

Guide for Integrating the Safe and Together Model, FCADV's Child Protection Investigations Project, and Florida's Safety Methodology

Mapping the Safe and Together Model Critical Components on the Six Domains of the Safety Methodology *Safe and Together™ Model*

	Maltreatment	Circumstances	Child Functioning	Adult Functioning ¹	Parenting	Discipline
Coercive control & actions to harm children (1st & 2nd Critical Components)	<p>When domestic violence is the reason for the hotline call: Use the following questions to guide information gathered in this domain:</p> <ul style="list-style-type: none"> During the alleged domestic violence incident, what was the perpetrator's pattern of coercive control and actions taken to harm the child? What has been the immediate physical, emotional and behavioral impact of the perpetrator's behavior on the child? <p>To ensure accurate assessment, safety planning and partnership with the family, <u>the domestic violence perpetrator should be identified as the sole source of the maltreatment related to the domestic violence.</u>²</p> <p>When domestic violence is not the reason for the hotline call: Other maltreatments such as bone fracture, sexual abuse, and inadequate supervision may be perpetrated by a caregiver who is abusive to the adult partner, and therefore part of their overall pattern of abuse. Using a lens that focuses on how domestic violence perpetrators directly or indirectly harm children will allow the best understanding of the maltreatment. More over maltreatment perpetrated by an adult domestic violence survivor may be the direct or indirect result of the domestic violence.³</p>	<p>When domestic violence is not the reason for the hotline call: Answer the following questions:</p> <ul style="list-style-type: none"> Are there indicators of the perpetration of patterns of coercive control, including actions taken to harm the child? If there are indicators, how are these patterns relevant to the reported maltreatment and family functioning? <p>When there is a prior history of documented domestic violence perpetration by caregiver: Answer the following question: What are the connections between any prior documented incidences of domestic violence?</p> <ul style="list-style-type: none"> Is coercive control currently occurring but not the reason for the referral? Is the perpetrator, whether in the home or not, still negatively influencing the family functioning through fear and intimidation or other forms of control? How has the prior domestic violence perpetration effected current family functioning? For example, have the mother and child have been forced to live in a homeless shelter because they have fled the domestic violence. <p>When domestic violence is the reason for the hotline call: Use the following questions to guide information gathered in this domain:</p> <ul style="list-style-type: none"> What is the perpetrator's overall pattern of coercive control and actions taken to harm the child? How have these behaviors manifested over time? How has prior, more severe violence impacted the current situation? What does the perpetrator say about the violence and abuse? How does their justification and explanation help us understand the extent of their control and their pattern of abuse? How do the circumstances of the abuse help us understand and further our assessment of the family functioning? For example, if this incident of physical violence targeted the caregiver's contact with her family, what else can we learn about how the perpetrator sabotages contact with family and perhaps other outside contact, including schools and medical providers? <hr/> <p>The Safe and Together model offers a clear focus on the broader pattern of the perpetrator's pattern including the intent behind the abuse, the behaviors leading up to the abuse, actions and statements of responsibility for the abuse, and prior abuse in this and other relationships. In the circumstances section you can include broader themes like jealousy, interference with outside relationships,</p>	<p>When domestic violence is the reason for the hotline call: What has been the overall impact of the perpetrator's on-going behavior pattern on the child across multiple domains?</p> <p>It is important to consider the following incident-based harm such as physical injury and emotional trauma and more chronic impact such as disruption in housing, family functioning, academic performance, social relationships, and healthy behavior and development.</p> <p>When domestic violence is not the reason for the referral, answer the following question: Could current or prior exposure to the domestic violence perpetrator's behavior explain any of the concerns related to the child functioning?</p> <p>When there is no identified domestic violence in the current referral or in the history: Can any of the current concerns in the child's functioning be caused by unidentified domestic violence?</p> <ul style="list-style-type: none"> For example, could a child's aggression be the results of domestic violence? Could a child's academic and/or social issues be connected to frequent moves, or other potential consequences of domestic violence? <hr/> <p>As it relates to domestic violence as a factor, the meaningful completion of this domain requires the ability to connect what is known from the first two domains about the perpetrator's pattern of coercive control and actions taken to harm the child and the child's daily functioning. For example, without an understanding of the domestic violence perpetrator's overall pattern of behavior, it will be more difficult to link a child's current academic and behavioral issues with the recent escalating, threatening (but non-violent behavior) of a caregiver. It will also be harder to tie basic needs and care issues, like housing stability and access to appropriate medical care, to the perpetrator's behavior without an understanding of the pattern which might have led to multiple housing moves, loss of employment and other things that would affect a child's basic needs and functioning.</p>	<p>When there is an identified domestic violence perpetrator, how might their current or prior abusive behavior be connected to the current adult functioning of the perpetrator:</p> <ul style="list-style-type: none"> Employment: Has the domestic violence perpetrator lost his job as result of his violence and abuse? Social Functioning: Who is part of the support and kinship network of the domestic violence perpetrator? Do members of his support or kinship network provide support for positive change or not? What is the history of damage to social and family relationships created by the perpetrator's violence? Criminal behavior: Is the domestic violence part of larger pattern of anti-social or criminal behavior? If so, does this increased risk and danger? Day to day functioning: Are there cognitive, mental health or substance abuse concerns? If they are present are they associated with increased risk and danger? Housing/homelessness: Has the domestic violence led to housing instability or homelessness? Is the perpetrator dependent on the adult survivor for housing? Is our assessment of adult functioning of the perpetrator considering how the perpetrator's choices are outside the cultural and social norms, and are indicative of poor problem solving and judgment? <p>For the domestic violence survivor how might the perpetrator's behavior (current or prior) be causing and/or exacerbating issues with current adult functioning:</p> <ul style="list-style-type: none"> Have the perpetrator's behaviors contributed to any of the survivor's housing instability, employment issues or other financial issues? If so how? Have the perpetrator's behaviors caused and/or exacerbated any of the survivor's substance abuse and/or trauma related mental health issues? If so how? Have the perpetrator's behaviors undermined any of the survivor's recovery or treatment efforts? Have the perpetrator's behaviors contributed to the disruption of the survivor's social and kinship support networks? <p>When there is no identified domestic violence in the current referral or in the history: Can any of the current concerns in the adult functioning be caused by unidentified domestic violence?</p> <ul style="list-style-type: none"> For example, could an adult's employment issue be the result of domestic violence? Could an adult's housing issues or frequent moves be a consequence of domestic violence? <hr/> <p><i>Core to the assessment of the domestic violence perpetrator as parent is the ability and willingness to treat the other parent</i></p>	<p>When there is an identified domestic violence perpetrator, how might their current or prior abuse be connected to the current adult parenting of the perpetrator:</p> <ul style="list-style-type: none"> How does the domestic violence perpetrator support the overall safety and well being of the child, including basic and emotional needs? In what ways has the domestic violence perpetrator's behavior weakened their own relationship with the child? How has the child's warmth and feelings toward the perpetrator changed as result of their behavior? Has the perpetrator's pattern of behavior led to the child being overly compliant or alternatively oppositional to the caregiver? What is the perpetrator's overall involvement with taking care of the child's basic needs including, feeding, bathing, medical care? How does the perpetrator support or hinder the child's academic success? How does the domestic violence perpetrator's behavior support or undermine the other caregiver's parenting abilities? How does the domestic violence perpetrator's behavior interfere with the relationship between the other caregiver and the child? Does the perpetrator's needs overshadow the needs of the child? <p>For the domestic violence survivor how might the perpetrator's behavior (current or prior) be causing and/or exacerbating current parental functioning issues:</p> <ul style="list-style-type: none"> When there are parenting issues with the adult survivor, it is important to understand how the perpetrator's past and present behavior may be influencing the survivor's parenting? Has the perpetrator turned the child against the adult survivor? What is the influence of the perpetrator who is no longer in the home? How have financial control and/or sabotage of outside relationships interfered with the adult survivors parenting? What is known about the survivor's parenting prior to the perpetrator's involvement in the family or when not present in the home? Have the survivor's protective efforts been so successfully that the child does not understand why the survivor and perpetrator are no longer together? <p>When there is no identified domestic violence in the current referral or in the history: Can any of the current concerns in the adult parenting be caused by unidentified domestic violence?</p> <hr/> <p><i>Core to the assessment of the domestic violence perpetrator as parent is the ability and willingness to treat the other parent</i></p>	<p>When there is an identified domestic violence perpetrator, how might their current or prior abuse be connected to the current parental disciplining of the perpetrator:</p> <p>What are the implications for the disciplinary approach of each caregiver of the perpetrator's pattern of coercive control and actions used to harm the child</p> <ul style="list-style-type: none"> Does the perpetrator engage in rigid and harsh discipline? Does the perpetrator use discipline that is inappropriate for the ages and stage of development for the child in the home? How does the perpetrator of domestic violence respond to specific resistance or defiance of the child in the home? Does the perpetrator undermine or reverse the appropriate discipline of the other caregiver? Does the perpetrator engage in physical discipline of child? Is this appropriate and safe? <p>For the domestic violence survivor, how might the perpetrator's behavior (current or prior) be causing and/or exacerbating current parental disciplining issues?</p> <ul style="list-style-type: none"> How much does fear of the domestic violence perpetrator's reaction to the child's behavior influence the adult survivor's disciplining decisions? Is the survivor harsher or stricter because of fear of the perpetrator's response? Is the survivor more lenient because she wants to make up for the perpetrator's harsh parenting/disciplining? How much does the perpetrator interfere with the survivor's ability to effectively discipline the child? What has the perpetrator done to undermine the adult survivor's authority with the child? <p>When there is no identified domestic violence in the current referral or in the history: Can any of the current concerns with discipline be caused by unidentified domestic violence?</p> <hr/> <p><i>Core to the assessment of the domestic violence perpetrator as a parent is the ability and willingness to treat the other parent with respect and to support their parenting and their relationship with the children.</i></p> <hr/> <p>These issues are similar to those outlined in the Parenting domain. In domestic violence cases, the meaningful completion of this domain would specifically look for ways the domestic violence perpetrator has, through behavior patterns, negatively shaped the disciplinary approach of the adult survivor? Basic questions in this domain include: "Does the domestic violence perpetrator support the adult survivor's disciplinary</p>

¹ In cases with current or historical domestic violence perpetration, this domain provides another opportunity to look for the perpetrator's pattern of behavior. Domestic violence perpetrators are diverse in their appearance of overall function. Some domestic violence perpetrators appear very functional in all domains of their life except for their violence and abuse towards their family. Other perpetrators may have multiple issues such as substance abuse or mental diagnoses or wider criminal behavior. From the perspective of a safety and risk assessment, one important question is "How does the perpetrator overall functioning affect his dangerousness?" For example, for a domestic violence perpetrator who is also an alcoholic: is he more dangerous when he is drinking? Does his abuse escalate or subside when he is sober? This domain also provides the opportunity to look for signs and symptoms of trauma or other indicators in adults that might indicate unidentified domestic violence victimization. Issues such as substance abuse or the apparent inability to keep a job or stable housing may be the indicators of an abusive partner. A meaningful assessment of this domain will seek to identify and describe the role any prior or current unidentified domestic violence may be having on adult survivor's daily functioning, e.g. not permitted to control household budget or use the car.

*At the same time, prior domestic violence victimization in one or more relationships does not automatically indicate the presence of general relationship or mental health issues. From a perpetrator pattern-based, survivors' strengths-based approach, it is very important to understand the adult survivor's strengths, protective capacities and decision making in the face of the perpetrator's pattern as part of good assessment of any of the domains including parental functioning.

*Because domestic violence perpetrator's patterns often continue to be impactful even when they are not in the home or after a relationship ends, it is very important to assess the adult functioning of a perpetrator who may be incarcerated, out of the home on an injunction or separated/divorced.

² **There may be other maltreatment attributable to the domestic violence survivor. The definition of coercive control ("power and control") ensures that the assessment of the impact of the perpetrator's behavior on the child is broader than just "Was the child physically harmed?" or "Did her or she see or hear the incident?" The Safe and Together model also encourages an integrated, holistic look at the perpetrator's pattern: the domestic violence perpetrator's behaviors almost always directly and indirectly involve, target and impact the child.**

³ This doesn't mean that the domestic violence survivor is not charged with a type of maltreatment when the specific facts to the maltreatment warrant it. Domestic violence survivors should not be charged for failure to protect because of the domestic violence.

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		<p>undermining parenting, financial control and interfering with the other caregiver’s relationship with children. Factors that impact the perpetrator’s overall dangerousness can be included here including military or other training to use violence; violence during pregnancy, history of sexual assault, use of weapons, prior threats to kill or harm; threats or history of taking a child. Additionally, social and cultural factors that might help the perpetrator avoid consequences are relevant here as well.</p>		<p>*Related to the gender responsive nature of the Safe and Together model, it is important to consciously bring attention to, and describe how, a male caregiver’s overall functioning impacts his parenting ability and the overall household environment for the child.</p>	<p><i>with respect and to support their parenting and their relationship with the children.</i></p> <hr/> <p>In domestic violence cases, the meaningful completion of this domain involves identifying and describing how the domestic violence perpetrator’s pattern of behavior effects their own parenting relationship and the parenting of the other caregiver. In order to be gender responsive and accurate in our assessments, we need to ask both these questions. We also need to ensure that we are actively seeking to examine the male caregiver’s parenting role and their indirect impact on the parenting of their partner. For example, in a situation where there has been domestic violence, a series of missed doctor’s appointments might not mean the failure of the primary caregiver, but might be an indicator of control over transportation or other behaviors disruptive of the household functioning. We also ask basic questions like “Has the perpetrator’s behavior pattern made meeting the child’s emotional and other needs easier or harder?” For example, for a child who requires medication to control ADHD, we would want to know if the perpetrator is being supportive, negative or neutral about the child receiving medication. A gender responsive approach requires conscious attention to a male caregiver’s role in the basic parenting of the child; otherwise social expectations will often lead us to attribute the negative (or positive) impact of the male caregiver to the female caregiver.</p> <p>Similarly, the Safe and Together model’s gender responsive approach to assessing parenting capacity also involves documenting both the heroic protective efforts of domestic violence survivors (injunctions, fleeing, separation and divorce, calling law enforcement) and the day-to-day efforts associated with nurturing, caring for and stabilizing a child who is being impacted by a perpetrator’s behavior. This means ensuring that every day normal activities such as making sure that the child is fed regularly and is medically tended to is documented in the context of the perpetrator’s behavior. For example, this might be written like “Despite the perpetrator’s decision to take the family car when he was ordered out of the home, mother has been able to maintain the child’s routine, including weekly doctor’s appointments, through a network of friends and family.</p> <p>As in the other domains, when there is no identified history of domestic violence it is important to look for indicators of coercive control such as an authoritarian parenting style. A gender responsive approach suggests that another indicator of unidentified domestic violence may be the presence of a marginalized female caregiver. While a marginalized female caregiver may be the result of other factors such as substance abuse, this situation can result from a pattern of undermining the female caregiver by an abusive partner.</p>	<p>choices?” “Does the adult domestic violence survivor make decisions to protect the child from the abusive discipline of the perpetrator?” “How does the fear of the domestic violence perpetrator’s reaction to a child’s mistakes or failure to listen affect the household functioning?”</p> <p>The adult survivor’s disciplinary approaches may be shaped by the domestic violence perpetrator’s pattern in several ways. If the domestic violence survivor has been traumatized by the violence, this may result in difficulties regulating emotional responses and impulsive behavior. Also the domestic violence perpetrator’s pattern may result in developmental delays, aggression, or difficult or high risk behavior on the part of the child. The domestic violence perpetrator may even encourage defiant or disobedient behavior (even when not in the home). The response to these tactics of domestic violence needs to be contextualized in light of the perpetrator’s behaviors.</p> <p>Since this domain highlights a wide range of parenting strategies to address child behavioral issues and the broader role of teaching and guiding a child, it is an ideal domain for assessing and documenting the following: What kind of role model is the domestic violence perpetrator for the child? Does the perpetrator’s parenting including manipulation that split children from one another, e.g. favoring one child over another, and/or splitting a child from the other caregiver. It is not uncommon for a domestic violence perpetrator to use both fear and rewards to control family members.</p>
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<p>Survivor's Protective Efforts (3rd Critical Component)</p>	<p>When domestic violence is the reason for the hotline call: Describe specifically what was done to manage child safety and well being before, during and after the incident. Make sure you use a comprehensive lens and give survivors credit for day to day actions.</p> <ul style="list-style-type: none"> What basic care activities by the adult survivor were occurring prior and during the incident? What were the adult survivor's specific strategies to minimize, reduce, and prevent the event from occurring? What did the adult survivor do during the incident to reduce the physical and emotional danger to the child? After the incident, what did the adult survivor do to take care of the physical and emotional needs of the child? <p>In this area you need to make sure that protective efforts are contextualized to the situation and that the survivor's efforts are valued for what was possible before, during or after the incident versus the ultimate outcomes of the incident which would be the sole responsibility of the perpetrator.</p>	<p>When domestic violence is the reason for the hotline call: Assess for long term patterns of care, and management of safety and well being.</p> <ul style="list-style-type: none"> What does the adult survivor do day to day to maintain the child's well being? What is the adult survivor's day to day strategy to address the safety of the child? In response to the abuse, what major life choices has the adult survivor made in order to promote the safety and well being of the child? How does the adult survivor's behavior support the healing of the child from trauma? How does the adult survivor's behavior provide day to day stability and nurturance for the child? <p>As with all assessment of protective efforts, the assessment needs to be comprehensive. A domestic violence survivor's continuing relationship with a perpetrator, unwillingness or inability to call law enforcement or get an injunction does not mean she has not engaged in significant and meaningful protective efforts.</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: What has been the influence of the adult survivor's protective efforts on the child's functioning across the domains of functioning? In essence what is the nexus between the survivor's efforts and the functioning of the child?</p> <ul style="list-style-type: none"> What information can be documented about the connection between the adult survivor's pattern of protective efforts and the positive functioning of the child? <p>In many cases with domestic violence, the children are functioning well in some or all areas of their life. This is often the result of the adult domestic violence survivor's and other people's protective efforts.</p> <p>In this, as in all areas, the protective efforts need to be evaluated by a standard that values the survivor's day to day efforts and considered in the context of what is reasonable and possible given the perpetrator's pattern of control. For example, many survivors support their children to maintain contact with extended family but some can't because it has become difficult or dangerous because of the perpetrator's behavior.</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: How has the adult survivor managed to maintain adult functioning despite the violence?</p> <ul style="list-style-type: none"> What information can be documented to describe how the perpetrator has interfered with the survivor's adult functioning? What was survivor's adult functioning in key areas prior to violence and abuse? How does the survivor function when the perpetrator is not a factor in her decision making? How are we making a strengths-based, contextualized assessment of the survivor's problem solving, judgment, self-care, self preservation, and stress management abilities? <p>It is imperative to start this conversation about domestic violence survivors and adult functioning from a strengths-based perspective. Many domestic violence survivors will demonstrate significant skills around problem solving, stress management, impulse control and other key domains of adult functioning. Because domestic violence exists from the choices of the perpetrator and not the adult survivor, the starting point needs to be that the survivor may not have any adult functioning issues except for being the target of a perpetrator's abuse. This is the best starting point for an assessment of adult functioning for domestic violence survivors. Once the survivor's strengths are identified, they can be contextualized in the ways that the perpetrator's behavior may have comprised her adult functioning. For example, it's important to see that an adult survivor might have the skills and desire to work but not be allowed to because of the perpetrator's control. Similarly, it would be important to understand when the adult survivor's depression and anxiety was related to the perpetrator's behavior. It is also important to be able to identify issues of functioning that existed prior to the current domestic violence. For example, some adult survivor's have pre-existing substance abuse and/or mental health problems.</p> <p>While it is important to see the specific nature of the domestic violence perpetrator's behavior and to see it as a parenting choice, it is also important to be able to articulate the significance of that behavior for overall adult functioning as well.</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: How has the adult survivor managed to maintain parenting despite the violence?</p> <ul style="list-style-type: none"> What are the adult survivor's day to day parenting responsibilities including meeting the child's basic care needs? What information can we document to describe how the perpetrator has interfered with the adult survivor's parenting? What was adult survivor's parenting in key areas prior to violence and abuse? How does the adult survivor function as a parent when the perpetrator is no longer a factor in her decision making? How are we making a strengths-based, contextualized assessment of the survivor's care of the child, satisfaction of being a caregiver, skill level and parenting style, and protectiveness factors? <p>Domestic violence perpetrator's behavior can have tremendous influence over a partner's parenting. It may lead to more lenient parenting as an effort to compensate for the harsh parenting of the perpetrator or it may lead to more harsh discipline in order protect the child from worse consequences from the perpetrator. The perpetrator's control over finances or social environment may force a survivor into criminal behavior to make sure that the child's basic needs are being met or the perpetrator's tactics may deny her the natural respite support of relatives that she would access except for his control over her and the child. It is bad practice to assess the adult survivor's parenting without assessing for the perpetrator's influence over it.</p> <p>It is important to be able to look at the perpetrator's pattern and its impact on the overall family functioning to understand the parenting of the adult survivor. For example, when the perpetrator uses a child as a spy or turns them emotionally against his partner, how does that affect her parenting?</p> <p>Gender responsiveness plays a critical role here in order to ensure that mothers are getting full credit for all their day to day basic care efforts as part of the assessment of their parenting.</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: How has the managed to maintain her healthy discipline despite the violence?</p> <ul style="list-style-type: none"> Where can we describe how the perpetrator has interfered with the adult survivor's disciplining? What was adult survivor's discipline in key areas prior to violence and abuse? How does the adult survivor discipline when the perpetrator is not a factor in her decision making? How are we making a strengths based, contextualized assessment of an adult survivor's disciplining and behavior management? <p>Similar to the parental and adult functioning it is very important to start with strengths-based approach to assessing an adult survivor's discipline and behavior management. Domestic violence perpetrator's behavior can have tremendous influence over a partner's discipline and behavior management. It is bad practice to assess the adult survivor's discipline and behavior management without assessing for the perpetrator's influence over it.</p> <p>It is important to be able to look at each of the perpetrator's patterns and its impact on the overall family functioning to get a clear picture of the discipline and behavior management of the adult survivor. For example, when the perpetrator's choice to expose the child to the abuse leads to academic and behavioral issues with the child, how does this control limit or shape the survivor's options to address these issues? It is often unsafe and/ineffective to address these issues in a family therapy setting because unless the perpetrator is willing to take responsibility for their behavior. What if the perpetrator is also undercutting the survivor's efforts to set up structure and routine? How would this effect her behavior management?</p>
<p>Impact of Perpetrator's Pattern on Children (4th Critical Component)</p>	<p>When domestic violence is the reason for the hotline call: The strongest documentation will make clear the nexus between the perpetrator's behavior and its impact on the child. Examples of this might include:</p> <ul style="list-style-type: none"> "The step-father's attempted strangulation of Charlie's mother produced extreme fear for her life as evidenced by his call to the police and the statement that he was worried that his stepfather was going to kill his mother." "Because of Charlie's fear for his mother's safety, he didn't want to go to school the next day." <p>Good documentation of the impact the maltreatment has on the child will record each of the perpetrator's behaviors during the incident and look for connections that may support the symptoms and condition of the child. A picture of the child's symptoms and impact might include assessing the following:</p> <ul style="list-style-type: none"> What was interference in the normal daily family routine by the perpetrator's behaviors and the 	<p>When domestic violence is present in the hotline call or present in the history of the family: The documentation should seek to make clear the nexus between the overall perpetrator's pattern of behavior and its medium and long term impact on the child. This would include looking at the nexus between the perpetrator's behavior beyond immediate trauma to other domains of child's functioning such as academic performance or safe housing.</p> <p>In domestic violence cases, the meaningful completion of this domain requires the ability to connect what is known from the first two domains about the perpetrator's pattern of coercive control and actions taken to harm the child and the child's daily functioning. For example, without a picture of the domestic violence perpetrator's overall pattern of behavior, it will be more difficult to link a child's current academic and behavioral issues with the recent escalating, threatening, but non-violent behavior, of a caregiver. It will also be harder to tie basic needs and care issues, like housing stability and access to appropriate medical care, to the</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: What has been the overall impact of the perpetrator's pattern of coercive control and actions to the child across all domains of the child's functioning? This needs to be examined from an age and developmental stage perspective.</p> <ul style="list-style-type: none"> How has the domestic violence perpetrator's behavior pattern interfered with the child's normal healthy development? For a young child, has the coercive control interfered with their basic care needs being met including medical needs and child care needs? For a school age child, how has the perpetrator's behavior impacted their emotional responses, their behavior within and outside of their family, and their academic performance? Has the coercive control interfered with the child's relationship with relatives or friends? As a result of the perpetrator's behavior, has the child's sense of 	<p>When domestic violence is present in the hotline call or present in the history of the family: What is the impact of the perpetrator's adult functioning on the child?</p> <p>Recognizing the three dimensionality of the perpetrator is important when assessing this domain. The adult functioning of domestic violence perpetrators varies widely. Some are engaged in anti-social behavior and others are very involved with the community and civic activity. Some have issues with substance abuse and others do not. Some have emotional and cognitive issues and others do not.</p> <p>Positive adult functioning of a perpetrator can have multiple effects on a child. Father's regular employment can be source of stability and strength for a child and at the same time it could be mechanism for economic control. For example, in a situation where the domestic violence perpetrator has undermined the adult functioning of the other caregiver while maintaining his own economic functioning can be used as threat to keep the adult survivor in the</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: What is impact of the perpetrator's parenting on the children?</p> <p>Understanding the three dimensionality of the perpetrator is important when assessing this domain. The overall parenting of domestic violence perpetrators varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other person's parenting, and interfering with the other caregiver's relationship with the child. Some perpetrators are not engaged in the parenting of their child whereas others might be coaching the child's sports team. Some are not at all invested in the child and others are highly invested. Some have not identified with a parenting role and others are strongly identified with a parenting role.</p> <p>Positive parenting by a perpetrator can have multiple effects on a child. A parent's</p>	<p>When domestic violence is present in the hotline call or present in the history of the family: What is the impact of the perpetrator's discipline on the children?</p> <p>Similar to the adult functioning and parenting, in this domain, the three dimensionality of the perpetrator is important. The overall discipline of domestic violence perpetrators varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other persons parenting, and interfering with the other caregiver's relationship with the child. Some perpetrators are not engaged in the disciplining of their child and others might do all of it.</p> <p>Any positive healthy discipline and behavior management by the perpetrator must be integrated with the overall pattern of behavior. For example, some domestic violence perpetrators marginalize their partner's role with the child and take over all the parenting and</p>

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	<p>subsequent events e.g. arrival of the police or seeking shelter?</p> <ul style="list-style-type: none"> How did the child's fear or other emotional state manifest in behavior at the time and immediately afterwards? What was the impact of any verbal statements made by the perpetrator before during and after the incident? For example, assaults with verbal threats to kill might be more frightening? What was the immediate post violence traumatic impact on the child's sleep, eating, mood, and ability to function? 	<p>perpetrator's behavior without an understanding of the pattern which might have led to multiple housing moves, loss of employment and other things that could affect a child's basic needs and functioning.</p>	<p>home being a safe stable environment been compromised?</p> <ul style="list-style-type: none"> Is the potential role of the perpetrator's behavior being factored into any diagnosis or other issues identified in the child's behavior, mood or development? Has the domestic violence perpetrator interfered the implementation or recommendations of medical professionals or therapists for the treatment of the child's physical or emotional condition? <p>To fully assess the impact of the domestic violence perpetrator's impact on child functioning, there needs to be a "multiple pathways to harm" framework. The focus on the physical danger and traumatic impact of the incident of violence needs to be expanded to include the following questions:</p> <ul style="list-style-type: none"> How is the child's functioning being impacted by the perpetrator's influence over the adult survivor's adult functioning, parenting and discipline? How has the perpetrator's pattern influenced the family functioning by impacting housing, employment and other areas that shape the child's academic, financial and social needs? <p>Good documentation in this domain articulates the nexus between the perpetrator's behavior and the impact on the child. The following gives an example of how this can be accomplished :</p> <ul style="list-style-type: none"> "Because of father's multiple physical assaults against mother, the family has been dislocated three times in the last four years. Twice the mother fled to a domestic violence shelter to protect the children from more violence, once the family was evicted because of the perpetrator's violence and another time, through stalking behaviors, he located the family who had been living in safe stable housing and forced them to move in with his family. As a result of these behaviors by the perpetrator, the children have lost significant time in school (20 days last year), been forced to change schools once and have gone from being high performing students to being on academic probation. One of the children has been suspended for fighting at the most recent school." 	<p>relationship e.g. "If you leave me I'll get full custody of the children because you can't support them."</p> <p>As it relates to how the perpetrator impacts the child through impacting the survivor's adult functioning there is great variability as well. One of the principal pathways to harming a child for a perpetrator is through their control and abuse of the child's other parent. As indicated above it is important to contextualize the adult survivor's functioning.</p>	<p>regular involvement in the life a child can be source of stability and strength for that child and at the same time it could be a source of confusion, grief and loss. For example a child can experience confusion if the same person who takes them to sporting activities and on family outings, also abuses the other parent.</p> <p>As it relates to how the perpetrator impacts the children through impacting the survivor's adult functioning there is great variability as well. One of the principal pathways to harming a child for a perpetrator is through their control and abuse of the child's other parent. As indicated above it is important to contextualize the adult survivor's parenting.</p>	<p>discipline. While some of the specific behavior management techniques might be positive, the assessment would not be complete if it didn't include the broader context of control and marginalization of the other parent.</p> <p>As it relates to how the perpetrator impacts the child through impacting the survivor's adult functioning there is great variability as well. One of the principal pathways to harming a child for a perpetrator is through their control and abuse of the child's other parent. As indicated above it is important to contextualize the adult survivor's parenting.</p>
<p>Substance abuse, mental health, culture, other (5th Critical Component)</p>	<p>When domestic violence is the reason for the hotline call: Are substance abuse, mental health issues, culture, other socio economic issues or other information significant to the maltreatment?</p> <ul style="list-style-type: none"> Was the perpetrator drinking or using other drugs at the time of the incident? Did that use escalate the fear and/or the level of harm? Did the perpetrator' training and/or experience with weapons, martial arts, military service, or gang involvement increase the level of fear and/or harm during the incident? Is the perpetrator involved with a profession or a have a position in the community that would make family members more afraid to access resources or fearful that outside involvement would escalate the situation? Are there cultural or socio-economic factors that make the adult and child survivors more vulnerable, e.g. immigration status, language barriers, physical disability, cultural and religious 	<p>When domestic violence is present in the hotline call or present in the history of the family: Are substance abuse, mental health issues, culture, other socio economic issues or other information significant to the circumstances around the maltreatment?</p> <ul style="list-style-type: none"> How has the perpetrator's drinking or using other drugs over time impacted the family functioning and levels of fear and control? For example, while a perpetrator may not become violent every time he drinks, the family may get scared of the potential for violence every time the perpetrator drinks. Does the perpetrator use violence and abuse to facilitate access to money for drugs and alcohol? Does the perpetrator use violence and control to deflect questions about the consequences of substance use? How has the perpetrator's standing in the community increased the isolation of the family from resources? 	<p>When domestic violence is present in the hotline call or present in the history of the family: How does the child's functioning intersect with these other issues?</p> <p>Domestic violence intersects with issues of race, class, gender, immigration status, religion, substance abuse, mental health as well as an entire range of other issues. Child functioning is shaped by all these things. Consider the following possible intersections as examples of a wide range of factors:</p> <ul style="list-style-type: none"> A gay or transgendered child who's parent is a domestic violence perpetrator who is homophobic and has rigid gender expectations may be targeted for abuse in the family. A mother who is undocumented and partnered with a citizen or legal immigrant may be very susceptible to threats of being deported if there is a call to the police. A child's delinquency or substance abuse issues may become the 	<p>When domestic violence is present in the hotline call or present in the history of the family: How does the overall intersection of the domestic violence and other factors shape adult functioning?</p> <p>Racism and other forms of discrimination can increase the negative overall assessment of a domestic violence perpetrator. For example, our overall assessment of a domestic violence perpetrator who is poor or a person of color is likely to be more negative than someone who comes from a higher socio-economic status or is Caucasian. The behavior focus of the Safe and Together model requires an articulation of the specific behaviors related to the domestic violence, making it less likely that assessment will be biased by cultural, racial or economic stereotypes.</p> <p>Similarly the assessment of the adult functioning of the survivor can be influenced by the racism, homophobia or other forms of discrimination.</p> <ul style="list-style-type: none"> Is the perpetrator playing on racial or gender stereotypes to increase 	<p>When domestic violence is present in the hotline call or present in the history of the family: How does the overall intersection of the domestic violence and other factors shape parenting?</p> <p>Racism and other forms of discrimination can increase the negative overall assessment of domestic violence perpetrator. For example, our overall assessment of a domestic violence perpetrator who is poor or a person of color is likely to be more negative than someone who comes from a higher socio-economic status or is Caucasian. The behavior focus of the Safe and Together model requires an articulation of the specific behaviors related to the domestic violence, making it less likely that assessment will be biased by cultural, racial or economic stereotypes.</p> <p>Similarly the assessment of the parenting of the survivor can be influenced by the racism, homophobia or other forms of discrimination.</p> <ul style="list-style-type: none"> Is the perpetrator playing on racial or gender stereotypes to increase 	<p>When domestic violence is present in the hotline call or present in the history of the family: How does the overall intersection of the domestic violence and other factors shape discipline?</p> <p>Racism and other forms of discrimination can increase the negative overall assessment of domestic violence perpetrator. For example, our overall assessment of a domestic violence perpetrator who is poor or a person of color is likely to be more negative than someone who comes from a higher socio-economic status or is Caucasian. The behavior focus of the Safe and Together model requires an articulation of the specific behaviors related to the domestic violence making it less likely that assessment will be biased by cultural, racial or economic stereotypes.</p> <ul style="list-style-type: none"> Similarly the assessment of the discipline by the survivor can be influenced by the racism, homophobia or other forms of discrimination. Is the perpetrator playing on racial or gender

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	<p>beliefs, medical condition, criminal history, being part of historically discriminated against group, substance abuse and/or mental health history?</p> <ul style="list-style-type: none"> Is there an economic imbalance between the perpetrator and the adult survivor that allows for more control? Do the perpetrator's family and/or community tolerate and/or enable the control? What aspects of the cultural, community or family relationships support the adult survivor's protective efforts? Did the perpetrator use race, gender, or sexual orientation as a tactic of abuse? 	<ul style="list-style-type: none"> Is the perpetrator' training or experience with weapons, martial arts, military service, or gang involvement associated with fears about accessing law enforcement or related to limitations of incarceration or other interventions to improve the situation? Are there cultural or socio-economic factors that make the adult and child survivors more vulnerable, e.g. immigration status, language barriers, physical disability, cultural and religious beliefs, medical condition, criminal history, being a member of a group that has been historically discriminated against, or having a substance abuse or mental health history? Is there a racial, gender, sexual orientation aspect to the overall pattern of coercive control? Is there an economic imbalance between the perpetrator and the adult survivor that allows for more control? Does the perpetrator's family or community tolerate or enable the control? What aspects of the cultural, community or family relationships support the adult survivor's protective efforts? 	<p>identified issue instead of the perpetrator's chronic domestic violence.</p> <ul style="list-style-type: none"> In affluent, privileged families a child may have reason to hide the abuse to protect the family image. <p>Racism, classism and other forms of oppression and discrimination intersects with a child's functioning as it relates to perpetrator behavior. For example, the education system may respond differently to an African-American male who is acting aggressive in school because of his father's violence than a Caucasian male. Service options to address traumatic responses may be different based on neighborhood, economic status and race. Cultural values about therapy and other outside interventions may also shape child functioning.</p>	<p>their control over the adult survivor?</p> <ul style="list-style-type: none"> Are service providers and others taking an overly pathologized view of the adult survivor because of racism or other forms of discrimination? When English is not the primary language, is the overall adult functioning assessment incomplete or inappropriately being confused with lower intellectual levels? Is culturally appropriate adult functioning misinterpreted as being limited or poor functioning? For example, are culturally appropriate healing practices being confused for lack of concern for health and well being? <p>Substance abuse by the domestic violence perpetrator and its impact on adult functioning needs to be appropriately factored into the assessment and any case plan. The assessment of substance abuse is often not integrated into the overall assessment of the domestic violence because it is perceived primarily as an adult functioning issue. Here are some of the questions that can be asked about it:</p> <ul style="list-style-type: none"> How has the perpetrator used violence and control to support the substance abuse, e.g. stealing rent money to use? Has the focus on the substance abuse eclipsed the focus on the domestic violence? Do practitioners believe that the domestic violence will automatically no longer be an issue if the substance abuse is addressed? How does recovery from substances change the perpetrator's pattern of coercive control? Do family members experience a greater feeling of safety and self determination or do they feel the level of control is the same or worse? How does the domestic violence perpetrator interfere with the adult survivor's recovery efforts? How does the perpetrator support those efforts? <p>Similarly, mental health issues of the domestic violence perpetrator and its impact on adult functioning needs to be appropriately factored into the assessment and any case plan. The assessment of mental health issues is often not integrated into the overall assessment of domestic violence because it is perceived primarily as an adult functioning issue. Here are some of the questions that can be asked about it:</p> <ul style="list-style-type: none"> Has the perpetrator been wrongly or incompletely diagnosed as having a mental health issue instead of being identified as being abusive? For example some abusers will be wrongly diagnosed as bi-polar. In other instances, veterans with PTSD will also not be identified as being abusive. Has the focus on the mental health eclipsed the focus on the domestic violence? Do practitioners believe that the domestic violence will automatically no longer be an issue if the mental health is addressed? How does treatment of the mental health issues change the perpetrator's pattern of coercive control? Do family members experience a greater feeling of safety and self determination or do they feel that the level of control is the same or worse? How does the domestic violence perpetrator interfere with the adult survivor and child survivor's 	<p>their control over the adult survivor?</p> <ul style="list-style-type: none"> Are service providers and others taking an overly pathologized view of the adult survivor because of racism or other forms of discrimination? When English is not the primary language, is the overall adult functioning assessment incomplete or inappropriately being confused with lower intellectual levels or poorer parenting? Is culturally or circumstantially appropriate parenting misinterpreted as being limited or poor functioning? For example, are stricter limits on child outdoor play because of the dangers of violence in the neighborhood being confused for lack of knowledge about the child's needs? <p>Cultural factors may make it harder to label and identify the perpetrators overall patterns of coercive control and actions taken to harm the child. If a community identifies with strict norms it may be hard to see the perpetrator's pattern. Similarly within the context of home schooling it may be difficult to see a wider pattern of isolation. Cultural values that allow of extremely high expectations of women as parents and low expectations of men as parents will make it harder to identify control e.g. "he's not making her stay with the children. That's what women do" or "He's a good dad because he's never physically harmed them." Cultural norms about physical discipline of children may make it harder to identify the perpetrator's pattern of abuse as well.</p>	<p>stereotypes to increase their control over the adult survivor?</p> <ul style="list-style-type: none"> Are service providers and others taking an overly pathologized view of the adult survivor because of racism or other forms of discrimination? When English is not the primary language is the overall adult functioning assessment incomplete or inappropriately being confused with lower intellectual levels or poorer behavior management? Is culturally or circumstantially appropriate discipline misinterpreted as being limited or poor functioning? For example, is sending difficult children to be raised by extended family interpreted as lack of attachment and care? <p>Cultural factors may make it harder to label and identify the perpetrators overall patterns of coercive control and actions taken to harm the child. If a community identifies with strict norms it may be hard to see the perpetrator's pattern. Similarly within the context of home schooling it may be difficult to see a wider pattern of isolation. Cultural values that allow of extremely high expectations of women as parents and low expectations of men as parents will make it harder to identify control e.g. "he's not making her stay with the children. That's what women do" or "He's a good dad because he's never physically harmed them." Cultural norms about physical discipline of children may make it harder to identify the perpetrator's pattern of abuse as well.</p>
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				mental efforts? How does the perpetrator support those efforts?		
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