

DOMESTIC VIOLENCE-INFORMED CONTINUUM OF PRACTICE



PRIMARILY DEFINED BY...

<p>Policies and practices that actively harm adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.</p>	<p>Policies and practices that reflect an unwillingness or inability to intervene with domestic violence and/or fail to acknowledge how domestic violence impacts children and families.</p>	<p>Policies and practices that reveal a gap between the stated relevance of and approach to domestic violence and actual domestic violence policy, training practices, and services infrastructure.</p>	<p>Policies and practices that focus on child safety and well-being, recognize survivor strengths, hold perpetrators accountable, and see domestic violence intervention as a core part of child welfare practice.</p>	<p>Policies and practices that reflect domestic violence competency and ensure that domestic violence approaches are consistent, dependable, and utilized throughout the child welfare system.</p>
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WHAT IT SOUNDS LIKE...

<p>"The mother is failing to protect her children from her partner's violence." "The couple has a history of domestic violence."</p>	<p>"Domestic violence is only relevant to kids if they see it or hear it." "If the couple separates, domestic violence is no longer a concern."</p>	<p>"We don't want to re-victimize the mother, but our job is child safety" "We know we need to do a better job with domestic violence cases, but we don't know how to do it."</p>	<p>"The perpetrator's behavior and choices are the source of our concerns for the child's safety." "Our goal is to keep kids safe and together with the domestic violence survivor."</p>	<p>"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."</p>
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POTENTIAL OUTCOMES...

<p>Survivors are at an increased risk of violence, face pressure to leave (no matter the consequences), and are less likely to reach out to authorities for help. Perpetrators are able to exert more control over partners and children. Children face unneeded removal/court-involvement for fighting perpetrator.</p>	<p>Attempts to partner with survivors are weakened by poor practice. Assessments are incomplete/inaccurate, affecting court decisions and survivor legal representation. Interventions occur only if the violence escalates and are likely to be inappropriate or ineffective.</p>	<p>Efforts to improve are weak/token because demand for change comes from outside. Perpetrators escape responsibility and take advantage of uninformed fatherhood programs. Workers are aware of the impact on children, but are not equipped to take action, distrust domestic violence agencies, and make unpredictable decisions.</p>	<p>Adult and child survivors are more likely to remain safe and together due to accurate assessments by informed and gratified workers. Perpetrators are held accountable and receive more support to improve their parenting and remain safely engaged with their children. Unnecessary removals decrease, cutting costs for systems and courts.</p>	<p>Survivors are more likely to see child welfare systems as supportive resources and to receive effective assistance sensitive to cultural and economic issues. Cross-system collaboration is improved through common frameworks and languages. Initiatives such as trauma-informed practice are more likely to succeed.</p>
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APPROACH TO ADULT SURVIVOR EXAMPLES...

Survivors are blamed for violence, listed as alleged perpetrator of child abuse/neglect, and seen as having power to stop the violence by making better choices; dictates steps for the survivor that could increase danger.	Some understanding of survivor choices, but survivors still blamed for violence, seen as inept parents uninformed on impact of domestic violence, and divided into "good" victims and "bad" victims.	Better understanding of victim services, but survivors and their issues e.g. substance abuse, trauma, are still the focus of child welfare efforts and violence is still seen as a relationship based issue.	Workers have difficult, compassionate, non-blaming conversations with adult survivors, recognize strengths, and make every reasonable effort to partner with them; services, safety plans, and case plans are tailored to survivors.	All service providers are expected to demonstrate domestic violence competence in work with survivors.
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APPROACH TO PERPETRATOR EXAMPLES...

Actively, consistently ignores role and presence of perpetrators; those who present well are given access and even custody of children.	Some understanding of perpetrator's role, but still no specialized engagement or assessment; perpetrators sent to anger management.	Understanding that batterer intervention is the appropriate response without funding or contracting for those services.	Brings the perpetrator more in focus and recognizes impact on children; shift from a relationship based focus to perpetrator pattern based focus.	Referrals to batterer intervention programs that specifically addresses children and provides quality feedback to child welfare.
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APPROACH TO CHILDREN EXAMPLES...

Blames/punishes children for issues created by perpetrator, e.g. truancy/delinquency. Punitively and/or unnecessarily removes children from survivor.	Children may be identified for exposure to violence but no understanding of link between perpetrator's behavior and child's symptoms, needs, and experience; sees DV as incident and relationship based.	No specific policy, protocol or practice to handle information from survivor and children that may increase danger if released unnecessarily to perpetrator. If not part of referral, DV rarely identified.	Removes children only when efforts to partner with the survivor fail and the perpetrator remains an imminent safety threat. Universal assessment for DV in all child welfare cases.	Child welfare system takes a leadership role in the community around issues of domestic violence and children; coordinates with courts to intervene with perpetrators as parents.
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APPROACH TO INTERSECTIONS & INTERSECTIONALITIES EXAMPLES...

Poor women and minority women are primary targets. Violence in same sex couples is invisible. No connections made between intersecting issues, such as substance abuse, and trauma caused by perpetrators.	No specific programs and training related to DV and culture or DV and same-sex couples or DV and intersecting issues. Poor and minority women frequently seen as "bad" victims who didn't seek help or try to leave.	No response to same sex relationship, no integration with issues related to race and class, nothing related to foster care, courts. Cases frequently become focused on adult survivor's issues e.g. trauma and substance abuse.	Service delivery models for perpetrators, survivors and children specific to domestic violence and cultural economic considerations; protocols and policies address safety concerns for CW involvement.	Develops culturally and linguistically competent, domestic violence services. Addresses violence in same-sex couples. Supports high quality integration of services for mental health, and substance abuse.
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APPROACH TO INTER-SYSTEM COLLABORATION EXAMPLES...

Negative/antagonistic relationship to domestic violence services. No services or coordination with criminal court for the perpetrator.	Sees referrals to services for survivor as the answer without coordination with domestic violence service providers or courts.	Participation in cross-systems meetings and collaborations; staff training is focused on "DV 101" without specifics on CW or working with others.	Coordination with courts and domestic violence services on progress and safety concerns; supports survivors in civil proceedings.	Commits to maintaining and strengthening relationships; supports training for partners; DV dynamics included in new initiatives.
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