

Team Decisionmaking and Domestic Violence

An Advanced Training for
TDM Facilitators and Child
Protection Supervisors

Trainer's Guide



**Family Violence
Prevention Fund**
www.endabuse.org

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Written by
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The Annie E. Casey Foundation

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Lonna Davis, Project Director

Table of Contents

How to Use the Curriculum	4
Competencies and Learning Objectives.....	9
Part 1: Introductions	10
Part 2: Domestic Violence and Child Maltreatment	15
Part 3: Foundations of a Good Domestic Violence TDM Meeting	26
Part 4: Engagement and Assessment.....	38
Part 5: Developing Ideas and Making Decisions	57
Part 6: Planning Next Steps	67
Suggested Readings.....	69
Appendix 1: Preparatory Reading.....	71
Appendix 2: Handouts	79
Handout 1: Are All Acts of Intimate Partner Violence the Same?	
Handout 2: Family to Family Principles and Values Aligned with CPS Domestic Violence Principles	
Handout 3: Conditions for Successful Team Decisionmaking Meetings Involving Domestic Violence	
Handout 4: Domestic Violence Practice within the Team Decisionmaking Meeting Process	
Handout 5: The Carter Family	
Handout 6: TDM Domestic Violence Data Sheet	
Handout 7: Safety Mapping	
Handout 8: Domestic Violence TDM with Calvin Wiggins	
Handout 9: Placement Options: General Guidelines for Domestic Violence Situations	
Handout 10: Planning Next Steps	

How to Use the Curriculum:

Description:

- An advanced domestic violence (DV) curriculum for Team Decisionmaking (TDM) facilitators and child protection supervisors on safely preparing for and managing effective meetings, engaging parents around DV issues, assessing the impact of children's exposure to DV, and making decisions and plans to increase safety for children and battered mothers.
- This curriculum is designed to be used in conjunction with pre-training reading and a post-training local planning process to integrate the material into practice. Pre-training required readings are:
 - ▶ *In the Moment Strategies for Facilitators of Team Decisionmaking Meetings When Domestic Violence is Present or Suspected*, Family to Family Tools for Rebuilding Foster Care, published by The Annie E. Casey Foundation.
 - ▶ Preparatory Reading for “Team Decisionmaking and Intimate Partner Violence” Training (Appendix 1).

Intended audience:

Appropriate for TDM facilitators and those who supervise them, and for investigative, ongoing, or foster care supervisors within the child protection system who manage front-line workers.

- It is strongly recommended that this training be conducted with teams of TDM facilitators and their supervisors and with child protection supervisors whose workers participate in TDM meetings. To assure good outcomes for children, effective domestic violence practice must occur at all phases of the family's involvement with the child protection system.
- Ideally, this training should be conducted for groups of no more than 20 – 25 individuals.

Time needed to conduct training:


- This training can be presented in one day (6 hours), although given the complexity of the topic and the depth of the material, trainers should consider scheduling one and a half days of training (9 hours) to allow ample time for all of the exercises and group discussions. It is not recommended to schedule this training on two non-consecutive days.
- In the curriculum, recommended times for each section are noted after section titles.

Recommended times for each section of the training are as follows:

Part 1: Introductions	One day (6 hr) training	Two day (9 hr) training
A. Welcoming Remarks	5 minutes	10 minutes
B. Participant Introductions	15 minutes	35 minutes
C. In the Moment Strategies	10 minutes	15 minutes
Total	30 minutes	60 minutes
Part 2: DV and Child Maltreatment		
A. Definition of DV	5 minutes	5 minutes
B. DV and Children (video)	25 minutes	25 minutes
C. Potential Impact of Exposure to DV on Children	10 minutes	20 minutes
D. Factors that Affect How Children are Impacted by Exposure to DV	15 minutes	25 minutes
E. Women's Violence Against Men	SKIP	10 minutes
F. DV Best Practice and Key Elements of Family to Family	5 minutes	5 minutes
Total	60 minutes	90 minutes
Part 3: Foundations of a Good DV TDM Meeting		
A. Foundations of Effective DV TDMs	40 minutes	45 minutes
B. Safety Ground Rule	5 minutes	10 minutes
C. Safety Standards for DV TDMs	15 minutes	20 minutes
D. Case Scenario	SKIP	30 minutes
Total	60 minutes	105 minutes
Part 4: Engagement and Assessment		
A. Challenges to Child Protection Assessment	15 minutes	15 minutes
B. Improving Child Protection Assessment	20 minutes	20 minutes
C. Assessing DV Situations in Child Protection	30 minutes	30 minutes (45 min if using Trainer option with local tools)*
D. Engaging Women who Have Been Abused	20 minutes	25 minutes
E. Why Work with the Perpetrator of Violence?	10 minutes	20 minutes

Part 4 continued	One day (6 hr) training	Two day (9 hr) training
F. Engaging and Assessing the Perpetrator of Violence	25 minutes	40 – 55 minutes
Total	120 minutes	150 - 165 minutes
Part 5: Developing Ideas and Decision Making		
A. Key Principles	5 minutes	5 minutes
B. Identifying Perceived Level of Danger and Transitioning to “Developing Ideas”	10 minutes	10 minutes
C. Increasing Safety for Mothers and Children	15 minutes	20 minutes
D. Reaching a Consensus Decision	10 minutes	15 minutes
E. Assessing Motivation, Ability, and Willingness to Implement a Plan	5 minutes	10 minutes
Total	45 minutes	60 minutes
Part 6: Planning Next Steps		
A. Planning Activity	30 minutes	60 minutes
B. Wrap Up and Evaluations	15 minutes	15 minutes
Total	45 minutes	75 minutes
Training Total	6 hours	9 hours

Materials needed to conduct training:

- Trainer’s Guide
- Copies of handouts—in curriculum, handouts are marked with  (NOTE: Suggested Readings list on pages 69–70 can also be copied as handout)
- Copies of *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators* by S. Taggart. San Francisco, CA: Family Violence Prevention Fund.
- PowerPoint set up: laptop, LCD projector, power cords, screen, and external speakers (for training videos)
- PowerPoint slides
- Training videos:
 - ▶ Stairs (Family Violence Prevention Fund)

- ▶ Rachel's Story (Praxis Inc.)
- ▶ Something My Father Would Do (Family Violence Prevention Fund) (Optional)
- Newsprint/flipchart with stand and markers
- Masking tape (unless using Post-It flip charts)
- Name tents
- Name tags



Important notes for trainers:

- Trainers of this curriculum need to be knowledgeable not only about domestic violence and child protection, but ideally should be versed in the intersection of the two disciplines on a practice level. Furthermore, trainers must be familiar with Family to Family (F2F) Team Decisionmaking processes and goals. To deliver the curriculum effectively, significant preparation time is needed.
- This is an advanced curriculum that draws upon several important concepts in current child welfare literature, including:
 - ▶ Family-centered practice
 - ▶ Solution-focused interviewing
 - ▶ Signs of Safety approach to practice
 - ▶ Clear distinctions between danger and risk
 - ▶ Comprehensive family assessment
 - ▶ Eliminating disproportionality (over- or under-representation of various racial and ethnic groups as compared to the general population) in child protection

If trainers are unfamiliar with these concepts, it is strongly recommended that they spend time becoming familiar with them prior to presenting this curriculum. See Suggested Readings on pages 69 – 70.

- Because this was created as an advanced training, many of the exercises are designed to get participants to think and talk about current best DV practices. However, it often happens even in advanced trainings that some participants talk about practicing in ways that they *think* are effective but that in fact violate basic tenets of DV practice related to safety. **Throughout this training, it is essential that the trainer respectfully addresses unsafe practice each time it comes up.** The curriculum identifies points at which trainers may need to address these issues.
- Role plays are of course not scripted. To facilitate the role plays, it is critical that trainers fully grasp the specific element of best DV practice that the role play is in-

tended to illustrate, and feel comfortable demonstrating the skills themselves and/or feel confident in their ability to constructively critique the efforts of participants.

- Some trainers use the terms domestic violence, intimate partner violence, and battering interchangeably. Some feel comfortable talking about victims of domestic violence, while others prefer the term survivor. When talking about the violent partner, some trainers use the terms batterer or perpetrator, while others use language that describes the behavior rather than the person, such as “men who use violence.” Trainers may want to spend a few minutes early in the session briefly clarifying and defining which terms they will use and why.
- Regarding the use of gendered pronouns during the training, it is important to convey the reality that while both women and men can be victims of DV, women are more often the victims and suffer more serious injury and death than men in intimate partner violence situations.

Statistics related to this are offered in both the Preparatory Reading (Appendix 1) and in Part 2. Both men and women can be battered in same-sex couples, and a man can be abused by a female partner. However, the majority of DV situations involve a man being abusive with a female partner.

For this reason, some trainers tend to use the pronoun “she” when referring to the victim and “he” when referring to the violent partner. Others will want to occasionally remind the group that not all battering is male-to-female violence.

Competencies and Learning Objectives

Competencies:

As a result of this training, TDM facilitators and other participants will:

1. Recognize the overlap between DV and child maltreatment.
2. Understand the differential impact of exposure to DV on various children, and know how this should inform child protection interventions.
3. Know how uninformed child protection responses can increase danger and risk to children and their mothers in DV situations.
4. Be familiar with DV safety standards in TDM meetings.
5. Understand engagement strategies for both adult survivors and perpetrators of intimate partner violence.
6. Be aware of common mistakes in child protection DV assessments and have skills for improving these assessments.
7. Be aware of the array of possible strategies for creating safety when DV is present in a family, and be prepared to participate in informed decision making in these situations.

Learning Objectives:

As a result of this training, TDM facilitators and other participants will be better able to:

1. Explain factors related to the differential impact of exposure to DV on children.
2. Explain how child protection DV practice principles are relevant to Family to Family TDM.
3. Safely prepare for and manage TDM meetings with families in which DV is present.
4. Model effective engagement of both survivors and perpetrators of intimate partner violence.
5. Effectively facilitate difficult conversations about DV.
6. Elicit and organize critical assessment information regarding DV.
7. Facilitate DV related TDM meetings that lead to informed decision making and action plans that increase safety for children and their mothers, both in the meeting and after the meeting.
8. Promote active involvement of DV partners in TDM meetings and in action plans for families.

Overview of Part 1: Introductions



Time: 30 minutes or 60 minutes

Materials: Name tents and markers

Slides: 1 – 3

Overview: Introductions using stories about participants' names plants an idea with participants about letting a family tell their story as a way of knowing how they make meaning of the situation that brought them to the attention of CPS. This provides an opportunity for facilitators to “start from where the family is” and to create an opening for meaningful dialogue to occur.

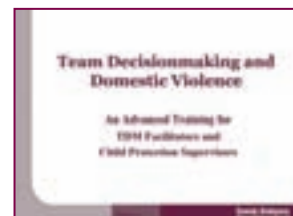
A small group discussion and large group debrief provide a review of key concepts from *In the Moment Strategies for Facilitators of Team Decisionmaking Meetings When Domestic Violence is Present or Suspected*, Family to Family Tools for Rebuilding Foster Care, published by The Annie E. Casey Foundation.

Part 1: Introductions

A. Welcoming Remarks

 5 min or 10 min

1. **SLIDE 1:** Welcome participants and introduce yourself. Explain that this will not be a DV 101 training, because it is assumed that everyone in the room has substantial DV experience in their work. Instead, this training is designed to strengthen participants' skills and deepen their awareness of DV best practice as it relates specifically to TDM.



Explain to participants that this training was developed based on technical assistance (TA) provided by the Family Violence Prevention Fund to TDM facilitators and child protection supervisors at sites in Michigan and California over more than two years. The TA consisted of observations and debriefings of TDM meetings; monthly consultations with facilitators in two sites; detailed data collection on DV TDM meetings; and joint development of strategies and safety standards for DV TDM meetings.

2. **SLIDE 2:** Briefly review the agenda for the day.



3. Ask participants to make themselves name tents. Ask participants to raise their hands to show what role they are in:
 - TDM facilitators
 - Supervisors of TDM facilitators
 - Child protection on-going, foster care supervisors or investigation supervisors
 - Others (Ask anyone who identified as "Other" to state their role)

B. Participant Introductions

 15 min or 35 min

1. Ask participants to organize themselves into groups of three and introduce themselves to each other by sharing a story about their name. Allow 10 minutes for this activity.



Extended training: Allow 25 minutes for this activity and have all participants at a table (approx. 6 – 8) share their name story with the rest of their group. Use another 10 minutes for the debriefing.

2. **Debrief:** Ask what kinds of things people talked about when they were sharing their name story, and what struck the listeners as being significant.

If necessary to get people started, ask whether anyone talked about where their family came from, or a changed last name as part of an immigration experience. Ask if anyone was named for a relative or a family friend, or whether anyone talked about their cultural background.

Explain that the training started with this exercise because name stories are usually brief and always personal. They allow us to say something about who we are as people, who we are connected to, where we come from, or what was important in our family of origin or adoptive family. These things are meaningful not only to us, but also to the families we serve.

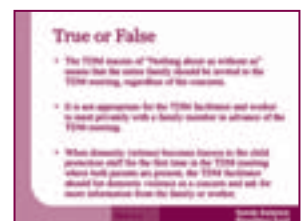
Child protection staff sometimes forget that families are more than what we read about in the case file or on the referral form, or what we see on the danger or risk assessment. Families have stories about what brought them to our attention and also about the times when we weren't in the picture, when things were going really well for them. When we let families tell their stories, we gain a deeper understanding of how they make meaning of their lives, their problems, and their strengths.

3. **Segue:** “Let’s try to hold this awareness as we talk about domestic violence in the families we serve, and we’ll come back to this later in the day.”

C. Participant Awareness of *In the Moment Strategies*

 10 min or 15 min

1. Explain the activity. Participants will have 5 minutes to discuss three statements with their group. The questions are about the Family to Family tool called *In the Moment Strategies for Facilitators of Team Decisionmaking Meetings When Domestic Violence is Present or Suspected*. (From this point on, this document will be referred to as *In the Moment Strategies*.)
2. **SLIDE 3:** Show slide and give people 5 minutes to discuss their answers with others at their table.



3. Debrief the activity one question at a time by asking whether there was any disagreement regarding the specific question. Make the following points:

- **True or False:** The TDM maxim of “Nothing about us without us” means that the entire family should be invited to the TDM, regardless of the concerns.

Family to Family (F2F) Team Decisionmaking is a way of working that requires that families have voice in decisions about their children, and that decision making be transparent to the family. “Nothing about us without us” reminds staff and partners that this is a fundamental expectation of TDM practice in all F2F sites. However, it is counter-productive to over-simplify this. In practice this means that everyone in the family has equal voice, regardless of whose behavior has been harmful to the children. Fidelity to the model does NOT mean ignoring safety. In fact, fidelity to the model and to F2F requires that safety be prioritized. As another example, the rule of thumb against private “huddles” during a TDM can and should also be modified at times when safety concerns arise in the meeting itself.

- **True or False:** It is not appropriate for the TDM facilitator and worker to meet privately with any family member in advance of the TDM.

While the facilitator role is designed to ensure objectivity in the process, there is room for some flexibility to meet the needs of a particular family’s situation. For example, some sites have built in a pre-meeting check-in with youth to be sure

that they are feeling emotionally and physically safe to participate. This is very appropriate. Similarly, checking in with adult family members to ask comparable questions about safety is not only appropriate, but in fact is recommended in certain circumstances. *In the Moment Strategies* has always left open the possibility of pre-meeting check-ins to ensure a TDM meeting can be accomplished safely.

- **True or False:** When domestic violence becomes known to the child protection staff for the first time in the TDM meeting where both parents are present, the TDM facilitator should list domestic violence as a concern and ask for more information from the family or worker.

Generally speaking, asking for more information about the violence at this moment in time can significantly increase danger or risk to mothers, which can have a direct impact on danger or risk to her children. The exception may be that if the perpetrator of violence brings it up or has offered an “opening” such as talking about “losing it” or striking out physically, the facilitator can carefully explore those disclosures **with the perpetrator**. The non-offending parent should not be asked to confirm or comment on what her partner says. This will be covered in more detail later in the training.

Overview of Part 2: Domestic Violence and Child Maltreatment



Time: 60 minutes or 90 minutes

Learning Objectives: Explain factors related to the differential impact of exposure to DV on children.

Explain how child protection DV practice principles are relevant to F2F Team Decisionmaking Meetings.

Materials: “Stairs” video vignette

Slides: 4 – 16



Handouts: Handout 1: Are All Acts of Intimate Partner Violence the Same?

Handout 2: Family to Family Principles and Values Aligned with CPS Domestic Violence Principles

Overview: A brief video will illustrate how some children are exposed to DV, how their mothers try to protect them, and how important it is for child protection staff to think about and plan for the safety of children and mothers together. The concept of differential impact of exposure to domestic violence on children will be introduced by a review of current research. In the extended version of the training, a brief presentation on types of intimate partner violence will address the question of women’s violence against men. In preparation for moving to the discussion about TDM meetings, a review of Handout 2 will show how child protection DV best practice principles align with F2F principles.

Part 2: Domestic Violence and Child Maltreatment

A. SLIDE 4: Definition


 5 min



Domestic violence is a pattern of behavior in which one person attempts to control an intimate partner through threats or actual use of physical violence, sexual assault, verbal and psychological abuse and/or economic coercion.

B. Domestic Violence and Children

 25 min

1. Explain that you will show a short video that was produced by the Family Violence Prevention Fund as a public service announcement. Tell participants that they will first listen to the audio portion, and then they will see the video. **Warn participants** that what they will hear is very disturbing, and tell people to take care of themselves in whatever way they need to.
-  2. Play the audio portion of “Stairs”. [**Note to trainers:** If necessary, place a sheet of paper over the projector lens. If using a television, turn the TV around so the screen isn’t visible.] Give people a minute to reflect on what they heard. Without discussion, then show the video with audio.
3. **Debrief:** Ask participants what they were feeling or thinking when they heard the assault the first time. What did they want to do? How did that compare to their response once they saw the video? Expect to hear things like:
 - At first I wanted to save her, but then I wanted to save the little boy.
 - I wanted to kill him. I wanted to stop him. I wanted to pull him off her.
 - I wanted to take that child away from that home and never let him be exposed to that again.

Be prepared for participants to express anger, sadness, frustration, and fear. Validate these feelings as they are expressed.

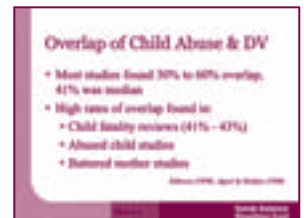
Continue debriefing the video. Ask whether anyone heard the mother trying to protect her child. If people don't respond, remind them that she was trying to get her partner to keep his voice down, and that she was trying to comply with his demands, both of which are strategies that women use to avoid their children being exposed to violence. Make the point that even in the moment of a physical assault this mother was doing what she could to protect her child.

It is important to understand that our **best hope for creating safety for children of battered women is to help their moms stay safe.** This has been demonstrated in child protection practice over and over again across many jurisdictions, and is now commonly understood as best practice.

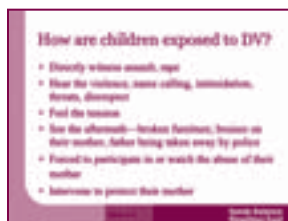
- 4. Segue:** “So what do we know about this little boy’s future? It’s natural after watching a video like this that touches your heart to want to save children from ever being exposed to an assault on their mother again. However, we should not assume that all children exposed to violence are doomed—we’re learning a lot from emerging research about the differential impact of exposure to DV on children.”

C. Potential Impact of Exposure to DV on Children 10 min or 20 min

- 1. SLIDE 5:** In both child fatality reviews and studies on battered women and abused children, the significant overlap between DV and child maltreatment has been clearly established. The range of overlap in these studies is between 30 and 60%.¹ The implications for child protection practice are obvious: CPS workers and supervisors need to be highly skilled in managing DV cases.

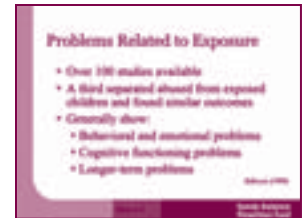


- 2. SLIDES 6 – 7:** Children are exposed to DV in many ways.



¹ Approximately 50% of men who frequently assaulted their partners indicated they also abused their children; domestic violence may be the single major precursor to child abuse and neglect fatalities in this country; and studies indicate that 80 to 90 percent of children living in homes with domestic violence are aware of the violence. For more information see Family Violence Prevention Fund, *The Facts on Children and Domestic Violence*, available at <http://www.endabuse.org/resources/facts/Children.pdf>.

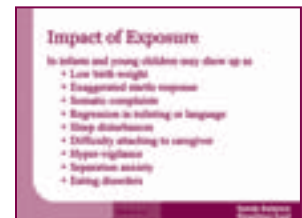
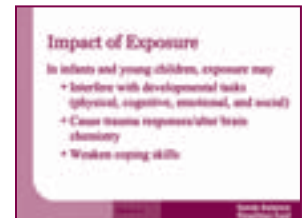
3. **SLIDE 8:** Explain that more than 100 studies have looked at the impact of exposure to DV on children. One third of those studies separated abused children from children exposed to DV and found that the impact of exposure to DV looks a lot like the impact of direct child abuse.²



4. Ask participants to name some of the ways that children can be impacted by exposure to DV. Fill in information by reviewing slides:

SLIDES 9 – 10: Infants and young children may experience:

- Low birth weight
- Exaggerated startle response
- Somatic complaints
- Regression in toileting or language
- Sleep disturbances
- Difficulty attaching to caregiver
- Hyper-vigilance
- Separation anxiety
- Eating disorders



SLIDE 11: By the time kids reach school age, distinct differences emerge as some children externalize and others internalize behaviors and feelings. These children may display:

- Aggression
- Delinquency
- Anti-social behavior
- Hyperactivity
- Conduct disorders
- Academic problems
- Depression
- Anxiety
- Low self-esteem



2 Edleson, J. (1999). *Problems Associated with Children's Witnessing of DV*. National Electronic Network on Violence Against Women. Retrieved October 7, 2009, from http://www.womenslawproject.org/reports/Bench_appendixD-1.pdf.

- Social withdrawal
- Somatic complaints
- Trauma (some PTSD)

As children reach adolescence, they begin to display attitudes supporting the use of violence, and we see higher rates of substance abuse and other self-harming behaviors. Teenage boys who have been exposed to DV are more likely to use violence in their own relationships.



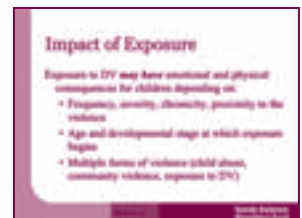
TRAINER OPTION: Offer the group the opportunity to watch a video over the lunch break called “Something My Father Would Do” that illustrates some of the ways that boys can be impacted by DV. The video shows three stories of adult men who actually witnessed their fathers being abusive to their mothers as children, and how that experience affected their own choices as they got older. (20 minutes)*

D. Factors that Affect How Children are Impacted by Exposure to Domestic Violence



15 min or 25 min

1. **SLIDE 12:** Reiterate that not all children are impacted equally by exposure to DV, this is why child protection needs to look at the experiences of individual children. Exposure to DV *may have* emotional and physical consequences for children depending on:



- **Frequency, severity, chronicity, proximity to the violence**

Children exposed to extreme or on-going violence are more likely to be harmed, physically and emotionally, than children who are exposed to lesser forms of violence (pushing and shoving) less frequently.

- **Age and developmental stage at which exposure begins**

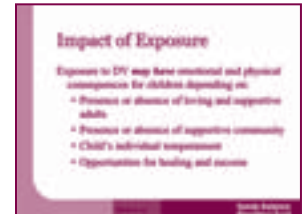
If a child’s exposure to DV begins at a young age when they are developing basic functioning skills (bonding, motor skills, language) they are more likely to be negatively impacted. They might not have an opportunity to master even basic tasks because of the violence, which prevents them from developing in a variety of ways that can have long-term consequences.

* To order a free copy of this DVD, please go to <http://fvpfstore.stores.yahoo.net/something-my-father-would-do--overcoming-legacies-of-family-violence.html>

- **Exposure to multiple forms of violence**

Children who are both exposed to violence against a parent and who are victims of child abuse themselves have less favorable outcomes than those who are only exposed to DV. When exposure to violence in their community or their schools are added to the mix, the negative impact increases.

SLIDE 13: Shift to positive factors by stating that the emphasis on potential consequences of exposure is important because several factors can mitigate the effects. These factors promote resiliency or healthy functioning of children who are exposed.



- **Presence of loving and supportive adults**

The research on children's resilience suggests that the single most important factor in how children weather their exposure to DV may be the presence of even a single consistently supportive, caring adult in the life of the child.³ In many DV situations, that one adult is the child's mother. It might also be a grandmother, a teacher, a coach, or the mother of a friend down the street.

- **Presence or absence of supportive community**

Supportive community refers to others with whom the child interacts—teachers, coaches, neighbors, parents of their friends, service providers, and so on—who make efforts to support children's healthy development. This can also refer to the commitment of staff of systems like child welfare, the police, the courts, and others to develop their knowledge and skills around the needs of children exposed to DV, and practice in ways that support children's resiliency.

- **Child's individual temperament**

Some children seem to have a natural resilience to some of the harmful effects of exposure to violence. They appear to have a strong sense of themselves, even at a young age, and they seem to understand that the violence isn't their fault and isn't theirs to "fix". They may also have a strong sense of racial or ethnic pride.⁴

- **Opportunities for healing and success**

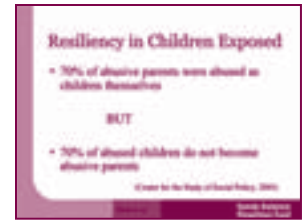
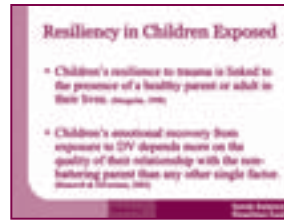
Children are more likely to weather their exposure to DV with few or no long-term effects if they are provided the opportunity to heal from the trauma of their exposure and are involved in activities where they can feel successful.⁵


3 Osofsky, J. D. (1999). The impact of violence on children. *The Future of Children: Domestic Violence and Children*, 9(3), 38. See also Margolin, G. (2005). Children's Exposure to Violence. *Journal of Interpersonal Violence*, 20(1), 72-81.

4 National Crime Prevention (1998). *Pathways to prevention: developmental and early intervention approaches to crime in Australia*. Canberra: Commonwealth Attorney General's Department.

5 For example, see Henderson, V.L., & Dweck, C. S. (1990). Motivation and achievement. In S. S. Feldman & G.

SLIDES 14-15: Explain that emerging research on resiliency in children is giving child protection a very different framework for thinking about children’s exposure to DV.



 **Extended training:** Continue to the discussion of Women’s Violence Against Men (Section E). Otherwise, skip to section F.

- 2. Segue (if applicable):** “Before we move on to talking specifically about Team Decisionmaking, I want to take a few minutes to address the issue of women’s violence against men because it comes up repeatedly in child protection work and has implications for decision making.”

E. Women’s Violence Against Men⁶



SKIP or 10 minutes

1. Explain that child protection workers almost always raise the question of women’s violence against men, so as TDM facilitators it is important to consider similarities and differences with men’s violence against women. Tell participants that in the interests of time, trainers will cover the research briefly, and then participants are invited to do more reading on their own.

Explain that a study completed by Praxis International in 2006 for the Federal Office on Violence Against Women was based on interviews conducted over a 15 year period with men and women arrested for domestic abuse in several cities, plus reviews of hundreds of police and court documents. Over 10 years, they also assessed men and women involved in criminal and civil courtroom proceedings involving intimate partner violence. Researchers identified five categories of violence against intimate partners. Another researcher, Michael Johnson at Penn State University, identified similar typologies.

R. Elliot (Eds.). *At the Threshold: The Developing Adolescent*. (pp. 308-329). Cambridge, MA: Harvard University Press; Skinner, E.A. (1995). *Perceived Control, Motivation and Coping*. Thousand Oaks, CA: Sage Publications; and several other studies.

6 The material in this section is based on Pence E., & Dasgupta, S.D. (2006). *Re-examining Battering: Are All Acts of Intimate Partner Violence the Same?* St. Paul, MN: Praxis International, Inc. Additional research on this topic can be found in Johnson, M. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Lebanon, NH: Northeastern University Press.



2. **SLIDE 16:** Distribute and refer to **Handout 1: Are All Acts of Intimate Partner Violence the Same?**

Cover the following material from the handout and give some additional information.



- **Battering.** Battering is defined as an ongoing, patterned use of intimidation, coercion, and violence with other tactics of control to establish and maintain a relationship of dominance over an intimate partner. Researcher Michael Johnson calls this “intimate terrorism” (see Suggested Readings). The researchers at Praxis found that about 95% of the men in their sample used this form of intimate partner violence, with a significant number also being alcohol-addicted and/or behaviorally anti-social. They caution that their sample may have been skewed because of how these men came to their attention, through court involvement for DV.
- **Resistive/reactive violence.** This is violence that is used by a person to retaliate or resist battering by using force themselves. The goals are to stop violence or to establish some semblance of parity in the relationship. In the sample that Praxis analyzed, overwhelmingly this was the form of violence that women were using in their intimate relationships, often simultaneously linked to pathological violence related to drug and alcohol addiction.
- **Situational violence.** This type of violence is used by intimate partners against each other out of anger, disapproval, or to get a partner to do something specific, like stop drinking. While not healthy, the violence is isolated and in response to a specific issue. For instance, dad goes out and gambles away the rent money, and his wife assaults him in anger when he arrives home.

Situational violence is particularly challenging for child protection, because workers hear again and again that “this is the first time it ever happened” or “if I had only done what he said he wouldn’t have hit me.” Battering is often misunderstood as situational violence.

- **Pathological violence.** A pathologically violent individual may use physical violence against a partner, but their violence is not typically focused on one individual. The underlying pathology may be related to drug or alcohol abuse, mental illness, neurological damage, or a physical disorder. Praxis researchers found only 4% of men in their sample who they considered to be pathologically violent.

Again, this is a challenging category because so many batterers and their attorneys use excuses like being drunk or high to explain violent behavior. It can be very difficult to tease out true pathologies associated with use of violence.

- **Anti-social violence.** Violence that may be inflicted by a person on almost anyone they come into contact with—at a bar, at work, at home, and so on.
3. **Summarize:** Any of these “non-battering” forms of intimate partner violence can also inflict serious injury, or be lethal. It is important not to downplay these non-battering forms of violence, but to accurately assess the situation and respond accordingly. Praxis suggests possible interventions for each type of violence, which are listed on the handout. Child protection interventions related to battering will be expanded upon and discussed later in the day.
 4. **Segue:** “For purposes of Team Decisionmaking, it will be important to try to tease out whether the violence that has brought the family to the attention of child protection is truly battering. Before we get to this issue of assessment, let’s quickly take a look at whether and how F2F practice principles and child protection DV practice principles are aligned. Domestic violence best practice principles for child protection work have been developed through almost twenty years of on-the-ground work on tens of thousands of DV cases in which moms and kids were at risk of harm in the same families from the same perpetrator of violence.”

F. Domestic Violence Best Practices and Key Elements of Family to Family



1. Refer participants to **Handout 2: Family to Family Principles and Values Aligned with CPS Domestic Violence Principles**. Make the following points:
 - F2F is a broad set of principles, goals, and strategies that provide a framework for child protection practice. As we work on specific child welfare issues such as DV, the general F2F principles and strategies are enhanced by tailoring them to the specific circumstances of the family. More nuanced and sophisticated practice results from this alignment of F2F and best practice around specific issues within families.
 - Both F2F and child protection DV practice principles keep children firmly at the center of child protection decisions, and both reference safety, stability, well-being, and permanency as necessary areas of focus in our work. DV practice principles also call for examining the impact of child protection interventions, including Team Decisionmaking, on safety and well-being.
 - Within child protection there is general agreement that children belong in fami-

lies, and that keeping a child with a parent is preferable to foster care. In practice, workers sometimes find this difficult to accomplish when DV is an issue. Too often interventions are focused on getting the non-offending parent to do something rather than getting the violent parent to stop being violent. In DV situations, the goal must be to keep the child safe and in the care of their non-offending parent whenever possible because it minimizes trauma to children. To accomplish this goal, interventions need to address the safety of mothers.



[**Note to trainers:** Be prepared in case someone states that children do best when their father is in their life as well. The research on outcomes for children with and without father involvement often doesn't differentiate between healthy, nurturing fathers and abusive fathers, which most people can agree is an important distinction to make. It is also important to remember that most children who are raised by single mothers or single fathers grow up to be healthy, productive, non-violent adults.]

- Child protection DV best practice has always been to partner with the non-offending parent to create safety. The survivor is the expert on the behavior of her abusive partner. Furthermore, among men who use violence there are significant variations in terms of their dangerousness, the relationships with their children, their capacity to be engaged, and their willingness to change their abusive behavior. The challenge is to figure out how to motivate and work with individual men to promote change without increasing danger or risk. This will be explored later in the training, and will reference the work of Fernando Mederos⁷ of the Massachusetts Dept. of Children and Families and the work of the Family Violence Prevention Fund.⁸
- National Incidence Studies find no significant differences in rates of child maltreatment between white families and families of color, and yet children of color are over-represented in virtually every child protection system in this country. Research shows that these disparities begin with who gets reported to child protection, which then gets progressively worse as families move through the system—from investigation or assessment to on-going case management, to removal rates to length of time in placement. Team Decisionmaking attempts to interrupt this by bringing families and their community representatives to the

7 Mederos, F. (2004). *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*. San Francisco, CA: Family Violence Prevention Fund.

8 For more information on fatherhood and DV, see <http://www.endabuse.org/content/features/detail/803/>

table to make plans that keep kids at home, with kin, or in their communities whenever possible.

Some DV service providers struggle with creating meaningful options or solutions for women and children of color or immigrant families. Traditional strategies such as getting restraining orders, calling the police, joining a support group, or going into shelter do not work for all women or children. It is imperative that DV providers sit at the TDM table to participate in the creation of plans for individual families, whose circumstances and needs vary widely.

- 2. Segue:** “Next we’ll talk more specifically about building a strong foundation for effective domestic violence TDM meetings.”

Overview of Part 3: Foundations of a Good Domestic Violence TDM Meeting



Time: 60 minutes or 105 minutes

Learning Objective: Safely prepare for and manage TDM meetings with families in which domestic violence is present.

Materials: Flipchart and markers
Copies of *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators* by S. Taggart. San Francisco, CA: Family Violence Prevention Fund.

Slides: 17 – 23



Handouts: Handout 3: Conditions for Successful Domestic Violence TDM Meetings
Handout 4: Domestic Violence Practice within the Team Decisionmaking Meeting Process
Handout 5: The Carter Family

Overview: Training participants are first asked to brainstorm as a large group what makes a TDM meeting successful. An “Appreciative Inquiry” small group exercise then generates awareness of the current effective DV practices of TDM facilitators while providing trainers an opportunity to introduce new best practice strategies.


A Safety Ground Rule and DV Safety Standards for TDM meetings are presented. In the extended version of the training, a case scenario illustrates the value of a pre-meeting safety check-in and how skipping this step can lead to increased danger or risk to the children.

Part 3: Foundations of a Good Domestic Violence TDM Meeting

A. Foundations of Effective DV TDM Meetings



40 min or 45 min

1. Ask the group what constitutes a successful outcome for a TDM meeting. Write key points on flipchart paper titled **Successful TDMs**. Anticipate responses that relate to:
 - **Participation:** a strong team; a good mix of family, friends and professionals; people participate fully; community partners engage in planning and actively support family; the mother has a supportive friend with her; a family member helps the father regulate his behavior.
 - **Resources:** family accesses new resources that promote safety or stabilize the family; identification of non traditional, “natural” supports or resources; culturally specific resources are identified.
 - **Process:** stick to TDM format; conflict is resolved successfully; consensus is achieved to greatest extent possible.
 - **Results:** kids are able to stay at home, with kin, or with at least one parent, or in their community; avoid congregate care placement; avoid placement disruption; successful reunification planning occurred.
-  2. Conduct the following activity. Distribute **Handout 3: Conditions for Successful Domestic Violence TDM Meetings**. Organize participants into groups of 6 – 8 individuals.
 - Allow 5 minutes for this part of the activity. Ask participants to first **individually** think about one or two really good TDMs they facilitated or participated in **that involved DV**. This might be any type of TDM—emergency removal, considered removal, change of placement, reunification, etc. What was it that made it successful? What were the conditions or elements that led to success?

Explain that they should consider all possible elements that made the DV TDM successful. When was domestic violence identified? Who was in the room? Who invited them? When were they invited? What decision was made? Was the family court involved? Who presented first? Which partners were present? What did they do? What kinds of questions were asked of the family?

Ask participants to write their responses on the front side of Handout 3.

- Allow 10 minutes for this part of the activity. Next, ask each group to produce a list on the second side of Handout 3 that organizes the items from the individual lists into four categories:
 - ▶ Which of the conditions that resulted in a successful DV TDM occurred before the meeting started?
 - ▶ Which took place in the meeting itself?
 - ▶ Which occurred after the meeting?
 - ▶ Finally, which elements were more about the environment or the structure of the agency or the meeting, that don't fit into the other categories?
- Debrief the activity, reinforcing good practice.



[**Note to trainers:** Be prepared to respectfully address issues or ideas that come up that are UNSAFE practices, such as discussing DV with both parents present when it is not known in advance of the meeting, confronting a perpetrator to get him to admit to being violent, not responding to him escalating (sometimes people see this as “venting” and allow it to continue for too long), talking about the children’s or her private disclosures about violence in front of him, making a safety plan for her and the kids with him present, and so on. Because these are things that people feel made the meeting successful, it can be tricky to address them as unsafe practice. If necessary, ask more questions about the context that might have made this generally unsafe strategy “work” in this particular case, or ask whether it is known that there was a post-meeting safety check-in to see what impact it had on the family.]

- Start by asking what things came up before the meeting occurred and reframe or ask for more information about individual items as needed.



[**Note to trainers:** It is not necessary to bring up every single item if participants don't raise them. The goal of this activity is to begin to develop awareness of a body of current practice for TDM participants to build upon.] The list that is generated should include some of these:

- ▶ Scheduler prompted (or worker identified) DV as an issue in the family on referral to TDM. (**probe:** How does this make a difference? How was DV identified—by using an assessment tool? In an earlier TDM?)
- ▶ Checked for court orders prohibiting contact between parents.
- ▶ Separate meetings were scheduled for the two parents, or other arrangements made for the violent adult to participate. (**probe:** So there was a planning process to set the meeting up safely? Do you know how and when that occurred?)



- ▶ Facilitator asked the scheduler or worker about safety concerns for anyone in the meeting. (**probe:** Can you say more about how this occurred? When it occurred? What came up in the conversation?)
- ▶ Family members were invited. (**probe:** Did the worker know whether these family members were aware of the DV? Who did they support?)
- ▶ DV partners or community partners who know about DV were invited. (**probe:** Are they always invited? How frequently do they come? How did their presence make a difference?)
- ▶ **Checked in with the battered parent about how the meeting would impact her safety and the safety of the children.** [Note to trainers: If this particular item doesn't come up from a participant, the trainer should introduce it. Refer back to the DV best practice principle that says the impact of the intervention on safety must be considered. Also refer back to the Maribel and Julio scenario.]
- Ask which of the elements that led to successful outcomes happened in the meeting itself. The list that is generated should include some of these:
 - ▶ Paid attention to dynamics and non-verbal cues of the family members present and responded appropriately. (**probe:** Can you describe this briefly?)
 - ▶ When DV was raised in the meeting with no advance notice to the facilitator, s/he respectfully interrupted the speaker and redirected the conversation (or took a break to check in with the adult victim about how to proceed). (**probe:** Can you tell us specifically how you did that?)
 - ▶ In a meeting with only the battered mother and her support network:
 - Presented the DV in a non-judgmental way
 - Asked open ended questions about the violence
 - Validated the difficulty of her position and anything she has done to try to protect herself and her children
 - Presented the results of danger or risk assessments
 - Asked what she thought would keep her children and herself safe
 - Generated multiple options for safety
 - Developed creative safety plans, including for the time immediately following the meeting
 - Asked how to talk to her partner safely
 - ▶ In a meeting with only the perpetrator of violence and his support network:
 - Asked open-ended questions about his relationship
 - Asked open-ended questions about any known criminal record or police reports

- Explored his relationship with his kids, and validated any expressed positive feelings or parenting behaviors
 - Asked what he was willing to do to be sure his kids were safe
 - Used what he disclosed or talked about as a foundation for talking about his violence
- Ask which of the elements that led to successful outcomes happened after the meeting.



[**Note to trainer:** Because TDM facilitators may not be aware of things that occurred after the meeting, engage the supervisors in the room to respond to this question.] The list that is generated should include some of these:

- ▶ Worker and community partners followed through on safety and service plans
 - ▶ Checked in with mother about her safety and the safety of her children after the conversation with him
 - ▶ Met with father again and continued efforts to engage him
 - ▶ Facilitated referrals to needed resources
- Ask which of the elements that led to successful outcomes didn't fit into any of these "sequence" categories. The list that is generated may include some of these:
 - ▶ Clarify the role of TDM participants
 - ▶ Clear policies and practice in the agency for working safely and well in DV cases
 - ▶ Strong agency leadership around DV
 - ▶ Good working relationships with community partners; protocols for regular invitation of DV community to TDMs; ongoing check-ins to ensure positive partnerships developing
 - ▶ Opportunities to do professional development with TDM partners



3. Distribute **Handout 4: Domestic Violence Practice within the Team Decision-making Meeting Process** and explain that it provides a "map" for how DV best practice fits into Team Decisionmaking. Allow several minutes for participants to review the handout and ask any questions they might have.

4. Segue: "Clearly you are already aware of and using some of the DV best practice strategies. This afternoon we'll be giving you some ideas to try that will enhance your practice even further. Before we get to that, however, you should be aware of the Safety Ground Rule for TDM meetings that was developed by TDM facilitators involved in the technical assistance project."

B. Safety Ground Rule

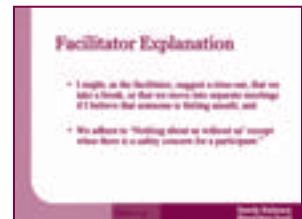
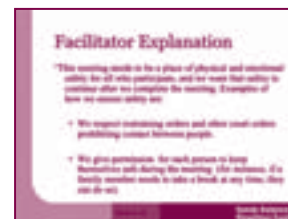
 5 min or 10 min

1. Refer to *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators*, which should have been distributed at the beginning of the training. Explain that **this ground rule has been endorsed by The Annie E. Casey Foundation** and is being added to F2F guidelines for TDM meetings.
2. Explain the context:
 - The explanation of the Safety Ground Rule should come somewhere in the middle of the TDM ground rules so as not to over-emphasize this one relative to the other ground rules
 - This ground rule is in alignment with “straight talk”—it provides information transparently and in advance of the meeting
 - The Safety Ground Rule applies to all participants—family members, including children and older youth, workers, partners, facilitators, and others

3. **SLIDE 17:** State the Safety Ground Rule: **We create a place of physical and emotional safety for all who participate in the TDM.**



4. **SLIDE 18 – 19:** Offer facilitators language about how to explain this: “This meeting needs to be a place of physical and emotional safety for all who participate, and we want that safety to continue after we complete the meeting. Examples of how we ensure safety are:



- We respect restraining orders and other court orders prohibiting contact between people
- We give permission for each person to keep themselves safe during the meeting (for instance, if a family member needs to take a break at any time, they can do so)
- I might, as the facilitator, suggest a time-out, that we take a break, or that we move into separate meetings if I believe that someone is feeling unsafe
- We adhere to ‘Nothing about us without us’ except when there is a safety concern for a participant”

Check in to see if anyone has questions or concerns about the Safety Ground Rule.

5. **Segue:** “Let’s move on to the safety standards for DV TDM meetings that were the brainchild of a TDM facilitator in Macomb County, Michigan—Dave Buscher. Dave suggested that it would be helpful for facilitators to know exactly what standards should apply in DV cases to assure safety.”

C. Safety Standards for Domestic Violence TDM Meetings



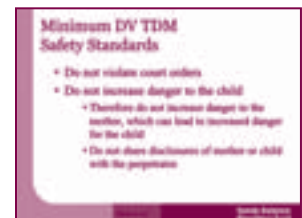
15 min or 20 min

These safety standards can also be found in the paper *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators*. Explain that the reason for the “tiers” of safety standards is that the Minimum Standards are basic tenets of DV practice related to safety, and that TDM facilitators have a certain amount of control over how they are applied in the TDM meeting. The Better Standards can be applied in an environment that supports practices such as truly partnering with battered moms and holding abusive fathers accountable, neither of which can be consistently accomplished in an agency that has not already embraced the Minimum Standards.

Present the following information, checking in with participants after each item to determine whether additional dialogue is needed.

Minimum Standards of Safety:

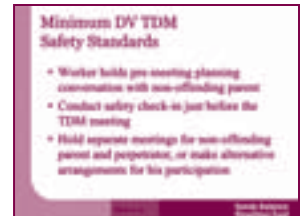
- **SLIDE 20:** TDM meetings must not facilitate violation of any written or verbal court order, or any condition of probation or parole that restricts contact or communication of a perpetrator of abuse with the victim. Existence of any such orders should be explored by the worker prior to the TDM. If it becomes known to the facilitator during the meeting that such an order is in effect and the meeting is a violation of that order, the meeting should immediately be interrupted, and the facilitator should consult with the worker and supervisor to schedule separate meetings with each adult.
- TDM meetings must not increase immediate danger to the child. In other words, there must be a Do No Harm standard. Therefore, TDM meetings must not increase immediate danger to battered mothers, because doing so can directly compromise a child’s safety. Disclosures of DV by a child or a non-offending parent cannot be discussed with the perpetrator of violence without prior safety planning with both the child and the non-offending parent. Doing so can increase immediate danger to any child who remains in the home, which may or may not be apparent to child welfare professionals.





CAUTION: When a child has to be removed because no safety plan can be put in place that sufficiently mitigates immediate danger to her/him, safety planning with mothers regarding their own safety **must** be conducted. **Removal of a child can significantly increase immediate danger to battered mothers**, which compromises the child’s emotional safety and well-being.

- **SLIDE 21: Workers must hold a pre-meeting planning conversation with the battered mother** whenever possible. The following should be explored: who can safely be at the meeting, and if the offending parent will be present, what can be discussed; how best to have the conversation about her child’s exposure to violence; and how participants will know if he is escalating. The worker and the facilitator should decide together, based on the content of that planning conversation, whether there should be separate TDM meetings; or if the offending parent should participate by phone in selected portions of the meeting, or by some other means to ensure safety during the meeting. CPS staff should “take the heat” from him for insisting on these safety measures.
- **Facilitators and workers should do a brief pre-meeting check in about safety concerns for the meeting.** The facilitator and worker together should take a couple of minutes with each parent and do the following:
 - ▶ **State the Safety Ground Rule.** “We create a place of physical and emotional safety for all who participate in the TDM.”
 - ▶ **Ask two or three questions:** 1) Are there any court orders in place that prohibit contact between you and anyone else who is here for the meeting? 2) Is there anything we need to be aware of related to your personal safety in the meeting?
 - **(If yes)** 3) How can we proceed safely? Separate meetings? Avoid certain topics? Exclude children or other family members from the meeting?
 - **(If no)** 4) Do we need to have a signal that you can use to let me know you need a break because you’re worried about your safety or the child’s safety?



[**Note to trainers:** Of all the safety standards, this is the one most likely to generate disagreement. Some facilitators feel very comfortable with this idea. Others worry about it negatively influencing their neutrality or objectivity, don’t want to take the time to do it, or don’t think the worker will agree. Others worry that the parent will launch into a full explanation of their situation. **If these objections are raised, take a few minutes and conduct a brief role play of this check-in to illustrate how it can work.** Have the “family member” start to

talk about their situation, and you, as the facilitator, respectfully interrupt and say “We need to hear all of this from you in the meeting. The only question we need to have answered right now is: will you be able to openly discuss your situation in the meeting without it being dangerous for you to do so?”}

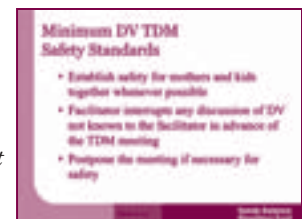
- **Separate TDM meetings should be held for the perpetrator and the non-offending parent when the decision about removal or reunification depends, in whole or in part, on the mother’s safety plan.** Separate meetings can be explained to the perpetrator as “Department policy” in these situations.

Explain that when separate TDM meetings are held, the first meeting should usually be scheduled with the non-offending parent (unless she tells you that doing so will increase danger). This will provide an opportunity to discuss how far a facilitator can go in attempting to engage the perpetrator of violence without increasing danger. Because the family unit that should be preserved in the short term, when possible, is the child with the non-offending parent, the plan that is developed with the non-offending parent in the meeting should guide the decision. The meeting with the perpetrator of violence should be seen as an opportunity for engagement rather than as a means for developing an alternate plan.

- **SLIDE 22: TDM meetings should focus on establishing safety for the battered mother and child together whenever possible.**

Helping a mother stay safe is an effective strategy to increase safety and decrease risk to the child. *Ask her what will help her stay safe—most of the time she will be able to tell you.* This might include any of the following or other strategies not on this list:

- ▶ Safety planning
- ▶ Helping her get into shelter or into a support group
- ▶ Relocation help
- ▶ Finding emergency money for transportation or other needs
- ▶ Building her natural support system
- ▶ Helping her get a restraining order
- ▶ Advocating with her landlord for locks on her doors and windows
- ▶ Buying her food and other necessities that she might otherwise have to ask her partner to buy
- ▶ Paying her back rent to halt an eviction
- ▶ Giving her a pre-programmed cell phone to call 911
- ▶ Engaging her in planning for the conversation or TDM with her partner



- **Facilitators of TDM meetings must be prepared to interrupt and re-direct** any attempts by participants to discuss DV that was unknown to the facilitator prior to the meeting. Refer to the Safety Ground Rule.

In this situation other TDM participants, particularly the worker and supervisor, must be prepared to support the facilitator's efforts. Everyone should be prepared for surprises, and take an active role in assuring safety. If the facilitator decides that a break is needed or that it would be helpful to do a safety check, either the worker or supervisor should quickly engage the perpetrator of violence so the facilitator and others can check in with the non-offending parent.

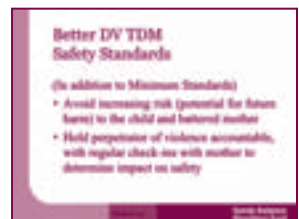
- On occasion, it may be necessary to postpone a TDM with a perpetrator of violence to allow time for a conversation (that includes the supervisor) about holding the meeting safely.

Better Standards of Safety:

Higher standards for TDM meetings should be possible as facilitators and child protection agencies institutionalize best practice in DV situations. These two standards are in addition to, and do not replace Minimum Standards.

- **SLIDE 23: TDM meetings should not increase risk to a child or battered mother**, because doing so may result in a child remaining in care longer than is necessary.

The Minimum Standard held that when conducting TDM meetings, care should be taken not to increase immediate danger, while the Better Standard suggests that *increasing future risk* should also be avoided. Minimizing risk of DV, a PATTERN of behaviors, is accomplished by paying attention over time to shifting conditions and circumstances, partly around the perpetrator's response to CPS intervention and updating plans with mothers as those conditions change. In a single TDM meeting, you get a "point in time" look at risk and can plan accordingly. Over a series of TDM meetings with the same family, you may get a sense of the patterns.



- **Hold a perpetrator of violence accountable for his behavior to increase safety and decrease risk to the child.** Holding him accountable can include:
 - ▶ Referring him to a certified batterer intervention program
 - ▶ Having direct, respectful conversations with him about his behavior
 - ▶ Asking him directly how best to support his stated commitment to non-violence in the future (if applicable)

- ▶ Communicating with his probation or parole office to report concerns and to coordinate planning
- ▶ Stating an expectation that he will follow any court orders and outlining the consequences for not doing so
- ▶ Enlisting others with whom he has a relationship (i.e. a pastor, a brother, his mother, and so on) to talk to him about changing his behavior
- ▶ Communicating with his other providers (a therapist, a substance abuse program, etc.) about his violence
- ▶ Basing his contact with his child (visitation, reunification) on him changing his behavior (Acknowledge that the child protection worker may not have the final say in these matters when the court is involved, but they can and SHOULD make recommendations based on safety concerns.)



CAUTION: Efforts to hold a perpetrator of violence accountable for his behavior can increase danger or risk to a child and the child's mother. The mother should be consulted both *prior* to attempting these strategies and *after* such attempts to assess how he has responded.



Extended training: Continue to Case Scenario (Section D). Otherwise, skip to Part 4: Engagement and Assessment.

D. Case Scenario



SKIP or 30 min



1. Organize participants into small groups of 6 -8 individuals. **Distribute Handout 5: The Carter Family** and have participants read the scenario individually and then discuss the questions in their small groups. Allow 10 minutes for this part of the activity.
2. Debrief the discussion questions. Ask participants if they have ever had an experience similar to this in a TDM, and have them share the strategies they used. **Be prepared to address any unsafe practices** that are suggested, such as probing further for more information about DV. Allow 5 – 7 minutes for this part of the activity.
3. After the large group discussion of how the facilitators would handle this situation, explain that there were things occurring in the Carter family that were unknown to the worker and facilitator in this situation. Read this additional information out loud to the group:
 - Patricia has left the home repeatedly to avoid beatings from her husband. She

sometimes sleeps in the car, and at other times stays with various friends. All of her friends are afraid of David, who calls and threatens them as well. Patricia has had her jaw broken and her eyes blackened, and has frequently been covered with bruises. The violence has been going on for many years, although there have been periods of non-violence, sometimes for months at a time.

- David has never beaten either of his sons in the past. He cooks for them and takes them to sporting events. David recently lost his job of thirteen years that had full benefits, and is now working part-time at a local hardware store for minimum wage. He drinks a lot more now than he did when he was working full time.
- David's younger brother Brock idolizes him and thinks David can do no wrong. David used to protect Brock from their father when he went into drunken rages and became violent. On more than one occasion, David took a beating to stop his father from hitting either his mother or Brock.
- When Patricia arrived home on the morning of the TDM, David screamed at her that it was her fault the boys were in foster care. He told her that if she did *anything* to prevent him from getting the boys back, he would kill her.
- On the way to the TDM, David continued to berate Patricia, punched her in the arm, and threatened to throw her out of the car. After they picked up Brock, David told Patricia that if he went to jail, he would have Brock watch every move she makes and report back to him. He told her that when he came out of jail he would make her life a living hell. Finally, as they were pulling in to the parking lot at CPS, he told Patricia that if she wasn't careful, he might have to hurt one of the boys again.

Discuss these questions with the large group:

- What do you think is going through Patricia's mind?
- Had there been a safety check-in with Patricia and one with Aaron before the meeting, what might either of them have said?
- As a facilitator, why would you want to know about violence even just a few minutes in advance of a meeting? How does this impact your thinking about the usefulness of a safety check-in?

Acknowledge that the pre-meeting safety check-in will not always result in disclosures. Make the point that if it works for even 5% of families, it is worth doing.

Overview of Part 4: Engagement and Assessment



Time: 120 minutes or 150 minutes (up to 165 minutes if using Trainer Option with local assessment tools)

Learning Objectives: Model effective engagement of both survivors and perpetrators of intimate partner violence.
Effectively facilitate difficult conversations about DV.
Elicit and organize critical assessment information regarding DV.

Materials: Video vignette “Rachel’s Story”*
Flipchart and markers

Slides: 24 – 39



Handouts: Handout 6: TDM Domestic Violence Data Sheet
Handout 7: Safety Mapping
Handout 8: Domestic Violence TDM with Calvin Wiggins

Overview: Challenges to accurate assessments in the child protection setting are introduced in a large group discussion, and then strategies for improving assessments are offered in a small group presentation. Large and small group activities related to a video vignette called “Rachel’s Story” illustrate the application of some of those improvement strategies for DV assessments. Finally, utilizing Helpful Things to Say in a mock-TDM scenario and/or role play illustrates key engagement concepts for both survivors and perpetrators of DV.

* To purchase DVD copies of Rachel’s Story please visit: www.praxisinternational.org

Part 4: Engagement and Assessment

A. Challenges to Child Protection Assessment⁹

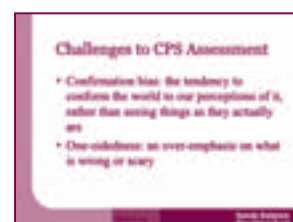


15 min

1. Ask the group “What do you think are some of the greatest challenges to accurate assessments of a family’s situation in a child protection context?”

Expect to hear responses like “not enough time,” “lack of good assessment tools,” “families lie to us,” and “circumstances are always changing”. Validate these challenges and add the following to the list if not mentioned. Relate each to DV.

- **SLIDE 24: Confirmation bias:** The tendency to conform the world to our perceptions of it rather than the reverse. We look for and find what we expect to see far more easily than we take in information that is contrary to our belief system.¹⁰ Confirmation bias then directs our attention to the details in a person’s behavior that confirm these pre-existing beliefs. For example, a worker who believes that a particular battered woman “chooses her partner over her children” is more likely to interpret her compliance with her batterer’s demands as “evidence” of this belief than as an indicator of extreme danger.



In England, researcher Eileen Munro reviewed all the child protection case records for every single child fatality that occurred in England over two decades. One of her findings was that the single most important factor in minimizing error in child welfare is to admit that you might be wrong.¹¹

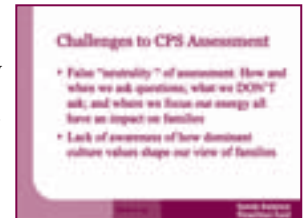
- **One-sidedness:** An over-reliance in tools and in practice on what is problematic or scary or dangerous. If we only look at what isn’t working in the family, interventions are focused only on changing problematic behavior. If we broaden our assessment to also look at what is working well, then we can suggest that families “do more of this behavior,” which is far easier for a person to accomplish. Exploring a mother’s strategies for keeping her children safe during a violent assault by her partner helps a worker see her in a different light.

9 The material in this section is adapted from the work of Andrew Turnell and Steve Edwards, and from the work of Eileen Munro. For more information, see Suggested Readings.

10 English, D. (1996). The Promise and Reality of Risk Assessment. *Protecting Children*, 12(2), 14-19.

11 Munro, E. (1998). Improving Social Workers’ Knowledge Base in Child Protection Work. *British Journal of Social Work*, 28, 89-105. See also Munro, E. (1999). Common Errors of Reasoning in Child Protection Work. *Child Abuse and Neglect*, 23(8), 745-758.

- **SLIDE 25: False “neutrality of assessment:”** We like to think that child protection assessment focuses on those things within the family that are relevant to decision making or case planning, and sometimes we forget that CPS assessments are never neutral in the effect they have on the people who are being assessed. How we ask questions, when we ask them, and where we focus our energy all have an impact on how families think about us and probably how they think about themselves. A very simple example of this is that if we don’t talk to or engage the perpetrator of DV, we are sending a clear message that the adult victim is responsible for all the changes that we think need to occur.
- **Lack of awareness of how dominant culture values shape our thinking about families:** Most of us would like to be more culturally competent in our work, and we may spend a lot of time going to trainings and reading books about various cultures in an effort to improve practice. We also need to build self-reflection and self-awareness into our work to understand how white, U.S. American values such as self-reliance, autonomy, independence, equality, and direct communication inform our interpretations of families who have different sets of values that are organized more around inter-dependence, standing up to an oppressor, loyalty to one’s community, respect, deference to elders or professionals, or “traditional” gender roles. Think of women you’ve worked with who have been reluctant to go into shelter. Is this an indication that a woman is in denial or uncooperative? Might there be something else going on that makes her think shelter isn’t an option for her and her children? If we don’t develop self-awareness around race and culture, we can end up with inaccurate assessments of danger, risk, or family functioning that have little to do with objective standards of safety and violate legal thresholds for state intervention in families.¹²



12 Several resources are available on this topic. See, for example, Fontes, L.A. (2005). *Child Abuse and Culture: Working with Diverse Families*. New York, NY: The Guilford Press. See also Sue, D.W., Capodilupo, C.M., Torino, G.C., Bucceri, J.M., Holder, A.M.B., Nadal, K.L., & Esquilin, M. (2007). Racial Microaggressions in Everyday Life / Implications for Clinical Practice. *American Psychologist*, 62(4), 271-286.

B. Improving Child Protection Assessment



20 min

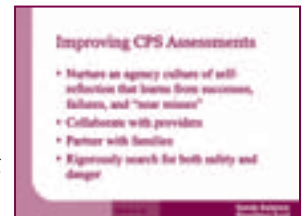
1. Explain that key elements of F2F integrate and align with strategies for improving child protection assessments. Highlight several ways that child protection assessments can be improved. Relate each item to DV as indicated.

- **SLIDE 26: Nurture an agency culture of self-reflection that learns from successes, failures, and “near misses”**

The F2F emphasis on data collection and self-evaluation to generate meaningful dialogue about practice is certainly one example of creating this culture within an agency. Continuous Quality Improvement and Quality Service Reviews are likewise directed at improving practice.

Unfortunately, sometimes in child protection it takes the death of a child to spark a review of practice, while a homicide of a battered mother barely makes an impact.

Currently, all F2F sites are required to report on prevalence of DV issues in TDM meetings as part of their on-going data collection. Tracking additional DV data can further illuminate practice. For instance, tracking things like how frequently DV comes up “in the moment” at a TDM meeting versus how many times it was noted on the referral, how many times both parents were in the room when it was disclosed, how frequently DV providers were at the meeting, and what decisions were made regarding the children, can lead to rich discussions that can significantly improve practice.



Refer to **Handout 6: TDM Domestic Violence Data Sheet** as a sample guide for tracking important DV data that can then be used to generate dialogue about practice.

- **Collaborate with providers¹³**

Collaboration with providers is more than making referrals for services—it implies sharing power as decisions are being made and as service plans are being formulated. Having domestic violence providers at the TDM table creates the potential for increasing family safety as connections are made, new resources are identified, and the expertise of advocates around safety planning is utilized. Their help in facilitating access to resources for battered mothers also significantly enhances the ability of those women to build on past efforts to protect their children.

¹³ See *Building Community Partnerships, Step by Step*. (2005). Baltimore, MD: Annie E. Casey Foundation. See also Mitchell-Clark, K., & Autry, A. (2004). *Preventing Family Violence: Lessons from the Community Engagement Initiative*. San Francisco, CA: Family Violence Prevention Fund.

One of Eileen Munro's findings in her study of child deaths was that the lack of communication between the CPS system and providers who were involved with the family was a factor in almost every death.¹⁴ Every system or provider involved with the families had pieces of information that were critical to understanding the level of danger to the children, but no one had ALL of the information in one place at the right time, when key decisions were being made. Clearly, TDM meetings are a place where this sharing of critical information can and does occur. Communication is different than collaboration, but collaboration is not possible without good communication.

- **Partner with families**

Andrew Turnell and Steve Edwards, two experienced child welfare professionals from Australia, have been using a Signs of Safety approach to practice for almost two decades. Their work is focused on helping child welfare workers create meaningful partnerships with parents to improve their capacity to keep their children safe.¹⁵

Child welfare literature suggests that building constructive relationships with families leads to increased cooperation.¹⁶ Partnering with families does not equal condoning maltreatment of children or avoiding talking about hard topics. It does mean having hard conversations respectfully and in a way that acknowledges the person's humanity and efforts to be a good parent. In a DV situation, it means asking a battered mother how the child protection intervention will impact her safety and the safety of her children, and getting her input on how to approach her violent partner. It also means treating men who use violence with respect, focusing energy and efforts on creating safety, motivating him to change behavior when possible, and acknowledging his struggles and strengths as a man and as a father without condoning his abusive behaviors.

- **Rigorously search for both safety and danger**

An emphasis on searching diligently for both indicators of safety and indicators of danger is a cornerstone of the Signs of Safety approach. The value of searching for both safety and danger is that workers get a picture not only of what is prob-

¹⁴ See supra note 11.

¹⁵ Turnell, A., & Edwards, S. (1999). *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York, NY: W.W. Norton & Co., Inc.

¹⁶ L. Lutz, (n.d.). *Position Paper: Family Centered Assessment in Child Welfare Practice*. Retrieved October 7, 2009 from http://www.l3passociates.com/upDocs/Conducting_Family_Centered_Assessments.pdf.

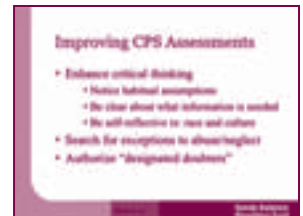
lematic about how the family is functioning, but also about what they are already doing well, which gives child protection something to build on. This will be illustrated later in this segment of the training. Past harm to a child is a good indicator of potential for present and future harm. Similarly, past acts of protection of a child are a good indicator of the potential to create safety now and in the future.

- **Enhance critical thinking**

Enhancing critical thinking involves examining both external evidence and internal assumptions in the service of coming to the clearest understanding possible in situations of incomplete, complex, or contradictory data (in other words, child protection work). Strategies include:

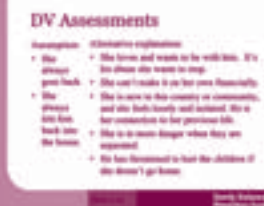
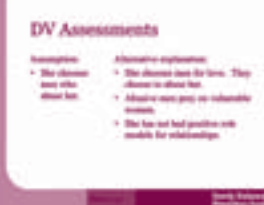
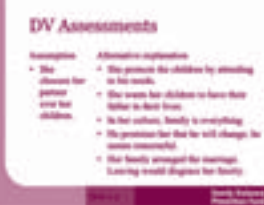
SLIDE 27

- ▶ **Noticing habitual assumptions.** What is easy to see? What is harder to see?
- ▶ **Being clear about what information is needed to make the specific decision at hand.** What is MOST relevant to a decision about potential removal? Reunification? Placement stabilization?
- ▶ **Building self-reflective practice around culture and race.** Has the family’s perspective been thoroughly explored, and consideration given to how that might impact interactions with each other and with workers?
- ▶ **Searching for exceptions to the abuse or neglect** can provide a more holistic picture of family functioning.
- ▶ Authorizing “designated doubters” and **purposefully considering alternative explanations and strategies.** Disagreements can help people think.



Note: *In the Moment Strategies* reminds facilitators of the ways that child protection workers sometimes talk about battered women. The following “alternative interpretations” are adapted from *In the Moment Strategies*.

Assumptions	Reframe/Alternate interpretation	
<p>SLIDE 28</p> <ul style="list-style-type: none"> ● He’s under a lot of stress; he has anger management problems, he “lost it.” 	<ul style="list-style-type: none"> ● If this was about stress, anger, or losing control, he’d be abusive with everyone. Does he hit his boss when he is angry at work? The cashier who gives him incorrect change? His probation officer who is disrespectful to him? 	

Assumptions	Reframe/Alternate interpretation	
<p>SLIDE 29</p> <ul style="list-style-type: none"> • She always goes back. • She always lets him back into the house. 	<ul style="list-style-type: none"> • She loves and wants to be with him. It's his abuse she wants to stop. • She can't make it on her own financially. She needs more resources to be able to stay away. • She is new to this country or community, and she feels lonely and isolated. He is her connection to her previous life. • She is in more danger from him when they are separated. • He has threatened to hurt the children if she doesn't go home. Not letting him back in could mean taking a serious risk. 	
<p>SLIDE 30</p> <ul style="list-style-type: none"> • She chooses men who abuse her. 	<ul style="list-style-type: none"> • She chooses men for love. They choose to abuse her. • Abusive men prey on vulnerable women. • She has not had positive role models for relationships. 	
<p>SLIDE 31</p> <ul style="list-style-type: none"> • She chooses her partner over her children. 	<ul style="list-style-type: none"> • She tries to protect the children by attending to his needs so he doesn't get violent. • She wants her children to have their father in their lives. • In her culture, family is everything. • He promises her that he will change; he seems remorseful. • Her family arranged the marriage as is their custom. Leaving would disgrace her family. 	

2. **Segue:** “Let’s see how we can apply some of these strategies for improving assessments to a specific domestic violence situation.”

C. Assessing Domestic Violence Situations in Child Protection



30 min

(45 min using Trainer Option related to local assessment tools)



1. Distribute **Handout 7: Safety Mapping**. Tell participants that you will show them a short video called Rachel's Story that was created from an actual CPS case record that was reviewed from a DV perspective. The case note is verbatim from the record.

Assign half of the room to take notes on the handout about indicators that Darryl and Portia, Rachel's children, are in danger or at risk of harm. Assign the other half to take notes on signs that they are or have been safe or protected.

Debrief the activity. On three sheets of flipchart paper write the headings *Concerns*, *Strengths*, and *Questions* and write down the responses that people call out. The lists should look something like this (fill in information as needed):

Concerns	Strengths
<ul style="list-style-type: none"> • Darryl and Portia exposed to DV • Financial instability • Possible eviction • Calvin harassing Rachel—alternately apologizing and blaming her for CPS intervention • Rachel is uncooperative • Rachel may let Calvin come back • Kids are in the middle of conflict between parents • Rachel has contact with Calvin around visits • Calvin is emotionally manipulating the children during visits • Potential loss of supportive activities for kids • Rachel is unemployed 	<ul style="list-style-type: none"> • Rachel called 911 and had Calvin arrested • Rachel took out a restraining order and pursued criminal charges • Rachel started divorce proceedings • Rachel is not listening to Calvin's attempts to come back • Calvin is seeing children on a regular basis • Supervised, safe visits are occurring • Strong bond between Rachel and her children • Bond between Calvin and children (may need to explore Calvin's motivation) • Children are involved in activities • Family connected to a faith community
Questions:	
<ul style="list-style-type: none"> • Has Calvin ever been violent with the children? • Are the kids afraid of their father? • How is Rachel's current mental state impacting her thinking about Calvin's efforts to move home? 	

2. Draw a 0 to 10 scale on another piece of flipchart paper. Ask a few participants to think about how much danger the children are in given the present circumstances. On a scale from 0 to 10, with 0 being “Absolutely safe” and 10 being “In extreme danger”, what number would participants assign in response to the question: **What is the level of danger to the children?** Ask them to provide brief explanations of their responses.
 - If the responses cluster, make note of that and move on to #3.
 - If the responses are scattered along the scale, note that the seasoned child protection staff in the room have very different opinions about how dangerous this situation is for Darryl and Portia, and ask TDM facilitators how they might proceed if the opinions in the TDM room are so diverse.
3. Discuss with the group that in child welfare practice it is critical to make clear distinctions between danger (an immediate or imminent condition) and risk (potential for future harm). If a child is in danger, a conversation about potential removal is needed. If a child is at risk, the conversation shifts to possible interventions to reduce that risk.

Ask whether and how this distinction is made in the jurisdictions in which participants work. Expect to hear that some jurisdictions have adopted Structured Decision Making®¹⁷ or other types of safety/risk assessment tools that inform specific kinds of child protection decisions, while others rely primarily on clinical judgment of workers and supervisors. In some jurisdictions, these concepts may not be clearly differentiated (although the number of jurisdictions in which this problem occurs should be shrinking).

TRAINER OPTION: Have copies available of the local safety assessment tool and definitions of items related to danger (some call these safety threats) and risk. Spend some time with the group reviewing the items from the Concerns and Strengths lists to understand how the tool might impact the decision or the process of reaching a decision. Allow an additional 15 minutes for this option.

17 Note to trainers: see www.crc-nccd.org or contact Raelene Freitag at 608-831-1180 for more information on SDM if these tools are in use in the local child protection agency.

4. Explain that you want participants to think about how relevant the various Concerns and Strengths are **to the decision at hand in this TDM.**

Return to the Safety Map of the scenario with Rachel and Calvin Wiggins. Explain that this TDM is being held because the worker is concerned that Rachel is not following through with the local battered women's program to get into a support group and get counseling, and that she has mentioned that Calvin is pressuring her to come home. The worker thinks that Darryl and Portia may need to be in foster care if Rachel doesn't engage in the services that are on her service plan, and if she doesn't promise that she won't allow Calvin to come back home.

Ask participants to identify which of the Concerns are directly connected to current danger to Darryl and Portia. Have participants explain *specifically* how any item indicates danger. Facilitate a brief discussion of each item using notes in parentheses.

Concerns

- Darryl and Portia exposed to DV (*Not currently. How is it related to their current functioning?*)
- Financial instability (*Not incorrect, but the more specific concern is the next item*)
- Possible eviction (*If imminent, potential motivation for Rachel to reunite with Calvin*)
- Calvin harassing Rachel—alternately apologizing and blaming her for CPS intervention (*Indication that he hasn't accepted separation. Whether this is a threat to safety depends on how aggressive he is about trying to come home*)
- Rachel is uncooperative (*Is this true? Is there an alternate explanation? This might be revised to: Rachel is overwhelmed. She may be more vulnerable right now*)
- Rachel might let Darryl come back (*What evidence is there of this? Possible eviction and her potentially being more vulnerable are already listed*)
- Kids are in the middle of conflict between parents (*"In the middle" of conflict doesn't necessarily imply immediate danger. What is the evidence that it rises to this level?*)
- Rachel has contact with Calvin around visits (*Visitation centers can plan for safe pick up and drop off. If not already happening, easy enough to arrange*)
- Calvin is emotionally manipulating the children during visits (*Potential for serious emotional stress on children. Are there indications that this is occurring?*)
- Potential loss of supportive activities for kids (*Not great, but not actually dangerous*)
- Rachel is unemployed (*Contributing to her stress, but not dangerous*)

Note that participants have used specific strategies for enhancing critical thinking: noticing habitual assumptions, looking for alternate explanations, and looking for strengths. Ask participants to identify which Strengths are: 1) examples of past acts of safety; or 2) directly tied to the current concerns checked under Concerns. Be prepared to talk about why the checked items are most relevant to the current decision.

Strengths

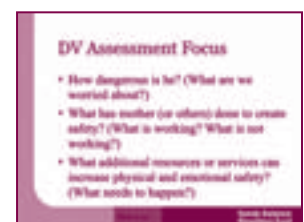
- Rachel called 911 and had Calvin arrested (*Past act of safety*)
- Rachel took out a restraining order and pursued criminal charges (*Past act of safety*)
- Rachel started divorce proceedings (*Past act of safety*)
- Rachel is not listening to Calvin's attempts to come back (*Tied directly to "may let Darryl come back"*)
- Calvin is seeing children on a regular basis
- Supervised, safe visits are occurring (*Relevant to "emotional manipulation" because visitation staff can interrupt dynamic*)
- Strong bond between Rachel and her children (*Protective factor for Calvin's "emotional manipulation"*)
- Bond between Calvin and children (*May need to explore Calvin's motivation*)
- Children are involved in activities
- Family connected to a faith community

Refer back to the 0 – 10 scale and ask whether anyone has changed their mind about the level of danger to Darryl and Portia. Ask for brief explanations.

Note that the unchecked items under Concerns may be relevant to the potential for future harm, or risk, to the children and/or the mother. In considering a potential removal, however, they can be thought of as "complicating factors" and the unchecked items under Strengths can be thought of as "supporting strengths". Both may be relevant to case planning and other CPS tasks.

5. **SLIDE 32:** Explain that in a DV situation where removal of children is being considered, the assessment must focus on:

- How dangerous is the perpetrator of violence to his partner and her children at the present time? (What are we worried about?)
- What is known about mother's (or others') efforts to keep herself and her children safe? (What's working well?)



- What additional resources or services can increase physical and emotional safety? (What needs to happen?)
6. Explain that these same basic questions are relevant to other types of TDM meetings as well. For example, in a reunification TDM meeting, it is not enough to know whether the perpetrator of violence has attended a batterer intervention program for a certain number of weeks. It IS important to know whether he has demonstrated changed behavior with his partner—is he really less dangerous now than in the past? If the mother has attended a support group, she may be feeling stronger, but it is also necessary to know whether she is better able to engage in and follow through with safety planning. In other words, the assessments should still be focused around safety, not around compliance or cooperation. In these later meetings, the impact of the child protection intervention can also be considered.
 7. **Segue:** “How do we go about building a good working relationship with a battered mother to improve our chances of creating safety?”

D. Engaging Women Who Have Been Abused



20 min or 25 min

1. Return to the TDM meeting scenario. Given the circumstances, assume that Rachel will be the only parent in attendance at the meeting. Ask participants who else should be present—Rachel’s friend Audrey, her pastor, a DV advocate, and a community resource person.
2. Refer to Appendix A of *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators* for “Helpful Things to Say or Ask a Non-Offending Parent (When Her Partner is Not Present)”. Ask participants to read through the Things to Say and mark the statements that they think would be the best to say to or ask Rachel.

TRAINER OPTION: As an alternative to this exercise, conduct a role play having participants play the identified parts. Pull “Rachel” aside and tell her to play her part either as very depressed or very angry at the worker for considering removal of her children. Ask other participants to use their best strategies for engaging Rachel. Debrief the role play by first asking “Rachel” and then observers to comment on how helpful the engagement strategies seemed. Then refer participants to look at “Helpful Things to Say or Ask a Non-Offending Parent (When Her Partner is Not Present)”.

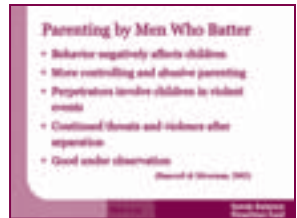
3. Debrief the activity. Facilitate a large group discussion about why people made the choices they made. **There are no wrong answers.** The goal is to get facilitators to look closely at the recommended things to say or ask, and to think about how useful they might be in a TDM meeting that they are facilitating. Make the following points:
 - Sometimes all that is required to interrupt our tendency toward “confirmation bias” is to say something different or ask a different question, because how we ask a question makes a difference for the listener.
 - Some questions are designed to let the family “tell their story” as we did with our name stories at the beginning of the day. It is important to understand the positions of the various family members, and to know how THEY make meaning of what is happening. Of course, if children are participating in the TDM then they can be asked directly.
 - The “exception” questions help us to both see the strengths of the family and to understand more specifically how conditions are different between times of violence and times of non-violence. This gives us information on which to build a plan—that is, how can the family “do more of what they do well already?”
 - Several questions are designed to obtain more information about her past efforts to protect herself and her children, and assess her current capacity to create safety. The complicating factors questions (31 – 42) will tell you some things about what other kinds of supports Rachel might need.
 - Questions 43 – 47 are critical to plan for safe contact with Calvin.
4. **Segue:** “We’ve been talking a lot about engaging Rachel and assessing her responses to DV. Unfortunately, in many child protection situations this is where the assessment begins and ends. Calvin is still in the picture, and in order to create both short and long term safety for the children and for Rachel, we need to engage him and assess his motivation and commitment to changing his violent behavior.”

E. Why Work with the Perpetrator of Violence? 10 min or 20 min

1. Present the following information:

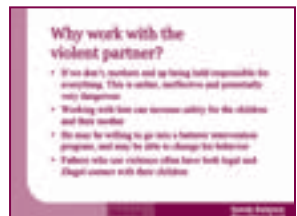
Men who use violence in their intimate relationships have a significant impact on the entire family. In their book *The Batterer as Parent*, Lundy Bancroft and Jay Silverman identify several issues that are important for child protection decision-makers to consider:

SLIDE 33: As has already been discussed, exposing children to DV often has a very negative effect on them.



- Men who are violent in their relationship tend to be more controlling and abusive in their parenting as well.
 - Perpetrators of DV often involve children in violent events, either by making them watch the abuse or even rape of their mother, or by encouraging them to directly participate in a physical assault.
 - Frequently, there is a very deliberate undermining of the mother's authority with the children, or he might interfere with her attempts to care for her children. Both of these can make her look bad to a child protection worker.
 - Even after separation, these men often continue their threats and violence.
 - The challenge to seeing these problems is that perpetrators of violence tend to look good under observation.
2. Explain that there is a vast range in danger and the potential to change in the population of men who use violence. Despite the disturbing parenting attributes that have just been presented, CPS staff need to remember that all men who use violence are not equally dangerous to their partners or their children. If we assume that all are equally dangerous, we will miss many opportunities for children to have adequately safe contact with their fathers.
3. Return to the Calvin Wiggins scenario. Explain that there are lots of reasons to try to work with him:

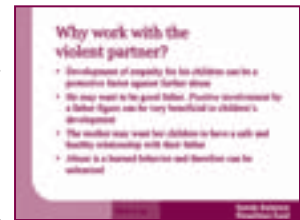
SLIDE 34: If CPS doesn't engage Calvin, Rachel ends up being held responsible for everything. This is not only unfair, but ineffective and potentially very dangerous.



- Working with Calvin can increase safety for Rachel and the children.
- Calvin may be willing to go into a batterer intervention program, and may be able to change his behavior. Giving Calvin the opportunity for change and healing is an essential component to ending his violence.
- Calvin already has contact with his children through supervised visits, which won't last forever. Fathers who use violence often have both legal and illegal contact with their children.

SLIDE 35: Calvin may feel empathy, or may be able to develop empathy, towards his children. This can be a protective factor against further abuse.

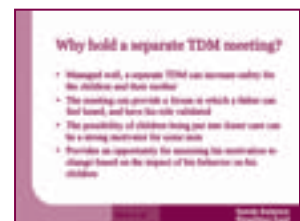
- Calvin, like most men, may want to be good father. In some cases this contact can be transformed into a positive and healing experience for the children. *Positive* involvement by a father figure can be very beneficial to children’s development.
- Rachel may want Darryl and Portia to have a safe and healthy relationship with their father, and the kids are asking her about him coming home.
- If Calvin grew up in an abusive household and saw his own mother being abused, engaging him around that experience can have an enormous impact on his thinking about what kind of father he wants to be. Abuse is a learned behavior and therefore can be unlearned.



4. Ask participants to consider the value of holding a separate TDM meeting for Calvin. What are some of the pros and cons? Fill in additional information by reviewing the next slides.

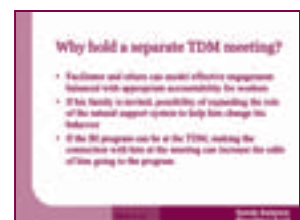
SLIDE 36: Managed well, a separate TDM can increase safety for Rachel and the children.

- The TDM can give Calvin a forum in which to feel heard, and to have his role as the father of the children validated.
- A TDM held at the point at which removal is being considered may be the thing that causes Calvin to meet with the worker for the first time, or that causes Calvin to recognize the impact of his abuse on his family. The possibility of children being put into foster care can be a strong motivator for some men.
- We can assess his level of motivation to change his behavior because of the impact it is having on his children. When careful safety planning has occurred, the TDM can be a forum for some children to talk directly to their father and extended family about the impact of his violence on them.



SLIDE 37: The TDM facilitator and others can model effective engagement balanced with appropriate accountability. This kind of modeling can help workers know what to say and how to say it.

- By holding a TDM to which some members of his family are invited, TDM meeting participants might be able to expand his network of



accountability and create opportunities for his natural support system to play a role in changing his behavior.

- If the batterer intervention program can be at the TDM, making the connection with him at the meeting can increase the odds of him going to the program.

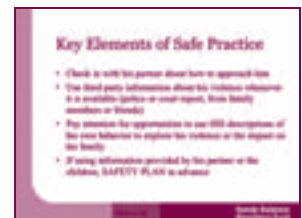
F. Engaging and Assessing the Perpetrator of Violence


 25 min or 40 min

1. As CPS staff work to create safety in families, it is necessary to create opportunities to assess the specific level of danger and “engage-ability” of men who use violence. Remind participants that while this is occurring, there needs to be constant attention to the safety of children and mothers. This means:

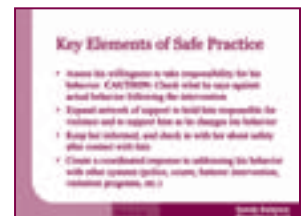
SLIDE 38: Checking in with her about how to work with or approach him.

- Using third party information about his violence whenever it is available (in a police or court report, from family members or friends, etc.).
- While he is talking or responding to a question, paying attention for opportunities to use HIS words and descriptions of his own behavior as a way to explore his violence or the impact on his family further.
- If using information provided by his partner or the children, SAFETY PLAN-NING in advance.



 **SLIDE 39:** Assessing his level of empathy for his family and his willingness to take responsibility for his behavior. **CAUTION:** Because men who use violence will often use a strategy of taking partial responsibility or claiming to be concerned about the impact of behavior on children in order to deflect CPS concerns, any statements that he makes **MUST** be checked against actual behavior following the intervention.

- Assessing the supports and resources available to hold him responsible for violence and to support him as he works to change his behavior, and expanding that network whenever possible.
- Keeping her informed about how he responded, and checking in with her about safety after contact with him.
- Participating in a coordinated response to addressing his behavior with other systems (police, courts, batterer intervention, visitation programs, etc.).



2. Some of these concepts will be illustrated by returning to the scenario of Calvin and Rachel. Refer to *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Safety* by Fernando Mederos. Explain that this document, which is downloadable at www.endabuse.org, is the most comprehensive document available today for guiding CPS practice with men who use violence, and that it calls for staff of CPS systems to have both a **clear goal** and a **strategic interview plan** when meeting with a man like Calvin.
3. Explain that in a TDM meeting, there are two primary goals with Calvin, and both of them are designed to create opportunities to assess his behavior. The first goal is to **assess his willingness to engage with CPS in an on-going way**, and the second is to **motivate him to engage in services that can help him change his behavior**. Remember that the ultimate goal is the physical and emotional safety of his children and his partner.

In the TDM, it is not necessary that he take full responsibility for every horrible thing he has ever done to his family. It is also not necessary to stop him every time he mentions his partner or blames her for his behavior. Facilitators can let him talk without agreeing with him or giving any energy to his interpretation of events. It may be necessary to set limits or to re-direct him if he starts to escalate.



Extended training: Skip Handout 8 and move directly to conducting role plays (Part 5).



Note to trainers: If you plan to use role plays, please be very familiar with the material in *Accountability and Connection with Abusive Men: A New Child Protection Approach to Increasing Family Safety* by Fernando Mederos. (downloadable at www.endabuse.org).



4. Distribute **Handout 8: Domestic Violence TDM with Calvin Wiggins**. Allow 10 minutes for this exercise. Tell participants to read the TDM transcript and make notes in the margins about which of the strategies employed by the facilitator or another participant in the meeting appear to be effective, which do not appear effective, and why. Debrief the activity with the large group. Then Refer to Appendix B of *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators* for “Helpful Things to Say to or Ask Men who use Violence and Abuse.”

5. Conduct the following role play. Refer to Appendix B of *Domestic Violence and Team Decisionmaking: Guidelines for Facilitators* for “Helpful Things to Say to or Ask Men who use Violence and Abuse.” Returning to our Safety Mapping exercise based on the situation of Calvin and Rachel, let’s think about how to accomplish our goals. Assume that in the TDM meeting with Rachel, you explored how to approach Calvin, and she told you the following:

- She has no interest in continuing her relationship with Calvin, but feels she has to let the kids continue to see him because that’s what THEY want.
- She is worried about how visits will go when they are no longer supervised by the visitation program. She thinks that Calvin will convince Darryl and Portia that he is the good guy, and that all of this is her fault.
- Rachel thinks that Calvin may either be drinking or getting high, because he often sounds “out of it” when he calls to harass her.
- Rachel thinks that Calvin does genuinely care about the kids, but is more invested in keeping control of her than in being a good father. She thinks that using the police report from the past incident is a good place to start a conversation with him about how his behavior is harmful to the kids. She also says that Calvin has been arrested three other times for assaulting her, and that each time she dropped the charges against him. (Assume the worker has obtained a copy of his criminal record and the police report. The report of the last incident says that Darryl was injured when he tried to intervene to protect his mother from his father. Calvin pushed Darryl away, and Darryl fell into the coffee table and cut his head. Portia was in the other room.)
- Calvin’s father and mother are still alive, and Calvin has told her that he used to see and hear his mother being beaten by his father. He has very conflicted feelings about his father, but he is always trying to impress him.

Ask participants to volunteer for the roles of facilitator, worker, Calvin, Calvin’s mother, and a community representative. Tell the facilitator, worker, and community representative to try their best to engage Calvin. If time permits, allow training participants to “tag in” to try their hand at the role play and to maximize the opportunities for people to participate.

Debrief the activity with the group. Ask “Calvin” for his impressions first, and then open the discussion up to other members of the role play, and then to the entire group. Be prepared to validate good practice and to offer suggestions (or ask the group to offer alternatives) for those strategies that didn’t work well.

6. If time permits, conduct another role play using the Carter Family scenario from Handout 5. Remind participants of the two goals of the meeting: to assess his willingness to engage with CPS and to motivate him to engage in services that can help him change his behavior.

Ask participants to volunteer for the roles of facilitator, worker, Patricia, David, David's brother Brock, his son Aaron, and a community representative. Take "David" aside and tell him to play the role as angry and aggressive at least initially, and then to respond in whatever way he chooses as the dialogue continues.



[**Note to trainers:** Listening for limit setting, attempts to engage David as a father, any "movement" in his willingness to engage, and diversions of ANY attempts to force his wife or his son to come to his defense in the meeting. This is a tricky role play because it is NOT recommended that Patricia and Aaron be in this meeting with David, but it does occur in real life. If anything that occurs in the role play might present additional danger to Patricia or Aaron, this **MUST** be discussed with the group.]

Again debrief the role play with the large group by starting with the participant who played David. Then ask how other participants felt it went, and then move on to observers. Acknowledge good practice where it occurred and consider alternatives in those sections where the role play didn't go well.

7. **Segue:** "Now that we've practiced engagement strategies with both the survivor and perpetrator of violence, let's move on to talking about decision making in the meeting."

Overview of Part 5: Developing Ideas and Making Decisions



Time: 45 minutes or 60 minutes

Learning Facilitate DV related TDM meetings that lead to informed decision

Objectives: making and action plans that increase safety for children and their mothers, both in the meeting and after the meeting.

Promote active involvement of DV partners in TDM meetings and in action plans for families.

Materials: Flipchart and markers



Handouts: Handout 9: Placement Options: General Guidelines for Domestic Violence Situations

Overview: After a brief review of key principles, participants will be introduced to the use of scaling questions as a facilitation tool. A small group exercise will then be conducted to get participants to think creatively about options for creating safety for children and their mothers. Finally, general guidelines for placement decisions in DV cases will be offered on a handout, and additional scaling questions will be used to assess a family's motivation and willingness to follow through with a plan.

Part 5: Developing Ideas and Making Decisions

A. Key Principles



1. Domestic violence may be an issue in any type of TDM. Explain that while this section will continue to focus on removals, much of what is presented can be applied, with modifications, to any type of decision that is being considered in a TDM meeting.
2. Ask the large group to reflect on the following concepts that have already been covered.
 - The first goal is to keep the children with their non-offending parent whenever possible—both to minimize trauma and to increase safety.
 - Increasing safety for mothers can significantly increase safety for children.
 - Parents do not have to admit to every bad thing that has ever happened to their children in order to work with child protection workers on creating future safety for their children.
 - An indicator of future safety of children is past acts of safety or protection.
 - Uninformed child protection interventions can increase danger or risk to children and their mothers. Evidence of this was illustrated in two different scenarios—Maribel and Julio Rodriguez (from the pre-training reading) and Patricia and David Carter (from the training exercise).
 - Separate TDM meetings are necessary when the decision depends in whole or in part on the mother's safety plan. This is true for any type of TDM meeting.



B. Identify Perceived Level of Danger and Transition to “Developing Ideas”

10 min

1. Scaling questions are designed to help facilitators and participants understand the perspectives of other participants in the meeting. In a meeting with a battered mother, a scaling question can be framed as: “On a scale from 0 to 10 where 0 is ‘At risk of being killed’ and 10 is ‘Absolutely safe’, how would you rate the children’s level of safety at the present time?” The same kind of question can and should be asked regarding mother’s safety, since it is directly related to the safety of the children.

The family members present (including children of an appropriate age) are each asked what number they think applies, and their answers can be marked on a 10-point scale written on the board. The same question should be asked of the worker, the supervisor, and any community representatives present. If all ratings cluster pretty tightly, the facilitator knows that there is general agreement and can move quickly to developing ideas and decision making.

If the ratings do not cluster, the facilitator can ask follow up questions to better understand the various positions. For example, in a situation in which the mother rates the danger to the children at a 3 and the worker rates it at 8, each person can be asked to explain why they gave it the number they did. It can also be helpful to ask:

- What would need to happen in order for a person to give a “one better” rating (ask the worker what would make them give a rating of 7 rather than 8)?
- What else the person would need to know or hear in order to feel that the children would be safe?

It is not necessary to reach consensus on the ratings, although the process can actually facilitate consensus building in some situations. This “tool” helps each person articulate their own position and better understand the perspectives of others. It can also help the facilitator to surface any additional information that may be needed to move forward, and to anticipate how easy or difficult it will be to reach consensus on a plan.



2. **CAUTION:** Facilitators should be strongly cautioned about conducting this scaling activity around “level of danger” in a TDM with a perpetrator of violence. The challenge is that the perpetrator is very likely to rate danger as much lower than other participants, who have information that has been provided by the mother and children that may not be safe to disclose.

There are other ways that scaling questions can be useful with perpetrators of violence that will be discussed a little later.

3. Refer to the TDM facilitator training and state that at this point the facilitator will be making the transition from assessment to developing ideas. Possible transitional language includes:

**“Have we identified all the concerns as well as relevant strengths?
(Pause) If so, what ideas do we have for keeping (child’s name) safe, addressing the issues and using the strengths?”**

“Now let’s brainstorm and list as many ideas as possible about how we

can keep the children protected while the family is addressing the safety issues.”

C. Increasing Safety for Mothers and Children



15 min or 20 min

1. In this brainstorming session, the TDM facilitator encourages creativity and inventiveness; ensures that ideas address **where** the child/youth can be safe; **how** the safe environment will be produced/maintained, and **what** needs to be done to reduce future risk and support stability for the placement. The facilitator:
 - Involves all group members in brainstorming ideas
 - Provides visual display of all ideas offered
 - Interrupts evaluation and/or criticism of ideas (at this stage, no idea is a bad idea)
 - Encourages participants to add to and combine ideas
2. Conduct the following activity to get participants thinking creatively about possibilities to achieve increased safety for children and mothers.

Organize participants into small groups and ask them to think about all three of the women in the scenarios that have been discussed in this training—Maribel, Patricia, and Rachel. If necessary, provide a few details about each scenario to remind trainees about the various situations of DV. Instruct participants to talk in their small groups and generate a list of **every idea they can think of** that might increase safety for any of these women or their children. Allow 5 minutes for this part of the activity.

Debrief the activity. Post 5 sheets of flipchart paper with the headings *What can (perpetrator of violence, non-offending parent, extended family/friends, and worker/system, and others) do?* Ask participants to call out responses and write items on the appropriate list.

- Go to shelter with kids
- Get a restraining order (Caution people that a restraining order can actually make things more dangerous, so this possibility should be assessed with each individual woman)
- Call the police and have him arrested
- Have the kids call the police
- File a private criminal complaint against him
- Engage the perpetrator of violence
- Use third party information to ask about violence

- Enlist a family member, leader of faith community, or someone else he trusts to talk to him about his behavior
 - Advocate for his probation/parole to be revoked
 - Use supervised visitation
 - Get locks changed
 - Make a safety plan in case he shows up or begins an assault
 - Notify the children's school that he cannot see or take custody of the children
 - Have her learn how to defend herself (take a self-defense class, carry mace, etc.)
 - Help the worker understand how to approach him safely
 - Send the kids to a neighbor's house
 - Get counseling
 - Get a cell phone
 - Get an alarm installed in the home
 - Ask a friend or relative to come stay with her and the kids
 - Enlist family members to accompany her and the kids when they leave the house
 - Go to stay with a relative or close friend
 - Tell the perpetrator of violence that CPS is requiring her to do certain things
 - Ask him to go stay with a relative or a close friend
 - Help him find a place to stay
 - Refer him to appropriate services and help him get connected
 - Get into substance abuse or mental health treatment
 - Go to a support group
 - Move to a new location
 - Work with an advocate to access needed resources
 - Provide concrete resources—use flexible funds to help her
 - Arrange for the children to get counseling
 - Get her kids involved in activities where they feel successful
 - Talk to her worker about any on-going abuse or new incidents of DV
 - Tell someone in her natural support system about the violence
3. Make the point that if the majority or all of the items that are brainstormed in the TDM meeting relate only to things that the **mother** can do, more time should be spent on generating the list to include what workers, community partners, and the perpetrator of violence can do. In the vast majority of cases, battered mothers are NOT in a position to fully protect their children by themselves, and creating a plan that includes only her actions is a set-up for failure.

4. Ask the group to identify the items on each list that can be implemented quickly. Check off the items on the lists. Make the point that these items should be considered when making a decision about removal, since they impact the immediate safety of children and mothers. Again check to be sure that not all “immediate safety” tasks fall to the mother to accomplish.

D. Reaching a Consensus Decision



1. Note that at this point the facilitator will be asking whether everyone’s ideas are listed, and transitioning to reaching a decision. “Reality testing” each option will depend in part on what the mother can and is willing to do, what supports are available to her, and **what her partner is willing to do**. Because of this, it is imperative that time be spent during the TDM meeting exploring how she thinks he will respond, how best to approach him, what is most likely to motivate him, and whether she thinks he will make any efforts to change his behavior.



2. Refer to **Handout 9: Placement Options: General Guidelines for Domestic Violence Situations**. Reinforce that these are general guidelines, and that each situation will need to be carefully evaluated. Briefly review the guidelines.

Placement Option (from least to most restrictive)	Conditions
Children remain in the care of both parents in the family home.	<ul style="list-style-type: none"> • Danger to mother and children is low. • Perpetrator agrees to meet with CPS on on-going basis, stop being violent, and complete intake with Batterer Intervention. • Worker makes regular and concerted efforts to meet with perpetrator and engage him in services. • Safe, on-going contact with mother and children is possible and planned (by supportive relatives/ friends, worker or community partner). • Safety plan is developed for mother and children in the event of an assault. • Resources and options are made available to mother.

Placement Option (from least to most restrictive)	Conditions
<p>Children remain in the care of their mother in the family home; perpetrator leaves.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is low to moderate. ● Perpetrator agrees to leave home at least temporarily, or is arrested and held; he identifies a place to stay that is confirmed by worker. ● Worker makes regular and concerted efforts to meet with perpetrator and engage him in services. ● Safe, on-going contact with mother and children is possible and planned (by supportive relatives/friends, worker or community partner). ● Safety plan is developed for mother and children, including what can happen if he shows up or harasses her. ● Resources and options are made available to mother.
<p>Children remain in the care of their mother, temporarily in an alternate location (with a relative or in a shelter, for instance).</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high. ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker and community partners. ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.). ● (If applicable) Relatives are willing to help keep mother and children safe. ● Safe, on-going contact with mother and children is possible and planned (by supportive relatives/friends, worker or community partner). ● Safety plan is developed for mother and children, including efforts to keep location secret, notifying school and others of danger, and what can happen if he shows up or finds them. ● Resources and options are made available to mother.


Placement Option (from least to most restrictive)	Conditions
<p>Children are placed with a relative.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high. ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker. ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.). ● Mother is not able or willing to safety plan, despite good efforts by worker and community partners. (may be result of serious substance abuse problem, extreme depression, etc. Inability or unwillingness to safety plan can also be an indicator that mother is at much higher risk than is known to others.) ● (If applicable) Relatives are willing to keep children safe and to ensure safe visitation. ● On-going contact with mother is planned to promote her safety (by supportive relatives/friends, worker or community partner). ● Safety plan is developed for mother, including how she can access help at any time (hotline, police, CPS, etc.). ● Resources and options are made available to mother.
<p>Children are placed in foster care.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high. ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker. ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.). ● Mother is not able or willing to safety plan, despite good efforts by worker and community partners. (may be result of serious substance abuse problem, extreme depression, etc. Inability or unwillingness to safety plan can also be an indicator that mother is at much higher risk than is known to others.)

Placement Option (from least to most restrictive)	Conditions
Children are placed in foster care. <i>(Continued)</i>	<ul style="list-style-type: none"> • No relatives are able or willing to keep children safe. • On-going contact with mother is planned to promote her safety (by supportive relatives/friends, worker or community partner). • Safety plan is developed for mother, including how she can access help at any time (hotline, police, CPS, etc.). • Resources and options are made available to mother.

E. Assessing Motivation, Ability, and Willingness to Implement a Plan

 5 min or 10 min

1. Explain that scaling questions can also be useful for understanding motivation, or willingness and ability to implement a plan. A perpetrator of violence may be asked:
 - “On a scale from 0 to 10, with 0 being *I’m not willing to do anything* and 10 being *I’ll do anything you ask me to do*, how would you rate your willingness to work with the Department to keep your children safe?” (If appropriate, follow up with a question such as “What would it take to move you from a 5 to a 6?” to better understand what might motivate him to take action. **Be wary of any responses that give him additional access to his partner or children.**)
 - “On a scale from 0 to 10, how motivated are you to do an intake with the Batterer Intervention program?”
 - “On the same scale, how willing are you to stay away from the home at this time so your children don’t have to go into foster care?”

 **CAUTION:** Facilitators and other TDM participants should be aware that perpetrators of violence are notoriously bad self-reporters of their behavior, and may use the meeting to promote views of themselves as concerned and committed fathers when, in fact, they may not be. However, the worker may be able to use a man’s statements made in the meeting as a way of continuing accountability and engagement AFTER the meeting. For instance, if a man doesn’t follow through with a plan, the worker can remind him of his own rating and ask him what has changed that has made him unwilling or unmotivated to follow through.

2. Using scaling questions in this way can also help to uncover real or imagined barriers to completion of tasks. For example, if Rachel gives a 10 to “how motivated (or willing) are you to keep your children safe” but only a 3 to “do you feel you have the ability to implement the plan”, then the facilitator can ask “What would it take to move you to a 4 or a 5 in terms of feeling able to do this?” It might suggest a need to provide more support or resources, or enlisting the help of another person or agency.
3. **Segue:** “We’ve covered a lot of ground today, and you may be wondering how you will be able to put this to use in your agency. We hope that it has been helpful for you to attend this training in teams—we designed it very deliberately so that you can think and plan together for how to bring these strategies into your work on a day to day basis. To that end, you’ll be spending the rest of your time today as a team to consider how to integrate what you’ve learned into practice.”

Overview of Part 6: Planning Next Steps



Time: 45 minutes or 75 minutes

Materials: Flipcharts and markers for each team (optional)
Local evaluation form



Handouts: Handout 10: Planning Next Steps (Extended Training only)

Overview: Teams from each office create a plan for next steps for their local office. Instructions for doing so are different for the two different versions of the training.

Part 6: Planning Next Steps

A. Planning Activity

 30 min or 60 min



Extended training: Distribute **Handout 10: Planning Next Steps** and ask teams to spend 45 minutes discussing the questions and setting their priorities. Debrief the exercise for 15 minutes.

1. Ask each team to spend 20 minutes identifying:
 - Three to five next steps for integrating what they have learned today into local practice
 - Resources that will be needed to move forward
 - Individual tasks that training participants will accomplish in this effort
 - Time frames for these tasks and for checking back in with team members on progress

If necessary, offer a few suggestions to get people started:

- Present a summary or report about this training to CPS staff or administrators
- Conduct a joint assessment with DV providers of their organizational capacity to participate in TDM meetings regularly
- Develop and make available DV materials/handouts for families
- Explore options for additional DV training for front line staff with local training unit
- Discuss key practice concepts in group supervision sessions
- Team meets again for discussion after doing Suggested Readings

After 20 minutes, have groups report out on their three to five steps (not the details of their plan) so that others can benefit from hearing all of the ideas that have been generated. Allow 10 minutes for the debriefing. (If time is short, ask each team to report on only two items from their list.)

B. Wrap Up and Evaluations

 15 min

Ask participants to reflect for a few moments on what resonated most strongly with them in this training. Have each person “check out” by sharing the most compelling aspect of the training that came to mind.

Distribute and ask participants to complete a local training evaluation form. Thank participants for their time and the contributions to the training.

Suggested Readings

Bancroft, L., & Silverman, J. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications.

Berg, I.K., & Kelly, S. (2000). *Building Solutions in Child Protective Services*. New York, NY: W.W. Norton & Co, Inc.

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Cohen, E., & Davis, L. (2006). *Creating Safety and Stability for Children Exposed to Family Violence: A Working Paper for Family to Family Sites*. San Francisco, CA: Family Violence Prevention Fund.

Dabby, C., & Audry, A. (2005). *Activist Dialogues: How Domestic Violence and Child Welfare Systems Impact Women of Color and Their Communities*. San Francisco, CA: Family Violence Prevention Fund.

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- Mederos, F. (2004). *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*. San Francisco, CA: Family Violence Prevention Fund.
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- Roberts, D. (2002). *Shattered Bonds: The Color of Child Welfare*. New York, NY: Basic Civitas Books.
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- Rosewater, A., & Goodmark, L. (2007). *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*. San Francisco, CA: Family Violence Prevention Fund.
- Rycus, J., & Hughes, R. (2003). *Issues in Risk Assessment in Child Protective Services: Policy White Paper*. Columbus, OH: North American Resource Center for Child Welfare.
- Taggart, S. (2009). *Family to Family Team Decisionmaking in Domestic Violence Situations: Guidelines for Facilitators*. San Francisco, CA: Family Violence Prevention Fund.
- Turnell, A., and Edwards, S. (1999). *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York, NY: W.W. Norton & Co., Inc.

Appendix 1: Preparatory Reading

Team Decisionmaking and Intimate Partner Violence: An Advanced Training for TDM Facilitators and Child Protection Supervisors

In preparation for this training, it will be helpful to review basic information about domestic violence (DV) as it shows up in the child protection system. **Training participants are assumed to have extensive experience with domestic violence situations within the context of their child protection work.** This document is intended to provide a foundation from which to begin to think about how to deepen the work in TDM meetings with families in which domestic violence is occurring.

Julio and Maribel Rodriguez have three children—Jasmine is 12, Julia is 8, and Ernesto is 5. Maribel and Julio work long hours, live paycheck to paycheck, and often can't pay all the bills and buy food as well. Where they live in public housing, trash sometimes piles up in the hallway, drugs are sold openly in the parking lot, and many neighborhood youth end up in jail. Both Maribel and Julio want a better life for their children and to live in a safer neighborhood with better schools, but periodic under-employment and working for minimum wage isn't getting them any closer to their dream. Julio is often depressed and wonders how any man in his situation can be considered a good provider for his family.

Julio is proud that Jasmine and Julia are excellent students. He takes his anger and frustration out on Maribel when she talks about how unhappy she is with their current circumstances. He thinks that instead of going to church several times a week, she should make his life easier by being home to cook dinner every night. He has at times forbidden her to go to church or accused her of being attracted to a man in the congregation. On more than one occasion he has also struck her repeatedly, making sure to hit her on the torso and legs so her face won't be bruised when she is seen in the community. He recently threatened to leave her and take the children back to Colombia, where she will never see them again.

Domestic Violence

Domestic violence is a pattern of behavior in which one person attempts to control an intimate partner through threats or actual use of physical violence, sexual assault, verbal and psychological abuse, and/or economic coercion. Domestic violence, also called

intimate partner violence, occurs in heterosexual, gay, and lesbian relationships. The majority of DV cases in heterosexual relationships involve a man battering a female partner. A woman can also batter a male partner, although they cause less physical harm than men and are often motivated by something other than the desire to control him. For these reasons, this document uses “he” or “him” when referring to perpetrators of DV, and “she” or “her” when referring to adult survivors of DV.

Facts about Domestic Violence

- **Intimate partner violence is primarily a crime against women.** In 2001, women accounted for 85 percent of the victims of intimate partner violence (588,490 total) and men accounted for approximately 15 percent of the victims (103,220 total).¹⁸ These numbers reflect physical assaults, not patterns of behavior, so may include women who fight back against an abusive partner.

Nearly 25 percent of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime.¹⁹ Women of all races are about equally vulnerable to violence by an intimate partner.²⁰ On average, more than three women are murdered by their husbands or boyfriends in this country every day. In 2000, 1,247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner.²¹

- **Millions of children in the United States are exposed to domestic violence every year, but not all are equally impacted.** Recent research suggests that more than 15 million children are exposed to domestic violence annually.²² Slightly more than half of female victims of intimate violence live in households with children under age 12.²³ Furthermore, most of the more than 100 studies of the overlap between domestic violence and child maltreatment found a 30% to 60% overlap, with 41% being the median. High rates of overlap were found in child fatality reviews, abused

18 US Department of Justice. (2003). *Intimate Partner Violence, 1993-2001*. Washington, DC: Bureau of Justice Statistics.

19 Centers for Disease Control and Prevention and National Institute of Justice. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, DC.

20 US Department of Justice. (1995). *Violence Against Women: Estimates from the Redesigned Survey*. Washington, DC: Bureau of Justice Statistics.

21 See supra note 18.

22 McDonald, R., Jouriles, E., Ramisetty-Mickler, S., Caetano, R., & Green, C. (2006). Estimating the Number of Children Living in Partner-Violent Families. *Journal of Family Psychiatry*, 30(1), 137-142.

23 US Department of Justice. (1998). *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*. Washington, DC: Bureau of Justice Statistics.

child studies, and battered mother studies.²⁴ However, not all children who are exposed to domestic violence are equally harmed by that exposure. This will be discussed at length in the training.

- **Batterer intervention (BI) programs work for some men.** Batterer intervention programs work with some men, and not with others. A large scale longitudinal study indicated that for most moderately violent men batterer intervention can result in lower levels of violence or cessation of violence.²⁵ Some men, of course, never stop being violent, and systems need different responses for these situations. Variables that, when combined, impact the effectiveness of batterer intervention programs are:
 - ▶ Consistent application in a community of mandatory arrest and prosecution of perpetrators that results in attendance at batterer intervention and, if indicated, concurrent substance abuse treatment.
 - ▶ Monitoring and follow up to ensure completion of the BI program.
 - ▶ Sharing of information between systems, such as probation and child protection.
 - ▶ Holistic approach to working with men that both engages their internal motivators to change (such as fatherhood and culture) and addresses their challenges to maintaining stability, such as unemployment, depression, health issues, and so on.²⁶

Range of Child Protection Responses to Domestic Violence

Child protection practice in a DV situation should focus on 1) increasing safety of children and their mothers; 2) understanding the impact of the violence on the children; and 3) holding the perpetrator of violence responsible for harm to the children. The safety of children is **directly** related to the safety of their battered mother. Too frequently, child protection agencies limit their investigation or assessment of reports of domestic violence to whether or not an incident occurred and whether the children were in the room when it happened. If the agency finds that a DV assault occurred, a decision about whether to open a case or whether to remove a child is sometimes made

24 Edleson, J.L. (1999). *The Overlap Between Child Maltreatment and Woman Battering*. Applied Research Forum, National Electronic Network on Violence Against Women. Also see Appel, A.E., & Holden, G.W. (1998). The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal. *Journal of Family Psychology*, 12(4), 578-599.

25 Gondolf, E. (2002). *Batterer Intervention Systems*. Thousand Oaks, CA: Sage Publications.

26 Mederos, F. (2004). *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*. San Francisco, CA: Family Violence Prevention Fund.

based primarily or solely on the actions of the mother—whether she “cooperated”, took out a restraining order, or went into shelter.

One night Julio assaults Maribel and she calls the police. They respond and arrest Julio, and file a report with the child protection agency the next day because both Julia and Ernesto were at home and awake when the assault occurred. When questioned by the worker, Maribel readily talks about both the violence and the stresses on her family. At the end of the initial interview, she tells the worker that she needs Julio to come home because the rent is due next week and because Ernesto is crying for his father. She thinks that the arrest will be enough to “wake him up” and that he will stop hitting her. The worker explains that the agency is not in favor of Julio coming home at this time, and that if Maribel pursues this idea the worker will be scheduling a meeting to talk about possible removal of the children from the home.

The child protection response to DV can actually exacerbate the problem. When women are routinely forced to obtain restraining orders to make their abusive partners leave the home, the chances of engaging those partners to change violent behaviors are substantially diminished (restraining orders should be explored as one of several options). When TDM meetings are held with both the survivor and perpetrator present, there can be no productive discussion of how to create safety to avoid placement. If a worker or facilitator treats a man who uses violence with disrespect and disdain because s/he doesn't believe he can change, danger to the mother or the children can increase. Unless workers can effectively engage a father to change his behavior, the children and their mother may never be safe.

Knowledgeable and skilled child protection workers know that battered mothers are often caught in the difficult position of trying to manage competing risks—potential homelessness, losing their children, and further or more serious assaults by their partner. To avoid additional harm at the hands of their partner, mothers may begin to run interference for him with the system, deny or recant allegations of abuse, minimize the impact on the children, or verbally align themselves with their partner. Workers who attribute these actions to her being uncooperative or non-compliant, or who see her as “choosing her partner over her children,” are likely misinterpreting her “choices” and perhaps significantly underestimating her partner's violence and abuse.

Complex Needs of Children and Families

Maribel takes out a restraining order against Julio because she understood the worker to say that Jasmine, Julia, and Ernesto would be taken away if she didn't prove that she was serious about protecting them from their father. When Julio leaves the home, Maribel loses her

ability to work overnight shifts because Julio is no longer there to keep tabs on her seriously asthmatic daughter Julia while she sleeps. Switching to the daytime shift at her job means Maribel loses the additional pay that made it possible to fulfill a payment agreement with the electric company to pay off an old balance. She is terrified that the electricity will be shut off for good this time.

Julio is now effectively homeless and blames Maribel. He is furious that he can't see his children whenever he wants to, and he has convinced himself that Maribel is having sex with the maintenance man at their apartment building. He calls out sick from his job three times in one week in order to monitor Maribel's comings and goings, and gets fired. Maribel sees him hanging around outside the building at all hours, and she stops going to church for fear of running in to him after dark. She is very fearful that he will follow through on his threat to take the children to Colombia, because he no longer has anything to lose.

In the field of child protection, it is rare to interact with a family whose only issue is domestic violence. More often than not, a family that comes to the attention of the agency is challenged by poverty, racism, community violence, substance abuse, trauma, depression or more serious mental health issues, under-employment, immigration status, special needs of a child, incarceration or involvement with the criminal justice system, or health problems, in addition to domestic violence. Workers, supervisors, and TDM facilitators face the daunting task of trying to assess and address the impact of these and other issues on the safety and well-being of children within what are often limited resources of the agency, the community, and the family. Unfortunately, when resources are not adequate to meet the multiple and complex needs of families, when workers are feeling constrained by time, or when other families are in crisis and require the attention of the worker, staff may resort to pressuring the least resistant member of the family to address what feels like the most pressing issue at the moment.

In domestic violence situations, this can play out in different ways, none of which suggest good outcomes for children. If domestic violence is occurring but not identified, or if the level of control of the abusive partner is underestimated by the worker, it may not be possible for a victim to follow through on referrals to substance abuse treatment or a parenting class. These same types of referrals for a person who is using violence in his family, unbeknownst to the worker, can lend a false sense of safety and security for children if he is attending, when in fact the violence may be on-going or escalating. If the intervention of the agency is focused only on DV, then other inhibitors of internal or behavioral changes may prevent true progress from occurring, thus leaving children at risk. Similarly, too limited a focus can miss otherwise invisible barriers to accessing needed services or resources.

Evidence-based tools can help keep the child protection focus on physical danger and risk to children, and should be used consistently in TDM meetings to inform decisions. However, no single assessment tool quantifies the emotional, psychological, cognitive, and developmental impact of exposure to DV on children. It is therefore incumbent upon workers and TDM facilitators to look to multiple sources of information to piece together a comprehensive and accurate picture: the children themselves, their battered mother, her abusive partner, extended family members, teachers, doctors, counselors, and so on.

Team Decisionmaking presents an opportunity to strengthen CPS practice around domestic violence as facilitators and other TDM participants work and learn collaboratively about the multiple needs and strengths of individual families and family members. Facilitators and CPS supervisors can use TDM meetings to directly model effective engagement, assessment, and decision making in DV situations, all of which will be covered at length in the training. Due to time constraints, the training will focus almost exclusively on DV, although many of the strategies that will be discussed can be adapted or used directly with families experiencing other stressors as well.

Child Protection Context of Domestic Violence Team Decisionmaking

To fulfill the simultaneous child protection mandates of: 1) keeping children safe; 2) promoting their own and their family's well-being; and 3) establishing permanency for every child, CPS agencies must develop practice around DV that attends to the safety of the children's mother. While facilitators act as practice leaders in TDM meetings, the child protection agencies in which they work must commit the necessary resources to ensure that best practices are implemented throughout the agency. These best practices include:

- 1.** Screen all families for domestic violence throughout the life of a case. Ask women routine questions about the quality of their relationship with their partner, whether they feel safe at home, how conflicts or arguments are resolved, and whether anyone in the home uses physical violence.
- 2.** Consider safety of family members when structuring interviews and interventions. Make reasonable efforts to interview household members separately, beginning with the adult victim and the children, and then the offender. Conduct criminal record checks and check for local police responses to reports of domestic violence at the family's address. Use this and other third-party information when interviewing the offender (rather than disclosures of mothers or kids, which can increase danger to them).

3. Begin safety planning, support and education with the non-offending parent and children right away. Provide written information about restraining orders and about local programs for battered women, such as hotline, shelter, counseling and advocacy services. Offer services even if the woman chooses to remain in the relationship.
4. Assess danger and risk to children and their mother posed by the presence of the DV perpetrator in the home. Use multiple sources of information to assess the impact of exposure to domestic violence on the children. Domestic violence does not warrant the automatic removal of children.
5. Work to engage the perpetrator of violence safely. Talk to the mother to find out how dangerous he is, how best to approach him, and what might motivate him to meet with the worker and engage in services. When meeting with him, request any needed releases of information that will allow future contact with batterer intervention programs, family members, probation officers, substance abuse or mental health counselors, and so on.
6. Build relationships to motivate changed behavior. Battered women who feel the empathy and compassion of workers are more likely to be able to utilize their support to make changes necessary to protect children. Perpetrators of violence are more likely to be motivated to change abusive and violent behavior if they know that workers do not see them only as violent, but as human beings with scary behavior that needs to change. (**Note:** Workers must be supported and trained to avoid collusion with perpetrators of violence as they begin to build this practice. The key is creating an effective balance between accountability and engagement given the specific level of danger/risk and the specific response of the perpetrator.)
7. Utilize extended family and community partners, including DV programs, in creating support and safety for mothers and children, and accountability and support for perpetrators of violence.
8. When documenting the case, accurately identify the perpetrator as the person whose behavior is harming the children, and document all efforts by the mother to keep herself and the children safe. Document any indicators of danger or risk, and the response of the perpetrator to attempts to engage him and hold him accountable.
9. Revisit safety plans to update and revise them as circumstances change. Notify the adult victim and accomplish additional safety planning around any child protection intervention with the potential to increase danger or risk (removal, court proceedings, unavoidable situations in which her disclosures need to be shared, etc.).

Consistency in these practices **before and after the TDM meeting** is critical to maximizing the potential of Team Decisionmaking to achieve the goals of Family to Family.

Effective Facilitation of Domestic Violence Team Decisionmaking Meetings

In the training, the following topics will be covered:

1. Domestic Violence, Child Maltreatment, and Family to Family Team Decisionmaking
2. Foundations of a Good Domestic Violence TDM Meeting
3. Engagement and Assessment
4. Developing Ideas and Reaching a Consensus Decision

Please prepare by also reading *In the Moment Strategies for Facilitators of Team Decisionmaking Meetings When Domestic Violence is Present or Suspected*, Family to Family Tools for Rebuilding Foster Care, published by The Annie E. Casey Foundation.

Appendix 2: Handouts

Are all acts of intimate partner violence the same?

Category	Definition	Possible CPS Intervention	Possibility of Confusion
Battering	An on-going patterned use of intimidation, coercion, and violence to establish and maintain dominance over an intimate partner.	<ul style="list-style-type: none"> ● Change beliefs ● Create legal and social consequences ● Provide external monitoring ● Create equality of gender roles ● Organize communities to intervene and end violence against women 	Often confused with situational violence and treated as less dangerous than it is. In any incident of violence, investigate the pattern of behavior.
Resistive/ reactive violence	Violence used by victims to resist domination, end battering, retaliate against abuse, and establish some parity in relationships.	<ul style="list-style-type: none"> ● Create new options ● End battering ● Provide resources and recourse 	Often mistaken as battering and/or anti-social violence.
Situational violence	Violence used to achieve goals without any pattern of control, intimidation, and domination.	<ul style="list-style-type: none"> ● Create behavioral options ● Resolve issues instigating conflict ● Provide counseling 	
Pathological violence	Violence arising from mental illness, neurological damage, physical disorder, substance abuse, etc.	<ul style="list-style-type: none"> ● Provide treatment ● Create alternative behavior ● Create consequences 	
Anti-social violence	Violence arising out of personality disorder. It is usually generalized across situations.	<ul style="list-style-type: none"> ● Create consequences ● Provide external monitoring ● Provide structured treatment and therapy 	

Family to Family Principles and Values Aligned with CPS Domestic Violence Principles

Family to Family Principles and Values	CPS Domestic Violence Principles**
<ul style="list-style-type: none"> • A child's safety is paramount. • We are committed to improving results for children and families in the child welfare system, with an emphasis on safety, stability, permanence, and well-being. 	<ul style="list-style-type: none"> • Safety from physical harm is one component of child well-being. Interventions to support children have to be weighed against their impact of interventions on short- and long-term well-being. • Ensuring safety, enhancing well-being, and providing stability for children and families is the overriding concern of all interventions.
<ul style="list-style-type: none"> • Children belong in families. • We are committed to reducing the number and rate of children placed away from their birth parents. 	<ul style="list-style-type: none"> • Children do best when they can remain safely with their families. Children living in families with domestic violence should remain in the care of their non-offending parent, whenever possible. • Domestic violence affects adults and children. For children and families to thrive, interventions have to meet basic human needs of all family members.
<ul style="list-style-type: none"> • We are committed to involving birth parents, foster parents, and kinship families as team members with our agency and with one another. 	<ul style="list-style-type: none"> • Survivors of domestic violence must be active partners in all interventions. • Men who use violence are not a homogeneous group. They must be engaged in a change process without compromising the safety of women and children.
<ul style="list-style-type: none"> • Families need strong communities. • Public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children. 	<ul style="list-style-type: none"> • Creating safety for all victims of domestic violence (women and children) requires communities to work together to support families who are in crisis, not to blame them for their situation.
<ul style="list-style-type: none"> • We are committed to becoming a neighborhood resource for children and families by investing in the capacity of communities where large numbers of families involved in the CPS system live. • We are committed to reducing disparities in outcomes associated with race/ethnicity, gender, or age. 	<ul style="list-style-type: none"> • Some race and ethnic groups are disproportionately placed in the child welfare system. Explicit strategies must be directed to addressing issues of race and culture while working with families who experience domestic violence. • Not all children who are exposed to violence are necessarily best served in the child welfare system.

** From Cohen, E., & Davis, L. (2006). *Creating Safety and Stability for Children Exposed to Family Violence: A Working Paper for Family to Family Sites*. San Francisco, CA: Family Violence Prevention Fund. Retrieved October 21, 2009 from http://endabuse.org/userfiles/file/Children_and_Families/Family_to_Family_Recommendations.pdf.

Conditions for Successful Domestic Violence Team Decisionmaking Meetings

Think about one or two really successful domestic violence TDMs that you've either facilitated or participated in. What was it that made it successful? What were the conditions or elements that led to success?

Think about things like:

- Who was in the room?
- Who invited them?
- When were they invited?
- What kind of TDM was it—what decision was being made?
- Was the family court involved?
- How much time did the meeting take?
- Who presented first?
- Which partners were present?
- What did they do?
- What kinds of questions were asked of the family?

Conditions for Successful Domestic Violence Team Decisionmaking Meetings

Conditions or elements that made the meeting(s) successful:

Before the TDM Meeting	During the TDM Meeting	After the TDM Meeting	Other

Domestic Violence Practice within the Team Decisionmaking Meeting Process

Child Protection DV Practice	Scheduling the Meeting	Pre-meeting Check-in
<p>Role of worker:</p> <ul style="list-style-type: none"> ● Screen for DV ● Assess DV impact on children ● Explore options with adult survivor ● Utilize community resources and services ● Safety plan ● Meet with violent parent and structure conversation based on what adult survivor has said will be safe 	<p>Role of worker:</p> <ul style="list-style-type: none"> ● Request separate TDMs when decision depends on survivor's safety plan ● Identify DV on referral form ● Carefully explore supports to invite for each parent ● Invite DV-knowledgeable community partners 	<p>Role of worker:</p> <ul style="list-style-type: none"> ● Communicate new concerns to facilitator and supervisor (recent disclosure of DV, abusive partner shows up unexpectedly, etc.) ● Participate in safety check-in and make alternate plans if needed
<p>Role of supervisor:</p> <ul style="list-style-type: none"> ● DV professional development of staff ● Supervision: <ul style="list-style-type: none"> ▶ Know the family's situation ▶ Ask about impact of DV on children ▶ Ask about contact and efforts with perpetrator ▶ Ask about safety planning with survivor ● Model non-judgmental approach and effective engagement ● Be aware of DV resources in community and build relationships with DV service providers 	<p>Role of scheduler:</p> <ul style="list-style-type: none"> ● Check for existence of court orders prohibiting contact ● Ask worker: <ul style="list-style-type: none"> ▶ Are you aware of any violence in the family? ▶ Have you asked family members about violence in the home? ▶ Has anyone in the family expressed fear of other members? ● Invite DV-knowledgeable community partners ● Schedule separate TDMs for DV ● Arrange for security if level of danger is high 	<p>Role of facilitator:</p> <ul style="list-style-type: none"> ● Conduct pre-meeting safety check-in and make alternate plans if needed ● If DV is indicated or a concern but not stated, make a plan with each parent for a signal about when to take a break <p>Role of supervisor:</p> <ul style="list-style-type: none"> ● Participate in safety check-in and make alternate plans if necessary

Domestic Violence Practice within the Team Decisionmaking Meeting Process

These are guidelines for separate meetings where DV can be discussed openly with the adult survivor, and maybe more indirectly with the perpetrator.

Introduction	Identifying the Situation	Assessing the Situation	Developing Ideas	Reaching a Decision	Conclusion
<p>DO: Cover Safety Ground Rule (facilitator)</p> <p>DO: Have DV providers offer basic information about services</p>	<p>DON'T: Identify DV for the first time in the meeting if perpetrator is present, or if his family members are present and it is not known whether they are aligned with him</p> <p>DON'T: Use the term <i>domestic violence</i> as shorthand for talking about specific safety issues</p> <p>DO: Describe what is known about the violence and the level of danger or risk to the children AND to their mother</p> <p>DO: Tell the mother that you are concerned about her safety as well as her children's safety</p>	<p>DO: Assess specific danger, risk, and impact of the violence to/on these children</p> <p>DO: Assess perpetrator dangerousness, willingness to engage, and non-DV needs</p> <p>DO: Assess complicating issues—substance abuse, depression, poverty, current stressors</p> <p>DO: Explore mother's or others' prior acts of protection</p> <p>DO: Ask mother: "What can we do to help?"</p> <p>DO: Assess mother's capacity and willingness to safety plan</p> <p>DO: Assess availability of resources and supports specific to safety of mother and children</p>	<p>DO: Include ALL options to increase safety, including things like:</p> <ul style="list-style-type: none"> • providing 911 cell phone • getting locks changed • paying bills or buying necessities that she might otherwise need to have <p>partner pay for providing child care</p> <ul style="list-style-type: none"> • on-going safety planning • helping her get into shelter or a support group • accompanying her to court for a restraining order • expanding her natural support system by helping her talk to others about the violence • CPS taking the heat for her decisions ("we forced her to get a restraining order") 	<p>DO: Keep the children in the care of their non-offending parent whenever possible</p> <p>DO: Acknowledge mother's efforts to keep her children safe, even if you are removing her children</p> <p>DO: Ask mother how the removal of her children will impact HER safety when she goes home—what will he do?</p> <p>DO: Safety plan with mother, regardless of decision</p> <p>DO: Build increasing support and resources for mother into the plan</p> <p>DO: Get parent help s/he needs with substance abuse and other issues</p>	<p>DO: Ask mother how to talk to her partner. What can be safely discussed? How can we try to engage him? How can we explain what is happening without increasing danger or risk?</p> <p>DO: Make a plan for checking in with mother about her safety and the safety of her children</p> <p>DO: Follow through on the plan—how will we know the impact?</p>

The Carter Family

A TDM is scheduled after Aaron (14) and Jeffrey (12) Carter are placed in foster care at about 1:00 am by emergency response workers, who were unable to reach any family members. Police responded to the home and found the boys' father, David, drunk and holding a golf club with which he had been beating Aaron. Aaron had a split lip and welts on his torso. Jeffrey had been crying, but stated that his father didn't hit him. The boys' mother, Patricia, was not home. When asked where their mother was, the boys looked at the floor and mumbled something about her being out for the night. Police arrested David, whose brother Brock bailed him out before going to work the next morning.

A few hours before the TDM meeting, the worker interviews Patricia and asks where she was the night before. Patricia states that she was at a friend's house because she and David got into a fight earlier. He was not drunk when she left the house, and no harm had come to the boys in the past when she has left them there. When the worker asks specifically if there is domestic violence in the home, Patricia says no and states that she just didn't feel like dealing with David. She says she and David will attend the TDM, although she isn't sure if other family members will be able to come because they all have jobs. She isn't involved with any service providers who should be invited.

Aaron agreed to attend the TDM but Jeffrey did not want to. When Patricia sees Aaron right before the meeting she is clearly shocked by his appearance and takes him aside for a few minutes to talk to him.

The TDM Meeting: Present at the meeting are Patricia, David, Aaron, the worker, you (the facilitator), David's brother Brock, and a community representative. You lay out the ground rules for the meeting and ask who would like to present first. The worker describes the incident, and under **Concerns** you note:

- Physical assault of Aaron with a golf club
- Jeffrey afraid and crying
- David intoxicated
- Patricia not home at 1:00 am

When you ask for any additional concerns, David says that Patricia is always going out and leaving the boys alone at home. You ask Patricia if that's true, and she reluctantly says yes. Under concerns, add *pattern of behavior* to the last item.

As the meeting progresses, David does most of the talking and says that he takes care of the boys. He describes cooking for them, talks about activities they do together, and eventually breaks down crying and apologizes to Aaron for what happened. He agrees to begin treatment for his drinking, but not to leave the home because he has no place to go—his brother says he can't take him in, and Patricia confirms that he doesn't have any other place to stay.

During brainstorming, when you ask Aaron directly if he would feel safe to go home with his parents, Aaron looks at his mother and says that he is more worried about his mother's safety. David's face gets red and he snaps at Aaron "What the hell are you talking about?" he then turns to Patricia and says "Tell them you aren't afraid of me."

Discuss these questions with your small group:

1. As the facilitator, what are you most worried about at this point in time?
2. How will you proceed?
3. Can this meeting result in a good, informed decision? Can safety be assured?

Safety Mapping

Concerns	Strengths
Questions	

Explore:

- How dangerous is the perpetrator of violence to the mother and child(ren)?
- What is mother's (and others in the family) history of protecting children and help-seeking?
- What makes the child(ren) vulnerable (age, developmental status, mental health, etc.)?
- What is the capacity of the family's natural support system to promote safety for mother and children, and to hold him accountable?

Domestic Violence TDM with Calvin Wiggins

Read the following TDM transcript and make notes in the margins about which of the strategies employed by the facilitator or another participant in the meeting appear to be effective, and which do not appear effective. The following individuals are present at the TDM:

- Calvin Wiggins, father of Darryl and Portia and husband of Rachel
- Grace Wiggins, mother of Calvin Wiggins
- CPS worker
- CPS supervisor
- Facilitator

Meeting Transcript:

Facilitator: Mr. Wiggins, now that I've explained the process and ground rules for this meeting, I want to ask if you would like to start by giving us your perspective on the reason we are having this meeting.

Calvin: This lady (pointing to the worker) told me that my kids might have to go into foster care, and I don't want that to happen. I can take my kids to my mother's house if Rachel can't take care of them. She never did do a very good job.

Facilitator: (writes under Strengths: Calvin wants his kids with family member) So it sounds like you are invested in keeping your children with a family member. That's good, and it's helpful that your mother is here with you today. Can you tell us your understanding of why your family became involved with child protection?

Calvin: I was arrested one night a few months ago when Rachel and I were fighting. I accidentally knocked Darryl down and he hit his head on the table. Someone called the police and I was told I had to leave my own home—I haven't been back there since, except to see my kids. That's just wrong, you know, making a man leave his home where he pays the rent.

Facilitator: (writes under Concerns: domestic violence) Rachel told us that you call her all the time asking to come home. Is that true?

Calvin: Yea—I want to go home and live with my family. What's wrong with that?

Facilitator: It doesn't sound like Rachel wants you to come home.

Calvin: What are you talking about? She told me that as soon as you people were out of her life, that I could come home to live.

Facilitator: Well, before we get to planning, let's finish talking about the Concerns. Do you have anything else to add, Mr. Wiggins?

Calvin: Yes, my concern now is that Rachel seems to be lying to me or to you about what she wants. She's always lying to everyone—that's part of the problem.

Facilitator: Okay. (writes under concerns: Rachel lying) Is that it? (Calvin nods) Great. Ms. West, can you tell us what your concerns are at this point in time?

Worker: Yes, I'm concerned that Mr. Wiggins isn't being very forthcoming about his history of violence. I have a police report from the night that he described and his criminal record that shows he has been arrested three other times for domestic assault and battery. On the night that Darryl got hurt, he was trying to stop you from hurting his mother. When you pushed him away, he hit his head on the coffee table and ended up with a pretty serious cut on his forehead.

(Facilitator writes under Concerns: History of violence—Calvin)

Calvin: This is bulls**t. I don't have to listen to this.

Calvin's mother: Calvin, try to calm down. Remember why you're here and just listen to what these people have to say.

Calvin: (to the worker) Don't ever accuse me of hurting my family again. I'm not a monster. I love my family and I would do anything for them. Just don't accuse me of hurting them, especially my son. That was an accident.

Supervisor: Mr. Wiggins, we don't think you're a monster. You've talked about your children several times already and we've only been meeting for ten minutes. It sounds to me like you care about your children and want what's best for them. I know that you took the time to come here today because you don't want your children to go into foster care. These seem to me to be the actions of a man who wants to be a good father. Is that right?

Calvin: Yea, and I am a good father. You could even ask Rachel. Did you ask her that? What did she say?

Supervisor: What does it mean to you to be a good father? What kinds of things does a good father do?

Calvin: I take my kids fishing, and I go to parent/teacher night at their school. Rachel has a thing for Portia's teacher and I need to keep an eye on that. I go to work every day at that plant and stand at that stupid machine for hours every day just to keep a roof over my family's head.

Facilitator: Yes, sometimes as parents we have to do things we don't love doing. (writes under Strengths: Calvin works) Let's talk a little bit more about the night that Darryl got hurt. I know your perspective—you said it was accidental. If I asked Darryl, how do you think he would describe what happened?

Calvin: He knows it was an accident.

Facilitator: Would it surprise you to know that Darryl was really scared that night?

Calvin: He said that? That he was scared?

Facilitator: Yes, he was scared. You know, you're an example for your children in everything you do. They will carry memories of you and your actions forever. It's never too late to change your behavior so that your kids won't be scared of you again.

You know, Darryl also told us about many times that you and he had fun together. He talked about your fishing trips and said you used to coach his soccer team. We know that you want to be a good father and that you're probably willing to do any number of things to keep your kids safe. One of our biggest concerns right now is that Rachel and the kids may be evicted and won't have a place to stay.

Calvin: She can't pay the rent, huh? That was always my job. She was more than happy to sit on her *ss and watch me go to work every day, and yell at me when I didn't volunteer for overtime. I guess she knows now how good she had it, right?

Facilitator: Why haven't you been paying child support since you left? Rachel told us that she has to beg you for money. (Calvin shrugs) What does that mean? You know you are legally required to pay support for both children, and Rachel could take you to court to make you pay it.

Calvin: Then I guess I'll see her in court.

Worker: This is another concern for me. I'm trying to work with Rachel's landlord to stop the eviction, but Calvin clearly isn't willing to help, even though he knows that Rachel can't pay the rent. How is that being a good father, Mr. Wiggins?

Calvin: I can give the kids a place to stay with my mother. I'm NOT going to support Rachel when I can't even live in my own house. She's just lazy.

Worker: I'm worried that every time you mention Rachel you speak about her in a derogatory way. That's consistent with what we know about domestic violence and also with what Rachel told us.

Calvin: Oh yeah? What else did she tell you?

Facilitator: She told us that you are a good father to Darryl and Portia, and that she wants you to be in their lives.

Calvin: She's right about that.

Supervisor: You know, if Darryl and Portia stayed with your mother, they'd have to switch schools, Darryl would have to quit the soccer team, and they'd have to live in a different town and make different friends. How hard do you think that would be for your kids? How do you think they would feel about it?

Calvin: I guess it would be kind of hard on the kids. I didn't think about it that way.

Facilitator: Can you think about paying child support as providing a place for your kids to live with their mother, who they love every bit as much as they love you?

Calvin: I guess I'd be willing to do that.

Worker: I need to know what else you're willing to do, Mr. Wiggins. I talked to you a few days ago about the batterer intervention program that I want you to attend, but you said you wouldn't go. Have you changed your mind?

Calvin: I'm not a batterer—I told you that I'm not a monster. Look, I watched my father beat my mother for years, and I swore I'd never do that to my family. Didn't I say that you, Ma? That I wouldn't be like Dad was with you.

Calvin's mother: Yes, you told me that Calvin. Sometimes, though, I see more of your father in you than I want to. You have a terrible temper, and you take it out on Rachel. I don't think she's lazy, Calvin, I think she's depressed. She seems beat down, just like I was.

Calvin: You think I'm like my father? I never put Rachel in the hospital. I never broke her arm or cut her face up.

Calvin's mother: No, you never did those things, Calvin, and I'm thankful for that. You just seem so angry all the time.

Facilitator: Mr. Wiggins, how did you feel about your father when you were a child? Did you respect him, were you afraid of him?

Calvin: I was afraid of him, and I hated him. I wanted to kill him sometimes when he hurt my mother.

Facilitator: And how do you want Darryl and Portia to remember you when they are grown up?

Calvin: I don't want them to be afraid of me, and I don't want them to hate me. I just get so mad at their mother. She's supposed to have my back, but all she ever does is complain.

Facilitator: Do you know there's a place you can go to talk to other men, other fathers, and get support from them? It would be a really positive step for you and would demonstrate that you want to be a good dad. Are you interested?

Calvin: I guess so. I don't want my kids to hate me.

Placement Options: General Guidelines for Domestic Violence Situations

Placement Option (from least to most restrictive)	Conditions
<p>Children remain in the care of both parents in the family home.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is low ● Perpetrator agrees to meet with CPS on on-going basis and stop being violent ● Worker makes regular and concerted efforts to meet with perpetrator and engage him in batterer intervention (BI) and other appropriate services ● Safe, on-going contact with mother and children is possible and planned (by supportive relatives/friends, worker or community partner) ● Safety plan is developed for mother and children in the event of an assault ● Resources and options are made available to mother
<p>Children remain in the care of their mother in the family home; perpetrator leaves.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is low or moderate ● Perpetrator agrees to leave home at least temporarily, or is arrested and held; he identifies a place to stay that is confirmed by worker ● Worker makes regular and concerted efforts to meet with perpetrator and engage him in BI and other services ● Safe, on-going contact with mother and children is possible and planned (by supportive relatives/friends, worker or community partner) ● Safety plan is developed for mother and children, including what can happen if he shows up or harasses her ● Resources and options are made available to mother
<p>Children remain in the care of their mother, temporarily in an alternate location (with a relative or in a shelter, for instance).</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker and community partners ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.) ● (If applicable) Relatives are willing to help keep mother and children safe ● Safe, on-going contact with mother and children is possible and planned (by supportive relatives/friends, worker or community partner) ● Safety plan is developed for mother and children, including efforts to keep location secret, notifying school and others of danger, and what can happen if he shows up or finds them ● Resources and options are made available to mother

Placement Options: General Guidelines for Domestic Violence Situations

Placement Option (from least to most restrictive)	Conditions
<p>Children are placed with a relative.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.) ● Mother is not able or willing to safety plan, despite good efforts by worker and community partners (may be result of serious substance abuse problem, extreme depression, etc. Inability or unwillingness to safety plan can also be an indicator that mother is at much higher risk than is known to others.) ● (If applicable) Relatives are willing to keep children safe and to ensure safe visitation ● On-going contact with mother is planned to promote her safety (by supportive relatives/friends, worker or community partner) ● Safety plan is developed for mother, including how she can access help at any time (hotline, police, CPS, etc.) ● Resources and options are made available to mother
<p>Children are placed in foster care.</p>	<ul style="list-style-type: none"> ● Danger to mother and children is moderate to high ● Perpetrator has not been willing to be engaged or to stop violence, despite good efforts by worker ● No other options are available to contain perpetrator (such as violating his probation or parole, having him arrested and held, etc.) ● Mother is not able or willing to safety plan, despite good efforts by worker and community partners (may be result of serious substance abuse problem, extreme depression, etc. Inability or unwillingness to safety plan can also be an indicator that mother is at much higher risk than is known to others.) ● No relatives are able or willing to keep children safe ● On-going contact with mother is planned to promote her safety (by supportive relatives/friends, worker or community partner) ● Safety plan is developed for mother, including how she can access help at any time (hotline, police, CPS, etc.) ● Resources and options are made available to mother

Planning Next Steps

Consider these questions individually, and then discuss them with your team members at the training.

1. Think about a time when a new practice concept or strategy was introduced in your office (may be Team Decisionmaking, Family Group Conferencing, Structured Decision Making, etc.). How was it received? Why?

As a team, do the following:

2. Brainstorm a list of ideas about how your team might begin or deepen a practice conversation around the issue of domestic violence in your office.
3. Prioritize the top three to five items from your list. For each item, write down:
 - Resources that will be needed to move forward
 - Individual tasks that training participants will accomplish in this effort
 - Time frames for these tasks and for checking back in with team members on progress

Be prepared to report to the group on the top three to five priorities.

The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

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