Step 1: Describing the Perpetrator’s Pattern of Coercive Control and Actions Taken to Harm the Children (1st & 2nd Critical Components)

- List the specific behaviors related to the perpetrator’s pattern of behavior on a separate piece of paper/white board.

- Also list what is unknown about his behavior as well. Develop a plan for gathering information to fill significant gaps.

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1 Types of behavior
Include violence, threats, intimidation, financial, emotional and sexual abuse, undermining the other person’s parenting, using children as weapons against the other person. Physical and emotional abuse and neglect of children are part of this pattern as well. Include violent behavior and threatening behavior to others outside the family in this list including gang involvement, behaviors towards interveners (police, CPS workers), other violent criminal behavior, sanctioned violence as part of work/career e.g. martial arts, military service, law enforcement.

Scope of information
Consider the following related to scope of information: Full range of behaviors during presenting incident: Before, during and after; Pattern in current relationship; Behaviors in prior relationships; Other relevant behavior, e.g. violence in other settings; Indirect and direct actions towards children includes both abuse and neglect.

Sources of information
Consider the following related to sources of information: Child welfare records; Criminal background check; Interviews: Adult Survivor, Child Survivor, Perpetrator; Collateral contacts: Family, Friends, Providers, Adult Probation/Court.

2 What is not known about the perpetrator’s pattern? What’s most important to learn? What is the plan to gather this information?
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Step 2: Evaluate the significance of this information for worker safety

- Are there any indicators of danger to worker’s physical safety from the perpetrator?³

No ☐  Yes ☐  Unknown ☐  More information needed ☐

If, yes, what are those indicators? If yes, develop safety plan for worker’s involvement with the family.

³ Things to consider:
- Does the perpetrator have any known history of threatening or harming others outside the family?
  - Response to law enforcement & CPS
- What does the adult survivor say about his likely reaction to CPS involvement?
- Is the situation escalating?
  - Have threats or violence increased in severity or frequency?
  - Has there been a recent separation? If so, is there any reason to believe the perpetrator believes CPS is responsible for this separation?
- Does the perpetrator own or have access to weapons?
Step 3: Mapping the perpetrator’s pattern onto the child safety and risk

- Does the perpetrator’s behavior pattern represent a threat to child physical safety?
  
  No ☐  Yes ☐  Unknown ☐  More information needed ☐

- Has the perpetrator’s behavior interfered with the children’s basic needs being met?
  
  No ☐  Yes ☐  Unknown ☐  More information needed ☐

- Does it appear that the perpetrator’s behavior pattern has caused or exacerbated trauma related issues for the children?
  
  No ☐  Yes ☐  Unknown ☐  More information needed ☐

- Has the perpetrator’s pattern created significant disruptions in the children’s educational and relationships with family and friends?
  
  No ☐  Yes ☐  Unknown ☐  More information needed ☐

Develop a plan for getting more information for any question in Step 3 that was answered “More Information Needed:”

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4 Things to consider: Child safety and risk assessment

- Physical safety
  - Physical abuse of children: Has the perpetrator physically abused these children? other children?
    - Violence or threats of violence towards partner that create child safety concerns, e.g. driving dangerously
    - Neglect that creates safety issues: Has the perpetrator’s behavior led to the children being placed in unsafe situations e.g. left alone for long periods of time without supervision.
  - Interference with basic needs being met
    - Interference with partner’s parenting: Has the perpetrator’s coercive control interfered with the other parent’s ability to discipline, guide, care for the children?
    - Impact on immediate and overall functioning and stability of household, e.g. safe, stable housing or educational disruptions
    - Interference with food, medical care: Has the perpetrator patterned interfered with adequate food and/or medical care?

- Connecting children’s emotional, behavioral and other issues to perpetrator’s behavior
  - Trauma related symptoms and issues
    - Aggression
    - Depression
    - Developmental delays
  - Educational and social problems related to violence leading to relocation
  - Disruption in relationship with extended family
Step 4: Enhancing the partnership with the adult survivor using perpetrator mapping

Answer the following questions:

- Using the perpetrator’s pattern as a starting point, list the ways the adult survivor has actively worked to promote the safety and well-being of the children.

- Specifically describe the statements that can be made to validate the adult survivor’s protective efforts and talk to her, in a non-blaming way, about next steps related to child safety and well-being.

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5 Contextualizing adult survivor decision-making: We cannot understand the adult survivor’s decision making, particularly her protective efforts and safety planning without understanding the perpetrator’s behavior. Statements can be made to her like: "I’m assuming you’ve been taking steps to make things better/keep yourself and your children safe in the face of your partner’s behavior. I want to learn more about these efforts.” Building a meaningful and effective partnership with adult domestic violence survivor are built on an understanding of the perpetrator’s pattern. Building a partnership with the adult survivor requires the ability to identify the perpetrator’s behavior, not her behavior and choices nor the relationship as the source of the child welfare concern. This foundation allows you address child safety and risk without blaming the adult survivor and is more likely to lead to collaboration: "Given that we've seen no change in his pattern, we remain concerned for you and your children." "It's not fair but given that he remains dangerous and we've tried everything in our power to address his behavior with him, we want to work with you to develop a plan that keeps you and your children safe.”
**Step 5: Engagement and case planning with the perpetrator**

- Perpetrator’s level of acknowledgment of pattern of behavior
  - None  Low  Medium  High

- Perpetrator’s level of taking responsibility for pattern of behavior
  - None  Low  Medium  High

- Does the case/safety plan identify specific behavior change goals for the perpetrator?
  - No ☐  Yes ☐

Has information about the perpetrator’s pattern been provided to the relevant service providers?

- Children’s Service Providers  No ☐  Yes ☐  N/A ☐
- Adult Survivor’s Providers  No ☐  Yes ☐  N/A ☐
- Perpetrator’s Providers  No ☐  Yes ☐  N/A ☐

What sources of information are being used to evaluate perpetrator behavior change? (check all that apply)

- Substance Abuse Provider  No ☐  Yes ☐  N/A ☐
- Mental Health Provider  No ☐  Yes ☐  N/A ☐
- Batterer Intervention Program  No ☐  Yes ☐  N/A ☐
- Adult Probation/Criminal Court  No ☐  Yes ☐  N/A ☐

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6 One of the main areas of focus in interviewing and critical for any family centered practice approach: Can he talk about what he did? What is his understanding of the impact on his children, partners, himself, family functioning? What is he willing to do to change this behavior and address its impact on the family? (Levels of acknowledgment and responsibility)

Case planning should focus on setting behavioral case planning goals for the perpetrator. Case plans should describe what expected to be different in perpetrator behavior. The identified pattern of behavior forms the baseline for change and services help support behavior change. Some changes do not require a service, e.g. maintain utilities for children’s home. Information sharing about perpetrator’s pattern with providers can enhance effectiveness of treatment. Providers need information about perpetrator’s pattern from child welfare for accurate assessment, treatment and progress reporting.

The perpetrator’s behavior pattern is needed to measure change. In addition to reports from the provider, child welfare should use information from provider, family members to assess behavior change.
• Interview with Adult Survivor No ☐ Yes ☐ N/A ☐
• Interview with Children No ☐ Yes ☐ N/A ☐
• Interview (others) No ☐ Yes ☐ N/A ☐

**Step 6: Practice**

**Answer the following questions:**

• **The case was opened because of ______________________________.**
  We have/will file(d) neglect petitions because of ______________________________.

• **How does information around the perpetrator’s pattern impact any issues related to his mental health and substance abuse treatment?**

• **Were the domestic violence case decisions (e.g. opening or closing the case, decision to file petitions, decision to remove, etc.) made based primarily on the perpetrator’s pattern:**
  No ☐ Yes ☐ If no, what needs to change in the decision making?:

• **Is the perpetrator’s pattern outlined in case planning meetings and in supervision?**
  No ☐ Yes ☐

• **Is the perpetrator’s pattern clearly documented in the case file?**
  No ☐ Yes ☐

• **For any neglect filings, has the behavior pattern and its impact on the children been clearly outlined?**
  No ☐ Yes ☐
Step 7: Safety and Confidentiality

Answer the following questions:

• Has the worker been transparent with adult survivor and children about limits of confidentiality/plans to protect information?
  No ☐ Yes ☐

• Has the worker asked the adult survivor to help assess the impact child welfare involvement will have on her and the children's safety?
  No ☐ Yes ☐

• Is information that might increase danger/sabotage safety plans been clearly marked in the case record?
  No ☐ Yes ☐

• Has the worker safety planned with the adult survivor about how to minimize the negative impact of the intervention with the perpetrator?
  No ☐ Yes ☐