

Partners in Protection: Domestic Violence Child Welfare Collaborative (Partners in Protection)

Formerly known as: Child Protective Investigations Project (CPI Project)

Project Orientation Guide

October 2026

Florida's Statewide Domestic Violence Services

Statewide Domestic Violence Hotline (24-hour)
1-800-500-1119
TTY: 1-800-621-4202
Legal: Option 3

Office of Domestic Violence
Website: https://myflfamilies.com/services/abuse/domestic-violence
Office: 850-300-5000

The Florida Department of Children and Families' (DCF) Office of Domestic Violence (ODV) is responsible for providing oversight on the administration of state and federally funded initiatives designed to intervene and prevent domestic violence and support survivors and their families. In collaboration with Florida's network of certified domestic violence service providers and partners, the state of Florida has established a coordinated, multidisciplinary approach to enhancing advocacy and improving the criminal justice system's response to domestic violence, dating violence, sexual assault, and stalking crimes.

Florida Partnership to End Domestic Violence (FPEDV)
Website: https://www.fpedv.org/
Email: trainingandta@fpedv.org
Office: 448-500-1987

The Florida Partnership to End Domestic Violence is Florida's federally designated domestic violence coalition. Its mission is to eliminate intimate partner violence (IPV) by promoting safe families and communities through empowerment-based advocacy; providing technical assistance to centers and providers; and engaging in systems and social change.

Florida Domestic Violence Collaborative (FLDVC)
Website: www.FLDVTraining.org
Email: TandTA@CASAPinellas.org

The Florida Domestic Violence Collaborative (FLDVC) delivers services for DCF's domestic violence program, including training and technical assistance to certified domestic violence centers and partners, legal services (IFP) through designated projects, and the implementation of 24-hour crisis hotline call center operations of the Florida Domestic Violence Hotline. Women in Distress, Inc. and its two subcontractors, The Spring of Tampa Bay, Inc. and Community Action Stops Abuse, Inc. collectively comprise FLDVC.

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Partners in Protection Project Summary

Partners in Protection, formerly known as the CPI Project, is a comprehensive program that addresses the critical need to support child welfare professionals in their work with survivors of domestic violence, their children, and perpetrators. This multi-faceted initiative not only works to build the capacity of frontline staff, but it also engages leadership at every level to change policies, protocols, systems, and enhance communication among key stakeholders in each participating community. Partners in Protection's use of the Safe and Together Model™ helps advocates and child welfare professionals to find common ground and language in their work with families. Through partnering with survivors to enhance the safety of children, a practice that domestic violence advocates regularly utilize in their work with survivors, child welfare professionals are more effective in their mission to save lives and establish permanency for children.

Each community can take steps to build and/or enhance partnerships through the creation of Leadership Teams. In addition, internal meetings between leadership, supervisory, and frontline staff helps tremendously to clarify roles, responsibilities, resources, and limitations of staff at each respective agency. Appropriate referral processes can be formalized so that survivors and their children are connected with the safety services offered by certified domestic violence centers. Child welfare agencies can continue shifting their focus toward holding perpetrators accountable and partnering with the non-offending parent. DCF's long history of work with domestic violence experts and the larger child welfare system has laid the groundwork for statewide implementation of this groundbreaking program that is changing the way Florida's child welfare system responds to domestic violence. As state and local agencies continue engaging in Partners in Protection and making these important efforts, survivors of domestic violence will have more resources to seek and access safety for themselves and their children.

The Intersection of Domestic Violence and Child Welfare

Almost one in two women (47.3% or 59 million) and more than four in 10 men (44.2% or 52.1 million) in the United States reported contact sexual violence, physical violence, and/or stalking by an intimate partner at some point in their lifetime.[1] In 2023, Florida had a population of 22.9 million and reported 107,000 total domestic violence offences and 63,390 arrests.[2] Many of those affected are parents who do everything in their power to protect their children from their partner's violence.[3] Approximately 26% of children under the age of 18 are exposed to at least one form of family violence in their lifetime, including verbal threats and being an eyewitness to the assault of a parent.[4] A growing body of research shows that child maltreatment and IPV co-occur at rates between 30% to 60%.[5] This co-occurrence has compelled child welfare and domestic violence programs to re-evaluate their services and interventions with families experiencing both forms of abuse.

Historically, child welfare and domestic violence programs responded separately to survivors of IPV primarily due to differences in philosophy, policies, practices, and statutory mandates. A major dilemma for child welfare professionals in cases where IPV is present is how to achieve child safety without re-victimizing the non-offending parent and/or putting the family in greater danger and achieving batterer accountability.

Despite the differences in their approach to working with families, child welfare professionals and domestic violence advocates share goals that have helped bridge the gap between them. These goals include ending violence in families, ensuring child safety, enhancing the safety of adult survivors from perpetrator violence, promoting the non-offending caregiver's strengths and protective capacities to increase family permanency

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[1] Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV_2022.pdf.

[2] UCR Florida Domestic Violence Offense & Arrests. 2025. Florida Department of Law Enforcement. Retrieved from FDLE - UCR Incident-Based Reports.

[3] National Center on Domestic Violence, Trauma & Mental Health. (2022, October). "Guide for engaging & supporting parents affected by domestic violence." Retrieved from https://ncdvtmh.org/wp-content/uploads/2022/10/NCDVTMH_GuideEngagingSupportingParents.pdf.

[4] National Network to End Domestic Violence. (2025, May). "Domestic violence and sexual assault fact sheet." Retrieved from https://nnedv.org/wp-content/documents/DVSA%20Fact%20Sheet%20-%20May%202025%20-%20FINAL.pdf.

[5] Brown, S. M., Rhoades, G. K., Marti, C. N., & Lewis, T. (2021). The co-occurrence of child maltreatment and intimate partner violence in families: Effects on children's externalizing behavior problems. "Child Maltreatment", 26(4), pages 403-414. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8275675/.

with the non-offending/non-abusive parent, and increasing batterer accountability. These areas of common ground have led to formal partnerships and promising approaches between agencies, including co-locating domestic violence advocates in child welfare offices for case consultation and advocacy services, developing cross-system protocols and collaboration, and cross training domestic violence and child welfare agency staff.[6]

Professionals in both fields of child welfare and domestic violence agree that IPV cases require a coordinated community response to keep families safe and hold perpetrators accountable. An effective community response to child welfare-involved domestic violence cases requires a coordinated effort from key community stakeholders including law enforcement, child protection, the criminal and civil justice systems, adult probation and parole, certified domestic violence centers, batterer intervention programs, and other supportive community partners.[7]

[6] National Clearinghouse on Child Abuse and Neglect Information National Adoption Information Clearinghouse. 2003. Children and Domestic Violence: A Bulletin for Professionals. U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau.

[7] Sawyer, R., & Lohrbach, S. 2005. Differential Response in Child Protection: Selecting a Pathway. Protecting Children.

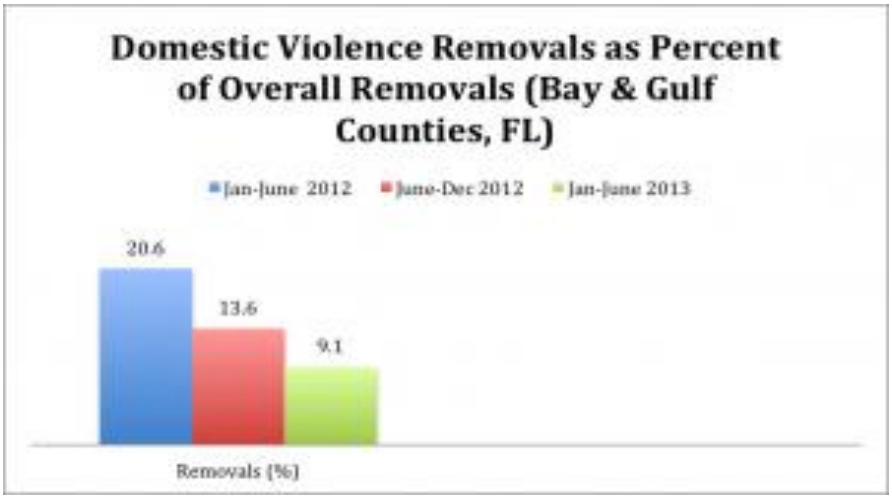
Safe and Together Model™

(David Mandel & Associates, LLC)

The Safe and Together Model™ is a field-tested approach to helping the child welfare system and its partners make good decisions for children impacted by intimate partner violence. Drawing on more than two decades of experience in the field, David Mandel developed the model to help child welfare professionals improve competencies in working with families impacted by domestic violence. Used in over 10 states, the Safe and Together Model™ consists of a set of assumptions, principles, and critical components that when utilized in domestic violence cases, help to improve identification, assessment, documentation, case-planning, decision making, and cross systems collaboration and communication. The model provides a concrete framework for advancing practice, improving coordination and collaboration with community partners, and reviewing and updating policy. As a child-centered model, it is consistent with the mission of child welfare agencies and provides child welfare workers with an enhanced capacity to practice in cases that prove to be challenging, frustrating, and at times, dangerous.

As an example, the model helped co-located advocates and child welfare professionals in the Bay and Gulf County community to reduce the removal of children from non-abusive parents without increasing recidivism rates. In January 2012, domestic violence related removals in Bay and Gulf counties were at 20.6%. By June 2013, the removal rates in these counties dropped to 9.1% (see Figure 1). The rates have since remained stable. Both child welfare staff and domestic violence co-located advocates believe this change was the direct result of the implementation of the Safe and Together Model™ and Partners in Protection's enhanced collaboration efforts.

Figure 1

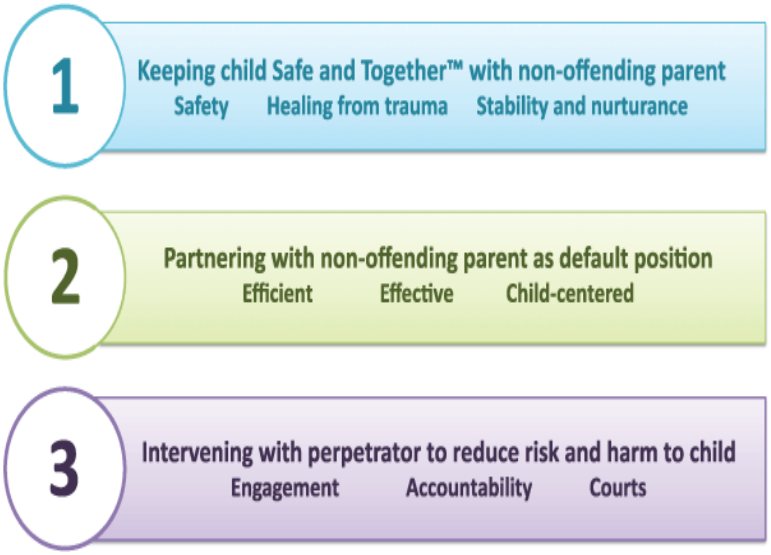


Note: Adapted from "Overview and Evaluation Data Briefing", Safe & Together Institute, Copyright 2018.

Safe and Together Model™ Principles

The following principles can help to improve practice and create better outcomes for children and families exposed to domestic violence perpetrator's behavior:

Figure 2

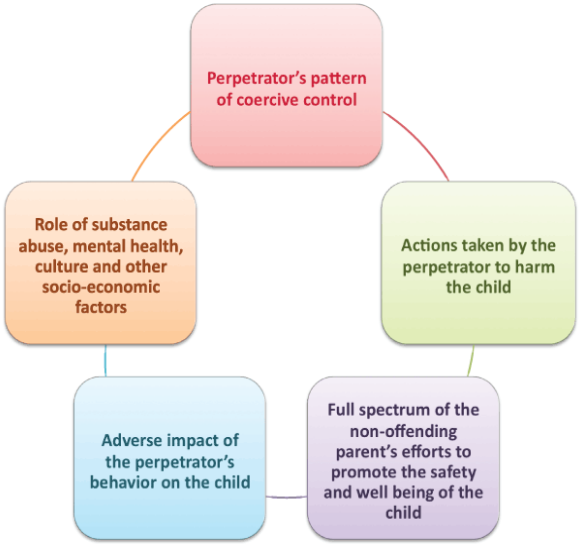


Note: "Overview and Evaluation Data Briefing", David Mandel & Associates LLC, Copyright 2014.

Safe and Together Model™ Critical Components

Implementation of the principles in case practice is supported by a focus on identifying the following Critical Components:

Figure 3



Note: “Overview and Evaluation Data Briefing”, David Mandel & Associates LLC, Copyright 2014.

For more information of The Safe and Together Model™, visit Safe & Together Institute (safeandtogetherinstitute.com)

Leadership Teams

The involvement of leadership at every level is a critical component of Partners in Protection. Leadership Teams include certified domestic violence centers and many other key community stakeholders. The Leadership Team meetings provide an opportunity to discuss the coordination of services and ways to improve the community-wide response to domestic violence survivors and their children, while increasing batterer accountability.

The Leadership Teams utilize the Coordinated Community Response (CCR) Model, an intervention strategy developed by the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota. The CCR (Duluth) Model is a "system of networks, agreements, processes, and applied principles created by the local shelter movement, criminal justice agencies, and human service programs."[8] The model is also an ever-evolving way of thinking about how a community can work together to end domestic violence. Over a period of 15 years, DAIP found that when community partners coordinated their efforts to protect battered women and their children and hold perpetrators accountable, these efforts were more successful.

A Community Using the Duluth Model approach:[9]

- Takes the blame off the victim and places the accountability for abuse on the offender.
- Shares policies and procedures for holding offenders accountable and keeping victims safe across all agencies in the criminal and civil justice systems from 911 to the courts.
- Prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures.
- Believes that battering is a pattern of actions used to intentionally control or dominate an intimate partner and actively works to change societal conditions that support men's use of tactics of power and control over women.
- Offers change opportunities for offenders through court-ordered educational groups for batterers.
- Has ongoing discussions between criminal and civil justice agencies, community members and victims to close gaps and improve the community's response to battering.

[8] Pence, Ellen & McMahon, Martha. Duluth: A Coordinated Community Response to Domestic Violence from the Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges? pages 150-168, 1999, Nicola Harwin, Gill Hague, et al., eds.

[9] Domestic Abuse Intervention Programs. 2011. What is the Duluth Model? Retrieved from www.theduluthmodel.org/about.

Partners in Protection Leadership Teams include but are not limited to representatives from the local certified domestic violence centers including executive directors, program leadership, and co-located advocates, Child Protective Investigations, the lead CBC agencies and/or their subcontractors, law enforcement agencies, probation/parole, the State Attorney's Office, Batterer Intervention Program (BIP) providers, Children's Legal Services, Clerk of Courts, and mental health/substance abuse providers. Although each agency has a different function, the common thread that weaves them together is the desire to end both domestic violence and child abuse in their community.

While the primary function of the Leadership Team is to address systemic barriers that compromise the safety of survivors and their children, Leadership Teams are also useful in bridging the gaps between agencies that exist due to differing mandates, policies, service approaches, and role misconceptions. One common misconception that has been addressed through Partners in Protection is the idea that domestic violence advocates are not concerned with child safety. Conversely, advocates are concerned with the safety of everyone experiencing intimate partner violence and work to achieve child safety by safety planning with the non-abusive caregiver. During the initial implementation phase of the project, it was discovered that this misconception was the direct result of agencies not speaking the same language. Domestic violence advocates rarely utilized language that directly addressed child safety. Language often presents as a barrier to collaboration, which can be easily resolved through role clarification and cross-training — the Leadership Team is used as a forum to address such issues.

The success of a Partners in Protection Leadership Team is hinged upon the team's ability to successfully collaborate. Collaboration is a mutually agreed-upon process for systems change and resolving conflicts among key organizations is the core of collaboration.[10]

Components of Successful Collaboration:[11]

- Trust
- Shared Vision
- Expertise
- Teamwork Strategies
- Open Communication
- Motivated Partners
- Sufficient Means
- Action Plan

[10] Karen Ray, The Nimble Collaboration: Fine-Tuning Your Collaboration for Lasting Success (Amherst H. Wilder Foundation 2002).

[11] Rinehart, T.A., Laszlo, A.T., & Briscoe, G.O. 2001.Collaboration Toolkit: How to Build, Fix, and Sustain Productive Partnerships. Office of Community Oriented Policing Services, Washington, D.C.

Domestic Violence Co-Located Advocate Roles and Responsibilities

It is important that the role of the Partners in Protection co-located domestic violence advocates be clearly defined. Co-locating domestic violence advocates in child welfare agencies is a nationally recognized best practice.[12]

"Domestic and sexual violence advocates play a critical role as non-coercive resources, respecting survivors' autonomy, and validating survivors' expertise regarding their needs and their lives. Maintaining distinct roles is necessary for preserving the empowerment-based, survivor-centered philosophy of advocacy. When advocates shift their focus from supporting a survivors' autonomy to supporting the work of other institutions, an important source of support in the community is lost to domestic violence survivors."[13] This is not to say that domestic violence advocates should not focus on child safety. On the contrary, co-located domestic violence advocates should prioritize child safety in everything they do in partnership with child welfare agencies. To do so, the advocate partners with the survivor to identify their current safety planning strategies and ways they may build on those strategies.

The domestic violence advocate is employed by the local certified domestic violence center and is required to uphold the policies and protocols of the center. The advocate is available to the child welfare staff to consult on cases involving domestic violence, but never to do the work of a child protective investigator or case manager.

Co-located advocates are expected to:

- Provide consultation to child welfare professionals on cases involving household and intimate partner violence threatens child maltreatments.
- Assist child welfare professionals, survivors, and their children by attending case staffings and case transfer staffings to provide subject matter expert consultation or survivor advocacy when a written Release of Information is provided by the survivor.
- Coordinate with community partners to improve collaboration and resolve barriers for families.
- Meet regularly with CPI unit supervisors, community-based care providers, and community partners in their respective service areas to discuss local goals, such as safely reducing removals of children from non-offending parents, increasing the capacity of child welfare professionals to work with survivors and perpetrators, and to review challenges and successes as they work together to develop protocols and guidelines for collaboration.

[12] Oregon Department of Human Services. Working Together: A Desk Guide. Retrieved from https://www.ocadsv.org/sites/default/files/resource_pub/DV_Guide_FINAL_2_0.pdf.

[13] Domestic Abuse Intervention Programs. 2011. What is the Duluth Model? Retrieved from www.theduluthmodel.org/about.

- Facilitate trainings for local child welfare partners and center advocates on topics including, but not limited to, the dynamics of domestic violence, the intersection of domestic violence and child abuse, batterer accountability, and safety planning.
- Provide in-depth safety planning, education, advocacy, and ongoing support to domestic violence survivors.

Confidentiality and Privilege

In building relationships with child welfare, it is important that confidentiality/privilege laws, and locally specific protocol documents based on these laws, are clearly communicated. Historically, the inability of domestic violence centers to "confirm or deny" if a survivor was receiving services has been a source of contention between domestic violence and child welfare agencies. Much of the contention is due to child welfare professionals being unaware of the confidentiality and privilege laws that govern domestic violence advocate communication. It is critical that domestic violence centers educate their child welfare partners on these laws and create formal communication protocols to specify how both agencies will share survivor information. (See Appendix C: Communication Protocol Template).

The Florida Legislature has enacted laws governing domestic violence center confidentiality and victim-advocate privilege to ensure the safety of victims and their families. These laws provide that:

- Information about clients and the location of a domestic violence center and facilities is confidential and exempt from public records law.
- Domestic violence center staff, including volunteers, cannot disclose any information about domestic violence center clients without the written consent of the victim, except in certain circumstances listed in the statute.
- A survivor of domestic violence has privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the survivor to a domestic violence advocate, or any record made in the course of advising, counseling, or assisting the survivor.
- The authority of the domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary.

Section 39.908, Florida Statutes (F.S.) "Confidentiality of information received by department or domestic violence center:

1) Information about clients received by the department or by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential and exempt from the provisions of s. 119.07(1). Information about the location of domestic violence centers and facilities is confidential and exempt from the provisions of s. 119.07(1).
2) Information about a domestic violence center client may not be disclosed without the written consent of the client to whom the information or records pertain. For the purpose of state law regarding searches and seizures, domestic violence centers shall be treated

as private dwelling places. Information about a client or the location of a domestic violence may be given by the center staff or volunteers to law enforcement, firefighting, medical, or other personnel in the following circumstances:

a. To medical personnel in a medical emergency.
b. Upon a court order based upon an application by a law enforcement officer for a criminal arrest warrant which alleges that the individual sought to be arrested is located at the domestic violence shelter.
c. Upon a search warrant that specifies the individual or object for the search and alleges that the individual or object is located at the domestic violence shelter.
d. To firefighting personnel in a fire emergency
e. To any other person necessary to maintain safety and health standards in the domestic violence shelter.
f. Information solely about the location of the domestic violence shelter may be given to those with whom the agency has an established business relationship.

3) The restriction on the disclosure or use of the information about domestic violence center clients does not apply to:
   a. Communications from domestic violence shelter staff or volunteers to law enforcement officers when the information is directly related to a client's commission of a crime or threat to commit a crime on the premises of a domestic violence shelter; or
   b. Reporting suspected abuse of a child or a vulnerable adult as required by law. However, when cooperating with protective investigations services staff, the domestic violence shelter staff and volunteers must protect the confidentiality of other clients at the domestic violence center."

Section 90.5036, F.S., Domestic violence advocate-victim privilege

1) For purposes of the section:
   a. A "domestic violence center" is any public or private agency that offers assistance to victims of domestic violence, as defined in s. 741.28, and their families.
   b. A "domestic violence advocate" means any employee or volunteer who has 30 hours of training in assisting victims of domestic violence and is an employee of or volunteer for a program for victims of domestic violence whose primary purpose is the rendering of advice, counseling, or assistance to victims of domestic violence.
   c. A "victim" is a person who consults a domestic violence advocate for the purpose of securing advice, counseling, or assistance concerning a mental, physical, or emotional condition caused by an act of domestic violence, an alleged act of domestic violence, or an attempted act of domestic violence.
   d. A communication between a domestic violence advocate and a victim is "confidential" if it relates to the incident of domestic violence for which the victim is seeking assistance and if it is not intended to be disclosed to third persons other than:

i. Those persons present to further the interest of the victim in the consultation, assessment, or interview.
ii. Those persons to whom disclosure is reasonably necessary to accomplish the purpose for which the domestic violence advocate is consulted.

2) A victim has a privilege to refuse to disclose, and to prevent any other person from disclosing, a confidential communication made by the victim to a domestic violence advocate, or any record made in the course of advising, counseling, or assisting the victim. The privilege applies to confidential communications made between the victim and the domestic violence advocate and to records of those communications only if the advocate is registered under s. 39.905 at the time the communication is made. This privilege includes any advice given by the domestic violence advocate in the course of that relationship.
3) The privilege may be claimed by:
    a. The victim or the victim's attorney on behalf of the victim.
    b. A guardian or conservator of the victim.
    c. The personal representative of a deceased victim.
    d. The domestic violence advocate, but only on behalf of the victim. The authority of a domestic violence advocate to claim the privilege is presumed in the absence of evidence to the contrary."

To support informed consent, advocates should first clarify exactly what information the child welfare professional is requesting, why it is needed, and how it will be used within the child welfare system. Gathering this detail allows the Co-Located Advocate to explain to the survivor the potential risks and benefits of releasing their confidential information. This approach ensures the survivor has the information they need to make an informed, voluntary decision about whether to share their confidential information.

Consultation Services

Per "Child Welfare Operating Procedure **(CFOP) 170-5**, Chapter 10, Domestic Violence (DV) Consultations":

10-2 Procedures.

"a. When information at pre-commencement or obtained during the family functioning assessment indicates that IPV is believed to be occurring in the home, the child protective investigator MUST consult with a domestic violence advocate to:

(1) Review the family's prior history of intimate partner violence and outcomes from prior intervention efforts.

(2) If the family has no prior reported history, but law enforcement or medical personnel report a current incident of intimate partner violence, assess dynamics to inform interviewing strategies prior to going to the home or immediately after commencement.

(3) Explore the feasibility of the DV advocate accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

b. Whenever intimate partner violence is occurring, the investigator will seek domestic violence expertise for the following critical elements of the investigation:

(1) The maltreating caregiver's pattern of coercive control and level of dangerousness:

(a) Explore the benefits of a joint interview conducted with law enforcement or law enforcement accompanying the investigator to the home.
(b) Determine the safest approach to conducting separate interviews with the maltreating caregiver and the survivor.

(2) Specific behaviors the maltreating caregiver engaged in to harm the child.
(3) Full spectrum of the survivor's efforts to promote the safety and well-being of the child despite the violence in the home.
(4) Adverse impact of the maltreating caregiver's behavior on the child.
(5) Other factors impacting the intimate partner violence (i.e., substance abuse, mental health, cultural, and socio-economic).
(6) Developing separate child safety plan for the adult victim of intimate partner violence and perpetrator of intimate partner violence. The investigator must ensure information related to the safety of the adult survivor or child victim (i.e., location of family members or DV shelter, etc.) is kept confidential and not inadvertently disclosed as part of the perpetrator's safety plan.
(7) Developing actions to hold the maltreating caregiver accountable.
(8) Provide all safety plans implemented with the family to the court."

Co-located advocate consultation topics include:

- Identification of risk factors
- Identification of perpetrators' dynamics of power and control and patterns of coercive control
- Identification of specific behaviors offender engaged in to harm the child
- Impact of the perpetrator's behavior and actions on children
- Identification of the full scope of survivor's efforts to promote the safety and well-being of the child, despite the violence in the home (Caregiver Protective Capacities), while maintaining confidentiality.
- Development of Safety Plans, including
    - Separate child safety plans for survivor and offender
    - Actions to hold the perpetrator accountable
- Perpetrator interview strategies to gather information to address harmful behaviors

Referral Follow-Up

Domestic Violence co-located advocates will receive and follow-up on referrals (See Appendix B: Referral for Services) initiated by child welfare professionals in accordance with the center's policy and procedures. Once the referral is received, the co-located advocate shall make every reasonable effort to contact the survivor. Co-located advocates may not leave a voicemail if the call goes unanswered. Contact efforts are discontinued without any adverse consequences if a survivor is unable to be reached after three attempts at varying times of day, or if the survivor declines services when contacted.

Note: For the advocate to communicate with the child welfare professional regarding services provided to the survivor, the survivor will need to sign a release of information from the certified domestic violence center provided by the co-located advocate.

Per the VAWA (Violence Against Women Act) Confidentiality Provision (34 United States Code (U.S.C.) § 12291(b)(2)), in the case of telephonic services, such as a hotline call, an oral release is not acceptable. The statute does not allow for oral releases. Written releases are required. One option for this situation would be for the survivor to remain on the call while a third party is contacted, so that the survivor can provide his or her own information without the need for a release. Another option would be to consider asking the survivor to email or fax a written release.

*The written release can only be completed by a state certified domestic violence center advocate who is certified for confidentiality and privilege under F.S. 39.908 and F.S. 90.5036, in accordance with VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2)).3

Support and Advocacy Services

Survivors who are involved with the child welfare system benefit from the support of co-located advocates. Co-located advocates should provide a clear and thorough explanation of:

- Domestic violence center services,
- Confidentiality and victim-advocate privilege protections and limitations,
- The benefits and potential repercussions associated with the survivor's level of participation within the child welfare system, and
- Co-located advocate's role in comprehensive and ongoing safety planning, referrals, support in navigating the child welfare system, and child welfare-involved accompaniment.

Co-located advocates support and advocacy services may include:

- Crisis Intervention services and emotional support.
- Adult and child safety planning.
- Advocacy within the child welfare system, including but not limited to accompaniment to CPI interviews, case staffings and other meetings with child welfare workers, and participation in case staffing meetings that include child welfare involved domestic violence cases.
- Advocacy within the justice systems, including but not limited to providing information to courts and/or law enforcement offices, injunction assistance, and survivor accompaniment.
- Individual survivor support and education regarding the dynamics of domestic violence.
- Referral to and advocacy for other needed services, including additional crisis intervention services, emergency shelter, support groups, economic empowerment programs, legal representation, financial assistance, housing, and medical care, etc.

**Direct services, including home visits described below, should not exceed 25% of the co-located advocate's time as the primary operational goal of the project is to serve as subject

matter experts for the child welfare system. DV co-located advocates should navigate survivors into other available center services, if requested by the survivor.

Home Visits

Partners in Protection does **not** require that co-located advocates to accompany child welfare staff on home visits but does acknowledge that this is a beneficial service to the child protective investigative process. When joint visits are possible, policies and protocols must be created using the DCF Home Visitation Policy template and approved by DCF before any home visits are conducted. Just as child welfare agencies need to plan for the safety of their employees, it is imperative that certified DV centers carefully consider safety when co-located DV advocates participate in home visits.

It is important to clearly define within the home visitation policy the separate roles of the child welfare professional and the domestic violence advocate since both parties are visiting together. The advocate should be present to support the survivor and not be involved in any investigative activities. Advocates should give the survivor the option to speak in a private setting and explain privileged communication and its limitations. Safety should always be a top priority during home visits (See Appendix D: Home Visitation Policy Template).

When home visits cannot be conducted in partnership with co-located advocates, CPIs can call the advocate while on scene to connect the survivor with center services. In such instances, the CPI should allow the survivor privacy while speaking with the advocate. The advocate may also choose to provide immediate crisis intervention services, then schedule a time with the survivor to speak again when confidentiality can be assured.

Quarterly Leadership Meetings

Addressing domestic violence requires a coordinated community response. It is imperative that formal meetings are arranged between the co-located DV Advocate, DV Center Leadership, DCF Child Welfare Leadership, and frontline child welfare professionals to discuss barriers and successes to collaboration and develop strategies to resolve emerging issues. DV center Partners in Protection providers are contractually required to facilitate these meetings at least once per quarter and ensure that other community partners such as community-based care organizations (CBCs), law enforcement agencies, batterer intervention programs (BIPs), and probation/parole are invited to attend. This type of partnership is useful to enhance communication between agencies, improve relationships, increase trust, and eliminate barriers which will ultimately lead to better outcomes for survivors and their children. It is important that the co-located advocate notify their leadership of any barriers faced during consultations, staffings, or trainings or successes in project implementation so they can be added to the Leadership Meeting agendas for discussion.

Domestic Violence Training

Two of the main functions of the co-located domestic violence advocate are to serve as a subject matter expert on intimate partner violence issues and to help build the capacity of child

welfare professionals to work effectively with families experiencing domestic violence. To build the capacity of child welfare professionals, the co-located advocate should conduct trainings for child welfare professionals.

Training topics include but are not limited to:

- Dynamics of domestic violence
- Partnering with survivors to achieve child safety.
- Safety planning strategies.
- Perpetrator engagement and accountability.
- Impact of perpetrators' violence on children.

It is recommended that the domestic violence advocate participate in the pre-service training of new child welfare staff to inform them about domestic violence services and establish themselves as the resident expert on intimate partner violence related issues. This practice also helps cultivate a relationship between the advocate and new child welfare staff when they begin employment and before they have been assigned a caseload.

In addition to training child welfare professionals, the co-located advocate should provide internal training for the domestic violence center staff. The co-located advocate can be very useful in helping to build the capacity of their colleagues working at the DV center in understanding the child welfare system and the roles and responsibilities of child welfare professionals. This information will not only improve the communication between advocates and child welfare agencies, but it will also improve the direct services the advocates provide to child welfare involved survivors and their children.

Expectations of Child Welfare

The key to a successful partnership is mutual respect for what each party brings to the table. As partnerships are created between child welfare and domestic violence agencies, it is important that child welfare agencies create an atmosphere where co-located domestic violence advocates feel respected and appreciated. It is expected that staff at the certified domestic violence centers will create the same type of respectful atmosphere when working with child welfare agencies.

Co-located advocates are working in environments where there is a potential for isolation since they are not employed by the child welfare agency. To help them acclimate to their surroundings, leadership from both the domestic violence center and child welfare agency should meet before establishing co-location to lay the foundation and discuss ways that challenges will be addressed when they arise.

Utilizing the Expertise of Domestic Violence Advocates

The domestic violence advocate is co-located to be a resource for the child welfare staff. The primary role of the co-located advocates is to build the capacity of child welfare professionals on domestic violence issues so that children are not removed unnecessarily from non-offending caregivers, survivors are not re-victimized, and batterers are held accountable for their violence. The advocate has been specially trained in domestic violence and should be consulted in any instances where domestic violence exists or is suspected in child welfare cases.

It is understood that there are many child welfare professionals with extensive experience in domestic violence. However, domestic violence advocates' expertise includes not only knowledge of the dynamics of domestic violence, but also survivor-focused safety planning and empowerment-based advocacy. Furthermore, the domestic violence advocate possesses in-depth knowledge of domestic violence and best practices in working with adult survivors, their children, and domestic violence perpetrators and can be extremely helpful to child welfare professionals in identifying survivor strengths, protective capacities, and safety strategies to protect the children.

Utilization includes:

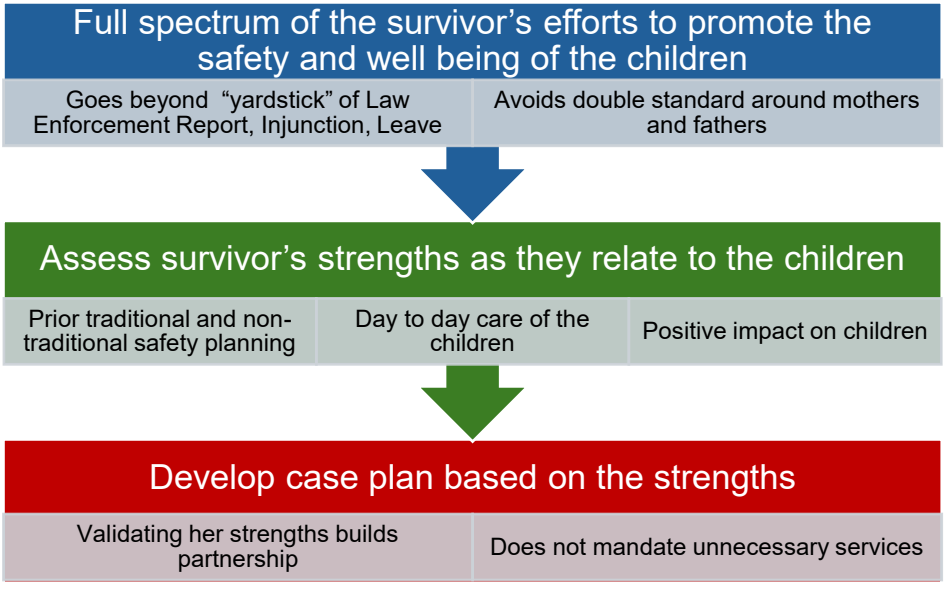
- Engaging with the co-located advocate for case consultations.
- Inviting the co-located advocate to case staffings and case transfer staffings.
- Attending trainings provided by the co-located advocate.
- Referring survivors to the co-located advocate using Appendix B: Referral for Services.
- Collaborating with co-located advocate to navigate survivors and their children into domestic violence center services.

Partnering with the Non-Offending Parent

According to the principles of the Safe and Together Model™, child welfare should partner with the non-offending parent as a default position. This means the survivor should not be held responsible for the violence of the perpetrator and should be seen as an ally in keeping their children safe. "Blaming a battered mother for being abused, for not leaving the domestic violence perpetrator, or for not stopping the violence is simply counter-productive. The battered woman cannot change or stop the perpetrator's violence by herself."[14] For this reason, it is important that the child welfare system support the survivor through the child protective investigation and the dependency process.

Partnering with the non-offending parent is also considered best practice in cases of domestic violence because the survivor is the expert on the perpetrator's violence and the children's safety needs. Partnering with the survivor will allow the child welfare professional to gain insight into the perpetrators pattern of coercive control, ways in which the perpetrator's violence has harmed the children, and interventions needed to keep the survivor and the children safe. Partnering with the domestic violence survivor aligns with both empowerment-based advocacy and family-centered practice and helps the child welfare professional present the Department's concerns to the survivor in a non-threatening and non-blaming manner. Survivors are more likely to cooperate with the investigative process when they feel respected and supported by the child welfare system. Failure to partner with the survivor can limit child welfare's insight into the perpetrator's violence and ultimately put the adult survivor and children in greater danger.

Figure 4
Strengths Based Approach to Working with the Non-Offending Parent
(David Mandel & Associates, LLC)



[14] National Council of Juvenile and Family Court Judges. (n.d.). "Checklist to promote perpetrator accountability in dependency cases involving domestic violence." Retrieved from https://www.ncjfcj.org/bench-cards/checklist-to-promote-perpetrator-accountability-in-dependency-cases-involving-domestic-violence/.

Note: Retrieved from The Safe and together Model David Mandel, MA LPC Florida Dependency Court Summit Aug. 27, 2009, Orlando Florida.

Perpetrator Accountability

The child welfare system has historically been primarily survivor-focused which is why it is not unusual for domestic violence perpetrators to be seemingly invisible in child maltreatment cases. This practice has proven to be harmful to survivors and their children and ineffective in ending the perpetrator's violent behavior. The principle of perpetrator accountability suggests that "domestic violence perpetrators, not their victims, should be held responsible for the effects of their actions on their children."[15] It is important that child welfare professionals not only make every attempt to engage domestic violence perpetrators but that they also place the responsibility of ending the violence on perpetrator.

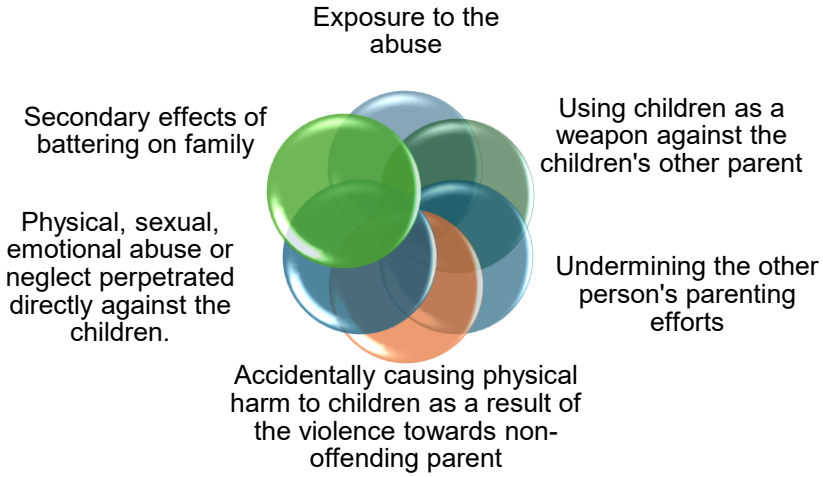
Common reasons for a lack of perpetrator accountability in domestic violence cases:

- Child welfare professionals are afraid of, or do not know how to engage batterers.
- Child welfare professionals sometimes have a limited understanding of the dynamics of domestic violence.
- Child welfare professionals ignore the perpetrator because they are not biologically tied to the child.
- Child welfare professionals don't feel like the batterer should be involved with the child because of their violence.
- Child welfare professionals have been directed to "take the path of least resistance."
- Child welfare professionals and processes within the child welfare system focus on the primary caregiver / person who retains physical custody of the child, which places less focus on the batterer's behavior.
- Child Welfare professionals cannot require the perpetrator to engage in the investigation or services, even with court intervention.
- There is a lack of appropriate services for perpetrators of domestic violence.

[15] National Council of Juvenile and Family Court Judges. 1999. Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice (The Greenbook). National Council of Juvenile and Family Court Judges: Reno, NV: Author. Retrieved from Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice - NCJFCJ.

Figure 5
Ways Batterers Harm Children

(David Mandel & Associates, LLC)



Note: Retrieved from The Safe and together Model David Mandel, MA LPC Florida Dependency Court Summit Aug. 27, 2009, Orlando Florida.

Possible Child Welfare Interventions with Domestic Violence Perpetrators

In holding domestic violence perpetrators accountable for their violence, the child welfare system must be able to provide behaviorally focused and evidence-based interventions. Engaging the perpetrator is a part of intervention but is not a sufficient intervention. Below are some possible interventions that child welfare agencies can implement with domestic violence perpetrators.[16]

- **Engaging Perpetrators:**
  - Interview the perpetrator separately from the victim.
  - Engage the perpetrator in a conversation and ask specific questions related to the violence.
  - Help the perpetrator to refocus on his behaviors during conversations.
  - Avoid collusion such as laughing at jokes about the violence, allowing them to blame the victim, and/or allowing them to minimize their violence.
  - Ask the perpetrator what he they are willing to do to keep their children safe.
  - Ask the perpetrator to sign a safety plan addressing their specific behaviors.
  - Help the perpetrator focus on the needs of the children and how their behaviors harm the children.
- **Working with Law Enforcement/Court System:**
  - Obtain a police report from the incident.
  - Obtain a record of 911 calls to the families' address.
  - Talk to the officer/detective who handled the case to get their input.
  - Follow-up with the police department regarding the status of any warrants.

[16] David Mandel & Associates, LLC. (2010) Menu of Possible Interventions with Domestic Violence Perpetrators.

    - Draft a letter to the Prosecutor's Office explaining the Department's concerns about the children's safety should the perpetrator be released, not have a protective order, and/or not attend a BIP.
    - Draft a letter to the Prosecutor's Office requesting that the perpetrator be mandated to attend a BIP.
- **Working with other Providers:**
    - Inform the providers about the batterer's pattern of coercive and controlling behaviors (be specific) and the risk they pose to the children.
    - Inform the provider of the children's needs and how, if at all, those have been impacted by the batterer's behaviors.
    - Inform the provider of your own observations in the home.
    - Make sure that you understand from the provider their treatment goals and any barriers they foresee to accomplishing those goals.
    - Follow up with providers to ensure the perpetrator's compliance, participation, and progress.

Documentation

The co-located domestic violence advocate can be very helpful to child welfare professionals in strengthening their understanding and language as it relates to domestic violence. A child welfare professional's documentation of the perpetrator's violence can be extremely helpful or harmful to survivors and their children. "The language used to describe the domestic violence in the household needs to be precise, affirming of the perpetrator's role in harming the children, and avoid blaming the victim for the behavior of the perpetrator. Imprecise phrases relegate the perpetrator and his responsibility to the background or make it disappear altogether."[17] Sufficient documentation is a critical component in holding perpetrators accountable and enhancing adult survivor and child safety.

Example of insufficient documentation:

- "Mr. and Mrs. Tucker engaged in domestic violence in front of the children."

Example of sufficient documentation:

- "Mr. Tucker committed an act of violence against Mrs. Williams by slapping her repeatedly on the face and strangling her until she lost consciousness. Consequently, Mr. Tucker's violence has placed the children in immediate danger despite Mrs. Tucker's efforts to keep her children safe."

Child-Focused Safety Plans

As part of the child welfare system redesign in Florida, DCF implemented the Florida Safety Methodology in 2013. The Florida Safety Methodology introduced a new child welfare practice model that emphasized the engagement and empowerment of parents, utilizing a standardized approach to safety decision-making and risk assessment to achieve child safety. The implementation of the Florida Safety Methodology established a common language for assessing safety for both child protective investigators and case managers, a standardized framework for identifying children who are unsafe, a common set of constructs that guide safety interventions for unsafe children, and a common framework for case planning to address child needs and diminished caregiver protective capacities.[18]

Florida's Safety Methodology was developed in conjunction with national experts from the National Resource Center for Child Protection and the Children's Research Center. State domestic violence experts were given the opportunity to review the Florida Safety Methodology curriculum and provide in-depth feedback to DCF on the practices that could be potentially harmful to families experiencing domestic violence. From this review process, it was apparent that special considerations needed to be made when utilizing the Safety Methodology in domestic violence cases. One area that needed special consideration in domestic violence

[17] Mandel, Dandel & Went, John. 2000. Using Batterer Accountability Strategies to Increase Safety for Children 2 (Nov. 19, 2000). (unpublished manuscript, on file with author).

[18] Florida Department of Children and Families. (2014). Safety methodology practice guidelines: All staff. Florida Institute for Child Welfare. Retrieved from https://fpocf.org/wp-content/uploads/2013/10/SM-Practice-Guidelines-All-Staff-8-8-14.pdf.

cases was safety planning. Because of its family-centered focus, the Florida Safety Methodology only required one safety plan for the family. This approach did not pose an issue for most families, but it jeopardized the safety of domestic violence survivors and their children due to the power and control tactics of the perpetrator. One family safety plan would give the perpetrator access to the survivor's safety actions to protect the children and thus make him more powerful in his efforts to be controlling and abusive toward both adults and children living in the home. For this reason, it is best practice to create separate child-focused safety plans related to the domestic violence perpetrator and domestic violence survivor.

In July 2014, the following legislation was passed in Florida requiring that child protective investigators complete separate safety plans in cases of domestic violence where present or impending danger exists.

Section 39.301(9)(a)6a, F.S., Initiation of Protective Investigation*:*
"A child protective investigator shall implement separate safety plans for the perpetrator of domestic violence and the parent who is a victim of domestic violence as defined in s. 741.28. If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the child protective investigator shall seek issuance of an injunction authorized by s. 39.504 to implement a safety plan for the perpetrator and impose any other conditions to protect the child. The safety plan for the parent who is a victim of domestic violence may not be shared with the perpetrator."

DV experts and DCF worked together to define the separate safety plans. The first safety plan is the "Safety Plan for Survivor Only" and is specifically for safety actions that are developed in partnership with the survivor to achieve child safety. This plan should include those safety actions that may put the adult survivor and/or child at greater risk of harm if shared with the perpetrator. This plan shall be developed in a separate meeting with the survivor and not when the perpetrator of domestic violence is present. This plan shall be kept confidential from the perpetrator. The second safety plan is the "Child Safety Plan," includes actions that are directly related to controlling danger threats to the child created by the perpetrator's violence and should be agreed upon by both the perpetrator and survivor of domestic violence. The survivor should be given the option of discussing this plan in a meeting with the perpetrator, in a separate meeting, or both. The child safety plan should be shared with the survivor and filed with the court.

Perpetrator Accountability in Safety Planning

In addition to appropriate documentation that describes the violence occurring and the coercive tactics present, perpetrators need to be held to the same standard as the non-offending caregiver. We must assure each parent has to capacity to meet the child's needs in the absence of the other when the IPV maltreatment is present. If the non-offending parent's ability to schedule and attend doctor's appointments is considered, so should the perpetrators. If the non-offending parent is required to attend parenting classes, so should the perpetrator. Additionally, when a survivor is referred to a domestic violence center for services, the perpetrator needs to attend BIP. BIP is an integral component to enhancing the safety of the child and preventing future maltreatment as it is the only program that addresses the power

and control responsible for the child's danger. When child welfare professionals are met with barriers to BIP, they are advised to partner with the criminal and civil justice systems. BIP can be added as a requirement in injunctions and in criminal cases. When a perpetrator is arrested for a crime of domestic violence, an Order of No Contact should be put in place by the courts. Requesting the jail calls can show if the offender violated the No Contact. If a violation occurred, a misdemeanor charge can be filed to include BIP in pleas or sentencing.

Child support should also be considered in safety planning. Child support can be delivered to the survivor though a safe third party, direct deposit, or via social payment app such as PayPal, Venmo, or CashApp, and can be ordered in an injunction prior to family court involvement.

Refer Survivors to Domestic Violence Center Services

To initiate communication between the advocate and the domestic violence survivor, the child welfare professional must submit a referral to the co-located advocate. (See Appendix B: Referral for Services) Once the referral is received, the co-located advocate shall make every reasonable effort to contact the survivor. It is recommended that the child welfare professional briefly staff the case with the advocate to provide any additional information obtained following the initial case consultation mandated in CFOP 170-5.

Note: The referral form only gives the advocate consent to contact the survivor. For the advocate to communicate with the child welfare professional regarding services provided to the survivor, the survivor will need to sign a release of information from the certified domestic violence center provided by the co-located advocate.

Per the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2)), in the case of telephonic services, such as a hotline call, an oral release is not acceptable. The statute does not allow for oral releases. Written releases are required. One option for this situation would be for the survivor to remain on the call while a third party is contacted, so that the survivor can provide his or her own information without the need for a release. Another option would be to consider asking the survivor to email or fax a written release.

*The written release can only be completed by a state certified domestic violence center advocate who is certified for confidentiality and privilege under F.S. 39.908 and F.S. 90.5036, in accordance with VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2)).

If requested by the survivor, the co-located advocate will assist the survivor in accessing domestic violence center services. All services provided by the domestic violence advocate must be voluntary. Per Florida Statute 39.905, all Florida certified domestic violence centers provide the following core direct services:

- **24-Hour Hotline** includes the provision of crisis counseling and information and referrals on a 24 hour per day, seven days a week basis by trained center staff, paid or unpaid.
- **Emergency Shelter** refers to the temporary emergency housing of domestic violence survivors and their dependents. When the center is unable to provide immediate safe housing due to a lack of bed space, it shall make every effort to secure alternative safe

emergency housing for the survivor. The center shall provide survivor transportation to the emergency shelter using staff, volunteers, law enforcement and other means. Transportation through law enforcement only is not sufficient.

- **Counseling** is advocacy, which involves providing information on the dynamics of domestic violence, doing an assessment of risk, and/or engaging in other supportive activities as appropriate.
- **Case (Service) Management** is the provision of an individual needs assessment, development of a service plan, a written safety plan, and the coordination of appropriate services and follow-up. One-on-one service management shall be provided to residents in shelter for 72 hours or more and to non-residents who have received two or more face-to-face counseling sessions.
- **Children's Programming** includes the evaluation of the basic needs of children served by the program, and the referral of children to services when appropriate. Services include a screening for child abuse and an assessment of risk.
- **Safety Planning** is the development of a plan for security that includes a lethality assessment, documentation of abuser patterns, and an escape plan.
- **Information and Referral** includes providing information and/or referrals about domestic violence and available services and resources appropriate to the individual need. Information and referral services may be provided face-to-face, by telephone, by email or by mail.

In addition to these core direct services, certified domestic violence centers also often provide the following: court/legal advocacy; outreach services such as support groups; and assistance with relocation, housing, and accessing other basic needs.

Navigating Home Visits When Child Resides in Certified Domestic Violence Shelter

As outlined in Administrative Rule 65C-30.007, Florida Administrative Code (F.A.C.) "when a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility."

DV center advocates are essential partners. They can help prepare the survivor and children, identify the safest location for the visit, and provide context about shelter routines or recent safety concerns. They can also help the child welfare professional understand any restrictions on movement, visitor rules, or confidentiality expectations that apply to all residents. Partner with the advocate to ensure any information sharing is guided by a survivor-signed, time-limited written release, so everyone is aligned on what can be shared, with whom, and for what purpose.

Per CFOP 170-25, centers must inform residents that visitors, including contracted persons who provide services to centers, are allowed in the residential area to deliver services. Centers are required to inform residents of the name of the visitor and their business affiliation not less than 24 hours in advance of the visit, or as soon as it is practical. Center staff must also do

their best to inform shelter residents of child welfare professionals entering property to provide participants with adequate time to move from shared living spaces in protection of confidentiality and privilege. Upon arrival, child welfare professionals will be required to provide sufficient identification, sign a confidentiality agreement, and sign-in on the center's visitor log.

Approaching the Need for a Visit with DV Center Advocates

- **Initiate contact early** – Reach out to the advocate as soon as you know a child or survivor is residing in shelter so planning can occur within the shelter's visitor and confidentiality rules.
- **Acknowledge confidentiality protections** – Recognize that the advocate must follow Florida Statute 39.908 and CFOP 170-25, which limit who can enter the shelter and how visits are arranged. Approach the conversation with respect for these legal boundaries.
- **State the purpose of the visit clearly** – Explain what you need to accomplish (e.g., monthly face-to-face contact under Rule 65C-30.007, safety assessment, case updates) so the advocate can help determine the safest and least disruptive way to meet that requirement.
- **Allow time for the advocate to coordinate with the survivor** – Recognize that obtaining a written release is a survivor-driven process. The advocate must explain the risks and benefits, answer questions, and ensure the survivor's consent is voluntary and informed.
- **Ask about shelter access protocols** – Request guidance on visitor procedures, approved spaces for meeting, and any restrictions that may affect timing or location.
- **Collaborate on logistics** – Work with the advocate to identify a safe, private, and trauma-informed setting for the visit, whether on-site in a designated area or off-site, if needed.
- **Center survivor safety and autonomy** – Ask how the visit can be structured to support the survivor's safety plan and minimize stress for the children.
- **Maintain ongoing communication** – Keep the survivor and advocate informed of any changes in case status, safety concerns, or upcoming requirements that may affect future visits.

As outlined in Administrative Rule 65C-30.007, Florida Administrative Code (F.A.C.), if a face-to-face visit with a child or parent or legal guardian is not completed, the case manager shall document in the child welfare information system alternate contacts completed or attempted. The case manager's immediate supervisor shall review the circumstances surrounding the attempted visit and expectations as to further efforts to complete the visit.

Note: This section is in relation to ongoing home visits with child welfare-involved families. If an investigation needs to be conducted with a family believed to be residing in a certified domestic violence center, the Child Protective Investigator should coordinate with the Co-Located DV Advocate to determine a safe location to meet with the survivor and children within the investigative timeframe required.

Navigating Court Ordered Removal When Child Resides in Certified Domestic Violence Shelter

Per the U.S. Department of Justice Office on Violence Against Women (OVW)'s "Frequently Asked Questions (FAQs) on the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2))"

> **What if the jurisdiction has a law allowing for release in circumstances such as child abuse or clear and present danger, but does not require it?**
>
> If the release of information is allowed, but not required, under a state or tribal law, then the state or tribal law would not constitute a "statutory mandate" for purposes of the VAWA Confidentiality Provision. Therefore, a VAWA-funded organization in that jurisdiction could not release identifying information without a signed, written, informed, and reasonably time-limited release from the victim or a court order.

However, when a "pick up order", also known as Take into Custody Order (TICO) or Order to Take Into Custody (OTIC), signed by a judge is obtained by a child welfare investigator and the child identified on the order resides in a certified domestic violence center, the CPI and DV center staff should make every reasonable effort to facilitate the execution of the order in a collaborative and sensitive manner to reduce additional trauma to the survivor and their child(ren).

Upon presentation of the TICO to DV center staff, the advocate must follow center protocols should they require a chain of command response/contact. The CPI will wait at a safe place designated by the center to protect the confidentiality and privilege of shelter residents or outside the shelter gate if such a place cannot be identified while center staff follows chain of command protocol and engages the survivor. Center staff will connect with the survivor to notify them of the order and provide emotional support and information following informed consent best practice standards. It is important to note that once an order has been signed, this decision cannot be reversed without further order of the court. A shelter hearing will be held within 24 hours of the execution of the order. Cooperation in the exchange will assist the survivor in successfully moving through the child welfare process and will reduce additional trauma experienced by the child.

Should the survivor be unwilling to meet the CPI and cooperate in the exchange, child welfare and law enforcement (LE) may remain outside of the center property if they deem necessary. Should the center agree to allow child welfare to enter property to enforce the order, it is advised that law enforcement remains off property or at the space formally designated by center staff. Center staff must also do their best to inform shelter residents of child welfare entering property to provide participants with adequate time to move from shared living spaces in protection of confidentiality and privilege. CPI and LE should also make every reasonable effort to accommodate the safety and reduce trauma of shelter participants and their children. This may include but is not limited to requesting a female officer, should one be immediately available.

Please note due to the potential for danger to the child regardless of the level of threat identified by center staff, and the potential for center liability should the child be injured on property following the presentation of a signed TICO, this is a time sensitive manner. The CPI and LE should give the advocate a reasonable amount of time to engage with and support the survivor.

However, should it become apparent that the survivor is not able to cooperate or intends to flee, center staff should immediately notify the CPI that they are not able to assist any further. A reasonable amount of time is herein defined as a period of no more than 30 minutes.

If the survivor and child(ren) do not reside in the DV shelter, center staff should follow the above best practice standards to uphold confidentiality and privilege while allowing child welfare staff to continue their investigation in the same manner they would if the child(ren) were not suspected to be located inside of the DV shelter.

Navigating Reunification in Certified Domestic Violence Center Shelters

Per "Child Welfare Operating Procedure (CFOP) 170-7, Chapter 12 Implement Reunification and Post-Placement Supervision", state certified domestic violence center shelters are appropriate for reunification.

"c. The case manager should proceed with reunification planning when the following criteria for an in-home Safety Plan have been met:

> 5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home Safety Plan, and an assessment of the location and household members has been completed by the investigator, or the case manager has confirmed that the location provides a safe and reasonable setting. The location may include any of the following examples:
>
> > c) A certified domestic violence center or treatment center that will allow the child(ren) to be reunified and will support an in-home Safety Plan."

Due to confidentiality and privilege statutes, Section 39.908, F.S., and Section 90.5036, F.S., child welfare staff may not be able to enter the shelter.

As outlined in Administrative Rule 65C-30.007, Florida Administrative Code (F.A.C.) "when a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility."

The certified center **may** be willing to provide photos of the room in which the parent and child will be staying and common areas such as the kitchen and family room. While centers are encouraged to provide such photos upon request, the aforementioned confidentiality and privilege statues protects their ability to decline.

Appendices

APPENDIX A

Partners in Protection: Domestic Violence Child Welfare Collaborative (Partners in Protection)

Memorandum of Understanding Template

The purpose of this Memorandum of Understanding is to coordinate services of the Child Protective Investigations (CPI) Unit of the Department of Children and Families (DCF) or (local Sheriff's Office), the Community Based Care (CBC) Lead Agency and/or CBC subcontractor, the Office of the State Attorney, local Law Enforcement Agencies, and the undersigned (certified domestic violence center in [county]) through partnership and collaboration. By participating in this agreement, all partners are expressing their commitment to work as equals within their own unique roles to accomplish their mission, while understanding that addressing the overall problem of domestic violence and child abuse requires a respectful, shared response.

I. DESCRIPTION OF PARTNERS

(Domestic Violence Center Name) is the certified provider of comprehensive services to adult survivors of domestic violence and their children in **(location) (Insert Mission/Description)**.

(CPI unit of DCF) is responsible for fulfilling the agency mandate to ensure the protection of children as directed by Florida Statutes and Administrative Rules in **(location) (Insert Mission/Description)**.

(CBC Lead Agency Name) serves as the Lead Agency for CBC and provides administrative and child welfare services directly and through subcontracting **in (location) (Insert Mission/Description)**.

(CBC Lead Agency Subcontractor Name) is the subcontracted agency of **(CBC Lead Agency name)** that provides case management, prevention/diversion, and medical case management services to children in the child welfare system in **(location) (Insert Mission/Description)**.

(Law Enforcement Agency Name) is responsible for enforcing state and local laws and ordinances in **(location) (Insert Mission/Description)**.

(Office of the State Attorney Name) represents the State of Florida in criminal prosecutions and lawsuits in **(location) (Insert Mission/Description)**.

II. HISTORY OF RELATIONSHIP

(Domestic Violence Center Name) and the **(Partnering Agencies Name[s])** have demonstrated a history of successful collaborations since **(year)**. Describe examples of collaboration with each of the partnering agencies.

III. ROLES AND RESPONSIBILITIES

(Center Name and Partnering Agencies) will work together in Partners in Protection as indicated:

1. The CPI unit will provide office space in the child protection office for co-location of the domestic violence advocate. Space must also be made available to support the delivery of advocacy services provided by the co-located advocate that provides optimum privacy to ensure confidentiality for survivors of domestic violence.

2. Leadership from all partners to this agreement will meet initially to develop protocols for screening, serving, and referring cases involving domestic violence. Each partner will ensure that the appropriate supervisors also attend the meeting(s) to establish communication procedures and guarantee consistent messaging with all staff involved with the project.

3. Leadership from all partners to this agreement will meet, at minimum, on a quarterly basis to enhance adult and child survivor safety, increase perpetrator accountability, discuss, and resolve barriers to collaboration, and develop strategies to resolve emerging issues that arise in Partners in Protection: Domestic Violence Child Welfare Collaborative. The Leadership Team members will develop the project's mission and vision statements.

4. The Domestic Violence Center co-located advocate(s) and supervisor, and a representative(s) from the partnering agency(s) will participate in ongoing monthly meetings to discuss successes; address barriers to collaboration and develop strategies to resolve emerging issues throughout the project period.

5. The Domestic Violence Center and partnering agencies will invite and encourage local representatives from other agencies to attend the monthly meetings to broaden the participation in the effort to address the co-occurrence of domestic violence and child abuse. Upon request, the Domestic Violence Center will conduct trainings on issues related to addressing the intersection of domestic violence and child abuse, risk factors, understanding batterer behavior, safety planning, and the importance of services for staff members of partnering agencies.

6. Partnering child welfare agencies will notify the Domestic Violence Center of all staffings involving domestic violence allegations for purpose of consultation. Notification will include date, time and location and will be provided 48 hours in advance. The Domestic Violence Center co-located advocate will attend weekly case transfer and high-risk case staffings. Further, the advocate will provide individual case consultation to partners and make every attempt to attend any other scheduled case staffings such as multi-disciplinary, family team conferencing, reunification or case plan conferences as requested by partnering agencies or survivors.

7. The Domestic Violence Center co-located advocate will provide support and referral services for survivors of domestic violence and their children. The Domestic Violence Center will offer a range of direct services to the survivor and the children upon referral including options such as emergency shelter, outreach counseling, advocacy including with the partners to this agreement and other types of services as available and determined by the survivor.

8. The Domestic Violence Center, CPI unit and other partnering agencies will work collaboratively with other community agencies to achieve mutual goals, including the enhancement of domestic violence victim and child safety, increasing batterer accountability, reducing number of children being removed from a non-offending parent, and reducing domestic violence homicides.

9. The Domestic Violence Center will share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in sections 39.908; 90.5035 and 90.5036, F.S., and the Federal Violence Against Women Act of 2005. The center agrees to inform the parent whenever the partners to this Memorandum of Understanding (MOU) request information. However, communication between the center and the partners relating to a parent's confidential information is at the discretion of and with the informed, written consent of the parent. The center will not utilize Florida Safe Families Network (FSFN) for information sharing purposes.

10. The Domestic Violence Center and partnering agencies will ensure all information released to community partners adheres to all applicable confidentiality and privilege laws, and any protocols agreed to by the partners addressing information sharing and cooperation in domestic violence prevention and investigation.

11. Partnering agencies will provide referrals to the Domestic Violence Center for families who have reported domestic violence allegations and for families that are later identified as needing domestic violence services.

12. The Domestic Violence Center and partnering agencies will provide the Florida Department of Children and Families access to, or reports of, aggregate statistical information required for grant reporting in compliance with applicable Florida laws regarding confidentiality and privilege and the federal Violence Against Women Act of 2005. This includes any aggregate information collected in FSFN or other data systems that is relevant to outcome measurement for this project.

13. Law Enforcement will support the efforts of the child welfare agencies and the Domestic Violence Center to provide protection to the child and adult victims of abuse by enforcing all laws pertaining to child abuse and neglect and domestic violence and through the enforcement of court orders established by the injunctive process. In addition, law enforcement will assume a leadership role with holding the perpetrator accountable through methods including, but not limited to: arrest and removal of the batterer from the home; thoroughly reviewing domestic violence reports/cases to ensure the correct charges were placed on the suspect; ensure written statements were documented from all possible parties; ensure that evidentiary photos were taken; review the batterer's criminal history, including communication with any current or past probation officer; determine if there are any other witnesses who might provide a statement; determine if there is any other evidence that may be collected to support or enhance charges; determine if there are injuries that may enhance charges such as strangulation; follow up with the victim to determine if any injuries or new bruising is now evident and photograph those injuries to update the evidence for prosecution; and inquire if the victim has seen a medical provider since the time of the incident. The partnering law enforcement agency will provide victims with information about the certified domestic violence center and connect them with the local 24-hour domestic violence hotline or the Florida Domestic Violence Hotline if the victim would like to speak with a domestic violence advocate.

14. The State Attorney's Office will actively investigate and prosecute all crimes related to child abuse and neglect and domestic violence that meet the criminal standards for prosecution without the participation of the survivor if the survivor chooses not to participate in the case. The State Attorney's Office will make initial contact with survivors to ensure that they are aware of the prosecution process and will keep survivors fully informed about their cases regardless of if they testify in court. The State Attorney's Office will make every effort to ensure that defendants are mandated to attend batterer intervention programs as described in Florida Statute section 741.325 and not anger management classes. Batterer intervention programs are the appropriate program for domestic perpetrators of intimate partner violence.

IV. COMMITMENT

By signing this MOU, the project partners acknowledge their commitment to achieve the stated purpose of the project. It is further agreed that this MOU can be amended at any time upon consent of all parties and will require renewal one year from the date of signing.

As indicated by my signature, I have read and agree with the Memorandum of Understanding.

CEO/Executive Director Certified Domestic Violence Center	Date
DCF Regional Child Protection Director Department of Children and Families	Date
CBC Lead Agency Director CBC Lead Agency Name	Date
CBC Lead Agency Subcontractor Director CBC Subcontractor Name	Date
State Attorney State Attorney's Office Name	Date
Sheriff and/or Police Chief Law Enforcement Agency Name	Date

APPENDIX B

(Adapt for use by adding DV center logo and contact information for Co-Located DV Advocate.)

Partners in Protection: Domestic Violence Child Welfare Collaborative

Referral for Services

Today's Date: _____ Date of Intake: _____

Non-Offending Parent/Referral Name

Last: _____ First: _____

Telephone #: _____ ☐Cell ☐ Home ☐ Work ☐Other: _____

☐Survivor Indicated Safe to Receive Call ☐ Did not specify

Primary Language: _____ Number of Children: _____

Referring Agency

Investigation #:_____ Contact Person: _____

Phone: _____ Email: _____

APPENDIX C

Protocol for Domestic Violence Centers and Child Welfare Agency Communication

The purpose of these protocols is to establish an agreed upon method of communication between (name of domestic violence center) and (name of child welfare agency) that also meets the privilege and confidentiality requirements of state statute and federal code. (name of domestic violence center) will share information regarding survivors of domestic violence as permitted by and in compliance with Florida confidentiality and privilege laws as outlined in Sections 39.908; 90.5035 and 90.5036, F.S., and the Federal Violence Against Women Act of 2005. The (name of domestic violence center) agrees to inform the parent whenever the child welfare agency requests information. However, communication between the (name of domestic violence center) and the (name of the child welfare agency) relating to a parent's confidential information is at the discretion of and with the written consent of the parent.

RESPONSE WHEN PROTECTIVE INVESTIGATORS OR OTHER CHILD WELFARE AGENCIES CONTACT DOMESTIC VIOLENCE CENTER REGARDING A FAMILY IN SERVICES:

1. The domestic violence (DV) center will advise that they cannot confirm or deny any information and ask the caller to provide their name, ID number and contact information. The DV center advocate may then contact (name of child welfare agency) to verify identity of the investigator or case manager if not already known. Or the DV center advocate may contact the abuse hotline (1-800-96-ABUSE, 1-800-962-2873) and verify the investigator's identity. (Note: Hotline cannot verify the identity of CBC case managers). When child welfare agency staff identity is verified, the DV center advocate will advise the parent of the call and determine if the parent wants the DV center advocate to communicate with the agency on her behalf.

2. If affirmative, the advocate will complete the DV center release of information form detailing what information is to be released and determining at what date the release will expire. The release cannot extend more than 30 days from the date of completion but can be renewed at the parent's discretion. The DV center will then contact the requesting agency on behalf of the parent.

3. If the parent declines to sign a consent form, the DV center will be unable to respond to the agency's request for information including whether or not the parent is at the shelter or participating in outreach services. However, the advocate should inform the inquiring Child Protective Investigator that they do not have information to provide at this time. The DV center also agrees to inform the parent of all calls received from the child welfare agency in a timely manner, and of the content of the agency's request for information.

4. The DV center will arrange a location for the child welfare agency to meet with the parent if the parent is at the shelter and a release has been executed, or if the center has initiated the call. If possible, the location will be offsite as the DV center has a

responsibility to protect the confidentiality of the other shelter participants, F.S. 39.908(3)(b).

5. The child welfare agency agrees that they will not conduct unannounced visits as it is disruptive to staff and participants and not conducive to positive working relationships.
6. The child welfare agency will notify the shelter of the anticipated date and time of the visit and who will be conducting the interview. If the meeting must take place at the shelter, the advocate will notify the other participants of the planned visit and where in the shelter the meeting will take place. Upon arrival, the child welfare professional will be asked to complete a confidentiality agreement, present their identification to be copied and sign in.
7. If the meeting is to take place outside of the shelter, the DV center agrees to arrange transportation, if needed, for the family from the shelter to the location at the specified date and time.
8. The child welfare agency agrees that the participant's advocate may attend any interviews, while the advocate understands their role is limited primarily to clarification of any issues related to the advocate's firsthand knowledge of the situation and as requested by the participant with her signed consent.
9. The child welfare agency agrees that it will not conduct a "home study" at the shelter as it is not representative of the participant's actual home and may be disruptive to other participants at the shelter as participants often share bedrooms and living spaces with other families.

RESPONSE WHEN DOMESTIC VIOLENCE CENTER ADVOCATE KNOWS OR SUSPECTS CHILD ABUSE OR NEGLECT HAS OCCURRED:

1. The DV center understands that all staff are mandated by law to report known or suspected child abuse, neglect, and/or abandonment and agrees to comply with statutory requirements regarding mandated reporting.
2. If an advocate identifies possible child abuse or neglect, the advocate will encourage the adult participant who is the parent to make the call to the hotline. If the participant agrees and would like the advocate to assist, the advocate will call the hotline with the adult participant.
3. If the participant who is the adult parent does not agree to make the call to the hotline, the advocate who has identified the supposed abuse/neglect will make the call to the hotline as required by state law regarding mandated reporting.

APPENDIX D

Recommendations for the Center's Home Visitation Policy for Co-Located Advocates

If the center has determined that it will permit co-located domestic violence advocates to accompany Child Protective Investigators (CPIs) on home visits to meet with survivors of domestic violence, the center must have a written policy regarding the procedures for such home visits that addresses the advocate's role and safety precautions. The advocate's role is to support the survivor in making her own choices as it relates to her safety and the safety of her children. The advocate should never be involved in any CPI investigative activities and home visits may not exceed 25% of the advocate's time. This document provides guidance regarding the procedures that should be addressed, at a minimum, in the center's written policy. Centers should also consult their liability insurance policies to determine whether their coverage includes advocate home visits.

1. The advocate will notify their supervisor upon receiving a request to respond with the CPI to the home of a survivor of domestic violence. The advocate will provide their supervisor with the address of the home and the name of the CPI.
2. The advocate will follow the written policy and procedures of the Certified Domestic Violence Center when responding with the CPI to the home of a survivor.
3. Advocates will not accompany a CPI to the home for commencement so the investigator can speak with the family first and to prevent any misunderstanding that the CPI and the advocate work for the same agency.
4. Advocates will not accompany a CPI on a home visit if it is known that the perpetrator of domestic violence will be present.
5. The advocate will not respond to the home of a survivor without being accompanied by the CPI and should arrive with the CPI if possible. If the advocate arrives to the home before the CPI, the advocate should park in a safe location allowing for easy exit and remain in their car until the CPI arrives.
6. The advocate will leave personal belongings locked in their vehicle.
7. The advocate will always keep their cell phone with them while in the home.
8. The advocate will remain in the common area of the home unless the survivor requests to meet privately in another area of the home.
9. Upon entry to the home, the advocate will explain their role to the survivor and will explain the survivor's right to confidentiality and privileged communication. The advocate will give the survivor the option of meeting in private if they are uncomfortable meeting jointly with the CPI for any reason. The advocate will also explain that any information shared in the presence of the CPI will not be confidential and privileged.

10. The advocate will serve as a support for the survivor during the interview and will help the CPI identify the perpetrator's pattern of coercive control, survivor strengths, and the impact of the perpetrator's violence on the children.
11. If the survivor has previously spoken with the advocate about their case and wants the advocate to share any details of their conversation, the advocate will ask the survivor to complete an informed, written, reasonably time-limited release of information. The release of information will specify the information that the advocate can share with the CPI.
12. The advocate will offer safety planning services to the survivor in a private setting unless the survivor wants these services to be provided in a joint meeting with the CPI.
13. The advocate will not participate in home studies or present any information to the court regarding such home studies.
14. If the survivor requests a translator or any other accommodations, the advocate will work with the CPI to make sure the services are provided in a timely manner by the child protection office.
15. The CPI will notify the advocate in advance if the survivor's children will be removed during the visit so that the advocate can make an informed decision about whether to accompany the CPI or not. In cases of present danger, the advocate will provide information in accordance with privilege and confidentiality laws to help the CPI determine whether there are safe alternatives to permit the children to remain with the survivor.