violence and intimate partner violence are defined as “family violence”. This article uses domestic violence to encompass these other terms.

[2] This study was conducted by University of Texas Medical Branch’s Center for Violence Prevention (UTMB CVP) and University of Austin’s Texas Institute on Child and Family Wellbeing (TXICFW) in collaboration with the Texas Council on Family Violence (TCFV) and Texas Alliance of Child and Family Services. The full study report can be found on UT Austin’s TXICFW website here: <https://txicfw.socialwork.utexas.edu/children-exposed-to-domestic-violence/> and CVP’s website here: [https://www.utmb.edu/cvp/divisions/evaluation/children-exposed-to-domestic-violence-\(cedv\)-report](https://www.utmb.edu/cvp/divisions/evaluation/children-exposed-to-domestic-violence-(cedv)-report)

[3] Children’s exposure to domestic violence does not in and of itself meet the definition of child abuse or neglect in Texas.

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CPS and DV Agency Collaboration

Families experiencing multiple forms of victimization (e.g., DV, CEDV, & child maltreatment) often are having to navigate different and frequently disjointed systems, such as child welfare, criminal legal, medical, and education. DV agencies may act as sources of support and coordination of care for needs such as housing, counseling, and safety planning. Historically, approaches within DV service agencies and the child welfare system have often focused on different individual family members as the primary victim – either the survivor parent or the child - creating silos between DV and CPS intervention strategies that may seemingly pit the needs of the child or survivor parent against each other (Holmes et al., 2019). This is due in part to the different historical underpinnings and differing mandates of the response models for CPS and DV agencies. For CPS, as a state regulatory and investigative system, the mandate is to investigate safety and protect the child from abuse and neglect, which gives the state the power to remove or shift the custody of children. Domestic violence agencies, on the other hand, are grounded in community-based, independent nonprofit organizations and based on a voluntary service model which is codified in federal law for agencies receiving federal funding (Family Violence Prevention and Services Act [FVPSA], 42 U.S.C. §10408). DV agencies have also historically seen the safety of the child inextricably linked to the safety of the parent who has been victimized (Schechter & Edleson, 1999).

The adoption and effectiveness of these efforts vary across the nation. In Texas, several initiatives were developed, beginning in the early 2000s with the development of a Memorandum of Understanding (MOU) between DV agencies and CPS. The MOU requires a system of liaisons within every DV agency and all regions of CPS to facilitate communication, cross training, and partnership between the agencies. Additionally, a statewide collaboration called the Texas Family Violence Interagency Collaborative (TFVIC) was formed between HHSC's Family Violence Program, CPS, Adult Protective Services, the Texas Council on Family Violence (TCFV) and DV agencies. In 2011, Texas Senate Bill 434 established a taskforce directed to make recommendations about the relationship between child abuse/neglect and domestic violence[4]. To further these efforts, TCFV, in partnership with some DV agencies across the state, created a network of enhanced CPS liaisons. Finally, CPS, with input from Texas DV agencies and TCFV, developed investigation disposition guidelines for CPS cases involving DV and a DV-focused handbook for CPS staff[5]. Despite these efforts, the 2019 TCFV State Plan highlighted that there was a continued pressing need for work to address issues at the intersection of DV and CPS (Wood, 2019). Because of this, the University of Texas Medical Branch and University of Texas -Austin research team included the landscape of collaboration between CPS and DV agencies as part of the CEDV study to better understand the nature of collaboration between these entities in the state.

Current Study and Methods

This research brief is based on the research team's additional analysis of both quantitative (staff surveys) and qualitative (interviews with staff) data from the CEDV study to answer the following research questions:

1. What are the common areas of collaboration and services between DV and CPS?
2. What are staff perceptions about the current collaborations between DV agencies, CPS, child advocacy agencies and other agencies addressing CEDV?
 - a. What recommendations do staff have about what could be improved or strengthened about the collaboration between DV agencies, CPS, and other child welfare agencies to better meet the needs of DV survivor parents and their children?

Data Collection

Staff Surveys

The research team used statewide listservs to recruit staff from DV, CPS, and allied agencies across the state to complete an online confidential survey (for complete demographic information, recruitment methods, and survey details, please see the CEDV report). Data from three questions were analyzed for this research brief, including: "In your community, which of the following efforts are in place to support collaboration between domestic violence and child welfare agencies?" (options outlined in findings); "How would you rate the overall quality of your agency's collaboration with DV agency (if not a DV agency staff) or CPS (if a DV agency staff)?"; and for DV agency staff only, "Please indicate how often you do the following?" (options outlined in findings).

Table 1. Survey participants by agency type

Item	n	%
DV Services Staff	107	48%
Child Welfare Services Staff ⁶	60	27%
Legal/Other/Did not endorse another category	55	25%
Total	222	

Interview and Focus Groups

Semi-structured interviews and focus groups were conducted with staff (n=50) from DV agencies in Texas who provide services to DV survivors and their children and from statewide experts on the intersection of DV and CPS. Participants were recruited through referrals from partnering agencies, a statewide availability survey, and interview participants. Participants were asked questions about their relationship with CPS (Are you working with CPS? If so, how has that been?) as well as other community partners.

Data Analysis

Staff Surveys

Survey data was exported into SPSS for analysis where descriptive tests were conducted to examine frequencies and percentages for the questions included in this research brief.

Interview and Focus Groups

The first, second, and third author analyzed the interviews and focus groups using thematic analysis (Braun & Clarke, 2006, 2022) via a qualitative software platform (Atlas.ti Web). They reviewed transcripts for familiarization. They then developed a flexible, iterative codebook pertaining to experiences with CPS and DV programs, and coded the data. From primary coding, concepts were developed to themes of how these entities collaborate and perceptions of the collaboration.

[4] <https://capitol.texas.gov/billlookup/History.aspx?LegSess=82R&Bill=SB434&Sort=A>

[5] CPS DV disposition guidelines can be found at: https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Disposition_Guidelines_for_Domestic_Violence_Resource_Guide.pdf and CPS's DV handbook: https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Domestic_Violence_Resource_Guide.pdf

[6] This category included staff from DFPS Child Protective Services (CPS) and community-based child advocacy organizations such as Children Advocacy Centers and Court-Appointed Special Advocates

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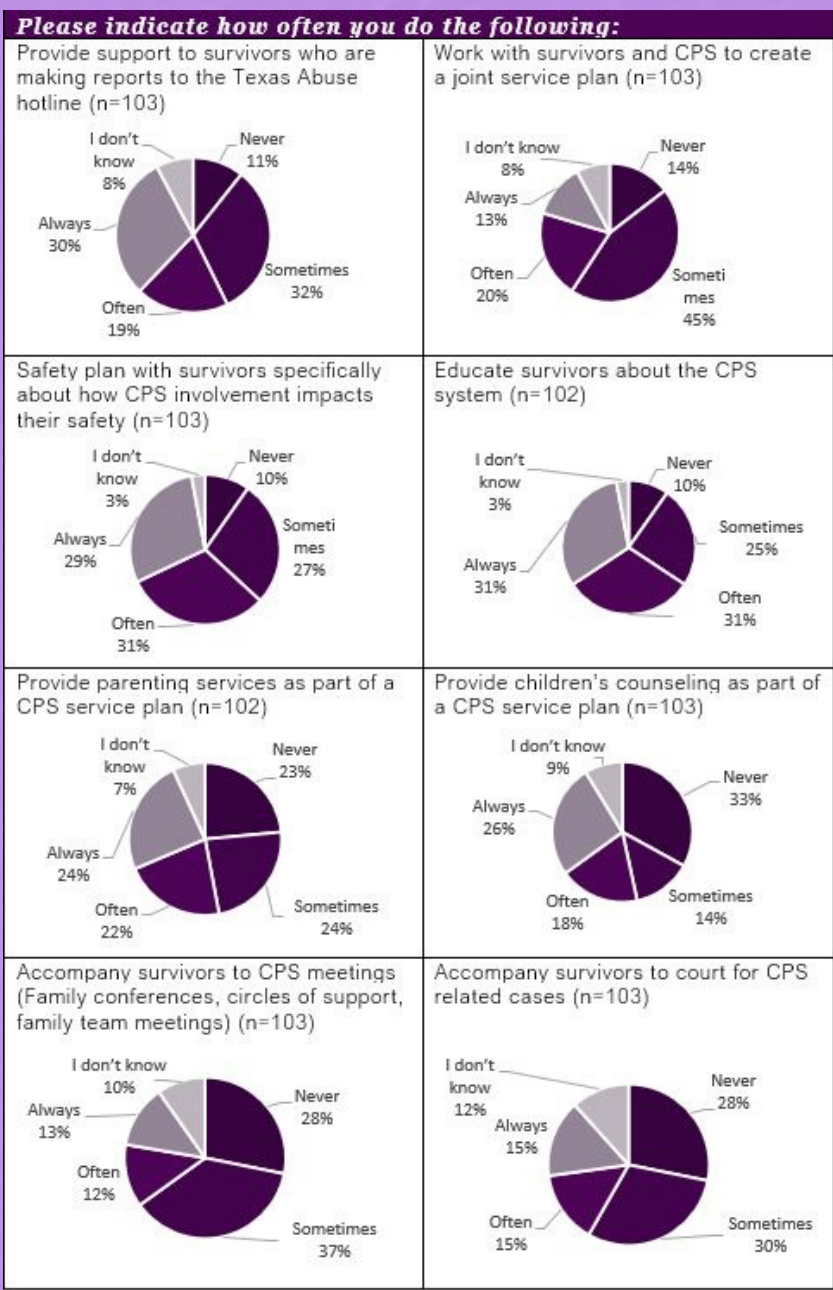
Drawing from the quantitative (staff surveys) and qualitative (interviews/focus groups) data sources, the findings are organized by research question.

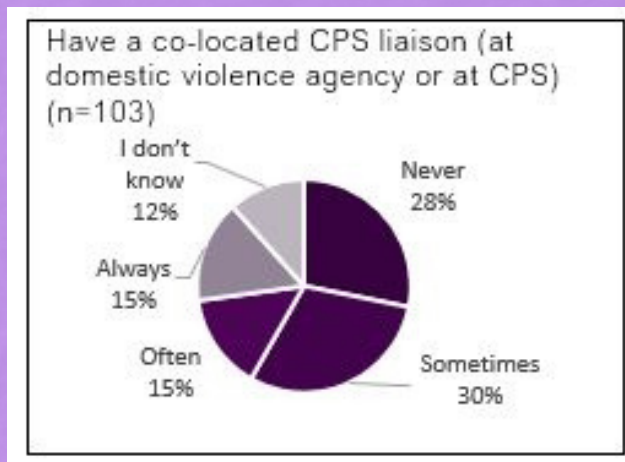
Question 1. What are the common areas of collaboration or service between DV and child welfare agencies?

Types of collaborations identified by DV agencies

Of the DV agency staff surveyed for this study, almost all answered a series of questions about the most common practices they implemented with CPS-involved survivor parents and children. Just under 50% of DV staff responded that they always or often support survivor parents when making hotline calls about alleged child abuse or neglect. Most DV staff do not routinely work with CPS and survivor parents to create joint service plans, although a significant number (33%) do so often or always. Over 45% of surveyed DV staff members report that they provide parenting services to fulfill requirements in CPS service plans. Just over 60% of DV staff reported that they always or often help safety plan with survivors, specifically about CPS involvement and 62% often or always educate survivors about the CPS system. Please see Figure 1 for all responses.

Figure 1. DV Staff Responses on Joint Services with CPS





Types of collaborations identified by child welfare agencies

Child welfare staff surveyed for this study (n=60) reported the most common joint practices between CPS and DV agencies included sharing of client information with permission (52%); joint training (25%); and memoranda of understanding between DV and CPS agencies (20%). Please see Table 2 for all responses.

Table 2. Child Welfare Staff Responses to Joint Practices with DV Agencies

Item	n	%
Sharing of case information (with the client's consent)	31	52%
Training of child welfare staff by domestic violence professionals	22	37%
Training of domestic violence providers by child welfare professionals	15	25%
Joint training attended by DV and CPS staff together	12	20%
Specialized services for families with co-occurring child maltreatment and domestic	12	20%
Memorandum of understanding between CPS and domestic violence agencies	12	20%
Domestic violence consultant is available to help child welfare staff	9	15%
I don't know	8	13%
Formal taskforce, collaboration, etc. between CPS and domestic violence agencies	7	12%
Domestic violence specialist is located at the child welfare agency	6	10%
Specialized court dockets that address domestic violence and child welfare	3	5%
Other	2	3%
None of the above	1	2%

Supports identified by DV agencies for survivor parents in CPS

From the interview analyses, DV service providers described their roles and involvement with assisting survivor parents and their children involved in the CPS system in diverse ways:

1) **Providing classes** that met the needs of survivor parents who had CPS cases, often which also would satisfy CPS service or safety plan requirements, such as classes on parenting, the dynamics of DV, and the CPS system, as well as **supportive services** such as therapy/counseling for survivors and/or their children, and batterer intervention and prevention programs (BIPPs). One DV staff person explained their CPS referral process for classes:

We've created a referral process for child welfare caseworkers, no matter what stage of service they're in... to make sure it can get connected to a class that we offer... a parenting and domestic violence psycho-educational class. The purpose of the class is to help move them if they're not already in a place where they want additional free services, to plan long-term safety for themselves and their kiddos, it's to kind of help educate them and equip them with information so that they can self-select what they feel like would be helpful to create long-term safety for them.

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2) **Advocacy to survivors** through accompanying survivor parents to meetings with CPS case workers, CPS family team meetings, and/or court dates. DV staff often support survivor parents in meeting the requirements of service plans to prevent findings, removals, and/or achieve reunification.

We have staff who work within the CPS system to create advocates that work alongside our survivors to really help advocate within the CPS system around the impact of domestic violence on that parenting relationship, on what's happening in the home with the kids...Those programs have been really important in looking at the intersection of domestic violence and child abuse situations and working to again advocate for that survivor about where the danger is, where and how do we look at the safety of children, and how if we have a survivor who is a protective parent advocating that, it is less traumatic for a child to remain with that parent who can be safe and help them feel safe.

We've seen some success in ways where those staff have been able to advocate for not removing children when the only concern is the domestic violence. Once we can say this family has a space and shelter, this family is working with safe staff, is this a case that we don't have to go to that place of a removal? Or if there has been a removal how quickly can we do reunification based again on that advocacy work of what's the impact on the kids?

A few DV agencies have hired attorneys who can provide legal and advocacy representation to survivor parents. Other programs have created enhanced CPS liaison positions whose sole focus is working on CPS-related issues. These specialized advocates can provide more system advocacy and work within CPS' Family Based Safety Services and Conservatorship on individual cases or more broadly as subject matter experts.

3) **Educating survivor parents about the CPS system** to enhance understanding around confidentiality, privilege[7], and to advocate for survivors to receive resources within CPS. As one DV staff shared:

I was trying to explain it to somebody. I was like, "Well, an advocate is like your expert friend, your expert sister." She's with you, and you can ask her questions, or she's gonna explain to you what's gonna happen next, and what are you gonna need, and it's your person. Another staff member explained:

I think a big need is educating about the systems that they're involved in, providing education to the parents, that they understand the systems that they're now in...and understanding their rights within that system.

Taken together, these data suggest that the primary areas of collaboration between DV and CPS services consist of training, case collaboration, and providing direct support to survivors as they navigate the CPS system by providing education and advocacy.

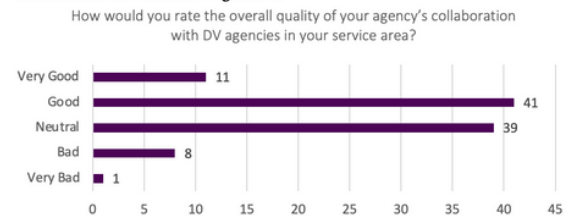
Question 2. What are staff perceptions about the current collaborations between DV and CPS agencies? Perceptions about the quality of collaboration

Findings suggest that 64% of DV agency staff report a good or very good relationship with CPS and 52% of non-DV service provider staff[8] surveyed report good or very good quality services with their local DV agency. Please see Figure 2 and 3 for all responses.

Figure 2. DV Staff Rating of Collaboration with CPS



Figure 3. Non-DV Services Providers (Including CPS) Rating of Collaboration with DV Agencies



Positive trends in DV agencies and CPS collaborations

Qualitative data with DV agency staff suggests that the current collaboration between DV and CPS staff is one of innovation, as well as continued growth.

Three themes were developed by the researchers about the perception of this collaboration and how it has shifted in recent years: shifting the narrative towards preventing family separation while increasing family safety; sharing resources and breaking systemic barriers; and moving beyond silos to a shared goal of family safety and support.

1) A shifting of the narrative from separation to supportive connection and family safety: "Enhance the adult victimized parent's safety to enhance the child's safety and well-being."

The first theme that was developed from interviews with DV staff is that the collaboration between CPS and DV agencies is improving to better serve families and to prevent family separation. A common ground between DV agencies and CPS has been found by focusing on family safety and how safety of both the survivor parent and child(ren) are intertwined. A focus on the identification of protective factors is key, as this DV staff shared:

[7] FVPSA is the federal law that sets forth DV agencies confidentiality requirements (FVPSA, 42 U.S.C. §10408). In Texas, confidentiality is codified in Chapter 379 of the Texas Administrative Code and victim-advocate privilege is codified in Chapter 93 of the Texas Family Code.

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She has some protective factors, but it's hard to leave. It's dangerous to leave, so working with her to understand the CPS system, to access resources, to do above and beyond and prove to CPS that she is a protective parent. The children would be okay.

Doing that work, we've helped keep kids either maintain custody or reunified, and it keeps them out of foster system. It keeps 'em out of foster care, which is traumatic. If we can keep them in their culture with their biological mom in a safe place, then it's better for the families, for sure, way better for the kids. That may not be perfect, but nobody's life is perfect, and it saves Texas a lotta money.

A DV expert shared:

*Often times, the person using violence is outta there, or just touching their toe in to either look really good or stir the pot is kind of the actions that we'll see... Who's causing it? Who does that impact? **That impacts both mom and the children. Connecting those dots, as well as looking at the protective capacity and resiliency that the survivor is already surviving, before CPS knocks on the door.***

In shifting the narrative to focus on protective factors, DV staff can partner with CPS to build stronger plans for service and enhance connections between survivor parents, their children and community supports to keep children with their survivor parents. Some DV agency staff interviewed shared innovative trauma-informed support services they have created for children exposed to DV and their survivor parents that address the trauma that children have faced and which focus on strengthening the connections and bonds with survivor parents.

Children that go through trauma, or children that have witnessed their mothers and fathers be abused, or do the abusing, they really hold that in, and they hold onto that. I wanted to be a part of that change. I wanted to be a part of children being better than what's temporarily in front of them. That is what really brought me into this work.

2) Increased sharing of resources to break barriers: "They will also help us." The second theme that was developed is that CPS can be a key partner for DV agencies in removing barriers to accessing resources for survivor parents and their families. This is due in part to the increased awareness of the overlap between their cases, *"because they're involved with probably over half of our families. I know they sometimes get a bad rap, but they really do help too."*

DV staff described how CPS can provide resources and legal support that are sometimes barriers for survivor parents, **"They can help get birth certificates. If we did not have the—say our funding was up for the counseling, they can pay for counseling... They can help with transportation, just different things like that."**

Another participant noted how CPS' partnership can fill the gap in support when resources are limited for DV agencies. As one DV staff explained:

*CPS will say, "You know what, if you don't have a ride, call us and we'll take you, and we'll pick you up." **That's the good about CPS. That's why we have such a good collaboration, because things that we can't do or provide, they will also help us.** There's been cases where we have run out of clothes because of donations have been low. I'll call CPS and I say, "You know what, your client, she has a baby and we don't have this or that. Is there any way you can help us out with that?" They'll bring us a bag of baby clothes for that client. They're really good about working with us.*

Another staff member shared:

*We collaborate with CPS when they come in, and they'll say, okay, what—they'll ask her what she needs. She says what her plans are. She'll say, "Well, I would like to work," or "I would like to go to school," or "I would like to do this and that." Then, we collaborate and say, "Okay." **We don't have the funding for, let's say, daycare. CPS might have.** Then, say, "Well, we can provide daycare for X amount of months until she gets a job and so on and so forth. We also provide 'em with housing. We have rapid re-housing, but they have to be working in order to be able for our advocate to get 'em an apartment or a house because sometimes we get funding where they'll pay three months of their rent or their housing, and then they have to pay the rest. Gives 'em three months to find a job and start saving money, and so they'll be ready to start making their bills and so on.*

3) Addressing silos in service response: "Everybody was on the same page in a common goal for the family." The third theme that was developed is that creating a shared goal for the family, rather than individuals, can help break down silos in service. Several participants noted that the silos still sometimes exist between service response stemming from the tradition of focusing on either the child or survivor parent as the primary victim of violence. When additional resources have been available, such as for the TCFV enhanced liaison program within a pilot of DV agencies[9], it has really been able to address the barriers and provide survivor parents and their children with supports.

One participant identified the importance of having a designated staff member for this role to bridge gaps at the agency- and policy-levels in addition to individual support:

Yeah, we have, within our agency, a CPS liaison that works specifically with our clients in providing that bridge between the gaps between the two agencies. Working collaboratively with CPS to really provide support to clients and really shift the message to being and identifying laws as protective factors is something that we're really actively working on. We have MOUs with CPS and do our best to work with them and, in that, have a designated staff person that's really genuinely focused on providing that support between both systems.

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Several participants noted that the ultimate goal for increased communication and collaboration via liaisons or otherwise is to “*get on the same page*” for the family to address the continued silos in services, “*I think if there was this cohesiveness between services where everybody was on the same page in a common goal for the family.*”

2a. What recommendations do staff have about what could be improved or strengthened about the collaboration between DV agencies, CPS, and other child welfare agencies to better meet the needs of DV survivor parents and their children?

In considering areas for improvement for the collaboration between DV and CPS agencies, researchers identified three recommendations from the analysis from interviews with DV agency staff and experts:

1) Continue addressing tensions between DV service models and CPS mandates. While DV agencies adhere to a voluntary service model as outlined by FVPSA (FVPSA, 42 U.S.C. §10408), CPS service plans are often used to monitor compliance and can be used in court to make determinations about children’s placements. Acknowledging this tension is vital to setting clear expectations for CPS, DV agencies, and ultimately families. While some work has been done in this area, this continues to be an area of tension. Additionally, DV service providers must be able to clearly articulate their role within the child welfare process if a referral from CPS is made or if the client is unsure about what information could be shared with CPS.

DV agencies and regional CPS should establish procedures and referral processes, beyond existing MOUs, that include:

- Articulation of the process for how CPS makes referrals for each client type or service (e.g., survivor parent seeking housing/shelter, classes for survivor parents, BIPP classes, counseling)
- How CPS determines if a caregiver/parent referred is a survivor of DV or a partner who used violence and/or identified as an alleged perpetrator in the CPS case and
- How and what information can be shared, in accordance with confidentiality and privilege regulations, between DV agencies and CPS when DV agencies are providing services for CPS referrals such as counseling or parenting support services.

As one DV staff explained how their agency had done this, “*I mean, you can, you can mandate someone to our [CPS related] class, but that’s it. Like you, you may not obligate or mandate someone to come for our services.*”

2) Shift CPS service plans to focus on the partners using violence and offer resource support for stabilizing survivor parents and children. Interview participants reported that survivor parents are still often the primary focus of CPS service plans and required to engage in more services to substantiate their role as the protective parent. This can place increased expectations on the survivor who is also navigating their own victimization and attempting to stabilize in the wake of a traumatic event (e.g. seeking housing, re-establishing childcare and employment) while neglecting to focus services for the partner using violence. As one interview participant put it:

Because offenders don’t want to participate in their services and because they’re difficult and honestly, probably a little bit scary, that then the [CPS] caseworker isn’t necessarily kind of pushing those services that are just for other things, but then still requiring the victim to complete a laundry list of services. And there’s an expectation that if she doesn’t then her kids will get removed.

DV staff acknowledge that CPS may be one of the few agencies that can mandate the partner using violence to services such as BIPPs, parenting classes, and other services such as counseling.

Additionally, when cases are closed before parents who have used violence have fully engaged in the requirements of CPS service plans, this fails to address the safety risk within the family for the long-term. As one DV staff described:

*The other thing that I think is really a barrier with [CPS] is, they really equate separation with safety when in reality we know it’s the most dangerous time for people. And that’s the time where they don’t focus on the person creating the biggest barrier, which is the person using domestic violence. And as long as they know that they contacted us. A lot of times you’ve been seen, especially lately, that they’re just closing those cases and those families are losing all that support. **Most importantly, they’re losing the agency (CPS) that could force some accountability on this person that’s creating the safety risk.***

CPS is also one of the only agencies that can offer tangible resource support to the survivor parent, as noted earlier as a positive trend. CPS should continue offering financial support for childcare, housing, counseling, and transportation whenever possible.

3) Address turnover issues within both CPS and DV agencies.

Several participants from CPS and DV agencies noted that efforts towards DV/CPS collaboration have been inhibited in the past due to CPS and DV agency staff turnover. Staff note that expectations around investigations, removals, and placements vary greatly depending on who is working on the case – including the caseworkers and judges involved. Staff turnover was widely acknowledged as an ongoing issue that acted as a barrier at both the case-level and in building a relationship between DV/CPS agencies. As one participant put it,

We’ve been fortunate to receive additional funding to really support that intentional work with CPS, but there’s a lot of turnover, there’s a lot of structural changes there. It makes it difficult to really do that work and then see progress. It seems like we have to keep going at it every time, and repeat the same conversations every time.

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Agency leaders should continue to advocate for improved working conditions contributing to turnover at both the micro- (e.g. high-quality supervision, access to counseling supports) and macro-levels (e.g. pay/benefits, addressing hostile climates, high caseloads) across agencies. In the interim, agencies should consider standardized onboarding processes for new trainees that prioritize cross-training and facilitating relationship between community experts when possible.

Discussion

Families who have experienced DV have unique and complex needs, often requiring a multi-systemic approach. While Texas DV and child welfare agencies have made significant efforts to collaborate to meet these needs, there are areas for continued growth as well as potential strategies needed to address the gaps and silos in service provision. In this research brief, the areas of shared practice and perceptions of the existing collaboration between DV and CPS are highlighted. It is significant to note that these findings, especially the qualitative ones, primarily represent the perspective of DV service providers and some child welfare. Future research should further examine in more detail the perception of this relationship from the perspective of CPS, as well as other child advocacy organizations such as Court Appointed Special Advocates (CASAs) and Child Advocacy Centers (CACs). Additionally, as Renner (2021) notes, existing research on violence and victimization often overlooks the factors that contribute to wellbeing and often focus only on the negative impacts highlighting a need for more focus on strengths and resilience in children who have been exposed to violence and their survivor parents (Hamby et al., 2018). Several DV agencies highlighted the innovative supports and practices they have developed to address the trauma that children have faced and to enhance the existing strengths and connections between survivor parents and their children. Interviewees, who indicated they had a good collaboration with CPS as part of this study, highlighted the innovative practices they utilize, especially around system advocacy. More resources are needed to enhance these areas of innovation and more research is needed to document and evaluate their successes and challenges.

Anna Wasim, LMSW is a Senior Research Coordinator with the Texas Institute for Child & Family Wellbeing. Her research focuses on emerging practice models that enhance the safety and wellbeing of families. She is the evaluation coordinator for the Texas Permanency Outcomes Project which examines a new practice model for child welfare workers to engage birth and foster families in building networks of support for foster children. Prior to joining the Institute, Anna supported several research projects focused on family violence and sexual assault. She also has extensive experience working with individuals and families in legal and community settings. Anna received her MSSW from UT-Austin and sits on the Social Work Alumni Network (SWAN) Board.

Maggy McGiffert, M.A. is a Lead Research Manager and sociologist at the Center for Violence Prevention at The University of Texas Medical Branch. She has worked for over 25 years on the intersecting issues faced by survivors of intimate partner violence, sexual assault and children exposed to IPV. She has directed community-based services such as transitional housing services for survivors and led policy initiatives advocating for survivors in Texas. Her research and evaluation focus has been to deeply listen to the voices of survivors and those working directly with them, with the goal of highlighting innovation and sharing research results to inform policy, funding, and practices addressing the systemic barriers facing by survivors of violence.

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