

**The value of Multi-Disciplinary Teams reviewing serious
domestic violence cases involving children**

One Connecticut team's experience

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Executive Summary

Background

In the past three decades, Connecticut, like other states, has struggled to respond effectively to the rise of reported child abuse and neglect cases. To help adequately address the myriad needs of victims and their families, as well as to increase successful investigation and prosecution of offenders, communities around Connecticut began to form multidisciplinary teams in the hopes of enhancing a coordinated response to reports of child abuse and neglect. This team approach was supported by the Connecticut State legislature with the adoption of Connecticut General Statute Sec. 17a-106a, citing:

“The Commissioner of Children and Families, may as department head of the lead agency, and the appropriate state’s attorney establish multidisciplinary teams for the purpose of reviewing particular cases or particular types of cases or to coordinate the prevention, intervention and treatment in each judicial district to review selected cases of child abuse or neglect.”

Expanding on the statute, the Governor's Task Force on Justice for Abused Children, "Standards for Connecticut Multidisciplinary Teams" (revised in 2008) explicitly states that the teams may review cases involving a child under the age of 18 who is suspected of being a victim of domestic violence.

“The resources of the team helps the prosecution by allowing us to see the complete picture and helps victims by getting better outcomes in court and getting treatment for both the offenders, victims and their children.” ~Middlesex County MDT Team Member

Connecticut currently has 15 Multidisciplinary Teams around the state that meet to provide consultation and comprehensive assessment in child abuse and neglect cases. Teams meet regularly to discuss cases, promote coordination between agencies, identify service gaps and enhance professional skills and knowledge of individual team members. Team members include representatives from DCF, law enforcement, prosecutors, victim advocates, medicine, mental health, Family Relations, and juvenile and adult probation,

among others.

Most teams prioritize sexual abuse and severe physical abuse cases for review, although some teams will also discuss severe neglect cases on occasion. Current research suggests that domestic violence is often present in homes when a child is critically injured or killed¹ and that domestic violence perpetrators are also at increased risk of being physically and sexually abusive to children in the home². In response to this data, the Middlesex County Multidisciplinary Team (MDT) made a commitment in 2004 to regularly include domestic violence cases for review. As a part of this commitment, the team has also provided funding for training for team members, including bringing domestic violence experts, Sujata Warrior, Ph.D. and Lundy Bancroft to Middletown, as well as sharing information about other domestic violence trainings.

The Survey Highlights

In order to gather qualitative data about the integration of domestic violence cases into the MIT practice, David Mandel, the Statewide Service Administrator for DCF's Domestic Violence Consultation Initiative distributed a survey to Middlesex MDT members. Completed in the fall 2009, the survey polled team members about their perceptions regarding the value of the team's commitment to reviewing domestic violence cases where children were involved.

Highlights from the survey include:

- 100% of respondents indicated that their agency has benefitted from the teaming of serious domestic violence cases.
- 100% of respondents indicated that increased skills and awareness regarding domestic violence positively impacted how they handled sexual and physical abuse cases.
- Over 81% of respondents identified that they felt that teaming domestic violence cases resulted in increased safety for families.
- Teaming of domestic violence cases at MDT has helped identify service gaps and

¹ Wayne County, Michigan Attorney General's Office (2006); City of New York (1991), State of Oregon and State of Massachusetts (1994), Child Protection Reviews.

² Bancroft, Lundy, Silverman, Jay G. 2002. *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications.

provide solutions. Due to the inclusion of domestic violence cases being discussed at MDT, team members were able to identify those children in homes, where domestic violence is present, who needed specific supports and services.

The Middlesex MDT has since provided funding support for a specific domestic violence support group for children that are free to families and available 52 weeks a year.

“I think the team approach is great and that is has led to more arrests of perpetrators and safer environments for children.” ~Middlesex County MDT Team Member

Respondents were unanimous in their belief that teaming domestic violence cases at MDT has improved their individual work practice, as well as their agency’s work. Respondents also felt that teaming cases had led to increased safety for families, improved batterer accountability, more thorough assessment of cases, and better collaboration between team members.

Recommendations and Next Steps

While only the experience of one team, the survey data is strongly supportive of the value of including domestic violence cases where children are involved in the range of cases regularly reviewed by multidisciplinary teams. The survey data combined with 1) what’s know about the intersection of domestic violence, physical abuse, sexual abuse and child deaths, 2) the specific mention of domestic violence in the statute that creates the multidisciplinary teams and 3) the mission of multidisciplinary teams and Child Advocacy centers all support the wisdom of active domestic violence case finding and review by these teams.

Multidisciplinary teams are the only statutory bodies that bring together child welfare, prosecutors and law enforcement, providing an existing venue to improve the response of the system to the danger domestic violence perpetrators pose to children and families.

Since the mid-1990s the Department of Children and Families has formally identified the importance of successful identification of and intervention in domestic violence dynamics. Since then it has added additional resources and services included the introduction of domestic violence consultants into all the area offices. These efforts have brought into the focus the need for more tools to intervene with domestic violence perpetrators. Teaming cases can lead to increased perpetrator accountability and safety in domestic violence cases. Many survey respondents indicated increased safety outcomes resulting from collaboration on these cases. Providing child welfare, the prosecutor, law enforcement and others a venue to discuss high risk domestic violence cases involving children can help the Department with safety planning, the connection of the family to services, increased and better targeted sanctions and services for perpetrators and the identification and closing of service gaps. Moreover, these benefits just don't extend to cases that present with domestic violence. 100% of Middlesex MDT respondents felt that including domestic violence cases positively impacted their handling of physical abuse/sexual abuse cases as well.

The following are some easy to institute, no-cost steps that all teams could immediately take to bring multi-disciplinary teams into alignment with the need for improved collaboration on these challenging and dangerous cases. These recommendations are made with the awareness that many, if not most, teams are already are dealing with significant caseloads.

- The teams could utilize the Department's domestic violence consultants to help identify which cases might be important to bring to the team based on key factors such as the overlap of domestic violence with physical or sexual abuse, or risk factors for lethality or high levels of dangerousness even when there has been no apparent physical harm to the children.
- The teams could invite their local domestic violence consultant to actively participate in team meetings.
- Teams could structure case presentations and discussions on physical abuse and sexual abuses to include a standing question about the presence of current or historic domestic violence in the family.
- Teams could utilize the domestic violence consultants and/or local domestic

violence advocate team members for training of the team, especially in the overlap of domestic violence and child maltreatment.

- Given time constraints, each team could set the goal of including 1-2 domestic violence cases per month (depending on the team meeting schedule) based on a specific need, i.e. want to discuss case because need benefit of multidisciplinary perspective, to communicate concerns about perpetrator directly with law enforcement/prosecutor, for team support to help increase safety-planning, looking for appropriate services, etc.

Much can be done to improve the community collaboration around domestic violence and children within the current structure and funding of these teams. Any additional funding that could support efforts in this area is likely to pay significant dividends for families, communities and the participating agencies.

“Domestic Violence investigation and treatment needs a coordinated effort by multi systems to be successful and the MDT provides an arena to address this. Professionals do not have to feel they are working with these families in isolation and can find info and support from others.” ~Middlesex County MDT Team Member

Survey Questions and Results

Who Responded?

Approximately 18 people were invited to participate. Eleven (11) people responded for an approximate response rate of 60%.

Sample Description

While the sample was small, it reflected a diversity of positions and longevity. The respondents included DCF staff (investigations and on-going treatment staff), a State's Attorney, therapists, and sexual assault counselor. Four other participants did not indicate their profession. Length of time in position ranged from 4 months to 12 years. Frequency of attendance varied from every meeting (n=4), most meetings (n=3), occasionally (n=3) to infrequently (n=1).

Survey Questions and Answers

Question 1: How has your work or your agency's work benefited from the teaming of serious domestic violence cases involving children at the MDT? (Examples: Better service delivery, better assessment)

Eleven (11) out of 11 respondents answered this question. All the respondents articulated the benefits from teaming serious domestic violence cases involving children to their work or their agency's work. These benefits included 1) better assessment 2) better collaboration and cooperation 3) improved understanding of domestic violence dynamics 4) making the court aware of high risk situations for children in homes with domestic violence 5) aided with coordination of services 6) improved dispositions and 7) treatment of the children. One respondent summarized many of these themes: *"Better collaborations, higher success rate in seeing cases followed through and appropriate steps are taken, better communication among disciplines."*

Here are the complete answers:

- *Better assessments and collaboration with providers.*
- *Better collaboration, higher success rate in seeing cases are followed through and appropriate steps are taken, better communication among disciplines*

- *Better collaboration with police and court personnel to track victims and perpetrators*
- *Better cooperation between police/prosecutor/DCF has resulted in more information gathered for assessment and increased batterer accountability*
- *Sharing of information from the participants is critical to the safety assessment conducted by DCF.*
- *Better understanding of the specific dynamics of DV, patterns of control, etc. As SW's we are looking at these dynamics even if they are not outwardly apparent at the beginning of the case.*
- *Teaming cases has made others, particularly the courts aware of high risk situations that exist for children living in DV situations. Review often makes the courts aware that a particular case needs coordinated services amongst the agencies and that a family needs to be followed for a period of time to ensure victim and children's safety.*
- *Better service delivery and assessment*
- *The cases are much more thoroughly prepared using the resources of the team. Taking a team approach has resulted in better and more complete disposition of cases.*
- *Clear communication, understanding other providers' roles, everyone "on the same page". It has been a pleasure to sit on the MDT. It has helped in understanding the role of each player, and understanding some of the challenges.*
- *It has benefited by having a better understanding of the child's background and the best way to treat the child/family.*

Question 2: How has the MDT teaming of domestic violence cases improved outcomes for families? (Examples: increased safety, children being able to remain in their own home)

Eleven (11) out of 11 respondents answered this question. Almost all the respondents identified increased safety as one of the main benefits of the teaming of serious domestic violence cases. Specific strategies associated with increasing safety were identified including 1) improved safety planning with the adult survivor and children 2) communication with the Connecticut Coalition Against Domestic Violence member agency (New Horizons) and 3) improved case planning and service delivery coordination by DCF.

Three of the respondents specifically identified greater batterer accountability as a theme. Strategies associated with this theme included 1) more specific expectations for the batterer 2) improved arrest/prosecution efforts and 3) utilization of restraining/protective orders.

Here are the complete answers:

- *Increased safety. Increases SW knowledge of what steps a victim of DV should be taking for safety planning.*
- *Increased safety and safety planning, appropriate arrests, RO\'s PO\'s, and again communication.*
- *Better assessment, ability to safety plan with victim and children*
- *As previous question, increased batterer accountability (i.e. referring case to prosecution instead of family relations, increased safety for survivors and children, communication with state\'s attorney regarding impact of batterer\'s behavior on children, being able to have a contact person from New Horizons who we can direct clients to contact*
- *Sharing of information from the participants increases DCF\'s ability to provide appropriate services to the parents, ensure the safety of the victim and the child and enables a better assessment of the situation.*
- *Expectations regarding the batterer are more specific. We are asking the batterer to leave home more often, and given more attention to their responsibilities to their children.*
- *Teaming has often resulted in getting appropriate restraining orders and protective orders, increasing safety for all. Occasionally an arrest will result because the police gain more info than they originally had/ or charges are changed to indicate the actual incident that occurred, i.e. Disorderly changed to assault and risk of injury.*
- *Yes, after reviewing the cases, most times families of DV have options they can choose from to provide a safer and healthier environment. As well as stabilizing the families\' emotion, mental and medical states.*
- *It has definitely improved outcomes and helped insure victim safety.*
- *Again, understanding, obtaining different perspective, understanding the severity of the situation, increased safety is an obvious outcome, and increased collaboration is a means to this end.*

- *By having a multitude of providers in the same room, their expertise on each case is very important and gives a wider prospective on treating the whole family.*

Question 3: How has the team's increased awareness and skills around domestic violence help with issues of sexual and physical abuse? (Example: better assessment of domestic violence or coercive control in physical abuse cases)

Eleven (11) out of 11 respondents answered this question. All the respondents provided answers indicating that increased skills and awareness regarding domestic violence positively impacted how they handled sexual and physical abuse cases. For example, one respondent indicated that the team's experience with domestic violence cases encourages increased understanding of the non-offending parent when that parent is also a domestic violence survivor. Other responses suggested that the team's experience with domestic violence allowed members to better understand the complexities of cases, whether they presented with domestic violence or not.

Other responses highlighted the theme of coercive control and the overlap between different forms of abuse. As one respondent said, *"Research has shown strong ties between domestic violence/physical abuse and sexual abuse. Often where there is one issue we will find the other."* This greater understanding of the co-occurrence and interrelationship of domestic violence and physical and sexual abuse of children can lead to improved practice. As another respondent indicated, *"Since most abuse is about control, the team is able to look at different angles and question if more is going on in the home that can be investigated."*

Here are the complete answers:

- *Better assessment of domestic violence*
- *Going through the case together as a team from start to finish and all participating along the way. Using the same providers and having the insight and assistance of various disciplines.*
- *Better able to understand coercive control of perpetrators*
- *More frequent and better assessment of domestic violence in cases that do not come in as dv, assist state's attorney's office in understanding a non-offending parent's behaviors if*

there has been a history of dv

- *Since domestic violence and physical abuse often go hand in hand, it is very helpful for DV consultants to be part of the team. Their assistance and expertise at team provides a better assessment of the batterer and the non offending parent and helps to ensure that the DV issues are not missed.*
- *Better assessment of overall family dynamics.*
- *Research has shown strong ties between domestic violence/physical abuse and sexual abuse. Often where there is one issue we will find the other. Cross training that has occurred in meetings have made members more sensitive to the "real" issues involved.*
- *We explore different ways to promote public awareness. We also work to enhance the skills of the providers to better service the clients. For example: knowing the signs to look for, how to speak/counseling the individuals, etc.*
- *By using the team more complete information has been shared which has resulted in the reporting of other issues of domestic violence. The team tends to ask more questions and thus gets more info.*
- *Clearer understanding of the roles of police, DCF, and mental health providers. Better assessment, and increased information provided by the team, rather than reliance on family.*
- *Since most abuse is about control, the team is able to look at different angles and question if more is going on in the home that can be investigated.*

Question 4: Please share any other comments about the benefits of the MDT's teaming of domestic violence cases:

Eight (8) out of 11 respondents answered this question. The answers to this question reiterated, refined and added to the themes from the earlier questions. Safety planning, including *"more arrests of perpetrators and safer environments for children"* was a common theme reiterated from earlier questions. One respondent refined the theme of greater coordination and collaboration in the comment that the MDTs helped avoid *"phone tag"* between key players. One respondent further shared that through the team's experience with domestic violence had led to a greater understanding of the needs of children exposed

to batterers' behaviors and the need for specific services: *"Reviewing cases led us to believe that the children in DV homes needed specific supports, including a place to discuss fears, self esteem, safety planning etc. Monies from our grant have been set aside to finance a support group for these children (available 52 weeks a year)."*

Here are the complete answers:

- *Increases awareness on safety planning- what's an appropriate safety plan and identifying coercive behavior in perpetrator's.*
- *I think the team approach is great and that is has led to more arrests of perpetrators and safer environments for children.*
- *Ability to voice concerns directly to police/state's attorney/adult probation/family relations instead of playing phone tag, ability to learn about New Horizons programs/other community providers' programs*
- *Each member of the team brings with them their own experience and expertise. MDT provides a look at each case through a different lens, which ultimately allows for better service provision to the family.*
- *Better understanding as a community of what to look for in family cases. Planning to keep children with non abusing parent.*
- *Domestic Violence investigation and treatment needs a coordinated effort by multi systems to be successful and the MDT provides an arena to address this. Professionals do not have to feel they are working with these families in isolation and can find info and support from others. Decisions are made by many and not one individual. Reviewing cases led us to believe that the children in DV homes needed specific supports, including a place to discuss fears, self esteem, safety planning etc. Monies from our grant have been set aside to finance a support group for these children (available 52 weeks a year).*
- *The resources of the team helps the prosecution by allowing us to see the complete picture and helps victims by getting better outcomes in court and getting treatment for both the offenders, victims and their children.*
- *I have not sat on the team in a few months, but did for a number of years. The teaming of MDT with DV cases will provide increased family safety.*

Question 5: What suggestions do you have for another team that wants to more actively address domestic violence? (examples: What challenges did you face and how did you overcome them?)

Seven (7) out of 11 respondents answered this question. The advice for other teams who wanted to include domestic violence varied from inclusion of DCF Domestic Violence Consultants, to training on domestic violence, to more resources for victim services. One respondent addressed two key aspects related to bringing serious domestic violence cases involving children to the team: 1) ease of incorporation because “agencies involved with sexual abuse investigation and treatment were involved with families experiencing domestic violence” and 2) time, or increased workload as a possible barrier.

Here are the complete answers:

- *I think the trainings with those on the team have been helpful so we are all on the same page.*
- *Invite DV consultants to participate regularly on the team. Arrange for training on DV issues for the team.*
- *I have not been involved in MDT long enough to comment on this. But, having a DV consultant in the group is the best start.*
- *It was actually very easy for our team to incorporate dv cases into our meetings since the agencies involved with sexual abuse investigation and treatment were involved with families experiencing domestic violence. If there has been a challenge it is the time factor.*
- *Always seek support/information from the employees who provide the services for DV. They are experienced and deal with these cases daily. They can guide an individual towards meeting the needs of the individual or family.*
- *I would encourage them to realize that no one part of the team can handle these cases well alone.*
- *Increased resources for available assistance to victims. I used to attend every meeting, but now send a staff member. I may be rejoining the team soon.*