




**What is
your son
reaching for ?**


Give him a **strong** foundation
for his future by treating
his **mother** with
respect.

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The Safe and Together Model
*An approach for helping children, supporting survivors,
and intervening with domestic perpetrators in child
maltreatment cases*

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David's Background

- ★ National Training & Consulting
 - Batterer intervention staff
 - Criminal justice staff
 - Training and consulting for Department of Children and Families
 - 10 years experiences training
 - New social workers
 - New investigators
 - Attorneys
 - Topics: Batterer intervention strategies, Interviewing, Same-Sex Relationships, Batterers & Children
 - Case reviews/case consultations
 - Shared in development and implementation of cross-discipline summits to improve response to dv and child maltreatment
 - Led development of new domestic violence investigation protocol
 - Area office consultations
 - Statewide service administration over area office domestic violence consultants
 - National/training consulting on child protection:
 - Greenbook sites: Santa Clara County, CA, El Paso County, CO, Lane County, OR
 - Baltimore DSS
 - NY ACS
 - 15th National Child Abuse & Neglect Conference: Pre-conference workshop



David's Background

- * Develop and pilot screening for perpetrators in medical settings
- * Curriculum and Program Development
 - Being Connected (Fatherhood)
 - Dedication (Train the trainers-Texas)
 - CT Dept of Corrections in-house curriculum
- * Research
 - National Study of Batterers' Perceptions of Children's Exposure
 - Improving child protection response to batterers
 - Screening in medical settings
- * Issues in Family Violence Newsletter
- * Public Awareness and Outreach Posters
- * Counseling for Batterers
 - Court ordered, CPS referred, Voluntary
 - 5 locations/CT



Florida Safe and Together Project

- * Florida DCF
 - Statewide community meetings
 - Intensive community training (3 circuits)
 - Training and technical assistance for subject matter experts in three Circuits
 - DCF investigators
 - Private on-going services staff
 - DV agency
 - Combination of on-site, phone conferences and web based support
 - Train the trainer for Florida Coalition Against Domestic Violence
 - Training for batterer intervention staff



CT DV & CW Time Line

- * Prior to 1995 domestic violence is often not considered a CPS issue
- * 1995-Baby Emily murdered by a man who was also abusing her mother
 - Fatality Review Panel identifies the need for new policies, training and uniform protocols for domestic violence
 - Domestic violence investigation protocol created
 - Screening for dv occurs in every investigation regardless of the nature of the allegation
 - New worker training increased from 5 hours to 18 hour (then eventually down to 12)
 - In-service trainings increase



CT DV & CW Time Line (cont'd)

- ★ 2000-present- Interdisciplinary CT group meets (mini-Greenbook)
 - Statewide and Regional summits
 - Brings together CPS, Juvenile Court, criminal justice, battered women's advocates, batterer intervention programs and other community providers
- ★ 2003-Department engages in addition domestic violence consultation services
 - Action research to determine how to improve response to batterers
 - Develop new domestic violence investigation protocol
 - Initial statewide Area Office Consultation/Training
 - 1 consultant, 4 hours/month/14 Area Offices



CT DV & CW Time Line (cont'd)

- ★ January 2006-Child fatality in case focused on neglect leads to case reviews which finds up to 60% of cases involve domestic violence
- ★ March 2006 DCF asks Governor to include money for 12.5 FTE and Statewide Service Administration
- ★ June 2006- Contracts awarded
- ★ August 1 2006-First consultant in Area Offices
- ★ October 2006-All consultants in Area Offices



CT DV & CW Time Line (cont'd)

- ★ Other relevant contextual information
 - CW staff statewide-approximately 2100
 - One a handful of states with a consolidated set of mandates (CW, MH, JS, Prevention)
 - 2006: 44,000 reports of abuse/neglect.
 - Acceptance rate of 64% or 28,000 cases.
 - Substantiation rate was about 23% or 6400.
 - Focus on achieving outcome measures to successfully exit Federal consent decree
 - An agency focus on increasing social worker competencies
 - Focus on full integration of expert consults available to child welfare social workers
 - Consultants employed by host agencies/work in DCF offices
 - Have full access to DCF documents
 - Place consultation notes into permanent record



Consultant Mission

- * The primary mission of the domestic violence consultants will be to support the Area Office social work staff in more effectively addressing domestic violence as it relates to child abuse and/or neglect.
- * The client for the consultant is the Department of Children and Family.
- * The goal is support the Department's mission of safety, well-being and permanency for children.
- * All consultation related to adults (batterers, survivors and other family members) is relevant in how it relates to the safety, well-being and permanency of children.



Practice Gaps

- * Failure to fully behaviors by batterers that harm children/adverse impact
- * Failure to fully identify non-offending parent's protective strategies (and to use women centered engagement and safety planning)
- * Gaps in strategies/efforts to engage/interview batterers, survivors and children
- * Case plans that don't fully address batterers, and the trauma and safety needs of the adult and child survivors
- * Incomplete/inaccurate documentation
- * Inappropriate/insufficient evaluation and treatment resources
- * Limitations to cultural competency/culturally competent community resources
- * Personal and cultural issues regarding domestic violence, power and control



Critical Components to DV Cases

- The batterer's pattern of coercive control over the survivor and the family
- The range of actions the batterer has taken to harm the children
- The full spectrum of efforts made by the non-offending parent to provide for the safety and well-being of the children
- The adverse impact of the batterer's behavior on the children
- The role of substance abuse, mental health, financial and socio-economic factors (e.g. discrimination, assimilation, culture) in the coercive control dynamics.



Assumptions

- * Batterers can harm children
 - Coercive control
 - Specific behaviours that harm the children
- * Assessment of risk and safety for children should be focused on batterer's tactics, not relationship status or where the batterer lives.
- * Survivor's are being unfairly penalized by systems for "failing to protect" because of the failure of systems to fully understand their protective efforts. (Double standard around parenting)



Assumptions

- * Each child experiences domestic violence differently.
- * Ideally children are best served when they are safe and together with the survivor.
- * We need to get better at identifying, articulating, documenting and developing expectations related to batterers as fathers.
- * Our interventions need to put domestic violence, substance abuse, mental health, and socio-economic factors in their correct place.



What do children need?

*Principles from Betsy M. Groves 2002

- *Nurturing parents/adults
 - What is the survivor doing to support safety and well-being day-to-day? eg. Trying to keep life as normal as possible
 - Always measuring batterers against how they should acting if they were nurturing
- *Be able to talk about what happened
 - Again think about survivor and batterer's capacity to part of the children's healing, therapy
- *Safety
 - Good practice means knowing what the survivor has already tried to keep self and children safe
 - What does the batterer need to do to make the children safer?



A definition of domestic violence

***Domestic violence: a *pattern of coercive control* perpetrated by one person against another in an intimate relationship.** ^[1]

* ^[1]This definition covers abuse that can occur in relationships that have ended, e.g. divorced couples, and teenagers.



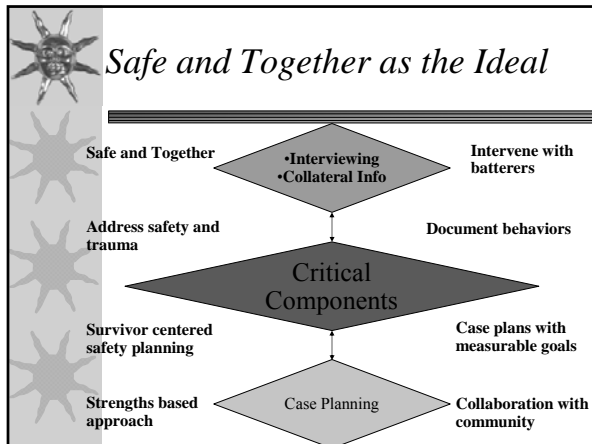
Critical Components to DV Cases

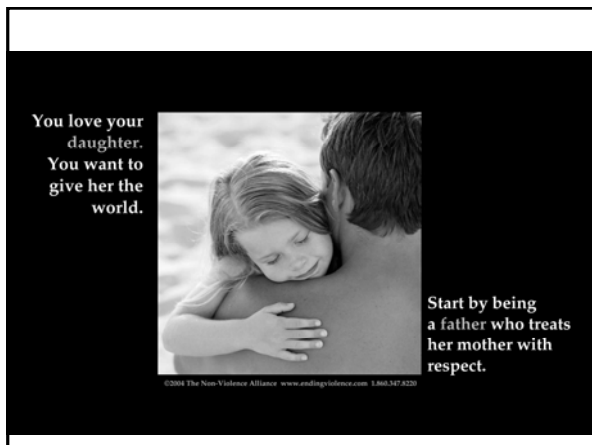
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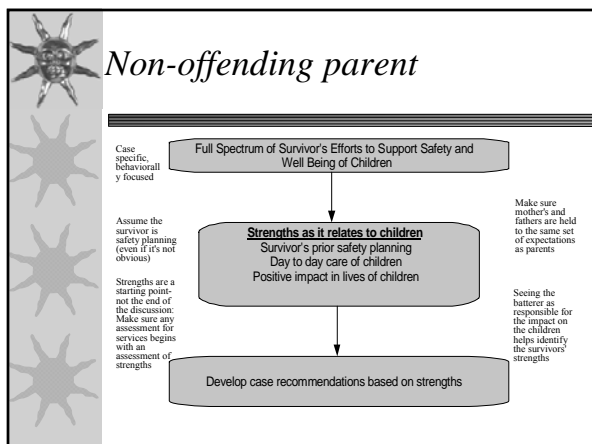


Actions batterers can take to harm children

- *A domestic violence perpetrator can harm children in the following ways:
 - Exposure to the abuse which can include: direct observation,overhearing or knowing about the abuse
 - Using children as a weapon against the children's other parent
 - Undermining the other person's parenting efforts,
 - Accidentally causing physical harm to children as a result of the violence towards non-offending parent
 - Physical/sexual/emotional abuse or neglect perpetrated directly against the children.
 - Secondary effects of battering on family









Relating to treatment planning

- * Seeing strengths impacts the goals of the interventions of child oriented agencies/processes
- * Seeing strengths helps assess parenting
- * Helps develop partnership with non-offending parent and validate his or her experience of the abuse
- * Help develops a treatment plan that doesn't involve unnecessary efforts
- * Keeps focus on batterer
- * Makes sure strengths get included in informal and formal assessments of survivor



Issues

- * How do deal with poverty, mental health, and substance abuse?
- * What kinds of specific changes can intervening agencies expect non-offending parents to make?
- * What does an evaluation of a non-offending a parent consist of?
- * Cultural issues: universal v. culturally specific
- * What "yardstick" are we using to determine that a survivor is "in denial," "doesn't understand the impact of the dv on the children,"



Questions to ask about the intervention with the batterer

- * Has the batterer been interviewed?
- * Can we describe the batterers pattern of coercive control over the family?
- * Can we describe the non-offending parents efforts to protect the children?
- * Does the case plan involve specific steps and expectations for the batterer?
- * Do these specific steps address the batterers pattern of coercive control?
- * Is there coordination between court, CPS and/or other systems regarding the batterer?
- * Is the batterer being referred to appropriate resources, e.g. evaluation and treatment?
- * Is court/CP agency outlining the changes they expect the batterer to make?
- * Is the batterer being held equally accountable as parent or parental figure for the safety and well-being of their children?



Improving practice

- ★ How do we think about batterers' pattern to better improve our assessment of children?
 - Examine how batterers interfere with normal development of children
 - Focus on specific mechanisms/pathways that effect children
 - Overall pattern of behavior may help us assess impact on young, pre-verbal children
 - Stay connected the batterer's pattern as it relates to what children need



Improving practice

- ★ Holding batterers responsible for the impact of their behavior on children
 - Setting child centered expectations for batterers as part of case plans
 - What information about the batterers pattern needs to be given to the children's therapist?
 - How do we talk to children about the batterer as part of home visits or on-going assessment?



Examples of Documentation Recommendations

- ★ Precise & descriptive
 - Avoid euphemisms or vague terms like "argued" if what you mean is "hit"
 - Describe the pattern: "father has engaged in an escalating pattern of physical violence and intimidation that involved multiple incidents of physical assault, threats to kill the mother and her children."
- ★ Affirm the perpetrator's role in harming the children through his actions
 - "These behaviors have isolated the mother from her support system, the children from relatives and led to them moving school systems and residences twice in the past year (as a result of evictions)."
- ★ Avoid blaming the victim for the perpetrator's violent and abusive behavior
- ★ Language to avoid:
 - Dysfunctional" family
 - Mother "allows" or "enables" the violence
 - Mother "failed to protect" the children



Recommended alternative to “failure to protect” language

★ Use language that focuses on the perpetrator’s role in creating harm or risk to the children.

★ Example:

“Despite the mother’s efforts to protect the children, the perpetrator is creating conditions injurious and harmful to the children.” (CT Collaborative)



Sample of service agreement/ petition specific steps

- ★ No further intimidating behavior towards any member of household. This includes verbal threats, defined or undefined, destruction of property, throwing objects, punching walls, etc.
- ★ The batterer will not deny partner access to phone, vehicle or other forms of communication and transportation.
- ★ The batterer will support all reasonable efforts to provide his child(ren) with appropriate services including childcare, healthcare (e.g. well-baby visits).
- ★ The batterer will not interfere with the other parent’s efforts to seek out services for themselves and the children.



Scope and nature of the intervention/evaluation

- ★ Refer the batterer to a batterer intervention program that will specifically evaluate his pattern of coercive control and parenting behavior.
- ★ Successful evaluations of batterers, regardless of the background of the evaluator, should be informed by multiple information sources.
- ★ The questions that instruct the evaluator to the areas of concern should directly reflect the dynamics of coercive control and change.



Examples of evaluation questions

- * The evaluator should seek to identify the different strengths that (non-offending parent) has as a parent. Included within this assessment should be his/her bonding with children and efforts she/he makes to provide for their well-being in light of (the batterer's) abusive behavior. This identification should include his/her daily care of the children, ways that she/he tries to mitigate the impact of (the batterer's) behavior on the children, and ways she/he may try to mollify (the batterer) to reduce the disruption of his/her behavior on the children's daily routine/needs.
- * What is Mr. Smith's long term pattern of parenting?
- * In what ways has Mr. Smith attempted to undermine Ms. Jones' parenting, including through verbal and physical abuse, control over finances, household environment?
- * In what ways, if any, has Mr. Smith used the children to try to control Ms. Jones?



Examples of evaluation questions (cont'd)

- * What is Mr. Smith ability to emotionally support Ms. Jones as person and as parent? What evidence is there that he has the capacity to do this?
- * What is Mr. Smith's ability to understand his children's needs? What is his ability to act appropriate to respond to and/or meet his children's needs? What evidence is there that Mr. Smith can support his children in healthy relationship with their mother?
- * What awareness does Mr. Smith demonstrate of the impact of his violence, abuse and control on the well-being and safety of the children? This includes direct and indirect effects. For example, what does he know about how his verbal and physical abuse of Ms. Jones affects the children even when they may not be present to witness the abuse?
- * How has Mr. Smith abusive behavior destabilized the home environment for the children? This can include creating tension between family members, creating instability in the children's daily routine, etc.



Evaluating Change

- * Is his behavior different?
 - Specifically related to his pattern of coercive control
- * Is he able to focus on the needs of his children versus his own needs?
- * Is able to support the children's relationship with their mother?
- * Does he identify his abusive behavior as being wrong?
- * Can he describe the impact of his abusive behavior on his children?

