

Replacing a Paradigm

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Child welfare has historically used a paradigm called “failure to protect” which is designed to identify a parent or caregiver of children who refused or was unable to protect children from various maltreatments or types of harm. The Safe and Together model asks child welfare to recognize that this paradigm does not actually support good child welfare practice in domestic violence cases, and in fact can significantly hamper child welfare’s mission. This blog recommends replacing “failure to protect,” a “domestic violence destructive” approach, and replacing it with a “domestic violence proficient” approach that focuses on the perpetrator as the source of the risk and safety concerns.

We have to understand why “failure to protect” does not support good case practice in domestic violence cases. First, when survivors believe that child welfare has blamed them for the abusive choices of their partners or ex-partners, it becomes much harder to build a collaborative relationship with her around the shared concern for her children. From a child welfare perspective, critical assessment information is lost because survivors, who feel blamed, are going to be less willing to share information with social workers about the perpetrator’s behavior and its impact on the children. And moreover, with less information, it becomes harder to collaboratively create an effective safety plan.

Second, it is a deficit-based model versus a strengths-based model. Child welfare systems are recognizing the importance of a strength-based approach to families. This direction, which is very consistent with the Safe and Together model’s focus on survivor’s efforts to promote the safety and well being of children, is predicated on the idea that we can be more effective in helping someone when we seek to understand their capacities to help themselves versus viewing them exclusively from a pathological lens. For example, with trauma survivors this means not assuming that experiencing trauma only creates vulnerabilities or deficits but may have actually helped strengthen someone’s capacities. For domestic violence survivors, their partner’s violence and abuse may have spurred them to find creative solutions to problems and develop thoughtful strategies for supporting their children’s success in the world. The “failure to protect” paradigm is contradictory to the burgeoning strengths based orientation of the child welfare system.

Third, when survivors are substantiated against or there is a “finding” of neglect against survivors solely for being a victim of abuse, child welfare frequently follows this with a focus on what the survivor, not the perpetrator, needs to do to improve the situation. This approach has a number of serious problems associated with it. For example, when the court believes that ordering survivors into services is the primary and preferred method of reducing the children’s exposure to domestic violence, it is ignoring the actual source of the danger to the children. In reality, these orders are asking survivors to have control over something (someone) that they clearly do not have control over. (Imagine a court ordering the partner of an alcoholic into treatment for the purpose of stopping the partner’s drinking.) When we ask survivors to stop the perpetrator from perpetrating, we put survivors and their children in danger. When case plans ask only the survivor or both the perpetrator and the survivor to “end the violence” or to “not expose their children to abuse,” we are ignoring the very nature of domestic violence, which is the willingness and ability of the perpetrator to ignore and violate limits and boundaries set by the survivor.

Finally, this paradigm also models a dangerous message to children: your mother cannot protect you and the perpetrator is not fully responsible for his own behaviors. Children learn from the “failure to protect” paradigm that they are unsafe, that their mothers can’t help them and therefore they can feel isolated and responsible for their own safety. Children also learn that if one chooses to be violent or controlling that they’re not entirely responsible for it, that the victim is also responsible for that choice; children may believe that they can act violently and get away with it or begin to blame their mothers for the actions of another person. This can actually damage the important bond and relationship between children and their non-offending parents and impede the ability of both to heal from the trauma.

If “failure to protect” isn’t a successful approach, then what is? What can we do to help protect children without stating that survivors haven’t been protective?

- First, we must identify the efforts survivors have made to be protective. The good news for child welfare workers is that the majority of domestic violence survivors actively support the safety and wellbeing of their children. They are doing numerous things to protect children, provide for children’s stability and to help children heal. Our first step has to be assessing these efforts. Using a strength based approach, we can see a survivor as active (and be able to document and articulate those efforts) and it becomes easier to not cite her for failing to be protective.(This is captured in the third critical component of the model.)
- Our second step is to clearly identify the behaviors and choices made by a perpetrator to harm children. When child welfare can clearly identify a behavioral pattern of perpetrators and the impact of those behaviors on children, child welfare can better assess the perpetrator of harm and intervene with that person to help them change their behaviors. If perpetrators believe that the child welfare system agrees with him that his partner or ex-partner is also to blame for the abuse, the perpetrator has no motivation to change for the sake of child safety. When child welfare is clear about the choices and role of perpetrators, it’s easier to identify what needs to change to make children safer: simply the perpetrator’s behaviors. (This is captured in the first two and fourth critical components of the model.)
- Third, we need to identify ways to support healing in children. Child welfare can help children heal by working to keep them safely in the care of survivors of domestic violence. Children can also begin healing by maintaining stability and consistency in their lives and by talking about their experiences. “Failure to protect” doesn’t support these needs; partnership with survivors and interventions with perpetrators do.

To become domestic violence proficient, child welfare needs to step away from the “failure to protect” paradigm in domestic violence cases. It’s not necessary to prove harm to children, it’s not necessary to support the needs of children, and it’s not necessary to have continued involvement with families experiencing domestic violence. Shifting to a paradigm of perpetrator accountability and intervention does help children and also helps child welfare. In a perpetrator accountability and intervention paradigm, child welfare can more effectively work with perpetrators to change their behaviors and child welfare can better partner with survivors to continue to assess risk to and healing for children over time. No one can ask child welfare to reject one paradigm without supporting the benefits of another. And the good news is, there is another paradigm and it’s more accurate, more effective and more child-centered than “failure to protect” ever could be.