

Safe & Together™

Shifting the paradigm: the intersection of domestic violence, child maltreatment and safety and well-being

Domestic Violence Informed Child Welfare System Practice Continuum Chart

Domestic Violence Destructiveness	Domestic Violence Incapacity	Domestic Violence Blindness	Domestic Violence Pre-Competence	Domestic Violence Competence	Domestic Violence Proficiency
<p>Engages in policies and practices that actively increase the harm to adult and child survivors of domestic violence.</p> <p>From a Safe and Together™ model principles perspective:</p> <ol style="list-style-type: none"> 1. Sees adult survivors as the major cause/impediment of domestic violence related child safety concerns. 2. Adult survivors need to be coerced/pressured into doing the “right thing” often leaving, getting a court order or ending relationship/keeping him away from children. 3. Little or no interventions or engagement with the domestic violence perpetrator. 	<p>Doesn't engage in active efforts to harm adult survivors but lacks the capacity to really help them, their children or intervene with the perpetrator.</p> <p>From a Safe and Together™ model principles perspective:</p> <ol style="list-style-type: none"> 1. Shift to a less negative view of adult survivors. 2. Some increased understanding of barriers to leaving/reasons to stay but no real sense of partnering as path to child safety. 3. Growing ability to articulate perpetrator's responsibility but little or no interventions or engagement with the domestic violence perpetrator. 	<p>Identifies domestic violence as an issue that impacts children but hasn't really committed to making the systems changes that will provide consistent sustainable best practice. Treats domestic violence cases in the same way it treats other cases- no specialized policy, practices or services. Victim blaming remains pervasive and there are little to no structures to intervene with the perpetrator.</p> <p>From a Safe and Together™ model principles perspective:</p> <ol style="list-style-type: none"> 1. No specific policies or practices regarding keeping children safe and together with non-offending parent. 2. Makes initial steps to partner with survivors but doesn't change policy and practices to make this happen. 3. Initial efforts to engage perpetrator but no specific services for perpetrators 	<p>Understanding is higher and there is a stated commitment to improve responsiveness to the issue by being more supportive to adult survivors, and there are beginning attempts to change practice but changes aren't supported fully. <u>In this stage, commitment to improve practice is likely to be driven by outsiders encouraging/expecting/demanding better practice.</u> These expectations are usually focused on stopping revictimization but don't often address intervening with perpetrators. It's been identified as genuine issue but not really in child welfare's DNA. Lots of disconnects e.g. “DV is one of our top three issues” but no real policy and service infrastructure to really respond to families. The connection between domestic violence and children is still not fully spelled out. <u>Danger of token changes.</u></p> <p>From a Safe and Together™</p>	<p>Domestic violence isn't perceived as an add-on but as a core part of child welfare practice. <u>Commitment to domestic violence best practice is internalized by the child welfare system.</u> Its relevance and connection to other issues such as substance abuse and mental health is clear and integrate in terms of assessment and treatment. Specific commitment to partnering with adult survivors and to intervening with perpetrators as a ways to enhance child safety, permanency and well-being. Assessment is culturally and linguistically competent, and behaviorally focused allowing for appropriate assessment in both heterosexual and same sex relationships. Coercive control is the assessment lens and provides the ability to differentiate between defensive violence and on-going patterns harmful to child safety and well-being. Perpetrators and survivors are not lumped together as a unit as it relates to</p>	<p>Domestic violence best practice is consistent, dependable and pervasive. Commitment to develop and maintain (institutionalize) domestic violence skills/practice. Domestic violence is built in to organizational performance improvement plan or other quality assurance efforts. Child welfare regularly accesses expertise in the community and takes a leadership role in developing community capacity through training of others, as part of contracting. This level is characterized by all aspects of the system using the same framework, sharing a focus on keeping children safe and together with the non-offending parent, partnering with the to that end and intervening with perpetrators.</p> <p>From a Safe and Together™ model principles perspective:</p> <ol style="list-style-type: none"> 1. Principle of keeping children safe and together with non-



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		<p>nor collaboration with other systems around batterer intervention,</p>	<p>model principles perspective:</p> <ol style="list-style-type: none"> 1. Practice focuses on keeping children safe and together with "good" victims. 2. Partnerships with adult survivors use a limited range of options. Plans still primarily focus on leaving, getting orders and calling police. 3. More interventions with perpetrators but nothing consistent and often limited to referral batter intervention services. 	<p>domestic violence dynamics. There is a well thought out, strong relationship with domestic violence services for adult survivor; programming for children exposed to batterer behavior supports the relationship between the survivor and the child and considers the relationship between the child and the perpetrator. Improved practice is more prevalent but isn't consistent. Some areas of agency are better at DV practice than others.</p> <p>From a Safe and Together™ model principles perspective:</p> <ol style="list-style-type: none"> 1. Specifically articulates as policy that the goal is to whenever possible keep children safe and together with the non-offending parent. 2. Specifically develops policies and practices that support partnership with survivors. 3. Specifically articulates policy that outlines the importance of intervening with perpetrators as part of child safety and well 	<p>offending parent is shared between community partners and backed up with training, policy and services.</p> <ol style="list-style-type: none"> 2. Partnership with adult survivors is established principle in policy and is infused through partner agencies and courts. 3. Intervention with perpetrators is broad and multi-faceted.
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<ul style="list-style-type: none"> Actively blames survivors for the domestic violence e.g. what's wrong with her? She picks him over her children; If she continues to be victimized it's her fault. Uses a failure to protect paradigm to approach cases e.g. domestic violence survivors listed as alleged perpetrator of CAN solely for being the victim. The victim is seen as having absolute power to stop the violence by making different, better choices. Poor women and women of color are primary targets. Violence in same sex couples is invisible. Has policies and practices that increase danger to adult and child survivors e.g. dictates steps for the survivor that could increase danger. Actively and consistently ignores role and presence 	<ul style="list-style-type: none"> Has some understanding of why adult survivors stay and barriers facing survivors to leave/their safety (empathy) but no real different practice. Adult survivor still blamed for "letting him back in" and for the violence when she has been in multiple abusive relationships Survivors are divided into "good" victims and "bad" victims. Women with multiple traumas, few resources, and victims of racism can easily be seen as "bad" victims. Punitive aspects of system fall more heavily on "bad" victims. Primary issue to resolve is seen as the domestic violence survivor's pathologies, e.g. poor relationship choices, lack of insight into domestic violence's impact on children. (Paternalistic) Primarily works with adult survivor but has some 	<ul style="list-style-type: none"> Still conceptualized as a relationship based issue not as a perpetrator pattern issue. Sees referrals to domestic violence services as the answer without having to improve coordination with domestic violence service providers-just another checkbox. Sends perpetrators to anger management; no specialized assessment or services. Courts use standard psychological evaluations for domestic violence cases even though not necessarily measuring correct things. Very little or no coordination with criminal court. Training on DV focused on DV 101 with little or no application to child welfare practice; mostly focused on barriers faced by adult survivor; doesn't really 	<ul style="list-style-type: none"> More identification of domestic violence as issue; usually identified through arrest or referral specifically for domestic violence. Rarely identified in case that come in for other reasons. Cases that do come in for domestic violence frequently become focused on adult survivor's issues e.g. trauma and substance abuse. Domestic violence still seen as relationship based issue. Domestic violence is generally only identified in cases that come as domestic violence/physical violence incidence. Increased training efforts still focused on primarily on perpetrator's tactics, impact on adult and child survivor, barriers faced by survivors, and services available for survivors; little or no training on 	<ul style="list-style-type: none"> Brings the perpetrator more in focus; shift from a relationship based focus to perpetrator pattern based focus. Sees broader impact of perpetrator in the lives of children. Can see full range of survivors' strengths and works. Skills based training for workers regarding interviewing, documentation, and case planning. Universal domestic violence assessment using coercive control and actions taken to harm children used in all cases regardless of reason for referral. Service delivery models for perpetrators, survivors and children specific to domestic violence. Safety is managed with separate plans, separate meetings and separate 	<ul style="list-style-type: none"> Child welfare system takes a leadership role in the community around issues of domestic violence and children. Supports training for related professionals e.g. evaluators, court personnel, to better handle domestic violence Expects all service providers to demonstrate domestic violence competence as it relates to their agency and services. Supports high quality integration of services particularly domestic violence, mental health, and substance abuse. Develops culturally and linguistically competent, domestic violence services. Batterer intervention program specifically addresses children and provides quality feedback to child welfare. Domestic violence dynamics and practices

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<p>of the domestic violence perpetrator, placing entire burden to address issue on the adult survivor.</p> <ul style="list-style-type: none"> • Blames child survivors for issues created by domestic violence perpetrator, e.g. behavioral issues, truancy/delinquency. Children are revictimized/penalized/punished for behaviors created by trauma by the perpetrator. • Punitively and/or unnecessarily removes children from domestic violence survivors. • No connections made between substance abuse mental health issues, and trauma caused by perpetrators. Nor is perpetrator's interference with family receiving services identified and addressed. • Perpetrators are essentially invisible to the system and are in essence, empowered by the focus on the survivor. • Perpetrators, who present well and/or who haven't 	<p>understanding of the perpetrator's role while still not working with him.</p> <ul style="list-style-type: none"> • No real connections made between substance abuse, mental health issues and domestic violence. • Domestic violence only identified as issue related to incidents of violence, usually brought to the attention of the child welfare system by law enforcement/criminal court involvement. • Children may be identified have been exposed to specific acts of violence but no greater understanding of connection between perpetrator's behavior and children's symptoms, needs, and experience. 	<p>address child welfare role.</p> <ul style="list-style-type: none"> • Continues to see DV as incident based with physical violence as the only factor for children (and only if the couple is together, and the kids were present for the violence). • Fails to articulate impact of DV on children beyond fear of physical harm and physical harm. • Has no or few specific policies regarding domestic violence. • No real recognition of how domestic violence survivor's strengths may show up differently than other strengths related to other issues. • No real integration of domestic violence into other issues/initiatives. • No specialized policies or services. • Little to no understanding of gender issues. • No specific programming and training related to DV and culture or DV and same sex relationships. 	<p>skills associated with child welfare role.</p> <ul style="list-style-type: none"> • Participation in cross-systems meetings and collaborations. • Better understanding of value of victim services. • Understanding that batterer intervention is the appropriate treatment intervention for perpetrators without necessarily supporting/funding/contradicting for those services. • Seen primarily as men assaulting women in heterosexual relationships but women's use of violence is quickly put on par with male violence regardless of context. • No response to domestic violence in same sex relationship, no integration with issues related to race and class, nothing related to foster care, courts, etc. • No specific policy, protocol or practice to handle information from survivor and children that may increase danger if released unnecessarily to 	<p>court hearings.</p> <ul style="list-style-type: none"> • Protocols, policies and practice are developed to address safety concerns related to child welfare involvement with the family. • Coordination with criminal court (prosecutor, probation) regarding perpetrators as parents. • Supports survivor in civil proceedings that may impact child safety and well-being. • Can have difficult, compassionate, non-blaming conversations with adult survivor regarding child safety. • Removes children only in circumstances where 1) after every reasonable effort has been made to partner with the survivor <u>and</u> 2) every reasonable effort has been made to intervene with the perpetrator <u>and</u> 3) when the perpetrator continues to have access to children and presents an imminent safety threat to the children. 	<p>are integrated into all new initiatives/services.</p> <ul style="list-style-type: none"> • Commits to maintaining and strengthening relationships between child welfare and domestic violence services (perpetrator, victim, and children) • Regular coordination with criminal courts to intervene with perpetrators as parents. • Addresses domestic violence in same sex relationship and also in teen dating relationship.
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<p>done anything to physical harm the children are given access and even custody of children (even after when they assaulted and traumatized their partner).</p> <ul style="list-style-type: none"> • Training on domestic violence is limited. Often increases awareness in a way that increases focus on domestic violence survivor's choices/issues as the source of the child safety issue. • Negative or antagonistic relationship to domestic violence services. • No services and no coordination with criminal court for the perpetrator. • Support and trauma issues for workers exposed to these cases is ignored and workers blamed for reactions associated with secondary trauma. 			perpetrator.		
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