LEADERSHIP FOR DOMESTIC VIOLENCE-INFORMED ORGANIZATIONS AND COMMUNITY COLLABORATIONS

Formerly David Mandel & Associates, LLC

Mission
To create, nurture and sustain a global network of domestic violence-informed child welfare professionals, communities and systems.
Safe and Together Institute

Dedicated to:

- Advancing inquiry, knowledge, practice and collaboration related to a perpetrator pattern-based approach to the intersection domestic violence and children

- Developing a network of professionals, organizations and communities working together to create domestic violence informed-child welfare and related systems

Safe and Together Institute

We accomplish these goals by:

- Supporting the implementation of the Safe and Together Model through training, certification and systems consultation
- Supporting the implementation of the Safe Engagement Model of working with fathers through training, certification and systems consultation
- Innovation partnerships with individual, agencies and communities.
- Data collection, writing and symposia or other events to advance learning, dialog and practice
- The development and dissemination of practical tools to promote real world systems change and practice improvement
- S&TI is committed to examining the role of gender, cultural, sexual orientation in all its work.
Safe and Together Institute

What we offer

- Organizational Assessment & Consultation
- Core, Advanced Practice Training
- Mapping and Other Practice Tools
- Subject Matter (Specialist) and Trainer Certification
- Advocate Certification
- Data and Research
- Online Courses

Where is Safe & Together?

- **Active in 2016**
  - **USA**
    - Iowa
    - District of Columbia
    - Ohio
    - Florida
    - Michigan
    - New York
    - Texas
  - **Canada**
    - Manitoba
  - **UK**
    - Barnardo's Scotland
    - Ministry of Defense
    - Fife Council
    - Renfrewshire Council
  - **Australia**
    - PATRIGA project
    - ACSA
    - Queensland
    - Western Australia
    - Northern Territories
    - Victoria
    - South Australia
    - New South Wales

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**DV and Children**

48% of mothers in one home visitation program reported experiencing DV since the birth of their child.

Between 40-75% of children in the CPS caseload exposed to domestic violence are also victims of physical abuse.

DV has a measurable and substantial association with caregiver and family functioning, which in turn have a substantial association with child health and behavior.

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**DV and Child Welfare**

DV is usually (95% probability) associated with some form of child abuse or neglect or serious family dysfunction.

In a 2002 comparison study, child abuse was more than 2.5 more likely to occur in families experiencing domestic violence or caretaker distress.

Multiple studies indicate that child fatalities or critical incidents may have domestic violence as a factor (as high as 2 out of 3).

The vast majority of children exposed to DV still have contact with their fathers. One study found that as many as 70% see their fathers frequently.

34% of all substantiated CPS investigations include exposure to DV as the primary category of maltreatment.
Safe & Together™ Model

Better Outcomes for Families & Systems

Domestic Violence Informed Child Welfare System
- Improved Competencies
- Improved Cross System Collaboration

Better Outcomes for Families:
- Safety, Well Being & Permanency

Practice Tools
- Mapping
- Pivoting
- Case Planning Guide
- Supervisor Matrix
- Pathways and Planning

Foundation
- Model Characteristics
- Principles
- Critical Components

Perpetrator Pattern Based
Child centered approach to domestic violence

"Beyond Services"

"Removal is an option of last resort" approach

Fact based

Gender responsive

Integrative & inter-disciplinary

Strengths based

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Safe and Together™ Principles

1. Keeping child Safe and Together™ with non-offending parent
   - Safety
   - Healing from trauma
   - Stability and nurturance

2. Partnering with non-offending parent as default position
   - Efficient
   - Effective
   - Child-centered

3. Intervening with perpetrator to reduce risk and harm to child
   - Engagement
   - Accountability
   - Courts

Safe and Together™ Critical Components

- Perpetrator’s pattern of coercive control
- Role of substance abuse, mental health, culture and other socio-economic factors
- Adverse impact of the perpetrator’s behavior on the child
- Full spectrum of the non-offending parent’s efforts to promote the safety and well-being of the child
- Actions taken by the perpetrator to harm the child
Domestic Violence-Informed Continuum

- Domestic Violence-Informed Child Welfare Systems
- Domestic Violence Proficient
- Domestic Violence Destructive
- Domestic Violence Neglectful
- Domestic Violence Pre-Competent
- Domestic Violence Competent

Contact

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## Domestic Violence-Informed Continuum of Practice

### Examples

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<td>Proficient</td>
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<td>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.</td>
<td>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 understanding of the perpetrator’s role while still not working with him. 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 been exposed to specific acts of violence but no greater understanding of connection between perpetrator’s behavior and children’s symptoms, needs, and experience. Still conceptualized as a relationship based issue.</td>
<td>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 incident. Training on domestic violence focused on “DV 101” with little or no application to child welfare practice; mostly focused on barriers faced by adult survivor; doesn’t really address child welfare role. 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/contracting 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</td>
<td>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, documenting, 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 court hearings. 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</td>
<td>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 are integrated into all new initiatives/services. 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.</td>
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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 done anything to physical harm the children are given access and even custody of children (even after when they assaulted and traumatized their partner).

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.

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.

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.

Little to no understanding of gender issues.

No specific programming and training related to DV and culture or DV and same sex relationships.

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 perpetrator.

partner with the survivor and 2) every reasonable effort has been made to intervene with the perpetrator and 3) when the perpetrator continues to have access to children and presents an imminent safety threat to the children.
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<th>Domestic Violence Destructive</th>
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<td><strong>DEFINITION</strong></td>
<td>Primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.</td>
<td>Primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or fail to acknowledge how domestic violence's distinct characteristics impact children and families.</td>
<td>Primarily defined by an identifiable gap between the stated relevance and prevalence of domestic violence to the safety and wellbeing of families and child welfare's actual domestic violence policy, training practices, and services infrastructure.</td>
<td>Primarily defined by identifiable policies and practices that use a child-centered perpetrator pattern-and-survivor strength-based approach to domestic violence. Domestic violence isn't perceived as an add-on, but instead as a core part of child welfare practice.</td>
<td>Primarily defined by identifiable policies and practices that ensure that domestic violence policies and practices are consistent, dependable, and used throughout the child welfare system.</td>
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<td><strong>STATEMENT</strong></td>
<td>&quot;Regardless of the cost, the adult domestic violence survivor must make sure that the children are protected from the violence.&quot;</td>
<td>&quot;Domestic violence is only relevant to the children if they see it or hear it. If the couple cooks and eats, there are no more domestic violence-related concerns.&quot;</td>
<td>&quot;We don’t want to re-victimize adult survivors, but our job is child safety&quot; or &quot;We know we need to do a better job with domestic violence cases, but we don’t know how to do it.&quot;</td>
<td>&quot;The perpetrators' behavior patterns and choices are the source of the child safety and risk concerns&quot; and &quot;Our goal is to keep children safe and together with the domestic violence survivor.&quot;</td>
<td>&quot;We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system.&quot;</td>
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<td><strong>POTENTIAL OUTCOMES</strong></td>
<td>The risk of harm to adult and child domestic violence survivors from the domestic violence perpetrator is increased. The willingness of adult and child survivors to reach out for assistance, e.g., calling the police if there is a new incident of violence, is reduced. The power that domestic violence perpetrators have over their families is increased. Children may be removed unnecessarily from domestic violence survivors. Child welfare systems expend resources for the unnecessary placement of children. Poor families and Indigenous families are more likely to experience unnecessary economic and family stress due to a focus on resolving the violence by &quot;ending the relationship.&quot; Children who attempt to protect one parent from another become caught in the delinquency system.</td>
<td>Assessments of families are incomplete and/or inaccurate and often focused on substance abuse and mental health issues instead of domestic violence. Domestic violence interventions with families do not occur until the violence escalates. When they do occur, these interventions are more likely to be inappropriate and/or ineffective, e.g., a referral to an anger management program when the correct referral is to a men's behavior change program. Decisions made in court can be based on incomplete or incorrect information. Partnerships with adult domestic violence survivors that focus on the safety and wellbeing of the children are weakened by poor practice. Poor women and Indigenous women are more likely to suffer from inadequate or incomplete legal representation or evaluation.</td>
<td>The commitment to improve current practice is weak because it is driven by outsiders encouraging/expecting/demanding improvements. Token change results in no or little real change in paradigm or practice. Child welfare workers are made more aware of the impact of domestic violence on children, but they are not fully equipped to help, resulting in anxiety and unpredictable decisions. Tensions remain between domestic violence agencies and child welfare, interfering with their collaborative work to assist families. Domestic violence perpetrators continue to escape responsibility as parents.</td>
<td>Child welfare interventions with domestic violence cases are based on more comprehensive and accurate assessments. Children are more likely to remain safe and together with adult domestic violence survivors. Unnecessary out-of-home placements are reduced, resulting in stronger families and communities and more costs saved by child welfare systems. Dependency courts may experience a reduction in domestic violence-related cases. Indigenous men and poor men who are domestic violence perpetrators may experience more support to improve their parenting and remain safely engaged with their children and families. Child welfare workers and others may experience more workplace satisfaction due to a new paradigm that allows them to practice in ways that are consistent with their social work values.</td>
<td>Cross-system collaboration is improved when stakeholders use common frameworks and languages. Domestic violence and child welfare agencies may experience a reduction in tension and/or improved collaboration. There may be a reduction in domestic violence-related child deaths. Initiatives such as trauma-informed practice and differential responses are more likely to be successful. Adult and child domestic violence survivors are more likely to see the child welfare system as a resource and a support. Vulnerable new parents and delinquent youths are more likely to receive support and assistance for domestic violence issues. The commitment to a perpetrator pattern-based approach may reduce biases in cases involving women's use of violence, same sex relationships, and vulnerable populations.</td>
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DOMESTIC VIOLENCE-INFORMED CHILD WELFARE SYSTEMS: INTAKE

The initial referral and screening call sets the stage for the investigation or family assessment. A domestic violence-informed intake process consistently applies a perpetrator pattern-based approach to determine whether a domestic violence referral meets the acceptance criteria. It begins to answer the questions:

• What has been the domestic violence perpetrator’s impact been on child and family functioning?
• What is the worry statement about the potential for future harm?

Domestic violence-informed intake also uses this frame to assess for the presence and relevance of domestic violence in “non-domestic violence” referrals. Questions about coercive control and actions taken to harm to the children can help identify domestic violence in other referrals, e.g. substance abuse. It also requires an exploration about how prior reported domestic violence perpetrator behaviour is impacting the current situation. Finally, it also represents the start of partnering with the domestic violence survivor. This involves asking specific questions about the domestic violence survivor’s protective efforts.

The following is some general guidance for domestic violence-informed intake practice:

INFORMATION GATHERING

• Apply a perpetrator pattern-based approach as the lens for gathering as much information as possible from reporters about the domestic violence perpetrator’s pattern of behavior and its impact on child and family functioning.
• Apply a perpetrator pattern-based approach to the review of other sources of information, e.g. police reports, prior CPS history.
• Apply a comprehensive lens to assess for non-offending parent’s protective abilities and willingness to protect.
• Apply a perpetrator pattern-based lens to all cases as a part of universal screening for domestic violence in all cases regardless of the presenting allegation.

DECISION MAKING

• Apply a perpetrator based framework to the decision making tree (response times).
  o Is there an imminent, specific threat of physical violence to any family member from the perpetrator?
  o Does the domestic violence perpetrator have an escalating pattern of behavior?
  o What is the domestic violence perpetrator’s current access to the child? What will be their access in the near future?

Do not use “failure to protect” in cases of domestic violence. Use a maltreatment consistent with a perpetrator pattern-based approach.

1 For more detailed screening questions, see Safe and Together Model “Screening Questions.”
o Is the child experiencing severe emotional distress or fear as a result of the domestic violence perpetrator’s behavior?

o What other information is available about the perpetrator’s potential to do harm to the child and the family, e.g. prior CPS history with another partner, police reports.
  - Whenever possible go back to details of prior incidents of violence. Do not just depend on summaries.

o Is timeliness of an initial meeting important to partnering with the domestic violence survivor?

o What is the domestic violence survivor’s current safety plan for herself and her children?

o (If relevant) Is law enforcement or other outside involvement reducing or increasing imminent danger?

• Make decisions to accept or not accept related to domestic violence based on the perpetrator’s pattern of behavior, its impact on child and family functioning and its relationship to the screening criteria.

• Consider physical neglect, emotional maltreatment, emotional neglect, physical abuse, and sexual abuse as being maltreatments that might be associated with the domestic violence perpetrator’s behavior pattern.

• **Name the perpetrator of the domestic violence as the alleged child abuse and neglect perpetrator.**

• Do not name the victim of the domestic violence as the alleged child abuse and neglect perpetrator (for the domestic violence)

• Do not decide to accept or non-accept based **exclusively** on any of the following:
  - Whether the perpetrator has been arrested or not
  - Whether the perpetrator is currently in custody or not
  - Whether the parents are together as a couple or not
  - Whether the parents are currently living together or not
  - Whether the domestic violence survivor is willing to get an intervention order or not

**DOCUMENTATION**

• Write danger and worry statements from a perpetrator pattern-based perspective
  - Make it clear how the perpetrator’s behavior is the source of the concern related to domestic violence
  - Avoid domestic violence destructive language, e.g. “the risk to the children remains because mother has returned to the perpetrator”
  - Highlight survivor’s active protective efforts