



BRIDGES TO BETTER:

GROUNDWORK FOR BUILDING SURVIVOR-CENTERED SYSTEMS

Final Report of the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)

APRIL 2023

The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), led by Futures Without Violence (FUTURES), was funded in 2016 by the Children's Bureau at the Administration for Children and Families, Department of Health and Human Services. The three goals of the 5-year effort were: 1) to actuate more collaborative, trauma-informed domestic violence (DV) practice in child welfare (CW), 2) to enable transformative, cross-sector, DV related systems change, and 3) to study the impacts, mechanisms, and costs of DV-focused systems change. To effectively meet the goals of this project, FUTURES partnered with the Center for the Study of Social Policy, Latinos United for Peace and Equity at Caminar Latino, the National Council of Juvenile and Family Court Judges, the Center for Health & Safety Culture, and the University of Kansas School of Social Welfare (KU) who designed and implemented the associated research study.

This Executive Summary highlights results from the research study, along with actionable insights from navigating complex cross-sector systems change during an unexpected global pandemic. Relevant findings to be shared and discussed include **improvements in child safety and permanency outcomes, adult survivor experiences of child welfare, and enhanced practice and collaboration** within and among child welfare and partnering organizations and agencies.

Adult & Child Survivor-Centered Approach: Actuating collaborative, cross-sector, trauma-informed DV practice in child welfare

The QIC-DVCW Program Team¹ in collaboration with its partners, DV survivors, frontline CW professionals, and DV advocates codified an approach to practice to be implemented at a systems level across multiple local community institutions serving DV impacted children and their families: Public child welfare agencies, juvenile and family dependency courts, and community-based organizations caring for DV survivors and intervening with people who use violence in their intimate relationships (i.e., abusive partners). This evidence-informed approach, named the Adult & Child Survivor-Centered Approach (the Approach), stems from over 30 years of practice wisdom, community know-how, the lived experiences of impacted people, and a rigorous synthesis of what we know about child development, the neurophysiology of healing, and the science of trauma and resilience. Practice wisdom and lived experience have uncovered the pitfalls and opportunities at the intersection of DV and child welfare practice, to include what we now know and understand about the racialized and gendered impacts of systems on families and communities.

¹The QIC-DVCW Program Team was composed of ten expert practitioners with 15 - 35+ years of experience working in child protection, domestic violence, or with people who use violence.

Three QIC-DVCW Projects implemented the Approach reaching approximately 500 professionals across Massachusetts, Illinois, and Pennsylvania. Professionals included frontline CW staff and their supervisors and managers, domestic violence advocates and service providers, professionals working with abusive partners, behavioral health providers, attorneys for parents and children, and dependency court judges and probation officers, all serving DV-impacted and child welfare-involved families who are disproportionately Black, Indigenous and Latino/a.

The Approach was intentionally designed to be adaptable to local contexts. Unlike a model that prescribes specific practices or steps to be deployed, often with unmodifiable, detailed sequencing, the Approach is a process by which professionals at all levels of practice can seek to better understand, serve, and help child welfare-involved and DV-impacted families. The Approach is a beacon of information and knowledge providing guidance and direction for how to engage, connect, and partner with DV survivors and their abusive partners. It informs assessment of and case planning with DV-impacted families, emphasizing survivor driven solution design that meets the needs of both child and adult DV survivors. The Approach consists of six principles and two frameworks.

The six principles act as goal posts for professionals to evaluate the quality and impact of their responses, decisions, and actions associated with DV identification, assessment, and response in families where DV and child maltreatment co-exist. In brief, the six principles are:

- **Collaboration:** Collaboration among multiple partners and at multiple levels is essential to meet the safety, mental health, basic needs, healing, and well-being of families experiencing DV.
- **Connectedness:** Improving outcomes for child and adult survivors who are involved in the child welfare system requires that their safety, healing, and well-being are addressed interdependently and not at the expense of one another.

- **Planning with Survivors:** DV survivors know the most about their own circumstances, the danger they are in, what helps, and what does not. Survivors' knowledge, perspectives and experiences should drive case/service planning and interventions.
- **Unique Strengths and Challenges:** Case planning, interventions, and court orders should be flexible, individualized, build on family members' strengths, support parent-child relationships, and address the family's unique contexts, challenges, and barriers to meaningful help.
- **Equity:** Addressing racial, gender, and economic disparities are essential to addressing the roots and negative impacts of DV and child maltreatment related trauma for child and adult survivors in order to meet the needs of families.
- **Healing and Well-being:** Individuals in families experiencing DV can and do heal, including adult and child survivors and people who use violence and coercion.² Promoting trauma-informed service delivery and case planning helps families get and stay on a trajectory of health and well-being ensuring positive outcomes.

The **two practice frameworks** offer strategies to promote resilience, healing, and accountability, specifically:

- To build five protective factors that reduce the negative impacts of violence and advance the well-being of both adult and child survivors, including safer and more stable conditions; social, cultural and spiritual connections; resilience and a growth mindset; nurturing parent-child interactions; and social and emotional abilities and;
- To utilize the power of relationships as well as the authority of systems to hold abusive partners accountable for the use of violence and coercion, and to provide meaningful support for them to change.

²People who use violence and coercion are referred to in some systems as batterers, perpetrators or DV offenders. The QIC-DVCW chose to use person-centered language to attempt to convey that violence is a choice, and that some people who use violence and coercion can and do change. In this report, authors occasionally use the phrase "abusive partner" for the ease of the reader.

Enabling Collaborative, Cross-Sector, Trauma-Informed DV Practice & Systems Change

Project sites worked in partnership with the KU research team to facilitate data collection and embark on a robust learning journey that explored four primary **research questions**:

1. What is the impact of a survivor-centered approach on adult and child survivor safety, child permanency, and child and family well-being?
2. For which families, and in which social contexts, does the survivor-centered approach improve these outcomes?
3. What factors are associated with successful implementation and sustainability of an adult and child survivor-centered approach?
4. What are the costs associated with implementation and maintenance of an adult and child survivor-centered approach, and how does that compare with “business as usual”?

To answer these questions, three studies were conducted: an **outcomes study**, an **implementation study**, and a **cost study**.

To ensure consistent rollout of the Approach, at each Project’s intervention site(s) the QIC-DVCW Program Team provided (1) training on the Approach for staff at all levels among collaborating partners situated at child welfare, the courts, community-based DV organizations, and battering intervention programs (BIPs), (2) two years of monthly coaching of supervisors and managers of direct service staff in those same systems and (3) targeted and responsive technical assistance (TA) to cross-sector implementation and management teams.

The decision by the QIC-DVCW Management Team³ to build and support supervision and managerial excellence with the Approach was deliberate and based on prior tacit wisdom and child welfare research that meaningful practice

and transformational system change comes from frontline supervisors and middle management. It is this level of infrastructure where innovation is endorsed, enabled, and shepherded, where primary decisions and solutions are designed, authorized, and implemented, and where there is less turnover enabling conditions to facilitate lasting changes. We designed our Approach on the premise that increased critical thinking, intentional support, and targeted skills at the management level would have a positive impact on collaborative, creative problem solving in direct practice with children and families, a significant influence on team and organization level policy changes, and, in turn, change “business as usual” across sectors writ large.

Studying the impacts, mechanisms, and costs of collaborative, trauma focused, DV specific systems change

The three studies that form the backbone of the research were collaboratively designed to provide an integrated and comprehensive picture of what was done, how it was done, and what impact it had on the experiences of families, practice, and cross-sector systems change - to include assessing the cost of doing business in this way. The studies employed a quasi-experimental, longitudinal, mixed methods design that included common measurement of constructs and multiple data collection methods including surveys, interviews, focus groups, administrative data, case record reviews, and implementation tracking. When feasible, the research question types included three kinds of comparisons: sites (intervention and comparison), project (three projects), and time. Data from each source was analyzed and cross-referenced with other data sources to provide a robust view of complex system change. Power analyses were completed across all three studies. Data analysis involved descriptive statistics, baseline equivalency when relevant, multivariate statistics, and thematic coding.

³ The QIC-DVCW Management Team was comprised of key leaders from the partner organizations: the Center for the Study of Social Policy, Latinos United for Peace and Equity-Caminar Latino, the Center for Health and Safety Culture, the National Council of Juvenile and Family Court Judges, the Evaluation Team at the University of Kansas, and a retired child welfare director with 30+ years of experience in the field.

While the Approach represents a level of systems change that can take years to reach its full effect, within a few years of active implementation results from the impact, implementation, and cost studies found **positive child outcomes, improved child welfare and community partner practice and collaboration, and increased equity practices.** Across the two projects who were able to provide cost study data, the **cost of the intervention per household was up to \$1187 less than current practice.** What follows are brief highlights of impactful findings. A full review and discussion of all the findings across the three studies is provided in the body of the report.

1. Child safety and permanency improved at the individual project level.

- In the Allegheny County, Pennsylvania Project:
 - ♦ Child maltreatment recurrence rates were lower where the approach was utilized, specifically for children under 10 years of age who had an initial allegation of neglect,
 - ♦ For families experiencing co-occurring DV and neglect, there was a 149 percent higher likelihood of maltreatment recurrence in comparison sites than in implementation sites, and
 - ♦ There was a decrease in foster care removal rates in implementation sites while they increased in comparison sites.
- In the Illinois Project:
 - ♦ Reunification rates of children with parents rose at implementation sites, specifically for children identified as either Black and not Latino/a or as Latino/a and any race, and
 - ♦ Youth served by intervention sites and who were in foster care for two or more years were more stable.

2. Across all three projects adult survivor experiences varied. Almost all survivors interviewed felt they were held accountable for their abusive partner's behaviors and/or feared losing their children, while almost

half of survivors also had some positive experiences.

- Most survivors had some difficult experiences with child welfare caseworkers.

"I would say it was more so terrifying because they were trying to, like, take the kids away from me and the domestic [abuse] didn't come because I was abusing the kids. They came from a domestic relationship with the kids' father. It was more so terrifying because I didn't want to lose my kids at all."
- Of adult survivors interviewed, 13 out of 31 also reported some helpful experiences with child welfare caseworkers.

"you could tell that she really does want to help out actually. You can spot the difference when someone's just doing their job, because it's their job. And from her, I didn't get that. I got like, 'Wow. She's really interested in wanting to know everything.' You could tell that she wants the best interest, not only for me, but for my kid as well."

"What really stands out to me, I think, would be the second time around, we got the same caseworker, and she's completely changing their approach. She said, whereas before like they don't feel like we're a high-risk family, so we would just get the one-month phone call in - and anyway, the second time around she said she's gotten her supervisor involved. And her supervisor is a man, so she has him in the conversation with my son's dad. She just feels like he just - he never would answer the phone before, and they would just not really do anything about it, as long as I answered, and they had contacted me it was fine. But they didn't - so now, they're kind of approaching it in a more, like, aggressive way, I guess."
- More than half of adult survivors interviewed (19 out of 31) believed that child welfare, and specifically their caseworkers, doubted their love for or protection of their children. Instead, they reported, caseworkers viewed them as choosing to stay in the relationship over their children's safety.

... "they just continue to see me as - I don't know, I guess just this monster. And I guess, what their biggest thing is they - I feel like, how they view it

is that I don't love my children, because I couldn't stop using or I couldn't leave their father. And, my thing is, it has nothing to do with my love for my children. I love them very much. I had everything to do with the fact that I didn't love myself enough and that's where they're wrong."

- While the qualitative interviews were solely focused on the survivors' experience with child welfare and did not inquire into the survivor's experience of abuse or their relationship, overwhelmingly adult survivors discussed the abuse they endured at the hands of their partner and their care and concern for their children. In the Adult Survivor Field Survey, survivors in the intervention offices were more likely to rate their trauma symptoms as more severe in number and frequency than those in comparison offices. Almost all of the 31 survivors interviewed feared and understood that being a survivor of domestic violence meant being at risk of or losing their children.

3. Child welfare caseworkers at intervention sites were more inclined to recognize indicators of protection and resilience among adult DV survivors.

- Caseworkers at intervention sites demonstrated greater awareness of adult survivors' capacities and protective actions, including survivors:
 - ◆ Identifying strategies to counter the negative impact of domestic violence on their children,
 - ◆ Expressing confidence that they can achieve positive goals,
 - ◆ Recognizing tough or bad situations as temporary, and
 - ◆ Persevering even when they encounter challenges.

4. Communication and collaboration between staff within teams and across sectors improved.

- CW workers, advocates, professionals serving people who use violence, supervisors, lawyers, and judges communicated and collaborated among themselves, with each other, and across settings. Communication and collaboration improved at the organizational and practice level.

"I feel like people held risk more, there were situations where I felt like, in a different office with a different group of people, they would have taken custody of these kids. And in [the intervention] offices, I was in conversations where we easily could have made the argument in court that we needed to [remove] kids, but they really wanted to try to do a different approach with the adults before feeling like that was our only course of action."

"There has been an uptick in group thinking, group consultations, that involve far more people than usually it would, in the past, it might be a social worker and supervisor asking to consult with [DV experts]. There have been a lot of cases in the [de-identified] intervention offices where it was the [de-identified higher level administrators], the supervisor and the social worker, and maybe the response team, there's like nine people in this conversation, problem solving. So, I think that goes, and there were also some community providers that were in some of those meetings. So, the use of sort of a collaborative thinking on cases together, I think increased."

"When I think about outcomes on cases, again, I just think there was probably more and deeper collaborative efforts and conversation between service providers, between our staff, and between - and [child welfare agency] staff on cases... And I think that as a result of this effort, maybe more people were comfortable stepping into that like uninvited consultant role."

5. Child welfare and community partner mindsets about DV shifted and practices improved.

- Evidence of the use of shared principles and application of frameworks to practice emerged from the implementation study results in the adoption of Approach language contributing to positive changes in mindsets, case planning, and decision-making.

“...it’s changing our language. You know, it’s not the batterer, it’s not the victim. And I would take that into supervision, because I think it really, those terms are so negative, and it really biases how you look at the survivor and the person who uses violence very differently.”

“I have been in area clinical meetings where people have discussed their concerns about DV. Serious concerns in terms of whether or not, the person who uses violence poses a risk to the children or not, and that the planning has been very thoughtful. And that I’ve seen some of those cases closed because people have been able to really stabilize.”

- Child welfare staff also reported improvements in accountability practice behaviors.

“now I see the person that uses violence different[ly] than just the file that I’m reading, and I tell people that he’s no longer that record that I pulled out, and he’s more than just that. So that shaped the way I see people that use violence.”

“And then we have seen more fathers be involved, that’s one of the things that I personally didn’t expect, but more fathers have been involved, they have been engaged.”

- Community partners increased their utilization of protective factor practice behaviors. Regardless of whether survivors were served by intervention or comparison offices, adult survivors report experiencing DV advocates’ approach and practice being more aligned with the Approach compared to those of child welfare workers.

6. Improvements in equity-focused goal setting, measuring equity, strengthening staff preparedness to engage in equity-focused practices, and enhancing equity practices emerged as positive impacts.

- As part of this effort, Latinos United for Peace and Equity collaborated with the University of Kansas Evaluation Team and Futures Without Violence to develop a Centering Racial Equity in Collaboration Survey. At the time of implementation in 2019, no instrument existed (to the research and project team’s knowledge) that infused racial equity into the assessment of collaboration across organizational partnerships.
- Participants across the sites described ways their projects identify and work to alleviate race and gender inequities.
- Over the course of the study, an upward trend and significant treatment effect was observed for how well-prepared respondents felt to actively engage in equity practice, which correlated with how highly participants scored themselves on their equity practice behaviors.
- An upward trend was observed in equity practice behaviors – more willingness to deal with conflict openly and respectfully, enhanced awareness of cultural impositions, and a willingness of those in power to compromise – enabling engagement and trust-building with marginalized groups.
- Analysis of qualitative group interviews with project participants suggests that coaching and implementation teams played a positive and contributing role to these equity results.

“...the racial equity discussions, really for me, seem to have a strong focus in our coaching sessions. And I think, reinforced that we already knew [was] really important, but we tend to fall away from them when they’re not in focus...And recognizing you have to have a network, and you have to have partners, even though we felt like - you’re getting the work, you can’t do it alone.”

7. Practice frameworks offer criteria beyond compliance and its derivatives - such as cooperation, treatment completion, parental agreeableness or attitude - to assess parental fitness, focusing more on the nature and quality of services being provided.

“...these cases are involved in the court, the decisions that judges are able to make, based upon the quality, the social workers write like court reports for the judge and providing a lot of that detail around the resiliency factors and their engagement in these community-based treatment programs. It really helps the court and the judge, you know, with the goal of obviously keeping children, you know, in their homes and in their communities. So, it completely impacts you know, all of our practice... the decrease of assumptions and the quick judgment and ultimately making those assessment decisions was really slowed down.”

“So just having one of the judges mentioned once that now when [they] see the person that uses violence, [they are] also looking at more, and what else can we connect this person, and how can they -- how can we better serve the family, not just this is what I'm here to do, we're thinking about the entire family. So having a judge, having people in power, saying this is how this is helping us make a lot of things easier. So now we don't have the distrust, well if you go to the district court, most likely this is what's going to happen, and now you can say actually, if you go to [de-identified] Court, they're trying to make a push to be able to see the entire family. [Being] able to talk to and hear what the family need[s], and hear what advocates are the recommendations that the advocates are having. So, I think just being with each other, I think made that connection even stronger.”

Launching and implementing this work during the beginning of a global pandemic had its challenges, and also made clear that innovation can and does happen. Some of the mechanisms that enabled significant practice change on a grand scale involved having shared ways of seeing, thinking, communicating, and doing across system actors directly involved. Participants at the intervention

sites protected space and shifted the nature of practice conversations to align priorities and focus case actions on addressing trauma, promoting healing and well-being, enabling equity-focused decision making, promoting protective factors, and enhancing accountability. What follows are ten actionable insights around which further systems change efforts can be launched and evaluated based on both the findings from the research and the lessons learned from scaffolding cross-sector systems change during a global pandemic.

Actionable insight 1 > Professionals serving families who experience domestic violence can decrease risk and strengthen families by reducing stress and burden. Battering intervention groups increased their focus on emotional regulation skills with participants to help prevent violence. DV advocates began asking survivors on Zoom calls general questions about stressors and burdens on families, and then responded to specific needs, such as organizing community volunteers to help children with homework to provide adults much-needed respite. Child welfare caseworkers took food and personal protective equipment to families' homes and asked what other resources they needed.

Actionable insight 2 > Collaboration among team members and across systems leads to innovative resource allocations that enhance safety by building protective factors. For example, a budget manager advocated with colleagues for the purchase of plane tickets to allow a survivor and her children to flee to a relative's home in another state rather than petition the court for custody.

Actionable insight 3 > Collaboration between partners (child welfare staff, DV programs, abusive partner programs, judges, attorneys and other court staff) and with families enable the use of benchmarks beyond compliance (and its derivatives such as cooperativeness, parental attitude, motivation, awareness, or remorse for example) to assess case progress and adjudicate court involved families. After being trained, a judge included in his annual visit to child welfare offices an explanation of his new Approach-aligned expectations, and shared the specific questions he would be asking caseworkers and lawyers in DV cases. A judge who joined the project late requested

specific TA on how to talk to people who use violence to better engage them in a conversation about changing behaviors that were harming their children.

Actionable insight 4 > Promoting protective factors and enabling relational and systemic accountability are trauma-informed strategies that are demonstrative of reasonable efforts on behalf of families where child maltreatment and DV co-occur. A domestic violence advocate who accompanied an investigator on a home visit opened avenues of accountability for the father by engaging with him around his love for his child. Together the advocate and investigator convinced the father to re-install a license plate on the car so the mother and child could find a safer place to live. Without the advocate, the child would have been removed and the mother would have remained unsafe.

Actionable insight 5 > Listening to, partnering with, and supporting adult and child survivors as well as abusive partners to improve their experiences and life conditions helps to orient service and intervention design and case management towards safety, healing, trauma, building resilience, and well-being. A caseworker who described a young, previously violent father as overwhelmed and depressed sought out free time at a local music studio to provide a creative outlet for him. Instead of asking, “Why aren’t we removing these children who have been exposed to DV?” some staff asked, “What else can we try to keep these children out of foster care?”

Actionable insight 6 > Survivors can be seen and engaged beyond their victimization status and people who use violence beyond their aggression. Changing terminology from victim to survivor, and abuser or batterer to person using violence, shifted child welfare and community partner mindsets, prompting new perspectives on survivor resilience, outreach and engagement with abusing partners, how to help families, and whether change is

possible.

Actionable insight 7 > Creating regular and intentional space for child welfare staff and partnering agencies strengthens individual and team readiness to define an equity agenda and improve equity driven practices. Following George Floyd’s murder, supervisors and managers used the coaching space to grieve, process, and reflect on how to address the racism of the child welfare system, described as metaphorical “chokeholds” on Black, Indigenous, and Latino/a families. Similarly, implementation teams intentionally developed their capacity to talk openly about race and then designed or expanded local strategies such as equity leadership development across agencies, inviting new partners into the work and strengthening their use of data to take action on disparities in practice.

Actionable insight 8 > Meaningful change at the practice and systems level requires both active support for critical thinking, and utilization of enforceable and concrete practice protocols for engagement, assessment and planning. Coaches spent time in cohorts reviewing basic child welfare DV practice guidance that supervisors had not previously been trained on and with which they were not familiar. Both supervisors and managers identified the critical need for practical tools and on-going efforts to build staff skills for a nuanced and contextual assessment of risk due to DV, as well as critical inquiry and analysis, without which they tend more towards all or nothing thinking as well as more narrow problem framing and problem solving. Judges also play a role. One participant reported that “the judges in [our project site] have really seen this as an opportunity to go back to child welfare and say you’re not doing your jobs, this, that and the other when you bring these cases to court. And I think part of that is because they have been involved in this and learned more about what should be done.”

Actionable insight 9 > The presence of domestic violence in child welfare cases provokes an immediate knee jerk response that is not centered on children, and too often has direct, negative impacts on children’s well-being. A supervisor who transferred from one office to an intervention

office participated in an extended DV case staffing focused on creative ways to support the family. She questioned why the child was not simply being removed as usual, noting that it was standard practice in her previous office.

Actionable insight 10 > Caseworkers are critical to holding people who use violence, and not survivors, accountable for the harm they cause. Almost all adult survivors interviewed felt that their partners were ‘given a pass’ by child welfare.

More than half expressed the belief that their caseworker doubted their love for or protective actions for their children because of their continued involvement in their relationship with their partner. In addition, in about one third of case records reviewed there was no documentation of specific tactics of DV used by the abusive partner. Where such documentation did exist, it was focused on incidents of physical abuse meaning that the full range of harmful and controlling behaviors, and the impact on children’s safety and well-being, went unnoticed, unexplored, or undocumented.

Conclusion

Collaboration with other agencies and partnering with survivors and families is at the heart of the Approach. Within a system as complex as child welfare, partnering with families regularly takes a back seat to bureaucratic requirements and timelines. Results from the implementation study and coaching indicate systemic norms informed by legal standards and governmental requirements constrain full and sustainable implementation of a survivor-centered approach and practice on the frontlines. Leaders have a key role to play in shifting mindsets from crisis management as the driving response framework, liability navigation as a key consideration in decision making, and compliance oversight as the overarching assessment of case progress. Partnering with survivors and families requires investing time in building relationships marked by respect and cultural humility, supporting survivor safety and well-being through changing circumstances, building upon the strengths and resilience that allow people to survive DV and child welfare involvement, and providing what parents really need to do their best for their children.

Collaboration makes new human and material resources available to help families and to provide a mirror and accountability for the child welfare system’s disproportionate and harmful impact on Black, Native and Latino/a families. Sharing power and resources, enabling leaders in multiple agencies and committing to truth-telling are essential ingredients of authentic collaboration.

Survivors and families experiencing domestic violence know more about their own lives than child welfare or any system ever will. Children and their families deserve our best thinking, our most innovative design, fair and just problem solving, and a sustained and authentic commitment to collaborative, trauma-informed, organizational learning and continuous quality improvements of the public systems and non-profit landscape. The Quality Improvement Center on Child Welfare and Domestic Violence was exactly that – a bold investment in cross-sector systems change aimed at improving our abilities to recognize and effectively respond to and, whenever possible, prevent domestic violence.

BRIDGES TO BETTER

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