



Family  
**TO**  
Family  
TOOLS FOR  
Rebuilding Foster Care

In the Moment Strategies  
for Facilitators of  
Team Decisionmaking Meetings

**When Domestic Violence is Present or Suspected**

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May 2004

# Family TO Family

TOOLS FOR  
Rebuilding Foster Care

## In the Moment Strategies for Facilitators of Team Decisionmaking Meetings

**When Domestic Violence is Present or Suspected**

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## A C K N O W L E D G M E N T S

This draft of “in the moment” strategies is a result of the input of many listed below. Many questions, comments, and issues were raised by those who have facilitated Team Decisionmaking meetings. It was their request for some concrete help and support to strengthen their skills when domestic violence is present or suspected, which led to the publication of this brief guide.

Thank you to:

- ❑ The *Family to Family* Facilitators, in more than 30 sites as of this writing
- ❑ Molly Mouch, Consultant and Trainer; *Family to Family*, Annie E. Casey Foundation
- ❑ Fred Harris and Dan Cowan, Facilitator Trainers and Consultants, Michigan Family Independence Agency
- ❑ Pat Rideout, Lead Technical Assistant and Consultant for Team Decisionmaking, *Family to Family*, Annie E. Casey Foundation
- ❑ Susan Kelly, Michigan *Family to Family* Coordinator and Senior Associate, Center for the Study of Social Policy
- ❑ Lisa Paine-Wells, Technical Assistant, *Family to Family*, Annie E. Casey Foundation
- ❑ Lisa Kane and Gretchen Test, Program Associates, Annie E. Casey Foundation
- ❑ Marno Batterson, Senior Associate; Clare Anderson, Associate; and Sarah Morrison, Senior Associate; Center for the Study of Social Policy
- ❑ Janet Carter; Vice President, Lucy Salcido Carter; Lonna Davis, Technical Assistance Manager – Children; Kelly Mitchell Clark, Program Manager – Children and Economic Independence; Family Violence Prevention Fund

Finally, thanks to the families and children affected by domestic violence, from whom we are learning how to be more respectful, helpful, and supportive.

## I N T R O D U C T I O N

Team Decisionmaking (TDM), a core strategy of the Annie E. Casey Foundation's *Family to Family* initiative, is a type of family meeting public child welfare agencies use to make critical, placement-related decisions in an inclusive and strengths-based way. A TDM meeting is held prior to each potential placement event affecting a child under the jurisdiction of the public system: initial removal from the family of origin, change of placement after entry into care, and reunification or other permanent placement plan. In every case, the meeting is held before the child is moved, or in cases involving imminent risk, by the next working day (and before any court hearing on the matter.) Please refer to the *Family to Family* web site at [www.aecf.org](http://www.aecf.org) for more information about TDM.

TDM's unique focus means that in many cases, the meeting is held on very short notice, with little time for preparation by the facilitator or other participants. As a result, facilitators may find themselves challenged, often suddenly, by situations that arise in meetings with families affected by domestic violence (DV). This document is intended to provide support and guidance so that facilitators can respond effectively when such circumstances arise.

### **Purpose**

Families experiencing DV can present special challenges to TDM facilitators. This Facilitator Guide provides some suggested "in the moment" strategies, skills, and background information for facilitators of Team Decisionmaking meetings. It is hoped that this material will assist facilitators, and those trainers and consultants who support them, to enhance practice with families affected by DV. The guide seeks to provide facilitators with targeted strategies, practical support, and tools for skill development to use before and during TDM meetings, as well as some suggestions for following up with caseworkers and supervisors. The guide is intended to supplement the extensive, skills-based five-day TDM facilitator training curriculum which every TDM facilitator in *Family to Family* sites receives. That curriculum emphasizes that, to be an effective TDM facilitator, one must have solid experience and foundational knowledge in a number of substantive areas which commonly impact families involved with the child welfare system. DV is a very critical example of such an area. To effectively utilize the suggestions and guidance contained herein, a TDM facilitator must possess a strong grasp of the dynamics and impact of DV upon all family members.

This guide contains a sampling of the many resource materials available to provide fundamental information about DV, as well as links to training tools on the broader topic of child welfare/DV practice. Those who facilitate TDM (and especially their supervisors) have a responsibility to ensure continuing self-evaluation of the TDM process, as well as ongoing training in emerging issues relating to DV, so that TDM practice will support safe and positive outcomes for all who participate.

We have benefited from extensive feedback from TDM facilitators and from DV professionals in response to the first draft of *In the Moment Strategies*. We anticipate future revisions and welcome additional feedback from practitioners as we continue

to learn together how best to conduct Team Decisionmaking meetings with families affected by DV.

### **Target Audience and Suggested Uses**

The primary audience for this guide is the facilitators of TDM meetings. Much of the information herein may also be useful to caseworkers, supervisors, program managers, resource families, and community partners, as well as training staff and consultants. While this guide will articulate a common base of knowledge, skills, and values related to DV, it is not intended to serve as a basic learning guide on either DV or on TDM. It is directed primarily to TDM facilitators, and focuses on how they can respectfully and skillfully facilitate TDM meetings when DV is present or suspected.

We cannot emphasize enough how important it is that child welfare agencies assure that all their staff, and particularly their social workers and supervisors, are trained and competent in working with families affected by DV. A facilitator's role in a DV-related case is often limited; a worker's role is ongoing and often critical.

In addition, child welfare leaders must participate in collaborative, visible efforts to develop meaningful partnerships with DV professionals from other fields so that social workers and facilitators can assure a team effort in supporting families and ensuring safety within and beyond TDM.

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*Unlike other family meetings, TDM meetings often are convened within a very short timeframe, sometimes leaving little time for in-depth preparation.*

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### **Team Decisionmaking and Domestic Violence**

Domestic violence, defined as violence between adult intimate partners, is recognized as a serious problem in the United States. It is estimated that between 3.3 million and 10 million children are exposed to DV annually. Given these numbers, there is a good possibility that many families affected by DV will participate in TDM meetings. Many times the TDM facilitator may not know before the meeting is convened that DV is an issue. Nor may the facilitator know how DV has affected the parents, extended families, and children. Unlike other family meetings, TDM meetings often are convened within a very short timeframe, sometimes leaving little time for in-depth preparation. Since TDM meetings are convened around the possible placement or change of placement for a child, this also may add stress to the situation and the decision-making. These realities require facilitators to be knowledgeable about DV and skilled in some "in the moment strategies" to assure safety for children, their parents, and others participating in TDM meetings.

It is our hope that the information on the following pages may provide some insights, support, and suggestions for facilitators on how to recognize and deal with DV in the context of a TDM meeting, and how to share this information with caseworkers, supervisors, community partners, and other colleagues. As we work together to find positive ways to help facilitators address this issue, we realize that this resource is neither comprehensive nor complete. We hope you will add your wisdom to those ideas presented here and refine with us these skills.

## Role of TDM Facilitator

TDM facilitators play a critical role in the meetings they facilitate. It is often the facilitator, more than any other participant, who sets a tone of welcome, comfort, safety, and openness for the meeting. The facilitator's knowledge and sensitivity may be especially critical when s/he is confronted with the existence of DV in the course of a TDM meeting. Facilitator responsibilities include controlling the meeting to protect participants from foreseeable harm as a result of the discussion during a TDM.

However, it is important for facilitators to keep in mind that DV is powerful. If a person is determined to be violent with his partner, activities and planning undertaken at a TDM meeting may have little impact on de-escalating the violence. It is also important to remember that, absent a TDM meeting, the "system" will meet and plan with the family, so the alleged perpetrator is going to be caught up in the child welfare system with or without a TDM meeting. It is intended that the TDM meeting will build support for the non-offending parent, develop greater accountability for the alleged offender, and increase safety and protection for the children.

## What Do We Know about Domestic Violence and Children?

While the research on children's resilience in the face of DV is new, some studies show that the most critical protective factor against the negative effects of child exposure to violence is a relationship with a *competent and caring adult*. This is, in a DV situation, most often the non-offending parent who is surviving DV and employing safety strategies to protect her children. When safety can be

assured, that bond between parent and child must be preserved and strengthened. The TDM meeting can be an effective forum for ensuring those safety strategies and resources are in place.

Because survivors of DV, especially the non-offending parent, can be a critical support for the child, and because children often have regular contact with the perpetrator, it is important that child welfare staff understand the issues and dynamics of DV and are aware of what supports for survivors of DV and what services for perpetrators are available to families in their communities and neighborhoods. Many of these families also struggle with such co-existing issues as substance abuse, mental illness, poverty, and a lack of social support. It is important that each of these issues be understood as TDM meetings are conducted. The facilitator can have resource materials and information available and, more important, can raise to the system's leaders the need for additional training for frontline staff and community partners.

## Facts about Domestic Violence

- ❑ DV is the leading cause of injury to women between the ages of 15 and 44 in the United States—more than car accidents, muggings, and rapes combined.
- ❑ Ninety-five percent of all spousal assaults are committed by men against women. DV can also occur in gay and lesbian relationships.
- ❑ DV cuts across all class, race, and socioeconomic lines.
- ❑ Women and children are often victims within the same family. Children who live in homes where DV occurs are abused at a rate that is 150 percent higher than the national average.

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*It is often the facilitator, more than any other participant, who sets a tone of welcome, comfort, safety, and openness for the meeting.*

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*The child welfare system and DV programs have begun to work together to address DV and child maltreatment.*

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- ❑ Leaving an abusive relationship can be very dangerous. Women are five times more likely to be killed during or after separation from the offender.
- ❑ Witnessing DV is the single best predictor of juvenile delinquency and adult criminality for males. (Department of Social Services, Massachusetts)

**Finding Common Ground:  
Promoting Safety**

The child welfare system and DV programs have begun to work together to address DV and child maltreatment. This requires support for a common set of principles and practice applications. Co-training on joint efforts with all child welfare staff and supervisors is critical. Team Decisionmaking facilitators need the support and collaboration of well-trained staff who recognize the issues and dynamics of DV.

Development of policy for child protective services cases where there is DV will enhance child safety by supporting the non-offending parent and holding the perpetrator responsible for the abuse. It will also ensure that families and community partners can rely on the public child welfare system to respond consistently and appropriately to situations involving family violence, which will enhance cross-system respect and collaboration.

The substantial overlap between DV and child abuse and neglect requires that all the systems and partners work together to find better solutions than have been available in the past. Team Decisionmaking can be part of that safe solution.



## B E F O R E T H E M E E T I N G

It is very important that the person who takes calls from social workers requesting TDM meetings always asks some basic questions to determine whether the family has a history of DV. If the social worker indicates that family violence is indeed a known issue, the telephone scheduler should immediately notify the facilitator or her supervisor, so that pre-meeting discussion (focused on ensuring a safe and effective meeting) can occur:

The social worker is responsible for preparing parents to attend a TDM meeting. In advance of any TDM, parents have the right to have the purpose of the meeting explained, to be encouraged to invite their support system, to be informed who may be present during the meeting, and have their questions answered. If DV is known to be a factor, the social worker must discuss privately with the non-offending parent how the meeting can be conducted to promote safety.

Many TDM meetings, especially those held to discuss an initial child removal, are held on an emergency basis. If the social worker does not know that there is a history of violence in the family, neither advance safety discussion with the non-offending parent nor a pre-meeting discussion with the facilitator is feasible. Even if the social worker knows or suspects DV, s/he may be surprised when an alleged offender of violence unexpectedly arrives for a meeting at which the survivor is also in attendance. In these situations, the facilitator and social worker will need to think quickly about the best way to respond. Here are a few suggestions that may be helpful, depending on the situation:

- ❑ If possible, social worker and facilitator should meet separately for a few minutes just prior to the meeting, before entering the room, to strategize. This discussion should be brief and limited to process concerns. The facilitator should confirm that the non-offending parent has been prepared for the TDM meeting and receive a summary of any input from the survivor for conducting the meeting. Sometimes it may be helpful to agree upon a mutually understood, nonverbal signal to indicate the need to take a break or curtail a meeting altogether.
- ❑ There may be times when it feels inappropriate to proceed with both alleged offender and survivor present for the meeting. For example, if the social worker has not spoken to the survivor alone regarding her concerns and level of comfort with the alleged offender's presence, the facilitator might guide the meeting into a format with separate sections for different participants. The same or a similar approach could be utilized if the survivor has indicated discomfort with proceeding with the alleged offender in the room.
- ❑ Though it is probably rare, it is also possible that a situation may present itself as too inflammatory to proceed at all. Obviously, if this is the case, the facilitator and other team members should support the social worker in addressing concerns and planning for safety with the survivor and her children before they leave the

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*The social worker is responsible for preparing parents to attend a TDM meeting.*

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building. On the rare occasion when parents could not be present at the TDM meeting due to the volatility of the situation, the child welfare agency remains responsible for making a decision regarding the imminent placement affecting the children.

- If the public child welfare agency has developed collaborative relationships with DV programs in its community, TDM staff could make a quick phone call requesting participation from a DV agency colleague in the meeting which is about to begin. When that is impossible, it can still be reassuring to have a partner with DV expertise willing to be "on call," to offer advice to the facilitator and social worker during the meeting or as it ends.

## DURING THE MEETING

With the knowledge that lists of behavioral, physical, and content indicators can be risky if viewed by practitioners as definitive or comprehensive, or if used to stereotype, identification of some characteristics that may suggest the presence of DV issues are included in this section. The inclusion of this information is to encourage facilitators to be conscious of the fact that many families who attend TDM meetings may be dealing with DV issues even if it has not been identified among the presenting concerns. The safety planning, sample responses and reframing suggestions are offered to assist facilitators to consider possible ways to respond if DV issues surface during the TDM meeting.

### **Possible Behavioral Indicators of Domestic Violence Observed in a TDM Meeting**

*NOTE: Attending a TDM meeting provokes many emotions and can produce a variety of behaviors. Facilitators must be attentive to subtle cues as well as overt behaviors during TDM meetings. Behavioral observations at a TDM meeting may suggest the existence of DV. The following list of some possible behavioral indicators is presented with strong caution. Interpreting behaviors is very difficult; similar actions can have different sources, and behavioral signs cannot be used as conclusive evidence in an assessment. Additionally, the absence of behavioral indicators does not eliminate the possibility of DV. Therefore, with the cautionary note, this partial list is provided to assist facilitators in observing TDM attendees' actions and considering whether DV could be an issue.*

#### **Possible Offender**

- Intimidates by body language, remarks, tone, or threats of legal retaliation
- Threatens violence toward partner, caseworker, meeting participants, or agency
- Is argumentative, agitated, or easily offended by questions
- Interrupts partner, social worker, or others repeatedly when they try to talk
- Insults, swears, yells at partner or others
- Dominates the conversation
- Speaks for partner when questions are addressed to her
- Acts belligerent, challenges, threatens violence
- Restrains' partner with pseudo-supportive behavior: holding hand, arm around shoulder, hand on leg
- Identifies partner as source of problem or a bad parent
- Minimizes, denies, or blames victim
- May use derogatory language about partner; i.e. slut, whore
- Blames others for problems

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*When it comes to DV, it is especially important to listen to content that may indicate family violence, either directly or indirectly.*

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- Is extremely cooperative, charming, or manipulative

#### **Possible Victim**

- Acquiesces to partner's statements
- Does not freely express own opinions
- Cringes, avoids eye contact with team members
- Offers excuses for partner's combative behaviors
- Blames self or children as cause of partner's behaviors

#### **Possible Physical Indicators of Domestic Violence Observed in a TDM Meeting**

*NOTE: DV takes different forms and physical abuse is only one manifestation. While the lack of any physical sign of injury cannot be interpreted as evidence of the absence of DV, some visible signs of injuries may alert a facilitator to the possibility of DV. Injuries observable to the facilitator are most often on the face, head, or neck.*

Questions about any injury must be asked only when the environment is safe for disclosure, whether inside or outside the TDM meeting. Inquiries about injuries must not be made in the presence of the possible offender or members of his family.

Some physical injuries that may suggest DV include:

- Black or swollen eye(s)
- Bruises
- Handprint on face
- Choke marks on neck
- Injury to nose or ears
- Split or swollen lip
- Broken/sprained arm, wrist

- Many physical injuries are not visible due to the location of the injuries or because they are internal. A facilitator may observe an indication of possible injury by a limp, obvious physical distress or discomfort sitting during the meeting. Difficulties as described could indicate injury to the abdomen, back, leg, or genital areas. Another possible observation could be a raspy voice from a bruised larynx but without bruises evident on the neck/throat.

#### **Possible Content Indicators of Domestic Violence**

*NOTE: While the primary responsibility for the TDM facilitator is to focus on the meeting, facilitators also must be in tune with content: verbal and written reports from staff, clients, family members, and others. When it comes to DV, it is especially important to listen to content that may indicate family violence, either directly or indirectly. Below are just some content indicators of domestic violence.*

##### **Reports of Isolation:**

Isolating behavior keeps the survivor dependent on her partner and alone without outside support or help. Isolating tactics include keeping the survivor from going to a job, school, or church, or from seeing family or friends.

##### **Financial Control:**

Examples include denying the survivor access to money and to information about the family finances, forcing the survivor to beg and plead for money, forcing the survivor to be involved in selling drugs, lying about money, stealing the survivor's money, preventing the survivor from working, and ruining the survivor's credit.

##### **Intimidation and Threats:**

This could include frightening the survivor by certain gestures and looks, smashing things, destroying the survivor's possessions, hurting or killing pets, playing with weapons

to scare the survivor; threatening to kill the survivor and the children, or to commit suicide. A partner may threaten to report the non-offending parent to "authorities," i.e., to child welfare or immigration if the parent is undocumented. Many people who live in threatening situations adjust and accommodate without realizing the extent to which they are living in fear.

**❑ Emotional Abuse:**

Examples include putting the survivor down, calling her names, humiliating her in front of family and friends, making her feel stupid, and blaming her for what the perpetrator did wrong. Emotional abuse robs the survivor of self-confidence and makes her feel subservient.

**❑ Sexual Abuse:**

Sexual abuse includes a broad range of behaviors, including pressuring the survivor to have sex in a way or at a time she's not comfortable with. It might include things the perpetrator does to make the survivor afraid for her own or her children's sense of sexual safety.

**❑ Use of Children to Control or Punish their Mother:**

This could include threats to harm or take the children from their mother; use the children as a way to ridicule or criticize the survivor's parenting abilities. Children are also used in a number of other ways (e.g., as spies who report their mother's whereabouts). Some perpetrators constantly undermine the mother's authority with the children.

**❑ Substance Use:**

Substance use and abuse can sometimes be employed by some victims of DV as a coping strategy. Substances may be used to self-medicate, in order to cope with depression, anxiety, or indecisiveness.

**Safety Planning with Domestic Violence Survivor at a TDM Meeting**

- ❑ Identify immediate danger of serious harm
- ❑ Discuss available options that provide safety
- ❑ Determine the action the survivor is willing to take
- ❑ Establish immediate supports for survivor to implement her plan

**❑ Scope:** Safety planning, whether for children or an adult survivor of DV, is an effort to develop an immediate action strategy that provides protection and safety. The principal goal of a TDM meeting is to decide how to keep children safe who are at high risk of serious harm from abuse or neglect. In addition to protection and safety concerns for children, when DV becomes known at the TDM meeting, the protection of the adult survivor must be addressed. However, the discussion with the non-offending parent regarding her personal protection needs can only occur if the environment in the TDM meeting will allow for a safe conversation.

**❑ Protection Orders:** If a TDM meeting is scheduled and the parents have a protection order, security and sheltering of the adult survivor (and children) must be provided before, during, and after the meeting. Arrangements must be made to ensure safeguards for the non-offending parent's (and children's) arrival at the meeting location and departure from the TDM meeting. Because some protection orders specify how far away the offender must stay from the non-offending parent,

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*The principal goal of a TDM meeting is to decide how to keep children safe who are at high risk of serious harm from abuse or neglect.*

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*The facilitator should promote and model strengths-based assessment of the situation whenever possible.*

- Explore the fact that DV can harm children, e.g., "How do you feel your partner's behavior is affecting your children?"
- Ask the survivor about her strategies, e.g., "What have you tried to keep yourself and the children safe?" "What has worked?" "What makes you feel safe?" "What do you think should be done?"

**Additional Suggestions for the TDM Facilitator:**

- Avoid using the words "you should"
- Avoid the appearance of writing down every response the adult survivor makes
- Avoid promises of absolute safety
- If children are present during the TDM meeting, consider the impact the discussion of DV will have on them, and respond appropriately.

**Some Ideas on Reframing Stereotypical Domestic Violence Statements**

TDM facilitators should stay alert for stereotypical comments that may be made regarding the survivor of DV. Since language reflects thinking, stereotypical comments may influence some team members, as well as negatively impact on the survivor. The facilitator should promote and model strengths-based assessment of the situation whenever possible. Some suggestions for reframing often-heard DV-related comments into strengths-based statements are:

<b>Typical DV Stereotype</b>	<b>Strengths-based Reframe</b>
She always goes back.	She loves and wants to be with him; it's his abuse she wants to stop.
She always chooses men who abuse her.	She chooses men for love; they choose to abuse her.
She always lets him back into the house.	Not letting him back in could mean taking a serious risk.
She can't protect the children.	She is protecting the children; she confronts the abuse so the children don't have to.
He abused her because he is under lot of stress	Does he abuse his boss, friends and parents when he under stress?
When they fight the kids are usually in bed.	She attempts to protect the kids from witnessing the abuse.

## B E Y O N D   T H E   M E E T I N G

It is estimated that 30 percent to 60 percent of the families experiencing child maltreatment also experience DV issues. Therefore, it is a professional responsibility for all child welfare practitioners, including facilitators, to develop the necessary skills and competencies to assess for and assist families affected by DV. Specialized DV training that includes safety planning is imperative for child welfare personnel. Social workers, supervisors, facilitators, and other child welfare staff must assess their own professional and personal experience or lack of it with DV issues, and evaluate their understanding, biases, and ability to provide quality service. The following information and links to resource material are some sources for facts and guidance.

### **Some Domestic Violence Basics**

#### ***Definition of DV***

DV is:

- A pattern of assaultive and coercive behaviors;
- Includes physical, sexual, and psychological attacks as well as economic coercion;
- Adults or adolescents use it against their intimate partners.

#### ***Assaultive and Coercive Behaviors***

1. Physical Assaults

2. Sexual Assaults

- Pressured sex or coerced sex
- Forced sex

3. Psychological Assaults

- Threats of violence against victim, others, or self
- Acts of violence against self or people other than victim
- Attacks against property/pets; stalking; other intimidating acts
- Emotional abuse, humiliation, degradation
- Isolation of victim

4. Economic Coercion

5. Use of children to control the adult victim

#### ***Causes of DV***

##### **Learned Behavior**

- Learned through observation
- Learned through experience and reinforcement

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*Most women go back six to seven times before they leave permanently.*

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Learned in the family

Learned in communities: schools, peer groups.

Learned in culture

**Not Caused By**

Genetics

Illness

Alcohol or drugs

Anger

Stress

Behavior of the victim or problems in the relationship

**Additional Facts about DV**

Many survivors of DV engage in extensive safety efforts which may include seeking support from friends and family or service providers, reading articles, fighting back, taking the abuse so the children do not have to, being subservient to avoid increased violence, or not working outside the home to keep the children safe.

Most women go back six to seven times before they leave permanently.

Most women don't leave because it's too dangerous, if and when they return, lethality is higher.



# PRACTICE APPLICATIONS FOR CHILD WELFARE WORKERS

## **Where Domestic Violence is Present, Suspected, or Discovered**

*GOAL: The Priority of Child Welfare is to Provide for the Safety of the Child.  
The Safety of the Child is Often Best Accomplished by Ensuring the Safety  
of the Mother or the Non-offending Caregiver.*

The following are specific practice applications for child welfare workers. These have been identified as being crucial to achieving the primary goal of safety for children and their family members.

1. The child protection law and policy must be the organizing framework that guides all child protective services interventions. Child victim safety always must be the first priority.
2. Under no circumstances, even if a parent is a victim of abuse, is violence against children tolerable.
3. The autonomy of the woman to decide her own life and course of action must be respected. She also has a right to know how the decisions she makes may, or may not, affect the placement of her children.
4. The presence of DV cannot be used as a sole basis for placement of the children. Women should be supported in their efforts to protect themselves and their children.
5. No battered woman should ever be encouraged to stay in a situation that is abusive or dangerous, nor should she be forced to leave.
6. Where there is DV, the family unit to be preserved, if safety can be reasonably assured, is that of the children and the non-abusing parent.
7. The worker should inquire about the existence of DV with every adult female client. This inquiry should be done in a confidential session alone with the woman. This should be done even if there is not an adult male living in the home.
8. When there is knowledge of DV, a safety plan always should be developed for each adult victim and the children.
9. If the adult victim or child tells the worker about DV, this information should be kept confidential and should not be shared with the perpetrator unless the non-perpetrating adult victim so requests, and then only after the consequences of such disclosure are discussed with the adult victim.
10. If the perpetrator reveals information to the worker about DV, this should be discussed with the victim, and a safety plan should be developed with her and her children (this information should never be discussed while the perpetrator is present).

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*The priority  
of child welfare  
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of the child.*

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11. Interventions that require discussion of the DV with the perpetrator and adult victim present, such as couples counseling and mediation, should not be utilized or recommended by the worker, as they can increase the danger to the adult and child victim.
12. Child protection units and workers should work collaboratively with DV programs, batterer intervention programs, and the justice system to provide safety for child and adult victims and to hold the perpetrator responsible for the violence.
13. As a means to hold perpetrators accountable, workers should be knowledgeable about local batterer's treatment programs and make referrals when appropriate.
14. State DV and stalking laws should be understood by the workers and used to advocate for and support adult victims in the protection of themselves and their children.

## **Domestic Violence and Child Welfare Resource List**

*NOTE: These resources are aimed at child welfare agency staff who may be seeking more information about the overlap of child abuse and DV.*

### **Guidelines and Monographs**

Carter, J., and Carillo, R. (2001). Guidelines for Conducting Family Team Conferences When There Is A History Of Domestic Violence [On-line]. Available: [www.endabuse.org](http://www.endabuse.org)

National Association of Public Child Welfare Administrators (2001). Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence. [On-line]. Available: [www.aphsa.org](http://www.aphsa.org) or [www.aphsa.org/hotnews/dvguidelines.pdf](http://www.aphsa.org/hotnews/dvguidelines.pdf)

National Council of Juvenile and Family Court Judges (1999). The "Greenbook"—Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice. [On-line]. Available: [www.thegreenbook.info](http://www.thegreenbook.info) or [www.thegreenbook.info/documents/greenbook.pdf](http://www.thegreenbook.info/documents/greenbook.pdf)

Findlater, J.E., and Kelly, S. (1996). Finding Common Ground: Michigan's Domestic Violence/Child Welfare Collaboration. City/state: publisher.

Minnesota Department of Human Services (2002). Guidelines for Responding to the Co-occurrence of Child Maltreatment and Domestic Violence. [On-line]. Available: <http://edocs.dhs.state.mn.us/live/DHS-3490-ENG.pdf> or <http://www.dhs.state.mn.us/>

## Articles

Edleson, J.L. (2000). *Should Childhood Exposure to Adult Domestic Violence be Defined as Child Maltreatment under the Law?* [On-line]. Available: [www.mincava.umn.edu](http://www.mincava.umn.edu) or [www.mincava.umn.edu/link/shouldch.asp](http://www.mincava.umn.edu/link/shouldch.asp)

Mandel, D. (October 2001). *Using Batterer Accountability Strategies to Increase Child Safety.* [On-line]. Available: [www.endingviolence.com](http://www.endingviolence.com) or [www.endingviolence.com/batterer%5Faccountability%5Fstrategi.htm](http://www.endingviolence.com/batterer%5Faccountability%5Fstrategi.htm)

Findlater, J.E., and Kelly, S. (1999). Reframing child safety in Michigan: Building collaboration among domestic violence, family preservation and child protection services. *Child Maltreatment*, 4(2), 167-174.

## Curricula

Ganley, A.L., and Schechter, S. (1996). *Domestic Violence: A National Curriculum for Child Protective Services.* [On-line]. Available: [www.endabuse.org](http://www.endabuse.org)

Ganley, A.L., and Schechter, S. (1995). *Domestic Violence: A National Curriculum for Family Preservation Practitioners.* [On-line]. Available: [www.endabuse.org](http://www.endabuse.org)

## Web Sites

\*\* Indicates this is a federally funded resource center

- \*\*The "Greenbook" Website [www.thegreenbook.info](http://www.thegreenbook.info) (includes a nice bibliography and web links)
- University of Minnesota Center on Violence and Abuse [www.mincava.umn.edu](http://www.mincava.umn.edu) (includes a comprehensive searchable database of articles, many of which are online)
- Family Violence Prevention Fund [www.endabuse.org](http://www.endabuse.org)
- The Non-Violence Alliance (Training, Program Development and Direct Interventions Related to Domestic Violence Perpetrators) [www.endingviolence.com](http://www.endingviolence.com)
- \*\*Asian Task Force Against Domestic Violence, 617.338.2355 [www.atask.org](http://www.atask.org)
- \*\*Institute on Domestic Violence In the African American Community [www.dvinstitute.org](http://www.dvinstitute.org)
- Minnesota Rural Project for Women and Child Safety [www.mincava.umn.edu/rural/](http://www.mincava.umn.edu/rural/)
- \*\*National Health Resource Center on Domestic Violence, 888.792.2873 [www.fvpf.org/health](http://www.fvpf.org/health)
- \*\*National Resource Center on Domestic Violence: Child Protection and Custody 800.527.3223 [www.nationalcouncilfvd.org](http://www.nationalcouncilfvd.org)
- \*\*Sacred Circle, National Resource Center to End Violence Against Native Women 877.733.7623 [scircle@sacred-circle.com](mailto:scircle@sacred-circle.com)
- Center for the Prevention of Sexual and Domestic Violence (CPSDV) (Faith Based Approaches to Preventing Domestic Violence) [www.cpsdv.org](http://www.cpsdv.org)

(continued)

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*Under no circumstances, even if a parent is a victim of abuse, is violence against children tolerable.*

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- ❑ **\*\*The National Latino Alliance for the Elimination of Domestic Violence**  
*<http://www.dvalianza.org/>*
- ❑ **Building Partnerships to End Men's Violence (Family Violence Prevention Fund)** *<http://endabuse.org/bpi>*

**E-mail Newsletters and List Servs**

- ❑ **Policy Talks Newsletter – Family Violence Prevention Fund**  
*[www.endabuse.org](http://www.endabuse.org)*
- ❑ **American Bar Association Child Welfare/DV Listserv**  
*<http://www.abanet.org/child/discussion.html>*
- ❑ **Issues in Family Violence – The Non-Violence Alliance**  
*[www.endingviolence.com](http://www.endingviolence.com)*





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