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ORIGINAL ARTICLE

Barriers to Services at the Intersection of Child Maltreatment and Domestic Violence: A multi-Perspective Analysis of Parents with Lived Experience and Professionals

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Abstract

Purpose Firm evidence exists on the co-existence of child maltreatment and domestic violence (DV). This study examines the barriers to service delivery for families experiencing DV who are child welfare (CW) system involved from the perspectives of two key groups: parents with lived experience of DV and CW and multi-sector professionals.

Methods A thematic content analysis was conducted of data from 16 in-person and remote listening sessions of 140 participants including families and DV/CW professionals across the U.S.

Results Findings suggest that for parent participants communication, inadequate services, lack of trust, and providers not serving families well were some of the challenges that impact accessing and receiving services and resources. Professional participants described the limited availability of services, systemic challenges, and collaboration as barriers impacting the access to and provision of resources to families experiencing DV and involved within the CW system.

Conclusions Discussion points reflect on the synergies and divergencies in the participant groups' identified barriers. Study implications emphasize the need to address the challenges encountered by CW and DV systems at the individual, systemic and educational levels.

Keywords Services · Child Welfare · Domestic Violence · Barriers to Services · Parents Lived Experiences · Systems Change

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Empirical evidence demonstrates that the co-occurrence of child maltreatment and domestic violence (DV) in families is frequent (Hazen et al., 2007; Kohl et al., 2005). Historically, the child welfare (CW) system has grappled with how to effectively respond to child maltreatment and DV in collaboration with other responders such as survivor advocates, law enforcement, service providers, and the court system (Fusco, 2013; LaLiberte et al., 2010). Studies revealed disparities in how CW caseworkers responded to families, particularly parent-survivors, in terms of service provision and holding them accountable for the violent offense when domestic violence (DV) was identified (Kohl et al., 2005; LaLiberte et al., 2010; Lawson, 2019; Wingfield, 2018). Despite past research and practice-based efforts to enhance responses to families experiencing DV and child maltreatment (e.g., "Greenbook" see Schechter et al., 1999), there is limited evidence of effective, sustained models of collaboration among CW, DV, and other systems working with this population. Instead, studies show that the lack of cohesion at

the intersection of CW and DV (e.g., Hester, 2011) creates barriers for families in need of services (e.g., Ogbonnaya & Keeney, 2018).

In response, the Children's Bureau funded the Quality Improvement Center on DV in Child Welfare (CW) sought to develop, implement, and evaluate collaborative models and just policies to improve the lives of families involved with the CW system and experiencing DV. In the project's exploration stage, the QIC-DVCW undertook a 12-month planning process, which included a deeper examination of the problem definition of the intersection of DV and CW. As part of this process, multiple key constituents, including parents and professionals spanning DV, CW, and court systems, were invited to 'listening sessions' (i.e., focus groups), on the intersection of DV and CW to explore the heart of the 'problem'. The study contributes to the current knowledge by providing a multi-stakeholder analysis of the barriers to service delivery for families in the United States (US) experiencing DV who are CW-system involved.

Recognizing and Responding to DV in CW Cases

While DV is known to be common in CW, those working in the field may not recognize or respond effectively to it. For example, Kohl et al. (2005) reported that in the US, DV is likely to be present in almost one-third of child protective services (CPS) cases and more regularly among the most acute cases, yet it may be under-recognized by CPS. Another study from the US involving secondary analysis of the Second National Survey of Child and Adolescent Well-Being found that in most "child domestic violence exposure" cases handled by CW agencies, substantiated discoveries of maltreatment did not result in more intensive CPS interventions (Lawson, 2019). In addition, an Australian scoping analysis of 24 models revealed that an interagency collaboration interface between child protection and specialized DV services could be advantageous to service systems and service delivery (Macvean et al., 2018). At the same time, CW professionals, who are required to evaluate the safety of children, have been found to often misinterpret the impact of DV on parent survivors by holding them responsible for the perpetrator's abusive behaviors (LaLiberte et al., 2010).

DV Parent-Survivors Experience of CW Related System & Services

Many parent-survivors of DV face punitive consequences in the CW system, such as placement in central registries for child maltreatment and removal of children (Victor et al., 2019). Devoe and Smith (2003) explored experiences of and barriers to help-seeking among mothers of children under six years of age from different socio-economic backgrounds and who had recently experienced DV in the US. The findings revealed that women faced punitive consequences in scenarios where they had reported a DV incident, refused to seek services out of fear of child removal from their homes, and received inadequate services for children exposed to DV, such as insensitive professionals (Devoe and Smith, 2003). Another barrier to accessing services for DV survivors occurs when mandated reporters, such as the police, intervene in DV incidents. Parents who had experienced DV were more likely to have used public assistance, reported by the police to CPS on charges of physical abuse or failure to protect, and had more conditions in their service plan (Jones et al., 2002).

In addition, 'failure to protect' laws (i.e., laws that blame parents for DV within homes, regardless of whether they are the person using violence or DV survivor, for failing to protect children) profoundly impact DV parent-survivors in the CW system. Wingfield (2018) reported that 'failure to protect' laws in Pennsylvania, US have been used to punish DV survivors who decide to remain with or do not report their perpetrators, even when their decisions are based on a coherent safety calculus or due to a fear that leaving might lead to retaliation by the perpetrator. Further, these laws have penalized women more than men and Black parents more than white parents, contributing to the perpetuation of sexist and racist stereotypes that Black mothers are more likely to be victims of the CW system than parents from other demographic groups (Williams, 2015; Wingfield, 2018). Also, Laing (2017) found that, through the Australian family law system, the so-called unconvincing replies, allegations of parental hostility, and tension to consent to precarious agreements by the CW and family law systems aggravated the effects of post-separation violence for DV survivors. Most survivors in the study described their interaction with the family law system as silencing, manipulating, and damaging to the mother–child relationship (Laing, 2017).

Individual & Systemic Factors Impacting Families' Access to Services

Overall, many individual-experienced factors have influenced survivors' ability to access DV services. Consistently, several US-based studies identified that lack of financial means remained a critical barrier for survivors to obtain services, such as mental health care (Simmons et al., 2015), childcare while receiving services (Grubb & Muftić, 2018), transportation to the services' location (Hilbert & Krishnan, 2000), and limited access to meet specific needs (Simpson & Helfrich, 2014).

DV survivors also held a variety of beliefs and fears related to seeking services, with some risks outweighing

potential benefits. Some of these fears were common to most sub-populations of survivors such as the fear that the partner who uses violence would know if services were accessed (Grubb & Muftić, 2018) or a fear that children may be removed from the home (Devoe and Smith, 2003; Grubb & Muftić, 2018). Furthermore, undocumented immigrants feared deportation due to possessing fewer legal rights than other DV survivors (Grubb & Muftić, 2018; Lee & Hadeed, 2009; O'Neal and Beckman, 2017). The relationship survivors had with service providers or their feelings about service providers also presented a barrier to service. For many survivors, there was a fundamental lack of trust in providers to provide competent care and work in the clients' best interests (Grubb & Muftić, 2018; Jones, 2008; Reif et al., 2020). Along the general theme of mistrust, it was unsurprising that many victim advocates, criminal justice personnel, and other community-based service providers had indicated that clients often only show up once or twice and were thus more difficult to serve (Keller et al., 2007).

Agency-level factors were another source of barriers to services for survivors. This included how agencies engaged survivors and their families. For example, both service providers and survivors indicated that an agency's inability to engage clients in their native language posed significant barriers (Grubb & Muftić, 2018; Keller et al., 2007; Lee & Hadeed, 2009; Hilbert & Krishnan, 2000; O'Neal and Beckman, 2017). Additionally, seeking to engage DV-affected households via the survivor without engaging the person using violence proved problematic (Poole et al., 2008). Inconvenient or limited hours (Grubb & Muftić, 2018) and long waiting times before receiving services were obstacles for survivors trying to juggle their multiple commitments (Grubb & Muftić, 2018; Voth Schrag and Edmond, 2018). Addressing these issues by expanding hours and capacity would not be an option as many organizations and the communities in which they were located remained heavily underresourced (Reif et al., 2020; Simmons et al., 2015; Sullivan & Rumptz, 1994). A lack of quality and relevant programs further impacted DV agencies' ability to effectively serve children exposed to DV (Reif et al., 2020). This need for effective programming touched all aspects of service delivery, including working with survivors facing multiple barriers to services (Zweig et al., 2002) or how to be culturally responsive to diverse communities such as Native Americans (Jones, 2008).

An agency's policies and procedures were found to hinder service delivery (Reif et al., 2020), especially combatting individual service providers' biases about working with non-dominant populations, which showed to be a barrier to service for many survivors (Sullivan & Rumptz, 1994). This was fully illustrated in a study by Simpson and Helfrich (2005) on the experience of Black lesbian DV survivors within agencies. Within that study, the lack of policies contributed to inequitable care, as many providers lacked a sense of commitment to serving lesbians and clearly evidenced a prevailing sense of heterosexism, which was further exacerbated by their racist treatment of women of color (Simpson & Helfrich, 2005).

DV Programs and CW System Interaction or Collaboration?

The responsibility to support children and families impacted by DV and child maltreatment hinged upon several overlapping organizations and systems, including CW, DV, the court, and legal systems (Hester, 2011; Stanley & Humphreys, 2014). However, many survivors acknowledged a lack of trust and collaboration between these systems (Banks et al., 2009; Hester, 2011). It was noted that CW staff lacked knowledge on how to work on DV-affected cases effectively and on how best to collaborate with DV advocates or police (Fusco, 2013). Similarly, evidence found that DV programs had historically stressed services for battered women, with a partial understanding of the child safety goals of CPS (Findlater & Kelly, 1999). Hester (2011) further suggested that the DV and CW systems were distinct "planets" with their own discourses and practices. With this knowledge in hand, the need for high-level communication, direction, leadership, trust across systems, a willingness to change policy and practice, and a shared framework between CW agencies and DV service providers was recognized to identify and address the impact of violence on the family (Fusco, 2013; Hester, 2011; Spears, 2000; Wilke et al., 2017).

Purpose and Study Aims

This study examines how multiple constituent groups in the US perceive the barriers to service delivery for families experiencing DV who are CW system involved. While prior research has described various challenges that exist at the DV and CW intersection, this study widens the analysis lens and de-siloes constituent groups necessary for a clearer understanding of the root problem. By listening to diverse representatives from the full spectrum of services and systems at the intersection of DV and CW, including people with lived experience, this study contributes a much-needed multi-perspectives approach. Two research aims guide this study:

1) What do parents (i.e., adult survivors and people who use violence) experiencing DV and are CW-system involved describe as barriers to accessing and receiving services and resources?

2) What do CW and DV professionals describe as challenges and barriers impacting the access to and provision of services and resources to families? To investigate these research issues, qualitative listening sessions were utilized in this study. These meetings were, in essence, focus groups, but they were presented to participants as "listening sessions" to emphasize that the study's objective was to hear participants' viewpoints. In addition, the role of the facilitator in these listening sessions was similar to that expected in focus groups. Therefore, consistent with the study's objective, the phrase "listening session" will be used throughout.

Methods

Research Partners

In addition to the university researchers, this study involved partners who participated in the planning year of a five-year federal grant, QIC-DVCW. These partners included organizations within DV and CW including Futures Without Violence and the Center for the Study of Social Policy. The partners led the efforts to define the study's overarching aims, led the development of the interview protocol in collaboration with university researchers, recruited participants, and facilitated listening sessions. The university researchers led the data analysis, while partners reviewed preliminary findings and co-drafted the discussion and implications. All study protocols were reviewed by the Institutional Review Board of the University of Kansas and the study was determined to be exempt. However, to minimize risks, participants were reminded that participation in the study was voluntary and that they were not obligated to answer any questions with which they were uncomfortable. In addition, the focus group facilitator was a licensed Master's-level clinician to ensure that whenever the discussion of the questions negatively impacted a participant, they would be referred to and encouraged to seek the appropriate counseling services available for distress victims. Sessions with survivors of DV also included a second professional to provide support if needed during the session.

Recruitment and Participants

Grantee partners recruited participants throughout the US through their professional contacts via email and word of mouth. The recruitment process sought participants from different sectors and standpoints. Participant groups were organized into several sectors. First, to ensure the views of people with lived experiences at the intersections of CW and DV were a key perspective in the study, four participant groups ($n = 29$) comprised people with lived experiences. Specifically, there were three groups of adult survivors of DV with CW experiences (including one with Spanish-speaking survivors) and one group with fathers of children involved in DV and CW situations. Second, five direct service staff groups ($n = 74$) participated: one group of direct service staff working in CW agencies, one group of co-located DV advocates working in child welfare agencies, one group of DV agency staff, and one group of batterer intervention programs. Third, representatives from cross-disciplinary fields participated in seven groups ($n = 42$), consisting of two groups of family and juvenile court judges, two groups of tribal leaders, one group of DV field leaders, one group of CW administrators, and one combined group of DV leaders and CW administrators. No additional participant demographic information was collected. In addition, no compensation was provided for study participation.

Procedures

Sixteen listening sessions were completed, comprising 145 individuals. Listening sessions were conducted with participants in multiple locations across the U.S. To promote participation from various sectors and constituents, they occurred both in-person and virtually using Zoom meetings or conference calls. All participant groups consented to audio recording as part of the proceedings. Each listening session lasted approximately 60 to 90 min and was conducted by one or two individuals with expertise in services for families experiencing violence. The interview protocol included key topics across sessions with questions being tailored to each participant group, eliciting information on how things have worked in the past, how they are currently working, and how they might be improved upon. Key topics included interactions between organizations and sectors, including collaborations; casework with survivors and children; casework with people who use violence; innovations and strategies being used; expectations around permanency, stability, and safety; use of data; and lessons learned for successful initiatives. The interview protocol for survivors and fathers focused on the ways in which services had been helpful or not helpful to them and ways that they had been engaged or not engaged in case-level conversations. Every session started with the same opening question which asked participants to share one or two words that come to mind when they hear "child welfare and domestic violence." After each listening session was completed, the audio recording was professionally transcribed verbatim by a third-party transcription service, masking names to protect the anonymity of participants.

Data Analysis

All professionally transcribed transcripts were checked for accuracy and were then uploaded to Dedoose, a qualitative

analysis software, for coding and analyses. Using the thematic content analysis approach (Hsieh & Shannon, 2005), the following procedures were followed. Sensitizing concepts derived from existing literature and research questions were used to begin coding two randomly selected transcripts. Based on these concepts and codes, a codebook was developed, identifying each code and its corresponding definition. This codebook was used to code all the transcripts since the aim was to draw diverse perspectives from the participant groups. The first and second authors used the codebook to separately code the same two transcripts, using a Dedoose function to promote interrater reliability. Then, in joint sessions, the first and second authors reviewed the paired coding line by line, affirming the coding overall, revising codes for clarity, and adding new parent codes as needed. During the open coding and axial coding phases, both authors wrote memos documenting reflections and questions about emerging concepts. Organized by the study aims, an extensive matrix (Miles et al., 2014) was constructed that allowed for case-by-case identification and comparison of specific types and sources of support that participants both accessed and needed. Throughout the analysis process, discussions took place to review developing thematic ideas.

Results

The results provide insight into the study's overarching question of how DV in CW is understood from the perspective of two key stakeholder groups: (1) parents with lived experiences and (2) DV and CW professionals. In the analysis of the first study aim, barriers/challenges impacting accessing and receiving services and resources for families experiencing DV and are involved in the CW system, four themes surfaced: *communication barriers, the inadequacy of services, lack of trust in the system to provide services, and providers do not serve families well.* In the analysis of the second study aim, the challenges/barriers impacting identification, accessing, and providing resources to individuals and families experiencing DV and involved within the CW system defined by professionals emerged as three themes: *limited availability of services, systemic challenges,* and *collaboration challenges*.

Barriers Faced by Families in Accessing & Receiving Services

Communication Barriers The listening sessions included parents whose families had experienced DV and were CW involved. All participant groups identified communication as the main barrier to accessing services. Parents described communication barriers in two main ways: (1) the way terms or explanations used by CW service providers negatively impacted communication, and (2) the challenges due to the inadequacy of English-and Spanish-only language resources. In an example of the language barrier caused by the terms and explanation used, participants described a lack of clarity, guidance, and patience from service providers when answering questions or providing directions on accessibility/availability of services. Father participants articulated the importance of using positive and respectful language when framing services targeting persons who use violence. Additionally, participants also described the limited availability beyond English and Spanish resources as one form of the communication barrier, as one Spanish-speaking mother illustrates:

> That language is a huge problem in [this county] where you probably have close to 60 or 70 languages spoken in [regional area]. And resources tend to be very, very skimpy around any languages beyond English, Spanish. Usually, those services are pretty accessible, but once you start going beyond English and Spanish it gets very difficult to find resources. (Spanish-speaking mothers' group)

Inadequacy of Services All parent listening session participants identified the inadequacy of services as a barrier. This was characterized in varied ways, including accessibility, availability, and knowledge. While parents noted resources such as shelters, resources from the Women, Infant, and Children (WIC) program, food stamps, housing, support groups, jobs, skills training, and English classes, there weren't enough to meet their needs. A DV shelter resident shared her belief that there should be more housing support, especially when "there's kids involved", saying:

> I left my abuser in November of last year. Since then, I've been trying to get situated into housing and I'm pregnant. I have my two-year-old daughter. I shouldn't be roaming from shelter to shelter trying to find a place. If there's kids involved, there should be more support as far as getting people into housing. (Shelter resident group)

Lastly, the lack of knowledge on available supports for traumatized children, whether inside or outside school, was another barrier articulated by many parent groups.

Lack of Trust in the System to Provide Services All parent listening session groups articulated how their lack of trust in the system greatly impacted their access to CW/DV services.

The English and Spanish-speaking mothers', DV shelter residents', and fathers' listening sessions all attributed some of the barriers they faced in accessing services to systems such as CW, DV agencies, law enforcement, and other legal entities. In addition, participants in the fathers' and

shelter-resident listening sessions identified the challenges of not knowing whether it is safe to call for help, such as the police, and how the justice system works. For example, one participant from the shelter resident listening session shared how she had called for help from the police when she was trying to leave the person who was being violent. Even though that person was violent, the police "just stood there and did nothing," and she wondered why she had called them in the first place. For the most part, participants expressed their lack of trust and dissatisfaction in both the CW and DV systems, although most frequently CW, to understand their experiences, such as this mother who shared:

> I think CPS is not helping the kids, but the trauma that they bring to kids is way more than what the father is doing. Then, they tried to put us all in a safe story and just treat every case in the same way, not individually looking at your situation and what is going on before they actually take action. (English-speaking mothers' group)

Other CW systemic challenges that were identified as contributing to a lack of trust by Spanish-speaking mothers involved coercing parents to say, not say, or do things they do not want to do. One mother stated, "the thing that I don't like that CPS is threatening us, 'I am going to take your child.' So, if my child has a problem, I can't open my mouth. If I open my mouth, CPS will take my kid. It is not helping." (Spanish-speaking mothers' group).

Providers Do Not Serve Families Well The fourth theme describes how CW/DV service providers do not serve families well. Participants from the English and Spanish mothers' groups and DV shelter residents described the system's lack of concern about the adult survivor and their children's safety, especially blaming the survivor for the abuse. The system's inability to pay attention to and care for DV adult survivors and their children's mental and physical health were some of the major concerns echoed repeatedly by participants.

Mothers also expressed apprehension over the lack of DV knowledge in the CW system. For example, one mother shared that she doubted that "people in positions of power in child protective services and with the social workers" understand DV and that lack of understanding leads them to not consider the impact of taking children away from their adult survivor "protective parent". She stated:

> Just the mere fact that you are taking [children] out of a place of safety, even with the abuser in the home... to take them away from who is protecting them and put them in a completely unknown environment is just the most cruel and heartbreaking thing you can do to a kid who is already in a difficult situation. (English-speaking mothers' group)

Furthermore, both mothers' and fathers' groups raised concern over the unavailability of caseworkers due to their caseload sizes. The participants explained how their phone calls go unanswered, their cases are handled in a rush, and they are offered inconsistent plans. They reported that caseworkers do not take comprehensive notes for court hearings, and at times caseworkers take things out of context. In addition, mother participants shared their experiences when involved with the court system, including incorrect reporting of cases, treating all cases the same, duplication of services, and financial strain on the survivors.

Barriers Faced by CW and DV-Related Professional Constituents

Three key themes were identified as challenges/barriers impacting identifying, accessing, and providing resources to individuals and families experiencing DV and involved within the CW system, namely: *limited availability of services, systemic challenges, and collaboration challenges.*

Limited Availability of Services Within the theme of limited availability of services, four key dimensions were identified by both CW and DV professionals as barriers for families involved with the system. They are: limited knowledge of available CW and DV services, a lack of resources and funding for CW and DV services, limited referral services that target both CW and DV that are culturally sensitive, and a lack of services for people who use violence.

Limited Knowledge of Available CW/DV Services The first dimension within this theme is related to knowledge of available CW/DV services. The Batterers' Intervention Programs (BIP) participants shared their perspectives on the existence of caseworkers' knowledge gap on the availability of fatherhood, anger management, and BIP interventions. Lack of exposure and knowledge by caseworkers on how these programs operate contributed to a failure in making effective referrals as stated by this BIP participant:

> When I asked caseworkers, so you send somebody to anger management, you send somebody to the domestic intervention program, do you know the difference of what they're getting? And there was really no way to articulate the difference. They're buried, they make the referrals, this is their intervention. (BIP group)

Tribal leaders conveyed how their limited knowledge of the availability of services affects their ability to make referrals for tribal families in need of CW and DV services, such as transportation and shelter. An absence of knowledge

about formalized services, resources, and distance were some of the reasons highlighted by one tribal leader:

> We have people just asking, where do I find help? And I try to find the resources if at all possible if they're from a tribal community. Our tribes are trying to get more formalized services for victims to be able to have resources, but the further out you get into these little areas, the harder it can be to access those services, you know. I don't know of any shelters or organizations, other than if you can run across a church now and then in that county that can help you. (Tribal leaders' group)

Lack of Resources and Funding for CW/DV Services The lack of resources and funding for CW/DV services emerged as the second dimension under the theme of limited availability of services. Both CW and DV professionals named the lack of resources and funding as a barrier for families to access services. The services named included daycare, parenting classes, addiction groups, anger management, BIP, and mental health services. Some DV workers mentioned how minimal funding from the state government to do collaborative work contributes to poor DV and child maltreatment outcomes. Further, tribal leaders stated how funding shortages affect service accessibility such as transportation, shelter, and organizations offering DV and CW support for the highly rural tribal populations. One tribal leader suggested that lack of funding is a significant problem, stating "the problem is it keeps coming back to money. Tribes are just so underfunded for these types of programs that without private partnerships, it's hard sometimes for us to be able to fund what we would like to do." (Tribal leaders' group).

Limited Referral Services: CW and DV and Culturally Sensitive The third dimension inside the theme of limited availability of services was linked to CW/DV referral services that are culturally sensitive. While CW and DV listening sessions mutually disclosed the lack of transportation, resources, and mental health services as barriers families face when in need of services, including inadequate availability of safe housing for adult survivors, this was especially noted as an issue on reservations. Participants in the tribal leaders' listening session shared how a lack of culturally specific intensive family-based and trauma-based services, especially in the rural US has led many families to turn to traditional teachings and practices to try to regain mental strength. This gap is exacerbated in DV cases where the person who uses violence and the survivor are in the same village or reservation; therefore, there are no safe spaces for the adult survivor to go where the person who uses violence is not going to know their location.

Lack of Services for People who Use Violence The final dimension for this theme was the unavailability of targeted interventions for men, fathers, or father figures who use violence, especially the lack of referrals for them based on their risk and needs. According to the caseworker participant group, CW has been historically good at making referrals to services, especially to BIPs. In the absence of those services, holding those batterers accountable with behavioral goals, keeping them at the forefront of their practice, or and motivating them has been a challenge. One caseworker shared how fathers are unseen in the CW practice:

> Fathers aren't visible in our practice. Period. We don't do a good job in CW making fathers visible in our practice. Whether that's DV or substance abuse or mental health… whether their dynamics are functioning, what's working well, what isn't working well. And sometimes it's a missing piece of the puzzle for physical, financial, emotional, and social support for children. And we don't ask it and examine it enough. (CW workers' group)

The advocates shared how these CW and DV family-focused groups are not only minimal but also the available services seem to be bifurcated and do not target prevention, with no models to help workers find a way to work with men, women, parents, and co-parent, even if they are separate in safe places.

Systemic Challenges In the theme of systematic challenges, three vital dimensions emerged as roadblocks faced by both CW and DV professionals. Specifically, a lack of policies that address both CW and DV-related issues; a lack of guidelines and accountability measures involving CW/DV cases, and administrative challenges that impact staff retention.

Lack of Policies that Simultaneously Address CW/DV-Related Issues Almost all professionals' listening sessions described the need for policies to govern the CW/DV intersection to trickle down from the federal and state levels to the local level. As remarked by a participant in the Alaskan Native/American Indians' group, women and children were not at the top of the federal and state agenda, making it challenging to find people who can be champions for this vulnerable group. To supplement, caseworkers shared how changing CW alone is inadequate, hence the need to incorporate all disciplines and parties such as the legal department, law enforcement, guardian's ad litem, and DV counterparts. One co-located advocate participant shared the need for harmonized policies:

> What I've been hearing from several states that have been working on child protection across the state is that they've made some strides in terms of state-level policy or guidance. But there's been some difficulty in translating that to local agency practice. And then

> you go into local agencies and there's not a lot of policies or mandates or directives at that level. And so, workers are winging it. (Co-located advocates' group)

Furthermore, a lack of coordination between tribal and state courts on how to handle co-located CW/DV cases was described as another obstacle. According to Tribal leaders, at times proceedings of the same case would be going on in both the state and tribal courts with no communication shared from both sides on the status of the case. This has been observed to have impacted parents who had no idea what was going on.

Lack of Guidelines and Accountability Measures Involving CW/DV Cases The second dimension within the theme of systematic challenges was the scarcity of implementation guidelines and CW/DV cases' culpability procedures. Though almost all groups agreed on the importance of a multi-system approach when working with families with DV and CW system co-occurrence, the lack of standardized and structured methods impedes these coordination efforts across professionals. Despite the availability of the Greenbook Initiative Final Evaluation Report (2008), both CW and DV professionals agreed that only portions were being used with everybody thinking the other was using it. One CW leader shared the importance of the multi-system approach, "It's about the complexity of the number of agencies that touch our victims and our survivors. And it really is about coordination and communication and the ability to reach a shared understanding and a shared language" (CW Leaders group). The Batterers Intervention listening session shared how the frequent and continued uptake of new implementation methodologies and approaches by CPS impacted sustainability, consistency, and evaluation of collaborated interventions that might be working. One BIP listening session participant, who had also been a CPS worker, shared:

> I feel like when I was a worker, there would be a new practice and it would be really invested in and maybe for a year, we were [to] focus on these things and then something happens and they just kind of go away. We're still kind of doing them, but then it becomes more of a mandate, rather than an invested practice… just to meet that mandate rather than…because it's in the best interest of my families. (BIP group)

BIP providers also shared the need to revise outdated implementation models in the DV field, as most of them are from the 70 s, 80 s, and 90 s, the period when DV was viewed as only one model.

Workforce Challenges that Impact Staff Retention The third dimension within the theme of systemic challenges was associated with workforce challenges. All professional listening sessions mentioned how high staff turnover, particularly in CW and BIP, have impacted service provision for families experiencing DV in the CW system. Reasons attributed to poor staff retention included enormous workloads, poor compensation, and retirement. One caseworker explained the prevalence of worker turnover in the system, "We talk about worker turnover. I think it's probably more significant than you realize because it's become such the norm in our system. In my state, the average caseworker has two years or less experience in CW" (CW workers' group). High staff turnover was identified as contributing to a lack of sustainability in service provision and interventions due to the unavailability of expertise to maintain collaborative initiatives' progress.

Collaboration Challenges Within the theme of collaboration, two main dimensions were identified by all professionals as challenges, namely, different ways of seeing and practicing among providers and a lack of knowledge/training of each other's roles. Within the two dimensions, all stakeholder professionals were in accord with perceiving and practicing differently, and how they all had minimal knowledge of each other's role when faced with CW/DV co-occurrence in their work.

Different Ways of Perceiving and Practicing Among Providers All professionals mentioned general communication problems as a challenge to working collaboratively. These communication problems stemmed from different philosophies between various systems involved, a lack of collaboration and dialogue among professionals, and distrust between DV and CW agencies due to the need to maintain confidentiality. From the court's experience, one judge explained how CW workers view their job from the standpoint of needing to protect the child, while the DV workers' is to protect the survivor and uphold confidentiality.

Regarding conflicting philosophies, one CW worker stated:

> I think we have to drop some of the gender politics that are dominant in our field and move [away from a] gendered view of violence, a gender-informed view. Meaning, it's not either or…It's not gender neutral and it's not only gender. It's a factor. But gender is only one factor in DV. We also have to look at again emotional regulation, substance abuse mental health, all kinds of things. (CW workers' group)

Another collaboration challenge echoed by tribal leaders involved the lack of cooperation between states and tribes, especially in implementing the Indian Child Welfare Act (ICWA). These tensions between non-tribal and tribal welfare systems mainly involve handling and interacting with

DV-involved families. In addition, Alaskan Native/American Indians shared how the tensions between CW and DV workers impact their work with tribes:

> So, I'm familiar with the rub between most often the mother is the victim of DV, and then failed to protect… So, that rub between those two different areas, and it's almost like it's different philosophies on who needs help the most. And by that, I mean DV victim, it seems like CW and it's all about the children or the child, even though the Indian Child Welfare Act says we have to have efforts to keep that family together**.** (Alaskan Native/American Indian group)

Lack of Knowledge/Training of Each Other's Role The absence of training and familiarity with each other's unique roles when handling CW/DV co-occurrence cases was the second collaboration challenge. For example, a caseworker shared the need for practical training in DV that ties the two fields together, saying "We need training that's about practical experience and connecting it to the work, connecting the issues" (CW workers' group).

A DV worker, on the other hand, expressed a desire for their CW counterparts to reach out if they needed assistance:

> I think it would be terrific if when child protection system or individual worker faces something that they don't fully understand, or would like more information about, that they would reach out to DV programs and advocates and experts, and team and get some consultation so that the two points of light can come together. We don't experience that at all yet. (DV advocates)

Additionally, the Alaskan Native/American Indians group shared how caseworkers' limited experience and fear of working with the tribes has contributed to a lack of collaboration:

> The state has people who don't have a lot of experience in working with tribes. There can be, I think, a fear of the unknown. Also, I think it's a loss of control. I don't know what the decision-making, for example, is in tribal court. So, they don't know how those processes work, how those systems work. And so, I think that they're left to wonder, and then maybe be fearful or doubtful or worry about giving up control. (Alaskan Native/American Indian group)

Discussion

This study draws together the perspectives of parents and professionals, two key constituent groups at the intersection of DV and CW, to understand barriers to services for families. The first study aim sought to explore how parents experiencing DV and who are CW-system involved describe barriers to accessing and receiving services and resources. Aim two examined how CW and DV professionals describe barriers to identifying DV within the CW system, and the access and provision of services and resources to families. While the study aims organized findings by participant groups, in the discussion below, we put these voices in conversation with each other, to explore what the findings reveal about the similarities or differences of perspectives among these positions. The importance of these constituent group voices heard together rests particularly in the importance of having voices of people with lived experience being heard alongside professionals. For example, important scholarship has illuminated the challenging professional relationships between the different fields of DV and CW in discourse and practice (Hester, 2011; Wendt et al., 2021). Hester's (2011) three planet model describes the "professional discourses and practices across [1] work with victims and perpetrators of domestic violence; [2] child protection and safeguarding; and [3] child contact" (p. 837). This study seeks to provide a different perspective to the three planet model originally conceptualized by Hester (2011) in the discourse and experience of survivors and people who use violence to examine barriers to services at the intersection of DV and CW.

Synergy across constituent groups' perceptions emerged within several of the identified barriers. First, there was a shared perception that communication-related barriers existed to receiving resources. However, professionals operationalized the concept of communication barriers as "collaboration barriers", specifically, differences in perceptions and practices between CW and DV were characterized as, in one participant's words "different philosophies", similar to the understanding of divergent "discourses and practices" described in the three planet model (Hester, 2011). In contrast, parents' operationalized communication barriers in more concrete terms. Many of these communication barriers have been documented in prior research. Specifically, families experience language barriers (Grubb & Muftić, 2018; Keller et al., 2007; Lee & Hadeed, 2009; Hilbert & Krishnan, 2000; O'Neal and Beckman, 2017) and knowledge of accessible resources barriers (Grubb & Muftić, 2018; Hilbert & Krishnan, 2000; Simpson & Helfrich, 2014). Second, the jointly identified systemic barrier of caseworkers' high caseloads appeared as a crucial issue for parents and professionals alike. Workforce barriers as a systemic issue emerged as a central concern in the professional groups and connected with the parent-identified barrier that "services don't serve families" because workers are "buried." Families and professionals talked about the need for workers to better understand family needs, and for workers to understand each other's systems. Third, there was overlap

in the groups' identification of limited services overall, which is consistent with prior research on barriers experienced by DV survivors. Specifically, the lack of culturally relevant services (Jones, 2008; Simpson & Helfrich, 2005; Sullivan & Rumptz, 1994), the lack of services for people who use violence (Poole et al., 2008), and the lack of trust in systems to provide services (Grubb & Muftić, 2018; Jones, 2008; Reif et al., 2020). These findings, along with prior research, provoke deep questions about why families impacted by DV experience so many fundamental barriers to resources.

The divergence between parents and professionals surfaced in the professionals' groups identification of the lack of policies, guidelines, accountability, and cross-training of CW and DV professionals. This naming of systemic barriers by professionals is particularly noteworthy in conversation with prior scholarship that has examined root causes of the barriers to service delivery for families experiencing DV who are CW involved. Hester (2011), for example, in their work on the three planet model, is relevant as we consider root causes. Namely, Hester argues that these three planets "can be seen to have distinct 'cultural histories' underpinning practices and outcomes with different elements to the fore in each one" (2011, pp. 839), thereby creating barriers at the practice level. In our study, while the barriers described were experienced at the individual (and family) level, professionals acknowledged they are deeply systemic; in other words, at the "planet" level. The widespread and systemic nature of the barriers is amplified by the fact that professionals from dramatically differing jurisdictions identified them. As previously described, evidence has shown that without clear operationalizable policies at the intersection of DV and CW, decisions may be based on individuals' goodwill (Simpson & Helfrich, 2005), and that agency policies and procedures help or hinder service delivery (Reif et al., 2020). Without addressing barriers and subsequently finding solutions at the systemic level and across the differing "planets" of professional discourses and practices (Hester, 2011), there is evidence that change will be stalled.

Another divergence between the parent and professional groups' barrier identification was naming specific challenges of Native families, the unique impact of ICWA in the US, and how the circumstances around access to services for Native families multiply the barriers in significant ways. Regarding ICWA, which guides work with families and expectations that flow from the Active Efforts standard to prevent the breakup of the "Indian family", there was a clear identification of the need for more collaboration between tribal and state courts, particularly when it comes to understanding the dynamics of DV when it intersects with CW. When it came to accessing services, Native professionals identified that the same pattern named elsewhere, of CW perceiving child safety as separate from parent-survivor safety, was uniquely present and harmful for Native families.

Limitations to the study are also important to note. First, although the sample consisted of a broad constituent group, the recruitment of both the professionals and parent groups was based on prior professional networks and therefore may be impacted by selection bias. Second and relatedly, while the participants represented many different geographic locations and therefore different state and tribal-based systems, the findings cannot be assumed to be descriptive of all DV survivors and professionals working with families experiencing DV and impacted by CW. At the same time, the qualitative methods administered in this study deepened the understanding of the issues explored and therefore have value for knowledge building.

Implications

That said, considering the unique intersection of perspectives of parents and professionals of this study's findings, we join others (Hester, 2011; Wendt et al., 2021) in suggesting repairs are needed to fundamentally change business-as-usual; here, we organize these repairs at the individual, system, and education levels. First, DV survivors need to be heard and understood in their own unique experience and their families need a system that trusts their experience and their perspectives and make it simple to get (even some of) what they need. In addition to trust, families need concrete support, minus the assumptions that they already know where to get services, how to get them, and can easily access them. It is also clear from the findings, that families do not always need more services per se; instead, they need effective and available help navigating systems (e.g., legal, food, housing, cash, education, and mental health). One approach to support a change from service providers to resource navigators is to provide more funding for (and shift funding to) more community health worker models of practice that proactively support families to address their needs prior to crises that trigger the CW system involvement.

Second, the systems surrounding families need to change their approach. This includes, but is not exclusively directed at, the CW system. As family participants described, caseworkers approach them like the police looking for evidence of a crime. Instead, caseworkers can be more flexible, responsive, compassionate, and approachable, rather than reactive, so that when families do need help, they would seek CW out as a resource. It is important to review service delivery with a focus on what is truly helpful to families and/or based on families' experiences and be driven by context and wellbeing, rather than incident-based investigation. This would include seeing the adult survivor as a survivor, not recoding the adult survivors into people who

need to be investigated for harming their children. And this change would include a clear engagement of people who cause harm, including an explicit focus, where relevant on fathers' accountability (to counter the hegemonic focus on mothers). In addition, all systems must do better to acknowledge the impact of historical and ongoing oppression due to our racialized and gendered reality. Deeper work at the organizational and systemic level is necessary to improve the lives of families.

This organizational- and systemic-level reckoning has implications for the collaboration between CW and DV particularly, which includes family court and BIPs (Bai et al., 2019). More can be done to understand each other's work, and to build trust and buy-in to work collaboratively, for the good of families (Banks et al., 2009; Fusco, 2013; Spears, 2000; Wilke et al., 2017). Considering our findings, we suggest that this must include several key elements: (1) mandatory pre-service training, (2) ongoing learning supports (e.g., shadowing, joint learning opportunities, learning collaboratives), (3) supervision that reinforces and is accountable to collaborative, survivor-centered practices, (4) clear pathways for survivors to understand their rights and be offered mechanisms for recourse when harm is caused to them, and (5) direct engagement and accountability for people who use violence, and specific men engaged as fathers. At the leadership level, these systems must develop strong collaborations to prevent losing focus on DV in CW when there are so many competing "new things" and untenable social contexts (e.g., poverty, inequitable education, and housing) that impede social service delivery in the U.S. We also look to our colleagues in Australia (e.g., Wendt et al., 2021) and others who are also engaged in testing interventions at the intersection of DV and CW to bring evidence to the fields to change outcomes for families.

Third, the study has implications for social work education, a professional field most likely to be caseworkers' and supervisors' educational homes. Social work education focused on the intersection of CW and DV can shape future practice by educating students – at all levels, including bachelor's, master's, and doctoral (Wright et al., 2021). Knowledge obtained can assist in assessing, intervening, and evaluating organizational and community practice to understand and critique the CW system and larger systemic forces, such as policing, healthcare, housing, and educational disparities, all grounded in white supremacy (Wright et al., 2021). Rather than teaching courses that separate CW and DV into siloed areas of knowledge and practice, DV content can be taught in CW classes, and CW content can be taught in DV courses; that way, before social workers get on the job, their framework is intersectional. Complementarily, the prevention framework can shift to include one that centers on both child maltreatment and violence against intimate partners, not one or the other. This approach can lead to reorientation to understand family violence, with a clear survivor-centered approach for adult and child survivors. Dovetailed into this recentered framework must be social work education's commitment to an anti-racist pedagogy, particularly for Native, Black, and Latino families. Uniquely, the study's findings suggest that CW and DV education must center the understanding of tribal history within the federal government, historical trauma, and the disproportionality of Native children in CW, focusing on the ways institutional racism in the forms of colonial land removal, child removal, and limited rights continues the barriers present at the intersection of DV and CW.

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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