The Use of Domestic Violence Advocates in Juvenile Court: Lessons from the Dependency Court Intervention Program for Family Violence

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ABSTRACT

The Dependency Court Intervention Program for Family Violence (DCIPFV) is a national demonstration project awarded to the Eleventh Judicial Circuit of Florida (Miami) by the U.S. Department of Justice, Office on Violence Against Women. Developed by Judge Cindy Lederman and Susan Schechter in 1997, the DCIPFV identifies victims of domestic violence in the dependency court system. DCIPFV advocates provide a variety of services to such victims, helping them achieve safe environments for themselves and their children with the understanding that the well-being of children can be better assured by addressing the safety and self-efficacy of their mothers. This article discusses the DCIPFV program and makes recommendations for communities seeking to implement a similar program in their jurisdiction.

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tified as domestic violence victims and have almost never received the appropriate help. Nonetheless, these mothers often are doing their best to protect themselves and their children. Some mothers try to protect their children from seeing or hearing the abuse. Other mothers teach their children how to call the police, family members, or neighbors for help when their partner is in a violent rage. In extreme cases, mothers may verbally or physically “punish” their children themselves in an attempt to protect them from harsher beatings at the hands of their violent partner. Frequently, battered mothers engage in all of these and other protective behaviors. Therefore, it is important for judges and child protective workers to understand and recognize the efforts of these mothers and to ensure that support and assistance are available and offered to them.

Prevailing research indicates a 30% to 60% co-occurrence rate of domestic violence and child maltreatment. Without an appropriate and targeted intervention strategy, family violence can result in a child’s death. Child protection agencies often fail to provide services for domestic violence victims in the dependency system despite multiple deaths of maltreated children at the hands of the person who also abuses the child’s mother. The 2001 annual report of the Statewide Florida Child Abuse Death Review Team noted that of the 29 child deaths reviewed that year, 48% had a history of both child maltreatment and domestic violence; and all 29 children had interacted with the child welfare system. Courts need to carefully consider reasonable efforts findings in cases where no services are provided except after-the-fact referrals.

Despite the well-established connection between child maltreatment and domestic violence, there often exists significant tension and misunderstanding between child protection professionals and domestic violence advocates. Child welfare system workers view their role as one of protecting children, focusing on the safety and well-being of abused and neglected children. Domestic violence advocates, on the other hand, devote most of their energy to promoting the safety of women abused by their intimate partners.

In 1996, Miami Judge Cindy Lederman and Susan Schechter, a professor at the University of Iowa, designed the Dependency Court Intervention Program for Family Violence (DCIPFV) in response to the child protection system’s inability to effectively identify and address domestic violence in the context of child abuse and neglect cases. The DCIPFV is an award-winning national demonstration project that identifies battered mothers in dependency court and provides intensive domestic violence advocacy services on a voluntary and confidential basis. The DCIPFV bridges the divide between dependency court, the child welfare system, and domestic violence advocacy programs, and its existence within the dependency court has raised awareness and understanding of domestic violence and its interplay in child maltreatment cases. This program provides a model for other jurisdictions seeking to provide services and support to families experiencing domestic violence and to facilitate safety and accountability in cases involving the co-occurrence of domestic violence and child maltreatment.

DEPENDENCY COURT INTERVENTION PROGRAM FOR FAMILY VIOLENCE

Victims of domestic violence are often stripped of their self-esteem and the power to make critical decisions that affect them and their children. Additionally, many battered mothers believe that as long as their children are not being physically harmed, they are protecting them from abuse and will not be subject to dependency proceedings. When these women do seek police protection and are reported to the child protection agency, they are in a state of shock upon the removal of their children. Of great concern is the likelihood that battered women will not seek help again for fear of losing their children.

Therefore, the DCIPFV’s mission is to promote the safety and well-being of maltreated children by supporting the safety and self-efficacy of mothers who have experienced domestic violence. This philosophy was built into the advocacy protocol from the program’s inception. To fulfill its mission, the DCIPFV employs domestic violence advocates who discuss safety with and offer voluntary and confidential services to mothers in dependency cases who are identified as being victims of domestic violence. Operating in Miami-Dade’s innovative Juvenile Court, the DCIPFV is funded by the Department of Justice, Office on Violence Against Women. The Miami-Dade County Administrative Office of the Courts (AOC), 11th Judicial Circuit, is the grantee of the DCIPFV’s federal funding. The AOC receives and manages the grant monies, provides technical support to the project, and assists in seeking additional funding opportunities to institutionalize the program.
DCIPFV’s founders spent six months carefully mapping out the program model and program goals. They convened a meeting of the National Advisory Board,8 which is comprised of experts in the child maltreatment and domestic violence arenas, and consulted with national experts9 to assist in the design and implementation of the program. The program hired domestic violence advocates, making efforts to identify professionals with experience in both battered women’s advocacy as well as child protective services. Prior to implementation of the program, the advocates participated in a two-day training conducted by national and local experts. The child welfare agency’s protective investigators were offered a one-day training. A great deal of time and attention was devoted to relationship building between the two disciplines.

Memoranda of Understanding were executed with key government agencies and service providers in the child welfare and domestic violence arenas. Local domestic violence programs work with the DCIPFV to provide administrative support, access to direct aid funds for the program’s clients, and access to domestic violence shelters and a long-term transitional housing program. The State of Florida Department of Children & Families (DCF), the state agency charged with child protection and with certification of domestic violence centers, has also been an important program partner from the outset.

Key Program Components

Client-Centered Advocacy

The unique relationship and established connection between the child welfare system and domestic violence field necessitated the development of a new, complex form of advocacy. The involvement of experts from the domestic violence field contributed significantly to the development of an advocacy protocol to guide the work of DCIPFV within the dependency court. The DCIPFV advocates are social workers trained to emphasize a battered mother’s strengths and to provide unconditional emotional support. Rather than telling the mother what she should do regarding her relationship with an abusive partner or her children, an advocate listens to the mother and helps her identify areas in which she needs assistance, information, and education. This “client-centered” advocacy sets the DCIPFV apart from other service providers and programs working with battered mothers.10 The advocates invest a significant amount of time developing trusting relationships with their clients, setting clear professional boundaries and modeling healthy interactions. As with most advocates, DCIPFV advocates do not judge their clients and are usually the only people in a battered mother’s life to understand her complex choices and the often life-altering decisions she is forced to make.

Confidentiality

Confidentiality is at the core of the DCIPFV intervention. Through a Memorandum of Understanding with Advocates for Victims, a local domestic violence center, DCIPFV advocates have been given off-site status, which provides for statutorily protected privileged communications between DCIPFV advocates and their clients.11 Keeping information about domestic violence confidential is often essential to avoid the potentially dangerous and traumatic impact of disclosure. It is quite possible that a woman’s safety will be compromised if her batterer knows she is seeking help, especially in a public forum. Regrettably, she may also risk further indictment by the child welfare system if her status as a victim of domestic violence is made known. Honoring the mother’s right to decide who has access to private and sometimes life-threatening information returns to her some control over the course of her life—the first step of many on the road to recovering a sense of self-efficacy. While the dependency judge may want to know everything about a family, it is more important to structure advocacy in a way that encourages participation and trust. The juvenile judges in Miami-Dade County may not know what the advocates have learned about the families appearing before them, but they know that families who are being assisted by DCIPFV are receiving some of the best services available.

As in many communities, DCIPFV advocates are mandated reporters of suspected child and elder abuse; however, when possible, the mother is asked to participate when making a report to the child abuse hotline. This process tends to minimize the chance of further trauma to the client and paves the way to a greater understanding by the client of her acts and/or omissions that led to a report to the child protection agency.

Voluntary Participation

Another unique aspect of the DCIPFV is the voluntary nature of program participation. Although the dependency judge may refer a mother to the program,
she cannot be court-ordered to work with an advocate and participate in the DCIPFV program as a requirement of her case plan. The child protection system is often a coercive system, and there are many parallels between the mother’s powerlessness in her relationship with an abusive partner and her experience as a system participant. The DCIPFV model is the result of a conscious effort to avoid the inherent coerciveness of the child welfare process, allowing the mother the ability to make her own choices about the help she desires. The voluntary nature of the intervention also assures that program resources are being focused on clients who choose to receive support and assistance from an advocate.

**Clinical Supervision and Support**

The intensive and highly emotional nature of domestic violence advocacy, especially in the child welfare system, requires not only skilled and specially trained social workers, but also ongoing opportunities for support and self-reflection. The DCIPFV model requires the advocates to spend one and a half hours per week in group supervision with the program’s master’s level veteran advocate and one hour a week in individual supervision. The advocates use this supervision time to discuss difficult issues and system challenges, to vent their frustrations, and to provide support to each other. The supervision process encourages the advocates to look at the sources of any challenges they experience in working with a particular client or with the system and to identify and moderate any personal biases that might impact their work with clients. The advocates report that the supervision process has been essential to their longevity and satisfaction with this work.

**Referral and Screening Process**

At the inception of the DCIPFV court-based advocacy program in 1997, the advocates were assigned to one dependency division in juvenile court. During that time, all mothers who came before the dependency division were referred to a DCIPFV advocate by the judge. The expansion of advocacy services from one to two dependency divisions, and then more recently to all four divisions, decreased the feasibility of universal screening and necessitated the development of referral criteria to assist the judiciary in determining which women are appropriate to refer to the program.

Several questions were considered in creating the referral criteria:

1) Are there specific types of child maltreatment that tend to frequently co-occur with domestic violence?
2) Are there specific groups of clients that DCIPFV advocates are not equipped to assist?
3) What is the best use of the advocates’ time and the program’s human resources?

Recognizing that anyone is a potential victim of domestic violence and lacking evidence-based research about which types of dependency allegations tend to co-occur most frequently with domestic violence, the DCIPFV created referral criteria that would maximize the advocates’ time and skills.

Presently, all cases with allegations of domestic violence in the initial shelter petition that is filed by DCF upon removal of a child are referred to DCIPFV. Referrals are not accepted for mothers who are a party to an expedited termination of parental rights petition or for mothers who are incarcerated for six months or more. Mothers facing an expedited termination of parental rights petition generally have had a long history in the child protection system, and typically present with other confounding issues that make them unlikely to fully engage in DCIPFV’s services. Based on the program’s current personnel resources, serving incarcerated mothers creates practical and logistical barriers and consumes a disproportionate amount of the advocates’ time.

To facilitate the referral process, the DCIPFV advocates attend the daily shelter hearings, observing for indicators that a mother’s safety may be in jeopardy. The advocates also conduct a careful review of the allegations in the shelter petition and assess the interaction between the mother and father(s) during court proceedings. If the judge does not make the referral *sua sponte*, the advocate may request that a mother be referred to DCIPFV. Once referred, a DCIPFV advocate discreetly approaches the mother at the conclusion of the hearing and reviews the program’s guidelines with her, including the DCIPFV confidentiality policy. After establishing a basic rapport, the advocate conducts a domestic violence screening consisting of seven questions about the mother’s current and former relationships. The questions are designed to identify possible
indicators of domestic violence. If the mother answers “yes” to any question or if the mother or the advocate has concerns for her safety, she will be offered the program’s intensive advocacy services.

The screening process to identify indicators of domestic violence is far from a straightforward process, since evidence of its occurrence cannot always be obtained by asking questions. In the court setting, physical indicators of violence are not always readily apparent. Rather, it is the behavioral indicators that must be identified. Some of the behavioral indicators of abuse include emotional constriction and blunted affect, extreme withdrawal or aggressiveness, apprehension, fearfulness, depression, and sleep disturbance. Some of the other insidious aspects of the violence, including the increasing control by the abuser over time as well as the emotional abuse of the victim, are difficult to assess both because of the nature of the abuse itself as well as reluctance on the part of the mother to admit to such circumstances.

A review of the literature on domestic violence screening reveals a lack of any one definitive screening “tool” that could be implemented appropriately in the juvenile court setting. Rather, a variety of methods are in use. At a minimum, a domestic violence screening should inquire about the frequency and type of current and past domestic violence, including physical, sexual and emotional abuse. Although questions are typically asked in a Yes/No format, often asking such questions elicits lengthy responses from the women, and thus the screening process requires a significant time commitment. Selecting a protocol for DCIPFV required consideration of length of time to administer, appropriateness of the questions for battered women in the child welfare system and presently before the court, as well as sensitivity in identifying abuse. The screening process currently utilized by DCIPFV has undergone several revisions since the beginning of the program, reflecting attention to the nuances inherent in screening for domestic violence. The screening criteria cover both the physical and behavioral aspects of the abuse, asking about relationships with both current and former partners.

Most DCIPFV clients do not initially understand that their victimization and subsequent calls for help may result in the temporary, or even permanent, removal of their children. Often, at the time of screening, the advocates are faced with distraught, depressed mothers who are hesitant to trust and reluctant to reveal further information. At this critical moment, an advocate can provide a mother a safe space in which to share her pain, and together they can begin to identify her most urgent needs. Throughout the entire screening process, the advocate assesses the situation for safety or other concerns and offers services accordingly. It is possible that the mother may be experiencing other abuse that she is not yet ready to share; and while the screening process is designed to be sensitive, the extraordinary circumstances the mother finds herself in may not always be conducive to complete disclosure.

Historically, more than 75% of the women who respond positively to one of the screening questions accept and engage in DCIPFV’s advocacy services. During the screening process, the advocates begin helping the mother understand the cycle of violence. Advocates also take this opportunity to discuss safety concerns, assess the lethality of the mother’s current situation, and help the mother plan for her and her children’s immediate safety. Irrespective of subsequent participation in DCIPFV’s advocacy services, screened mothers benefit from receiving information about domestic violence and its potential impact on their children.

DCIPFV recognizes that change is a difficult and sometimes painful process and that timing is critical when making life-altering decisions. Even when a self-identified battered mother declines the program’s services, the door is left open should she change her mind and desire help. It is not uncommon for a mother who screened “positive” to initially decline services only to contact the advocate several months later ready to address the violence in her life.

The diversity of cultures represented by the families involved in Miami’s dependency court further compounds the complexity of screening mothers for domestic violence. Cultural expectations of roles within intimate relationships vary depending on an individual’s country of origin and family background. A mother’s cultural beliefs and attitudes may prevent her from accepting that it is wrong for her to be hit by her husband or partner and will likely cause her to deny the existence of “domestic violence.” The cultural and linguistic familiarity of the advocates may also impact a
mother’s willingness to discuss her experiences. Pride as well as shame may restrict a battered woman from disclosing abuse to an advocate from the same culture. Language barriers may prevent a mother from accurately describing the nature of her relationship. Conversely, a common linguistic background between the victim and the advocate appears to better facilitate disclosure during screening. In light of these sensitive cultural issues, concerted efforts have been made to hire a diverse and bi-lingual staff who are mindful of the need to be “culturally competent” while engaged in this work.17

**Addressing the Multiple Needs of Battered Mothers**

Almost every DCIPFV client describes seeking help in the past in an effort to free herself from an abusive relationship. They have looked to their family members, ministers, police departments, co-workers, neighbors, doctors, and friends for assistance. These cries for help are often met with resistance, denial, and reluctant intervention, teaching victims that it is less demeaning to stay in the violent relationship than have her problems minimized or dismissed.

DCIPFV advocates help the mother identify her own personal goals and service needs. Instead of blaming and judging her for neglecting her children, staying with a batterer, or abusing drugs, the advocates engage in a client-centered, strength-based approach to domestic violence advocacy.18 Taking the client’s lead, DCIPFV advocates provide ongoing domestic violence counseling and education, empowering mothers and facilitating the process of re-building a woman’s self-esteem and coping skills.

The DCIPFV advocates help mothers plan for their own safety by creating and implementing a “safety plan.” It is well established that one of the most dangerous and potentially lethal times for victims of domestic violence is the moment that they choose to leave their batterer. A DCIPFV advocate assesses the lethality of a mother’s particular situation and helps her devise a safety plan that enables her to survive within the context of her own unique set of circumstances. The safety planning process involves a thorough review of the mother’s existing strategies and plans for keeping herself and her children safe. The initial safety plan is intended to address the mother’s immediate safety needs in case of an emergency. The advocate discusses concrete steps for safety such as avoiding being trapped in rooms without easy exits, avoiding arguments in areas where weapons are available to the perpetrator, and where to go or call upon escaping (i.e., the nearest domestic violence shelter or police station).

A more detailed, comprehensive safety plan is developed over the course of several meetings with the client, depending on the woman’s sense of urgency and the advocate’s assessment of risk and lethality. The more comprehensive plan may include identifying a method and time frame for relocating; keeping important documents in a safe, easy-to-access location; saving money for future basic needs; and obtaining a domestic violence injunction. The advocates also help mothers to determine the most appropriate way to convey the safety plan to their children and how to teach their children how to get help.19 The program has developed an informational and interactive safety planning booklet called “Keeping Families Safe” that facilitates safety planning with children. The safety plan is reviewed with the client on an ongoing and regular basis and revised as necessary.

Advocates spend a great deal of time explaining the dependency court process and the expectations of the dependency system. They accompany mothers to dependency court hearings as well as to hearings in domestic violence, family, and criminal court—providing emotional support and practical information along the way. Unlike the child protection worker or the guardian ad litem, the advocates do not provide a recommendation or report to the court. However, at the court’s request and if the mother waives confidentiality, the advocate may share her factual knowledge about the mother’s compliance with various services and describe the efforts the mother is making to achieve safety for herself and her children.

Depending on client waivers of confidentiality, advocates may work closely with their client’s attorney in the dependency matter, child protection workers, and service providers, educating them about the unique needs of the mother as a victim. The advocates broker services and make every effort to ensure that clients are receiving the most effective assistance that is available. To this end, the program has cultivated a number of vital partnerships that enable DCIPFV clients to gain access to critical services.
Battered women often have multiple civil legal needs ranging from seeking an injunction to resolving a landlord-tenant dispute. Expeditious and no-cost resolution of these legal problems relieve some of the additional burdens faced by the mothers and can enhance their overall safety. The DCIPFV has a subcontract with the Dade County Bar Association Legal Aid Society, which provides vital legal services to DCIPFV clients, including representation at permanent injunction hearings, representation during child support-related hearings and advocacy for legal entitlements such as disability payments. Recognizing the need for a more productive relationship with law enforcement, the DCIPFV works with CopsCare, Inc., a local non-profit that provides specially trained off-duty and retired police officers who provide police protection to both DCIPFV clients and advocates in high lethality cases, increasing their safety. CopsCare officers facilitate arrests and service of injunctions and help clients obtain necessary police reports and law enforcement information. They also serve as liaison between DCIPFV and local police departments, allowing advocates to cut through the “red tape” in order to promote the safety of battered mothers.

The effects of domestic violence on families are often exacerbated by unmet basic needs. DCIPFV clients are generally low-income and financially dependent on their intimate partner or the welfare system. Many are immigrants without any family or community support. The majority of DCIPFV clients are minority women caught in an intergenerational cycle of family and community violence. Transportation and communication are also significant obstacles to achieving safety and to complying with dependency court-ordered case plans.

Therefore, to satisfy basic needs on an emergency and temporary basis, mothers participating in DCIPFV may be provided with “direct aid” in the form of food vouchers, bus tokens and passes, emergency-use cell phones, and monetary assistance. Filling these basic needs helps DCIPFV clients in the midst of a crisis and can be the first step toward achieving financial and physical independence from their abusive partners.

Despite enormous personal and systemic barriers to success, many battered mothers are survivors, intent on providing a safe, nurturing environment for their children. In general, the odds are against battered mothers successfully navigating the dependency court and child welfare systems. However, with the support of trained advocates, many are able to accomplish this feat.

**Measuring Success**

Program and client success is typically measured in terms of final outcomes. However, for an ongoing program, “success” is more difficult to define, document, and describe. The multi-faceted and evolving nature of DCIPFV adds to the complexity of evaluating its achievements. A comprehensive program evaluation has been undertaken in order to provide both formative feedback to program administration and staff, and also to assist with development of a data collection system that will enable measurement of success as defined by the program goals.

The evaluation is focused on: a) documenting all activities related to program objectives; b) accumulating and analyzing process and output data for all women in the DCIPFV program; and c) collecting and analyzing outcome data for as many women as possible in follow-up analyses. The evaluation also includes monitoring all aspects of DCIPFV service provision, including the collaboration with CopsCare and the State Attorney’s Office Victim Witness Services Division.

Accumulating and analyzing process and output data for all women enrolled in DCIPFV involves assuring that all necessary data collection and maintenance protocols are approved by an Institutional Review Board (IRB) to protect the rights of participants with the use of informed consent forms. Each client is required to sign a consent form prior to participation, indicating that she understands the nature of the program and its services, as well as her rights as a participant. However, even if sheelects not to participate in the research aspect of the program, she is still eligible for DCIPFV services, if she so desires.

The program evaluation is being conducted by James E. Rivers, Ph.D., and Stefanie A. Klein, Ph.D., researchers based out of Florida International University who have extensive experience in both program evaluation and in working with victims and the social service system. They operate in close collaboration with DCIPFV administration and staff in the design, implementation, and operation of data collection, quality control, computer entry, backup, and file maintenance procedures. They also assist in advising DCIPFV staff regarding data that will need to be abstracted on an ongoing basis from program files for analysis purposes, including process and output analysis.

The DCIPFV has engaged in a strategic planning session to ensure a coordinated expansion of services into all four dependency courtrooms. This process resulted in
extensive re-design of data collection forms and procedures, such that information about service provision can be extracted from the advocates’ clinical process notes and matched with the goals of the client to determine outcome. Qualitative indicators and suggestive evidence in program documentation demonstrate that the DCIPFV has made considerable progress toward its initial goals, such as the unique coordination with the program’s partners; the key linkages established among enforcement, advocacy, and service provider stakeholders; and the agreements reached among them. The willingness of women in the DCIPFV program to reveal their victimization in a stressful dependency court setting has demonstrated that these mothers will accept assistance from dependency court-based domestic violence advocates. The value of such a program in helping to identify previously unrecognized cases of domestic violence and providing intervention and advocacy services to these women cannot be overstated.

As part of the ongoing evaluation process, and to assess the program from the perspective of those who regularly interface with the system and/or DCIPFV clients, three court-based groups were invited to participate in semi-structured focus groups: DCF attorneys and protective investigators, guardian ad litem attorneys, and parent attorneys. Topics covered included attitudes about domestic violence, perceptions about DCIPFV as a whole, observations about program effects, and the different aspects of service provision in terms of both mothers and children. Each group was conducted separately, and participants were informed at the outset that their insights and comments would only be revealed as an aggregate, not attributed to any one individual, in an effort to elicit the most candid responses. This type of qualitative information broadens the understanding of the program’s impact beyond the quantitative data collection, and can provide feedback to the program on its operations from court-based personnel who regularly interface with DCIPFV clients, directly or indirectly.

**RECOMMENDATIONS FOR REPLICATION**

The DCIPFV has been fortunate to have sufficient resources and systemic support to fully implement its model as a free-standing program. While funding and community dynamics may create barriers to designing and operating an identical kind of program in every jurisdiction, a number of viable concrete options can assist communities to better address the co-occurrence of domestic violence and child maltreatment. The DCIPFV is currently preparing a comprehensive manual outlining the evolution and development of the program’s key components and providing concrete recommendations for replicating the DCIPFV model in other jurisdictions. In determining the feasibility of any dependency court-based program for battered mothers and their maltreated children, communities should take the following recommendations into consideration.

1. **Identify areas of unmet needs.**

   One of the key concerns of DCIPFV’s founders was the failure to adequately identify domestic violence in families in the child welfare system, thus necessitating the design of a coordinated domestic violence screening protocol and staff to do the screening. However, in some jurisdictions, child protective services may be doing an acceptable job of identifying co-occurring domestic violence and child maltreatment, but are not skilled to adequately intervene.

2. **Survey local, state, and federal laws and policies, as well as existing governmental and non-governmental agencies and organizations that would impact, positively or negatively, on the design and implementation of the intervention.**

   When DCIPFV was created, there were no agencies or laws specifically focused on battered mothers in dependency court. However, there were laws protecting communications between victims of domestic violence and domestic violence advocates that proved vital to the program model of ensuring confidentiality. Additionally, DCIPFV was able to garner support from and cooperation with various agencies to augment the work that they were already providing to victims of domestic violence.

3. **Build on the strengths of the community.**

   Identify existing community groups and resources and establish working relationships among those with common interests and goals. Look to the community to see what alliances can be made and create interagency agreements and memoranda of understanding to meet shared goals. Most jurisdictions have at least one program that works with domestic violence victims and all
have child protective services. These are natural partners to work with in the design, funding, and implementation of a dependency court-based intervention for battered mothers. Perhaps the local domestic violence shelter or the local child protective service agency would be interested in expanding their outreach component to the court system.

4. Identify funding sources at the outset.

Funding is usually the most difficult challenge encountered when developing and sustaining a new program or intervention. Although the DCIPFV has been supported by a federal grant, the program is focused on securing local funding. There are many options ranging from private foundation grants to support as a special program through a governmental agency. The key is to develop a comprehensive proposal and seek renewable funding sources from the start. It is also possible to apply for funding from different sources for different aspects of the program, although this is a much more labor-intensive process.

5. Ensure that the program or intervention model and related policies and procedures are clearly defined in writing and are uniformly implemented.

One of the keys to an effective program is a protocol that is implemented in a standardized fashion. Not only will this ensure a quality service, but it will also pave the way for the program to be revised and refined as the model is put into practice and strengths and weaknesses appear. A theoretically-based logic or program model can be particularly useful in this regard. Training manuals for advocates and staff should be carefully considered and operational procedures should be clearly documented. The exact documentation of all aspects of program operations is a fundamental task allowing for exact definition of what the program is and does, making it possible to measure success in a variety of ways.

6. Design the program evaluation and data collection tools during the formation of the program.

A formative program evaluation helps program leadership determine program strengths and areas for improvement or modification. This requires the development and use of data collection instruments and diligent record-keeping protocols that are not burdensome to the frontline professional, but comprehensive enough to collect an adequate amount of program data.

PROGRAM INNOVATIONS

During its six years as a national demonstration project, the DCIPFV has spearheaded several research-based programs and has tested various service delivery options. During its first few years of operation in Miami, the DCIPFV utilized both “pre-court” and “in-court” advocates to screen and serve victims of domestic violence. In the “pre-court” program, protective investigators from one DCF unit were trained to administer the DCIPFV domestic violence screening tool to mothers who were being investigated for alleged child maltreatment. Approximately one-third of the cases screened during the pre-court intervention involved both child maltreatment and domestic violence. The names of these mothers were provided to DCIPFV pre-court advocates who then attempted to contact them and offer free domestic violence advocacy services. The pre-court aspect of the program, while very successful at preventing future involvement with the child welfare and dependency court system, was difficult to maintain due to high turnover of DCF protective investigators and leadership and was discontinued in November 2000.

In 1997, the DCIPFV also became the first court-based research project in the country to psychologically assess dependent children for exposure to violence. Through this work, court-ordered psychological evaluations of maltreated children were expanded to assess the extent and impact of violence in young lives. A team of experienced forensic psychologists designed a structured interview for children and began administering a questionnaire to parents regarding their children’s experiences with community and family violence. Data from the first year of these assessments indicated that 50% of children ages 5 to 17 in one division of dependency court were exposed to high levels of inter-parental violence, and most of the children suffered from more than one form of maltreatment.

By focusing on assessment of maltreated children’s exposure to violence, it became readily apparent that the impact of violence on infants and toddlers was being overlooked and that the child welfare system, including the courts, was failing to address the critical needs of this growing population. To examine the needs of these
very young children, the DCIPFV created PREVENT (Prevention and Evaluation of Early Neglect and Trauma) to assess child-parent bonding and attachment as well as the cognitive and developmental functioning of maltreated children under age five.

The PREVENT initiative revealed that more than half of children under the age of five in Miami’s dependency court suffered from significant cognitive and language development delays. DCIPFV developed a dyadic treatment model that supports and enriches the crucial bond between a young child and primary caregiver. The PREVENT evaluation and dyadic therapy models developed through the DCIPFV are now being administered by Miami-Dade’s Safe Start Initiative for children ages zero to three and by the Court Evaluation Unit for children ages three to five.

**SUMMARY**

The services DCIPFV advocates provide to their clients are unique because they endeavor to promote the dependency system’s overarching goal of promoting child safety and well-being by supporting battered mothers in the dependency system. DCIPFV is addressing the issue of co-occurring domestic violence and child maltreatment by identifying victims of domestic violence in dependency court and providing sorely needed services to mothers with limited resources, financial and emotional. Helping these mothers to help themselves, by educating them about domestic violence and the cycle of victimization, provides them with support during a critical time, thereby enabling them to take the necessary steps toward recovery and offering a chance to re-gain control. This, in turn, promotes the safety and well-being of their children, which is one of the primary goals of both the DCIPFV and the child protection system. Similar programs can be implemented in other jurisdictions once communication and collaboration have been established among interested parties, especially those interested in the welfare of children, families, and mothers who have experienced domestic violence.

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6. Id.


8. National Advisory Board members include: Sara Buehl, J.D., Catherine Pierce, Jill Davies, J.D., Lonna Davis, M.S.W., Leigh Goodmark, J.D., Steve Marans, Ph.D., Mary Ann Dutton, Ph.D., Ed Gondolf, Ph.D., Jeff Edleson, Ph.D., Robin Hassler, J.D., Hope Hill, Ph.D., Merry Hofford, M.A., and Leslie Landis.

9. DCIPFV’s National Consultants are Susan Schechter, Ph.D., Joy Osofsky, Ph.D., and Cathy Spatz Widom, Ph.D. Sharon Aaron, M.S.W., one of the program’s initial advocacy directors, continues to consult with program staff.


12. The Shelter Petition is the initial petition filed by the Department of Children and Families upon removal of a child. (Florida Statute 39.401 (2003)).


15. Dependency Court Intervention Program for Family Violence Program unpublished data.


22. Based on the success of the pre-court component, DCIPFV leadership has recently initiated discussions with the local child protection agency to fund the re-initiation of a similar component.


24. Id.


26. The Safe Start Initiative is a targeted expansion grant to increase Miami’s capacity to provide early intervention services for children from newborn through six years old who have witnessed or been the victims of violence. For more information, visit www.miamisafestart.org.

27. These evaluations are now referred to as the Early Childhood Relationship Assessment.