Supervising Domestic Violence Cases

A training for child welfare supervisors and managers

by

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September 10, 2009
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EXECUTIVE SUMMARY

Over the last 18 months, the Statewide Service Administrator (SSA)\(^1\) developed and implemented a domestic violence training curriculum for supervisors and managers. Developed in partnership with the Department’s Training Academy, the curriculum applies the principles of the *Safe and Together* model to the critical roles and responsibilities associated with supervising and managing a child welfare caseload.

Between spring 2008 and summer 2009, the training was delivered in 6 Area Offices and through trainings at the Training Academy. To assess the effectiveness of this training, the SSA developed a survey to evaluate the impact of the training on a) supervisor and worker practice, b) utilization of the Domestic Violence Consultants and c) outcomes for families. 41% of 88 training participants responded to the web survey.

66% of the respondents identified specific positive changes in their supervisory practice.

66% of the respondents identified specific positive changes in their supervisory practice including (1) improved and increased utilization of the Domestic Violence Consultants; (2) greater understanding of the dynamics of coercive control and its impact on the family; (3) increased understanding of survivors’ strengths and safety planning; and (4) more specific questions and directives to workers.

62% indicated positive change in their workers’ practice as a result of the training.

62% indicated positive change in their workers’ practice as a result of their training in the *Safe and Together* model including 1) workers were more empathetic and supportive to domestic violence survivors; 2) improved assessment and information gathering and 3) improved utilization of the Domestic Violence Consultants.

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\(^1\) David Mandel, MA, LPC is the Statewide Service Administrator for the Connecticut Department of Children and Families Domestic Violence Consultation Initiative which is funded by the Department’s Child Welfare Bureau.
50% of the respondents indicated positive changes in outcomes for families as a result of the training including 1) increased ability to maintain children safely in the home resulting in fewer out of home placements 2) referrals better tailored to the needs of the family 3) more support for domestic violence survivors and 4) greater accountability for the domestic violence perpetrator.

69% of the respondents indicated continued positive or improved utilization of the Domestic Violence Consultants. For example, one supervisor reported an 80% increase in referrals to their Area Office Domestic Violence Consultant and other supervisors indicated workers were better prepared for the consultation process.

The positive results support continuing collaborative efforts between the Training Academy, the SSA and the social work staff. The current plan is to 1) continue trainings until all current Area Office supervisors and managers have received it 2) add the same training to the current training for new supervisors and 3) develop a 2-3 day certification training for supervisors who want to specialize in domestic violence.
Over the past few years, Connecticut's Department of Children and Families has made significant advances in its social work practice regarding domestic violence. Foremost has been the hiring of thirteen Domestic Violence Consultants and a Statewide Services Administrator to provide greater domestic violence expertise at every level of case practice and Department decision making. Guided by the *Safe and Together* model, the Domestic Violence Consultation Initiative has been strongly embraced by frontline social workers, supervisors and managers. The Department's commitment to improving its practice regarding domestic violence has led to:

- Increased support for social workers in individual cases
- Domestic Violence Consultant participation in Area Office decision making and teams
- Modifications in the Training Academy domestic violence pre-service training
- Intensive support for the implementation of a new domestic violence investigation protocol
- Intensive in-home for services for families effected by domestic violence perpetrators
- A Credentialing process for assessing domestic violence perpetrators
- Enhanced training for Hotline and Special Investigations Unit staff

Many of the changes made by the Department have been influenced by the *Safe and Together* model utilized by the Domestic Violence Consultants. To support the changes being made, it was determined that supervisors and managers would benefit from targeted training regarding the *Safe and Together* model.

From its inception, DCF’s Domestic Violence Consultation Initiative has been guided by the *Safe and Together* model. The *Safe and Together* model helps child welfare workers and others concerned about the impact of batterer’s behavior on children and families make better case decisions.
THE SAFE AND TOGETHER MODEL PRINCIPLES

In domestic violence cases:

- Children are ideally served when they can remain Safe and Together with the non-offending parent (the domestic violence survivor)
- Partnerships with the domestic violence survivors are the most effective and efficient way to promote the safety and well being of children in families with domestic violence.
- Partnerships with domestic violence survivors need to be based on a comprehensive assessment of their active efforts to promote the safety and well being of the children.
- Efforts focused on child safety and well being need to include interventions, whenever possible, with the domestic violence perpetrator.

SAFE AND TOGETHER MODEL CRITICAL COMPONENTS

These principles inform case decision making and lead to a focus on the following critical elements of a case:

- The batterer’s pattern of coercive control
- Specific behaviors the batterer has engaged in to harm the children.
- Full spectrum of the survivor’s efforts to promote the safety and well being of the children
- Adverse impact of the batterer’s behavior on the children
- Other factors including substance abuse, mental health, cultural and other socio-economic factors that may impact the domestic violence

Combined, the critical components and the principles, form the basis of domestic violence consultations and the trainings provided by the Domestic Violence Consultation Initiative.
CRITICAL COMPONENTS OF THE SAFE AND TOGETHER MODEL

- Batterer's Pattern of Coercive Control
- Batterer's Action to Harm Children
- Full Spectrum of Survivor's Efforts to Promote Safety and Well Being of Children
- Batterer's Adverse Impact on Children
- Substance Abuse, Mental Health, Culture, and Other Socio-Economic Factors
In child welfare cases involving domestic violence, supervision plays a critical role in determining the quality and consistency of case practice. The expectations of supervisors and managers, as expressed through their questions and directives, determine workers' priorities and areas of focus. Supervisors and managers make the critical decisions regarding case substantiation, transfer and removal. In domestic violence cases, it is the supervisor who decides whether a worker's assessment of the domestic violence perpetrator's threat to a child safety is complete. It is the supervisor who reviews the worker's discussion with the survivor regarding safety planning and the children's well-being. It is the supervisor who often decides whether a case will be opened and transferred. And managers are frequently involved in cases, providing feedback and direction.

In developing the training, the SSA drew on existing curriculum materials developed for workers and created new materials and activities specifically for the supervisors and managers. To ensure that the training was consistent with the existing training for supervisors, the SSA audited the training day on clinical supervision provided to new supervisors from the American Humane Association (AHA) Mastering the Art of Child Welfare Supervision training curriculum.

SUPERVISING DOMESTIC VIOLENCE CASES TRAINING CONSISTENT WITH NEW SUPERVISOR TRAINING

The Supervising Domestic Violence Cases training was designed with some key AHA themes in mind:

- Change is normal in institutions. Supervisors and managers are responsible for managing change.
- Clinical supervision involves case consultation and supporting personal awareness.
- The importance of a strengths based approach.

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2 While supervisors and managers have direct responsibility for the work of their child welfare staff, Area Resource Group consultants and attorneys play an important “supervisory” role as they provide guidance and set expectations for best practice.

3 The AHA training was developed and delivered by Marsha Salus, MSW.
• Review of narratives and direct observation as an important component of supervision.
• The ladder of inference as an important as a self awareness and critical thinking tool.
• The importance of maintaining a focus on the children, not just benchmarks.
• The importance of self awareness regarding personal boundaries and counter transference.

These themes were reinforced by various activities and material in the Supervising Domestic Violence Cases training. For example, the Safe and Together model’s focus on the survivor's efforts to promote the safety and well being of the children is consistent with a strengths based approach. An activity on common thinking errors made by workers draws upon the ladder of inference construct.

SUPERVISING DOMESTIC VIOLENCE CASES LEARNING OBJECTIVES

As a result of attending this training, the participants were expected to be better able to:

• Describe the key challenges facing supervisors in domestic violence cases.
• Discuss strategies for responding to workers' challenges in domestic violence cases.
• Describe supervision skills for improving worker assessment and treatment planning in domestic violence cases.

SUPERVISING DOMESTIC VIOLENCE CASES TRAINING TOPICS

The training addressed the following topic areas:

• A presentation of the Department's advances in domestic violence over the past few years
• A discussion of specific challenges posed by supervising domestic violence cases including concerns about domestic violence dynamics and workers' practice
• A presentation on the Safe and Together model
• An activity to promote a better understanding of survivor's
strengths particularly safety planning for themselves and their children

- Discussion of common thinking errors made by workers and strategies for addressing them in supervision
- Giving domestic violence specific directives to workers
- Addressing worker's attitudes/fears related to domestic violence cases

The training used a mixture of discussion, didactic presentation, and video clips. The training was one day for a total of 5.5 hours of instruction.

IMPLEMENTATION OF THE CURRICULUM |FOUR

Beginning in June 2008, the curriculum was delivered both at the DCF Training Academy and 6 Area Offices.\(^4\) \(^5\) The training was open to the following groups: supervisors; managers including Area Office Directors, Program Directors, and Program Supervisors; Area Resource Group staff; and Principal and Staff Attorneys. All of the trainings were delivered by David Mandel. Many of the trainings were co-trained by Malcolm Blue, the current Bridgeport Area Office Area Office Director. The local Area Office Domestic Violence Consultant was usually present for the trainings.

SURVEY QUESTIONS AND RESULTS |FIVE

To assess the effectiveness of the training the SSA developed a brief survey for the training participants. The survey was designed to measure:

- The participants’ observations of the impact of the training on their own supervisory practice.
- The participants’ observations of the impact of the training on their workers’ practice.

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\(^4\) The following Area Offices had trainings on site: Milford, Meriden, Danbury, Waterbury, Norwalk/Stamford, and New Haven. The Milford office was not included in the survey sample due to timing.

\(^5\) Area Offices who have not yet received the training will have the opportunity to participate in the training in the coming months.
The participants’ observations of how the information and skills provided in the training translated into different outcomes/decision making for families.


Participants’ general feedback about domestic violence cases and/or the Safe and Together model.

Participants’ thoughts about additional training needs and modalities.

The survey was web based. The training participants were emailed a link to the web page.

WHO RESPONDED?

88 participants were emailed. 36 participants answered the survey for a completion rate of 41%. The following table shows the composition of the group who completed the survey.

**Table 1: Positions of Respondents**

<table>
<thead>
<tr>
<th>Position</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigations Supervisor</td>
<td>3</td>
<td>8.33%</td>
</tr>
<tr>
<td>Treatment supervisors</td>
<td>7</td>
<td>19.44%</td>
</tr>
<tr>
<td>FASU supervisor</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adolescent supervisor</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Permanency supervisors</td>
<td>4</td>
<td>11.11%</td>
</tr>
<tr>
<td>Program Supervisor Investigations</td>
<td>1</td>
<td>2.78%</td>
</tr>
<tr>
<td>Program Supervisor Treatment</td>
<td>1</td>
<td>2.78%</td>
</tr>
<tr>
<td>Program Supervisor (Mixed caseload)</td>
<td>2</td>
<td>5.56%</td>
</tr>
<tr>
<td>ARG staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ARG supervisor</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attorney</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Program Director (Mental Health)</td>
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<td>2.78%</td>
</tr>
<tr>
<td>Program Director (CPS)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Area Office Director</td>
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<td>0</td>
</tr>
<tr>
<td>Other</td>
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<td>2.78%</td>
</tr>
<tr>
<td>No Position Identified</td>
<td>16</td>
<td>44.44%</td>
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HOW LONG BETWEEN THE TRAINING AND THE SURVEY?

Because the respondents attended the training on different dates the length of time between completing the training and answering the survey varied. The table below shows the distribution of the length of time from attending the training and completing the survey.

Table 2: Length of time between the training and the survey

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one month</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Between one and three months</td>
<td>12</td>
<td>33.33%</td>
</tr>
<tr>
<td>Between four and six months</td>
<td>10</td>
<td>27.78%</td>
</tr>
<tr>
<td>More than six months</td>
<td>13</td>
<td>36.11%</td>
</tr>
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</table>

SURVEY QUESTIONS AND ANSWERS

Comment on any changes to your supervisory/management/ARG practice in domestic violence cases as a result of attending the Safe and Together Supervising Domestic Violence training. (If none, please write “none.”)

Thirty three (33) out of thirty six (36) respondents answered this question. Out of those thirty three (33), twenty two (22) or 66% reported some specific positive change to their supervisory, ARG or management practice as a result of the training. Four (4) more reported a positive response to the training or on-going utilization of the Domestic Violence Consultants.

Some common themes were evident throughout the answers to this question: (1) improved and increased utilization of the Domestic Violence Consultants; (2) greater understanding of the dynamics of coercive control and its impact on the family; (3) increased understanding of survivors’ strengths and safety planning; and (4) more specific questions and directives to workers. Other items mentioned included changes in service agreements/specific steps for domestic violence perpetrators, and better documentation in investigations protocol. An Investigations Program Supervisor indicated that concepts from the training were generalizable to other cases and would improve his or her supervision in non-domestic violence cases as well.
Seven (7) or 21% of the respondents specifically referenced a change in the utilization of the Domestic Violence Consultants as a result of the training. The following is a selection of their comments:

“...staff is using DV consultant on a more frequent basis per supervisory consultation.”

“I have sat down with ...(the Domestic Violence Consultant)....to learn from them ways for the SWS/SW to provide better documentation in the protocols.”

“I feel better informed on what DV cases should be conferenced with ...(DV consultant) and what cases are not necessary.”

Many of the respondents referenced the themes of greater understanding of the dynamics of coercive control and its impact on the family as a result of attending the training:

“I am better able to understand a victim's safety planning and steps taken to protect the children, rather than assuming because they did (not) file an RO (Restraining Order), call the cops or leave they failed to protect the children.”

“I was able to gain more insight into my role supervising DV cases and understanding certain behaviors.”

“I think the training has made me even more sensitive to some of the dynamics of domestic violence such as the power of coercive control.”

“While I still struggle, I focus more on perp behaviors and removed “DV” from my thoughts.”

“It helps me to look at the victim's strengths and try to build on that.”

Many supervisors were translating the information into specific changes in their supervisory practice:

“(I) ask more specific questions regarding coercive control.”

“There is more of a discussion about the impact on children who are not physically present in the room, but may be in the home when an incident occurs...(and) more discussion/ consideration regarding investigating beyond the incident and of the ongoing violence that may be occurring in the home.”
“I now have the workers "expanding" on the language of their contacts with clients, i.e. "threatening" needs to be expanded to include what kind of threatening exactly...”

“The training has helped me with asking appropriate questions to my workers when we meet for supervision to get a better picture of the batterer and the family.”

Comment on changes in worker's practice as a result of your changes in supervisory/management/ARG practice from attending the Safe and Together Supervising Domestic Violence training. (If none, please write “none.”)

29 out 36 respondents answered this question with 18 out of 29 (62%) indicating positive changes in worker’s practice. Some of the positive changes were: 1) workers were more empathetic and supportive to domestic violence survivors 2) better assessment and information gathering practice and 3) improved utilization of the Domestic Violence Consultants.

The supervisors training led to workers’ increased empathy and active support as indicated by the following comments:

“(Workers are) more understanding, less apt to … (impose)... own code of ethics when working with families experiencing DV related issues…. (they) empower families rather that order them into decisions.”

“Helping to enable/empower the victim by advocating for the victim to receive benefits from the system vs. being re-victimized.”

“Sensitivity and flexibility more observable in workers.”

The supervisors also identified that the transfer of knowledge to their staff was increasing assessment and information gathering.

“I still struggle to implement this routinely in supervision, but I am getting better at making it common practice to ask more focused questions about the perp and victim's behaviors. I think when I do ask these types of questions it gets the worker thinking more openly as well.”

“Workers are taking the assessments in the field with them. They are recognizing signs of domestic violence more now than in the
past.”
“Workers are obtaining more in-depth information before consulting with DV specialists.”
“Workers know what questions to ask and know better safety planning.”
“I have had the workers use the Non-domestic violence tool more during their interviews.”
“Discussions regarding the cases have become more detailed as to the effect of violence on the children and the choices/options of victims.”
“Workers are making sure they ask questions of all parties, particularly the aggressor...”

The supervisors training also appeared improve the utilization of the domestic violence consultation process.

“Also, the importance of holding continued d/v consults with the appropriate staff...”
“Workers are using DV consultant to assist with difficult cases as well as follow through with court system to protect victims.”
“The workers outwardly voice their resistance to getting DV consultant involved. I stress the need for them to advocate and collaboratively work with the DV(consultant).”
“Most of the workers welcome the DV consultant to come with them. They have better knowledge of what to look for and questions to ask.”
“Better look at DV cases and consults with DV consultants.”

Beyond these reflections, supervisors identified themes that had been mentioned in earlier questions including better documentation and a move away from considering removal as the first response to domestic violence (“We are not so much looking at removal as a first option.”)

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6 Investigations staff utilize slightly different versions of the domestic violence investigations protocol depending on whether case presents as domestic violence or not. In this comment the supervisor is referencing the “Non-domestic violence” version of the protocol.
Specifically comment on changes in outcomes for families or case decision making that you believe have resulted from your attendance of the Safe and Together Supervising Domestic Violence training. (If none, please write “none.”)

30 out of 36 respondents answered this question. Out of those 30, 15 or 50% indicated some positive outcome for families as result of their utilization of information from the Safe and Together training. An additional 10% or 3 respondents offered other positive comments.

Some common themes in the answers to this question were: 1) increased ability to maintain children safely in the home leading to a reduction in out of home placements 2) referrals tailored to the needs of the family 3) more support for domestic violence survivors and 4) greater accountability for the domestic violence perpetrator. Answers to this question also included themes related to supervisory practice including a) transferring cases that might have been closed and b) better utilization of the Domestic Violence Consultants.

One of the most noteworthy responses to this question referred to specific changes in decision-making regarding maintaining children in the home due to the training.

“There have been less removals and more support/services provided to assist victim.”

“Prevented the removal of some children due to learning about using the Court to hold the batterer responsible.”

Respondents also indicated that referrals for services had become more targeted and appropriate.

“More appropriate referrals and safety planning. I am now able to address the specific pattern of control or behavior (s) that impacts safety and well being, rather than just making random referrals.”

“Better utilization of services in the office and outside the office.”

“Confronting the batterer and offer services so they can get help.”

“One of the most noteworthy responses to this question referred to specific changes in decision-making regarding maintaining children in the home due to the training.

“More apt to work with the family as a unit.”

One supervisor directly spoke to transferring the knowledge from the training to their workers.
“I provided the information to my workers, as well as the domestic violence assessment. The workers are using the information in their social work case practice.”

The Safe and Together theme of partnering with survivors in order to keep children safe was reflected in the following answer.

“Not making the non-offending parent the guilty party.”

Many of the answers reflected the possible need for further assessment of the impact of the training on family outcomes. 5 respondents provided some version of “not yet.” This was one of the answers:

“Too early to assess outcome for families, but with case decision, I have spelled out the behaviors, which is more helpful to measure.”

Some other respondents, for example 2 out of 4 permanency supervisors, indicated that they didn’t see the result of the training on outcomes for families as they had a small or non-existent domestic violence case load.

Comment on any changes related to your or your staff's collaboration with the Domestic Violence Consultant in your office since attending the Safe and Together Supervising Domestic Violence training. (If none, please write “none.”)

29 out of 36 respondents answered this question with 9 of those 29 (31%) indicated specific changes to their staff’s collaboration with the Domestic Violence Consultants. 11 more (38%) indicated an already existing positive collaboration with their Domestic Violence Consultant. As a subtheme, some supervisors identified a more targeted and thoughtful use of the domestic violence consultants. The other respondents shared a variety of responses including that their consultant was out on maternity leave or the question was not applicable.

The following is a sample of the respondents who indicated a positive change in collaboration with the Domestic Violence Consultant as a result of the training.

“Increased collaborative consultation by about 80 %.”

“It resulted in more use of, collaboration with and understanding of follow up tasks as a result of the training.”
“We are changing the way we look at cases. Being more detailed in our assessments.”

“Workers are having more consults but only after they have obtained the information helping them to assess whether a domestic violence incident has occurred.”

“There are more consults after the workers have obtained information from the families.”

The following is a sample of the responses indicating an existing positive collaboration with the Domestic Violence Consultants.

“We have always had a good working relationship with our consultant, perhaps the information being given to her at this time is more detailed than before.”

“This probably has not changed much since we use them regularly and often for consultation.”

Comment on any current concerns or questions that are arising for you regarding domestic violence cases, social work practice regarding domestic violence and/or the Safe and Together model. (If none, please write “none.”)

29 out of 36 respondents answered this question. 19 out of the 29 (66%) indicated that they had no questions or concerns regarding domestic violence cases, social work practice and/or the Safe and Together model. The respondents who did share a question or concern had no questions and concerns regarding the Safe and Together model. The following are what they shared:

“The need for additional training for workers regarding engagement and meeting the client where the client is. It appears difficult for the worker to see the situation the victim(s) find themselves in. They don't understand why the victim join(s) with the perpetrator as oppose to holding the perpetrator responsible for his actions.”

“Still getting a lot of resistance from staff and/or supervisors when trying to work with family as a unit. Change is very difficult for most and is much more work than following the old standards. However, small changes are occurring and will become a productive improvement as time goes on.”

“Getting a client to open up with the Dept. when there are
concerns of dv but nothing that has been documented whether by police, DCF or the Court…”

“There appears to be an increase in DV cases as of late.”

“What are the best services for batterers?”

“I think workers should be attending this training every 3 to 6 months to refresh their knowledge and to empower them in dealing more effectively with domestic violence cases.”

“I am concerned that supervisors don’t know enough about DV and what the dynamics are that effect decisions made both in the family and outside the family.”

“SW seems to not refer to DV consultant if there had been a consult in the past. I find that these case need to be an ongoing collaborative relationship with SW and DV consultant. Cases that were opened at least 5 years ago seem to have missed the DV consultant intervention due to the ownership that the SW has to the case with a superficial understanding of the case. Children who are raised in these DV environments are being referred to JJ (Juvenile Justice) rather than mental health (PTSD) and or survival mode.”

“My concern is that we cannot stay involved with each and every case involving domestic violence, although we may feel obligated to. I feel that we would be more comfortable closing cases if we knew that there were reliable services assisting these families.”

Please indicate any additional areas of training you are interested in regarding domestic violence cases. (If none, please write “none.”)

27 out of 36 respondents answered this question. Out of those 27 only 6 (21%) indicated that they had no interest or need for additional training in domestic violence currently. A few of the key themes identified for further training included: 1) working with resistant clients 2) collaboration and 3) intervention with batterers. The following are all the answers provided by the other respondents.

“Domestic violence involving sexual abuse.”

“Navigating the court system as well as advocating for victims of dv.”

“I think refresher courses would be helpful, skills / techniques to
be more confident and comfortable with the non traditional safety planning and eventually more advanced direction in managing these cases.”

“Further training on understanding the perpetrator and the victim.”

“Domestic Violence crisis management.”

“There should be joint training with police departments so both police and DCF are able to work together to address issues of domestic violence. Workers should be trained in how to work collaboratively with the families when the individuals are refusing services. SW should be provided with in-depth information as how to work with the family's resistance to DCF.”

“Workers should be trained more on how to work with families who are resistant to DCF intervention. Workers should learn more about utilizing police and courts in addressing the problems.”

“More training on the effect on children and services.”

“More trainings at the Academy of how it effects children and also ways to deal with the batterer would be helpful.”

“How to deal with the batterer and where do we find resources to refer the clients for services.”

“What do family and couple's counselors do with these issues?”

“How to work with clients who are in denial that they are involved in physically or verbally abusive relationships.”

“Lobbying for law changes to better advocate for these children and getting the abuser behind bars and seeing the victim parent as needing assistance. Preparing worker for removal and those ramifications within a home where there is DV. DV Protocol 101. Building a team with your DV consultant. Countertransference within a DV dynamic. Over identifying with victims, anger towards Victim parent, heightened anxiety and avoidance with abuser, etc.”

“More training on engaging/interviewing batterers would be helpful.”

“Staff needs to be aware that although overt impact on children may not be present there may and often are risk and safety factors that still need to be addressed and not minimized.”

“Perhaps training regarding specifics of language and negative impact info that would help towards the substantiation process as
well as conversations about decisions for supervisors to substantiate / transfer the case or not due to safety factors.”

“Focus on the impact of domestic violence through generations of the family.”

“On-going trends within the state and information on services that are successful in assisting victims and batterers.”

“How to approach from a legal perspective.”

“I would be interested in taking a case from inception to end with all of the interventions in between, from the initiator if the violence to the unwilling to report victim.”

“More DV training.”

Please indicate your preferred method for improving your skills related to supervising/managing domestic violence cases: (indicate top three in order of preference)

The respondents were asked to prioritize their preferred method of improving their skills related to supervising/managing domestic violence cases. The choices were training, group supervision, one on one in person coaching and one on one phone coaching. The top choice was training and the top combined first and second choices were group supervision. The following charts show the breakdown of the respondent answers.

Chart 1: First choice for preferred method of improving skills

![First Choice Responses]

- Training
- Group supervision (in person)
- One on one coaching (in person)
- One on one coaching (phone)
- Not interested in any of the above
Chart 2: Combined 1st & 2nd choice for preferred method of improving skills

Both First & Second Choice Responses

- Training
- Group supervision (in person)
- One on one coaching (in person)
- One on one coaching (phone)
- Not interested in any of the above

Chart 3: 1st, 2nd and combined choices for preferred method of improving skills

First, Second, & Both Preferences for Training

Bar chart showing preferences for training methods:
- Training
- Group supervision (in person)
- One on one coaching (in person)
- One on one coaching (phone)
- Not interested in any of the above
The survey results appear to demonstrate the respondents believe that the *Supervising Domestic Violence* Cases curriculum leads to improvements in practice and outcomes consistent with the mission of child welfare and the *Safe and Together* model. A significant percentage of the respondents identified positive changes in their supervisory practice leading to changes in their workers’ practice. These changes appear to have positive impact on the utilization of the Domestic Violence Consultants and most importantly outcomes for families.

The response patterns to questions regarding supervisory and worker practice and outcomes for families are consistent with the principles and critical components of *Safe and Together* model. Respondents’ answers regarding greater sensitivity to dynamics of coercive control and understanding of survivor’s decision making are consistent with the case practice outcomes for families like fewer removals of children from domestic violence survivors and more appropriate referrals for services.

The survey results also appeared to the support the idea that training for supervisors and managers can improve the effectiveness and efficiency of their workers and utilization of resources like the Domestic Violence Consultants. Taken as a whole the responses to a number of the questions indicate that targeted training and support for supervisors and managers appears to be an extremely efficient way to improve overall child welfare practice. One of things unique about this training was that it was specifically tailored to the roles and responsibilities of supervisors and managers. The transfer of knowledge was likely to have been facilitated by the relevant domains such as concerns about workers practice, information to help evaluate the quality of workers’ assessment skills, critical thinking and biases, and examples of directives and questions to use in their supervisory conferences.

The context for the training may have also contributed to the positive results identified in the survey. The training is occurring in the context of the Department’s explicit and demonstrated commitment to improve practice related to domestic violence. In many ways the funding of the Domestic Violence Consultants is a tangible statement that the Department believes that competency in domestic violence is central to its mission of child safety and well-being. The feedback from many of the respondents that they were using the information from the training to
change their and their worker’s practice is likely informed by their awareness of the shift in Department culture regarding domestic violence.

The *Safe and Together* model also provides a clear and unifying message regarding domestic violence. Almost every one of the supervisors and managers attending the training had already been exposed to the *Safe and Together* model through the activities of the Domestic Violence Consultants in their offices. The domestic violence consultation note format, the consultation process and the participation of the Domestic Violence Consultants in various meetings and teams provided the training participants a strong foundation for learning and reinforcement after the training was completed. While not measured specifically measured in the survey, the comments indicate that the Domestic Violence Consultants are a crucial and often used resource for the supervisors and managers as well as frontline caseworkers.

The key limitations of this survey rest primarily with the potential response bias and also with the lack of resources to objectively measure changes in supervisory and worker practice and outcomes for families. It is not readily apparent if the respondents who chose to respond represent a skewed sample. The ability to objectively measure how the training impacted practice and outcomes, while outside the scope of this report, remains a worthwhile area of interest.

**NEXT STEPS | SEVEN**

The positive results support continuing collaborative efforts of the Training Academy, the Statewide Services Administrator and the social work staff. The current plan is to 1) continue providing this training until all current Area Office supervisors and managers have completed it 2) add the same curriculum day to the current training for new supervisors and 3) develop a 2-3 day certification training for supervisors who want to specialize in domestic violence or learn more for purposes of professional development.
ABOUT THE STATEWIDE SERVICE ADMINISTRATOR

David Mandel, MA, LPC has been working in the domestic field for over 20 years. David writes, trains and consults nationally on improving systems' responses to domestic violence when children are involved, and batterer accountability and change. He is currently overseeing a statewide network of domestic violence consultants for the Connecticut Department of Children and Families and assisting Florida's Department of Children and Families to improve its response to domestic violence. His chapter on “Batterers and the Lives of Their Children” was recently published in the Praeger Perspectives series Violence Against Women in Families and Relationships. His Safe and Together blog can be found at endingviolence.com/blog.

David has extensive experience improving the response of child protection agencies to domestic violence. He has worked with New York City's Administration for Children Services, various US Greenbook federal demonstration sites and other jurisdictions to improve outcomes for children in families where batterer's behavior is a concern. In addition to national research on batterer's perceptions of their children's exposure to their violence, David has developed a series of public awareness and outreach posters designed to shift cultural attitudes about domestic violence. He has written a forty-hour curriculum, entitled Dedication, which is being used to train all new batterer intervention providers in Texas. He has also written a curriculum for working fathers entitled Being Connected and co-authored a batterer intervention program manual.

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