
THE SAFE AND TOGETHER MODEL AS A METHOD OF CREATING DOMESTIC VIOLENCE-INFORMED CHILD WELFARE SYSTEMS

The *Safe and Together Model Suite of Tools and Interventions* is a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the Model highlights the ‘how’ of the work, offering practical and concrete changes in practice. The Model has a growing body of evidence associated with it including recent correlations with a reduction in out-of-home placements in child welfare domestic violence cases.

The Safe and Together Model suite of tools and interventions shares some key characteristics.

PERPETRATOR PATTERN-BASED, CHILD-CENTERED, SURVIVOR STRENGTHS APPROACH TO DOMESTIC VIOLENCE

The Model is specifically designed to focus on promoting the best interest of children including safety, permanency and wellbeing, and in this way is designed with the mission of child welfare systems in mind. Using the foundation of strong nexus and high standards, the Model’s use of a perpetrator pattern creates a whole family approach that guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. As it relates to domestic violence survivors, the Model keys assessment and partnership specifically to the safety and wellbeing of children. Instead of a focus on generic strengths, the Model directs the system to articulate the specific actions the adult survivor has taken to promote the safety and wellbeing of the children.

FACT BASED

The Model's fact-based approach is intimately connected with the strong nexus perspective. Identifying the nexus between the domestic violence and the children is really a question about the nexus between the domestic violence perpetrator’s behavior and the impact on children’s safety and well being. This emphasis on the ‘facts’ of the perpetrator’s pattern has a number of benefits for policy and practice:

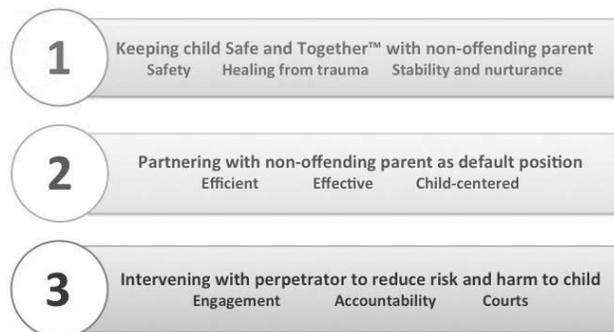
*Safe and Together*TM model: Better Outcomes for Families and Systems



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- Behavioral focus: The Model uses behaviors as the focal point for assessment and intervention. By mapping the behaviors of both the perpetrator and the survivor, practitioners have a starting point for all their work with the family. Working in parallel process, we also focus on the behavior of the practitioner and the system by exploring the ‘how’ not just the ‘what’. Moving the conversation from “Did you screen for domestic violence?” to “**How** did you screen for domestic violence?” becomes the starting point for practice transformation.
- Gender/sexual orientation neutral: With its clear focus on patterns of coercive control and actions taken to harm the children, the Model offers a clear and powerful assessment methodology that focuses on behaviors that are harmful to children versus gender. This fact-based, behavior-pattern approach helps workers sort out the risk and safety issues for children when more than one caregiver is arrested or has been violent. The Model provides the same clear and powerful lens in cases involving same-sex couples.
- Leads to case plans with measurable goals: From clear behavioral assessment of the perpetrator’s pattern and the adult survivor’s protective capacities, the Model encourages case planning that focuses on what each parent has responsibility for and can change to determine a behaviorally defined case plan. Services, when necessary, are then identified to support the achievement of those behavior-change goals.

Safe and Together™ Principles



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GENDER RESPONSIVE

As written above, the Model rests on the analysis of the child welfare system being highly gendered. This language and approach dovetail nicely with other policy efforts to improve the response of systems to fathers in general by providing a framework that allows for an assessment of fathers’ overall involvement as positive and negative. It also supports consistent with efforts by the system to be better allies to adult domestic violence survivor by offering a fact-based assessment framework for a mother’s strengths around safety, healing from trauma, stability and nurturance.

STRENGTHS BASED

A clear analysis of the system’s issues and the source of risk to families from domestic violence makes it easier to focus on the strengths of the practitioner, particularly the child welfare worker, and also those of the domestic violence survivor, as key to successful interventions and outcomes.

INTEGRATIVE AND INTERDISCIPLINARY

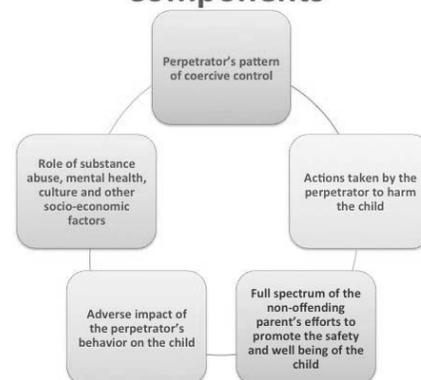
Using domestic violence perpetrator behavior as the organizing framework, our Model is inclusive of safety and trauma issues for the practitioner and family members. It ensures that safety issues can be managed in an individualized manner consistent with each perpetrator's pattern of behavior, and that as systems become more trauma informed, that safety will continue to be addressed. The articulation of the perpetrator's pattern as the source of the concern for child safety and wellbeing allows for direct, non-blaming conversations with the adult survivor about the things she has control over including her own substance abuse issues. The Model's assumptions, principles and critical components provide a framework for working in multi-disciplinary settings and information sharing.

'BEYOND SERVICES'

In the United States the child welfare system and many other services have become the *sine qua non* of child welfare intervention. Driven by the common interpretation of 'reasonable efforts' as offering the family services to address its issues, child welfare equates interventions with a referral to and completion of services. With the advancement of differential responses in many US jurisdictions, child welfare is recognizing that one type of intervention does not work for every family. With its strong nexus and 'high standards for fathers' foundation, the Model allows for approaches to adult survivors, children and perpetrators from a 'beyond services' perspective. The 'beyond services' quality of the Model has multiple aspects:

- Often case planning occurs at the level of the identification of issues, for example, substance abuse, which then triggers a referral. Often the assessment of the issue and associated documentation is not more detailed. Because of the complexity and danger associated with domestic violence as an issue impacting child safety and wellbeing, this approach is not adequate. In the Safe and Together Model, the quality of the intervention with the family starts with mapping the perpetrator's pattern of behavior. The ability to map the perpetrator's pattern, using a framework of strong nexus and high standards, goes deeper than "The family has a history of domestic violence".
- The understanding of that perpetrator's particular behavior patterns provides a framework for a broad understanding of intervention and accountability that goes beyond a referral to treatment. This means that 'reasonable efforts' to maintain children in the home include communication and coordination with criminal court and/or adult probation. It may mean setting specific expectations for supporting children's therapy, paying bills for children's basic needs or other specific behavioral expectations. It also means that the work of the social worker doesn't stop with the referral to services but includes meaningful communication with the service provider including sharing information regarding the perpetrator's patterns and case plan goals and independent assessment of change.

Safe and Together™ Critical Components



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- For adult survivors, the ‘beyond services’ aspect of the Model respects the fact that some domestic violence survivors are not ‘broken’, meaning that as victims of abusive behavior they may not have any pathologies of their own. And parallel to the pathway with perpetrators, good work with survivors is not led by the services but is driven by a good assessment of protective capacity.
- Finally, children, when the parents are addressed appropriately, may not need services at all. The strong nexus approach also helps determine the level of impact experienced by individual children. Because impact varies widely based on a number of factors, the approach encourages individualized assessment of impact.

‘REMOVAL IS AN OPTION OF LAST RESORT’ APPROACH

The Model respects that there are situations where the domestic violence perpetrator is so dangerous or has done so much harm to the children, the adult survivor has done everything a ‘reasonable person’ can do promote their safety and wellbeing and outside systems have made every effort to intervene with the perpetrator – that removal might be the decision that’s in the child’s best interest, at least in the short term.

	Domestic Violence Destructive	Domestic Violence Neglectful	Domestic Violence Pre-Competent	Domestic Violence Competent	Domestic Violence Proficient
DEFINITION	Primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.	Primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or fail to acknowledge how domestic violence's distinct characteristics impact children and families.	Primarily defined by an identifiable gap between the stated relevance and prevalence of domestic violence to the safety and wellbeing of families and child welfare's actual domestic violence policy, training practices, and services infrastructure.	Primarily defined by identifiable policies and practices that use a child-centered perpetrator pattern- and survivor strength-based approach to domestic violence. Domestic violence isn't perceived as an add-on, but instead as a core part of child welfare practice.	Primarily defined by identifiable policies and practices that ensure that domestic violence policies and practices are consistent, dependable, and used throughout the child welfare system.
STATEMENT	"Regardless of the cost, the adult domestic violence survivor must make sure that the children are protected from the violence."	"Domestic violence is only relevant to the children if they see it or hear it. If the couple separates, there are no more domestic violence-related concerns."	"We don't want to re-victimize adult survivors, but our job is child safety" or "We know we need to do a better job with domestic violence cases, but we don't know how to do it."	"The perpetrators' behavior patterns and choices are the source of the child safety and risk concerns" and "Our goal is to keep children safe and together with the domestic violence survivor."	"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."
POTENTIAL OUTCOMES	<p>The risk of harm to adult and child domestic violence survivors from the domestic violence perpetrator is increased.</p> <p>The willingness of adult and child survivors to reach out for assistance, e.g. calling the police if there is a new incident of violence, is reduced.</p> <p>The power that domestic violence perpetrators have over their families is increased.</p> <p>Children may be removed unnecessarily from domestic violence survivors.</p> <p>Child welfare systems expend resources for the unnecessary placement of children.</p> <p>Poor families and minority families are more likely to experience unnecessary economic and family stress due to a focus on resolving the violence by "ending the relationship."</p> <p>Children who attempt to protect one parent from another become caught in the delinquency system.</p>	<p>Assessments of families are incomplete and/or inaccurate and often focused on substance abuse and mental health issues instead of domestic violence.</p> <p>Domestic violence interventions with families do not occur until the violence escalates.</p> <p>When they do occur, these interventions are more likely to be inappropriate and/or ineffective, e.g. a referral to an anger management program when the correct referral is to a men's behavior change program.</p> <p>Decisions made in court can be based on incomplete or incorrect information.</p> <p>Partnerships with adult domestic violence survivors that focus on the safety and wellbeing of the children are weakened by poor practice.</p> <p>Poor women and minority women are more likely to suffer from inadequate or incomplete legal representation or evaluation.</p>	<p>The commitment to improve current practice is weak because it is driven by outsiders encouraging/ expecting/demanding improvements.</p> <p>Token change results in no or little real change in paradigm or practice.</p> <p>Child welfare workers are made more aware of the impact of domestic violence on children, but they are not fully equipped to help, resulting in anxiety and unpredictable decisions.</p> <p>Tensions remain between domestic violence agencies and child welfare, interfering with their collaborative work to assist families.</p> <p>Domestic violence perpetrators continue to escape responsibility as parents.</p> <p>A lack of an perpetrator pattern-based approach increases the likelihood that domestic violence perpetrators with privilege will gain dangerous access to children.</p> <p>Fatherhood programming might increase the unsafe access of some domestic violence perpetrators to their children and families.</p>	<p>Child welfare interventions with domestic violence cases are based on more comprehensive and accurate assessments.</p> <p>Children are more likely to remain safe and together with adult domestic violence survivors.</p> <p>Unnecessary out-of-home placements are reduced, resulting in stronger families and communities and more costs saved by child welfare systems.</p> <p>Dependency courts may experience a reduction in domestic violence-related cases.</p> <p>Minority men and poor men who are domestic violence perpetrators may experience more support to improve their parenting and remain safely engaged with their children and families.</p> <p>Child welfare workers and others may experience more workplace satisfaction due to a new paradigm that allows them to practice in ways that are consistent with their social work values.</p>	<p>Cross-system collaboration is improved when stakeholders use common frameworks and languages.</p> <p>Domestic violence and child welfare agencies may experience a reduction in tension and/or improved collaboration.</p> <p>There may be a reduction in domestic violence-related child deaths.</p> <p>Initiatives such as trauma-informed practice and differential responses are more likely to be successful.</p> <p>Adult and child domestic violence survivors are more likely to see the child welfare system as a resource and a support.</p> <p>Vulnerable new parents and delinquent youths are more likely to receive support and assistance for domestic violence issues.</p> <p>The commitment to a perpetrator pattern-based approach may reduce biases in cases involving women's use of violence, same sex relationships, and vulnerable populations.</p>

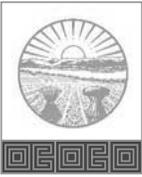
Domestic Violence-Informed Continuum of Practice

Domestic Violence-Informed Continuum of Practice

Examples

Domestic Violence Destructive	Domestic Violence Neglectful	Domestic Violence Pre-Competent	Domestic Violence Competent	Domestic Violence Proficient
<p>Actively blames survivors for the domestic violence e.g. what's wrong with her? She picks him over her children; If she continues to be victimized it's her fault.</p> <p>Uses a failure to protect paradigm to approach cases e.g. domestic violence survivors listed as alleged perpetrator of CAN solely for being the victim. The victim is seen as having absolute power to stop the violence by making different, better choices.</p> <p>Poor women and minority women are primary targets. Violence in same sex couples is invisible.</p> <p>Has policies and practices that increase danger to adult and child survivors e.g. dictates steps for the survivor that could increase danger.</p> <p>Actively and consistently ignores role and presence of the domestic violence perpetrator, placing entire burden to address issue on the adult survivor.</p> <p>Blames child survivors for issues created by domestic violence perpetrator, e.g. behavioral issues, truancy/delinquency. Children are revictimized/penalized/punished for behaviors created by trauma by the perpetrator.</p> <p>Punitively and/or unnecessarily removes children from domestic violence survivors.</p> <p>No connections made between substance abuse mental health issues, and trauma caused by perpetrators. Nor is perpetrator's interference with family receiving services identified and</p>	<p>Has some understanding of why adult survivors stay and barriers facing survivors to leave/their safety (empathy) but no real different practice.</p> <p>Adult survivor still blamed for "letting him back in" and for the violence when she has been in multiple abusive relationships</p> <p>Survivors are divided into "good" victims and "bad" victims. Women with multiple traumas, few resources, and victims of racism can easily be seen as "bad" victims. Punitive aspects of system fall more heavily on "bad" victims.</p> <p>Primary issue to resolve is seen as the domestic violence survivor's pathologies, e.g. poor relationship choices, lack of insight into domestic violence's impact on children. (Paternalistic)</p> <p>Primarily works with adult survivor but has some understanding of the perpetrator's role while still not working with him.</p> <p>No real connections made between substance abuse, mental health issues and domestic violence.</p> <p>Domestic violence only identified as issue related to incidents of violence, usually brought to the attention of the child welfare system by law enforcement/criminal court involvement.</p> <p>Children may be identified been exposed to specific acts of violence but no greater understanding of connection between perpetrator's behavior and children's symptoms, needs, and experience.</p> <p>Still conceptualized as a relationship based issue</p>	<p>More identification of domestic violence as issue; usually identified through arrest or referral specifically for domestic violence. Rarely identified in case that come in for other reasons.</p> <p>Cases that do come in for domestic violence frequently become focused on adult survivor's issues e.g. trauma and substance abuse.</p> <p>Domestic violence still seen as relationship based issue.</p> <p>Domestic violence is generally only identified in cases that come as domestic violence/physical violence incidence.</p> <p>Training on domestic violence focused on "DV 101" with little or no application to child welfare practice; mostly focused on barriers faced by adult survivor; doesn't really address child welfare role.</p> <p>Participation in cross-systems meetings and collaborations.</p> <p>Better understanding of value of victim services.</p> <p>Understanding that batterer intervention is the appropriate treatment intervention for perpetrators without necessarily supporting/funding/contracting for those services.</p> <p>Seen primarily as men assaulting women in heterosexual relationships but women's use of violence is quickly put on par with male violence regardless of context.</p> <p>No response to domestic violence in same sex relationship, no</p>	<p>Brings the perpetrator more in focus; shift from a relationship based focus to perpetrator pattern based focus.</p> <p>Sees broader impact of perpetrator in the lives of children.</p> <p>Can see full range of survivors' strengths and works.</p> <p>Skills based training for workers regarding interviewing, documentation, and case planning.</p> <p>Universal domestic violence assessment using coercive control and actions taken to harm children used in all cases regardless of reason for referral.</p> <p>Service delivery models for perpetrators, survivors and children specific to domestic violence.</p> <p>Safety is managed with separate plans, separate meetings and separate court hearings.</p> <p>Protocols, policies and practice are developed to address safety concerns related to child welfare involvement with the family.</p> <p>Coordination with criminal court (prosecutor, probation) regarding perpetrators as parents.</p> <p>Supports survivor in civil proceedings that may impact child safety and well-being.</p> <p>Can have difficult, compassionate, non-blaming conversations with adult survivor regarding child safety.</p> <p>Removes children only in circumstances where 1) after every reasonable effort has been made to</p>	<p>Child welfare system takes a leadership role in the community around issues of domestic violence and children.</p> <p>Supports training for related professionals e.g. evaluators, court personnel, to better handle domestic violence</p> <p>Expects all service providers to demonstrate domestic violence competence as it relates to their agency and services.</p> <p>Supports high quality integration of services particularly domestic violence, mental health, and substance abuse.</p> <p>Develops culturally and linguistically competent, domestic violence services.</p> <p>Batterer intervention program specifically addresses children and provides quality feedback to child welfare.</p> <p>Domestic violence dynamics and practices are integrated into all new initiatives/services.</p> <p>Commits to maintaining and strengthening relationships between child welfare and domestic violence services (perpetrator, victim, and children)</p> <p>Regular coordination with criminal courts to intervene with perpetrators as parents.</p> <p>Addresses domestic violence in same sex relationship and also in teen dating relationship.</p>

<p>addressed.</p> <p>Perpetrators are essentially invisible to the system and are in essence, empowered by the focus on the survivor.</p> <p>Perpetrators, who present well and/or who haven't done anything to physical harm the children are given access and even custody of children (even after when they assaulted and traumatized their partner).</p> <p>Training on domestic violence is limited. Often increases awareness in a way that increases focus on domestic violence survivor's choices/issues as the source of the child safety issue.</p> <p>Negative or antagonistic relationship to domestic violence services.</p> <p>No services and no coordination with criminal court for the perpetrator.</p> <p>Support and trauma issues for workers exposed to these cases is ignored and workers blamed for reactions associated with secondary trauma.</p>	<p>not as a perpetrator pattern issue.</p> <p>Sees referrals to domestic violence services as the answer without having to improve coordination with domestic violence service providers-just another checkbox.</p> <p>Sends perpetrators to anger management; no specialized assessment or services.</p> <p>Courts use standard psychological evaluations for domestic violence cases even though not necessarily measuring correct things.</p> <p>Very little or no coordination with criminal court.</p> <p>Continues to see DV as incident based with physical violence as the only factor for children (and only if the couple is together, and the kids were present for the violence).</p> <p>Fails to articulate impact of DV on children beyond fear of physical harm and physical harm.</p> <p>Has no or few specific policies regarding domestic violence.</p> <p>No real recognition of how domestic violence survivor's strengths may show up differently than other strengths related to other issues.</p> <p>No real integration of domestic violence into other issues/initiatives.</p> <p>Little to no understanding of gender issues.</p> <p>No specific programming and training related to DV and culture or DV and same sex relationships.</p>	<p>integration with issues related to race and class, nothing related to foster care, courts, etc.</p> <p>No specific policy, protocol or practice to handle information from survivor and children that may increase danger if released unnecessarily to perpetrator.</p>	<p>partner with the survivor <u>and</u> 2) every reasonable effort has been made to intervene with the perpetrator <u>and</u> 3) when the perpetrator continues to have access to children and presents an imminent safety threat to the children.</p>	
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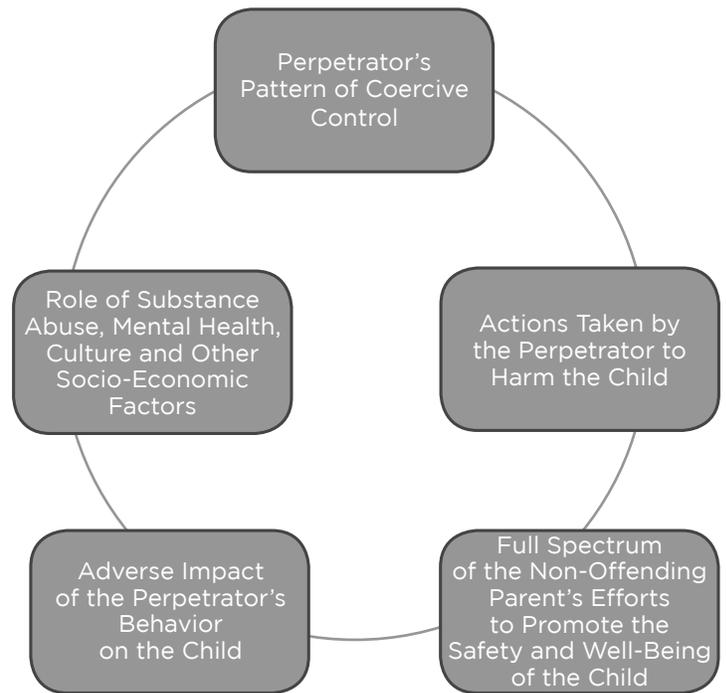


ASSESSING ALLEGATIONS OF DOMESTIC VIOLENCE IN CHILD ABUSE CASES

Juvenile courts and their justice partners are tasked with safeguarding the well-being and welfare of children.

Experts agree that experiences with domestic violence pose short- and long-term risks for children, including their becoming targets of abuse themselves. To examine how domestic violence affects children and determine whether the parents, regardless of their own experience with domestic violence, may provide a nurturing, protective environment for their children to flourish, judicial officers should expect meaningful information from child protective services agencies (CPS). Many Ohio CPS agencies have incorporated the Safe and Together™ model into their practices (*See right*). This model assesses the capacity of parents to act as parents when allegations of intimate partner violence are made. Additionally, its emphasis on patterns of coercive control may be useful as an assessment lens in other family violence cases.

Safe and Together™ Critical Components



Other Resources

National Council on Juvenile and Family Court Judges (NCJFCJ)

- [Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence](#) (2008)
- [Preliminary Protective Hearing Bench Card](#) (2010)
- [Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence](#) (2011)

Supreme Court of Ohio

- [Planning for Parenting Time: Ohio's Guide for Parents Living Apart](#) (2012)
- [Domestic Violence & Allocation of Parental Rights and Responsibilities Court Guide](#) (2016)

[Practice Guides for Family Court Decision-Making in Domestic Abuse-Related Child Custody Matters, Battered Women's Justice Project](#) (2015)

[The Impact of Batterers on Children: An Ohio Model Community Response Protocol, The Ohio IPV Collaborative](#) (2015)

[Safe & Together™](#), David Mandel & Associates, LLC (2015)

Seven Questions Every Juvenile Court Should Ask the CPS Agency

1. What were the domestic violence perpetrator's specific actions and behaviors that harmed the children, including patterns of coercive control?
2. How have the perpetrator's behaviors affected the functioning of any children and the family? What are the agency's concerns for the future based on the perpetrator's past behaviors?
3. When the child abuse case involves other issues (e.g., substance abuse), how has the domestic violence perpetrator's behavior caused or exacerbated those other issues? Does the case plan adequately address both the domestic violence and other issues?
4. Has the domestic violence perpetrator interfered with the family's access to services?
5. Were reasonable efforts made to reach each parent?
 - Based on CPS's stated concerns about the domestic violence perpetrator's behavior, how will the agency's plan improve the functioning of any children and the family?
 - What has been done to partner with the non-offending parent?
 - Was the case plan for each parent developed in collaboration with the parent and tailored to the parent's specific needs?
 - What types of interventions have CPS used to address the domestic violence perpetrator's behaviors?
6. Are each child's basic needs being met? How are they being met? Who is providing for these needs?
7. What is the non-offending parent doing to provide for each child's safety and well-being?

Juvenile courts should expect to find the following information in the CPS agency's reports:

- A description of the perpetrator's specific violent, abusive, and controlling actions and their impact on functioning of any children and the family.
- Avoidance of statements, such as "The family has a history of domestic violence" or "The couple has engaged in domestic violence" or "[The non-offending parent] allowed a child to be exposed to the violence."
- A wide range of protective efforts by the non-offending parent, especially informal efforts.
- A description of how the domestic violence perpetrator's behavior contributed to other issues, such as any child's behavioral problems, housing instability, or substance abuse relapse.
- Case plans for the non-offending parent that are appropriate for the perpetrator's pattern of abuse, and the parent's socio-economic context (i.e., those that have a reasonable chance of successful implementation).
- Case plans for the perpetrating parent that focus on behavioral changes that promote family functioning, including safety for all family members, child stability, and healing from trauma.

Assessing Allegations of Domestic Violence in Child Abuse Cases was prepared by the Domestic Violence Program in collaboration with the Family and Youth Law Center and David Mandel & Associates as a service to Ohio's courts. The points of view in this piece are those of the authors and may not represent the official policies or positions of the Supreme Court of Ohio.