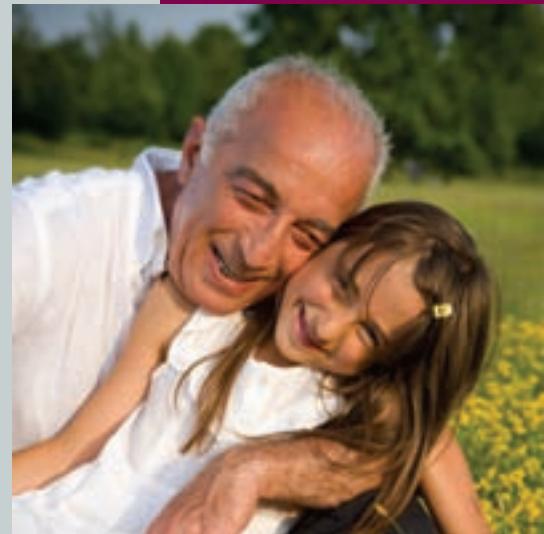


Team Decisionmaking and Domestic Violence

Guidelines for Facilitators



**Family Violence
Prevention Fund**
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Introduction

A child's exposure to domestic violence (DV) can create psychological and emotional problems such as aggression, hostility, anxiety, social withdrawal, depression, cognitive problems such as lower verbal and quantitative skills, and the development of attitudes supporting the use of violence (Edelson, 1999). A large number of children, however, appear not to be significantly affected (Graham-Bermann, 2001; Hughes & Luke, 1998; Grych, Jouriles, Swank, McDonald, & Norwood, 2000). While research on children's resilience is relatively new, some research has shown that the most critical protective factor against the negative effects of a child's exposure to violence is a relationship with a competent and caring adult (Margolin, 1998).

In a DV situation, this relationship is most often with the non-offending parent who is surviving DV and employing safety strategies to protect her child (Bancroft & Silverman, 2002). When physical safety can be assured, the bond between parent and child must be preserved and strengthened to promote the emotional safety and well-being of the child (Annie E. Casey, 2004). Therefore, the focus of a child protection intervention should be to establish and maintain safety for the non-offending parent and child together by holding the perpetrator of violence accountable for his behavior and engaging him to change that behavior. When efforts by social workers to accomplish these goals cannot assure safety, a Team Decisionmaking (TDM) meeting may be held to determine whether removing the child from the care of her/his parent(s) is necessary.

The quality of the decision that results from a TDM meeting involving DV is directly correlated to: 1) how skillfully DV has been addressed up to the point at which the meeting is held; 2) how safely the meeting is conducted; and 3) who participates in the meeting. Strategies for addressing DV in child protection practice have been documented in a variety of tools and studies. To conduct safe TDM meetings in these circumstances, *In the Moment Strategies* (Annie E. Casey, 2004) guides workers and TDM staff to consider holding **separate meetings for DV perpetrators and non-offending parents**, or including the perpetrator in the meeting by phone or through a proxy such as a family member. It further guides workers and TDM staff to conduct **pre-TDM meeting planning and post-meeting safety checks with mothers**. As a general rule, perpetrators of intimate partner violence and non-offending parents cannot be safely brought into a meeting together for an open discussion about the violence.

TDM meetings can be effective forums for ensuring that resources and support are in place for the non-offending parent. In some cases, TDM meetings can also be effective for engaging a man who uses violence as a father in order to motivate him to change his behavior. To maximize success of the TDM meeting strategy, the facilitator can:

- Develop her or his own skills in managing meetings involving intimate partner violence and assessing DV.
- Allow time before and after the meeting to check in with participants about safety.
- Be prepared with *In the Moment Strategies* in case DV is identified or suspected for the first time in the TDM meeting.
- Have resource materials and information available for both the non-offending parent and perpetrator.
- Guide assessments of the suitability of potential relative caregivers who participate in TDM meetings.
- Model engagement and accountability of men who use violence for workers and other participants.

This paper is intended to help TDM facilitators practice more effectively by laying a foundation for safe meetings in DV situations (Safety Standards and Strategies), suggesting topics for exploration in the meeting itself (Domestic Violence Assessment Issues), and providing concrete suggestions for interacting with both the non-offending parent and perpetrator of violence (Helpful Things to Say). Throughout this paper you will see the use of gendered pronouns. 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. 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, the pronoun “she” is used when referring to the victim and “he” is used when referring to the violent partner throughout the paper.

Safety Standards and Strategies

In a DV situation, the non-offending parent and child together is most often the family unit that the TDM facilitator should attempt to preserve in order to minimize trauma to the child. In a removal TDM meeting, more informed decisions about placement, and more detailed and specific safety plans to avoid placement will be possible if separate meetings are held with the offending and non-offending parent. See Appendices A and B for Helpful Things to Say to each parent in separate meetings.

It may be necessary to postpone a TDM meeting in a DV situation when one cannot be accomplished safely, because the quality of the decision will be compromised. In these circumstances, the facilitator should consult with the supervisor and worker, with help from other TDM meeting participants when possible, to determine how the meeting can occur as quickly as possible without compromising safety. Furthermore, a child should not be removed because of a failure to conduct a safe meeting—it is the responsibility of child welfare professionals to conduct meetings safely.

The participation of agencies and individuals that can play a role in establishing physical and emotional safety of children and their mothers is critical to achieving the TDM goal of preventing placement. It is important, when possible, to bring additional resources to bear on behalf of a family to avoid placement. DV agencies can and should play a key role in TDM meetings involving DV, and in the child welfare response prior to and after the meeting. By ensuring that these partners have a voice and are involved in decision-making, more children and women will access the services and supports they need to stay safe and fewer children will need to be removed from the care of a parent.

Safety Ground Rule

A Safety Ground Rule has been developed by facilitators (and endorsed by Family-to-Family) that TDM staff can build into their regular introductions to the meeting. This ground rule is in alignment with “straight talk”—it provides information transparently and in advance of the meeting. The ground rule states:

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

The Safety Ground Rule should be explained by the facilitator somewhere in the middle of the other TDM meeting ground rules so as not to over-emphasize this particular rule. The Safety Ground Rule should apply to all participants—family members, including children and older youth, workers, partners, facilitators, and others.

The facilitator can expand on the ground rule as follows: “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; and
- We adhere to ‘Nothing about us without us’ except when there is a safety concern for a participant.”

Minimum Safety Standards

In addition to using the Safety Ground Rule, all facilitators, child protection staff, and community partners should adhere to minimum standards of safety in conducting DV TDM meetings. **The quality of the decision in a DV TDM meeting is directly related to how safely the meeting is conducted.**

1. **Workers should hold a pre-meeting planning conversation with the non-offending parent** to determine what can be safely discussed in the meeting, how best to have the conversation about the child’s exposure to violence, and how participants will know if the offending parent is escalating. The worker and the facilitator should decide together, based on the planning conversation: 1) whether to hold separate TDM meetings; 2) the order of the separate meetings; 3) whether to have the DV perpetrator participate by phone in selected portions of the meeting; or 4) if they need to employ some other means of ensuring safety for the meeting.
2. **TDM meetings must not facilitate a violation of any court order, written or verbal, or any condition of probation or parole** that restricts contact or communication of a perpetrator of abuse with the victim. Existence of any such order should be explored by the worker prior to the TDM meeting.

3. Facilitators and workers should do a brief pre-meeting check-in about safety concerns for the meeting.

In any meeting where both parents will be present, regardless of whether DV has been confirmed, the facilitator and worker together should take a couple of minutes to meet separately 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 these questions:**

1) “Are there any court orders in place that prohibit contact between you and anyone else that 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 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 children’s safety?”

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

When separate TDM meetings are held, the first meeting should be scheduled with the non-offending parent unless she thinks that for safety reasons the offending parent’s meeting should be held first. Meeting with her first 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 her 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.

5. TDM meetings must not increase immediate danger to the child. There must be a Do No Harm Standard. This also means that TDM meetings must not increase immediate danger to the child’s mother, 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.

Doing so can increase immediate danger to any child or non-offending parent 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 danger, safety planning with the mother regarding her own safety must be conducted. **Removal of a child can significantly increase danger to the non-offending parent**, which compromises the child's emotional safety and well-being.

- 6. TDM meetings should focus on establishing safety for the mother and child together whenever possible.** Helping a mother access safety will not only increase safety for her, but can decrease risk to both the mother and child. The facilitator should ask the mother what will help her and her child stay safe. This might include any of the following or other strategies not on this list:
 - safety planning
 - helping her get into a shelter or into a support group
 - building her natural support system
 - helping her get a restraining order
 - getting help for her abusive partner
 - 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
- 7. Facilitators of TDM meetings must be prepared to interrupt** and redirect any attempts by participants to discuss DV that was unknown to the facilitator prior to the meeting. To keep the meeting a safe space, surprise disclosures of DV should be discussed more carefully with the non-offending parent following the meeting.
- 8. On occasion, it may be necessary to postpone a TDM meeting** until safety can be discussed and assured with the involvement of a supervisor.

Better Safety Standards

Higher standards for TDM meetings should be possible when facilitators and child protection staff consistently employ best practice strategies in DV situations.

1. TDM meetings should not increase risk (potential for future harm) to a child or the non-offending parent.

Doing so may result in the child remaining in care longer than is necessary. Actions that might increase risk include:

- Discussing DV in the TDM meeting without having talked to each parent separately.
- Asking the child and mother to disclose DV in a meeting.
- Confronting a father who uses violence without care and consideration for the safety of the mother and child.
- Sharing information with the father about what the mother has said without her permission.

NOTE

This is not an exhaustive list, but instead some examples of actions that might increase risk to both the child and the mother in a TDM meeting. TDM workers should always use their best judgment in a meeting situation to decrease risk.

2. TDM participants should 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.
- Communicating with his probation or parole officer to report concerns and to coordinate planning.
- Enlisting others with whom he has a relationship (e.g., a pastor, a brother, his mother, etc.) 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 his changing his behavior.

CAUTION

Efforts to hold a perpetrator of violence accountable for his behavior can increase danger or risk to a child and her/his mother. The non-offending parent should be consulted both *prior* to attempting these strategies and *after* such attempts to assess how the perpetrator has responded.

Advanced Safety Strategies

Skilled facilitators of TDM meetings can reduce the potential for future harm by employing advanced strategies. Such strategies can include engaging non-offending parents around co-occurring issues such as DV and substance abuse, or DV and past trauma. Community partners at the TDM table should be enlisted to help make specific plans for addressing co-occurring issues through the provision of integrated services, or regular provider meetings with the mother. It is not helpful to simply give a laundry list of services for each issue. Communication and integration of services is fundamental to successful outcomes in these situations.

Similarly, engaging perpetrators of violence as fathers and around non-DV-related needs (job training, past trauma issues, substance abuse, transportation to a job, and other needs) is an advanced strategy for reducing long-term risk to children. Men who use violence are more likely to hear and absorb messages about behavioral changes needed if they are approached from a perspective that acknowledges their humanity, their struggles, their concern for their children, and their capacity to change.

CAUTION

There is a risk of unintentionally or unknowingly colluding with perpetrators of violence when using this strategy, which can actually increase risk to the child and mother. This strategy can only be used effectively when balanced with offender accountability strategies and the safety strategies for working with mothers.

Domestic Violence Assessment Issues

Assessing and responding to DV is challenging for child protection workers for a number of reasons:

1. In some child protection agencies, there is a lack of clarity in policy and practice about the need to demonstrate a nexus between DV and specific harm to a child in order to justify child protection intervention. Assessing the specific harm to a child from exposure to DV is necessary for effective decision making and service planning.
2. Child protection workers are primarily trained to assess danger or risk to a child posed by a parent or caregiver. In a DV situation, workers must also assess danger and risk to the non-offending parent in the home, because it is relevant to understanding danger and risk to the child.

3. The adult perpetrator of violence may be excluded from the assessment process altogether. This sometimes occurs because he is not the biological father of the child; because the worker fears for her/his own safety; or because the mother who is being battered worries that she or her children will be in more danger as a result.
4. A woman's response to a partner's violence may be misinterpreted. For example, a mother who fights back when assaulted may be inaccurately assessed as being "just as violent as he is". If she recants earlier disclosures of violence due to recent threats by her partner, she may be labeled as a liar or as un-cooperative. These and other misinterpretations can color the child protection response in ways that are unhelpful to mothers and potentially harmful to children.
5. In some DV situations, the level of danger can change rapidly and unpredictably. Unless workers have gained the trust of the non-offending parent, they may inaccurately assess danger due to a lack of information about what is occurring within the family.
6. Assessments are focused on the conditions within the family, and may not adequately reflect the potential negative impact of the child protection intervention itself. Unskilled intervention by child protection staff can significantly increase danger or risk to a battered mother and her child (Pence & Taylor, 2003).

Assessment should also include careful exploration of resiliency indicators for the child and protective capacities of adults to mitigate danger or risk over time. Facilitators and other participants in TDM meetings must be prepared to explore specific danger or risk; control and abuse tactics of the perpetrator; help-seeking and prior acts of protection by the non-offending parent; complicating factors such as substance abuse or mental health issues, and protective capacities of other adults in the life of the child. **Much of this work should occur prior to a TDM meeting**, and facilitators must be prepared to help "fill in the gaps" and guide the meeting toward the best possible decision.

Common Errors of Reasoning in Child Protection Assessment

A significant benefit to the TDM meeting strategy is the opportunity to minimize or correct common errors of reasoning in child protection assessment by including different perspectives of participants. These errors of reasoning include:

- **Confirmation bias**, or the tendency of workers to find "evidence" that supports their pre-existing beliefs about an individual or family (Munro, 1998). For example, a worker who believes that a woman who is being battered "chooses her partner over her

children” is more likely to interpret her compliance with her partner’s demands as “evidence” of this belief rather than seeing it as a potential indicator of heightened danger.

- **One-sidedness**, or an over-reliance in practice on what is problematic or dangerous (Turnell & Edwards, 1999). Deficit-based approaches and tools can miss critical indicators that a child exposed to DV might actually be physically and emotionally safe due to acts of protection by a non-offending parent, extended family, or others. They can also lead workers to forego making efforts with fathers, who may have the capacity and be willing to make the commitment to change.
- **Lack of awareness of how dominant culture values shape the system’s perception of families.** U.S. mainstream values such as self-reliance, autonomy, independence, equality, and direct communication inform child protection interpretations of families. There are families whose behaviors are based on different sets of values which may include inter-dependence, standing up to an oppressor, loyalty to one’s community, respect, deference to elders or professionals, or “traditional” gender roles. These behaviors can be misinterpreted or misunderstood by workers and result in ineffective work. A woman who does not agree to go to shelter, for instance, may be acting on deeply held values about her role in the family.

TDM meetings hold significant potential to improve child protection assessment because they include the family’s voice and involve multiple professionals and non-professionals who can offer alternate perspectives. The facilitator can play a key role in uncovering these different points of view by actively seeking alternative explanations for an individual’s or a family’s behavior.

Assessing Danger and Risk

Current research and the experience of DV specialists within child protection point to a variety of factors related to danger or risk to children and mothers.

Factors related to the child:

- Young children are more vulnerable and are more frequently present during an assault (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997); adolescents are more likely to try to intervene.

- Severe or frequent exposure has a greater impact than lesser or infrequent exposure (Edleson, 1999).
- Exposure to multiple forms of violence (i.e. DV, child abuse, community violence) may compound the impact (Edleson, 1999).
- A child who has been exposed to domestic violence may be significantly psychologically impacted (Edleson, 1999), or be more likely to use violence in other settings (Singer, Miller, Guo, Slovak, & Frierson, 1998).
- Use of drugs or alcohol by a child as a coping strategy impacts the ability to keep them safe.
- Violence among youth in a dating relationship can be as dangerous as violence in an adult relationship.

The following factors related to the perpetrator of violence are indicators of danger and/or risk:

- Prior history of severe violence with (current or former) spouses or children.
- Use of and access to weapons, particularly guns.
- Extreme or irrational jealousy.
- Recent escalation of violence.
- Monitoring and stalking behavior.
- Threats to injure or punish the mother or child if she leaves him.
- Situations in which the perpetrator fears he will lose his partner, such as when a child protection worker tells her she needs to leave him.
- Threats of homicide or suicide.
- Untreated depression or other mental health issues.
- Substance abuse (not all substances have the same impact).
- Isolation of the mother and child.
- History of violent crimes, violation of restraining orders; or motor vehicle violations/other arrests involving intoxication.
- Recent instability, including loss of employment, along with any of the above indicators.
- Prior participation in batterer intervention services with no cessation of violence.

(These indicators have been identified in the work of Jacqueline Campbell on lethality assessment, and in the work of Fernando Mederos on how child protection agencies can work with men who use violence in intimate relationships. See Resources.)

Finally, some factors related to the battered parent can also indicate heightened danger or risk:

- Lack of minimally adequate resources to be economically self-sufficient.

- Absence of supportive relationships in her life despite attempts to help her build a network of support.
- Untreated depression (Smokowski & Wodarski, 1996) or other mental health issues.
- Substance abuse.
- Inability or unwillingness to engage in safety planning despite supportive interventions.
- Inability or unwillingness to acknowledge and respond to potential harm to the child despite supportive interventions.

NOTE

Facilitators should note that any of these factors related to the non-offending parent should be explored carefully to determine whether the perpetrator of violence has played a role in their creation.

Assessing Protective Factors

To avoid one-sided, deficit-focused assessment, child protection workers and TDM facilitators should search as diligently for signs of resilience and indicators that a child is safe as they do for indicators of danger and risk.

Factors related to resiliency in children exposed to DV:

- A strong bond between mother and child (Osofsky, 1999).
- Consistent presence of at least one loving and protective adult in the child's life (Margolin, 1998).
- The cognitive and emotional ability to understand and follow a safety plan.
- Involvement in activities where the child experiences healthy interactions with adults and feels engaged and successful (Masten & Coatsworth, 1998; Masten & Reed, 2002).
- Does not blame themselves for the violence of the parent (Hughes, Graham-Bermann & Gruber, 2001).
- Has a strong sense of racial or cultural pride (Simmons, 1999).

Factors concerning the battered parent:

- Prior acts of protection (Turnell & Edwards, 1999) and help-seeking, such as calling the police, staying with a supportive friend or relative, talking to a pastor, or getting a restraining order.
- Problem-solving skills that can provide a foundation for planning for safety.
- A support network that can be accessed when needed (Gaudin, 2001).
- Ability and willingness to safety plan.

- Strong bond with the child.
- Ability and willingness to engage in substance abuse or mental health treatment if necessary.

Factors concerning the perpetrator:

- Genuine and *demonstrated* acceptance of responsibility for abusive and violent behavior.
- Ability and willingness to identify cultural norms against family violence.
- Healthy bond with the child.
- Willingness and ability to leave the home and stay away if necessary.
- Acceptance of partner and child leaving the home if necessary, with no escalation of abuse or effort to pursue them.
- Engagement in batterer intervention and evidence that he wants to create some behavioral change.
- Engagement in substance abuse or mental health services if necessary.
- Acceptance of anger from child and partner with no retaliation.

TDM meeting facilitators can and should ask pointed questions during the meeting to draw out participants' views of the protective capacities of parents that might mitigate the impact of exposure to DV on the child. Planning should proceed only when the facilitator is satisfied that TDM meeting participants have a clear understanding of both the problems in the family and a sense of the family's capacity to keep the child safe and provide for her/his well-being.

If placement is necessary, any relatives (both maternal and paternal) who are being considered as placement resources should be assessed for their understanding of the violence and their ability and willingness to participate in creating a safety plan and promoting

CAUTION

Mothers who are battered may need assistance in thinking about which relatives to invite to participate in a TDM meeting. Since many women are isolated from their own families and friends as a result of DV, they are sometimes closest to their partner's family. These family members can be sources of support, or their presence can be a source of risk to a mother or child. Simply instructing women to "invite your support system" may not be adequate in a DV situation.

the well-being of the child. If, for example, relatives do not acknowledge the violence, are aligned with the perpetrator, and/or do not plan to participate in creating safe, separate visitation between parents and the child, other options should be considered (See Appendix C for some sample questions that can be helpful in making these assessments.)

By observing the standards and utilizing the strategies discussed above, TDM meeting facilitators can play a key role in keeping children and non-offending parents safe while working toward the goals of reducing unnecessary placements, maintaining family and community connections for each child, and promoting resiliency by increasing the number of loving and supportive adults in the lives of children.

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Appendix A

Helpful Things to Say to or Ask a Non-Offending Parent (When Her Partner is Not Present)

What follows is not a protocol for practice in DV cases, but a menu of things you might say to a non-offending parent that can help you engage her and better understand the situation in which she and her children live. Do not feel like you need to use every statement or question, and do not say things to battered mothers that you aren't sure you can follow through on.

The intent of this section is to provide you with a list of helpful questions that can assist you in getting to know the mother, father, child, and relatives that are involved in the TDM meeting. Answers to these questions should be used to help you better understand each person's experience and the needs of each family. This series of questions is not intended to be used to build a case against the non-offending parent. Answers to these questions should be kept safe and confidential. If the court needs to become involved, workers and others have a responsibility to inform the mother of what will be said so she can plan for her safety.

Establishing a partnership with her/building rapport

1. I'm worried about your safety as well as your child's safety. What are you worried about?
2. I'm really sorry about what has been happening to you and your child. How can we help?
3. You aren't responsible for your partner's violence.
4. What does your partner understand about why we're meeting with you alone? How did it go for you when we said we needed to have separate meetings (or have him join by phone, etc.)? We know that our being involved can make things more dangerous for you.
5. We know that women stay with abusive men for a lot of good reasons—for financial support, out of love, because they feel sorry for him, because they're too afraid to leave, because they can't afford to leave, because they have a child together, and so on. Can you tell us about your situation/relationship?
6. We'll make every effort to keep what you tell us confidential. We won't talk about what you or the children disclose, but if, for instance, he or his attorney requests records that contain this information, we will let you know what's happening.

Risk to/impact on children

7. What kind of relationship does he have with the kids?
8. What have the children seen and/or heard? We know from experience that children are often aware of the violence even if you've tried protecting them from it. What have you tried to do to protect them?
9. We know that children exposed to violence can be affected in a number of ways—they might have nightmares, worry about being away from you, have trouble in school, become emotionally withdrawn, or act aggressively. Older kids sometimes use drugs or alcohol, become violent themselves, struggle academically, and so on. How do you think your children have been affected by the violence in your home?
10. Can you tell us about positive interactions between him and the kids? Do they have fun together? Does he help them with schoolwork? Does he know their friends?
11. Has he ever threatened to kidnap them or get custody so you can't see them?
12. Has he ever hit any of the kids? Has he ever assaulted you while you were holding your child?
13. You've gone for periods of time when we (child protection) weren't involved with your family. What was happening between you and your partner during those periods? How were the kids doing?
14. Have you ever had a conversation with your kids about what to do if their father becomes violent? Safety planning with kids can help them feel safer because they know what to do—go to a neighbor's house or into the other room, stay out of the fight, call 911, etc.
15. Have you talked to your children about how they feel about their father?
16. Some women say their partner is mean to their children, do you ever feel that way?
17. Are you ever afraid to leave your children alone with him?
18. What worries you about your child's behavior? What do you feel good about?

Assessing danger

19. Has your partner ever threatened to kill you, the kids, or himself? Do you believe that he could kill you or the children?
20. Has he ever threatened to take the kids?
21. Is your partner depressed? Does he have any sort of diagnosis? Is he on medication? Does he take them?
22. Is he an extremely jealous man? Can you tell us about that?
23. Does your partner drink or use drugs? How frequently? How does he act when he's using?

24. Does your partner have access to weapons? Has he ever threatened to use them on you?
25. Is his violence or abuse getting worse, or happening more frequently? Can you tell us about that?
26. What's the worst thing he's ever done to you? Has his behavior seemed bizarre?
27. When you've taken steps to protect yourself or the kids in the past (e.g., leaving, filing restraining orders, fighting back, keeping him from hitting the kids), how has he responded?
28. What do you feel most afraid of with him?
29. Have there been periods of non-violence, when you felt that he had changed and things were going really well in your relationship? What was happening at that time? What was different for you, and for him? Did you see different behaviors in the kids during that time?
30. How do you think he'll respond to our being involved with your family?

Substance use and mental health-related issues

31. In what ways has your substance use made the violence easier to bear? In what ways has it made your life harder?
32. Were you using before the violence began? Can you tell us about that? How has your use changed since you became involved with your partner?
33. Have you been clean or sober for extended periods in the past? What made that possible for you?
34. Do you use with your partner? Does he encourage or force you to keep using?
35. We know that women who use drugs or alcohol have a harder time keeping themselves safe, and so their kids are often at increased risk. How can we help you make sure your kids are going to be safe, whether you're using or not?
36. Can you tell us about when you first started feeling depressed? How does your depression affect your ability to do the things you need to do?
37. Does your partner have anything to do with you not taking your medications, or taking too much of them?

Safety planning

38. I'm concerned about what will happen when you go home (with or without) the kids. How do you think it will go? How can we help you stay safe with your kids?
39. Can you tell us what you've tried in the past? What has worked, and who has been helpful in keeping you and your kids safe? What hasn't worked?
40. Can we connect you with someone (battered women's program) to do safety planning?

What if we call them right now?

41. Can we reach out to anyone who can support you and help you stay safe—a friend, a family member, a pastor? Do you have family or friends who know what's happening, or whom you could tell? How can they be part of the safety plan?
42. How can your case worker check in with you over the next few days so you can let us know if things have gotten worse, or if you need more help? How can we make that happen—should we call you, you call us, go through a third person?

Planning for engagement of her partner

43. Men who use violence respond in a variety of ways when child protection becomes involved with the family. We want to be sure that we don't make things worse for your kids or for you. How can we talk to him safely? What can we talk about, and what do we need to avoid?
44. What are the things about your family or relationship that he is most proud of?
45. What do you see as his strengths? How can we get started on the right foot with him?
46. We'll make every effort to keep you informed of how our conversations with him are going, and we'll let you know after the fact how he appeared to respond. We know that our being involved can increase danger to your family.
47. Sometimes it can be helpful if we "take the heat" for the things that need to happen next (e.g., his having to leave the home, her taking out a restraining order, her going to stay with another family member, etc.). Would that be a helpful thing for us to do?

Appendix B

Helpful Things to Say to or Ask Men Who Use Violence/Abuse

What follows is not a protocol for practice in DV cases, but a menu of things you might say to the offending parent that can help you engage him better. Do not feel like you need to use every statement or question, do not say things that you think might increase risk to the mother or child, and do not disclose confidential information that the mother or child has shared with you without their permission.

Adapted from *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety* by Fernando Mederos (San Francisco: Family Violence Prevention Fund. Available at <http://fvpfstore.stores.yahoo.net/accountability-and-connection-with-abusive-men.html>)

CAUTION

With men who use violence within their families, precautions must be taken to ensure safety of the non-offending parent and children, for whom unplanned, open discussion of DV can increase danger or risk. Primary strategies for ensuring safety include pre-planning with the non-offending parent about what can be discussed and using third-party information about the violence.

Engagement of men who use violence does not mean that limits, boundaries, policies, and procedures are ignored. In fact, years of experience with men who are abusive have clearly established that they need **very clear limits and rules**. Many of these men respond better to limit-setting when they feel that the rule enforcer respects them and genuinely wants to assist them. Guidelines for respectful limit-setting when working with abusive men include:

- Clearly point out specific behavior or a specific rule that is being broken.
- Define unintended impact.
- Ask for it to change.
- Describe what the different, appropriate behavior should be.
- Reaffirm interest and connection.

Avoid the following situations:

- Getting into arguments, debates, and power struggles.
- Pressing too hard.
- Hostile confrontation.
- Interpreting all anger as intimidation and threatening behavior; getting overly reactive to an abusive man's anger.

Following is a list of things that facilitators or other participants in a TDM meeting can say to a man who uses violence in an effort to hold him accountable for his behavior and to engage him in a process of changing that harmful behavior. The need to balance engagement and accountability is critical, and TDM participants can and should say things about each within a single conversation.

Accountability

1. We're here because your case worker thinks that your children aren't safe in your home, and s/he thinks that's because of your behavior. (Offer third-party information whenever possible—reference a police report, for example.)
2. I believe you want to be a good father. How do you think your children were affected by what you did?
3. I know you want to be a good father, but it's not safe for your kids if you're around right now. You don't seem able to manage your behavior. You need to find another place to stay for your kids' sake and make sure you can do some work on changing the way you act sometimes. Do you have a place to stay? Can we help you find a place?
4. Do you know that there's a place where men with these behaviors can get help and support for themselves? Are you interested in checking it out? It would be a really positive step for you and would demonstrate your commitment to being a good dad. (Describe local Batterers Intervention (BI) program)
 - a. **(If he has been to a BI program)** Can you tell us something about what you've learned? Have you made any changes in your life as a result?
 - b. **(If you get only a cursory, or no, answer)** Do you understand that showing up to the group is only part of what needs to happen? We need to understand how you're applying what you're learning to your life. How are your kids/partner safer than they were in the past?
5. Men who do these things can change, and we can help you get connected to services that will help you and your family.

Engagement/building rapport

6. What's your perspective on why you're here today?
7. Talking about these things can be really hard—sometimes people feel judged and defensive. We don't think you're a bad person.
8. Can you tell us about your relationship with your kids? What do you like to do together? What kind of relationship would you like to have?
9. What do you feel you do really well as a parent? What do you think needs improvement in your parenting?
10. In thinking about your children, what are you worried about? What do you think your children are worried about?
11. Fathers play an extremely important role in the lives of their children. You are very important to your children.
12. How do you want your children to remember you? What kind of legacy do you want to leave for them?
13. Our goal is to figure out what needs to happen for your children to keep them safe. Even though we may not see eye to eye on everything, I think we share that goal—do you agree?
14. In our experience, most men really want to be good husbands and fathers. What do you think it means to be a good husband? A good father?
15. We know that men get a lot of harmful messages as they're growing up about what it means to "be a man." Sometimes it can be hard to sort through those messages and figure out what kind of man you really want to be. How do you think men earn respect in families?

Examples of limit setting

16. When you behave in this way (describe what just happened) it is threatening, highly disruptive, and we can't get anything done when things are like this. I know that you are upset and that this doesn't feel good, but if this continues I'll have to end the meeting or ask you to leave, and document the reasons why. We want to get your side of things.
17. We need to be able to continue this conversation in a way that helps us make a good decision. I don't know if you are aware of it, but you are (interrupting, refusing to talk about yourself, getting very loud, making threatening gestures, etc.). This has to be a two-way conversation. We want to listen to your side of things, but I also need to ask you some questions. Can we continue?

Talking about the impact on children

18. How do you think violence at home affects your children?
19. Even if you don't think your kids have seen anything, here are some examples of how living in a home with violence can affect kids: they may become violent or victimized in future relationships, be angry with you for a very long time, or do poorly in school. Have you seen any of these things in your children?
20. Even if your kids don't show anything, witnessing this kind of behavior will affect them. I know you are not trying to scare them and leave them with bad memories, but this is what is likely to happen. Please get help. Do it for your children. Go and try the (BI program).
21. When you were a child, did you ever see a man in your family hit or beat his wife? Do you remember how you felt as a child witnessing that? I believe you want your children to have better memories than that—am I right?
22. Your behavior has a lifelong impact on your children. It's never too late to turn it around. You have the power to change things for them.
23. You are 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.
24. When you hurt your partner, you also hurt your children.
25. If you disrespect your child's mother or undermine her parenting, you are hurting your child's capacity to respect adults in general and women in particular.

Appendix C

Questions to Assess Appropriateness of Relative Placements in Domestic Violence Situations During the TDM

What follows is not a protocol for practice on DV cases, but a menu of things you might say to relatives that the child might be placed with. This is not an exhaustive list, but just suggestions. We encourage you to use your best judgment to determine whether these questions should be asked during the TDM meeting.

- This must be difficult for you, since your (son/daughter/relative) was (the perpetrator/adult victim) in this situation. How are you feeling about being here today and hearing about what has been going on?
- Were you aware that there was violence occurring within the family?
- What did you do to try to help (the non-offending parent, child or perpetrator)?
- Who do you think is responsible for the violence?
- How do you think this has affected the children?
- What do you think the children need? How will you provide it? (Offer concrete assistance here if possible—therapeutic services for children who have witnessed violence, services of a supervised visitation program, transportation, and so on.)
- Are you afraid of (the perpetrator of violence)? How will you keep yourself safe if you think he poses a threat to you?
- What will you say to the child when s/he asks why they can't go home, or asks about the violence that they witnessed?
- What do you need from us to support you if the children are placed with you?

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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