

# Where is your child welfare system on the Domestic Violence-Informed Continuum?

Every child welfare system is somewhere between “domestic violence destructive” and “domestic violence proficient.” Answering the following quiz may give you insight into where your child welfare system stands on the Domestic Violence-Informed Continuum. (It may be useful to watch [this video](#) or review this handout before you complete this quiz.) If this survey interests you, you may also find our Domestic Violence-Informed Child Welfare organizational assessment tools and processes helpful for your agency and system to more thoroughly determine where it stands on the journey to becoming more domestic violence-informed.

**1. How often is family assessment based on an expansive and comprehensive view of the connection between the domestic violence perpetrator behavior pattern and child/family functioning, e.g. how do perpetrator’s patterns contribute to housing and economic instability, or exacerbate existing substance abuse and trauma issues?**

**Never, Seldom, Sometimes, Often, Always, I don’t know**

*Ideally you want to answer this question with “Often” or “Always”*

Child welfare has primarily approached the nexus between domestic violence perpetrator behavior and child safety and wellbeing through an important but narrow lens: physical danger and trauma. These concerns are often associated with immediate consequences of physical violence and often require children to be in immediate proximity to the violence for domestic violence to be labeled a child welfare concern. While this lens is critical, it often misses the chronic impact of a wide range of controlling and abusive behaviors, and the longer term impact of physical violence on child and family functioning. In “domestic violence neglectful” and “destructive” systems, this limited nexus, reinforced with gender double standards, creates practice where abusive fathers are rarely held accountable for the damage they do to overall child and family functioning. Perpetrators frequently cause, exacerbate and interfere with the recovery from a range of problems including substance abuse, mental health issues and housing instability. Domestic violence-informed child welfare practice asks and answers the question: What is the relationship between the domestic violence perpetrator’s pattern of behavior and other family and child issues?

**2. How often does your child welfare system set the same level of parenting expectations for fathers as for mothers?**

**Never, Seldom, Sometimes, Often, Always, I don’t know**

*Ideally you want to answer this question with “Often” or “Always”*

While both men and women can be violent and controlling and abuse children, and domestic violence can occur in heterosexual and same sex relationships, child welfare systems must address the double standard in parenting expectations of men and women if it wants to become domestic violence-informed. In the past, a gender double standard was embedded in a “failure to protect” approach. This usually meant that domestic violence survivors, who were mothers, were held responsible for their partner’s choice to get abusive. This meant that even when it’s the father’s violence that is the source of the concern for the children, the family assessment provided a limited picture of the harm done by his behavior and set limited or no expectations for his change. In many cases, the perpetrator’s choice led to a greater scrutiny of the mother’s choices than it did of the perpetrating father’s choices. In a domestic violence-informed child welfare system, equal emphasis is placed on engaging mothers and fathers; documentation reflects how the father’s choices related to violence, employment, relationships, education, substance abuse, mental health and parenting impact the family functioning; assessments related to domestic violence tell a holistic story of how the perpetrator’s behavior has impacted the family functioning across all domains; and fathers are valued and held to high expectations around change. Training, policy, practice, supervision, forms, and funding of community resources support and reflect this approach.

**3. How often does your child welfare agency make meaningful attempts to engage domestic violence perpetrators around their abusive behavior?**

**Never, Seldom, Sometimes, Often, Always, I don’t know**

*Ideally you want to answer this question with “Often” or “Always”*

One of the hallmarks of domestic violence-informed child welfare practice is a focus on perpetrator patterns and seeing perpetrators’ behavior as the foundational source of the risk and safety concerns presented by domestic violence. One part of a perpetrator pattern-based approach is developing agency capacity to support meaningful engagement with domestic violence perpetrators. This usually involves providing staff with sufficient training around interviewing, engagement and assessment of perpetrators; expectations from supervisors and other managers that engagement of perpetrators is expected on a routine basis; policies and protocols that support engagement of perpetrators; and support systems for dealing with the secondary trauma and burnout associated with working with perpetrators. Most of all, it requires an agency culture that values work with fathers, appreciates the negative and positive impact fathers can have on families and sets similar expectations for fathers as parents as it does for mothers. Without building these into the child welfare system, it is much more likely that the agency will engage in “domestic violence destructive” practice by focusing heavily on the adult survivor and insisting she make changes that (impossibly) guarantee the perpetrator *will not* get violent again. It also means that court action is more likely to focus on the adult survivor and that services will be focused, heavily or exclusively, on her as well.

**4. How comprehensive are agency and community practices for intervening with domestic violence perpetrators as parents?**

**Not at all, A little, Somewhat, Very, I don't know**

*Ideally you want your answer to be "Very"*

In "domestic violence destructive" through "pre-competent" systems, the range of interventions with domestic violence perpetrators is often limited or none. In addition to be able to find and engage domestic violence perpetrators around their behavior pattern, domestic violence-informed systems need to have a clear and robust intervention practices. Strong documentation of the perpetrator's pattern of behavior and its impact on child and family functioning is the foundation for behavior focused case plans. These plans might include agreements to not to engage in further physical violence, emotional abuse or threats. It might include returning a car needed to get the children to school, paying for groceries or maintaining the utility payments. In domestic violence-informed system these case plan goals are seen as a natural part of the child welfare focus on a parent's responsibilities to support his children's basic needs being met. Interventions may include a referral to batterer intervention program or joint meeting with his probation officer to go over the expectations of child welfare and the conditions of probation. If the danger level was high enough, it might involve teaming the case with law enforcement and the prosecutor. These and other steps all can be considered "reasonable" efforts to prevent a removal, or to speed the return of child who has been removed.

**5. How often do domestic violence-related neglect petitions clearly articulate the perpetrator's pattern of behavior, not the survivor's decision-making, as the source of the safety and risk concerns for the children?**

**Never, Seldom, Sometimes, Often, Always, I don't know**

*Ideally you want to answer this question with "Often" or "Always"*

When neglect petitions need to address domestic violence, domestic violence-informed practice dictates that the concern should be framed around how the perpetrator's pattern of behavior is creating risk and safety concerns for the child. This is much different than indicating that the concern is the "couple's history of domestic violence incidents" or something that suggests shared responsibility for the domestic violence. This extends to practice that focuses on the couple remaining together as the reason for the petition. It is the perpetrator's pattern of coercive control and actions taken to harm the children that should be identified as the source of the risk and safety concerns for the child related to the domestic violence. Domestic violence-informed neglect filings describe how the perpetrator's choices and behavior have impacted child and family functioning. This could include trauma effects but may also be extended to a wide range of neglect related issues such as housing instability, interference with the other person's parenting or recovery from substance abuse. Nothing about this approach to domestic violence precludes identifying, when relevant, the adult survivor's substance abuse or physical abuse as an additional abuse or neglect issue. These are not mutually exclusive.

**6. How often does your child welfare agency require that the domestic violence victim demonstrate protective capacity by ending the relationship, calling the police or getting a stay away order?**

**Never, Seldom, Sometimes, Often, Always, I don't know**

*Ideally you want to answer this question with "Never" or "Seldom"*

In recent years, child welfare agencies have leaned heavily on separation, calling the police or getting a stay away order as a measure of an adult survivor's commitment to protecting her children. It has been used as the yardstick of a survivor's understanding of the harm domestic violence perpetrators are doing to children. These practices are strongly associated with "domestic violence destructive" child welfare systems. "Domestic violence destructive" practices, by definition, increase the harm to families by forcing them to make choices that increase risk of more abuse and/or isolate them further from assistance. Separation, calling the police and getting a stay away order are **some of the options that sometimes** can increase safety and wellbeing. The problem occurs when systems use them as the standard to measure protective capacity in all domestic violence survivors. Automatically assuming these are the right options is poor, and potentially dangerous, child welfare practice. Child-centered domestic violence-informed child welfare practice assesses whether this specific family with this specific perpetrator in this specific cultural and socio-economic context will be better off taking those actions. And in a domestic violence-informed system, where workers are partnering with the adult survivor, her input into the effectiveness of this effort will be given significant weight.

Ideally child welfare agencies shouldn't treat these actions as requirements, but options that may be more or less helpful case-to-case based on the perpetrator's pattern, the family's cultural and economic situation, the protective capacity of the survivor, and other key factors. To be domestic violence-informed and to also work within clients' culture and socio-economic context, the focus of case work should be on enhancing safety and wellbeing as the goal of the interventions. Ending the relationship or families separating may be a step that achieves that goal for some families but should never be seen as the goal of the work. Steps toward safety and wellbeing that don't involve separation, ending the relationship or calling the police should be recognized as just as valid.

**7. How often is the practice of partnering with adult survivor around the safety and well-being of their children well articulated and supported?**

**Never, Seldom, Sometimes, Often, Always, I don't know**

*Ideally you want to answer this question with "Often" or "Always"*

Partnering with the adult domestic violence survivor is one the critical tools that child welfare has to work toward safety and wellbeing for children impacted by domestic violence perpetrator behavior. In a domestic violence-informed system this practice principle is clearly articulated in policy and supported at every level of the organization. Partnerships with adult survivors start when they introduce to the adult survivor the reason why their agency is involved with the family in a perpetrator focused manner. It continues when they comprehensively identify adult survivors strengths and protective capacity and validate everything she is doing to promote

safety and well being of the children in the face of the violence. It includes documenting those strengths so they can be understood by the next worker, supervisors, managers and agency legal staff. It involves working collaboratively with the adult survivor to develop a safety plan for her and the child. These are some the concrete steps associated with partnering behavior on the part of child welfare. In domestic violence-informed system these steps are supported throughout the system by supervisors, managers and leadership.

**8. What percentage of domestic violence-related child welfare training time is spent focused on perpetrators, their pattern of behavior and its impact on child and family functioning?**

**10%, 25%, 50%, 75%, 100%**

Ideally your answer is 25% to 50%

Domestic violence-informed child welfare training for child welfare workers and their community partners includes a strong focus on perpetrators and their patterns. This type of training is child-centered, articulating the nexus between the perpetrator's behavior and child safety and wellbeing. Domestic violence child welfare assessment training includes teaching how perpetrators create danger of physical harm and also disrupt normal child development and healthy family functioning. It ties together perpetrator's patterns with substance abuse, mental health and other issues by teaching how perpetrator's create these issues, exacerbate pre-existing issues and interfere with recovery and treatment efforts. It teaches how to engage perpetrators safely and effectively and how to address their other needs, such as substance abuse treatment or employment issues, without losing sight of the need to end the violence, abuse and control. When all this is combined with the importance of case planning with perpetrators, coordination with courts and the need for education around appropriate treatment interventions, it's clear that domestic violence-informed training should spend a significant amount of time on the source of the risk: the perpetrator.

**9. Is domestic violence expert case consultation (through co-located advocates, domestic violence specialists, domestic violence consultants, etc) available to child welfare workers?**

**Yes very available , Yes it exists but not utilized and/or conveniently available, Yes it exists but is not targeted enough to the needs of child welfare workers, No doesn't exist in our area**

*Ideally you want to answer "Yes very available"*

Domestic violence cases represent some of the most challenging cases that child welfare systems face. Domestic violence is highly correlated with critical incidents and child deaths. These cases are often very emotionally challenging for workers, some of whom have domestic violence in their own family backgrounds and/or may be experiencing domestic violence in their own lives. Because domestic violence is rarely taught in a significant way in social work and other programs, and there is no specific professional certification in domestic violence similar to

substance abuse and mental health specialties, communities and agencies often lack domestic violence expertise in their frontline, supervisory and management staff. One way to compensate for this is to create a domestic violence specialist position that provides specialized case consultation, coaching and training. Domestic violence specialists can provide in-depth knowledge of domestic violence dynamics, model interviewing skills and make recommendations on case practice. Then can coach workers, helping them to develop their own skills to work with adult survivors, perpetrators and children.

**10. Does child welfare fund domestic violence-specific services in your area?**

**No, A little, Some, A lot, I don't know**

*Ideally you want your answer to be "Some" or "A lot"*

Domestic violence-informed child welfare systems understand the value of domestic violence specific programming and are willing to pay for those services. This includes funding traditional domestic violence advocacy programs that provide shelter, support groups for adults and children, legal advocacy and other wrap-around advocacy and case management services. These services are often critical to child safety and wellbeing and are often not recognized for what they do to help avoid out of home placements. For example, legal advocacy for adult survivors often includes support for how to prevent unsafe child contact with the domestic violence perpetrator. These services not only help families but can also help child welfare systems save thousands of dollars in foster care related costs. Domestic violence advocates can aid child welfare in understanding the value of their programming by describing how their work with adult and child survivors helps promote child safety and wellbeing. Additionally, domestic violence-informed child welfare systems want perpetrator intervention programs that focus on the safety and wellbeing of children as well as the adult survivor. This type of programming emphasizes the connection between the treatment of adult survivors and good parenting, the wellbeing of children as a positive motivation for change, the improvement of a perpetrator's parenting and co-parenting, as well as cessation of all violence, abuse and control. Programs like these, along with fatherhood programming that articulates respectful treatment of partners as part of the definition of a good dad, can be an invaluable resource for child welfare. Finally, domestic violence specific programming for children that addresses their needs to heal from trauma, and that are developmentally and culturally appropriate, can be a key resource for child welfare as well.

**11. What training do key community child welfare providers (parenting programs, family preservation, substance abuse, mental health, home visiting) receive related to domestic violence?**

**None, A little, Some, Significant, Comprehensive, I don't know**

*Ideally you want your answer to be "Significant" or "Comprehensive"*

As differential response becomes more the norm, domestic violence-informed child welfare systems need to look at the domestic violence expertise in the provider or NGO sector. In addition to the domestic violence specific programming, it is also important that the family services, substance abuse and mental health agencies funded and used by child welfare have

the necessary training and experience working with domestic violence. Many of these general family service agencies are working with families with significant histories of domestic violence. These agencies should be expected to demonstrate a minimum level of staff training and also domestic violence-informed policy and practice guidance such as screening tools, safety and confidentiality protocols, and guidance about when to refer out and/or continue to work in-house. Substance abuse and mental health programs need to be thinking about how they will work with multi-issue families that are experiencing domestic violence. For example, this means having a standard protocol for assessing whether someone who has been diagnosed with a trauma-related diagnosis is still currently experiencing any safety related threats. It can also mean assessing a client for any barriers to successful completion of treatment which might include a partner who is interfering with access to transportation as a means of control.

**12. How much domestic violence-specific training or background do the majority of evaluators/Guardians ad litem/CASAs have?**

**None, A little, Some, Significant, Comprehensive, I don't know**

*Ideally you want your answer to be "Significant" or "Comprehensive"*

Courts can depend heavily on evaluators, GALs, and CASAs for input into their decision making. Many of these professionals have little to no domestic violence-informed child training. Having this expertise is critical to provide the right information to support good judicial decision making. Domestic violence-informed child welfare systems support their evaluators and child advocates around being able to look at the issue through a perpetrator pattern, child-centered, survivor strength-based lens. This will ensure that what is brought in front of the judge is most focused on what they need to know to make decisions.

**13. How comprehensive is the data collected and reported on the relationship between domestic violence and time in care, repeat maltreatments, removals and other key outcomes?**

**Not at all, A little, Somewhat, Very, I don't know**

*Ideally you want your answer to be "Very"*

A domestic violence-informed child welfare system accurately records the presence of domestic violence on their child welfare caseload, using a standardized comprehensive definition and multiple collection points. The presence of domestic violence can then be correlated with significant outcomes like length of time in placement, repeat maltreatments and other priorities. This can help with planning, resource development and training.

**14. How much training has agency and community leadership received on creating domestic violence-informed child welfare systems?**

**None, A little, Some, Significant, Comprehensive, I don't know**

*Ideally your answer is "Significant" or "Comprehensive"*

Just like creating when systems work to become culturally competent or trauma-informed, the creation of truly domestic violence-informed systems required educated leaders. Training

frontline staff in a perpetrator pattern based approach will not lead to a true shift in practice if workers do not believe they will be supported by managers. The move away from “failure to protect” and other “domestic violence destructive” practices requires strong, clear leadership from the top. Agency and community leaders need to understand how a perpetrator pattern approach may help with wider goals such as reducing out of home placements or reducing the overrepresentation of children of color in foster care. Upper management decisions about allocation of resources, staffing, crisis management, community wide leadership and collaboration will be enhanced when grounded in firm articulated commitment to a perpetrator pattern, child-centered, survivor strength based approach to the intersection of domestic violence and children.

**15. What is the likelihood that a domestic violence survivor (adult or child) would see the child welfare system as being on their side?**

**Not likely, A little likely, Somewhat likely, Very likely, Certain, I don't know**

*Ideally you want your answer to be “Certain”*

When domestic violence survivors can answer this, it means a system is domestic violence-informed and will be reducing the impact of perpetrators' behaviors on children and families.