
Project Overview

The Improving Services for Violence Against Children and Women project explores the state of intimate partner violence (IPV), child abuse and neglect, and community-based support agencies working to address the needs of IPV survivors in the midst of the COVID-19 pandemic. The project aims to identify unique needs, gaps, barriers, and potential improvements to service provisions within the context of a public health emergency. This brief focuses on best practices and innovative strategies that child welfare leaders can implement to form stronger support networks for survivors of violence and abuse that continue to function in emergency conditions. This brief was developed through a collaborative effort by Futures Without Violence, the American Academy of Pediatrics, and from research by the University of Pittsburgh Medical Center Children’s Hospital of Pittsburgh, which includes a series of interviews with survivors, IPV advocates and administrators, and Child Protective Services (CPS) staff.
**Introduction**

The safety and wellbeing of child and parent survivors of family violence are inextricably linked. In 2018, approximately 678,000 children experienced child abuse and neglect (CAN) in the United States. Intimate partner violence (IPV) is also shown to be prevalent, directly impacting more than 1 in 4 women. Exposure to IPV and other forms of domestic violence (DV) can have profound consequences on a child’s health and wellbeing. Research indicates that a child survivor’s best interests are inseparable from their survivor parent’s. Improving responses and outcomes for child and parent survivors require IPV to be treated as an experience that impacts multiple family members, and the safety, healing and wellbeing of adult and child survivors be addressed interdependently. Ultimately, both CAN and IPV are national public health issues and critical social determinants of health.

The frequency and severity of IPV and CAN during the COVID-19 crisis has become exceedingly concerning. The pandemic created unique opportunities for those who cause harm to assert power and control—a cornerstone of CAN and IPV—through isolation, threats, manipulation and violence. Additionally, families are experiencing compounded levels of stress, economic strain and restricted opportunities for connection with social networks hindering their ability to reach out for support. Parents have had to navigate the pandemic and ever-changing safety orders while simultaneously working from home without childcare.

Children and adolescents have also been deeply impacted. While the prevalence of COVID-19 is lower in youth populations, they nevertheless are experiencing significant and direct effects of the pandemic, including childcare and school closures, violence exposure at home, mental health challenges,
parental illness, parental job loss, poverty and pandemic-related bereavement. With childcare and school closures, children have been isolated at home, lacking the safety, support systems and food access found within their classrooms. These circumstances are having profound impacts on youth, especially those belonging to communities that have been marginalized and under-resourced—Black, Native, Latinx and low-income youth, in particular.

There are definitive links between family violence, structural racism, and health inequities that disproportionately affect youth and adult survivors’ wellbeing, as well as their access to healthcare and critical support services. Survivors, particularly from communities that have been marginalized and under-resourced, are facing unprecedented intersectional challenges. Pre-pandemic disparities have become exacerbated and more deeply exposed. The syndemic⁶ nature of the pandemic has created staggering challenges for youth survivors. Isolating stay-at-home orders and the national economic crisis are worsening barriers for families in meeting basic needs like housing, employment, childcare and access to technology. Since family violence does not occur in a silo but rather within the broader context of political, social, and environmental factors, it is imperative that DV, the nation’s structural inequities, and COVID-19 be addressed concurrently. Moreover, while the focus of this brief is predominately centered around how to best support survivors, reducing the burden and stress on partners who cause harm can also increase survivor safety and well-being.

The pandemic has also exposed the need to recognize frontline child and family advocates as essential members of the public health emergency response infrastructure. Solutions that better support their safety, health and wellbeing are critical during the public health emergency.

Practices and systems rooted in structural racism and inequity restrict youth survivors—especially Black, Native, immigrant, gender and sexual minorities, and those who are low income and uninsured/underinsured—from accessing the safety resources, services and vital support they need, when they need it most. This brief aims to:

- Identify organizational policy and practice recommendations for the child welfare system;
- Highlight systems-level improvements to promote equity across the service landscape by addressing disparities and underlying root causes of IPV during and post-pandemic; and
- Inform institutional preparedness and response for future public health emergencies and/or natural disasters to ensure child welfare system capacity to meet inevitable growing demand and continue effective service provision.
Systems and Practice Change Recommendations

1. **Address root causes as primary prevention strategies.** Within ongoing family support efforts, child welfare leaders and CPS workers have the opportunity to support child and family health by intentionally and routinely assessing their social determinants of health. SDOH assessments can help identify areas for additional services to improve child and family health and wellness through expanded family support, referrals for wrap-around services, and economic and other concrete resources. At the organization and systems level, CPS and other child and family serving agencies can advocate for approaches and policies that address underlying inequities, foster community resilience, and promote prevention, such as a livable wage, universal healthcare, accessible healthy food options, accessible childcare in and out of the home, expanded affordable housing availability, and more.

Recognize those with lived experience as valuable contributors and invite them to the table to strategize practice change in a survivor-centered way. Build upon survivor-centered solutions established during the pandemic to address the disparity gap and build resilience for families. For example, many agencies provide financial support and alternative housing options, like hotel stays, to offer immediate solutions for families. Many of these solutions created may be feasible and useful post-pandemic allowing for a more survivor-centered approach to support. Through a trauma-

Prevention and Upstream Approaches

CAN and IPV are associated with significant health consequences for youth and adult survivors. Child and family advocates in a variety of settings (e.g., healthcare facilities, IPV programs, schools, etc.) and CPS workers are critical supporters for families experiencing violence and abuse, as they are able to intervene and respond to violence that has already occurred, as well as provide universal education, resources and support to families. Advocates and CPS workers can advance their support and decrease health disparities for families by pursuing primary prevention strategies in their work.

Primary prevention strategies work to stop violence from occurring in the first place by promoting conditions that support healthy families and communities. In particular, social determinants of health (SDOH)—including economic security, safe housing, access to quality food, and healthy relationships—are environmental conditions that play a significant role in one’s health, functioning and quality of life. By prioritizing prevention, addressing social determinants of health, and providing broad universal education about safe and healthy family relationships, CPS workers and child and family advocates can be key partners in reducing the stressful conditions that make violence more likely.
informed, cultural humility lens, child welfare leaders can also promote positive parenting strategies and emphasize the importance of safe and healthy relationships as part of routine family support services.

2. **Integrate research and practice-informed protective factors’ for survivors of IPV in organizational policy and practice.** Protective factors are conditions and characteristics that eliminate or reduce the impact of risk factors and promote healthy development and wellbeing. Stated another way, protective factors are conditions and characteristics of *individuals, interpersonal relationships, communities, and the larger society* that are associated with decreased chances of negative outcomes and increased chances of positive outcomes. Better outcomes for children, adults, and families will be achieved if protective factors are built in all human domains: individual, interpersonal, community, and societal.

Adult and child survivors of DV are often isolated from family and friends, begin to doubt their ability to take care of themselves or their children, and lose hope due to the abuse they are experiencing. When child welfare staff, IPV support providers and others intentionally and actively focus on building protective factors while reducing risk factors, survivors are more able to draw upon their personal, family, and community strengths and resources to address the challenges they are experiencing. Ultimately, they are more equipped to do better in school, work, and in life. Building protective factors helps adult and child survivors to recognize and reclaim their own resilience and capabilities that can lead to a sense of renewed hope and optimism.

Protective factors for survivors of DV include safer and more stable living conditions; social, cultural and spiritual connections; resilience and a growth mindset; nurturing parent-child interactions; and social and emotional abilities.
3. **Prioritize the health, safety and wellbeing of CPS workers and child welfare advocates serving families.** To adequately sustain quality child welfare and family support services during a public health emergency, CPS workers and family advocates must be recognized as essential workers. Attention has been heavily focused on first responders in healthcare excluding the needs of survivor-serving advocates. With the pandemic, the need for child and family support is increasing, and CPS workers and advocates are adjusting to drastic changes in their work environments with limited resources.

While staff of family-serving agencies have created innovative ways to safely connect and share information with survivors at a distance through the use of technology, they also face unprecedented challenges. Providing virtual services has its challenges and raises unique considerations for delivering services safely, building trust and engaging survivors outside of in-person interactions. Family and survivor-serving advocates and CPS workers are working tirelessly to provide remote survivor-centered, trauma-informed care with minimal training and existing best practices to guide their work. Public health emergencies also require agencies to prioritize health and safety protocols for staff, accommodate their increased need for sick time to care for themselves or family members, schedule time for self-care and emotional support, and be flexible as they navigate competing demands working from home while caring for their children and homeschooling. Moreover, CPS workers and family advocates must also navigate violent and traumatic stories from their own homes in the presence of their family members.

It is imperative that CPS workers and family advocates are adequately supported to ensure their health, safety and wellbeing. There is a need for increased allocation of resources to support early and ongoing access to personal protective equipment (PPE), testing, vaccines, a steady livable wage, employee assistance programs, and flexible work schedules to accommodate those working from home without childcare. With so many CPS workers and child welfare advocates being survivors themselves or children of survivors, agencies must also establish policies for workplace response to violence, compassion fatigue, and vicarious trauma.

*“Reporting has drastically reduced. The reports we are getting are very bad and most of them are assigned because they’re coming in through law enforcement or hospitals. The school reports which I feel are a majority of our reports because kids trust their teachers, are just not there.”*
4. **Enhance training for CPS workers to ensure services are aligned to IPV practice standards.** Capacity building and training is imperative for those working within the child welfare system. Using a team-based approach, IPV programs, CPS and other child and family-serving agencies can provide ongoing training to all staff year round. Training should cover essential topics, including:

- The fundamentals of CAN and IPV (recognizing signs, identification, response and intervention) and their intersection;
- Adverse childhood experiences (ACEs) and the impact of health and behavioral health;
- Universal education using the Confidentiality, Universal Education and Empowerment and Support (CUES) framework;
- Engaging and working with people who use violence; Healthy Outcomes from Positive Experiences (HOPE); and
- Policy and practice history of child welfare and CPS agencies that have led to racial and gender disparities.

CPS workers and child welfare advocates are encouraged to build relationships and trust so their clients feel safe and comfortable. Given this practice, agencies should also offer trainings on cultural humility, disability identity, queer and transgender affirming care, and building rapport with families to affirm their commitment to survivor-centered care and create spaces that cultivate trust. Additionally, training should cover the practice of equitable, trauma-informed, and youth-friendly services across all service delivery methods—in-person, home visitation and telehealth services.

Training, however, is only the first step. There is a critical need to provide outreach and substantial support to staff in institutionalizing IPV practice standards and agency values. CPS workers and child welfare advocates should also be well-informed on the many community-based resources available for survivors and understand the important role IPV agencies and youth organizations play as they specialize in the support services needed by adults and children impacted by violence. Greater integration and collaboration between service providers increases the likelihood that survivors of all ages receive the support they need to heal and thrive.

5. **Acknowledge and eliminate the harm caused to families experiencing IPV from CPS involvement.** It is important to understand the implications and potential negative consequences for child and adult survivors that can arise from involvement...
in the CPS system. For example, survivors can feel disempowered by their interactions with CPS workers and therefore feel more trapped within an abusive relationship. They may feel as though they have no choice other than withholding information to protect their children and family, which can result in CPS making decisions based on their lack of truthfulness and “cooperation.” They may experience retaliation from a partner for disclosing violence; or lose custody of their children, even when the cause is the system’s failure to hold those who cause harm accountable. While any DV survivor may experience these consequences, they can impact Black, Native, Latinx and low-income survivors disproportionately in a context of institutional and interpersonal bias in agency decision-making, and family-level disparities in access to resources, opportunities and services.

Both CPS staff and child and family advocates should carefully examine the risks within the family and actively work to provide the support and services that can help families be safer and more stable. It is especially critical to examine implicit bias, for example through systematic reflective practice, as the child welfare system is an entry point to the criminal justice system for many youth survivors, and leaves many adult survivors of IPV without real safety and healing. Racial, gender, and class bias can occur interpersonally and in policy and practices, and therefore both need to be examined.

Preserving a child and family advocate’s role as an authentic source of help, and not another source of CPS surveillance and compliance monitoring, is critical in these efforts. Child welfare and CPS agencies must understand that healing comes from empathy, support and intra-family relationship repair, and treat disclosures as a request for non-judgmental help and understanding. Ultimately, CPS workers and child welfare advocates can embrace and prioritize the concept of mandatory supporting within the context of their professional requirements.

6. Prioritize partnerships with pediatric healthcare providers and community-based organizations to develop systems for transformative collaboration. Child welfare agencies can reduce silos to build collaborative services that leverage the collective capacity of a multi-disciplinary network of resources and ensure comprehensive, whole-person care for

“We’re ensuring safety and making sure that the kids are not in harm’s way. We’ve also got to think about the parents…how are we supporting them? With our role, it’s pretty limited, so what can we do as an agency to connect with other agencies to fully come up with really good resources for these families to support them.”

Survivor-Centered Support During COVID-19
child survivors and their families through strategies that include:

- Centering racial equity in initiatives to develop partnerships with healthcare and other social support service providers who continue operations during a pandemic such as hospitals, IPV agencies, schools and school-based clinics, youth programs, childcare agencies, places of worship, law enforcement and grassroots culturally specific organizations. The context of the pandemic has underscored the need for organizations to proactively develop strong partnerships that directly tackle racial disparities in access to services and outcomes.

- Formalizing mutually beneficial partnerships with Memorandums of Understanding (MOUs). Through these agreements, partners can delineate methods for survivor-centered care and response, establish procedures for coordinated systems of care, and facilitate warm referrals.

- Embedding routine universal education and trauma-informed response into family support services to better meet survivors’ needs and make warm handoffs to trusted partners. This approach streamlines access to support and reduces geographic and logistical barriers. For example, partnerships can implement co-location, placing IPV advocates within the CPS setting to make warm handoffs seamless and embed DV support as part of ongoing family support services.

Developing these networks represents an opportunity to improve community support networks for survivors post-pandemic. Including the voices of youth survivors engages them in the collaborative process to identify their needs and define key trauma-informed practices and services. While partnerships require training, continual engagement, and ongoing communication, they serve families best by ensuring seamless service provision. Ultimately, this can contribute to more positive outcomes at the program and community level.

Partnering with IPV, pediatric and mental health agencies can also facilitate access to equitable, culturally responsive and culturally-specific care. In order to ensure sufficient access to services for children, project findings indicate that maintaining and expanding school-based services during a pandemic and beyond would support continuity of care and address access inequities for children of color. Finally, project research suggests expanding mental health resources for youth and parent survivors can increase access and equity; for example, improving Medicaid policy to cover parent-child therapeutic interventions, ensuring language access, and expanding availability of services.

7. **Continue and expand successful practices launched during the pandemic through an equity lens.** Adapted services and innovative practices
launched during the pandemic have proven beneficial for some survivors of family violence. Telehealth services, in some ways, have enhanced equity by increasing accessibility, reducing barriers to in-person services, such as the need for transportation and extra time for transportation. This has helped to prioritize survivor safety and better support staff. Maintaining and expanding these successful telehealth and communication practices will continue to improve safety, confidentiality, and accessibility for survivors by reducing technology barriers. Similarly, virtual court proceedings have, in some jurisdictions, increased participation in child welfare and juvenile justice hearings.

8. **Educate on broader policy and systems change across the child welfare and healthcare systems.** Child welfare leaders are key players in the service landscape and need to be included as important stakeholders when strategizing policy and systems change for children and adult survivors of IPV. Child welfare agencies have a role not only in improving family safety, but also in wide scale health advocacy and health policy development. Highlighting CAN and IPV as both public health issues and key social determinants of health is critical to improved care and family support efforts. Child welfare leaders can be instrumental in centering prevention, anti-racist approaches, anti-poverty work and strategies that address root causes of violence and ensure equity within the child welfare system and family outcomes.

In addition, child welfare leaders, CPS workers and child welfare advocates can have a role in creating transformative systems change using their direct experience in collaboration with survivors and IPV support programs, pediatric healthcare providers, and social service providers to shape policy and practice. These individuals are positioned to identify the infrastructure that promotes multi-sector collaboration and partnerships as an ongoing part of family support efforts and operations which can benefit survivors’ holistic needs regardless of their age.

**Conclusion**

The negative health impacts of IPV and CAN are well documented. The COVID-19 pandemic highlighted both strengths and vulnerabilities in the systems of care surrounding survivors and child survivors. The pandemic and its many impacts

“I feel like normally, all of our agencies throughout the community, we help each other but we also stay in our lanes. Now...we’re all coming together to help each other because there’s so much going on.”
on programs, policies, and funding also created a context of rapid change and innovation that, in some cases, led to service innovations that are forming a new body of best practices. Child welfare leaders and others in their agencies can play an important role in creating access to much needed health and social services for survivors of all ages during the pandemic and beyond. By committing to practice, program, and systems level changes that promote prevention and increase access to integrated care, the health and safety of child and parent survivors will ultimately be improved.

Resources

- Futures Without Violence Improving Services for Women and Children During COVID-19 project page and links to other issue briefs
- Futures Without Violence, Resources for Safety and Support during COVID-19
- Reimagining Child Welfare: Recommendations for Public Policy Change
- Quality Improvement Center Domestic Violence in Child Welfare
- The Axis Project, Social Determinants of Health
- CDC, Social Determinants of Health
- Chapin Hall Policy Brief, System Transformation to Support Child and Family Well-Being: The Central Role of Economic Concrete Supports

Endnotes


2 Intimate partner violence, also referred to as domestic violence, is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically, however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other. Learn more about the dynamics, signs, and prevalence of domestic violence at the National Coalition Against Domestic Violence. http://www.ncadv.org/learn-more/what-is-domestic-violence


References


* Quotes included in this brief are from interviews conducted by University of Pittsburgh and Children’s Mercy Kansas City research teams as part of the Improving Services for Violence Against Children and Women project

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